300 OUT-OF-HOME CARE

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300.2 Purpose

The Out-of-Home Care Program provides short-term care for a child who cannot be safely maintained at home.

300.3 Out-of-Home Care Basic Principles

A. Out-of-home care will be used only when there is no other alternative to provide for a child's well-being and safety from abuse, neglect, or dependency.

B. Out-of-home care provides a child an environment where physical, emotional, medical, dental, developmental, educational, cultural, and mental health needs are assessed and addressed.

C. DCFS will work to maintain familial connections through family-time and shared activities while a child is in out-of-home care, when appropriate.

D. The parent of a child in out-of-home care is also provided an opportunity to build on family strengths and learn essential skills to provide a safe, nurturing environment to which the child may return.

E. Federal and state laws specify required time frames in order to reduce the amount of time a child spends in care and provide for an appropriate, permanent home or other permanency option in the best interests of the child.

Revision Date: September 2024

300.4 Out-of-Home Caseworker Expectations

A. Facilitate a functional assessment that defines the child and family's strengths and needs and provides the framework from which to access appropriate services. Evaluate progress toward goals and adjust plans and interventions accordingly.

B. Identify an out-of-home care caregiver, possibly kin, who will meet the child's needs and, together with the child's parents, design a transitional plan to optimize the child's adjustment and maintain familial connections through family-time and shared activities.

C. Engage and facilitate a Child and Family Team to support the child and family including the out-of-home care caregiver and familial or community resources.

D. Develop a concurrent Child and Family Plan at the time of entry into care, using the strengths and needs of the family to guide the services offered and the goals of permanency to be achieved.

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300.5 Confidentiality, Safety, and Disclosure for DCFS Involved Youth

Major objectives:
Youth who are DCFS involved need to have trusting relationships within the child welfare system. Navigating areas of practice that are specific to the unique needs of child, and adolescent development and the formation of personal identity can be confusing and challenging. The following practices guide the caseworker and other staff in helping youth bridge the gap between knowing they are safe and feeling they are safe while receiving DCFS services.

Practice Guidelines

A. Confidentiality, safety, and disclosure:
   1. Youth who are DCFS involved may disclose information pertaining to their personal belief system or identity formation to DCFS staff that the youth may want to keep private for reasons pertaining to privacy and feelings of personal safety. This information shall be treated with care. Caseworkers have a responsibility to protect the privacy of youth unless the information disclosed falls under the following:
      a. Duty to report child abuse or neglect.
      b. Safety of the child or another individual.
      c. Medical or other information requiring disclosure under a parent's rights or residual parental rights. [*See:* Practice Guideline Section 308.2.]
      d. Without consent from the youth's parent, guardian, or custodian, the caseworker may not refer to the youth in records in a way that is contrary to the youth's biological sex. [*See:* Utah Code Ann. §80-2-309]
   2. The caseworker will make every effort to include the youth in decision making on their behalf. This includes decisions regarding privacy, normative child and adolescent development, individualized needs in placement, interventions the youth is being asked to participate in, goals specific to the youth, and identifying support persons to be a part of their Child and Family Team.
   3. The caseworker will support the youth in identifying trusted individuals within their lives who can provide a consistent and safe relationship to support the youth in their physical and emotional well-being and feelings of personal safety. Support persons identified should be able to provide enduring relationships that will support the youth throughout their life beyond DCFS services.
   4. When a youth makes a disclosure that they wish to remain private, the caseworker will assess the disclosure for the criteria mentioned above and inform the youth of any mandated reporting requirements. The caseworker will invite the youth to participate in the reporting of this information to the extent that it is developmentally appropriate and safe for the youth to do so.
   5. If the youth in out of home care discloses to the caseworker information regarding the youth's asserted gender identity or sexual orientation, and the youth wants the information to remain private, the caseworker will develop a plan in cooperation

with the youth's therapist or counselor to disclose the information to the parents. [*See:* Utah Code Ann. §80-2-309]

6. If the information disclosed does not fall under the mandated reporting areas mentioned above, but may impact the youth's healthy development, social or emotional wellbeing, interfamilial relationships, and current and future feelings of safety, the caseworker will inform the youth that they are required to share the information with the youth's mental health therapist. The caseworker will help the youth be prepared for the disclosure to their therapist and will allow the youth to participate in this disclosure if possible (e.g., allowing the youth to help compose an email to the therapist, assisting the youth in having a phone call with the therapist, or caseworker attending a portion of a therapeutic session with the youth).
7. If the youth does not yet have a therapist, the caseworker will make all efforts to refer the youth to a therapist that practices in areas specific to the youth's unique needs and development.
8. The caseworker will privately consult with the therapist regarding when it is appropriate to share the youth's confidential information with parents, guardians, substitute caregivers, or others and how the information should be shared (e.g., family therapy, Child and Family Team Meeting, or other setting).
9. The caseworker will then follow the recommendations of the youth's therapist.
10. Activity logs and other documentation should not reflect confidential information relating to a youth's personal belief system and identity formation. Activity logs should note disclosure of the confidential information and what steps were taken to support the youth in this disclosure. Steps include staffing this information with their supervisor and making a referral to therapeutic services to help a youth navigate areas pertaining to child and adolescent development, healthy identity formation, and feelings of personal safety.

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300.6 Resource Family Consultants – Role and Expectations

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

Definitions

A. RFC – An employee of DCFS who is responsible for providing support for placements of children in out-of-home care with families that are licensed with a LFC license through the OL.

Practice Guidelines

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

A. The RFC will be familiar with the procedures and requirements necessary for a family to become a licensed out-of-home care provider and sustain licensure. These requirements include basic licensing standards outlined by the OL, Background Screening Requirements, the Provider Code of Conduct, and the pre-service and ongoing training requirements.

B. The RFC will assist licensed resource families with tracking their number of in-service training hours in order to assist them in acquiring the required number of hours needed for re-licensure.

C. The RFC will be familiar with the procedures outlined in Practice Guidelines Section 305, "DCFS relationship with Out-of-Home Caregiver", and Section 306, "Emergencies and Serious Situations."

D. Each RFC is responsible for becoming familiar with and forming a working relationship with the resource families assigned to them. The RFC will develop knowledge of the strengths and needs of each resource family in regard to caring for a child in the custody of DCFS. The knowledge of the resource family will assist the RFC in facilitating a successful placement of a child in the custody of DCFS with the resource family.
    1. The RFC is responsible for visiting newly licensed foster homes within 30 days or sooner of DCFS receiving the home study, in order to generally assess the type of child that the resource family may be successful with. Ideally, the visit should be conducted prior to the resource family having a child placed in their home.
    2. The RFC is responsible for ongoing assessment of each resource family's ability to care for a child in the custody of DCFS. Any significant information that the RFC learns regarding the family's ability to provide quality care for a child will be documented in SAFE. The RFC will also assess how significant life changes that occur in a family, such as births, deaths, adoption, divorce, etc., may impact the family's ability to continue to provide care for children in the custody of DCFS.

3. The RFC is responsible for ensuring that they document any relevant information regarding the family they may learn from the OL and/or the Utah Foster Care regarding licensure, training, etc.
4. The RFC will provide any information that they become aware of to the OL that may be relevant to or may affect the licensure of the resource family.
    a. If a foster home has not had a placement for more than 12 months after the date of the last OL inspection, the RFC will notify OL in order for them to conduct an inspection of the residence.
    b. RFCs will notify OL when a newly licensed home has taken their first placement in order for OL to assess if an inspection is needed at that time.
5. When the caseworker and/or RFC identifies a safety concern with the foster home, the RFC will inform OL of the concerns and OL will follow up with the home to determine if any conditions shall be made to the license.
6. Minimum standards of contact with the resource family:
    a. Monthly Contact: At minimum, the RFC is required to have monthly contact with each resource family they oversee. This may include a phone call, email, letter, or face-to-face contact with the resource family.
    b. Face-to-Face Home Visits: The RFC is required to conduct a visit in the home of each resource family they oversee a minimum of once every six months, being more attentive to the resource homes with current placements of children. The RFC will document a summary of the home visit in SAFE.
        (1) Exceptions for the six-month face-to-face home visit may be made for resource families that are not currently being utilized (are "on hold") due to personal issues, a recent adoption, etc. If a family that is "on-hold" expresses that they want to resume taking placements, the RFC must make a face-to-face visit in the home prior to a child being placed there.
    c. The RFC may determine that it is necessary to have more frequent contact with a resource family based on the specific needs and vulnerabilities of a child placed in the home, as well as the protective capacities of the resource family.
    d. The region may require more than the minimum standards of contact between the RFC and the resource families they serve if a determination is made that the region has the resources and capacity for more frequent contact.

E. Using the knowledge they possess of the resource families, the RFC assists the caseworker in finding and facilitating a placement match for a child in the custody of DCFS with a licensed resource home. The placement decision should take into account factors that are in the child's best interest, including but not limited to the skills of the foster parent; proximity to the home the child was removed from; the potential that the child may be placed with kin; the ability of the resource family to maintain siblings together; the proximity to the child's home school; and the permanency goal, including enduring safety and permanency for the child.

1. When possible, it is best practice for the RFC to assist the caseworker in facilitating a pre-placement meeting regarding the specific needs of the child prior to placement of the child in the home.
2. The RFC may assist the caseworker in providing information to the resource family regarding the child prior to the placement of the child in the home. The RFC will document providing the information to the resource family in the activity logs of the child's case in SAFE and will use the correct policy attachment when documenting that this step was completed.

F. The RFC will assist the caseworker in supporting and maintaining the placement of a child with a resource family. The RFC may also assist in preventing possible placement disruptions.

1. The RFC is responsible for knowing what resources are available to help support and maintain a child's placement in the home of a resource family, as well as how to help the resource family access those resources.
2. The RFC may attend Child and Family Team Meetings, court, and home visits with the caseworker. The RFC may also assist with the process of preparing a family for adoption, if appropriate.
3. The RFC will be included as an integral part of the Child and Family Team, when the need arises, in order to assist the team in understanding and/or planning for placement transitions and issues regarding permanency for the child.
4. The RFC may assist the resource family in developing an understanding of DCFS' procedures and Practice Guidelines, especially when the resource family has questions and/or concerns.
5. The RFC may assist the resource family in finding a respite provider when needed.
6. In the event that a related-parties' investigation is initiated regarding a resource family, the RFC may provide answers to general questions regarding policies and procedures and may listen to concerns the provider may have in order to provide empathy as they go through the investigative process. The RFC may not, however, provide any information to the provider regarding the specifics of the investigation. In addition, the RFC has an obligation to provide any information to the CPS investigator that they believe may be relevant to the investigation.
7. The RFC assists the caseworker in ensuring that the health care requirements for the child are communicated to the resource family and may assist the caseworker in following up with the family to ensure that medical and mental health requirements for the child are completed in a timely manner.
8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed on an annual basis, upon re-licensure of the resource family. As a part of this process, the RFC will obtain an email address from each resource family and will enter the email address into the provider window in SAFE.

G. The RFC is responsible for developing and maintaining appropriate and professional partnerships with community partners, especially when it relates to maintaining a child in the home of an appropriate resource family and/or providing services to prevent placement disruption.

H. The RFC will attend, be prepared for, and actively participate in the placement committee when a resource family they are assigned to is presented as a potential match for a child needing placement.

I. The RFC will attend cluster meetings and other foster parents' activities when possible (at a minimum once a year) in order to build relationships with the families they serve, offer support to foster parents, answer questions, and understand issues faced by resource families.

J. The RFC will help resource families understand how to act in a professional manner at all times when representing themselves as a foster parent. This includes when they are interacting with others in the community as well as on social networking sites.

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 DCFS. 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 State Legislation

A. Utah Code Ann. §80-2-308 requires DCFS to make efforts to normalize the life of a child in DCFS' 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 DCFS.

B. Utah Code Ann. §80-2-308 requires DCFS to verify that private agencies, providing out-of-home placement under contract with DCFS, 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.

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

Practice Guidelines

A. If a child in foster care desires to participate in an activity, the caregiver must use a reasonable and prudent parenting standard to determine if the activity requested is age appropriate. The caregiver will use the following items to guide their decision to approve or disapprove the activity:
   1. The child's age, maturity, and developmental level to maintain the overall health and safety of the child.
   2. Potential risk factors and the appropriateness of the activity.
   3. The best interest of the child based on the caregiver's knowledge of the child.
   4. The importance of encouraging the child's emotional and developmental growth.
   5. The importance of providing the child with the most family-like living experience possible.
   6. The behavioral history of the child and the child's ability to safely participate in the proposed activity.

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

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

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

E. It is not necessary for a caregiver to seek permission from DCFS each time a child participates in a routine activity. This would include any activities that the caregiver's family participates in on a regular basis, including but not limited to recreational sports,

camping, hiking, biking, swimming, dancing, art or music lessons, etc. If the activity has an inherent risk of bodily harm, injury, or death, the caregiver must inform the caseworker prior to the activity.

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

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

If the sponsor of a particular activity, such as an athletic league, requires informed consent forms, those forms must be completed prior to the child participating in the activity.

G. Any time a child participates in an activity that has an inherent risk of bodily harm, injury, or death, every precaution must be taken to participate in the activity as safely as possible. This would include wearing DOT/Snell approved helmets when riding OHV's, completing OHV education (http://stateparks.utah.gov/resources/ohv/education) or personal watercraft or boating education (http://stateparks.utah.gov/resources/boating/education), wearing Coast Guard approved lifejackets, and completing hunter's education (http://wildlife.utah.gov/hunter-education.html). It also includes following any applicable statute pertaining to minors operating OHV's, personal watercraft, or boats and firearms.

H. For children placed in a group home or residential treatment setting, the provider will incorporate normalcy activities into their program. The activities will be in-line with the reasonable and prudent parenting standard and will help children with skills essential for positive development.

1. If the activity is routine for the program, but has an inherent risk of bodily harm, injury or death, the provider will notify the caseworker of the activity.
2. If the activity is non-routine and the activity has an inherent risk of bodily harm, injury or death, the provider will consult with the caseworker to assess using the reasonable and prudent parenting standard to determine if the activity is appropriate for the child to participate in.

I. If the activity has a cost associated with the participation in the activity, such as athletic leagues, school dances, lessons, or recreation education fees, the caregiver will contact DCFS to determine if funds are available to pay for the activity.

1. For children under 14 years of age, the caseworker will staff the funding request with their supervisor to determine what funds can be used to support the child in participating in the activity. These may include:
   a. Utah Foster Care's Wishing Well Funds.
   b. Special Needs Miscellaneous.

c. Monthly Personal Needs Funds.

2. If the youth is 14 years of age or older, the caseworker will also staff the funding request with the regional Transition to Adult Living coordinator to determine if the activity can be supported with Chafee funding.

300.8 Missing, Runaway, and Abducted Child during an Out-of-Home Case – Human Trafficking

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

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

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

Applicable Laws
Federal Law: 42 U.S.C. 671(a)(35)(B)
Federal Law: 22 U.S.C. 7102
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §80-2a-202. Warrants and removal.
Utah Code Ann. §80-2a-303. Child missing from division custody -- Placement after locating child.
Utah Code Ann. §76-5-307 to 310.1. Definitions and human trafficking for labor, sexual exploitation, and penalties.
Utah Code Ann. §76-10-1302. Prostitution.

Practice Guidelines
A. Definitions:

1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a

commercial sex act. Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking in persons, which is sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. A commercial sex act is any sex act on account of which anything of value is given to or received by any person.

2. Runaway: A minor, other than an emancipated minor, who is absent from the home or lawfully prescribed residence of the parent or legal guardian of the minor without the permission of the parent or legal guardian.
3. Homeless: An individual who lacks housing.
4. Missing: Under Federal law (34 U.S.C. §11292) a "missing child" is "any individual less than 18 years of age whose whereabouts are unknown to such individual's parent" or legal guardian. This broad definition includes "children who may have (1) been abducted by a non-family member; (2) wrongfully taken or retained by a person related to them; (3) wandered away from a safe environment and become lost; (4) been displaced by disaster; (5) run away from a home, foster home, or state care facility; or (6) otherwise gone missing for any reason at all."
5. Abducted: Utah Code Ann. §78b-16-102: "the wrongful removal or wrongful retention of a child." For the purpose of this guideline, this term also includes Child Kidnapped in Utah Code §76-5-301.1 and Kidnapping in Utah Code §76-5-301.
6. Child Kidnapped: Utah Code Ann. §76-5-301.1: "An actor commits child kidnapping if the actor intentionally or knowingly, without authority of law, and by any means and in any manner, seizes, confines, detains, or transports a child under the age of 14 without the consent of the victim's parent or guardian, or the consent of a person acting in loco parentis."
7. Kidnapping: Utah Code Ann. §76-5-301: "An actor commits kidnapping if the actor intentionally or knowingly, without authority of law, and against the will of the victim:
    a. detains or restrains the victim for any substantial period of time.
    b. detains or restrains the victim in circumstances exposing the victim to risk of bodily injury.
    c. holds the victim in involuntary servitude.
    d. detains or restrains a minor without the consent of the minor's parent or legal guardian or the consent of a person acting in loco parentis, if the minor is 14 years of age or older but younger than 18 years of age; or
    e. moves the victim any substantial distance or across a state line."

B. Prevention of Children Running Away from Foster Care: Children in foster care run away for a variety of reasons. The most significant reasons include a search for safety, independence, and the least restrictive placement; conflict with their caregiver, including abuse and neglect and trying to escape an unpleasant situation; being asked to run with a peer or trying to find a sense of normalcy. Most often, it can be categorized as running to something/someone or running from something/someone.

1. To prevent the child from running, the caseworker will ask during each monthly home visit if the child has any concerns regarding the placement, including:
    a. Their relationship with the caregiver.
    b. If the child's needs are being met by the caregiver.
2. If the child discloses there are issues with the placement, the caseworker will ask the child what solutions they have thought of to address the issues and what the caseworker can do to help improve the situation. If the child discloses that he or she has thought about running from the placement, the caseworker will address those issues with the child to problem solve by asking some of the following questions:
    a. What else can be done to improve things before you leave?
    b. What would make you stay in the placement?
    c. How will you survive?
    d. Is running away safe?
    e. Who can you talk to about the situation?
    f. Are you being realistic?
    g. Have you given this enough thought?
    h. What are your other options?
    i. Who will you call if you end up in trouble?
    j. What will happen when you return?
3. When needed, a Child and Family Team Meeting will be convened to discuss the issues raised by the child and to develop solutions that will allow the child to remain safely in their placement. Possible strategies to help prevent the runaway behavior include, but are not limited to:
    a. Increased support system for the child.
    b. Involve the child in case planning decisions, including placement decisions.
    c. Exploration of kinship as either placement options or informal supports.
    d. Provide the child with information for the National Runaway Safeline to call or live chat at 1-800-runaway or www.1800runaway.org.
    e. Identify a safe place for the child to go if they run (www.nationalsafeplace.org).
    f. Provide child with the DCFS Child Abuse Reporting Hotline (1-855-323-3237) to make a referral if they feel unsafe in their placement.

C. Response When a Child is Missing, has Run Away, or has been Abducted during an Out-Of-Home Services Case:
1. The caregiver must:
    a. Immediately contact the law enforcement agency where the child resides if the child is believed to have been abducted and provide any necessary information to promote the safe return of the child.
    b. Notify the caseworker immediately that the child is missing, has run away, or has been abducted. This includes the last time the child was seen, when the caregiver noticed they were missing, had run away, or had been abducted, and what they were wearing.

c. If it is outside normal business hours and the caregiver is unable to contact the caseworker, call Intake and report that the child is missing, has run away, or has been abducted. Intake will relay the information to the on-call worker and notify the assigned foster care caseworker and supervisor via email. The on-call worker will also relay the information to the assigned foster care caseworker or, if the assigned foster care caseworker is not available, to the on-call supervisor.

2. Upon receiving information from the caregiver, and based on the information obtained, the caseworker will determine if the child is missing, has run away, or has been abducted. The caseworker will verify if a police report has been filed and an Amber Alert has been issued.
3. The caseworker will immediately try to contact the child through a phone call or text. If the child responds, the caseworker will gather information regarding the safety and well-being of the child.
   a. The caseworker will encourage the child to come back into care.
      (1) This must be done with sensitivity to the child and their situation, as the child may have been running from an unsafe situation and may not trust DCFS or the caseworker.
      (2) If the child indicates that they were running from an unsafe situation, the caseworker will reassure the child, take steps to have the child safely return, and work with the Child and Family Team to arrange for an alternate placement.
   b. The caseworker will document all contact between the child and the caseworker in SAFE.
4. If unable to reach the child, the following steps will be completed without delay:
   a. The caseworker will notify parents or guardians that the child is missing, has run away, or has been abducted and will engage them to determine if the child has run to a parent or guardian. If parental rights have been terminated, do not disclose any information about the child or the child's placement to the parents, other than that you are seeking information about the child's whereabouts.
   b. The caseworker will contact other members of the Child and Family Team to notify them that the child is missing, has run away, or has been abducted and to determine if they have any knowledge of the whereabouts and safety of the child.
   c. The caseworker will notify the Assistant Attorney General (AAG) or on-call AAG that the child is missing, has run away, or has been abducted, and request a warrant in accordance with Utah Code §80-2a-202(6).
      (1) The caseworker will request that the child be taken to the least restrictive placement (i.e., current or prior placement, juvenile receiving center, Christmas Box House) once the child is found. Children who have run away will not be placed in detention unless by law enforcement for delinquent acts. Running away is not a chargeable offense.

(2) The caseworker will also notify the GAL and child's parent or guardian who has a right to family-time with the child that a warrant has been issued.

(3) The caseworker will contact the BCI Support Team if the warrant is requested and/or approved after normal business hours and request that a critical care message be entered into the CARE system.

5. The caseworker will contact law enforcement to file a Missing Persons Report. The caseworker will also:
   a. Obtain a copy of the police report from the law enforcement agency.
   b. Provide the agency with a copy of the warrant when received.
   c. Request that the child be placed on the National Crime Information Center (NCIC).
6. The caseworker will notify the region director, or designee, who will then notify the DCFS director and public information officer that a child is missing, has run away, or has been abducted who is in the custody of DCFS. The public information officer will determine if the media should be contacted to assist in locating and returning the child, after confirming that media notification will not interfere with a law enforcement investigation.
7. The caseworker will report the child is missing to the National Center for Missing and Exploited Children by going to https://cmfc.missingkids.org/reportit within 24 hours of the caseworker receiving notification that the child is missing, has run away, or has been abducted. The caseworker will follow the directions online to create a user account. The caseworker will gather case information and relevant materials before starting the report process. Basic information the caseworker will be asked to provide:
   a. Child's full name.
   b. Child's date of birth.
   c. Date child went missing.
   d. City and state from where child went missing.
   e. Guardian information including agency name, and telephone.
   f. Law enforcement information including agency name and telephone.
   g. A photo of the child.
   h. A description of the child's physical features, such as:
      (1) height.
      (2) weight.
      (3) gender.
      (4) ethnicity/race.
      (5) eye color.
   i. Endangerment information, such as:
      (1) pregnancy status.
      (2) prescription medications.
      (3) suicidal tendencies.
      (4) vulnerability to being sex trafficked.
      (5) other health and risk factors.
   j. Circumstances surrounding the incident.

k. Description of any person who may be with the child.

8. The caseworker will continue making attempts to contact the child through a variety of communication means, such as phone calls, texting, email, and social media at least weekly, until the child has been located or eight weeks from the time the child was reported as runaway, whichever is sooner, to assess if the child is safe and their needs are met. All efforts to locate the child will be documented in SAFE.
   a. If the child responds to the outreach made by the caseworker, the caseworker will gather critical information regarding the safety and well-being of the child.
   b. The caseworker will encourage the child to come back into care. This must be done with sensitivity to the child and their situation, as the child may have been running from an unsafe situation and does not trust DCFS or the caseworker.
   c. The caseworker will document all correspondence between the child and the caseworker in SAFE.
9. The caseworker will continue to seek leads regarding the child's whereabouts through a variety of communication means with a parent, guardian, or other family or relational contacts. Any information gained will be provided to law enforcement to help in finding the child.
   a. If the caseworker suspects the child has been abducted or is being harbored by anyone, and they refused to return the child to care, the caseworker will notify the individual that harboring a runaway is in violation of Utah Code Ann. §80-5-601) and will inform law enforcement.
   b. If it is during the school year, the caseworker will contact the school and request that they notify DCFS if the child contacts or arrives at school.
10. If a request for a ransom is received, the caseworker will notify the local FBI immediately with as much detail as possible from the requested source, such as letter, phone call, text, email, or social media message. (The FBI office: fbi.gov/saltlakecity/, FBI SLC 257 Towers Building, Suite 1200, 257 East 200 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI web page for Crimes Against Children at http://www.fbi.gov/hq/cid/cac/crimesmain.htm.)
11. After 24 hours, the caseworker will update the child's placement status/code in SAFE to CRW.
12. The caseworker will staff the case with their regional administrative team to determine if the out-of-home caregiver should continue to be paid as outlined in Administrative Guidelines Section 060.8 while the child is missing, has run away, or has been abducted. The agreement to pay the out-of-home caregiver will not exceed 10 days.
13. If the child is missing, has run away, or has been abducted for more than eight weeks, the caseworker will contact the law enforcement agency who took the initial report to give further information, including dental records, scars, marks and tattoos, jewelry type, blood type, and other identifiable features in the event that a deceased child is discovered locally or nationwide.
14. If the child is missing, has run away, or has been abducted for more than 12 weeks, the caseworker will staff the case with regional administration or designee

to determine if the case should remain open or if a motion to close the case should be filed.

a. If a motion is filed requesting the case be closed, the motion must address what steps the caseworker has taken to find the child.
b. If the case is to remain open, the caseworker will make monthly attempts to locate the child. All attempts must be documented in SAFE.

15. If the child engages in chronic runaway behavior (i.e., has run away more than three times a year or more than once in a 30-day period), the caseworker will assess with the Child and Family Team the reasons the child is running and implement strategies to address the behavior. This could include:
    a. Assessing the placement to determine if the placement best meets the needs of the child. A higher or lower level of care will be considered if it better meets the needs of the child.
    b. Determining if the child is running to something/someone such as family, peers, and/or intimate relationships. If the child is running to someone, the caseworker will consider making these relationships part of the Child and Family Team.
    c. Assessing if there are issues at school that have an impact on the placement or contribute to the runaway behavior, such as bullying or other negative peer relationships or struggles with academic progress.
    d. Addressing with the child's treatment provider issues relating to the runway behavior.
    e. If necessary, conducting a professional staffing with the region permanency specialists.
16. If the youth in foster care is over 18 years of age, the Child and Family Team will determine if the case should remain open. The team will consider:
    a. Overall safety and supportive relationships.
    b. Developmental level and ability to meet their own needs.
    c. If the case should remain open, or if the foster care case should be closed and the youth released from care.
    d. If it is determined that the child can safely meet their own needs, the caseworker will ask the AAG to file for an early review to close the case.

D. Return to Care:

1. Once the child is located, the caseworker will determine the primary factors that caused or contributed to the child's absence from care. The caseworker will select a placement for the child that accommodates the child's needs and takes into consideration the factors and experiences that led to the child running from care. The child should only be placed in detention if the child has committed a crime that requires a placement in a correctional facility. Running away is not a chargeable offense.
2. A court may temporarily place a child in a detention facility, who is taken into custody based upon a warrant issued under Utah Code Ann. §80-6-202, if the court finds that detention is the least restrictive placement available to ensure the immediate safety of the child. A child placed in detention may not be held in

detention longer than is necessary for the caseworker to identify a less restrictive, available, and appropriate placement for the child.

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

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

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

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.

Practice Guidelines

A. The Foster Care Bill of Rights is a document written by youth in foster care and foster care alumni that outlines the rights of a child in foster care. The Bill of Rights is as follows:
   1. Be treated with respect regardless of age, race, culture, gender, sexual orientation, gender expression, religious beliefs, family relations, or family history.
   2. Live in a safe and healthy environment with adequate clothing, appropriate hygienic items, and sufficient food of nutritional value.
   3. Have access to adequate health care services, including mental health, physical health, and dental health, as well as the right to request medical appointments and consistent and quality medical attention.
   4. Attend our school of origin or an appropriate school with access to transportation to and from school (and/or employment and extracurricular activities, if applicable).
   5. Participate in or continue to participate in healthy and appropriate activities associated with school, culture, a religious organization, or within the community.
   6. Have access to vital documents (birth certificate, social security card, state identification card) before aging out of foster care, as well as access to services and resources regarding the transition to adulthood.
   7. Express our opinions, thoughts, needs, and feelings in a respectful, constructive manner.
   8. Actively participate in case planning and be informed of changes in our case, including participation in placement decisions.
   9. Be allowed to pack our own belongings in luggage or other suitable containers.
   10. Receive quality services that meet our specific needs in conjunction with a stable environment and the least amount of disruptions.
   11. Be informed of our rights and have an identified person or entity to contact when rights are violated, such as our Guardian ad Litem or Child Protection Ombuds.
   12. Maintain healthy relationships with parents and siblings through frequent family-time and contact.
   13. Have access to important adults, including caseworkers and legal representatives.
   14. Be informed of when our court hearings are and be able to attend those hearings.

B. The Utah Foster Care Bill of Rights can be found at https://powerdms.com/link/UTAHDHHS/document/?id=1307143.

C. Children in out-of-home care will be informed of their rights while in foster care on a level that is commensurate with their developmental level. For non-verbal children, the Bill of Rights will be reviewed with the out-of-home caregiver.
   1. During the first 30 days that a child is in care, the caseworker will review the Bill of Rights with the child.

a. The caseworker will review the Bill of Rights during a Child and Family Team Meeting, so all parties involved in the case are aware of the rights of the child, or
b. The caseworker will review the Bill of Rights with the child during a private conversation during a home visit.
c. The caseworker will review the Bill of Rights with the out-of-home caregiver and the child during the home visit when the child is placed in a foster home or facility.
d. The caseworker will obtain the signatures of the foster parent or provider and the child on the Bill of Rights document.
e. A copy of the Bill of Rights will be placed in the Home-to-Home Book, and the caseworker will provide the child with a copy of the Bill of Rights.
f. The caseworker will upload the signed copy of the Bill of Rights into SAFE content manager and will document in the activity log for the visit that the Bill of Rights was reviewed and signed.

2. Children will be able to access the Bill of Rights at any time through the Home-to-Home Book or other mechanism used by the caregiver to keep records and documents for the child.
3. If the child requests a personal copy of the Bill of Rights, the caseworker will deliver the document within one week of the request.

D. If a child feels their rights have been violated, the child must be given the same resources to resolve the conflict as any other individual. This includes:
1. A meeting with the caseworker and the supervisor.
2. Contact information for the child's Guardian ad Litem.
3. Contact information for the DCFS constituent services specialist at (801) 538-4100.
4. Contact information for the Child Protection Ombuds at (801) 538-4589.

Revision Date: September 2024

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

Utah Code Ann. §78B-15-201. Establishment of parent-child relationship.
Utah Code Ann. §78B-15-204. Presumption of paternity.
Utah Code Ann. §78B-15-301. Declaration of Paternity.

Practice Guidelines

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

1. An unrebutted presumption that a man is the father. A man is legally presumed to be the father if:
   a. He and the mother of the child were married to each other and the child was born during the marriage.
   b. He and the mother of the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, declaration of invalidity or divorce, or after a decree of separation.
   c. Before the birth of the child, he and the mother of the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage or within 300 days after its termination by death, annulment, declaration of invalidity, or divorce or after a decree of separation.
   d. After the birth of the child, he and the mother of the child married each other in apparent compliance with law, whether or not the marriage is, or could be declared, invalid, he voluntarily asserted his paternity of the child, and there is no other presumptive father of the child, and:
      (1) the assertion is in a record filed with the Office of Vital Records.
      (2) he agreed to be and is named as the child's father on the child's birth certificate; or
      (3) he promised in a record to support the child as his own.
2. An effective declaration of paternity by the man filed with Vital Records.
3. An adjudication of the man's paternity.
4. Adoption of the child by the man.
5. The man consented to assisted reproduction by a woman, which resulted in the birth of the child.
6. An adjudication confirming the man as a parent of a child born to a gestational mother if the agreement was validated or is enforceable under other law.

B. Genetic Testing: A genetic test showing a man is the father creates a presumption of paternity. If the alleged father does not rebut the presumption through another test that shows he is not the father, the judge can then use the genetic test to adjudicate a man as the father. A paternity test is evidence that can establish a presumption. However, a judge must still issue an order establishing paternity.

C. The following assertions are not sufficient evidence of legal paternity
   1. The mother says the man is the father.
   2. The man claims he is the father.
   3. Everyone knows the man is the father.
   4. The man lives with the mother and the child.
   5. The man pays child support for the child.
   6. The man's name is on the birth certificate (unless he has also complied with all other requirements for establishing legal paternity, as described in section A(1)(d) above).

D. If legal paternity cannot be established by the evidence listed above, the caseworker will ask the AAG for paternity to be established by adjudication in the juvenile court if the following conditions are met:
   1. Establishing paternity is in the child's best interests; and
   2. The man has a significant relationship with the child that should be legally established. To establish that a significant relationship exists, the caseworker and the AAG must gather evidence to document the significant relationship. The evidence may include:
      a. Exercising family-time prior to DCFS involvement.
      b. Providing monetary and other support.
      c. Communicating, acknowledging or celebrating special occasions.
      d. Facilitating healthy relationships with extended family.
      e. Engaging in other behaviors that demonstrate a normal, healthy parenting relationship between the alleged father and the child.
      f. Providing primary care for the child.
      g. The child reports he or she considers the individual their father.
      h. The child's behaviors toward the alleged father include but are not limited to recognizing or acknowledging the father, showing interest or affection or expressing a desire to be with the father.
   3. The man has relatives who have a significant relationship with the child or could be potentially supportive placements or provide legal permanency for the child.

E. Paternity may still be established even if no relationship between the alleged father and the child exists. Caseworkers will determine if it is in the best interest of the child that paternity be legally established. Caseworkers will need to establish one or more of the following:
   1. No other father figure is available.
   2. The alleged father's extended family (the biological family) is safe, appropriate, and willing to care for the child.
   3. The absence of a significant relationship is excusable (such as the mother was hiding the child from the father).
   4. Child support from the father is important enough to justify establishing parental rights, or other evidence that "this" child needs "this" father.

F. Once DCFS has determined it is in the best interests of a child to establish paternity and sufficient evidence is documented to establish best interests, the AAG will allege in the petition that the named man is the alleged father and that it is in the child's best interests to require paternity be established even though legal paternity has not been previously established.

G. Once paternity is established, the caseworker will engage the father in the Child and Family Team, assessments, case planning, and interventions. All requirements regarding legal parents are applicable. This includes monthly contacts, family-time, and permanency planning.

Revision Date: September 2024

301.1 Engaging, Teaming, And Assessing

Major objectives:
The caseworker will engage the child and family to develop positive working relationships, partner with the child and family to create a Child and Family Team, work with the Child and Family Team to assess strengths and needs of the child and family, as well as plan for the child's permanency and long-term view.

Applicable Law
Administrative Rule R512-300. Out of Home Services.

Practice Guidelines

A. The primary caseworker will initiate or update the Child and Family Assessment of the child and family within 45 days of removal.
   1. To begin assessment of needs, engage the child's family, identify permanency-planning options, begin planning for placement and family-time, and establish the Child and Family Team. Engage the child in a manner consistent with the child's developmental level to address concerns, explain the system process and the caseworker's role, and begin to discuss with the child issues of separation and loss.
   2. The use of genograms, ecomaps, timelines, and other assessment tools is recommended in gathering information.
   3. The type of assessment will be determined by the unique needs of the child and family, such as cultural considerations, special medical or mental health needs, and permanency goals.

B. The primary caseworker will assist in identifying key Child and Family Team members. The primary caseworker will hold the initial Child and Family Team Meeting, continue building upon the Utah Family and Children Engagement Tool (UFACET), and plan for subsequent meetings and planning sessions.
   1. Assist the family in identifying informal (family, friends, church affiliations, club affiliations, etc.) and formal supports (teachers, therapists, tutors, medical professionals, etc.) that may be part of the Child and Family Team.

2. The caseworker must verify that a Guardian ad Litem has been appointed by the court before consulting or inviting a Guardian ad Litem to any meetings about the case. The caseworker can verify this information via court order in CARE, or by asking their AAG. After verifying that the Guardian ad Litem has been court appointed, the worker will contact the Assistant Attorney General and Guardian ad Litem to provide information and involve these partners in any planning that affects the interests of the child.
3. Provide information gathered as part of the assessment to the Child and Family Team.

C. For youth age 14 years and older, the youth must be an integral member of the Child and Family Team. Youth aged 14 years and older will also contribute to developing the Child and Family Team.

1. Youth aged 14 years and older must be given the opportunity to invite two individuals to be members of their Child and Family Team. These members cannot be paid professionals or other service providers. The caseworker will engage the youth in determining who the youth would like to invite to the Child and Family Team.
2. If a youth chooses a minor to be a member of the Child and Family Team, the caseworker has the discretion on whether to obtain a release of information from the youth to seek permission from the invited minor's parent and/or guardian to participate on the Child and Family Team. Regardless of whether there is a release of information, the minor is held to the same confidentiality standards as other members of the Child and Family Team.
3. Any individuals identified by the youth to be members of the Child and Family Team will need to be approved by the Child and Family Team prior to the individual attending a Child and Family Team Meeting. The Child and Family Team will make the determination by assessing if the individual will advocate for the safety, permanency, and well-being of the child.
4. When working with a youth age 14 years and older, support the youth to take the lead role in the Child and Family Team. Consider the youth's developmental age, increasing their role as a Child and Family Team leader as their skill level increases.
5. Assist the youth in creating the agenda and facilitating the parts of the meeting pertaining to them.

D. Assessment is ongoing and service goals and plans are modified when indicated by changing needs, circumstances, progress toward achievement of service goals, or the wishes of the child, family, or Child and Family Team members.

1. Continue to engage the child and family to gather all pertinent health, social, educational, psychological, and cultural (religion, significant others, daily schedule, and history) information and other specifics needed to thoroughly assess the child and family's strengths and needs.
2. Identify each child who is of American Indian decent by ensuring that the child and family are specifically asked about this heritage. When this determination is made, refer to Section 705 Indian Child Welfare Act (ICWA), and follow all requirements. Also, if the child is a member of the Navajo Nation

or Ute Tribe, comply with the intergovernmental agreements that the state of Utah has with these Tribes.

3. Determine if the child is a United States citizen or a documented or undocumented non-citizen. [See: Section 303.10, Children in Foster Care Who Are Not U.S. Citizens.]
4. When a youth is aged 14 years and older, the Transition to Adult Living Utah Family and Children Engagement Tool (TAL UFACET) will be used to help identify skills needed for their transition to adulthood.

E. The primary caseworker will complete the application and provide necessary supporting documentation for Title IV-E and Medicaid eligibility determination. [*See:* Section 303.9, Federal Benefits And Eligibility.]

F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the payee. If the child has a disability but is not receiving SSI, apply for benefits. If the child has a deceased parent and is not receiving SSA survivor benefits, apply for benefits, if eligible. [*See:* Section 303.9, Federal Benefits And Eligibility.]

G. The primary caseworker will begin collecting information to be included in the Child's Placement Information Record (Home-to-Home Record). [*See:* Section 303.3, Maintaining The Home-To-Home Book.]

H. At any time, the child's family or other team members may request a Child and Family Team meeting to discuss concerns, changes to the Child and Family Plan, family-time, or the need for clinical interventions or conflict resolution.

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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
Utah Code Ann. §80-1-102. Juvenile Code Definitions.
Utah Code Ann. §80-3-406. Permanency Plan – Reunification services.
Utah Code Ann. §80-3-409. Permanency hearing -- Final plan -- Petition for termination of parental rights filed -- Hearing on termination of parental rights.
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. Makes timely decisions about other permanent family options for children in out-of-home care when reunification is not possible.
   4. Interprets the child's behavior and reactions to the separation as expression of LOSS and GRIEF, rather than pathology; and avoids labeling them as "bad," "troubled," "emotionally disturbed," etc.
   5. Understands what stage the child is experiencing in the grief and loss continuum--shock, denial, bargaining, anger, depression, and acceptance.
   6. Identifies those children who have the greatest likelihood of spending long periods of their childhood in out-of-home care. Determines if intensive reunification efforts would lead to faster decisions about returning to family or relatives or if a faster decision can be made about other permanent family options.

B. Permanency Planning: All children require security, love, acceptance, connectedness, a moral/spiritual framework, and lifetime families for their healthy growth and development. All children also need stable families and supportive communities, especially in the early years of life to form the secure attachments so vital to positive self-esteem, meaningful relationships, positive school achievement, and success in the adult world of family and work. For best practice, permanency for children implies strengthening or finding families that can provide:
   1. Intent: While a permanent home or family may not be certain to last forever, it is one that is intended to last indefinitely and offers the hope of lifetime connections and support.
   2. Commitment and continuity in family relationships: A permanent family is meant to survive geographic moves and the vicissitudes of life because it involves commitment and sharing a common future--whether with the family of origin, adopted family, or a guardianship family.
   3. Sense of "belonging" to a family: Evolved from commitment, continuity, and social/legal status, is crucial to security and positive self-esteem, and paves the way to healthy growth and development.
   4. Legal and social status: There is a need to legitimize a child's place in a legally permanent family; a family that offers a child a "definitive legal status" separate

from the child welfare system, protects his or her rights and interests, and promotes a sense of belonging.

C. Permanency Planning Outcomes:
1. Children remain safe with their parents or relatives.
2. Children are reunited safely with their parents or relatives.
3. Children are safely adopted by relatives or other families.
4. Children are placed with relatives or other families as legal guardians.
5. Children are safely placed in an individualized planned permanent living arrangement.
    a. This goal can only be selected if the child is 16 years old or older and intensive, ongoing efforts to reunify the child with the child's parent(s) have been unsuccessful. All of the following conditions must be met before choosing a goal of individualized permanency:
        (1) There have been intensive ongoing efforts to find a permanent family, which have been unsuccessful. These efforts include, but are not limited to:
            (a) Permanency Roundtables (*see:* Section 303.17),
            (b) Wendy's Wonderful Kids referral,
            (c) Intensive search for kin relatives including CLEAR search and notification, and
        (2) The child prefers to have a permanency goal of individualized permanency, and
        (3) DCFS has made efforts to normalize the life of the child, and
        (4) There is a compelling reason why reunification, guardianship with a relative or non-relative, or adoption is not in the child's best interest.

D. Concurrent Planning: Concurrent planning involves the parallel process of working towards a primary permanency goal, such as reunification, while at the same time actively establishing and implementing an alternative permanency plan. A concurrent permanency goal is required if the primary permanency goal is reunification. When the primary permanency goal is adoption or individualized permanency, the concurrent goal may be the same as the primary goal if allowed by the judge. Best practice for concurrent planning involves:
1. Frequent family-time from the moment a child is placed in out-of-home care is encouraged unless restricted by the court.
2. Focused intensive services are provided with birth families, giving reunification every chance to work.
3. Maintaining continuity in children's family, sibling, cultural, and community relationships.
4. Using the crisis of placement as a motivator to engage families in case planning and to make behavioral changes.
5. Identifying relatives and Tribal resources that can be placement and permanency resources early on in the case planning process.

6. Engaging families in culturally competent, early assessments, case planning, case review, and decision-making about permanency options to meet children's urgent need for stability and continuity in their family relationships as well as services needed to achieve permanency--reunification or the concurrent plan.
7. Holding Child and Family Team Meetings as they increase options and partnerships for out-of-home caregivers, parents, extended family members, and other significant family resources to be involved early on in formulating plans for children as well as supporting timely case planning and decision making.
8. Respectfully using full disclosure with birth families, relatives, and out-of-home caregivers throughout the life of the case.
9. Early on, informing birth families of the importance of their involvement and actions in planning for the return of the child and also informing them of the legal consequences should they not succeed in preparing for the child's return home in a timely manner.
10. Developing a network of out-of-home caregivers (relatives and non-relatives) who are actively engaged in supporting family reunification efforts but are also willing to serve as a permanency resource for children who may not return to their birth parents.
11. Utilizing concurrent permanency planning to encourage the adults who care about the child to become collaborators rather than adversaries as they care for and plan where that child will grow up and the long-term view for the child.
12. Collaborating with courts, attorneys, and service providers to better serve children, youth, and families.
13. Should reunification seem unlikely, determining when to pursue the concurrent permanency plan such as adoption or guardianship when it is clear the parent(s) cannot or will not care for their children.

E. Concurrent Planning Outcomes**:**
1. To support the safety and well-being of children, youth, and families.
2. To promote early permanency decisions for children in out-of-home care.
3. To reduce the number of moves and relationship disruptions that children experience in out-of-home care.
4. To decrease children's length of stay in out-of-home care.

F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps should be completed by the out-of-home care caseworker during the selection process of a primary permanency goal and concurrent planning for a child in out-of-home care:
1. Discuss with the Child and Family Team the long-term view for the child and family.
2. Assess the child's physical, emotional, social, and educational needs and how these needs may be met in planning for the primary and concurrent permanency goals.
3. Discuss the primary goal selection in the context of a Child and Family Team Meeting. The meeting should include the out-of-home caregiver if one has been identified.

4. The primary permanency goal will always be reunification unless the court has authorized in accordance with state statute that no reunification efforts will be offered.
5. Select a concurrent goal by identifying the next best permanency goal for the child.
    a. 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.
    b. Determine if guardianship (relative) or guardianship (non-relative) is the next best permanency goal to the primary goal. Guardianship and legal custody should not be selected if parental rights have been terminated.
        (1) Identify potential 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.
        (2) Potential guardians may be either relatives or non-relatives. If the potential guardian is a non-relative, the child must be currently placed in their home or be a sibling of a child placed in the home. For relative placement, Kinship Practice Guidelines must be followed prior to selecting guardianship as a primary goal.
    c. When adoption, guardianship (relative), and guardianship (non-relative) have all been ruled out as concurrent goals, individualized permanency is the only other permanency option.
6. Discuss with out-of-home caregivers the long-term view for the child and their ability and willingness to be an ongoing caregiver if the current primary permanency goal is discontinued.
7. Provide full disclosure of requirements and responsibilities of the out-of-home caregivers and child's parent(s) (see Full Disclosure section below).
8. Once the primary goal and concurrent goal have been identified, collaborate with the Assistant Attorney General, Guardian ad Litem, and court to ensure that they are court ordered.
9. Update the primary and concurrent goal on the UFACET and Child and Family Plan with input from the Child and Family Team. Update the goals in SAFE.
10. If reunification services are discontinued, the Child and Family Team will determine if it is in the best interest of the child for the concurrent goal to become the primary permanency goal.
11. The Child and Family Team may select another goal for the child's new concurrent permanency goal if it is in the child's best interest, but it is not required. If the child's new primary permanency goal is the best and only option for this child, then selecting one permanency goal as the primary AND concurrent goal is acceptable. For example, if individualized permanency is selected as the new primary permanency goal because none of the other options are appropriate, then it makes sense to select it as the concurrent goal as well.
12. The team will identify factors that must be considered for transition planning if the concurrent goal becomes the primary permanency goal.

13. The team will discuss the appropriateness of the child maintaining a relationship with parents if reunification efforts are discontinued and parental rights are not terminated, including continuing family-time and residual parental rights.
14. Once the new primary goal and concurrent goal have been identified, collaborate with the Assistant Attorney General, Guardian ad Litem, and court to ensure that they are court ordered.
15. Update the new primary permanency and concurrent goal on the Child and Family Assessment and Child and Family Plan with input from the Child and Family Team. Update the goals in SAFE.

G. Reunification: The Child and Family Team will use the following criteria to determine whether to make a recommendation to the court for reunification services:

1. The risk factors that led to the placement were acute rather than chronic.
2. The Child and Family Assessments (including factors such as the initial risk assessment, level of informal and formal supports available to the family, and the family history including past patterns of behavior) conclude that the parent appears to possess or have the potential to develop the ability to ensure the child's safety and provide a nurturing environment.

[3. The parent is committed to the child and indicates a desire to have the child returned home.

4. The child has a desire for reunification and is determined by using age appropriate assessments.
5. Members of the Child and Family Team support a reunification plan.
6. If the parent is no longer living with the individual who severely abused the minor, reunification may be considered if the parent is able to implement a plan that ensures the child's ongoing safety.
7. Court requirements for ordering reasonable services to reunify if the parent is incarcerated or institutionalized. The court is required by law to order reunification services to an incarcerated or institutionalized parent unless it determines that those services would be detrimental to the minor. In determining detriment, the court must consider the following:
    a. The age of the child.
    b. The degree of parent-child bonding.
    c. The length of the sentence.
    d. The nature of the treatment.
    e. The nature of the crime or illness.
    f. The degree of detriment to the minor if services are not offered.
    g. For minors 10 years of age and older, the child's attitude towards reunification services and any other appropriate factors.
8. If DCFS is recommending no reunification due to parent mental illness of such magnitude that it renders the parent incapable of utilizing reunification services, this recommendation will be based on competent evidence from two medical or mental health professionals, who are not associates, establishing that even with provision of services, the parent is not likely to be capable of adequately caring for the child within 12 months from the day on which the court finding is made.

9. DCFS will provide additional relevant facts, when available, to assist the court in deciding the appropriateness of reunification services such as:
   a. The parent's failure to respond to previous services or service plan.
   b. The child being abused while the parent was under the influence of drugs or alcohol.
   c. Continuation of a chaotic, dysfunctional lifestyle.
   d. The circumstances under which the parent's rights were voluntarily or involuntarily terminated regarding any other child.
   e. The past history of violent behavior directed at the child or an immediate family member.
   f. If the parent continues to live with an individual who abused the child.
   g. Any patterns of the parent's behavior that have exposed the child to repeated abuse.
   h. The testimony of a competent professional (expert witness) that the parent's behavior is unlikely to be successfully changed.
   i. The parent is the child's birth mother, and the child has fetal alcohol syndrome or was exposed to illegal or prescription drugs that were abused by the child's mother while the child was in utero, if the child was taken into custody for this reason, unless the mother agrees to enroll in, is currently enrolled in, or has recently and successfully completed a substance abuse treatment program approved by DCFS.
10. As outlined in Utah Code Ann. §80-3-406, timelines for reunification and extensions of reunification services are as follows:
   a. Reunification services may be granted for 12 months.
   b. The juvenile court judge may grant up to two extensions for reunification services. The extensions are for a maximum time period of 90 days each, for a total of 180 days. In order to grant an extension, the judge must make a finding that:
      (1) The parent has substantially complied with the Child and Family Plan.
      (2) It is likely that the reunification will occur within the 90-day period
      (3) The extension is in the best interest of the child.
   c. The court takes into consideration the status of the minor siblings of the child.
11. The Court may not determine that reunification services should not be provided solely based on a parent's agreement or disagreement with the child's assertion that the child's gender identity is different from the child's biological sex; practice of having or expressing a different gender identity than the child's biological sex; or sexual orientation.
12. If the court does not order reunification services a permanency hearing will be conducted within 30 days after the dispositional hearing. If reunification services are terminated during the course of the case, a permanency hearing will be conducted on the day on which the provision of reunification services end. At that hearing, an alternative permanency plan will be presented to the court.

a. If reunification services are not ordered, and the whereabouts of a parent becomes known within six months of the out-of-home placement of the minor, the court may order DCFS to provide reunification services. Statutory time frames for reunification (outlined in 10 above) still apply. Reunification services may be granted for 12 months, with a possible extension of three months if objectives that can be achieved in the time frame are not sacrificed by the parent's absence.
b. When reunification efforts have ceased or are not appropriate, a primary permanency goal of adoption, guardianship (relative), guardianship (non-relative), or individualized permanency may be selected.

13. The court may determine that efforts to reunify a child with the child's family are not reasonable, based on individual circumstances, and that reunification services need not be provided to a parent or other caregiver. The criteria will be used by the Child and Family Team in determining whether to make a recommendation to the court that reunification services are not offered.
    a. The parent's whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.
    b. The parent is suffering from a mental illness of such magnitude that it renders the parent incapable of utilizing services provided by DCFS. This will be assessed by a licensed mental health professional.
    c. 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 that parent, and the minor is being removed due to additional physical or sexual abuse.
    d. The parent has been convicted of causing the death of another child through neglect or abuse.
    e. The parent committed sexual abuse against the child or is a registered sex offender or required to register as a sex offender; or intentionally, knowingly, or recklessly causes the death of another parent of the child.
    f. The parent's rights are involuntarily terminated with regard to any other child.
    g. The parent has abandoned the child for a period of six months or longer.
    h. The parent permitted the child to reside, on a permanent or temporary basis, at a location where the parent knew or should have known that a clandestine laboratory operation was located.
    i. The minor child has suffered severe abuse by the parent or by persons known by the parent, if the parent knew or reasonably should have known that the person was abusing the minor.
    j. The minor has been adjudicated as an abused child as a result of severe abuse by the parent, and the court finds that it would not be beneficial to the child to pursue reunification services with the offending parent or caregiver.
    k. The child has been removed from home on at least two previous occasions and reunification services were offered or provided to the family at those times. It is a presumption under the law that reunification services are not

appropriate and should not be ordered under these circumstances. In these cases, a permanency goal/plan other than reunification will be pursued.

l. The parent is the child's birth mother, and the child has fetal alcohol syndrome or was exposed to illegal or prescription drugs that were abused by the child's mother while the child was in utero, if the child was taken into custody for this reason, unless the mother agrees to enroll in, is currently enrolled in, or has recently and successfully completed a substance abuse treatment program approved by DCFS.

m. The parent has subjected the minor to aggravated circumstances, including:
   (1) a severe type of child abuse or neglect;
   (2) torture; or
   (3) human trafficking of a child as described in Utah Code Ann. §76-5-308.5.14.

14. Prior to the court hearing, DCFS may review the circumstances to determine if it is in the child's best interest to recommend to the court that reunification services be offered, despite the presumption against reunification services.
15. If the court determines that reunification services are not appropriate and are not ordered, a permanency goal and plan other than reunification will be pursued.

Revision Date: May 2025

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:

A. Placement with non-custodial parent.

B. Placement with siblings, unless there is a documented safety concern.

C. Placement with kin or extended family who are invested in preserving the child's kinship ties.

D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification.
   1. "Reasonable proximity" includes placing the child within the neighborhood of the family home so that family contact, continued school placement, church involvement, and friendships may be maintained.
   2. Any placement beyond school district or county lines must be discussed with the Child and Family Team.
   3. If a placement in close proximity was not selected, document in the Child and Family Plan reasons why the chosen placement is in the best interests of the child.

Applicable Law
Utah Code Ann. §80-3-302. Shelter hearing -- Placement of a child.

Practice Guidelines

A. Every effort is made for the "first placement to be the best placement."

B. Kinship options are explored at the onset of the out-of-home intervention. [*See:* Kinship Major objectives, Section 500.]

C. Every effort will be made to place siblings together in out-of-home care. Siblings are required to be placed together unless contrary to the safety or well-being of any of the siblings. Any issue that prevents siblings from being placed together must be documented in SAFE. Siblings not placed together in out-of-home care must have frequent family-time and/or other ongoing contact (at least monthly) unless there is a documented safety or well-being issue that prevents the siblings from having family-time or ongoing interaction.

D. Decisions about where a child is placed will be made in the context of a Child and Family Team and will include steps to facilitate the child's transition to that placement.

E. When assistance is needed in locating a placement, contact the local resource family consultant, the placement screening committee, or the residential screening committee to explore placement options.

F. For an American Indian child for placement preferences, refer to Section 705, ICWA Major objectives.

G. For children needing or in an out-of-state placement, refer to Section 700, General Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children Major objectives.

H. For children who are currently in a crisis placement, refer to Section 700, General Practice Guidelines--Section 704, Placement Of A Child In Protective Custody, Major objectives.

I. For parents requesting a voluntary placement for their child, refer to Section 700, General Practice Guidelines--Section 704.2, Voluntary Placement Major objectives.

J. For information on emergency foster care placements, refer to Section 700, General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives.

K. Based on the level of care needed (i.e., basic, specialized, structured, or other), refer to Section 301.6, Basic, Specialized, And Structured Out-Of-Home Care Placement Options.

L. For children under the age of five years, screen for placement in a foster-adoptive home, refer to Section 301.5, Foster-Adoptive Placements.

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

Revision Date: September 2024

301.3a Bedroom Sharing for Foster Children

Major objectives:
Children residing in foster care will have sleeping arrangements that ensure the safety, well-being, and best interest of the child.

Bedroom sharing for foster children in all levels of care, regardless of placement type and intensity of services, will comply with Utah Code Ann. §26B-2-128(4).

Applicable Law
Utah Code Ann. §26B-2-128(4). Numerical limit of foster children in a foster home -- Limits on bedroom sharing.

Practice Guidelines

A. Children residing in foster care will have sleeping arrangements that ensure their safety, wellbeing, and best interest.

B. At all levels of care, regardless of placement type and intensity of services, the following requirements will be followed for bedroom sharing of a foster child.
   1. A foster parent may not share a bed with any foster child, biologically related or unrelated to the foster parent.
   2. A foster parent's bedroom may only be shared with a foster child who is under the age of two years old.
   3. A foster child may not share a bedroom with a child of the opposite biological sex unless:
      a. Each child sharing the bedroom is under two years old; or
      b. The child's case record identifies gender-specific or sexual orientation specific rationale for sharing the bedroom.
         (1) Sharing the bedroom is in the best interest of each child sharing the bedroom.
         (2) All children sharing the bedroom are relatives.
   4. When there is concern for safety, well-being, and best interest of a youth residing in a congregate care setting, including residential care, which normally utilizes

shared bedroom spaces, DCFS may approve a child being assigned their own bedroom if:

a. There is a gender-specific or sexual orientation specific rationale for the bedroom assignment; or
b. The youth exhibits high behavioral needs that may threaten safety and well-being of themselves and/or other youth in the placement.

5. Caregivers will not isolate any youth based on gender-specific or sexual orientation-specific rationale.
6. The child and family team will assess the safety, wellbeing, best interest, and needs for each child and will prioritize the emotional and physical safety of each child sharing a bedroom or being assigned to a separate bedroom. The team will include a region clinical consultant when there are concerns or disagreements about what is in the child's safety, well-being, or best interest.
   a. Best interest will consider each child's perception of where he or she will be most secure, as well as any recommendations from the child's mental health therapist.
   b. Each child of sufficient age considered for sharing a bedroom will be included in the decision-making process.
7. Written caseworker approval for the bedroom assignment will be maintained in the activity log, and will document that:
   a. Sharing the bedroom is in the safety, wellbeing, and best interest of each child sharing the bedroom; and
   b. All children sharing the bedroom are relatives; or
   c. The separate bedroom assignment is necessary to promote the child's safety, wellbeing, and best interest.

Revision Date: May 2025

301.4 Selecting an Out-Of-Home Caregiver

Major objectives:

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

A. Keeping in mind the best interest of the child, an out-of-home caregiver will be selected according to the caregiver's skills and abilities to meet the child's individual needs. When appropriate, the caseworker may also take into account the caregiver's ability to support reunification efforts while considering the option of becoming a permanent home for the child if reunification is not achieved.

B. Each placement will be staffed and will be made in accordance with placement requirements.

C. A child in the custody of DCFS will be placed with an out-of-home caregiver who is fully licensed. A child may be placed in a home that is licensed with a 90-day initial license only if the out-of-home caregiver is pursuing licensure as a placement for that specific child.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §26B-2-128. Numerical limit of foster children in a foster home.
Administrative Rule R512-302-4. Out of Home Services, Responsibilities Pertaining to an Out of Home Caregiver.

Practice Guidelines

A. The number of children that can be placed in the home of a licensed out-of-home caregiver shall be within the capacity of the license granted to the caregiver by the OL and/or in accordance with the definition of a foster home in Utah Code Ann. §26B-2-101.

B. When placing *a sibling group* into a foster home, capacity may be exceeded if:
   1. no other foster children reside in the foster home.
   2. only one other foster child resides in the foster home at the time of a sibling group's placement into the foster home; or
   3. a sibling group re-enters foster care and is placed into the foster home where the sibling group previously resided.

C. When placing a child into a foster home, capacity may be exceeded:
   1. to place a child into a foster home where a sibling of the child currently resides; or
   2. to place a child in a foster home where the child previously resided.

D. The out-of-home caregiver will be selected based on their willingness and ability to implement the child's primary and concurrent plans, which may include willingness and ability to adopt or take guardianship of the child if reunification is not possible.

E. The out-of-home caregiver must be willing and able to interact with the child's family and assist the child in maintaining and strengthening family connections.

F. The out-of-home caregiver will be selected according to the caregiver's skills and abilities to meet a child's individual immediate and long-term needs, including medical, educational, mental health, social, behavioral, and emotional needs.

G. The out-of-home caregiver will be selected based on their willingness and ability to keep sibling groups together. If it is not possible to keep siblings together in the same home, the out-of-home caregiver will need to communicate a willingness to help facilitate frequent family-time and contact between the child and the siblings when appropriate.

H. The out-of-home caregiver will be selected based on their willingness and ability to respect and support the child's religious and cultural practices and, where practical,

appropriate, and where no denial or delay of placement will occur, are of the same religious faith and cultural background as the child.

I. The child will be placed with an out-of-home caregiver sensitive to the child's cultural heritage and linguistic needs. At least one out-of-home caregiver in the home must demonstrate effective communication in the language of the child placed in care.

J. The out-of-home caregiver must be willing or able to learn to proactively respond to challenges and conflicts associated with placement.

K. If a child has been in out-of-home care previously and reenters protective custody, the child's former out of-home caregiver will be notified if still licensed. (Relatives and other kinship options will be given preference.) DCFS will make a determination of the former out of-home caregiver's willingness and ability to safely and appropriately care for the child. If the former foster home is determined by DCFS to be appropriate, the former out of-home caregiver will be given a preference over other out-of-home caregivers for placement of the child. [*See:* Utah Code Ann. §80-3-302.]

L. Prior to placement, detailed information about the child should be provided to the prospective out-of-home caregiver from either the regional resource family consultant or out-of-home caseworker so they can make an informed decision regarding placement of the child in their home. When relevant, the caseworker will encourage the out-of-home caregiver to consult with other family members living in the home in making the decision.

1. DCFS will provide relevant information regarding the child and information regarding DCFS procedures in order to address the following issues:
    a. Maintaining a child's connections to their past, present, and future.
    b. Giving first preference to a prospective adult relative caregiver and assessing their capacity to serve as a temporary placement and a possible permanent placement for a child.
    c. Acknowledging a parent's residual rights and responsibilities for their child.
    d. Explaining permanency planning timeframes as well as the range of permanency planning options including primary and concurrent permanency goals.
    e. Discussing with the out-of-home caregiver their willingness to support and assist with reunification efforts.
    f. Discussing with the out-of-home caregiver their willingness to adopt or take guardianship if the child is unable to reunify with their birth family.
    g. Discussing with the out-of-home caregiver their willingness and ability to keep the sibling group together; or if siblings not placed together, discussing with the out-of-home caregiver the importance of facilitating and allowing for frequent family-time and contact between siblings when appropriate.

h. Explaining expectations the agency has for the out-of-home caregiver in regard to the Child and Family Plan, Child and Family Team Meetings, family-time, court, health and mental health appointment, etc.

i. Maintaining the child's needs, including connections to culture, family, frequent contact through family-time with parents and siblings, continuity of care as well as information about the child's medical, dental, mental health, educational, social, behavioral, and emotional needs.

j. Disclosing the reason for DCFS intervention and out-of-home care placement, such as threats and risks to the child's safety and how they can be addressed.

2. The DCFS staff that provided the information to the caregiver will document that the information has been provided to the caregiver in the SAFE activity logs and will add the policy attachment "Placement – Child info Given to caregiver prior to placement".

M. DCFS File Review Guidelines: Best practice is allowing the prospective or current out-of-home caregiver an opportunity to review the child's file before making any long-term decisions regarding the care of a child. Licensed foster parents are contracted by DCFS as a provider to care for the child. Thus, they may view any parts of the child's file that help them understand the child and the child's background for purposes of parenting the child. The file may contain information that will help the family decide if they have the necessary skills and support to meet the needs of a particular child in out-of-home care. Once a child is placed with the out-of-home caregiver, the file also has important documents that the family may want to copy if not in the Home-to-Home Book, for example immunization records and school placement information.

When a kinship provider is not a licensed foster parent, refer to Kinship Practice Guidelines Section 503.1 H for guidelines regarding kinship caregivers reviewing the information in the child's file.

The following guidelines should be followed when a prospective out-of-home caregiver reviews a child's DCFS file:

1. The caseworker should inform the out-of-home caregiver that the information in the child's file is one way to help them determine whether or not they have the resources and skills to meet the child's needs.
2. The caseworker should inform the out-of-home caregiver that the information in the file consists of subjective opinions made by the caseworker or therapist written at one time in the child's life. Circumstances and the child's development can change the way a child behaves and adjusts to current life situations. For instance, the child may have received many different mental health diagnoses. The mental health diagnoses in a child's file is affected by each therapist's interpretation, the child's developmental stage, factors in the child's environment, and different life circumstances.
3. The confidentiality agreement must be signed by the out-of-home caregiver prior to allowing them to review the file. [SAFE form DCFS02.]

4. The caseworker should orient the prospective out-of-home caregiver to the structure of the files and the location of information.
5. The caseworker should counsel an out-of-home caregiver to consider specific types of information, such as medical conditions, developmental delays, disabilities, mental health diagnoses, placements and transfers, educational needs, and other considerations for the child.
6. The caseworker should advise the out-of-home caregiver to look for specific information they need to parent the child and identify information to copy once a child is placed in their home, if not found in the child's Home-to-Home Book. [*Red italic script* identifies information to copy if not found in the child's Home-to-Home Book.]
    a. Medical Information: *Immunizations, all allergies including food allergies, any disabilities and treatments, current medications and implications of discontinuing medications, history of illnesses,* conditions from abuse or neglect, *serious accidents, surgeries, past doctors, and hospital of birth*.
    b. Dental Information: Dental records, *past dentists*, and orthodontic work, and *orthodontist*.
    c. Educational Information: *Schools and grades, evaluations, special education plans such as Individual Education Plans (IEP) or Student Education and Occupational Plans (SEOP), learning disabilities including specific disability and tests results*.
    d. Mental Health Information: *Current and prior therapists* and history of treatment, diagnoses, and the current diagnosis; what the diagnosis means in raising a child, what behaviors are connected with the diagnoses, and how the consequences of these behaviors are the best way to deal with the behaviors. The resource parent should be encouraged to talk directly with the child's mental health therapist when possible.
    e. Family History: *Health Data Report from SAFE,* family situation, moves or stability factors, abuse and neglect history, domestic violence, reason for the child's removal from their biological family, culture, *genogram including the siblings (with their birth dates), timelines*. Family member's talents, hobbies and interests. *Family photos and letters, if available.*
    f. Child's Personal Information: Developmental history, when available. Placement history includes the child's adaptation. Photos of the child, of pets, of foster parents, or of other significant caregivers. The child's artwork, creations, or projects. Stories about the child's birth and early life. Religious records such as baptismal, christening, Bar mitzvah, and confirmation records. Activities such as scouts, sports, choir, etc. Favorite foods, favorite toys or stories, names of friends, and other things that may help the child feel more secure, such as chores and house rules or bedtime routines.
7. After the out-of-home caregiver has looked through the file, the caseworker should talk with them about what they found. The caseworker may also give them health and mental health diagnoses summary sheets, and answer questions they may have.

a. Helpful websites include:
   (1) American Academy of Child & Adolescent Psychiatry: www.aacap.org.
   (2) American Psychological Association: www.apa.org.
   (3) American Academy of Pediatrics: www.aap.org.
   (4) Internet Mental Health: www.mentalhealth.com.
   (5) Substance Abuse and Mental Health Services Administration: www.samhsa.gov.

b. The caseworker will respond to questions or concerns of the out-of-home caregiver and give the family-time to think about all they have learned.

c. The caseworker should also encourage the out-of-home caregiver to set another appointment to talk and ask other questions.

d. The caseworker should help the out-of-home caregiver to understand the importance of keeping the child's information and history.

N. The caseworker should encourage the out-of-home caregiver to review the child's file several times and especially after the child has been with the family for a couple of months.

Revision Date: September 2024

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, DCFS 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 DCFS 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 following the adjudication, the child was removed from the custody of his or her parent, was subsequently returned home to the custody of

that parent, and the minor is being removed due to additional physical or sexual abuse.

4. The parent has been convicted of causing the death of another child through neglect or abuse.
5. The minor child is under the age of five years and has suffered severe abuse by the parent or by persons known by the parent if the parent knew or reasonably should have known that the person was abusing the minor.

B. A child whose permanency goal changes to adoption and who is not with the family who will be their permanent family is to be screened by the designated region Adoption Committee for placement in an adoptive home.
   1. The protocol in Practice Guidelines Section 401.7 Adoption Committee will be followed when screening a child for an adoptive placement.

C. When the child's permanency goal changes to adoption and the child is not with the family who will be their permanent family, permanency planning will continually be assessed and explored by the caseworker and the Child and Family Team. DCFS will work with the resource family to provide them with support and services in order to maintain the child in the placement to minimize the number of placement moves the child experiences. The resource family will then assist with the transition of the child into the permanent home.

D. Following the screening and selection of the adoptive family, the caseworker and the Child and Family Team will continue to assess the viability of the placement for permanency.

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

(This section has been replaced by Section 310.)

301.7 Children with Specialized Health Care and Developmental Needs

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

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

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

B. The out-of-home caregiver and the child's parent will receive instruction from a qualified health care provider on the operation of any medical equipment required for a child's care.

C. The Child and Family Team will include medical, social work, and rehabilitation personnel who will coordinate a program of interventions designed to meet the child's needs.

D. The Child and Family Plan will:
   1. Address the child's current and anticipated medical and rehabilitative needs.
   2. Specify the child's condition and provide appropriate short-term and long-term medical and rehabilitation interventions.

301.8 Children with Medically Fragile or Medically Needy Conditions

Major objectives:
A child who is medically fragile or medically needy, as determined by a physician, and the child's out-of-home caregiver will receive support and services in accordance to their needs.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. Children who are Medically Fragile or Medically Needy (MFC): Children who are Medically Fragile or Medically Needy and their out-of-home caregivers will receive support and services in accordance to their needs. The MFC code will be used for both Medically Fragile and Medically Needy children. This code could serve to enhance the foster care payment for the child's additional health care needs, as providers may receive an additional payment for children who are deemed Medically Needy or Medically Fragile.

B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a guarantee that an additional payment will be deemed appropriate. This determination for any additional payment for a Medically Needy or Medically Fragile child will need to be determined within the context of the Child and Family Team.

1. Medically Needy: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Needy children are those who fall within category four of the Health Status Outcome Measures. Medically Needy children may have an acute illness or chronic condition that requires regular ongoing follow-up. This can include substance abuse, pregnancy, and daily medications that are not preventative.
2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Fragile children are those who fall within category five of the Health Status Outcome Measures. A Medically Fragile child has multiple and/or debilitating condition(s) that require assistance with activities of daily living, requires daily monitoring, or is at risk for developing an acute condition.
3. The child must have a diagnosis that meets the Medically Fragile or Medically Needy criteria from a physician or from his/her medical records.
4. The Fostering Healthy Children Nurse will review Medically Fragile and Medically Needy cases as part of the Health Status Outcome Measure (HSOM) and document this in SAFE to determine the appropriateness of the MFC code. HSOM category four medically needy are reviewed every four months, and HSOM category five medically fragile are reviewed every two months. The nurse will keep the out-of- home caseworkers informed of the child's MFC Code status.
5. The Child and Family Team for children who are Medically Fragile or Medically Needy will include the caseworker, resource family consultant, Fostering Healthy Children nurse, out-of-home caregiver, biological parents, and child. The Child and Family Team may also include the medical practitioners and rehabilitation therapists.
6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly basis by the Child and Family Team or more frequently as needed. The caseworker is responsible for coordinating the Child and Family Team Meetings. A report on the child's condition should be included on the Out-of-Home Progress Summary.
7. If the child meets the Medically Fragile or Medically Needy criteria, additional monies can be added to the daily rate. The caseworker will ensure that if the child meets either the Medically Fragile or Medically Needy criteria, the MFC code will be opened for services.
8. Designate in the meeting the person responsible for opening the MFC code. This person will submit the MFC code for payment to the eligibility technician.
9. The resource family consultant or other designated staff will open the approval for the MFC code.

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.

Practice Guidelines

A. To facilitate appropriate placement, placement screening committees or the regional screening committee will address the special treatment needs of the child and identify potential placement problems and solutions. The Child and Family Team will provide recommendations regarding the child's needs.

B. Meetings may include professionals from the community that are providing services to the child or could help assess the child's placement and treatment needs.

C. The following factors will be considered in placing these children:
1. The child's treatment needs and the availability of resources.
2. The skill level of the out-of-home care provider.
3. The child's supervision needs.
4. The out-of-home caregiver's ability to appropriately manage this type of behavior.
5. Composition of the kin or out-of-home caregiver's family. Children who are sexually reactive will not be placed with families who have younger or otherwise vulnerable children.
6. Risks to the neighborhood and school.

D. The caseworker must fully disclose all known information to the prospective out-of-home caregiver of the child's known history as a victim and/or perpetrator prior to placement. Additional information obtained at any time throughout the placement will also be disclosed to the out-of-home caregiver.

E. There may be situations where it is in the best interest of the child and the community for placement to be outside of a family setting.

F. Documentation must be in the child's case record as to the staffings on the case and the appropriateness of the child's placement.

301.11 Youth in Out-Of-Home Care with a Child

Major objectives:
When a youth in DCFS custody is parent to a child, DCFS will only take custody of the foster youth's child if there are concerns of abuse, neglect, or dependency. If the foster youth plans to continue parenting, the child will remain in the out-of-home placement with the foster youth (parent).

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
A. Explore placement options with the Child and Family Team. If it is determined that the foster youth is not able to remain in the current out-of-home placement with the child, other alternatives may need to be explored.

B. The parent (foster youth) is the primary caregiver of the child. Where applicable, the out-of-home caregiver will mentor appropriate parenting and household management skills.

C. The Child and Family Plan will reflect the type of mentoring needed by the youth in caring for the child.

D. Additional payments may be made for necessities needed for day-to day care and to cover room and board costs for the baby. If the foster youth is placed in a foster home, a supplemental daily payment may be made to the out-of-home caregiver to cover the baby's room and board costs (using the BAB code). The Child and Family Team may recommend that the foster youth be given responsibility to use a portion of that payment for the baby's needs.

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)

Major objectives:
This section outlines the process for placing a child in a Qualified Residential Treatment Program (QRTP), means a program that has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §80-3-501. Placement in a qualified residential treatment program -- Review hearings.
Social Security Act Sections 472(k); 475(c), and 475A(c).

Practice Guidelines

A. Children who qualify to be screened for a residential placement will meet the following requirements:
   1. A Child and Family Team Meeting is held to:
      a. Review the most recent Utah Family and Children Engagement Tool (UFACET) and update, if needed.
      b. Identify the child's short- and long-term mental and behavioral health goals.
      c. Identify the child's strengths and needs.
      d. Determine if the needs of the child can be met by the family of the child or in a foster family home. A shortage or lack of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home.
   2. The child and family team will consist of all appropriate biological family members, relatives, and fictive kin of the child, as well as other formal and informal supports. This may include appropriate professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. In the case of a child aged 14 or older, members of the team selected by the child shall also be included.

B. If the Child and Family Team agrees that the child cannot be placed with family or in a foster family home, then the caseworker will submit a request for the case to be reviewed by the region residential screening committee.

C. The residential screening committee will take into consideration the following information in determining if the child should be placed in a QRTP:
   1. UFACET.
   2. Child's short- and long-term mental and behavioral health goals.
   3. Child's strengths and needs.
   4. Permanency plan.
   5. Family and youth preferences.

D. If the residential screening committee determines a QRTP is the most effective, appropriate, and least-restrictive setting consistent with the child's short- and long-term goals in their permanency plan, they will assist the caseworker in:
   1. Finding the most appropriate residential placement.
   2. Submitting the request for a 30-day Qualified Individual Assessment to the DHHS Office of Coordinated Care & Regional Supports (CCRS)..
   3. Setting a 90-day residential screening committee review.
   4. Notifying the Assistant Attorney General (AAG) that the child will be placed in a residential placement and requesting a court hearing. The court hearing must be held within 60 days of the child being placed in a residential placement.

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

F. The caseworker will assist the CCRS assessor conducting the Qualified Individual Assessment in gathering the information needed to complete the assessment. The caseworker will document the following items in SAFE:
   1. The reasonable and good faith effort to identify and include all the individuals described as being a part of the Child and Family Team, documented in an activity log.
   2. All contact information for members of the family and the Child and Family Team, as well as contact information for other family members and fictive kin who are not a part of the Child and Family Team, documented on the child's relationship tab in SAFE.
   3. Document that meetings of the Child and Family Team, including meetings associated with the 30-day assessment, are held at a time and place convenient for the family.
   4. If reunification is the goal, document in the Child and Family Team minutes evidence demonstrating that the parent of the child provided input in selection of the members of the Child and Family Team.
   5. Evidence that the Qualified Individual Assessment is determined in conjunction with the family, the child, and all Child and Family Team members.
   6. The placement preferences of the family, the Child and Family Team, and the child relative to the assessment that recognizes children should be placed with

their siblings unless there is a finding by the court that such placement is contrary to their best interest.

7. If the placement preferences of the family, the child, and the Child and Family Team are not the placement setting recommended by the CCRS assessor conducting the assessment, the reasons why the preferences of the Child and Family Team and the child were not recommended.

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

The CCRS assessor shall also specify in writing why the recommended placement in a QRTP is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment, and how that placement is consistent with the short- and long-term goals for the child, as specified in the Child and Family Plan for the child.

1. The region designee and caseworker will receive the final assessment and do the following:
   a. If the placement is "recommended" in the Qualified Individual Assessment by the CCRS assessor, the caseworker will share the report with the Child and Family Team and discuss any considerations mentioned in the report.
   b. If the placement is "not recommended" in the Qualified Individual Assessment by the CCRS assessor, the caseworker will notify the residential screening committee and Child and Family Team immediately.
      (1) The case will need to be staffed to determine if the child may remain in the placement or be moved.
      (2) If the team decides to move the child, then the child must be moved within 30 days.
      (3) If the team decides the child should remain in the placement, then the region director or designee must approve it.
   c. Upload the assessment into SAFE into the content management folder: Residential Treatment Documents and select the correct type:
      (1) QRTP Independent Report is Appropriate
      (used if Qualified Individual Assessment recommends QRTP placement); or
      (2) QRTP Independent Report is NOT Appropriate
      (used if Qualified Individual Assessment does not recommend QRTP placement).
   d. Create an activity log dated the SAME DATE as the signature date on the assessment and attach one of the policy buttons:

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

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

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

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

The court will continue to make the determination at subsequent court hearings, which are held at least once every six months. At each subsequent hearing, the court will make a determination if the placement is still appropriate. The court report and case record will need to include the following items:

1. Strengths of the child and what needs/services cannot be met in a family-based setting.
2. Explanation of why a QRTP is the most appropriate and least restrictive placement.
3. Explanation as to why the child cannot be placed in a family-based home.
4. Specific treatment or service needs that will be met for the child in the placement.
5. Length of time the child is expected to need the treatment in a QRTP.
6. Efforts being made to prepare the child to step down into a family based setting.

J. The caseworker will attend the court hearing and review the assessments that support the child being placed in a residential setting.

1. If the court "approves" the placement, the caseworker will document the approval in the activity log.
2. If the court "does not approve" the placement, the team will need to determine if the child can remain in the placement or be moved to a more appropriate placement.

K. A region-level status review will occur at minimum every 90 days. The region designee will review the case and complete the DCFS Residential 90 Day Status Review form. This form will be uploaded into SAFE into the content management folder: Residential Treatment Documents.

L. The region designee may staff complex situations through the DHHS level collaboration (high level staffings) process.

M. If the child remains in the same placement setting for an extended length of time, continued placement in the QRTP must be reviewed at the DHHS executive level.
   1. Child age 12 and under:
      a. Six months consecutive or non-consecutive in same QRTP setting.
   2. Child age 13 and older:
      a. Twelve months consecutive in the same QRTP setting.
      b. Eighteen months non-consecutive in the same QRTP setting

N. The process for the executive level review consists of the following:
   1. A region designee will run a report in SAFE monthly to monitor which children are due for an executive level review.
   2. Sixty days before the time frame ends, the region designee will schedule a region level status review and complete the DCFS Residential 90 Day Status Review form.
   3. Sixty days before the time frame ends, the caseworker will receive a SAFE reminder: "QRTP extended stay review must be completed."
   4. All the prior DCFS Residential 90 Day Status Review forms as well as any current supporting documents (e.g. treatment plans) will be submitted to the agency head for review.
   5. The paperwork for the executive review needs to be submitted no later than 30 days before the time frame ends.
   6. If the child can be stepped down and will be out of the QRTP before the designated time frame, the executive review will be cancelled.

O. The caseworker will coordinate with the QRTP to develop a detailed discharge plan and to determine what type of aftercare support is needed to transition the child to the next placement. The QRTP is required to offer six months of aftercare, if the child is transitioned into a family-based setting or return home. The placement is required at minimum to make bi-weekly contact with the child and family the first three months and then monthly contact for the following three months.

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:

A. Review placement options available for the child.

B. Assess current budget and placement cap restrictions in the region.

C. Set the date for the next review. Reviews must occur at a minimum of every 90 days while the child is in a high cost setting. Regions with a high number of children in residential placements may have difficulty achieving this; however, it should be a priority of the region to facilitate these reviews.

D. A provider will be selected on the basis of ability and willingness to include the family in the service process, treatment, and discharge planning from the beginning.

E. The committee will complete the residential screening form and the purchase service authorization at the conclusion of the screening.

301.14 Transition to Approved Placement

Major objectives:
In order to minimize the risk of trauma or potential future crisis to children, the caseworker will develop and implement a transition plan for all children moving into or between any type of placement. Prior to any placement, the caseworker will prepare all children for the move using developmentally appropriate intervention strategies.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

The caseworker will complete the following tasks to support a child in transitioning to a placement. 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.

A. Inform the child's family whenever there is a need for the child to change or transition to a placement and 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 timeline.

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.

G. It is best practice for children to have pre-placement visits to gradually orient them to the new home and caregivers. Pre-placement visits may include:
   1. A tour of the new home.
   2. Activities such as day visits, mutual activities, or overnight visits.

H. Prepare and/or update the Child's Home-to-Home Book. [*See:* Section 303.3, Maintaining The Home-To-Home Book.]

301.15 Guardianship and Legal Custody with a Relative and Non-Relative

(This section has been moved to Section 308.2.)

301.16 Obtaining Birth Certificates from the Office of Vital Statistics for Children in Out-Of-Home Care

Major objectives:
This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a birth certificate for a child in out-of-home care that needs that document to register for school or apply for and receive a state or federal benefit or service.

Practice Guidelines

A. Process for obtaining a birth certificate from the Office of Vital Statistics:
   1. Region administration will identify senior assistant caseworkers or other designees responsible for submitting birth certificate applications for children in their region in an out-of-home placement and will disseminate that list to workers in their region.
   2. When a birth certificate for a child is needed, caseworkers will contact one of their regional representatives that have the responsibility to submit a request for a birth certificate to the Office of Vital Statistics and will provide all information needed on the application form.

3. The designated worker responsible for applying for birth certificates will document all information provided by the caseworker on the DCFS birth certificate request template supplied by the Office of Vital Statistics and will submit the completed form to Office of Vital Statistics at DCFSbirthreq@utah.gov.
4. Once the region designee receives the birth certificate, that individual will upload the birth certificate into SAFE content manager
5. The caseworker or designee will be responsible for documenting in the activity log when a birth certificate application has been made, when a birth certificate has been received, and for uploading the child's birth certificate into SAFE content manager once it is received.

B. Payment for birth certificates to the Office of Vital Statistics: The DCFS state office budget and accounting manager will submit a single payment to the Office of Vital Statistics for all birth certificates issued during the month and will transfer costs for each birth certificate to the region that made the request.

C. Youth who are currently in, or who have exited foster care due to the age of majority and are under the age of 26, can receive a fee waiver to get a copy of their birth certificate and/or ID.
1. A region TAL coordinator or caseworker will need to help the individual fill out the form for a birth certificate.
2. This form will not be used for DCFS to gain a free copy of a birth certificate. This is to be used for the youth to request and receive one.
3. The department waives the fee that would otherwise be charged for a certified a birth certificate, if the individual whose birth is confirmed by the birth certificate is under the age of 26 and:
    a. is in the custody of DCFS; or
    b. was in the custody of DCFS but is no longer in the custody of DCFS due to the individual's age.

Revision Date: September 2024

301.17 Child Placement with Parent in a Licensed Family-Based Residential Substance Use Treatment Program

Major objectives:
Family-based residential substance use treatment programs are highly effective in supporting parent-child bonding and reducing parent substance use relapses. A foster child may be placed with a parent in a licensed family-based residential substance use treatment program while the child remains in foster care. A foster care maintenance payment may be made for the child. In addition to providing substance use disorder treatment, the program will provide parenting skills training, parenting education, and individual and family counseling under an organizational structure and trauma framework that involves understanding, recognizing, and responding to the effects of trauma and will use a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.

Applicable Law
Title VII of Public Law 115-123 (Family First Prevention Services Act) Subtitle A. Part I Sec. 50712

Practice Guidelines

A. The Child and Family Team will determine if placement of the child with the parent in a licensed family-based residential substance use treatment program is appropriate.

B. The recommendation for placing the child in the licensed family-based residential substance use treatment program will be specified in the child's case plan prior to the placement start date.

    1. The recommendation for placement will be documented in the placement record in SAFE.
    2. The caseworker will enter the date, prior to placement, that the Child and Family Team decided that placement of the child with a parent in a licensed family-based residential substance use treatment program is the plan.

C. The DCP placement code is used for this service. This code requires the child to remain in foster care to be eligible for the foster care maintenance payment.

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

E. This is not a trial home placement.

F. The caregiver selected for the placement is the family-based substance use residential facility, not the parent.

302 Planning and Interventions

302.1 Child and Family Plans

Major objectives:

A. The Child and Family Team will create a plan based on the assessment of the child and family's strengths and needs, which will enable them to work toward their goals. The Child and Family Team will also oversee progress towards completion of the plan and provide input into adaptations needed in the plan.

B. The initial plan will be developed and finalized no later than 45 days after a child's removal from the home or placement in DCFS custody, whichever occurs first. A plan is finalized on the date that it is finalized in SAFE.

C. In every case, a concurrent plan will be in place from the inception of the out-of-home care intervention to ensure a permanent family for the child within a timely framework.

Applicable Law

Utah Code Ann. §80-3-307. Child and family plan developed by division -- Parent-time and relative visitation.

Practice Guidelines

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

   a. If a child is placed in residential treatment and has medical or mental health issues that need to be addressed, the Child and Family Plan will include a specialized assessment of the medical and mental health needs of the child.
   b. If parental rights have not been terminated, the parents retain the right to seek a separate medical or mental health diagnosis of their child from a licensed practitioner of their choice.
9. A family-time plan for the child, parents, and siblings, and grandparents if it is in the child's best interest.
10. Steps for monitoring the placement and providing support to the out-of-home caregiver, including plan for family-time of the child and support to the caregiver when placed out of state.
11. Methods by which the child's significant relationships can be maintained regardless of the permanency goals.

B. DCFS will make substantial efforts to develop the Child and Family Plan in agreement with the child's parents. If the parents do not agree with the Child and Family Plan, DCFS will strive to resolve the disagreement with the parents. If the disagreement is not resolved, DCFS will inform the court of the disagreement.

C. Parent/child involvement in the development of the Child and Family Plan. Child and Family Team Meetings and/or monthly interviews between the caseworker and parent may provide the parent with the opportunity to provide input into the development of the plan. Child and Family Team Meetings or private interviews between the child and the caseworker or other team members may provide opportunities for the child to contribute to planning.
   1. All parents will have the opportunity to participate in the development of the Child and Family Plan.
   2. For the purpose of planning, parent is defined as:
      a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child's life.
      b. The legally recognized father regardless of physical custody or current level of involvement in the child's life.
      c. The legally recognized adoptive mother and/or father.
      d. The legally recognized guardian.
      e. The caregiver with whom the child was living with at the time DCFS became involved AND with whom the child may remain or be reunited. This may include relative caregivers and non-relative caregivers such as stepparents.
      f. A stepparent who is living in the home where the child was residing and will be returned.
      g. The substitute caregiver(s) that has been identified as the person(s) who will be imminently providing enduring permanency for the child.

   3. Exceptions for parental involvement include:
      a. The parent is deceased.
      b. Parental rights are terminated.
      c. Parent's active or passive refusal to participate.

i. Active Refusal: Parent expresses verbally or in writing that they are not interested in participating in the development of the plan. In this case, the caseworker must verify with the parent that they still decline participation before every new plan is finalized.
ii. Passive Refusal: Parent indicates a passive refusal to participate in the plan development through their actions or inactions, such as failing to keep appointments or returning messages. In this case, the caseworker must make at least two attempts to contact the parent face-to-face, by phone, or by correspondence every time a new plan is developed to provide them opportunity to participate in the development of the plan.
iii. The caseworker will document the dates and efforts to involve the parent, methods of interaction between the caseworker and the parent, and the parent's expressed desire.

d. The parents' whereabouts are unknown despite concerted efforts to locate them. Concerted efforts means a monthly attempt at locating the parent using one of the following:
   i. Interviews with Child and Family Team members.
   ii. Interviews with extended family.
   iii. Interviews with the child.
   iv. Checking allied agency records (Department of Workforce Services, Office of Recovery Services, law enforcement, etc.
   v. Online person locator searches.
   vi. Other sources not listed here that the caseworker or the team becomes aware of.
e. Parental involvement in the planning process is detrimental to the safety or best interest of the child and is supported by court order or clinical recommendation.

4. All children listed on the plan who are developmentally appropriate will have the opportunity to participate in the development of the plan to the degree that they are capable of contributing to the plan.
   a. A developmentally appropriate child means they have the ability to understand and offer relevant contributions to the plan or express preferential considerations within the selection of services or objectives. As a general guideline, children who are elementary school aged are regarded as being capable of contributing to the plan to some extent unless otherwise developmentally incapable.
   b. Contributions offered by the child will be considered by the team and included in the plan based on the Child and Family Team's determination of the appropriateness of the request.

5. The child's court appointed Guardian ad Litem will be involved in the development of a child's Child and Family Plan. The Guardian ad Litem will be invited to any Child and Family Team Meeting held to develop, review, or modify the Child and Family Plan.
   a. Caseworkers will continue to schedule Child and Family Team Meetings around the needs of the child and family and will invite the Guardian ad Litem.

b. It is not required that the Guardian ad Litem be in attendance in order to hold the Child and Family Team Meeting.

6. Other parties may be involved in the development of the Child and Family Plan, as determined appropriate by the Child and Family Team. DCFS may not prohibit others, such as the parent's attorney, from being involved in the development of the plan. Utah Code Ann. §80-3-307 allows parties and their legal counsel to participate in the development of the plan if their participation is otherwise permitted by law. Before prohibiting anyone from participating in the development of a Child and Family Plan, the caseworker will staff the situation with an Assistant Attorney General to see if this is permissible.

D. Upon finalization of the Child and Family Plan, both the caseworker and supervisor will sign the plan. The caseworker will obtain signatures from the parents, child, and out-of-home caregiver. If any party refuses to sign the plan, reasons will be documented in the activity logs of the case file. Once all signatures have been obtained, copies of the plan will be eFiled with the court and copies provided to parents, child, and out-of-home caregiver.

1. The email must NOT contain any Personally Identifiable Information, including individual or family names in the title or body of the email. The email title should be "Notice of Filing" and the body should state " A Court Report or CFP has been filed in CARE on case ID#. You are receiving this notice of filing because you are a party or assigned as counsel in this matter.

2. An example email would contain the following:
Subject: Notice of Filing
Body: A Court Report or CFP has been filed in CARE on case 123456 & 123457 You are receiving this notice of filing because you are a party or assigned as counsel in this matter.

E. Every Child and Family Plan must include a primary and secondary goal. Concurrent permanency planning ensures that the child and family are prepared for both the child's primary and secondary permanency goals.

F. Tracking and adapting the Child and Family Plan/team review/progress summaries:
1. With input from Child and Family Team members, the plan will be reviewed to track progress made and progress will be reported at least every 90 days.
   a. The progress summary will outline the current situation and progress towards the permanency goal.
   b. The progress summary will be signed by both the caseworker and supervisor and will be eFiled and a copy provided to the parents, and out-of-home caregiver.
2. The plan will be adapted:
   a. When the team identifies that new steps are needed to make progress.
   b. When the team identifies a new need.
   c. When needs are met.
   d. When there is a significant change with the child and family, including a placement change.

e. At least every six months from completion of the prior plan.

Revision Date: September 2024

302.2 Purposeful Visiting with the Child, Out-Of-Home Caregivers, and Parents

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

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. Out-of-home caseworker visits help ensure safety, permanency, and well-being of children. Using face-to-face visits with children, out-of-home caregivers, and parents provides out-of-home caseworkers an opportunity to deepen the helping relationship. Findings from the DCFS Review (CFSR) found that there is a significant positive relationship between out-of-home caseworker visits with children and a number of other indicators for safety, permanency, and well-being. These indicators include:
   1. Providing services to protect children in the home.
   2. Preventing removal.
   3. Managing the risk of harm to children.
   4. Establishing permanency goals.
   5. Achieving reunification, guardianship, and permanent placement with relatives.
   6. Achieving the goal of other planned living arrangements.
   7. Placement with siblings.
   8. Preserving children's connections while in out-of-home care.
   9. Maintaining the child's relationship with parents.
   10. Assessing needs and providing services to children and families.
   11. Involving children and parents in case planning.
   12. Visiting with parents.
   13. Meeting the educational needs of the child.
   14. Meeting the physical health needs of the child.
   15. Meeting the mental health needs of the child.

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

1. Frequency - Visits must occur as frequently as the conditions of the case require and no less frequently than at least monthly.
2. In-Person Visits - The caseworker must visit the child in person at least once per month. There are two exceptions to this requirement, when approved by the supervisor.
    1. The supervisor must approve use of virtual video conferencing to meet the face to face requirement.
    2. The supervisor will document in activity logs the reason for approval for a virtual visit.
3. Virtual or Videoconferencing -
    1. Virtual visits are only allowable if:
        1. A declaration of an emergency that prohibits or strongly discourages person-to-person contact for public health reasons has been declared.
        2. The child or caseworker's severe health condition warrants limiting person-to-person contact.
    2. When conducting a virtual visit, the caseworker must be able to assess the safety of the child and achieve the other purposes for visits specified in Section A, above
    3. If a caseworker is not able to reach a child via virtual visit or if the virtual visit raises a concern about the child's safety or well-being the caseworker must immediately go to the home to assess the child's safety.
        1. If there are safety concerns, the caseworker will complete the applicable assessment tools (e.g., SDM assessments, suicide screener, safety plans, etc.) and follow-up as indicated.
        2. The caseworker will staff the results with the supervisor.
4. Location - the environment of the location of the visits must be conducive to open and honest conversation. At least one monthly caseworker contact with the child must take place in the out-of-home placement. The interview between the caseworker and the child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately, depending on the comfort level of the children or if there are safety considerations.
5. Duration - the length of the visit must be of sufficient duration to address key issues.
6. Quality discussion - the content of the interview should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being, as well as promoting the achievement of case goals. When the child is nonverbal or unable to communicate, the caseworker will document that the child is nonverbal and instead report observations regarding the child's appearance pertaining to physical well-being.

7. In working with an older youth, empower the youth by helping them to address their desires or needs. This enables the youth to have an opportunity to practice skills necessary for adulthood. It is also important to include youth as active members of the team. Youth should be included in all decisions that affect their lives. These will help to make it more likely that the youth's needs will be met and that they will be able to establish positive relationships.
8. As needed, the out-of-home caseworker and other members of the Child and Family Team develop the specifics of the Family-Time Plan as well as to decide who will make additional visits and contacts with the child. Document this in the Child and Family Plan.
9. If the child is placed outside the state, the out-of-home caseworker will have at least one virtual conversation per month with the child (if the child is verbal) and with the child's out-of-home caregiver. If the virtual format is not available the caseworker may use a phone call in lieu of virtual. In addition, the out-of-home caseworker will request through the Interstate Compact Placement Agreement that a courtesy caseworker must have a monthly face-to-face visit with the child, which meets the in-person visit requirement, and provide a written report of the visit to the Utah out-of-home caseworker each quarter.

C. Caseworker contact with the out-of-home caregiver: The caseworker will visit with the out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will help to establish and maintain a working relationship.
   1. At a minimum, the caseworker will conduct one monthly face-to-face contact with the substitute caregiver with whom the child is living. The caseworker will assess with the substitute caregiver the safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being needs of the child and the substitute caregiver's needs as it pertains to the child's needs.
   2. Reviewing on a quarterly basis with the out-of-home caregiver the child's Home-to-Home Book. (See Section 303.3 Maintaining The Home-To-Home Book.)

D. Monthly caseworker contact with the child's parents: The caseworker will have regular contact with each parent to assess safety, permanency, and well-being of the children and to promote achievement of case goals.
   1. For the purpose of monthly caseworker contact with parent, parent is defined as:
      a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child's life.
      b. The legally recognized father regardless of physical custody or current level of involvement in the child's life.
      c. The legally recognized adoptive mother and/or father.
      d. The legally recognized guardian.
      e. The caregiver with whom the child was living with at the time DCFS became involved AND with whom the child may be reunited. This may include relative caregivers and non-relative caregivers such as stepparents.

f. The substitute caregiver(s) that has been identified as the person(s) who will be imminently providing enduring permanency for the child.

2. Contact is defined as a face-to-face meeting between the parent and the caseworker and must include the following elements:
   a. Frequency - visits must occur at least monthly.
   b. Location - the environment of the location of the visits must be conducive to open and honest conversation.
   c. Duration - the length of the visit must be of sufficient duration to address key issues.
   d. Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.
   e. If the parent resides outside the state, the out-of-home caseworker will have at least one virtual face-to-face conversation per month with the parent. If the virtual format is unavailable, the caseworker may use a phone call in lieu of virtual. Additionally, if the child is placed with the parent, the out-of-home caseworker will request through the Interstate Compact Placement Agreement that a courtesy caseworker conduct a monthly face-to-face visit with the parent, which meets the in-person visit requirement, and provide a written report of the visit to the Utah out-of-home caseworker each quarter.
3. Exceptions for caseworker contact with parent include:
   a. The parent is deceased.
   b. Parental rights are terminated.
   c. Parent's active or passive refusal to participate.
      (1) Active Refusal: Parent expresses verbally or in writing that they are not interested in having monthly contact with the caseworker. In this case, the caseworker must periodically verify with the parent that they still decline contact. Periodic means that the caseworker attempts to make some type of contact whether it be face-to-face, phone, or correspondence with the parent at a minimum of a quarterly basis if reunification is the goal. If reunification has been terminated but parental rights are still in place, periodic contact means every six months.
      (2) Passive Refusal: Parent indicates a passive refusal to have monthly contact with the worker through their actions or inactions, such as failing to keep appointments or returning messages. In this case, the caseworker must make at least two attempts a month to contact the parent face-to-face, by phone or correspondance, while reunification services are provided to that parent. When reunification is terminated but parental rights are still in place, periodic attempts to contact the parent may be reduced to every six months.
      (3) The caseworker will document the dates and efforts to contact the parent, methods of interaction between the caseworker and the parent, and the parent's expressed desire or actions/inactions.

d. The parents' whereabouts are unknown despite concerted efforts to locate them. Concerted efforts means a monthly attempt at locating the parent using one of the following:
   (1) Interviews with Child and Family Team members.
   (2) Interviews with extended family.
   (3) Interviews with the child.
   (4) Checking allied agency records (Department of Workforce Services, Office of Recovery Services, law enforcement, etc.).
   (5) On-line person locator searches.
   (6) Other sources not listed here that the caseworker or the team becomes aware of.

e. Parental involvement in the planning process is detrimental to the safety or best interest of the child and is supported by court order or clinical recommendation.

E. Monthly Home Visit: The caseworker will assess the residence where the child is living and observe and document the general conditions pertaining to threats of harm, child vulnerabilities, and protective capacities of the caregivers. The caseworker will not enter a home for the purpose of a visit without a caregiver present, unless the child's caregiver has granted permission. This approval should be documented. The caseworker may enter the family's home in an emergency without a caregiver's permission. If the home environment provides a threat of harm to the child, address the threat with the caregiver and report the concern to the Resource Family Consultant (RFC) assigned to the home.

F. The outcomes of out-of-home caseworker visitation include:
1. Assessing safety, permanency, well-being, strengths, and needs. A series of developmentally appropriate checklists and questions developed by the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-home caregivers, or parents during their face-to-face visits. (To view these checklists and questions, go to http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-visiting.html).
2. Addressing and planning for any immediate needs and concerns.
3. Reviewing progress and completion of steps of the Child and Family Plan, including the identified permanency goal for the child, out-of-home caregivers, or parents.
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-time.
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.

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302.3 Preserving Connections

Major objectives:
Preserving connections refer to relationships to children in out-of-home care with the purpose of maintaining or strengthening familial relationships and continuing connections with natural supports that are approved through the process below and documented in the client record. Preserving connections can help maintain activities children and youth were participating in prior to entering custody with those familial relationships (i.e., going to movies with grandmother, getting ice cream, sleepovers with cousins, etc.). Preserving connections may also be used for short-term provisions, which could include incidental care, childcare, respite care, emergency care, and other options for temporary relief.

This includes all persons familiar with the child and who have a relationship (i.e., grandparents, aunts/uncles, cousins, adult siblings, coaches, teachers, leaders, etc.) prior to the child entering care. Infants are considered to have a relationship similar to siblings or relationships that would have naturally occurred had the child remained in parental care. Natural supports (not including family) need to be relationships the child had prior to coming into care. [*See also:* Section 300.7.]

Practice Guidelines:

A. Identifying other important connections:
   1. When identifying individuals who are considered as preserving connections, the DCFS shall ask:
      a. The parent or caregiver: Who has been their support in caring for their child? Who helped the parent or caregiver with their child before coming

into custody? Have the parents/caregivers had the child live temporarily with anyone? If the child is an infant and/or this is the first child, consider asking who the parents have reached out to for support with the child.

b. The child: Who would they seek out for support when their parent or caregiver is not available? Who would they stay with when their parents are unavailable? Which family members and family friends do they feel comfortable with and want to maintain a connection with?

c. Extended family on both sides of the family: Who has had a relationship with the child? Are there any other important connections to the child? Create a genogram, ecomap, etc.

d. The Child and Family Team: Who has the child spent a lot of time with and would benefit from maintaining a connection with?

2. Other considerations that can be used to identify individuals who can be considered preserving connections:
   a. Extra-curricular activities (sports, dance, scouts, etc.).
   b. Religious affiliations.
   c. Tribal affiliations (ICWA).
   d. School (teacher, coach, counselors, etc.).
   e. Former placements (foster homes, proctor homes, etc.).
   f. Neighbors.
   g. Other community connections.

B. Assessing individuals' ability to help: Discuss the need for connection and possible assistance to the placement or child during a Child and Family Team Meeting.
   1. Consider using items from the Permanency Pact to explore ways to offer support.
   2. Discuss expectations, availability, and schedules.

C. Approving proposed supports through the teaming process:
   1. Caseworkers will have the proposed support person complete a background screening form when required.
      a. Caseworkers will send a background screening form to the BCI support team to be screened.
      b. Any history that poses a direct potential safety concern to the child will be discussed privately with the proposed preserving connections, and permission to share this information with the full Child and Family Team or the legal partners (AAG and GAL) for further review will be requested. If the person does not want the information shared, they will not be considered for preserving connections.
   2. Concerns identified may be addressed by additional assessments and/or home visits.
   3. Concerns that are discussed at the Child and Family Team Meeting and decisions made by the team must be documented in activity logs.
   4. The Child and Family Team approves the list of people included as preserving connections.
   5. Ongoing assessment of preserving connections will occur at Child and Family Team Meetings, and the team will make adjustments as needed.

D. Documenting preserving connections and sharing with out-of-home caregivers/providers:
   1. Preserving connections are documented in SAFE with the preserving connections form. The preserving connections form will be updated as needed and reviewed each time the Child and Family Plan is updated.
   2. Caseworkers will share the preserving connections form with each out-of-home caregiver/placement as a resource.
   3. Caseworkers will review the preserving connections form with each caregiver/provider and explain the importance of maintaining relationships and prioritizing use of preserving connections as outlined.

Revision Date: September 2024

303 Services and Interventions

Major objectives:
Determination of interventions and service modalities will be matched to the assessed needs of the family. Only interventions deemed as best practice and approved by DCFS will be utilized.

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

303.1 Family-Time with Familial Connections

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

Applicable Law
Utah Code Ann. §80-1-102. Definitions.
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. Family-time plans between the child, parent, and siblings will be individualized to meet the needs of the family. Family-time plans will be facilitated by joint planning between the members of the Child and Family Team. Family-time will occur as often as possible with once per week as the general guideline. Frequent contact between siblings not placed together in out-of-home care is required unless there is a safety or well-being issue that prevents the siblings from having contact or ongoing interaction.
   1. Sibling-time between siblings who have been separated by adoption or foster care placement may occur if it is the best interest of the child and the caseworker has obtained consent from the parent, guardian, or adoptive parents to have their child who is not in out-of-home care participate in sibling-time with the sibling who they have been separated from.
      a. Example: Two children are in foster care but have been placed with separate families. One child is placed with a kinship caregiver, and the other child is placed with an out-of-home caregiver.
      b. Example: One child is placed with an out-of-home caregiver and the child's sibling is placed in a residential care facility.

B. The Child and Family Team will consider and approve family-time and/or other forms of contact with relatives for children in state custody if it is determined that contact will be in the best interest of the child, there are no safety concerns, and allowing contact would not compete with or undermine reunification goals. [*See*: Kinship Practice Guidelines Section 502.3a and Out-of-Home Care Practice Guidelines Section 300.7.]

C. Family-time with parents, siblings, and grandparents will occur in the most natural setting, such as family's home, library, church, or community center, neighborhood park, shopping center, etc.

D. Supervised family-time will only occur in situations where safety or emotional well-being of the child is in question and will be conducted by caseworkers, kin or out-of-home caregivers, trained assistants, or other qualified individuals.

E. Family-Time Plans with parents, siblings, and grandparents will be outlined in the Child and Family Plan and specific arrangements will be made between the parents and out-of-home caregivers, with consultation by the Child and Family Team, and may include suggested locations, dates, times, and individuals responsible to transport and who can participate.
   1. Identifying potential family-time supervisors: Family-time supervisors can help supervise the family-time together in a more natural environment for the family and help make sure that the interactions are safe and appropriate for the child. Family-time supervisors consist of family and friends and are explored at Child and Family Team Meetings.
   2. Assessing family-time supervisors' ability to help:
      a. Discuss the need for family-time supervisors and the possible assistance to the child and family at the Child and Family Team Meeting.

(1) Consider using the Reviewing Family-Time Supervisor one pager document.
(2) Discuss the expectation, availability, and schedules with the identified family-time supervisor.

b. Approving proposed family-time supervisor:
(1) Caseworkers will have the proposed family-time supervisor complete a background screening form.
(2) Caseworkers will send the background screening form to the BCI support team to be screened.
(3) Caseworkers will notify any potential family-time supervisor that the court would be considering the following:
i. Sexual offender registry, both state and federal.
ii. Probation or parole.
iii. History of domestic violence.
iv. Current or recent substance use problems.
v. Recent history of a violent offense conviction; or
vi. Recent history of DCFS supported findings.
(4) Any history identified on the background screening will be sent to the caseworker.
i. The caseworker will privately discuss any concerns with the proposed family-time supervisor.
ii. The caseworker will inform the proposed family-time supervisor they can address the concerns with the Child and Family Team or the legal team if they want to continue to be considered.
iii. If there is disagreement about the outcome, the judge can make the decision.
iv. If the person does not want the information shared, they will not be considered for a family-time supervisor.

3. Submitting family-time supervisors to court for the court approval:
a. Caseworkers will complete the Family-Time Supervisor Form and include any proposed family-time supervisor that wishes to be approved by the court. The family-time supervisor form is part of the Family-Time Plans in SAFE.
b. A proposed family-time supervisors will be presented to the judge. The judge will give final approval to the Child and Family Team before the identified supervisor can supervise any family-time.
c. In cases where the judge grants discretion to the Child and Family Team to approve supervisors, the family-time supervisor form must be kept in the case record and will be given to the court, if requested, or if an individual wishes to address a decision about a family-time supervisor in court.

4. Ongoing assessment of the family-time supervisor will occur regularly at Child and Family Team Meetings. The team will make adjustments as needed.
a. The caseworker will update any changes to family-time on the Family-Time Plans in SAFE.

b. Family-time supervisors will provide an account of the family-time to the caseworker via email or text message, which the caseworker will then document in SAFE.

F. In situations where distance or other circumstances present difficulty for the family, alternative transportation arrangements will be explored with the Child and Family Team, such as bus, light-rail, or meeting at the half-way point between locations. If weekly family-time is still not feasible, after creative exploration of all options by the Child and Family Team, , schedule longer family-time as frequently as possible, with other means of communication encouraged between in-person contact.

G. Kin or out-of-home caregivers may only censor or monitor a child's mail or phone calls by court order.

H. Contacts with family for children placed out-of-state:

1. A child who is placed out-of-state in out-of-home care may make two trips home a year at the state's expense. The region may make exceptions to this in emergencies, such as the serious illness or death of a parent or family member. If the parent has moved out-of-state and the permanency goal is to return the child to the parent, the child may also make two trips per year for in-person family-time with the parent at the state's expense if the parent cannot afford to purchase the necessary tickets.
2. Children who are placed out-of-state or out of the area will be encouraged to maintain written, video, and telephone contact with their parents as negotiated by the Child and Family Team.

Revision Date: September 2024

303.2 Caseworker Visitation with the Child

(This section has been replaced with Section 302.2.)

303.3 Maintaining the Home-To-Home Book

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

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. The child's Home-to-Home Book will contain all information about the child while in out-of-home care, including:
   1. Names and addresses of providers, an inventory of belongings, a behavior checklist, information about the child's needs and habits, family-time information, and a section for the safe-keeping of mementos and photographs.
   2. Health history, current health status, medications, immunization record, copies of medical reports, and names and addresses of health care providers.
   3. School records, including school name and address, preschool information as well as educational information, the names of teachers and counselors familiar with the child, the child's grade level performance, and special education needs.
   4. Records and contact persons from any other public and private health, mental health, or social service agencies that have worked with the child.
   5. Past mental health problems and special needs of the child.
   6. Documentation and receipts for any items or services purchased for the child while in out-of-home care.
   7. Name, address, and phone number of the child's Guardian ad Litem and the Guardian's ad Litem role in protecting the child's interest. Out-of-home caregivers are encouraged to contact the child's Guardian ad Litem with any concerns that the child's needs are not being met.

B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to serve as a history while the child is in care. At time of each placement, new forms are generated to serve as updates, but do not replace existing forms and information.

C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-home caregiver at the time of placement. If not, the caseworker will deliver and review the record with the out-of-home caregiver no later than 10 working days from date of placement.

D. The caseworker will explain to the out-of-home care provider during the review of the Home-to-Home Book that medical care must be obtained only from an approved Medicaid provider, which means that if an HMO is designated on the child's card, the health care provider must participate in that HMO.

E. The out-of-home caregiver must take health care history information from the Home-to-Home Book to health care visits to ensure continuity of care and prevent unnecessary duplication of medical care (such as immunizations).

F. The out-of-home caregiver is to keep current records of the child's vital information and important events in the Home-to-Home Book.

G. The caseworker will review the Home-to-Home Book at least quarterly with the out-of-home caregiver and the child, when appropriate, to discuss the child's school progress, medical needs, use of clothing allowance and other special needs payments, and other issues related to the placement.

H. Upon case closure, the caseworker will retrieve the Home-to-Home Book from the out-of-home caregiver and do the following:
   1. Give the items contained in the mementos and photograph packets to the parent, if the child is returned home, or to the permanent placement provider.
   2. Remove any forms or information contained in the remaining packets, scan and upload into content manager in SAFE upon case closure.
   3. Place the emptied Home-to-Home book and packets into the designated area for reuse.

Revision Date: September 2024

303.4 Educational Services

Major objectives:
The caseworker will make every effort to ensure that all children placed in out-of-home care receive appropriate educational services consistent with their needs. DCFS staff will work with the Child and Family Team to help the child achieve his or her educational potential. DCFS will ensure that children in out-of-home care have educational stability, when possible and appropriate.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §53G-6-402. Open enrollment options -- Procedures -- Processing fee -- Continuing enrollment.

Practice Guidelines
A. If a child in DCFS custody has attained the minimum age for school attendance, the caseworker will enroll the child in school or obtain other appropriate educational services consistent with the child's needs.
   1. The caseworker will document the child's education record in SAFE, as required for federal reporting. Additional details about the child's educational circumstances may be documented in SAFE activity recording.
   2. The child's education record will be updated in SAFE when:
      a. The school year begins.
      b. The school year ends.
      c. A placement is changed.
      d. The child moves to a different school or educational setting.
      e. Circumstances change requiring an adjustment in special education services.

B. When a child changes placement, efforts will be made to maintain the child's enrollment at their existing school. If safety, transportation, and other issues can be adequately addressed, a child should remain in their existing school in order to allow consistency in

their education. The process for determining the child's educational placement is as follows:

1. The caseworker will assess any safety concerns that exist and determine if the child can safely remain in the school where they were originally enrolled when they came into custody. Any safety concerns regarding the educational placement will be documented in the Child and Family Assessment and in the activity recording in SAFE.
2. While assessing whether the child may remain in their school placement, the caseworker will gather and take into account input from educational staff and Child and Family Team members.
3. Utah Code Ann. §53G-6-402 allows the child in state custody to remain in the school they were enrolled in prior to coming into custody, and whenever a child changes placement. The caseworker and Child and Family Team will determine whether it is in the best interest of the child to remain in the school they are currently enrolled in and will consider proximity to the school when making placement decisions. If it is in the child's best interest, the caseworker will give significant consideration to placements that will facilitate the child to continue to attend the school they were enrolled in when the child entered custody.
4. If the child remains in the school they were enrolled in when they entered custody, the caseworker will inform the school that the child has entered state custody and will work with educational staff to ensure that any safety concerns are addressed.
    a. If there is a protective order or no-contact order in place for the child against any individual, the caseworker will provide a copy of the order to the school.
5. When a child in DCFS custody must be transferred to a new school, the caseworker will do the following:
    a. Make every effort to minimize disruption with the child's education (e.g., waiting until the end of a semester or year to move a child from the school).
    b. Update the child's education record in SAFE.
    c. Consult with staff at the former school about how to minimize disruptions of the child's education.
    d. Inform the new school that the child in state custody will be enrolled.
        (1) Within three school days of a child's placement in foster care or in a new out-of-home placement, the caseworker or caregiver will enroll the child in school.
    e. Obtain and complete all fee waiver forms from the school and authorize payment of school fees not waived.
    f. Refer the child to the Youth in Custody (YIC) program and fill out the necessary forms to enroll the child. This is required if a YIC program exists. If a child is in a school district that does not have an applicable YIC program, the caseworker or out-of-home caregiver will refer the child to the appropriate school principal or staff for assessment of educational needs. The caseworker, out-of-home caregiver, and the child will meet with the YIC program staff and/or school administration from the new

school. Other members of the Child and Family Team may be included in this process.

h. Ensure that the new school specifically requests special education records from the former school. Special education records are not transmitted to the receiving school with the general educational file unless specifically requested. (Special education records are kept separate from other general education records.)

i. Provide copies of any educational records they have to the new school to facilitate the immediate enrollment of a child into the appropriate academic placement.

C. The caseworker will gather any available educational information and provide it to the out-of-home caregivers for placement in the Home-to-Home Book within ten days from the date of placement.

D. At any time during the child's placement, if any member of the Child and Family Team has reason to suspect that the child may have a disability requiring special education services, the caseworker will refer the child for assessment for specialized services.

E. The caseworker will maintain contact with educational staff to monitor the child's ongoing educational status, including grades, attendance, and credits toward graduation. Educational staff or input will be included in Child and Family Team Meetings when appropriate.

F. To minimize disruption to the child's education, caseworkers and other DCFS' staff will avoid taking the child out of school for family-time and appointments. Appointments will be made after school hours when possible. When court hearings require a child to be present, caseworkers and/or foster parents will make arrangements with the school beforehand to obtain schoolwork and assignments for the time the child will be excused.

G. It is allowable for CPS caseworkers to take a child out of class for the purposes of conducting an interview regarding an allegation of abuse or neglect.

H. 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

1. When a school notifies a caseworker that a child in out-of-home care was involved in one of the above types of incidents, the caseworker will:
   a. Notify the parent or guardian if parental rights have not been terminated and the parent's whereabouts are known.
   b. Notify the foster parent and other relevant members of the Child and Family Team (such as the therapist, treatment providers, etc.).
   c. Request a written report from the school regarding the incident.
   d. Notify and staff the situation with the supervisor.
   e. If region protocol directs, notify designated regional administrative staff.

f. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as possible.
g. Record all known details of the emergency situation and action taken in the SAFE activity logs.

2. If an out-of-home caregiver receives notification from a school that the child was involved in one of the above incidents, the out-of-home caregiver will notify the caseworker by phone or email within 24 business hours.
   a. Upon receiving notice,, the caseworker will ensure that they complete the steps listed in subsection 1 above.

I. The caseworker will monitor and document all educational plans that a child may need in their educational environment, such as individualized education program (IEP), accommodations for disability (504), and behavioral interventions plan.
   1. When a school notifies the caseworker or the caseworker has reason to believe that there is a need for additional educational interventions, the caseworker will work with the school to explore the child's additional needs.
      a. The caseworker will schedule a Child and Family Team Meeting with the school to discuss the child's needs. All team members should be invited, and input should be sought from key individuals, such as parents, out of home caregiver, guardian ad litem, child's therapist, Fostering Healthy Children nurse, and school personnel.
      b. The caseworker will document all conversations and forms of these interventions in SAFE.

J. Emergency safety interventions:
   1. When a child poses an immediate and significant threat to safety to themselves or others, and the child is physically restrained or the use of seclusion is used by school personnel, an emergency safety intervention plan is needed.
      a. Restraint and seclusion are practices used in public schools as a response to student behavior that limits their movement and aims to deescalate them.
      b. Physical restraint means physically limiting their movement.
      c. Seclusion means isolating them from others through confining them to a room or area against their will and not allowing them to leave.
   2. The caseworker will complete the following steps upon receiving notification that the child was physically restrained or placed in seclusion at school.
      a. Within 24 hours, inform the parents, foster care provider, and guardian ad litem that restraint or seclusion was used. Additionally, notify the region director if seclusion was used.
      b. Consult with a clinical consultant.
      c. Schedule a Child and Family Team Meeting within one week to discuss the situation and propose having an emergency safety plan for the child. All team members should be invited, and input should be sought from key individuals, such as parents, out of home caregiver, guardian ad litem, child's therapist, Fostering Healthy Children nurse, and school personnel.
   3. The emergency safety plan should include the following:
      a. Identification of less restrictive interventions that were tried and failed.

b. Other interventions that could be used in lieu of restraints or seclusion, such as therapeutic and medical interventions, school behavioral teams, disability resources, mentors, Youth in Custody (YIC), or occupational or other resources.
c. Possible triggers for the child and planned responses for them.
d. If seclusion is part of the intervention plan, it should be the option of last resort. Attach a copy of the school's seclusion plan to the emergency safety plan.
e. A requirement for the school to:
(1) Contact the caseworker within 24 hours of interventions using physical restraint or seclusion.
(2) Report the amount of time the child spent in seclusion.
(3) Report who monitored the seclusion and if they were familiar with the child.
(4) Report the circumstances that led to the intervention being used.

4. The caseworker will review the emergency safety plan with their supervisor.
5. The emergency safety plan will be reviewed often in future Child and Family Team Meetings to assess changes and any ongoing needs for the child.:

K. Involving parents/guardians in child's education

1. The caseworker will take reasonable measures to notify a parent or guardian of educational changes or appointments with the school.
a. Reasonable measures include notifying the parent or guardian of scheduled school appointments at least five days prior to the appointment through phone call, text message, email, written letter, or face-to-face contact. If the appointment's urgency does not allow notice five days prior, the parent or guardian will be notified as early as possible, and at least 24 hours prior to the appointment.
b. The out-of-home caregiver may also assist the caseworker in providing notification of school appointments to the parent or guardian.
c. If there are no legal restrictions regarding contact between the parent or guardian and the child due to safety issues, the parent or guardian will be invited to attend all education appointments for the child.
2. The caseworker may provide a parent or guardian with school documentation for their child if: (1) parental rights have not been terminated, (2) there are no safety concerns, and (3) no personally identifying information about another person will be shared. The GRAMA supervisor or program administrator may be consulted on questions about sharing a child's school documentation.
3. The caseworker will document in the SAFE activity logs the method used to inform the parent or guardian of the education appointments.

Revision Date: June 2025

303.5 Health Care

Major objectives:
All children placed in out-of-home care will receive health care services according to the requirements of DCFS whether they are Medicaid eligible or not. The DCFS 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:

A. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by a health care provider within 24 hours.

B. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever occurs first, the child will receive:
   1. Well Child CHEC (Child Health Evaluation and Care) exam.
      a. If the child has been seen by a physician within 30 days prior to removal or court-ordered custody and additional concerns are identified, the child should be seen again within 30 days after removal or court-ordered custody.
      b. A Well Child CHEC should be scheduled with the child's Primary Care Physician (PCP).
      c. If a child does not have a PCP, the RN assigned to the case should be consulted to identify a provider that is on the child's insurance plan.
      d. If the PCP does not have an available appointment within 30 days, a provider that accepts the child's health insurance plan should see the child and the report should be forwarded to the PCP.
      e. For children under the age of two years, the Periodicity Schedule will be followed. The Periodicity Schedule is:
         (1) Birth.
         (2) Two weeks of age.
         (3) Two months of age.
         (4) Four months of age.
         (5) Six months of age.
         (6) Nine months of age.
         (7) Twelve months of age.
         (8) Fifteen months of age.
         (9) Eighteen months of age.
         (10) Twenty-four months of age.
         (11) Annually after 24 months of age.

C. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever occurs first, the child will receive:
   1. Dental exam:
      a. Required for children three years of age and older.
      b. Children under age three will be followed by their PCP and referred to a dentist with any identified problems.
      c. If the child has been seen by a dental provider or PCP if under age three within 30 days prior to removal or court-ordered custody and additional concerns are identified, the child should be seen again within 30 days after removal or court-ordered custody.
   2. Mental Health Assessment:
      a. Children five years of age and older will receive a mental health assessment.
      b. If the child has been seen by a mental health provider within 30 days prior to removal or court-ordered custody and additional concerns are identified, the child should be seen again within 30 days after removal or court-ordered custody.
      c. Continuity of Care: DCFS must determine if a child has an existing mental health therapist. If so, staff must facilitate continued care by contacting the provider, assisting with their Medicaid enrollment if necessary, and establishing a contract or single case agreement at a rate not exceeding Medicaid standards.

D. Developmental and Social Emotional Assessment:
   1. PCPs will follow developmental progress for infants.
   2. For children 4 months to 5 years of age who are removed or court-ordered into custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the foster parent for completion based on the child's current age and the following schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months.
   3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-SE will be used in determining the need for further developmental/mental health assessment.
      a. The ASQ and ASQ-SE will be completed with the child by the current out-of-home caregiver. Upon completion, the questionnaires are sent back to the FHC Program staff to be scored.
      b. If a child scores below the recommended level, FHC staff will coordinate a referral for Early Intervention within 30 days of the return of the questionnaire.
   4. Children ages 37 months to 60 months (3 years and one month to 5 years): The ASQ and ASQ-SE will be used in determining the need for further mental health assessment.
      a. The ASQ and ASQ-SE will be completed with the child by the current out-of-home caregiver. Upon completion, the questionnaires are sent back to the FHC Program staff to be scored.

b. If a child scores below the recommended level, FHC staff will coordinate a referral to the local school district or mental health care provider where the child resides within 30 days of the receiving the complete questionnaire.

E. Immunizations and Vaccinations: All children in out-of-home care will receive immunizations and vaccinations as recommended by the Center for Disease Control (CDC).

1. Those children behind the recommended CDC schedule of immunizations and vaccinations when entering out-of-home care will be caught up as recommended by their PCP.
2. The caseworker will document in the SAFE activity log if a family has medical or religious beliefs that exempt them from immunizations or vaccinations. Preferably the family will complete the USIIS exemption form, and the caseworker will upload the form into SAFE content manager. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://immunize.utah.gov/wp-content/uploads/Final_2023_Exemption-Flyer-3.pdf

F. Medical, Dental, and Mental Health Referrals: Referral and follow-up appointments will be completed within 90 days from the receipt of the health visit report (HVR) or as otherwise specified by the referring and/or treating health care professional.

G. Second Opinions for Health Care: Children requiring specialized medical services may receive a second opinion from a provider that specializes in the area of need.

H. Concerns that Arise Prior to the Scheduled Exams:

1. A child with medical, dental, or mental health concerns that arise prior to the required scheduled exams will be immediately referred to the appropriate health care professional.
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.

I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:

1. The caseworker will use the Utah Family and Children Engagement Tool (UFACET) to assess if unresolved traumatic experiences are making it difficult for the child to function in daily life.
2. If the caseworker identifies on the assessment that the child's daily functioning is being adversely affected by unresolved issues of trauma, the caseworker will provide the information to a mental health professional for further assessment and

treatment of the child. If the child is currently receiving mental health treatment, the caseworker will provide the information to the mental health professional working with the child.

J. For Youth Temporarily Placed in Detention Facilities: The initial or annual Well Child CHEC must be completed within 30 days of release, if not completed while in detention.

K. Re-entry into Out-of-Home Care: When a child re-enters custody or returns from runaway status, a Well Child CHEC must be completed within 30 days. Unless there are health and safety concerns identified, the dental exam and mental health assessment can be waived if one was completed within the past year while in out-of-home care.

1. If it has been less than one year since completion of the dental exam or mental health assessment, the next exams will be prompted in SAFE as an annual occurrence from the last completed date.
2. If it has been over one year since completion of the dental or mental health exams, an exam must be completed within 30 days. Prompting for the next annual exams will begin in SAFE from the removal or court-ordered custody date, whichever occurs first.

L. Annually: While in out-of-home care, all children will receive an annual Well Child CHEC according to the Periodicity Schedule, dental exam, and mental health assessment or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will be completed within 30 days of the annual due date.

M. Psychotropic Medication Overview Panel:

1. Pursuant to Utah Code Ann. §80-2-503.5, the Division of Integrated Health is required to establish and operate a psychotropic medication oversight panel for children in foster care to ensure that foster children are being prescribed psychotropic medication consistent with their needs.
2. DCFS will follow the procedures established by the oversight panel.

N. Working with Youth: When working with youth and when appropriate, encourage them to make their own health care appointments and become active participants in learning about their health care services and needs.

O. Including parents/guardians in child's health treatment:

1. Caseworkers will take reasonable measures to notify a parent/guardian of any non-emergency health treatment or care scheduled for a child. Reasonable measures include notifying the parent/guardian of scheduled health care appointments a minimum of five days prior to the health care appointment through phone call, text message, email, written letter, or face-to-face contact. Out-of-home caregivers may also assist the caseworker in providing notification to the parent/guardian of medical appointments. If there are no legal restrictions regarding contact between the parent/guardian and the child due to safety issues, the parent/guardian will be invited to attend all health care appointments for the child.

2. The caseworker will document the method that was used to inform the parent/guardian of the health care appointments in the SAFE activity logs.
3. Health care decisions will be discussed with the parent during health care appointments and/or in Child and Family Team Meetings, in order for the caseworker to include the parent/guardian as fully as possible in making health care decisions for the child.
    a. The caseworker will defer to the parent/guardian's reasonable and informed decisions regarding the child's health care to the extent that the child's health and well-being are not unreasonably compromised by the parent/guardian's decision.
    b. If a caseworker feels that the decision made by the parent/guardian compromises the child's health or well-being, the caseworker will provide the information to the court, along with the recommendation from the child's health care provider and ask that the court make a decision regarding how to proceed with the child's health care.
4. The caseworker will notify the parent/guardian of a child within three business days after a child in the custody of DCFS receives emergency health care or treatment. This includes when the child is sick or injured.

P. When a child leaves custody, the caseworker will facilitate continuity of care by sharing the mental health provider's contact information with parents (with provider consent) and coordinating care with the department or local mental health authority for Medicaid-eligible families. These requirements do not apply if a child is placed in residential treatment, day treatment, partial hospitalization, or any facility providing a level of care higher than traditional outpatient services.

Revision Date: April 2026

303.5.1 Signing Consent for Medical Procedures

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

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

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

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

For further information regarding parental rights, refer to the definitions found in Utah Code Ann. §80-1-102.

Practice Guidelines

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

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

child is being prescribed psychotropic medication, it shall be in consultation with the Child and Family Team and include documentation of informed consent.

C. For questions regarding the guardianship status of a child placed in out-of-home care, caseworkers will refer to the court order that places the child in DCFS custody or consult the Assistant Attorney General assigned to the case.

1. A parent that retains guardianship: If a parent retains guardianship, the parent must consent to major medical, surgical, and psychiatric treatment. The parent should be asked to sign consent if the child requires any of the major medical, surgical, or psychiatric treatments defined above.
2. If custody and guardianship has been granted to DCFS: It is not legally required for the parent to give consent for major medical, surgical, or psychiatric treatment (even in instances when parental rights have not been terminated). For these types of situations, a DCFS caseworker is the most appropriate person to sign consent. However, it is an expectation and best practice that caseworkers will discuss necessary medical procedures with the parents prior to treatment, when possible. In most cases this should be done within the context of a Child and Family Team Meeting. If a parent objects to the proposed medical treatment, the caseworker should consult with the Assistant Attorney General.
3. If a parent's rights have been terminated: DCFS is not required to gain parental consent for major medical, surgical, or psychiatric treatment. The caseworker may sign the consent form OR they may consult with the Assistant Attorney General and have the procedure court ordered.
4. Parent refuses to sign: If it is recommended that the child needs a major medical, surgical, or psychiatric treatment, and the parent refuses to sign the consent form, the caseworker is to consult the Assistant Attorney General. Depending on the type of treatment required, it may be determined that there is a need to have the major medical, surgical, or psychiatric treatment court ordered.
5. Emergency situations: In emergency type situations, DCFS is not required to gain parental consent for major medical, surgical, or psychiatric procedures. Utah state statute clarifies that whoever has legal custody has the right, in an emergency, to authorize surgery or other extraordinary care. However, when parental rights remain in place and time permits, it is best practice for DCFS to attempt to inform the parent prior to the procedure regardless of who has guardianship.
    a. During regular business hours, when a child requires medical attention which includes a major medical, surgical, or psychiatric treatment, and a parent retains guardianship, the DCFS caseworker or other appropriate DCFS staff member should be contacted and should attempt to locate the parents to sign consent. If the child's parents cannot be located in time to sign and give consent, the caseworker will attempt to contact the Assistant Attorney General and request that the procedure be court ordered.
    b. If time does not allow for the parent to sign or for the procedure to be court ordered due to the urgency of the child's medical needs, the caseworker will need to sign consent and inform the child's parents, Assistant Attorney General, Guardian ad Litem, and judge as soon as possible.

c. Although very rare, if time does not allow for the caseworker or other DCFS staff to appear to sign consent for the major medical, surgical, or psychiatric treatment due to the seriousness of the emergency, DCFS may give verbal consent for the treatment and permission for the out-of-home caregiver to sign consent.

d. In regard to an emergency during after-hours, weekends, or holidays, if the DCFS caseworker is not able to be contacted by the out-of-home caregiver to sign consent, the out-of-home caregiver will contact Intake to locate the primary caseworker or the on-call worker for their area. If unable to locate the primary caseworker, the DCFS on-call worker will be asked to appear and sign consent for the major medical, surgical, or psychiatric treatment. If time does not allow for the DCFS on-call worker to sign consent, the DCFS on-call worker may give verbal consent and permission for the out-of-home caregiver to sign consent. The out-of-home caregiver is to inform the caseworker of the emergency as well as who signed consent (DCFS on-call worker or out-of-home caregiver), as soon as possible. The caseworker will inform the child's parents, Assistant Attorney General, Guardian ad Litem, and judge about the emergency as soon as possible.

e. In all cases, if it is necessary in an emergency for the out-of-home caregiver to sign consent for major medical, surgical, or psychiatric treatment, the out-of-home caregiver will only sign consent after receiving verbal consent from the primary caseworker or the DCFS on-call worker. The primary caseworker will then have the responsibility to inform the child's parents, the Assistant Attorney General, Guardian ad Litem, and judge as soon as possible.

6. If a child in out-of-home care has been recommended to participate in any research trials or protocols, the caseworker will refer to Administrative Guidelines Section 080.7 for the correct protocol.

303.6 Specific Medical Services

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

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. Substance Abuse Interventions:

1. The DCFS 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 DCFS 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 DCFS 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.
3. Standards for minors taken into custody for committing a sexual offense:
   a. HIV testing may be conducted on a minor who is taken into custody after having been adjudicated as having violated state law prohibiting a sexual offense under Title 76, Chapter 5, Part 4, Sexual Offenses, upon the request of the victim or the parent or guardian of a minor victim.

b. HIV tests may not be performed on a sexual offender younger than 14 years of age without the consent of the court. [*See:* Utah Code Ann. §80-6-608.]

4. If testing is indicated or recommended by a health care professional, the DCFS caseworker will consent and sign for the testing. An out-of-home caregiver is not allowed to sign for HIV testing unless recommended by a health care provider.
5. If the out-of-home caseworker cannot provide written consent, consent will be given by the caseworker's supervisor or other DCFS administrator that has knowledge of the child's medical history.
6. When the caseworker becomes aware of an HIV, STI, or other communicable disease infected foster child, the out-of-home caregiver will be informed. It will be the caregiver's responsibility to receive appropriate education from a health care provider or the local health department. The DCFS caseworker should amend the Child and Family Plan to include the following:
   a. Measures needed to protect the child, siblings, foster family, and other contacts they may have.
   b. Education for the out-of-home caregiver on care of a child with HIV, STI, or another communicable disease.
7. The DCFS caseworker and out-of-home caregiver will not disclose information regarding the child's HIV, STI, or other communicable disease testing or treatment to any third party other than the child's medical or dental provider if the HIV test is positive.

C. Family Planning [*see:* Utah Code Ann. §76-7-322, §76-7-323, §76-7-324, and §76-7-325]:

1. All persons caring for children in the custody of DCFS will follow the general Practice Guidelines and established Utah Codes when dealing with issues of family planning. These codes state that, "no agency of the state or its political subdivisions will approve any application for funds of the state or its political subdivisions to support, directly or indirectly, any organization or health care provider that provides contraceptive or abortion services to an unmarried minor without the prior written consent of the minor's parent or guardian."
2. Utah Code also states that in the area of sex education, "instruction will stress the importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for preventing certain communicable diseases." This education is applicable to grades 8 through 12. DCFS provides sex education through its Independent Living, Basic Life Skills Class.
3. Where the issues of prenatal care and caring for a child is concerned, the DCFS caseworker has many community resources to link the client with in order to receive this education. [*See:* Section 306.1, Foster Youth Pregnancy.]
4. Caseworkers will not offer personal information or opinions to the client on family planning, birth control, sexual activity, or personal choice where any of these matters are concerned. The caseworker will refer the client to the appropriate community agency to receive education and information on family planning.
5. For certain types of birth control, Medicaid will cover the costs.

6. An out-of-home caregiver or caseworker cannot force a child to get on birth control but should encourage a youth who is sexually active to receive the proper education about their choices.

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

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

   If the youth is pregnant and requests an abortion, the caseworker will do the following:
   1. Seek legal guidance from the AAG to understand the current law.
   2. May convene a Child and Family Team Meeting once DCFS has determined whether the parents abused the minor and whether the pregnancy is a result of incest and discuss the minor's request with the minor's health care provider, Guardian ad Litem, and therapist.
   3. The minor's parent or guardian will not be invited or notified to attend the Child and Family Team Meeting if the following circumstances described in Utah Code Ann. §76-7-304 exist:
      a. the minor is pregnant as a result of incest to which the parent or guardian was a party.
      b. the parent or guardian has abused the minor.
      c. the minor wants to bypass parental consent and seek a court order.
   4. The caseworker will not provide counseling or health information or give consent to an abortion without a court order. However, the caseworker will assist in arranging these services.

5. DCFS will not make any payments for an abortion.
6. The out-of-home caregivers are not authorized to make any decisions or provide consent to an abortion procedure for a child in out-of-home care.
7. If the abortion meets the standards of state law, the procedure can only be reimbursed by Medicaid. It is the responsibility of the health care provider to counsel the minor concerning all aspects of pregnancy and the decision to have or not to have an abortion.
8. In addition to the other requirements of this statute, a physician may not perform an abortion on a minor unless:
    a. the physician obtains the informed written consent of a parent or guardian of the minor, in accordance with Utah Code Ann. §76-7-305 and §76-7-305.5;
    b. the minor is granted the right, by court order, to consent to the abortion without obtaining consent from a parent or guardian; or
    c. a medical condition exists that, on the basis of the physician's good faith clinical judgment, complicates the medical condition of a pregnant minor as to necessitate the abortion of her pregnancy to avert:
        (i) the minor's death; or
        (ii) a serious risk of substantial and irreversible impairment of a major bodily function of the minor, and there is not sufficient time to obtain the consent in the manner chosen by the minor before it is necessary to terminate the minor's pregnancy in order to avert the minor's death or impairment.
    d. A minor who wants to have an abortion may choose to seek:
        (i) consent from the minor's parent or guardian; or
        (ii) a court order.
    e. The statute does not require the minor to seek or obtain consent from the minor's parent or guardian if the circumstances described in Utah Code Ann. §76-7-304 exist.
    f. If a minor does not obtain the consent of the minor's parent or guardian, the minor may file a petition with the juvenile court to obtain a court order.

F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home Care is Terminally Ill: Upon the recommendations of the primary care provider and/or health care professional, and after a Child and Family Team meeting, a caseworker may only consent to withholding or withdrawing any LSMT interventions with consent from the child's parent(s), with residual rights, and consent from the Guardian ad Litem, or when a court order has been issued for withholding or withdrawing medical interventions. LSMT includes all medical interventions that can be utilized to prolong the life of the patient: Removal from life support, do not resuscitate orders, CPR, mechanical ventilation, and therapeutic drugs.
    1. When a child has been diagnosed by the child's physician and documented in the child's medical records, and the child's physician or health care provider has recommended or is recommending forgoing LSMT, the caseworker will coordinate a Child and Family Team Meeting to devise a plan of action.

2. The parent(s) or immediate family members should make any decision regarding whether or not to donate organs. DCFS will not make decisions regarding organ donation.
3. Foregoing LSMT can occur even when homicide charges are pending, if there is sufficient medical evidence that the child is brain dead. The child's caseworker should inform the police of the decision to forgo LSMT.
4. The decision to forego LSMT can be changed by the legal guardian of the child and should be reviewed when medical assessments suggest an improved prognosis for the child.
5. If the child has two legal parents both must agree to forgo LSMT.
6. The Guardian ad Litem may not make the final decision to forgo LSMT unless: (a) the child has no other legal guardian; and (b) the Guardian ad Litem has specific authorization from the court to forgo LSMT.
7. The child's caseworker will formulate or amend the child's service plan to include the following, if needed:
   a. Education for the family in regard to grief and loss issues.
   b. Arrangements for funeral service.
   c. Autopsy, medical evaluation, or fatality review as needed.
   d. Out-of-home caregivers, legal parent, sibling, and religious support.
8. The caseworker should request a copy of the child's medical records including the documented decision reached to forgo LSMT for the child.

G. Transgender Medical Treatment: A caseworker may not initiate hormonal transgender treatment, a primary sex characteristic surgical procedure, or a secondary sex characteristic surgical procedure for a child in Out-of-Home Care. [*See:* Utah Code Ann. §80-2-309]

Revision Date: May 2025

303.7 Transition to Adult Living

Major objectives:
"Youth who exit out-of-home care will live successfully as adults" is the vision of DCFS. Youth will be able to build and maintain healthy relationships. Permanent relationships are paramount in achieving success for youth. Transition to Adult Living (TAL) services will be provided to youth 14 years and older to meet the challenges of transitioning to adulthood in accordance with Federal Chafee Foster Care Independence Program requirements [42 USC 677 (b)(2)].

TAL services are to be provided to all youth in DCFS custody who are 14 years and older in accordance to an assessment of their individual strengths and needs. Youth will be offered TAL services regardless of permanency goal.

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

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

Utah Administrative Rule 512-305, Out of Home Services, Transition to Adult Living Services provides a detailed overview.

Utah Administrative Rule 512-306, Transition to Adult Living Services, Education and Training Voucher Program provides a detailed overview.

Practice Guidelines

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

TAL services are not to be used as a substitute for Permanency Planning (see Practice Guidelines Section 301.2 Identifying Permanency Goals and Concurrent Planning, and Practice Guidelines Section 302.1 Child and Family Plan). DCFS has an obligation to focus on attaining permanency for youth through reunification with their family, adoption, or guardianship while also assisting in the youth's development of age appropriate skills that will facilitate the transition from adolescence to adulthood. Permanency planning, which includes helping the youth find and make enduring connections, should be a primary concern of the caseworker.

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

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

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

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

303.7.1 Transition to Adult Living Services

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

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

A. Work/Career Planning and Education:

TAL UFACET NYTD
Service Areas: Academic Support, Post-Secondary Educational Supports, Career Preparation

Includes the following skills and services: making short and long term employment, vocational, and/or educational goals including goals for post-secondary education); decision making skills; study habits and skills; searching for and maintaining employment; applying for a job; creating a resume; completing a job application; interviewing for a job and following-up; job shadowing and/or coaching; receiving job referrals; using career resource libraries; understanding basic workplace technology;

understanding employee wages, benefits, and rights; knowing how to change jobs; knowing the rights and protections in place for employees; appropriate communication skills and other workplace values (timeliness and appearance, etc.); understanding authority and customer relationships; academic supports and counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; test preparation for SAT or ACT; tutoring; help with homework; literacy training; help accessing educational resources; counseling about college; information about financial aid and scholarships; help completing college or loan applications; or tutoring while in college.

B. Housing & Money Management:
TAL UFACET Domain: Housing & Money Management
NYTD Service Areas: Budget & Financial Management, Housing Education / Home Management Training

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

C. Home Life/Daily Living:
TAL UFACET Domains: Daily Living
NYTD Service Areas: Housing Education / Home Management Training

Includes the following skills and services: meal and menu planning; grocery shopping; home clean up and storage; home management; home safety; legal issues; properly using kitchen equipment and other home appliances; proper clothing care; basic home maintenance and repairs; how to handle emergency situations; keeping a healthy and safe home; safe and proper food preparation; laundry; housekeeping; and living cooperatively.

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

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

E. Communication/Social Relationships/Family & Marriage:

TAL UFACET Domains: Communication and Relationships; Permanency
NYTD Service Areas: Family Support / Health Marriage Education

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

303.7.2 Process for Providing TAL Services

A. TAL Assessment and Plan:

1. The caseworker ensures that the youth and caregiver will complete an assessment, utilizing the TAL UFACET, to identify the strengths and needs of youth who reach the age for TAL services. This assessment should be incorporated into the youth's plan and is part of the Child and Family Assessment. This assessment will be reviewed and updated in the Child and Family Team Meeting. The caseworker may invite a TAL caseworker or the regional TAL coordinator to be part of the assessment process and Child and Family Team.
2. Foster youth need opportunities to participate in decisions about their lives and to be active members of the team of caring adults who help develop the youth's TAL plan. The Child and Family Team works in collaboration with the youth at age 14 following Section 301.1. Once a youth turns 16 years old and when developmentally appropriate, the Child and Family Team is led and facilitated by the youth with support and guidance of the Child and Family Team.
3. The Child and Family Team and the youth will complete the TAL UFACET 45 days before or after the youth's birthday, beginning at age 14 and completed annually.
4. The TAL services identified for the youth will be incorporated into the Child and Family Plan within 30 days of completion of the TAL UFACET.
5. The Child and Family Team uses the results of the TAL UFACET to develop with the youth a plan for skills development that will be incorporated on the TAL portion of the Child and Family Plan.
    a. The plan will be specific and individualized for the youth according to their age and developmental level.
    b. Services will also incorporate normal activities appropriate to the youth's age.
6. When a youth 14 years of age or older enters out-of-home care, the TAL UFACET will be completed by the youth and the Child and Family Team within 90 days.
7. The Child and Family Team will place emphasis on completing educational goals and discuss the availability of ETV funding when the youth meets eligibility requirements.

8. To prepare youth for their transition from out-of-home care, all youth will receive a continuum of training and services as identified through the Child and Family Team. These services will include classroom work, work in the foster home, work in the school system, work with the therapist and in the mental health area, building of supports, and connections to community-based resources and programs.
9. Any youth who turns 17 years old while in out-of-home care or enters care within 45 days following their 17th birthday will complete a survey for the National Youth in Transition Database (NYTD).
    a. 30 days prior to the youth's 17th birthday, the caseworker will receive a prompt in SAFE notifying them that the survey will need to be completed between the youth's 17th birthday and within 45 days following the youth's 17th birthday.
    b. The caseworker must ensure that the youth completes the survey. The caseworker must enter the survey into SAFE within 45 days following the youth's 17th birthday. At this time the caseworker should inform the youth that they will be surveyed at 19 and 21 years of age to gather information regarding how they are doing and to keep DCFS informed of their contact information.
    c. The NYTD survey can be found in case tools in SAFE in the child's most recent foster care case.
10. The caseworker will ensure that contact information for the youth is kept updated in SAFE annually while the youth is still in care. Contact information is necessary as follow-up surveys will be administered to these youth at the age of 19 and 21 years. If the caseworker obtains updated contact information after the youth leaves care this must also be updated in SAFE and should include:
    a. Phone number.
    b. Email.
    c. Social Media accounts.
    d. Connections that are connected to the youth.
11. The Child and Family Plan will include all TAL services identified for the youth age 14 years and older in custody. If a youth enters out-of-home care after their 14th birthday, services should be built upon annually as the team continues to work toward permanency through reunification, guardianship, or adoption. The continuum of training and services are identified by the Child and Family Team, based upon the needs of the youth, and should include additional services. The following services, dependent upon age and developmental level, will be offered, but not limited to:

    Age 14:
    a. Re-visit family search for family connections.
    b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth. This can be completed by using the "Permanency Pact" with the youth. The Permanency Pact can be found here: https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf

c. Initial completion of the TAL UFACET Assessment.
d. Obtain a birth certificate.
e. TAL plan will focus on skills needed based on results from the TAL UFACET Assessment that are developmentally appropriate for the youth.
f. If the youth is more than one year behind academically, make a referral to the Workforce Innovation and Opportunity Act (WIOA) program for services. Referral forms can be found here: https://jobs.utah.gov/services/360_3.pdf.
e. Review credit reports received from Credit Reporting Agency with the youth to determine accuracy of report. If inaccurate, contact the State Office to resolve any discrepancy.
f. Begin Milestone workshops and review the Milestone Guideline with the youth and region transitional coordinator.
g. Review Permanency with youth.
h. Update contacts in SAFE.
    (1) Phone number.
    (2) Email.
    (3) Social Media accounts.
    (4) Connections that are connected to the youth.

Age 15:

a. Re-visit family search for family connections.
b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth. This can be completed by using the "Permanency Pact" with the youth. The Permanency Pact can be found here: https https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf
c. TAL UFACET.
d. TAL plan will focus on skills needed based on results from the TAL UFACETs Assessment that are developmentally appropriate for the youth.
    i. Develop a plan for earning and saving money. Consider opening a savings/checking account if there is an appropriate co-signer identified.
    ii. If the youth is more than one year behind academically, make referral to the DWS WIOA program for services. Referral forms can be found here: https://jobs.utah.gov/services/360_3.pdf.
e. Review credit reports received from Credit Reporting Agency with the youth to determine accuracy of report. If inaccurate, contact the State Office to resolve any discrepancy.

Age 16:

a. Re-visit family search for family connections.
b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by youth. This can be completed by using the "Permanency Pact" with the youth. The Permanency Pact can be found here:

https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf
At least five personal connections will be identified.

c. Be current with school credits and prepare for high school graduation or have an alternate plan in place for GED or vocational training.
d. Youth planning post-secondary education should be preparing for and completing testing such as ACT, SAT, ASVAB, etc.
e. TAL UFACET Assessment.
f. Make a referral to the WIOA program for services for education and employment supports. Youth may access job search resources available through DWS. WIOA referral forms can be found here: https://jobs.utah.gov/services/360_3.pdf.
g. Explore employment opportunities and get a part-time job, if appropriate.
h. Sign up for and complete drivers' education and receive driver license as per Section 303.14
i. Obtain a state identification card if youth cannot get a driver license.
j. Youth begin to facilitate Child and Family Team Meetings per Section 301.1.
k. Put name on waiting list at Housing Authority, if appropriate.
l. Review credit report received from Credit Reporting Agency with the youth to determine accuracy of report. If inaccurate, contact the State Office to resolve any discrepancy.
m. Review Permanency with child.
n. Update contacts in SAFE.
    (1) Phone number.
    (2) Email.
    (3) Social Media accounts
    (4) Connections that are connected to the youth.

Age 17:

a. Re-visit family search for family connections.
b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth.
c. Continue to be current with school credits and prepare to graduate or have an alternate plan in place for GED or vocational training.
d. TAL UFACET Assessment.
e. Six months prior to 18th birthday, if a youth has not completed drivers' education classes, they will receive the opportunity to enroll in a course. It is the youth's responsibility to complete the course requirements successfully. Youth must have the opportunity to obtain their driver license prior to exiting care if it is developmentally appropriate.
f. Youth should begin making applications for school, training, Pell grants, and ETV.
g. Refer youth to DWS for enrollment in WIOA during the semester they are expected to complete their high school graduation requirements or GED. This will pave the way for the youth to receive ETV to support their post-

secondary education goals or access WIOA Youth services for employment supports. Referral for DWS WIOA/ETV can be found here: https://jobs.utah.gov/services/360-etv.pdf, with instructions on how to complete the WIOA form here: https://jobs.utah.gov/services/360-etvi.pdf.

h. Assist youth in making connections to a health provider and ensure youth are connected to their local mental health authority. Make sure the youth are enrolled in their aftercare Medicaid program.

i. Review credit report received from Credit Reporting Agency with the youth to determine accuracy of report. If inaccurate, contact the State Office to resolve any discrepancy.

j. Review permanency with the youth.

k. Update contacts in SAFE.
   (1) Phone number.
   (2) Email.
   (3) Social Media accounts.
   (4) Connections that are connected to the youth.

Prior to Exiting:

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

b. The Child and Family Plan will be updated in SAFE to reflect the long-term view with specific timeframes, objectives, and steps to be taken to successfully transition the youth out of state custody.

c. Caseworkers are responsible for carrying out the following tasks to help the youth prepare to exit from foster care:
   (1) Ensure that each youth meets with a nurse to learn skills of self-management regarding their individualized health care needs, medication management, and use of the Medicaid card and how to access medical, dental, and mental health services. In addition, the nurse will provide information and education about the importance of having a health care power of attorney or health care proxy. If desired, the nurse can provide the youth with assistance in executing the document.
   (2) Assist a youth who turns 18 years old while in foster care who is receiving Medicaid to complete the Medicaid review and provide

necessary supporting documentation to the regional eligibility caseworker so that Medicaid coverage can continue uninterrupted.

(3) Ensure that each youth has important documents, including an official birth certificate, Social Security card, driver license or other state-issued identification card, and "Proof of Foster Care Status" letter (SAFE Form TAL02) that can be used to verify eligibility for benefits such as Medicaid or FAFSA.

(4) If the youth is existing foster care by reason of having attained the age of majority, give the youth a copy of the youth's health and education records at no cost.

(5) Explain services available to the youth after leaving care and help ensure that the youth understands how to access these services. Each youth should know about the Youth Services website (https://dcfs.utah.gov/services/youth-services/) and how to find contact information for the Transition to Adult Living coordinators.

(6) Provide information to the youth on the National Youth in Transition Data Base and incentives available to youth for completing surveys after leaving care. This includes surveying them at 19 and 21 years of age for the purposes of seeing how they are doing and gathering information that may assist us in improving outcomes for future foster children transitioning to adulthood.

(7) Gather information from the youth on the best ways to keep in touch with them. This could be through keeping their address and phone number updated with DCFS, identifying social network sites used by the youth, and obtaining email addresses. Update contact information in SAFE.

e. If a youth is in care past their 18th birthday, caseworkers will assist the youth in obtaining his or her free credit report by visiting the website https://www.annualcreditreport.com/cra/index.jsp.

f. Caseworkers will assist youth in filling out all needed information required by the Credit Reporting Agency (CRA) to obtain the credit report.

g. If the returned credit report has fraudulent activity the following steps are necessary to resolve the discrepancy:

(1) Assist the youth in contacting the CRA that issued the report. Inform the CRA the accounts were created when the youth was a minor.

(2) Assist the youth in contacting every company where an account is fraudulently opened or misused. Explain the accounts were established when the youth was a minor. Assist the youth in asking the company to close the account. Assist the youth in asking for a letter from the company stating the account is closed.

(3) If necessary, assist the youth in filing a report with the Federal Trade Commission (FTC) by visiting www.ftc.gov or calling 1-

877-IDTHEFT (1-877-438-4338). Print a copy of the report. This is called an Identity Theft Affidavit.

(4) If necessary, assist the youth in filing a police report. Be sure to include the Identity Theft Affidavit.

(5) Assist the youth in submitting copies of all of the information to the CRA if necessary to resolve the discrepancy.

(6) Document in the SAFE activity logs that the report was requested and received. Also document any steps that were taken to clear the youth's credit if needed.

h. Any youth 18 years of age or older can refuse to participate in the process of getting their credit report. This must be documented in the activity logs.

B. Milestone Training: Each youth who turns 16 years old is eligible for the Milestone Class offered through DCFS. Individual caseworkers refer these youth to regional TAL coordinators. The youth will be screened by the TAL coordinator, upon the approval of the Child and Family Team, to assess for admission to the Milestone Classes. TAL coordinators may use Chafee funds to pay for dinner and/or refreshments for the youth if the class is held for two or more hours.

1. The training that a youth can receive and that will be taught in the Milestone Classes must include training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention). Based on the results from the TAL UFACET TOOL, the following standards may be included, but not be limited to:

a. Participate in activities that help increase their self-awareness and values and use rational decision-making or problem-solving processes to set and implement goals.

b. Understand sources of income and the relationship between income and career preparation and career decisions to reach financial goals.

c. Identify effective social skills including communication in interpersonal relationships and ways to develop meaningful relationships for support, resiliency, in the family unit, and for effective crisis planning.

d. Identify consumer rights and responsibilities and identify effective practices for purchasing consumer goods and services.

e. Understand the functions and purposes of responsible dating.

f. Discuss the purposes, uses, and costs of credit, insurance, and risk management.

g. Identify the aspects and importance of marriage preparation and identify behaviors that strengthen marital and family relationships.

h. Understand taxes, saving, investing, and retirement planning.

i. Identify the various skills and responsibilities of parenting.

j. Understand rights and responsibilities associated with community living as well as resources available in the community.

k. Understand and demonstrate skills needed for independent living. When the class involves teaching meal preparation, the TAL coordinator may use Chafee funds to purchase the food to be cooked in class.

l. Understand proper health and mental health awareness and maintenance. Ensure that youth receiving TAL services and/or ETVs and those who are aging out of out-of-home care have information and education about the importance of having a health care power of attorney or health care proxy and to provide the youth with the option to execute such a document.

m. Demonstrate basic technology skills and explain educational resources available.

2. Youth in out-of-home care who complete the Milestone Class will be entitled to receive an incentive for participation in Milestone classes. This is Code SIL.

C. Transitional Living Needs: Transitional Living Needs may be supported through transitional support funds (TLN) and will be individualized to cover unique needs and focus on short and long-term needs that will assist a youth to become a successful adult. Funds will assist eligible youth in the following four areas: 1) Education, Training, Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3) Transportation; and 4) Housing. These funds are designed to work in conjunction with the youth's TAL plan. The definition of how these funds are used is broad in scope and is meant to assist youth in becoming successful adults. Examples of appropriate use of these funds include, but are not limited to:

1. Education, Training, Career Exploration – field trips, college visits, job uniforms, work tools, incentives, graduation expenses, clothing for jobs, trainings, job coaching, tutors, and ACT/SAT testing.
2. Physical, Mental Health, and Emotional Support – Pregnancy prevention (excluding abortion), nutrition education, extracurricular classes, mentoring expenses, preventative health activities, smoking cessation, physical fitness, and family-time.
3. Transportation – drivers' education, driver license fees, bus passes, taxi fees, reasonable automotive repairs, matching funds for car insurance paid for by a youth, or participation with a youth in their purchase of a car up to $1,000 based on the region budget.
4. Housing – risk sharing with landlords, deposits, household furnishings such as linens, dishes, appliances, or supplies, and household repairs.

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

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

D. Transition to Adult Living (TAL) Placement:

1. A TAL placement may be used as an alternative to out-of-home care when it is determined that such a placement is in the best interest of the youth. This recommendation will be presented to the Child and Family Team, who will work to ensure that this type of placement is appropriate and that the following are met:
   a. The youth is at least 16 years of age.
   b. The placement has been approved by the region director or designee.
   c. An assessment has been completed by the caseworker and reviewed in the Child and Family Team addressing the appropriateness of the placement, taking into consideration the youth's:
      (1) Community and informal supports, including family and out-of-home caregiver.
      (2) Progress in educational and vocational pursuits.
      (3) Medical condition.
      (4) Demonstrated progress in TAL skills.
      (5) History of substance abuse and risk of future use.
      (6) Criminal record and risks posed to society.
      (7) Mental health stability.
   d. The youth should provide documentation that demonstrates an ability to maintain stable employment. The youth has taken the housing life skills classes and can demonstrate they understand what they need to gain and maintain housing.
   e. A referral to DWS has been made to begin preparation for employment or educational services provided through the ETV program once eligible.
   f. Update SAFE to identify the placement with the ILP placement code.
2. The appropriate types of living arrangements for youth in this situation include:
   a. Living with kin.
   b. Living with former out-of-home caregivers while paying rent.
   c. Living in the community with roommates of the same sex.
   d. Living alone.
   e. Living in a group facility, YWCA, boarding house, or dorm.
   f. Living with an adult who has passed a background check or the placement was assessed and approved by the region director or designee.
3. The caseworker and the youth will complete a contract outlining the responsibilities and expectations of such a placement, which may include:
   a. Contact with the caseworker.
   b. An emergency and safety plan.
   c. Plan for education and employment that includes follow-up with DWS.
   d. Plan for use of state funding and payments.
   e. Progress toward self-sufficiency.
   f. Staying within a budget.
4. While in a TAL placement, the Child and Family Service caseworker will visit with the child a minimum of two times a month or otherwise as deemed appropriate by the Child and Family Team. The DCFS caseworker will make arrangements for the TAL stipends to be paid to the youth and will mentor the

youth to ensure that an account is established at a credit union or bank and that these funds are being used as required.

5. In order for youth to receive payments, they must be opened as a provider. One-Time Payment (OTP) forms are used when paying for SIL, ILP (N), and TLN services. 520's will print and be sent on the 28th of every month for youth who are open as providers and who have an ILP placement open to them in SAFE.

E. Codes: The codes that are used for youth under age 18 in the TAL program are as follows:

1. The case will remain open in SAFE as SCF.
2. The ILP "D" payment code will be used when a youth is the same as the basic transitional living apartment. This payment is the same as the basic foster care rate relevant to the child's age. Funds are from the foster care budget. Eligibility code for this payment is FB.
3. ILP "N" (need) is used to set up an apartment (i.e., gas/electric deposits, buying items to furnish apartment, etc.).
4. The SIL payment code is used to pay for incentives for completing the Milestone Class and is a non-maintenance code. SIL may be used with any placement code. Eligibility code for this payment will be IL.
5. The TLN payment code is used to pay for transitional support funds that will assist eligible youth in the following four areas: 1) Education, Training, Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3) Transportation; and 4) Housing. These transitional support funds will be individualized to cover unique needs and will focus on short and long-term needs that will assist a youth to become a successful adult. (TNV is used if paying directly to a vendor, and TNC is used if being paid through Reliacard.)

303.7.4 Youth Who Exit Care

Upon leaving state's custody, many youth struggle to make the transition to adulthood. Time-limited support may be provided to youth who meet the eligibility requirements and need temporary assistance. This assistance can be provided to youth who exit care through support, financial aid, or Milestone Classes and is for housing, counseling, employment, education, obtaining a certified copy of a birth certificate, and other appropriate support and services to complement their own efforts to achieve self-sufficiency and to assure that participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.

A. Assistance for Former Foster Youth

1. Youth may receive services if they have exited care and are not yet 23 years old, and the youth:
   a. Exited foster care at age 18, or
   b. Adopted at age 16 years or older or obtained legal guardianship.
2. Payments can be made directly to the youth or to providers as needed. In order for youth to receive payments, they must be opened as a provider. One-Time Payment forms are used when paying for SIL, ILP (N), TLP, or TLR services.

520's will print and be sent every month to youth still in care who are open as providers and have an ILP placement open in SAFE.

3. Codes: The codes that are used for youth are as follows:
   a. The case will be opened in SAFE as CIS.
   b. The payment code that will be used to make payments to this youth is TLP for expenses other than room and board costs.
   c. The payment code TLR will be used for rent or housing assistance or other room and board costs.
   d. All other means of support have been explored and are utilized in concert with these payments and services.
   e. There is a yearly maximum payment of $5,000.
4. Youth who are currently in, or have exited foster care due to the age of majority and are under the age of 26, can receive a fee waiver to get a copy of their birth certificate and/or ID.
   a. A DCFS employee will need to help the individual fill out the form for a birth certificate.
   b. This form will not be used for DCFS to gain a free copy of a birth certificate. This is to be used for the youth to request and receive one.
   c. The department shall waive the fee that would otherwise be charged for a certified a birth certificate, if the individual whose birth is confirmed by the birth certificate is under the age of 26 and:
      (1) Is in the custody of DCFS; or
      (2) Was in the custody of DCFS but is no longer in the custody of DCFS due to the individual's age.

B. Education Training Vouchers Program (ETV): The purpose of ETV is to assist youth in foster care or who have exited foster care to obtain further education to support the transition to self-sufficiency in adulthood. ETV provides financial resources for postsecondary education and vocational training necessary to obtain employment or to support the individual's employment goals.
   1. A referral is made to the Department of Workforce Services (DWS) to enroll the youth in the Utah WIOA (Work Force Innovative Opportunities Act). If the referral is made within the semester that the youth will graduate from high school or complete a GED, this allows ETV funding to be available once the youth becomes eligible. Caseworkers and TAL coordinators, through Milestone Classes and the use of the TAL plan, will work with the youth to develop a viable plan for the youth to transition into adulthood through educational or employment goals. Administrative Rule R512-306 gives a detailed description of the scope of the ETV program.
   2. Eligibility for ETV funding is:
      a. Age requirements:
         (1) An individual currently in foster care age 14-21, or
         (2) An individual who reached 18 years of age while in foster care, but has exited foster care and who has not yet attained 26 years of age, or

(3) An individual adopted from foster care or obtained legal guardianship after attaining 16 years of age and who has not yet attained 26 years of age.

b. Have an individual educational assessment and individual education plan completed by DCFS or their designee.
c. Submit a completed application for the ETV program.
d. Be accepted to a qualified college, university, or vocational program.
e. Apply for and accept available financial aid from other sources before obtaining funding from the ETV program.
f. Enroll as a student in the college, university, or vocational program.
g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

C. Human Trafficking Screening

1. When working with a former foster youth, the caseworker should screen for risk of human trafficking. (See Definitions in Practice Guidelines Section 300.8.)
2. The caseworker should discuss items that are risks or indicators of human trafficking, particularly if the former foster youth has been homeless or financially vulnerable. For example, screening questions may include:

"While you were homeless or otherwise in a vulnerable position:

a. did someone control, supervisor, or monitor your work/actions?"
b. could you leave your job or work situation if you want to?"
c. was your communication ever restricted or monitored?"
d. were you able to access medical care?"
e. were you ever allowed to leave the place you were living/working?"
f. under what conditions?"
g. was your movement outside of your residence/workplace ever monitored or controlled?"
h. what did you think would have happened if you left the situation?"
i. was there ever a time when you wanted to leave, but felt that you could not?"
j. what do you think would have happened if you left without telling anyone?"
k. did you feel it was your only option to stay in the situation?"
l. did anyone ever force you to do something physically or sexually that you didn't feel comfortable doing?"
m. were you ever physically abused (shoved, slapped, hit, kicked, scratched, punched, burned, etc.) by anyone?"
n. were you ever sexually abused (sexual assault/unwanted touching, rape, sexual exploitation, etc.) by anyone?"
o. did anyone ever introduce you to or provide you with drugs, alcohol, or medications?"

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

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

Revision Date: September 2024

303.7a Youth Access To Technology

Major objectives:

A. Youth in DCFS' custody will be provided the opportunity to have access to technology. This includes access to the internet, and Wi-Fi. This can also include appropriate use of smart phones, tablets, and other wireless devices. For youth who do not have access to technology in their placement, they will be offered opportunities to use technology through use of publicly accessible computers in a public library, school, or other locations.

B. Youth in DCFS' custody will not be restricted access to technology for educational use such as accessing school postings of assignments, research, news, information, and knowledge sources that may be related to homework assignments.

C. Use of technology is a privilege. Violations of this privilege may result in consequences approved by the Child and Family Team and could include a loss of or limits to technology.

Practice Guidelines

A. Roles and Responsibilities:
    1. Youth in the custody of DCFS will be allowed (with appropriate supervision) access to technology and will be taught to use it responsibly.
    2. The Child and Family Team will designate a responsible and knowledgeable adult to discuss internet safety with the youth and assess the youth's ability to use technology in a responsible manner.
    3. Youth must be responsible for his or her own actions, online and otherwise, if the youth is provided access to technology. This includes following all state and federal laws governing the sharing of information.

4. The Child and Family Team will develop, at a minimum, an understanding of the benefits and challenges of technology most used by youth, including social networks, email, and texting. This also includes internet safety and protecting personal information.
5. The level of supervision for using technology is based on a youth's age, maturity, and trustworthiness. Supervision of a youth's online use may fall to many members of the Child and Family Team including teachers and caseworkers, and primary responsibility rests with the out-of-home caregiver.
6. Rules for a particular youth will not be based on the actions of another youth or group of youth. Each youth is to be viewed as an individual and not barred from technology based on the inappropriate actions of others.
7. Caseworkers will check in with out-of-home caregivers and refer them to training on internet safety if needed. Below are links to well-known authoritative guides with advice for safety on the Internet:
    a. http://www.microsoft.com/protect/parents/childsafety/age.aspx
    b. http://www.safetynet.aap.org
    c. http://www.wiredsafety.org

B. Internet Usage Agreement for Out-of-Home Caregivers:
1. Out-of-home caregivers are encouraged to use a written technology usage agreement with youth to establish safe boundaries for the use of the Internet. A sample agreement is available at http://www.protectkids.com/parentsafety/pledge.htm.
2. A copy of the usage agreement will be kept in the Home-to-Home Book and be accessible to the caseworker.

C. Electronic Communication:
1. Youth 14 years of age and older will be permitted to have an email address. This will allow for completion of the TAL UFACET and NYTD surveys by the youth but is not limited to this purpose. If there is ever a concern about safety, appropriate supervision needs to be implemented.
2. Electronic communication sent to and received from a caseworker, TAL service provider, GAL, CASA, or therapist is private and will only be read by the youth.
3. An adult approved to screen the youth's private electronic communication needs to be decided by the Child and Family Team. Youth in custody have a reasonable expectation of privacy. In instances where there is reasonable cause to suspect misuse or inappropriate activity, a youth's electronic communication will be checked by the designated adult.
4. Caseworkers will encourage youth who have a likelihood of being in care on their 17th birthday to share their email address with the caseworker so the caseworker can post it in SAFE. This will allow for direct access to the youth for the NYTD surveys.

D. Social Networks:
1. Youth who are involved in social networking sites will be advised to set privacy settings to private or semi-private to protect against interaction with strangers.

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

303.8 Placement Prevention/Disruption Fund (Special Needs Funding)

Major objectives:
DCFS 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.

A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an eligible service for the program.

B. The case manager completes the payment authorization form prescribed by DCFS and obtains the supervisory approval.

C. The supervisor obtains approval from the program manager.

D. The program manager obtains approval from the region director or designee.

E. The program manager may issue a check directly to the vendor of services. Checks will not be issued to the family.

F. The program manager forwards a copy of the payment authorization to the DCFS Finance Office.

G. The program manager will conduct a monthly reconciliation of the fund according to the fiscal Practice Guidelines approved by the DCFS Finance Office.

Identifying need and eligibility for funding:

A. Caseworkers may intervene when necessary to prevent removal or placement disruption to provide "allowable" services. Check with the finance team about maximum amounts for needs.

B. DCFS will consider requests for fund expenditures defined as "allowable." Other expenses will be considered on an individual basis.

C. "Allowable services" include the following:

1. Rent.
2. Housing deposit.
3. Utility deposit.
4. Utility bills.
5. Automobile repairs.
6. Gasoline.
7. Food.
8. Clothing.
9. Childcare supplies.
10. Household supplies.
11. Child day care.
12. Homemaker services.
13. Language interpreters.
14. Psychotherapy for child and parents.
15. Psychological testing/drug screening for child/parents.
16. Educational fees.
17. Doctor visits and/or prescription drugs.
18. Transportation for educational or medical services.
19. Special short-term counseling or treatment not otherwise available through current contracts.

Payment for other services must be approved by the region director prior to the expenditure.

Service Delivery Guidelines

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

A. Immediate need for supplies or services can be obtained by accessing the funding available to the regions for the appropriations or activities listed below.

B. When a contract is available for continuing needs, the source of funding for the contract will be determined by the region director and the Administrative Services manager.

C. The DCFS Director of Finance will oversee disbursement of the funds.

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 DCFS 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.

DCFS 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 DCFS' Title IV-E Eligibility Manual. The Division of Integrated Healthcare delegates responsibility to DCFS 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 DCFS 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 DCFS 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 DCFS 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).
   3. The caseworker is responsible to ensure that the eligibility worker receives necessary supporting documentation required to complete the application and review process, such as warrant for removal, petition for removal, initial removal court order and subsequent orders with "reasonable efforts to prevent removal" or "reasonable efforts to finalize the permanency plan language," verification of

parent income and assets, deprivation in removal home, and completed annual review forms.

4. The caseworker is responsible to notify the eligibility worker of changes that may affect a child's ongoing eligibility for Title IV-E or Medicaid benefits, such as changes in placement, change in parental marital status or household composition in the removal home, incarceration of a parent, increase in child income or assets including amount in the child's trust account for which the caseworker is payee, runaway, return home, or trial home placement, and custody end.

B. Title IV-E Benefits.

1. When a child is determined "Title IV-E eligible," the federal government will reimburse a portion of the agency's administrative and training costs applicable to that child. When a child is also "Title IV-E reimbursable," the federal government will reimburse a portion of costs for foster care maintenance payments while the child is placed in a qualified, licensed foster family home, group home, or residential facility.
2. Foster care maintenance payments for a child in foster care may cover the costs of food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for family-time with family or other caretakers. In the case of group homes or residential facilities, it may also include the reasonable costs of administration and operation required to provide for the normal maintenance needs for the child.
3. Foster care maintenance payments made on behalf of a youth placed in foster care, who is the parent of a child in the same foster home or facility, may also include supplemental funding to cover costs incurred on behalf of the foster youth's child who resides in the same placement. If the foster youth is Title IV-E eligible and reimbursable, the child's supplemental payment will come from Title IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child's supplemental payment will come from state general funds or another allowable funding source. The Child and Family Team must determine if it is in the best interests of the foster youth to cover the child's expenses with supplemental maintenance payments and whether payments will be paid to the foster youth or foster care provider. Supplemental funding for costs for the foster youth's child are paid for through the daily reimbursement code of BAB, which pays at the basic foster care rate. This code is opened under the name of the foster youth (mother). Any special needs costs required for the foster youth's child are also paid under the foster youth.
4. Title IV-E funds will be utilized for allowable expenses for an eligible and reimbursable foster child prior to state general funds or funds from other federal grants when the child is placed in a qualified, licensed foster home, group home, or residential facility. Title IV-E claims will be reduced by revenue collected from cost of care payments from a child's trust account or from child support collections.

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

1. The caseworker is responsible to notify the eligibility worker as soon as a child is placed in protective custody so that the eligibility worker can ensure that the child's health care needs can be covered immediately.
2. The eligibility worker will first determine if the child entered care with Medicaid coverage. If so, documentation of Medicaid eligibility will be provided to the caseworker and foster care provider to be taken with the foster child to any medical, dental, or mental health appointments. If the child is not Medicaid eligible, the eligibility worker will generate a Custody Medical Program to establish a payment process for medical expenses through the Division of Integrated Healthcare eligibility can be determined. Normally, the Custody Medical Program will be authorized for 30 days. The eligibility worker will provide documentation of Custody Medical eligibility, and this verification must be taken with the foster child to any medical, dental, or mental health appointments.
3. The Medicaid State Plan specifies covered medical, dental, and mental health services for children in foster care. In most areas of Utah, medical needs of a foster child must be provided through a designated Health Maintenance Organization (HMO). The caseworker must ensure that the foster care provider understands the need to have the child's medical services addressed by a provider within the designated HMO and of the importance of taking the child's health history information to all health care appointments.
4. If a Medicaid eligible child needs health care services not normally covered through Medicaid, the foster care provider or caseworker should coordinate with the regional fostering healthy children nurse to request a review through the health care provider and Division of Integrated Healthcare, Health Program Representative to see if the service can be covered through Medicaid under CHEC (Utah's version of the EPSDT program). Through CHEC, medical service needs for children under the age of 21 years that have been diagnosed by a qualified provider should be able to be covered by Medicaid.
5. If it is not possible to get the needed non-Medicaid service covered under CHEC, the regional fostering health children nurse will prepare a Prior Authorization for the needed service. If the costs for the service will exceed $500, the region director must approve the Prior Authorization.
6. If a foster child receives medical services that are not covered by Medicaid, or that are provided outside of an HMO or without required pre-authorization, and there is no Prior Authorization from the regional fostering health children nurse, the caseworker is responsible to obtain region director authorization for the expense. Either the eligibility worker may issue a Custody Medical Program, or the nurse may approve a Prior Authorization. This will be decided on a case-by-case basis, as approved by the region director.
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 and 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. The Title IV-E /Medicaid Eligibility program administrator will review access to eSHARE and eREP, on a quarterly basis, to ensure that each user's access remains necessary for their job responsibilities. The Title IV-E/Medicaid Eligibility program administrator will be responsible for submitting any necessary changes, including revoking access for users who no longer require it.

***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** –

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** –

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

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

2. The ***DHHS eligibility worker*** access provides the ability to perform all functions required to determine Title IV-E eligibility, Foster Care Medicaid, and Subsidized Adoption Medicaid eligibility. All data used to determine eligibility will remain in eREP. SSA data will not be stored outside of the eREP system. eREP will only be accessed on a state-encrypted secure network with remote access acceptable through VPN.
3. The ***SAFE Helpdesk staff*** have CustomerDirectExtSysHelpDesk of "read only" access to eREP for the purpose of managing the Customer Directory and managing a workflow process to maintain interface functions between SAFE and eREP.

E. Foster Children with SSI or SSA Income

1. When a child enters foster care, the caseworker must ask the child's parent or caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result of the child's own disability. SSA may be received due to the death or disability of the child's parent.)
2. The caseworker should also ask the parents about other sources of support designated for the child that could assist with the child's care such as Veteran's benefits, Railroad benefits, Indian Trust funds, insurance funds including health insurance coverage, or other private trust funds.
3. The caseworker is responsible to apply for benefits for a child who may qualify but is not receiving them. If a child is disabled, application should be made for SSI benefits. If a child's parent is deceased or disabled, application should be made for SSA-dependent child benefits. Application is made through the Social Security Administration.
4. The caseworker is responsible to apply for the DHHS to become representative payee for a foster child receiving SSI or SSA benefits. Payee application forms are available through the local Social Security Office and may also be available in the local DCFS office. The caseworker should also apply for the Department to become payee for other regular benefit payments.
5. If a foster child is receiving services from both the Division of Services for People with Disabilities (DSPD) and the Division of DCFS, the DCFS caseworker will apply for the DHHS to be the representative payee for the child. The DSPD provider will not be the payee (even though that is normal DSPD practice). In circumstances in which DSPD is paying for the treatment portion of the placement through Medicaid, such as under a Medicaid waiver, DCFS must establish a process to pay for room, board, and special needs costs to the DSPD

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

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

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

special needs or incidentals for the child must be paid from the client trust account until the balance is below $2,000.

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

G. Trust Account Custodian Responsibility.

1. The regional trust account custodian will open a new client trust account in the Department Trust Accounting System when necessary documentation is received from the caseworker.
2. The custodian will maintain all trust account records and issue checks in accordance with Department client trust account major objectives and Practice Guidelines and DCFS client trust account fiscal Practice Guidelines.
3. The custodian will provide a monthly report on each foster child's client trust account to the caseworker that is protective payee and to the eligibility worker.

Revision Date: September 2024

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

Major objectives:
DCFS will seek to meet the support and health care needs of children in foster care and state custody regardless of their citizenship status.

Applicable Law

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

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

C. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who entered the U.S. under an immigration category that does not meet qualified alien requirements, or who entered this country as an undocumented immigrant cannot qualify for federal benefits, including Medicaid, while in foster care or upon adoption, unless lawfully admitted to this country under a qualified alien, lawful permanent resident category.

E. A child is a citizen if:
   1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands, Northern Mariana Islands, American Samoa, or Swain's Islands.
   2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S. citizen.
   3. A child is naturalized through the INS after an adoption, or who met qualified alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent after February 27, 2001.

F. U.S. citizenship can be verified by such records as a birth certificate, hospital records, church records, or tribal records.

Practice Guidelines

A. Citizenship of the child is a factor that must be considered in the eligibility determination process.

B. The caseworker is responsible to verify a foster child's citizenship upon entry into foster care.

C. The regional eligibility caseworker will verify if the child meets qualified alien requirements based upon immigration documentation from Immigration and Naturalization Services provided by the caseworker.

D. Health care needs must be covered through MI706 authorization for children who do not qualify for Medicaid based on citizenship requirements while in foster care.

E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of immigration documentation from the child's parents or caretakers and to provide it to the regional eligibility caseworker. The following information is needed:
   1. Copy of both sides of INS Form I-94 (often called green card).
   2. Documentation of date of entry into the U.S.

F. For issues pertaining to immigration other than verification of qualified alien status by regional eligibility caseworkers, contact the Immigration and Naturalization Service.

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, DCFS has limited authority to act for the child and provide approval for travel.

Out-of-state travel is one such instance. DCFS 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, DCFS must obtain approval from the DHHS executive director or designee before the child travels.

Applicable Law
Utah Code Ann. §80-1-102. Juvenile Code definitions.

Practice Guidelines

A. A caseworker will staff a request for a child in foster care to travel out of state or out of the country with their supervisor and obtain approval from the child's Guardian ad Litem prior to completing the travel approval process.

B. The caseworker will inform the child's parents if parental rights are intact, that their child will be traveling out of the state prior to completing the travel approval process. Parental permission is not required for the child to be able to travel.

C. 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 or without cost to the state, will also require the approval of the DHHS executive director or designee and the governor's office, in addition to division-level approval.
   4. For international travel, the expected lead time for international travel request submission is two months prior to the planned travel start date.
   5. The travel approval is not guaranteed, and the caregivers are strongly advised not to make any travel reservations until the travel request is approved.

D. 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.

E. 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.

F. The caseworker will inform the out-of-home caregiver that if the child has an emergency medical need while outside of Utah, the out-of-home caregiver will obtain treatment immediately from a qualified health care provider. Follow Medicaid and HMO rules to notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after the child received the treatment.

G. The caseworker will inform the out-of-home caregiver that if the child has a non-emergency medical need while outside of Utah, the out-of-home caregiver will follow Medicaid and HMO rules to obtain prior authorization for the service from the HMO and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid in order for Medicaid to cover the costs.

H. The out-of-home caregiver may request assistance from the Fostering Healthy Children nurse to complete the prior authorization process and identify an appropriate health care provider.

I. The caseworker will inform the out-of-home caregiver that the child will not be taken outside of Utah for medical treatment unless the specific treatment has been approved by Medicaid and arranged for by the Fostering Healthy Children nurse.

J. For children who travel outside of the country, the caseworker will follow the same procedure for children who are only traveling outside of the state. The caseworker will also follow the same processes to ensure the child has medical coverage while traveling abroad.

K. If a child travels outside of the country, the caseworker or caregiver will also determine if a passport, additional immunizations, or other documentation (e.g., Travel Visa) is needed for the child to travel safely. This can be done by visiting http://travel.state.gov/content/travel/english.html for all up-to-date information regarding travel requirements to foreign countries. DCFS requires international travel insurance for medical coverage for children in the custody of DCFS, at the caregiver's expense.

Revision Date: July 2025

303.12 Transportation

Major objectives:
Children in DCFS 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.

Practice Guidelines
If an out-of-home care provider does not have an appropriate restraint device for a child given their age, one may be loaned to them. They may not be allowed to transport a child in the custody of DCFS without an appropriate restraint device.

Before a DCFS caseworker transports a child in a vehicle, they must ensure that the proper restraint device is in the vehicle and is installed correctly.

303.12a Transporting Youth – Safety of Caseworker and Youth

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

Practice Guidelines

A. Standard Transportation: A situation in which a caseworker transports a youth to family-time, medical appointments, or other routine occurrences.

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

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

B. Transportation to a Program: A situation in which a youth is being transported to a facility or program.

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

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

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

C. <u>High Risk Transportation:</u> A situation in which a caseworker or youth may be at risk of displaying behaviors associated with a high risk transportation need.

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

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

   If the youth rates a 3 on the CANS on any of the following items, the youth most likely meets the criteria to utilize a caged JJYS state vehicle:

   a. Suicide risk.
   b. Self-mutilization.
   c. Other self-harm.
   d. Danger to others.
   e. Judgment decision-making (making decisions that put them in dangerous situations).
   f. Psychosis.
   g. Oppositional (threat of physical harm to others).
   h. Conduct (serious crime, aggression, anti-social child, or community at risk).
   i. Anger control.

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

1. Call the facility that you are taking the youth to and ask if they can transport the youth for you. If they are unable to do so, move to step 2.
2. Staff the case with the region clinical consultant and review all possible transportation options. The clinical consultant will determine if a caged JJYS state vehicle is the only safe option. If a caged JJYS vehicle is necessary, then complete the following steps to request one:
   (1) The clinical consultant will send an email to Mike Butkovich, Program Director, Office of Correctional Programs, Utah Division of Juvenile Justice and Youth Service at mbutkovi@utah.gov and include the caseworker in the email. The email should include the pick-up and drop-off time needed for the vehicle and the current location of the child.
   (2) The JJYS Program Director will respond to both the clinical consultant and caseworker with the availability and location of the vehicle.
   (3) The caseworker will pick up and drop off the vehicle at the assigned locations. If a vehicle is no longer needed, the caseworker will notify the JJYS Program Director immediately.

D. If a JJYS caged vehicle is not available, contact the region director for potential use of further professional transport services.

Revision Date: September 2024

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

A. Courtesy Supervision:
   1. To request courtesy supervision, the caseworker will email the initial request to the sending region's associate region director (ARD).
   2. Attach the completed Courtesy Supervision Request Form. Include a brief description of history on the case and the current situation along with other information requested on the form.
   3. The sending region's ARD will forward the request to the appropriate ARD in the prospective receiving region for approval.
   4. The receiving region's ARD will notify the sending region's ARD of the decision to accept the request for courtesy supervision and provide the name of the courtesy caseworker and supervisor.

5. The primary caseworker will contact the courtesy caseworker within five working days to provide case information. If the courtesy caseworker needs additional information, the courtesy caseworker may contact the primary caseworker.
6. The primary caseworker will add the courtesy caseworker to the case on SAFE.
7. As soon as the case has been assigned to the courtesy caseworker, the primary caseworker will arrange for a Child and Family Team Meeting. Both the primary caseworker and courtesy caseworker will be present at the Child and Family Team Meeting. At this meeting the primary and courtesy caseworker's family-time plan with the child will be arranged. The roles of the primary and courtesy caseworker will also be discussed. [*See:* Section 303.2.]
8. Throughout the duration of the case, the primary and courtesy caseworker will be present at all Child and Family Team Meetings that may be held.
9. The primary caseworker is responsible for contacting on a monthly basis the courtesy caseworker and out-of-home caregiver as well as other professional members of the Child and Family Team, such as the child's mental health therapist and educators.

B. Region-to-Region Case Transfers:

1. The caseworker will email the initial request to the sending region's ARD.
2. Attach the completed Case Transfer Request Form. Include a brief description of history on the case and the current situation along with other information requested on the form.
3. The sending region's ARD will forward the request to the appropriate ARD in the prospective receiving region for approval.
4. The receiving region's ARD will notify the sending region's ARD of the decision to accept the request for case transfer and provide the name of the caseworker and supervisor.
5. A face-to-face transfer meeting between the two caseworkers and their supervisors will be conducted on all case transfers
6. To assist with a smooth transition from region to region, a Child and Family Team meeting will be conducted on all case transfers. The sending caseworker is responsible for arranging this meeting.
7. If possible, the new caseworker will attend the last Child and Family Team Meeting in the sending region to become acquainted with the existing team.
8. The caseworker will notify the eligibility caseworker of the transfer in advance to ensure continuous Medicaid coverage of the child, if eligible.
9. Within 30 days of the case being transferred to the new region, the new caseworker will arrange for a Child and Family Team Meeting, including any new team members.
10. The case will be reviewed before the transfer meeting. The sending caseworker is responsible for all case activities until the transfer is completed and all signatures are in place.
11. The sending region is responsible for ensuring that all work is completed and up-to-date prior to the case transfer.

Revision Date: September 2024

303.14 Youth Obtaining A Driver License

Major objectives:

A. Youth in DCFS' 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 DCFS 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, subject to availability of funding.

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: Placement Verification and Medical Authorization Letter when signing for the driver license.

3. A learner permit allows the youth to drive with a designated licensed adult and receive the 40 hours of practice driving required for a license. When a parent or responsible adult signs the application for the learner permit, they are assuming joint liability with the youth for damages resulting from the youth driving a motor vehicle. Those under 18 years of age will be limited to driving with a licensed parent, legal guardian, driving instructor, or the adult who signed the application for the learner permit sitting in the passenger seat.
4. When applying for the learner permit, the youth will need to have their Social Security card plus two acceptable types of proof of residency. A fee is required to obtain the learner permit from the Department of Motor Vehicle (DMV), and the learner permit is only valid for one year.
5. Utah requires an applicant 17 years of age or younger to have the learner permit for six months before applying for a driver license. The six-month learner permit holding requirement does not apply to an applicant who is age 18 years or older at the time of application for the learner permit.

C. Driver License

1. Caseworkers are ***not*** authorized to sign for a driver license.
2. To obtain a driver license, a parent, foster parent, or responsible adult's signature is required for a youth to obtain a driver license. A 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: Placement Verification and Medical Authorization Letter when signing for the driver license.
3. A DCFS office building address may be used as the youth's residence address, if needed. DCFS will provide documentation that the youth is in the state's legal custody in order for the driver license division to verify the youth's residency and legal custody status.
4. Youth, after the age of 17 years and 6 months, and after completion of a driver education course, may obtain a driver license without a parent's signature when they turn 18 years old. They will need to provide their own auto insurance.
5. Youth can practice taking the driver license test on the Internet. The 22 questions are typical of the questions asked when obtaining a driver license. The practice test can be found on the following website: http://www.dmv.org/practice-permit-test.php.
6. The caseworker will coordinate with the foster parent or responsible adult to develop a parent-teen driving contract. The contract can help outline key driving responsibilities, decide on the consequences associated when those responsibilities are not met, and define the Child and Family Team's role in helping the youth succeed. There are several insurance websites that have driving contracts; examples can be found on the following websites:
   a. Allstate Parent-Teen Contract at: www.allstateteendriver.com/contract
   b. AAA Parent-Teen Driving Agreement at: www.aaaexchange.com/assets/files/2007214956500.parent_teencontract.pdf
   c. Safer Child Driving Contract at: www.saferchild.org/driving.htm

d. Lowest Price Teen Driving School Teen Driving Contract at: www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/

D. Insurance Requirements

1. Foster parents who provide automobile insurance for youth in foster care will be required to carry at the minimum requirement of Utah's No-Fault Law insurance liability limits.

E. Reimbursement Process

1. Reimbursement applies only to Resource Families that are licensed to provide care for children in Child and Family custody.
2. Foster parents who are willing to sign and authorize a youth's application for a learner permit and driver license may be reimbursed *only* for the additional cost at the minimum requirement of Utah's No-Fault Law insurance liability limits.
3. Foster parents may choose to carry additional automobile insurance at their own expense, such as liability coverage that exceeds the minimum of Utah's No-Fault insurance liability limits, collision insurance, or comprehensive insurance.
4. Foster parents will not be reimbursed for any deductibles associated with collision or comprehensive insurance in the event of an accident or other damage to their vehicle.
5. All reimbursements will be coordinated through the DCFS caseworker with support from the state office finance team.
6. The caseworker will confirm that the foster parent is willing to exercise their option to provide youth in their care an opportunity to obtain a learner permit and driver license, and that the foster parent understands their responsibility of providing automobile insurance coverage for the youth.
7. The foster parent will obtain a quote from their automobile insurance provider for the additional costs of adding a youth to their personal insurance policy. Reimbursement will ***only*** be for additional costs to the foster parent's current liability insurance coverage. The foster parent must provide acceptable documentation from the insurance agent or agency of increased costs.
8. In order to assist the foster parent in obtaining reimbursement for insurance costs, the caseworker will contact the DCFS State Financial Analyst II and inform them of the foster parent's intention to sign for the driver license.
9. The caseworker will provide the insurance quote from the foster parent to the DCFS Administration Office, State Financial Analyst II.
10. Caseworkers will provide the foster parent with the following:
    a. Information informing them of their option to provide youth in their care an opportunity to obtain a learner permit and driver license by assuming the responsibility of providing automobile insurance coverage for the youth.
    b. Information regarding the liability they assume in authorizing a youth to obtain a learner permit and driver license.
    c. Information how they may qualify for reimbursement for their additional expenses incurred by providing automobile insurance coverage for a youth in their care.

d. An informed consent, waiver and release for foster parents who provide automobile insurance for youth in foster care.

11. The foster parent will sign the informed consent and waiver document. The caseworker will give a copy to the foster parent, place a copy in the youth's file under "correspondence," and send a copy to the DCFS State Financial Analyst II.
12. The foster parent must provide acceptable insurance documentation every three months in order to receive reimbursement.

F. Cancellation or Termination of Driver License

1. A parent, foster parent, or responsible adult who has signed an authorization for a learner permit or driver license will notify the Department of Motor Vehicles (DMV) **in writing** and send a copy to Child and Family Service if they decide that they are no longer willing to assume responsibility and insurance coverage for the youth. The written request will be placed in the youth's case file under "correspondence".
2. The parent, foster parent, or responsible adult will receive **in writing** notification from the DMV that the youth learner permit or driver license has been cancelled and send a copy of the official cancellation to the DCFS caseworker. The letter will be placed in the youth's case file under "correspondence."
3. The caseworker will verify **in writing** to the parent, foster parent, or responsible adult that they have received verification of the cancellation of the learner permit or driver license for the youth and that they are aware that the parent, foster parent, or responsible adult are relieved from liability for that youth operating a motor vehicle subsequent to the cancellation.

Revision Date: May 2025

303.15 Casey Life Skills Assessment

(This section was replaced with the TAL UFACET in section 303.7)

303.16 Foster Child Representative Payee Accounts

Major objectives

DCFS will determine if a child is receiving or may be eligible for a federal benefit within 60 days of entry into foster care and will apply for eligibility when a child may qualify for federal benefits.

DHHS will act as representative payee for each child receiving federal benefits when appointed by the funding agency.

Use of a child's federal benefits will comply with state law and the federal benefits source. Up to 75% of a child's monthly federal benefits may be used for maintenance costs, which include food, clothing, housing, daily supervision, personal incidentals, and transportation. The remaining funds will be conserved for the child's future needs after leaving care.

Applicable Laws
Utah Code §80-2-504. Federal benefits for minors in the custody of the department--Financial training--Rulemaking--Reporting.

Practice Guidelines

A. Sources of Federal Benefits
Federal benefits are administered by the United States Social Security Administration, the United States Department of Veteran Affairs, or the United States Railroad Retirement Board. The most common types of federal benefits received by children in foster care are SSI and SSD benefits, administered by the Social Security Administration.
1. Social Security Dependent Survivor (SSD) Benefits. SSD benefits may be paid to a dependent child under age 18 due to a parent's death or disability and based upon the work record of a child's parent. Benefits may be extended beyond the age of 18 for full-time students.
2. Supplemental Security Income (SSI) Benefits for Children. SSI benefits are payable to children who are blind or disabled under age 18 who have limited or no income and resources or who come from homes with limited or no income and resources. A review is conducted when an individual reaches age 18 to determine if benefits may continue into adulthood.
3. Other Sources. Foster children may also receive other sources of benefits, such as Veteran's benefits, Railroad Retirement benefits, Tribal benefits, or insurance settlement funds.

B. Caseworker Responsibilities Pertaining to a Child's Eligibility for Federal Benefits
1. Within 60 days of a child's entry into foster care, the caseworker will determine if the child is receiving or may be eligible to receive federal benefits.
    a. The caseworker is responsible for asking the child's parent or caregiver if the child is receiving Social Security dependent survivor (SSD) or Supplemental Security Income (SSI) benefits.
    b. The caseworker should also ask about other sources of support designated for the child's care, such as Veteran's benefits, Railroad Retirement benefits, Indian Trust funds, or insurance funds.
    c. This information may be obtained on the parent income and asset declaration form used for eligibility.
2. The caseworker or other region designee is responsible for applying for federal benefits for a child who may qualify but is not receiving them.
    a. If a child is blind or disabled, application should be made for SSI benefits.
    b. If a child's parent is deceased, application should be made for SSD benefits.
    c. Application for SSI and SSD is made through the Social Security Administration.

3. The caseworker will determine if a child who is not initially eligible for federal benefits might qualify for federal benefits after a change in circumstances has occurred, such as the child being designated as disabled, or the death or disability of the child's parent. The caseworker or regional designee will apply for benefits when applicable.
4. The caseworker is responsible for notifying the DHHS representative payee custodian when a child in custody is receiving federal benefits so an application may be submitted for DHHS to become the representative payee.
5. On an annual basis, the caseworker will assess with the DHHS representative payee custodian if it is in the best interest of the child for someone other than DHHS to serve as representative payee. The child and family team may also be consulted. When applicable, the caseworker will notify the individual of the opportunity and process to apply as representative payee for the child.
6. The caseworker is responsible for notifying the DHHS representative payee custodian for a child with federal benefits when any of the following applies:
    a. The child leaves DCFS custody, including transferring to JJYS custody. Provide a copy of the court order ending DCFS custody.
    b. Jurisdiction for the child's case moves to another DCFS region.
    c. Change of address for the child, when required by the funding agency.
    d. School attendance changes, if aged 18 or over and entitled to federal benefits as a full-time student.
    e. A disabled child's medical condition improves.
    f. A disabled child starts working.
    g. A blind child's vision improves.
    h. The child is discharged from or enters a hospital, skilled nursing facility, nursing home, intermediate care facility, or other institution.
    i. The child is confined to a public institution by court order in connection with a crime.
    j. The child is confined to jail, prison, penal institution, or correctional facility for conviction of a crime or is in violation of a condition of probation or parole.
    k. The child ran away, and the child's whereabouts remain unknown after 60 days.
    l. Death of a child.

C. Caseworker Responsibilities for Federal Benefits Payments

1. Federal benefits may be used for the additional needs of the child, as allowed by the agency, provided the maintenance cost funds are still within the 75% limit. The child and family team may be consulted about the use of personal needs funds.
2. The caseworker initiates a federal benefits fund request in the SAFE Trust Account module for the following types of expenses for the child:
    a. Personal needs, as part of maintenance costs.
    b. Maintenance costs for an unlicensed non-custodial parent, kin caregiver, or friend of the family.
    c. Maintenance costs for a trial home placement.

d. Payments to adoptive parents or guardians for the child's personal needs while the child is in DCFS custody.

3. The caseworker approves payments initiated by the representative payee custodian in the SAFE Trust Account module for the following types of expenses for the child:
   a. Maintenance costs for a licensed foster provider.
   b. Payment to ABLE account or other account for conserving funds.
   c. Reimbursement check to the funding agency.
   d. Payment of the balance in the account to the child or their parent or guardian when the foster care case closes and the funding agency approves.
4. Supervisor approval is required in SAFE for federal benefits fund requests.
5. The region director or designee will approve in advance and in writing any expense from a representative payee account that is $500 or over, other than maintenance costs, payment to a conserved funds account, reimbursement check to the funding agency when the account is closed, or payment of the balance in the account to the child or their parent or guardian.
6. The caseworker may not request payments from a child's account exceeding the amount of funds available in the account and will not request the representative payee custodian to issue a check for unallowable expenses or to inappropriate recipients.

D. Foster Child Representative Payee Account

A foster child representative payee account is a financial account established on behalf of a child in DCFS custody to manage the child's federal benefits. DHHS must receive authorization from the funding agency, such as the Social Security Administration, to serve as representative payee. DHHS finance manages representative payee accounts.

E. Appropriate Use of Federal Benefits

1. A child's federal benefits must be used as designated by the funding agency and state law.
2. Utah Code §80-2-504 specifies that up to 75% of a foster child's monthly federal benefits may be used for maintenance costs, which include food, clothing, housing, daily supervision, personal incidentals, and transportation. The remaining funds will be conserved in tax-advantaged accounts for the child's future needs after leaving care.

F. Distribution of Foster Child Federal Benefits

A child's federal benefits will be utilized as follows:

1. Payments for maintenance costs (food, clothing, housing, daily supervision, personal incidentals, and transportation), not to exceed 75% of the monthly federal benefits. The $35 personal needs funds will be set aside prior to payment for other maintenance costs. Payments to unlicensed kin or family friends who are not licensed are also part of maintenance costs.
2. Remaining funds to be maintained in the child's conserved or invested funds account.

G. Foster Child Representative Payee Accounts Relationship to Other Federal Programs

1. A foster child's income and assets may have to be considered when determining eligibility for Title IV-E and Medicaid benefits. For a child receiving SSI, assets that are not in the child's own tax-advantaged accounts must remain below $2,000 or the child is at risk of losing SSI eligibility.
2.. Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility policies. Consult with a region eligibility worker for questions regarding lump sum payments and impact on eligibility.

H. Reports Related to Federal Benefits

1. The caseworker and eligibility worker will receive reports on account balances from the DHHS representative payee custodian.
2. On an annual basis, the caseworker and DHHS representative payee custodian will obtain an annual statement from DFA. The caseworker will review the status of the child's conserved funds and expenditures with the child and with the Guardian ad Litem.

I. Foster Child Placement or Living Arrangements for Children with Federal Benefits

1. Kinship Caregivers.
   a. When a foster child receiving federal benefits is placed with a non-custodial parent, unlicensed relative, or friend not eligible for a foster care payment (caregiver), maintenance costs may be issued to the caregiver from the child's federal benefits.
   b. If payment is going to be made, the caseworker will have the caregiver complete the DCFS Kinship Caregiver Maintenance Reimbursement Agreement. Each caregiver placement will require a newly completed and signed form.
   c. The caseworker will give the signed form to the DHHS representative payee custodian.
   d. The DHHS representative payee custodian will issue the kinship caregiver maintenance reimbursement to the caregiver from the available funds in the child's representative payee account, up to a maximum of the basic daily foster care rate and not exceeding 75% of the monthly federal benefits. The rate paid to the caregiver will be based on the child's age and the number of days in the caregiver's home.
   e. The maintenance reimbursement must be requested and approved each month by the DCFS caseworker in the SAFE web system.
   f. The DHHS representative payee custodian will pay the kinship caregiver maintenance reimbursement as a Personal Needs Fund Request from SAFE.
   g. The representative payee custodian will not require receipts for this reimbursement.

   [Also see Kinship Practice Guidelines Section 502.12.A.3.]
2. Services through Division of Services for People with Disabilities (DSPD) Providers.

a. When a foster child receiving federal benefits is placed with a DSPD provider, DHHS will continue to be the representative payee as long as it is in the child's best interest, which is typically until custody ends.
b. In circumstances in which DSPD is paying for the treatment portion of the placement through Medicaid, such as under a Medicaid waiver, DCFS pays for maintenance costs to the DSPD provider through a maintenance payment contract using a designated service code.

3. Trial Home Placement.
   a. When a child receiving federal benefits is placed at home on a trial home placement, DHHS will continue to be representative payee as long as it is in the child's best interest, which is typically until custody ends.
   b. As part of the transition plan home, the child and family team should determine the amount of the child's federal benefits to be provided to the parent for the child's maintenance costs while in the trial home placement, subject to the 75% limit for maintenance costs. Reimbursement is made based on receipts provided, generally proportionate to the number of persons living in the home for household expenditures, and in total for child-specific expenses.
   c. The parent typically applies to become representative payee after the court has returned custody to them.
4. Runaway.
   a. When a foster child receiving federal benefits runs away, no maintenance costs will be paid to DCFS or to a provider from the child's account.
   b. The caseworker is responsible for notifying the DHHS representative payee custodian that the child ran away, and the child's whereabouts are unknown. Notice should be provided if the child's whereabouts are still unknown after 60 days.
   c. The DHHS representative payee custodian is responsible for notifying the Social Security Administration that the child's whereabouts are unknown so that any necessary action to defer payments may be taken.

J. Independent Living/Transition to Adult Living
1. A foster child preparing for the transition to adult living should be made aware of federal benefits being received and included in decisions about the use of funds (including maintenance costs and conserved funds) as part of mentoring for successful adult living.
2. The youth's transition plan should include:
   a. Plans for use of the funding to help prepare for the transition to adulthood, such as moving to an independent living setting.
   b. Plans for financial literacy training for the youth or for the successor payee.
   c. Plans for the youth to become recipient of the funds after age 18 or to transfer to a successor payee after leaving DCFS custody, if funding will continue.

d. Coordinating with the representative payee custodian for consulting with the funding agency regarding how to transition any balance in the account to the youth or to a new representative payee after custody is terminated.

3. For an older blind or disabled child receiving SSI, a disability review must be conducted by the Social Security Administration to determine if the youth's eligibility to receive SSI will continue after age 18. The caseworker or other region designee should assist the youth with this application.
4. For a child receiving SSD benefits, federal benefits may continue after age 18 if the child is a full-time student.
5. When a child in custody reaches age 18, the Social Security Administration will begin sending the benefit checks directly to the youth. If DCFS believes it is in the youth's best interest for DHHS to continue as representative payee, the caseworker will work with the DHHS representative payee custodian to provide justification to the Social Security Administration.
6. Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be managed through a representative payee account. Youth should be selected to receive ILP payments only when they are ready to learn to maintain their own checking or savings account, with the support of the caseworker, foster parent, or other appropriate mentor, in preparation for successful adult living.

K. Adoption

1. When a child receiving federal benefits is placed for adoption, DHHS will continue to be representative payee as long as it is in the child's best interest, which is typically until custody ends.
2. As part of the transition plan, up to 75% of the child's federal benefits designated for maintenance costs may be provided for the child's needs in the pre-adoptive home, if funds are available.
3. Reimbursement is made based on receipts provided.
4. If federal benefits will continue after the adoption, the child's federal benefits are also considered when assessing need and determining the amount for a monthly subsidy.
   a. A child who is receiving SSD benefits will generally continue to receive those benefits after the adoption is finalized until age 18. Funding may extend beyond age 18 if the child is a full-time student.
   b. SSI benefits are based upon the child's disability and the income and assets of the child's family. In most cases, SSI benefits will be discontinued after the adoption is finalized because the adoptive family's income and assets will be too high.
5. The caseworker will notify the representative payee custodian of the adoption and closure of the foster care case.

L. Guardianship

1. When DCFS is requesting the court grant custody of a child receiving federal benefits to a guardian, DHHS will continue to be representative payee as long as it is in the child's best interest, which is typically until custody ends.

2. If the federal benefits will continue after custody is given to a guardian, the child's federal benefits are also considered when assessing the appropriateness and amount of a guardianship subsidy. In many cases, the availability of federal benefits may make a guardianship subsidy unnecessary or inappropriate.
   a. A child who is receiving SSD benefits will generally continue to receive those benefits while in a guardianship placement until the age of 18. Funding may extend beyond age 18 if the child is a full-time student.
   b. SSI benefits will generally be reduced by the amount of a guardianship subsidy provided for the child, because the guardianship payment is considered income for the child. This may result in loss of the SSI funding, which could have been available to the child into adulthood; therefore, a guardianship subsidy is generally not recommended for a child receiving SSI.)
3. The caseworker will notify the representative payee custodian of the guardianship and closure of the foster care case.

M. Financial Literacy Training
At the time the child's representative payee account is going to be closed, the caseworker or other region designee will offer financial literacy training to the child or the child's successor payee.

Revision Date: October 2025

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 regard 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 to 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 stimulates and promotes the free exchange of ideas. The facilitator is responsible to make sure that all parties are focused on looking for solutions rather than getting caught up in the past. The facilitator is also responsible for keeping the PRT team on schedule, following the structure of the PRT process, and ensuring that an Action Plan is developed. The facilitator may enlist another member of the PRT team to be a timekeeper.
   5. External permanency consultant: A person who is outside of the administrative chain of command for the case selected. It is preferred that the consultant be outside of the region where the case management is conducted. The consultant is primarily responsible to provide suggestions during brainstorming and action planning.
   6. Scribe: The scribe manages all the record keeping for the PRT process, which includes completing the PRT Action Plan documents.
   7. Others: On rare occasions, the situation may require a specialist from outside of the agency to provide specific knowledge, skills, and expertise, which will assist the work of permanency. In these situations, the participant should have completed the Values training. Others may also be DCFS staff not otherwise designated in any of the other PRT roles.

E. PRT process:
   1. Welcome, Overview of PRT, and Working Agreement (5 Minutes): Establishing rules for the PRT. Some rules that should be considered include no electronics and maintain permanency focus.

2. Case Presentation (20 Minutes): Caseworker presents the case using the Oral Case Presentation outline. The caseworker's presentation is uninterrupted. At the conclusion, the supervisor may also be given an opportunity to add information to the presentation. No questions from the group are allowed in this portion of the PRT.
3. Clarify and Explore (15 Minutes): This is the opportunity for the PRT team members to ask questions that will add clarity to the presentation. No brainstorming or solution finding is allowed in this portion of the PRT.
4. Brainstorm Session (25 Minutes): Free-flowing generation of ideas.
5. Action Planning (35 Minutes): Group brainstorm into key strategic themes, develop measurable action steps, identify barriers and solutions for barriers, assign responsible parties, and establish deadlines. Responsibility of Action Steps should be shared by all participants of the PRT team.
6. Debrief (5 Minutes): Check-in with the caseworker and supervisor regarding the implementation of the Action Plan, lessons learned, etc.

304 Services to Family

Major objectives:
DCFS provides services to parents or guardians to facilitate the child's return home or placement with a permanent family. These services will be designed to maintain and enhance parental functioning, care, and familial connections.

304.1 Initial Contact with Parents

Major objectives:
During the initial contact with the parents, the out-of-home caseworker will explain the process of working with the parent while the child is in out-of-home care. This includes explaining the parent's residual rights, the rights of family-time with the child, the Child and Family Team, the functional assessment, the Child and Family Plan, the transition plan, concurrent goals, long-term view, and non-negotiables. The out-of-home caseworker will also explain to the parents the role of the agency, the caseworker, the out-of-home caregiver, the team, and the court process.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. The caseworker will contact the parents within five working days of receiving the case. While the child is in DCFS custody, beginning when the child first comes into care, information will be provided to the child's parents, which includes:

A. Orientation to the out-of-home service and the child's need for a permanent, stable home.

B. The importance of parental involvement and contact with the child and DCFS.

C. Expectations and timelines associated with participation or non-participation in service.

D. Parental rights and responsibilities while the child is in care, including financial support.

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

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

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

Functional Assessment: The Utah Family and Children Engagement Tool is the DCFS functional assessment. Functional assessment is used to assess current, obvious, and substantial strengths and needs of the child and family that are identified through existing assessments, both formal and informal. This collection of information should form a big picture understanding of the child and family and how to provide effective services for them. A functional assessment also identifies critical underlying issues that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home.

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

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

Concurrent Permanency Goal: Utah statute requires a concurrent permanency goal for the child, and the reason for selecting that goal in every "treatment plan" when the child enters the temporary custody of DCFS. [*See*: Utah Code Ann. §80-3-406.]

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

Non-negotiables: Those issues dealing with the child's safety and well-being, orders from the court or statutes that prescribe specific actions by DCFS.

Revision Date: September 2024

304.2 Child and Family Contact

Major objectives:
DCFS will make efforts to engage parents in continuing contacts with their child, whether through family-time, phone, or written correspondence. This will include efforts to engage the parents in appropriate parenting tasks such as attending school meetings, etc. DCFS staff will recognize child and family contact as a right for both the parent and the child.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. Refer to Section 303.1, Family-Time With Familial Connections.

B. Exceptions to contact are limited to:
   1. When contraindicated by the law, court finding, the child's safety, or the child's best interests.
   2. When parental rights are terminated.
   3. When the biological parent's declining health precludes such efforts in the case of a terminally ill, unresponsive parent. However, engagement of the parents is to occur whenever possible and may still occur in some cases where the parents are in declining health or when rights have been terminated.

Revision Date: September 2024

304.3 Ongoing Contact Between Parents and Caseworker

(This section has been replaced with Section 302.2.)

304.4 Wrap-Around Services

Major objectives:
Wrap-around services will be provided to the child and family and will be crafted by the Child and Family Team based on the assessed needs and resources.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

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

A. Peer parenting.

B. Childcare.

C. Home health aide services.

D. Parenting education.

E. Respite care.

F. Transportation services for family-time.

G. Vocational or educational assistance.

H. Mental health and/or substance abuse assessment and treatment.

I. Housing referral and assistance.

Revision Date: September 2024

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

A. Utah law mandates that all parents are responsible for the support of their minor children.

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.

C. The caseworker should verify that this occurs.

D. In cases where the court has permanently terminated the parent's rights to their children, the parents have no obligation to pay child support.

304.6 Good Cause Deferral/Waiver Process

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

Applicable Law
Utah Code Ann. §26B-9-304. Office procedures for income withholding for orders issued or modified on or after October 13, 1990.

Practice Guidelines

A. The caseworker will prepare the Child in Custody Good Cause Waiver request form, following the instructions on the form. Supporting documentation to explain the need for the waiver may be attached.
B. The form must be approved by the regional director and DCFS director.
C. The DHHS - Good Cause Waiver form is accessible through the "DHHS Forms" application on the desktop.

305 Relationship with Out-Of-Home Caregivers

Major objectives:
Out-of-home caregivers have the responsibility of providing daily care, supervision, protection, and experiences that enhance the child's development, and to support the biological family and family reunification. Individuals approved and selected to provide out-of-home care will have the experience, personal characteristics, and temperament necessary to work with children and their families.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the health, well-being, and safety of children in their home, out-of-home caregivers will:

1. Integrate children into their household as equal members by providing a pleasant, safe, and nurturing family atmosphere.
2. Provide activities that enhance physical, cognitive, social, and emotional development; teach problem solving skills; and act as positive role models.
3. Commit to keep the child without disruption until permanency has been accomplished by using available supports to prevent disruption.
4. Use constructive discipline as approved by the Child and Family Team. Use of corporal punishment, physical or chemical restraint, infliction of bodily harm or discomfort, deprivation of meals, rest, or family-time, or humiliating or frightening methods to control the actions of children is never allowed.
5. Maintain confidential information that is disclosed within the Child and Family Team. Out-of-home caregivers may share information with team members providing services to the child such as medical professionals, therapists, school personnel, etc.
6. Out-of-home care providers who participate in cluster support groups must also abide by the cluster confidentiality agreement. Violation of confidentiality may result in corrective action, suspension, or revocation of foster care licensure.
7. Furnish nutritious meals and snacks.
8. Plan orderly daily schedules that promote positive participation in appropriate developmental, school, and community activities.
9. Provide the opportunity for religious observance in the faith of the child and family's choice.
10. Arrange culturally responsive opportunities for participation in activities consistent with the child's ethnic and cultural heritage.
11. Actively participate in the development and the implementation of the Child and Family Plan.
12. Make the child available for family- or sibling-time with the schedule negotiated by the Child and Family Team. Family-time may not be contingent upon the child's behavior.
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 ensure 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 alerting 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, family-time, 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. A child's wardrobe may be supplemented with previously worn clothing if in good repair and it is purchased through a used clothing store, and a receipt is provided.
28. Be an advocate for children in their care.
29. Alert the caseworker of any special or unmet needs of the child.
30. Report any significant change in the child or parent's circumstances, or of any serious or repeated behavioral problems of the child.
31. Immediately report any accidents, injuries, criminal and delinquent activities, or other emergency situations.
32. Report substantial changes in the home composition to the caseworker and OL.
33. Actively seek in-service training opportunities that promote the development of parenting skills and keep a record of in-service training attended.

B. Out-of-Home Caregiver Training Requirements.

1. An out-of-home caregiver will successfully complete:

a. An initial consultation to orient out-of-home caregivers prior to participation in the pre-service training program through the Contractor that DCFS utilizes for the Training, Recruitment, and Retention Services of Foster Parents.

b. For initial licensure, completion of the pre-service training required by DCFS for all prospective out-of-home caregivers prior to licensure. Any pre-service training hours completed within the previous 24 months of an individual seeking licensure may be accepted as long as there is no documentation or evidence that there were concerns regarding the caregiver. DCFS reserves the right to require any caregiver to re-take part or all of pre-service classes if deemed necessary. Special situations:

(1) If a prospective caregiver applying for either a Licensed Foster Care (LFC) or Licensed Specific Child (LSC) license has completed comparable training (with another state or agency), a request for an exception to complete the training will be submitted in writing by the Resource Family Consultant (RFC) to the foster care program administrator or other designated staff at the State Office. The foster care program administrator or other designated staff will assess the training completed by the prospective caregiver and the specific case information (if applicable), and will provide a decision in writing to the RFC as to whether or not the training can be accepted within 30 working days of receiving the request.

(2) If a caregiver applying for an LSC license is deemed unable to complete the DCFS approved pre-service training within the required timeframe of the probationary license, the RFC (or KFC) and the potential foster parent will work with the current DCFS Contractor for Training, Recruitment, and Retention Services of Foster Parents on alternative ways to complete the pre-service training. A request for an exception will be submitted in writing by the RFC (or KFC) to the foster care program administrator or other designated staff at the DCFS State Office. The request for training exception must include the reason that the caregiver is unable to complete the training in the required timeframe; what attempts were made, if any, to complete the training; and what the alternative plan (including timeframes) is for the caregiver to complete the pre-service training. The foster care program administrator or other designated staff will assess the information and will provide a decision in writing to the RFC as to whether or not the alternative plan is accepted within 30 working days of receiving the request.

c. Pre-service classes include information about:

(1) Orientation and Team Building; DCFS Major objectives and Procedure, Licensing Rules, and Medical Requirements for Children in Out-of-Home Care; Abuse and Neglect, Child Sexual Abuse; Impacts of Abuse on the Child Development; Attachment, Separation, Grief, and Loss; Discipline & Effects of Caregiving on

the Family; Cultural Issues, Primary Families; and Adoption Issues;

(2) Rights and responsibilities as caregivers and the partnership role with DCFS in providing services to the child and family;

(3) Responding to the individual needs of children placed in their home, including the needs of abused and neglected children and the importance of the cultural and ethnic contexts for service;

(4) Sensitive and responsive practices to use with the biological parents, which address issues such as involving them in decisions about their children's lives, encouraging family-time, and ways to maintain the parent-child relationship (unless contraindicated by the service plan);

(5) The use of out-of-home care as a temporary intervention, except when planned alternative living arrangements have been clearly determined to be the appropriate plan for therapeutic reasons, or when adoption or guardianship by the kin or out-of-home caregivers has become the plan;

(6) Circumstances that terminate the caregiving relationship and informs them regarding appeal Practice Guidelines, which gives them notice and opportunity to be heard in any review or hearing regarding the child;

(7) Accessing, via the DCFS eligibility process and staff, government payments on behalf of the child, including Medicaid cards, social security, and other public assistance; and

(8) The organization's major objectives on compensation for damages done by children placed in their care.

(9) Other training topics deemed appropriate by DCFS.

d. For ongoing licensure, completion of 16 hours of in-service training hours annually prior to re-licensure is required. If there are two caregivers in the 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)

(1) In-service training hours may be completed through the current DCFS 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 DCFS.

(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 DCFS 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 DCFS 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 attendance in order to receive credit for in-service training hours. The caregiver will keep a copy of the verification of attendance and will provide a copy to the RFC or other designated staff.

(b) The RFC will forward the verification of training to the designated person with the DCFS Contractor for Training, Recruitment, and Retention Services of Foster Parents for entry into the SAFE database. The designated person will enter completed trainings attended by out-of-home caregivers into the SAFE database within 10 business days of receiving the training documentation.

(c) Training through other multimedia sources, such as on-line courses, parenting instructional videos, or other publications (such as books): Out-of-home caregivers may complete a portion of their in-service training hours through pre-approved online courses (including those provided through the DCFS Contractor for Training,

Recruitment, and Retention Services of Foster Parents) parenting instructional videos, or other publications. The training may be general, or it may be specific to the needs of a particular child and should be based on evidence-based practices. The DCFS State Office will maintain a list of pre-approved sources for in-service training credit through these methods. The list of pre-approved resources will also outline how many hours of training credit may be received from each source.

(d) In order for out-of-home caregivers to receive in-service training credit from completion of an online course, parenting instructional video, or other publications, the caregiver must provide a typed summary of the training to the RFC or other designated DCFS staff. A standardized form can be obtained from the RFC for the summary. The summary will include knowledge and skills that the caregiver gained from the training and how the caregiver will apply the knowledge and skills when parenting children in care. If an online course has a post-test component that tests the knowledge of the caregiver following course completion, the caregiver may provide verification of passing the post-test for training credit rather than the summary. The RFC or designated staff will review the summary or documentation provided by the caregiver and determine whether the information meets the requirements for in-service training. If it meets the requirements for in-service training, the information will be forwarded to the designated staff member at the current DCFS Contractor for Training, Recruitment, and Retention Services of Foster Parents for entry into SAFE.

(e) The designated staff member at the DCFS Contractor for Training, Recruitment, and Retention Services of Foster Parents will enter completed trainings into the SAFE database within 10 business days of receiving the training documentation.

(f) Any person wanting to add a source to the pre-approved list of in-service training sources will forward a request to the DCFS foster care program administrator or other designated staff at the DCFS State Office. The request will provide any relevant information regarding the source, including a summary of the information covered along with any indication that it is evidence-based practice (if known).

(4) Tracking annual in-service training hours:

(a) One hundred and twenty days prior to foster care licensure renewal for an out-of-home caregiver, the RFC assigned to the caregiver or other designated DCFS staff will review

the completed in-service training hours in SAFE and determine whether the caregiver has the required amount of in-service training hours.

(b) If the caregiver has already received credit for the required number of training hours, no further action is required.

(c) If the caregiver has a deficiency in the number of in-service training hours needed for re-licensure, the RFC or staff will contact the caregiver to determine if they will be renewing their foster care licensure. If the caregiver is renewing, the RFC or staff will do the following:

i. Provide written notification to the caregiver regarding the number of hours still needed prior to re-licensure, including what will happen if they do not obtain the required number of training hours.

ii. Coordinate with the caregiver to determine if there are hours of in-service training that they have not yet been credited and assist them in the process of ensuring those hours are entered into SAFE.

iii. Assist the caregiver in identifying potential training sources to help them obtain the required number of training hours.

iv. Make monthly contact with the caregiver to determine their progress on completing in-service training. The RFC or designated staff will document monthly contacts in the provider notes in SAFE.

v. If the caregiver is unable to obtain the required number of hours needed for in-service training and still desires to maintain licensure, the RFC or staff will help them identify what steps they must take in order to obtain re-licensure.

(d) If the caregiver informs the RFC or designated staff that they will not be pursuing re-licensure, this information will be documented in the provider notes in SAFE.

e. An affirmation of compliance with Administrative Rule R512-302.

f. DCFS may identify or require a specific training for all foster parents. DCFS may also require a specific training for an individual foster parent to help them provide for the needs of a particular child.

C. All other licensing requirements for the home must be met and maintained. Refer to the DLBC Rules, Child Foster Care R501-12. Requirements for licensure may include but are not limited to:

1. A BCI criminal records check and a check of the state's child abuse registry for all adults, 18 years or older, residing in the home.
2. A Resource Family Assessment and/or a home study will be completed by the DLBC or other approved contractor using the standardized family assessment

format. This includes references, a medical reference letter completed by a licensed health care professional, and a mental health evaluation if needed.

D. Reimbursement for services commensurate with the cost of maintaining the child will be provided to the out-of-home caregiver at the rate established by the Utah State Legislature and also based on the needs of the child.

E. Foster Care Agreement:

1. The Foster Care Agreement (Form 638A) must be signed annually by each licensed out-of-home caregiver. If there are two licensed out-of-home caregivers in a home, they may sign on the same form. For kinship caregivers, the Foster Care Agreement will be signed at the time of licensure and will replace the Kinship Caregiver Preliminary Placement Agreement (KBS04).
2. The RFC assigned to the foster parent, or other assigned DCFS staff will review the Foster Care Agreement and address any concerns with the out-of-home caregiver. The RFC will obtain a signed Foster Care Agreement from the licensed out-of-home caregiver annually.
    a. Once signed, the Foster Care Agreement is effective until the end of the licensure period or one year from the time of signing the agreement, whichever is sooner.
    b. For newly licensed foster parents, the Foster Care Agreement should be obtained within 30 days of receiving the home study, unless the DCFS region has made the determination that the home will not be used for placements.
    c. For foster parents who have been licensed more than a year, a signed copy of the Foster Care Agreement should be obtained within the 30 days prior to expiration of the former Foster Care Agreement. This can be done in person, through the mail, or through electronic methods (such as a scanned version of the signed agreement sent through email).
    d. Copies of the signed Foster Care Agreement will be kept in the Out-of-Home Caregiver's file.

F. Placement Agreement:

1. The Placement Agreement (Form 638B) must be signed each time a child is placed in the home of an out-of-home caregiver. If there are two licensed out-of-home caregivers in a home, they may sign on the same form.
2. The caseworker or supervisor assigned to the child will review the Foster Care Agreement and address any concerns with the out-of-home caregiver and obtain a signed copy from the caregiver. The RFC assigned to oversee the home may assist in obtaining the signed Placement Agreement, if necessary.
3. A signed copy of the Placement Agreement should be obtained within 30 days of placing the child in the home. This can be done in person, through the mail, or through electronic methods (such as a scanned version of the signed agreement sent through email).
4. Once signed, the Placement Agreement is effective for the duration of the child's placement of the child with the out-of-home caregiver, or until DCFS custody of the child ends.

G. Claims for Property Damage: DCFS will, when circumstances warrant, help foster parents and kinship placements deal with property damaged by a foster child placed in the home. This aid covers only physical loss or damage that is caused by the direct action of any foster child in the care of the foster care provider or kinship placement.
   1. Claims must be filed within 90 days of the initial incident date. Exceptions to the 90-day limit may be granted on a case-by-case basis.
   2. With proper approval, DCFS may provide financial help up to but not to exceed $1,500 per claim. For the first claim in a fiscal year (July 1 through June 30), a $150 deductible will first be applied. For any additional claims filed within the same fiscal year, the deductible will be reduced to $50. The calculation of the financial aid will take into account the age, condition, and depreciation of the property at the time of the incident. Financial aid will not necessarily be based on replacement value. The dollar value of replacement items or repairs must be supported with independent documentation.
   3. It is the intention of this program to help with material claims. Damaged items whose value is below $150 will not be covered.
   4. In order to start the claim process, the foster care provider will work with the region Resource Family Consultant (RFC) and the caseworker utilizing the 305-Damage Letter and Claim Form, and email it to the DCFS state office at fosterparentclaim@utah.gov.

Revision Date: September 2024

305.1 Services to Out-Of-Home Caregivers

Major objectives:
DCFS will provide support to the out-of-home caregiver to ensure that the child(s) needs are met, prevent unnecessary placement disruption, and address needs of the out-of-home caregiver. The out-of-home caregiver is a member of the Child and Family Team.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
A. (This section has been replaced with Section 302.2.)

B. Facilitating Caregiver/Family Contact. The caseworker will assist the out-of-home caregiver in developing and maintaining a working relationship with the child(s) parents, in accordance with the Child and Family Plan and permanency goals.
   1. Out-of-home caregivers, the caseworker, the child, and the family will engage in a private face-to-face meeting within the first two weeks of placement and at least once a month thereafter or as needed to build the relationship.
   2. The caseworker will encourage the out-of-home caregiver to initiate and maintain contact with the child(s) parents to share information about the child and facilitate familial connections.

C. Access to Practice Guidelines. Out-of-home caregivers will have access to review the DCFS practice guidelines and have any relevant major objectives explained by agency personnel.

1. During pre-service training, all families will receive information on how to access practice guidelines.
2. Annually, to renew their license, all resource families will participate in a major objectives "refresher" course and.
4. The DCFS practice guidelines are available through the DHHS website.

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

1. Family-time: Mileage will be reimbursed to transport a child in out-of-home care to and from family-time with parents, siblings, or other relatives/caregivers.
2. Case-Related Activities: Mileage will be reimbursed to and from Child and Family Team meetings, reviews, court activities, case planning, staffings, and placement transitions.
3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a friend's house, the school, or to recreational activities.
4. If transporting more than one child at the same time, mileage will only be submitted for one child.
5. Medical and Other Essential Activities: Reimbursement is also available for mileage to and from caseworker approved essential, extraordinary activities such as school attendance outside of neighborhood boundaries, for youth bus pass, and for agency payments to parents to visit their child in foster care. Mileage will be reimbursed to transport the child to and from medical, dental, and mental health appointments.

The out-of-home caregiver will document all reimbursable mileage claims on the appropriate DCFS form that includes odometer readings, purpose of travel, and destination.

Mileage claims will be submitted monthly for reimbursement.

Revision Date: September 2024

305.2 Respite, Child Care, and Incidental Care for Children in Out-Of-Home Care

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

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Definitions:

A. Incidental Care: Occasional care, not in excess of five hours per week and never including overnight stays. Examples of this would be babysitting for five hours or less per week or transporting the child on behalf of the foster parent for a duration of time totaling less than five hours per week. Incidental care does not have to take place in the out-of-home caregiver's home

B. Childcare: Ongoing care to the child in the out-of-home caregiver's home on a continual, regular basis (such as when the out-of-home caregiver is at work), OR care for a child in out-of-home care in excess of five hours a week. Childcare does not include overnight stays with the child.

C. Respite care: Any arrangement that requires the individual caring for the child to stay with the child overnight. It may also be for multiple overnight stays. A person providing respite care in their own home for a child in foster care must be a licensed foster care provider and may not exceed the capacity they are licensed for. However, an unlicensed person may provide respite care for a child in foster care in the home of the out-of-home caregiver, as long as the requirements outlined below are met.

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

E. "Short-term relief care provider" means an individual who provides short-term and temporary relief care to a foster parent:
   1. for less than six consecutive nights.
   2. in the short-term relief care provider's home.
   3. is an immediate family member or relative, as those terms are defined in Utah Code Ann. §80-3-102, of the foster parent.
   4. is direct access qualified, as that term is defined in Utah Code Ann. §26B-2-120;
   5. has been approved to provide short-term relief care by DCFS.
   6. is not reimbursed by DCFS for the temporary relief care provided.
   7. is not an immediate family member or relative, as those terms are defined in Utah Code Ann. §80-3-102, of the foster child.

F. Emergency Care: Care provided to a child in out-of-home care, when an approved childcare or respite provider is not available, which enables the out-of-home caregiver to respond to an urgent situation. Emergency care can only be provided when there is a death, hospitalization, or serious illness of the out-of-home caregiver or anyone in the caregiver's immediate family; or when another child placed in the caregiver's home has attempted or succeeded in seriously harming themselves or others.

Practice Guidelines

A. Respite care is used to provide short-term relief for the out-of-home caregiver from the responsibilities of caring for a child in foster care. It may include multiple occurrences of overnight care. Respite care may be paid or non-paid and may be provided for any child who is in the custody of DCFS.
   1. For children placed with contracted providers, the contract agency is responsible for making arrangements for respite care and complying with respite care requirements outlined in their contract.
   2. Prior approval must be obtained from the caseworker or Resource Family Consultant (RFC) when an out-of-home caregiver chooses to make arrangements for respite care.
   3. The respite caregiver must meet the qualifications of a respite provider (outlined below) in order to provide respite care for children in care.

B. Respite care may be provided in the following ways:
   1. The temporary placement of a foster child with another licensed out-of-home provider that is not the primary out-of-home caregiver for the child. The licensed home must be pre-approved by the RFC. A placement made for respite purposes is meant to be short term (12 days or less) with the intent that the child will return to the current foster home and does not count as a placement change for the child. If an out-of-home caregiver requests respite care for a duration of time over 12 days (such as for a longer vacation or for other extenuating circumstances), the request will be staffed with the RFC supervisor or other region designee and, if approved, the approval will be documented in the activity logs for the case and the provider notes. It must still be the intent that the child will return to the current foster home for a respite placement over 12 days to be approved.
   2. Temporary placement of a foster child in a licensed facility, with the intent that the child will return to the current foster home.
   3. Overnight care in the home of the out-of-home caregiver by an individual certified by DCFS as an In-home Respite caregiver (see requirements in paragraph F below).
   4. Temporary care in the home of a state licensed childcare provider. The licensed daycare provider must be licensed through the DHHS, Child Care Licensing Program.
   5. DCFS Paid Respite Care: Respite providers that will be paid by DCFS will be opened under the RE code that corresponds with the level of care that the child is currently placed at for payment.
   6. If a licensed out-of-home caregiver will be used for respite care but is not approved to provide the level of care that the child is placed at, then the case must

be staffed by the RFC or through another regionally approved process prior to the respite occurring, in order to ensure that the provider has the skills necessary to care for that child. If approved to provide respite, the staffing and approval must be documented in the provider notes in SAFE and the required payment approvals (under the corresponding RE codes) will be opened in order to pay the respite provider the correct amount. The payment will be made using the One Time Payment Form (Form 295).

7. Respite care not paid by DCFS: Licensed out-of-home providers may make arrangements to exchange children with another licensed out-of-home caregiver for short periods of time for respite purposes after obtaining approval from the RFC or the child's caseworker. An out-of-home caregiver may directly pay for those services if they desire.

C. Accrual of DCFS Paid Respite Days:

1. All licensed out-of-home caregivers will receive one paid respite day per calendar month for every month they have a child placed in the home. Out-of-home caregivers must have at least one foster child/youth in their home for a period of 15 days during a calendar month to accrue one respite day.
2. Regardless of the number of children placed in the home, a maximum of 12 respite days can be accrued by a licensed out-of-home caregiver at any given time. The accrued respite days do not expire and can be used at any time. After accrued respite days have been used, the out-of-home caregiver must re-accrue respite days through the process described in C.1.
3. The RFC will document in the provider notes in SAFE the number of paid respite days accrued and used by the out-of-home caregiver a minimum of once every six months. The documentation will coincide with the required RFC face-to-face home visits and at any other time the RFC deems necessary or appropriate.

D. Extenuating Circumstances for Paid Respite: Though more than 12 days of respite can be approved (see B1), the region director or designee must be consulted if the out-of-home caregiver requests that more than 12 respite days be paid. The region director or designee may approve more than 12 paid respite days in extenuating circumstances. It is up to the region to staff these circumstances and ensure that the situation and approval of respite are documented in the provider notes.

E. Qualifications of a Respite Caregiver:

1. A licensed foster home with openings, or a licensed respite care home/facility. The licensed home is limited to the amount of children they are approved to provide care for on their foster care license. The total number of children in their home, including those they are providing respite for, may not exceed the number of children they are licensed for unless the home is granted a variance. The licensed home must also be able to meet the child’s needs.
2. A state-licensed day care provider. The day care provider must be in compliance with the ratios specified on their childcare license.

3. In-Home Respite provider. A respite caregiver who is qualified by DCFS to provide care in the out-of-home caregiver's home. An In-Home Respite provider must meet the following requirements:
   a. Will be at least 18 years of age or older.
   b. Will be approved by the RFC to provide respite in the home of the out-of-home caregiver.
   c. Will not be on probation, parole, or under indictment for a criminal offense and will have not have a history of crimes against children, which will be verified by background checks as described below in F.
4. A respite provider is subject to the same confidentiality requirements as other foster care providers and will keep verbal or written information shared with them confidential.
5. The out-of-home caregiver will provide the respite caregiver with medical and other critical information about the child and specific instructions for the care and supervision of the child on a completed Respite Care Fact Sheet (SAFE form PR 21). If the child is going to be with a respite caregiver for more than one day, the out-of-home caregiver will also provide the respite caregiver with a copy of the Medicaid card.

F. Process for approving an In-Home Respite provider:
1. The individual will complete an In-Home Respite provider packet (available in SAFE) which includes the following:
   a. OL Background screening application: The following background screenings are required on an annual basis for all In-Home Respite providers before being allowed unsupervised access to the child in foster care:
      (1) Utah Criminal History Bureau of Criminal Identification (BCI): A non- fingerprint-based Utah BCI criminal history check.
      (2) Child and Adult Abuse and Neglect History Checks through SAFE (LIS): SAFE background checks for child and adult abuse and neglect must be approved.
      (3) Federal Bureau of Investigation (FBI) Fingerprint-Based Criminal History must be approved.
      (4) Utah Juvenile Criminal History: A name-based check of the respite provider’s juvenile criminal history must be approved for the respite provider.
   b. A DHHS Provider Code of Conduct must be read and signed.
   c. An Out-of-home Caregiver Confidentiality Form must be read and signed.
   d. A Safety and Behavioral Intervention Fact Sheet must be read and signed.
2. The RFC, out-of-home caregiver, or the prospective In-Home Respite provider will provide the respite packet to the licensor assigned to the out-of-home caregiver. Copies of the forms must be kept by the RFC. The OL licensor will provide the BCI form to the background screening unit within OL to complete the background screening.

3. Once the licensor indicates that the In-Home Respite provider has an approved background screening application, the following must also be completed for each child in out-of-home care, prior to the individual providing respite care:
    a. The RFC will conduct a further check of SAFE to determine if there is any history of child abuse or neglect. If information is found in SAFE, the RFC must staff the circumstances with a supervisor to determine whether the individual may be approved for In-Home Respite care.
    b. The out-of-home caregiver will fill out the Respite Care Fact Sheet (PR21) and provide it to the In-Home Respite provider. The out-of-home caregiver will inform the In-Home Respite provider where the Medicaid card for each child is located.
    c. When possible and if appropriate, the respite arrangements and all relevant issues will be discussed in a Child and Family Team Meeting so that all parties are aware of the arrangement.

G. Requesting Planned Respite:
1. To facilitate continuity of care and minimize disruption for the child, whenever possible respite care is to be planned in advance using providers known to the child and family.
2. Each out-of-home caregiver for DCFS will identify at least two individuals who agree to provide respite when needed. The names should include at least one In-Home Respite provider. The names of the potential respite providers will be provided to the RFC, who will then assist the out-of-home caregiver in the process to obtain approval for any In-Home Respite provider. The RFC will document the names of the respite providers in the SAFE provider module notes for the out-of-home caregiver.
3. The out-of-home caregiver may not place a child in respite care without first informing the RFC and the child's caseworker at least 72 hours in advance and receiving approval.
4. If the out-of-home caregiver is unable to find a respite provider, they may contact the RFC for assistance in finding a respite provider. The out-of-home caregiver will request assistance from the RFC at least 72 hours in advance unless an emergency situation exists (as described below in L).

H. Responsibilities of Respite Providers:
1. The respite provider will ensure that the child attends all necessary appointments while in respite care such as school, family-time with parents, court, and medical and mental health appointments.
2. The respite provider will inform the primary out-of-home caregiver and the caseworker of any issues or concerns relating to the child. If the child has a medical or other emergency, the respite provider will contact the out-of-home caregiver and the caseworker immediately.
3. The respite provider will ensure that they have a copy of and have reviewed the Respite Care Fact Sheet.
4. The skills of the respite provider will match the needs of the child that is in their care, including medical, transportation, and behavioral needs.

I. Responsibilities of DCFS:

1. In situations where out-of-home caregivers are unable to identify their own respite provider, the RFC will assist in identifying an appropriate respite option upon receipt of a written or verbal request.
2. The RFC will ensure that the respite caregiver is licensed or meets standards and requirements as outlined above.
3. It is best practice for the respite caregivers to be introduced to the child prior to placing the child in respite. If respite is to take place outside the child's current placement, then the child should be given the opportunity to take a tour of the respite home and ask questions prior to the respite experience.
4. The RFC will verify that the out-of-home caregiver provides instruction and information to the respite caregiver.

J. Responsibilities of the Out-Of-Home Caregiver:

1. Obtain approval from the RFC and caseworker to utilize respite and/or inform them of the respite plans. The out-of-home caregiver will provide written or verbal notification to the RFC at least 72 hours in advance. Notification not given at least 72 hours in advance may result in respite not being approved.
2. Provide the respite provider with the Respite Care Fact Sheet (PR21), including ensuring that the respite provider has emergency contact information for the out-of-home caregiver, caseworker, and any other relevant staff.
3. Ensure that the caseworker has the contact information for the respite provider and emergency contact information for the out-of-home caregiver.
4. If utilizing an In-Home Respite provider, ensure that they have an approved BCI prior to utilizing them for In-Home Respite.

5 Provide a copy of the Medicaid card to the respite provider.

K. Each DCFS region is responsible to track the use of respite care and expenditures.

L. Emergency Care:

1. At times, it may be necessary for the out-of-home caregiver to utilize emergency care for a child placed in their home in order to enable the out-of-home caregiver to respond to an urgent situation. In these situations, it is preferable for the caregiver to utilize an identified and pre-approved respite or childcare provider to care for the children; however, it may not always be possible. Emergency care may only be used in situations where there is a death, hospitalization, or serious illness of the out-of-home caregiver or anyone in the caregiver's immediate family; or when another child placed in the caregiver's home has attempted or succeeded in seriously harming themselves or others.
2. If one of the approved respite or childcare providers is not available, emergency care can be provided by anyone with whom the out-of-home caregiver feels the child would be safe for a short period of time, until the emergency can be mediated and/or the caregiver, caseworker, or RFC has the ability to make another approved arrangement for the care of the child.

3. If an out-of-home caregiver has to utilize emergency care, the caregiver will contact the RFC and caseworker to inform them of the situation as soon as possible and not longer than 24 hours after the child is placed in emergency care. Upon receiving information that the child is in emergency care, the RFC is responsible for ensuring that the caseworker is informed. The caseworker and RFC will work together to ensure that the child is placed in an approved respite placement.
4. If an emergency occurs after normal business hours and the out-of-home caregiver is not able to contact the RFC or caseworker, the out-of-home caregiver will contact the Child Protective Services (CPS) Intake number and inform them of where the child is placed. Intake will contact the regional designee when these situations arise.
5. In emergency situations, it is allowable for the out-of-home caregiver or DCFS to place with an out-of-home caregiver that may be over capacity of their license. The RFC and/or caseworker will then ensure that the child is placed in another allowable and approved respite placement by the end of the next business day.

M. Child Care and Incidental Care:

1. DCFS does not pay for childcare or incidental care for children in an out-of-home placement. Out-of-home caregivers are responsible for the cost of childcare or incidental care for the children placed in their home.
2. In special circumstances and if funding is available, region directors may grant approval to pay for childcare and/or incidental care when a written request is made by the caseworker or the RFC.
3. As with respite care, out-of-home caregivers will provide specific instructions to anyone providing incidental care or childcare to a child in out-of-home care on how to care for the child's specific needs prior to the childcare or incidental care being utilized. Sharing information regarding the child's needs is particularly critical in cases where the foster child is medically fragile, on medication, or experiencing behavioral or emotional problems that require special care and supervision.
4. Incidental care: Out-of-home caregivers are responsible to ensure that children in their care are always under proper supervision. The out-of-home caregiver must use reasonable and prudent judgement to select individuals to provide incidental care for the foster child. Those providing incidental care must be capable of providing the care and supervision appropriate to the individual need of each child in out-of-home care that they are providing incidental care for.
    a. It is best practice to ensure that the RFC, the child's caseworker, and the Child and Family Team are aware of and approve of incidental care arrangements in advance of the care being provided.
    b. Incidental care provided by a youth under the age of 18 years may be approved on a case-by-case basis and should be discussed and approved at minimum by the RFC and caseworker and, when possible, the Child and Family Team.

c. It is best practice for the caseworker or RFC to assess whether an individual approved to provide incidental care has the ability and skills to care for the needs of the child.

5. Child Care:

a. Childcare providers who are licensed through the DHHS Child Care Licensing Program are approved to provide ongoing childcare to children in out-of-home care. The out-of-home caregiver, caseworker, or RFC should verify that the license is current by asking to review a copy of the childcare provider's license.

b. Childcare providers who are not licensed through the Department of Health and who will be providing childcare on a continual, regular basis (such as when the foster parent is working) OR care for a child in out-of-home care in excess of five hours a week, must have an approved background check. When childcare is being provided in a location other than the licensed out-of-home caregiver's home, a home safety walkthrough is required to ensure they can safely care for the child. The home safety walkthrough will be completed by the caseworker or RFC using the KBS16 Limited Home Inspection form.

c. The following requirements will be completed for a potential childcare provider for a licensed out-of-home caregiver (not licensed through the DHHS) by the OL on an annual basis, before the childcare provider is allowed unsupervised access to the child in out-of-home care:

(1) Utah Criminal History BCI: A non-fingerprint-based Utah BCI criminal history check.

(2) Child and Adult Abuse and Neglect History Checks through SAFE: SAFE background checks for child and adult abuse and neglect must be approved.

(3) FBI Fingerprint-Based Criminal History: An FBI fingerprint-based criminal history check must also be approved.

(4) Utah Juvenile Criminal History: A name-based check of the respite provider's juvenile criminal history must be approved for the respite provider.

d. Copies of the forms must be kept by the RFC. The OL licensor will provide the BCI form to the background screening unit within the OL to complete the background screening. The RFC will document in the provider notes when a child care provider has been approved.

305.3 Foster Parent Due Process and Preferences

Major objectives:
DCFS will provide procedural due process for a foster family before removal of a foster child from the foster family's home, regardless of the length of time the child has been in the foster family's home, except as specified in Utah Code Ann. §80-2a-304.

If a foster parent has expressed discomfort with care for a child based on the child's asserted gender identity or sexual orientation, DCFS may not place a child with the foster parent and may not discriminate or take other adverse action against the foster parent solely on that basis.

Applicable Law
Utah Code Ann. §80-2a-304. Removal of a child from foster family placement -- Procedural due process.
Utah Code Ann. §80-3-502. Review of foster care removal – Foster parent's standing.
Utah Code Ann. §80-2-309. Orientation and identity.
Administrative Rule R512-31. Foster Parent Due Process.

Practice Guidelines

A. Procedural Due Process
   1. A foster family has a right to due process when a decision is made to remove a child from a foster parent's home if the foster parent disagrees with the decision, except if:
      a. The child is being returned to the parent or legal guardian.
      b. The child is removed for immediate placement in an approved adoptive home.
      c. The child is placed with a relative as defined in Utah Code Ann. §80-3-302 who obtained custody or asserted an interest in the child within eight months for relatives and 120 days for friends.
      d. A Native American child is being placed in accordance with U.S. Code Title 25, Chapter 21, Subchapter I, section 1915, Indian Child Welfare Act, Placement of Indian Children.
   2. When procedural due process is required:
      a. DCFS will provide personal communication and a written explanation for the removal to the foster parents before removal of the child.
      b. Foster parents will be given an opportunity to present information and concerns to DCFS before the removal of the child and to request a review from a neutral third party.
      c. A foster parent who has had a foster child in the foster parent's home for 12 months or longer may petition the juvenile court for review and determination of the appropriateness of a decision by the division to remove the child. The foster parent may petition the juvenile court without exhausting administrative remedies.

d. If DCFS determines there is a reasonable basis to believe that the child is in danger or there is a substantial threat of danger to the health or welfare of the child, the child will be placed in emergency foster care until the review is conducted, instead of being moved to another foster care placement.

B. Foster Parent Placement Preference

1. If a foster parent expresses discomfort with caring for a child based on the child's gender identity or sexual orientation, DCFS may not place the child with that foster parent and may not discriminate or take other adverse action against the foster parent solely on that basis.
2. The resource family consultant will document the foster parent's preference in SAFE provider notes.

Revision Date: July 2025

305.4 Confidentiality and the Use of Foster Child Information and Images in Social Networking Mediums and Public Forums

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

Practice Guidelines

A. Need for confidentiality: Confidentiality is essential when working with sensitive information in the form of verbal communication, written communication, and the general use of data. This adherence to confidentiality protects against identification, exploitation, or embarrassment that could result from the release of information which would identify individuals or families as having applied for or having received services or assistance from DCFS. Unauthorized release of information could have a detrimental effect on the relationship with the child and/or family.

1. The DHHS Code of Ethics, which all DHHS employees and out-of-home care providers are required to review and sign in order to provide services, requires ethical behavior and protection of the confidentiality of clients. (DHHS Code of Ethics can be found in the DHHS Policies located at http://www.hspolicy.utah.gov.)

B. Use of information and images of a client in social networking mediums or other public forums:

1. Social networking mediums and other public forums include, but are not limited to blogs; email; Facebook, MySpace, GoFundMe, and other social networking sites; letters and newsletters; video clips; etc.

2. Out-of-home care providers, such as foster parents, proctor parents, and contract agency staff may use images and other general information regarding the child in public forums when the following protocol is followed:
   a. If a parent retains parental rights in regard to the child, any form of written parental permission will be obtained prior to any images or information regarding the child client being used in social networking mediums or other public forums. If the parent's whereabouts are unknown, contact with the parent cannot be made, or if parent does not retain parental rights, approval to use images or other information regarding the child in a social networking or other public forum will be sought from the caseworker and should also be discussed with members of the Child and Family Team.
   b. Permission to use the child's information and/or image must also be obtained from the child, if the client is over the age of eight years and has the capacity to understand what they are agreeing to.
   c. Permission from the child, parent, and/or caseworker will be documented in the SAFE activity logs and/or the Child and Family Team Meeting minutes.
   d. When parental permission is obtained and/or the decision is made to allow the out-of-home care provider to use information or images in a public forum, the information or images will only use client's first names and will NOT identify them as a DHHS client or foster child.
   e. In accordance with the DHHS Code of Ethics, out-of-home care providers will use caution in public forums and will refer to the child as a child currently living with them or with whom they are working with. Only general information regarding the child may be shared. No information may be shared that is case specific or that informs other parties with regard to DHHS involvement or the child's treatment issues or history.

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). DCFS subsequently receives and reviews the information regarding the family from OL. However, at times OL may license a family for foster care that DCFS, through the authority given to DCFS as a child placing agency, may decide not to utilize for placement of a child in foster care. DCFS 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 DCFS 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

A. The identified committee in the region that reviews home studies will review each home study provided by OL, and any other detailed information regarding the foster family. As a result of the review, the region committee will determine if the foster family is approved to receive placements, if the foster family is denied for placements, or if more information is needed from the foster family. In cases where the foster family has previously had a revoked license and OL has reinstated their license; the committee will ensure that all safety issues that resulted in the revoking of their previous license have been remedied and no current safety issues remain.

B. Approved families: If the foster family is approved for placement, the committee (or region designee) will send a letter to the foster family to let them know that they are approved for placement. They will also give them the name of their assigned Resource Family Consultant (RFC) and identify the role of the RFC, including a phone number the foster family may call. The letter will also inform the foster family that the RFC will be contacting them to schedule a time to visit.

C. When DCFS determines through the region committee not to use a foster family who is licensed for placement of a child in foster care:

1. The RFC will record the Placement Status in the provider record of the foster family in SAFE as being "On-Hold – Agency decision".
2. The region committee will provide their concerns in writing to the RFC or other designated region staff. The concerns will include any steps a foster family may take in order to remedy concerns.
3. Two designated region staff members will meet with the foster family and review the concerns outlined by the region committee, including whether the concerns can be resolved.
4. The region designees will take clarifying information and/or steps that the foster family has taken to remedy concerns back to the region home study committee.
5. If the foster family has been able to remedy the concerns to the satisfaction of the region committee, the region committee will approve the foster family to receive placements, and the RFC will document the action taken and the committee decision in the Provider notes in SAFE. The RFC will also change the Placement status in SAFE to "No restrictions" and follow the process outlined in 'B' above.
6. If the foster family is unable or unwilling to remedy the concerns, a formal, written letter will be sent to the foster family explaining that DCFS will not be placing with them. The letter must include language that states that although they are licensed to provide foster care in Utah, the region committee has decided that significant enough concerns exist that DCFS will not be placing with the family at this time.
7. If at any time after the letter is sent to the foster family informing them that DCFS will not be placing with them, DCFS would like to re-evaluate the foster family for the placement of a child in foster care, the information leading to the decision to place the foster family "on hold" will be reviewed by the DCFS region director, who will make the decision on whether the "on-hold" decision will be overturned.

Only the DCFS region director may then edit or change the placement status in SAFE.

D. A family that has been denied for placement of a child in foster care in one region will be denied in all DCFS regions.

E. The RFC will include documentation about why the family was denied for placement, along with a copy of the denial letter in the Provider module in SAFE in the Provider notes.

F. The RFC may also assess a foster family and decide to limit the types of placement that a licensed out-of-home caregiver may receive, such as respite care only or adoption only, or to limit the number of children that can be placed with a caregiver. The decision to place a limit on a foster family must be staffed and approved with a supervisor. DCFS will send a letter to the foster family to inform them that the decision has been made to limit the types of placements and/or number of children that the foster family may receive. The foster parent may request to meet with the RFC and supervisor to discuss the rationale for the limitation. If requested, the RFC and supervisor will meet with the foster parent within 14 business days and will assist the foster parent in understanding whether any steps can be taken to address the concerns that led to the limitation.

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

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

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

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

1. Caseworkers and/or other DCFS staff that have identified concerns with the foster family will be invited by the committee to provide input regarding their concerns in person, by phone, or in writing if they desire.
2. The region committee will consider the information presented and will determine whether the foster family is still approved to receive children into the home for placement.
3. If the region committee determines that the foster family is not approved, DCFS will follow the steps outlined in 'C' above.
4. If a region places a child in a different region and subsequently identifies concerns with the foster family and would like the foster family to be reviewed by the region committee, the Associate Region Director (ARD) of that region will communicate the concerns about the foster family to the ARD of the region where the foster family resides. The ARD where the foster family resides will ensure that the concerns are communicated to the RFC that oversees the foster family. The RFC will follow through with the process of having the foster family reviewed by the region committee.

J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to a certain type of placement, the RFC or designated region staff must choose the following indicator in SAFE on the "Placement Status" indicator that applies:
   1. For "on hold" the RFC will select 1) Agency Decision, 2) Foster Parent Request, or 3) Recently Adopted.
   2. For "limited", the RFC will select 1) Respite only, 2) Adoption only, 3) Foster only.

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

305.6 Release of Home Studies for the Purpose of Adoption

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

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
A. When a request is received by DCFS staff from an out-of-home caregiver to provide their home study, which was completed by DCFS or OL, to an agency for the purpose of adoption, the following steps shall be completed:

1. The Resource Family Consultant (RFC) will determine whether the family requesting the home study release is in good standing by reviewing the placement status in SAFE and the provider logs.
   a. If the documentation in SAFE regarding the placement status reflects "On-Hold – Agency Decision," the home study shall not be released.
   b. If the documentation in SAFE regarding the placement status reflects that the home is on-hold for any other reason OR if the placement status reflects that the home is limited to "respite only" or "foster only", the RFC will inform the caregiver that the hold or limitation shall be remedied prior to the home study being released to another agency.
2. The RFC will remind caregivers of the following statement in the Foster Care Agreement, which they are required to sign on an annual basis: "To not utilize the home study provided through the OL licensing process for any purpose other than to adopt a child from a public child welfare system, unless the DCFS region where they reside provides a written exception."
3. The RFC will discuss with the out-of-home caregiver the purpose of the home study release and determine what agency the caregiver wants the home study to be sent to.
   a. If the caregiver is requesting the home study for the purpose of adopting a child from a public child welfare system or for placement of a child in their home to whom they are related, DCFS may release the home study to the designated agencies (i.e., to adopt children from foster care, whether in state or out-of-state, or to have a kin child placed with them).
   b. If the caregiver is requesting the home study for the purposes of a private adoption, the RFC will staff the request with their supervisor and/or other region designee to determine if the family has made good faith efforts to be a resource for placement of children in foster care, for a minimum of one year. Other exceptions will be approved by the region director or designee in writing and documented in the Provider logs.
   c. Requests will be staffed on a case-by-case basis. Requests will not be denied because of circumstances beyond the control of the caregivers, such as kinship placements, court orders, permanency considerations, and other extenuating circumstances.
   d. The RFC will assess with the caregivers whether the caregivers want to continue to be a placement resource for Utah children in foster care.
   e. If after reviewing the region makes a determination not to release the home study, they will provide the caregiver with written documentation of the decision.

B. When approved, DCFS will release up to three home studies per month per caregiver.

306 Emergencies and Serious Situations

Major objectives:
Serious and potentially dangerous situations require an appropriate and timely response to protect children and ensure the safety of all parties involved.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The caseworker will take the following actions for all emergency or serious situations:

A. Notify and staff the situation with the supervisor and regional administration.

B. Notify parents/guardians of the situation immediately.

D. Notify Constituent Services at the state office regarding the situation as soon as possible

E. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as possible.

F. If calls from the media are received, refer them to the Public Relations Officer for the Department. The caseworker will not give information about the situation to the press.

G. Advise out-of-home caregivers that they may also refer the media to the Public Relation's Officer for the Department.

H. Record all details of the emergency situation and action taken in the child's case record to meet best practice standards and reduce liability.

306.1 Pregnancy of Youth in Out-Of-Home Care

Major objectives:
If a youth in out-of-home care becomes pregnant while in out-of-home care, DCFS will coordinate and facilitate all necessary medical care, counseling, and services. This includes services to youth who are the mother or father of an unborn child. [*See:* Section 303.5, Health Care.]

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

306.2 Immediate Removal of a Child from a Placement

Major objectives:
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.]

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

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

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

306.3 Allegations of Abuse Against Out-Of-Home Caregiver

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

306.4 Death or Serious Illness of a Parent or Sibling of a Child in Out-Of-Home Care

Major objectives:
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.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

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.

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

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

306.5 Death and Burial of a Child in Out-Of-Home Care

Major objectives:
DCFS 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. DCFS 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.

I. Notify police to investigate the foster care home/facility if the cause of death seems suspicious or other factors such as the child's age, health, and mental conditions played a role in the child's death, or the circumstances surrounding the death are suspicious.

J. Notify the Office of Recovery Services using the appropriate form.

K. Notify Social Security Administration, Veterans' Administration, or other source of entitlement benefits.

L. Obtain a copy of the death certificate and place in the child's case record and close the case. The case must have a QA form completed prior to closure.

M. Acknowledge the need for ongoing support to the family, out-of-home caregivers, and caseworkers. Seek assistance from other resources as needed. DCFS employees may seek assistance from the following: region administration, clinical consultants, resource family consultants, and the Employee Assistance Program.

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 DCFS 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

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

B. If DCFS approves and elects to allow the foster child to remain in the placement, a suspended foster care provider may continue caring for a foster child currently placed at the time of suspension.
   1. All new placements will be suspended pending the outcome of the investigation.

2. DCFS shall determine whether or not to leave other children in the home during the investigation based on administrative and attorney staffing.

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 DCFS 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

A. The caseworker or other DCFS staff is prohibited by Utah statute from providing consent when law enforcement identifies the need to interview a child in the custody of DCFS.
   1. If a GAL is appointed for the child, the caseworker will contact the GAL and notify him or her that law enforcement has requested an interview with the child. The GAL will ask for the following information:
      a. Name of the child.
      b. Name, agency, and phone number(s) of the requesting officer.
      c. Brief reason why the interview is being requested. It is important to explain whether the client is viewed as a victim or a perpetrator. If a victim, be prepared to give information on the alleged perpetrator including if they are an adult or child.
      d. How soon the anticipated interview is to take place.
   2. Once the GAL is notified, he or she will be the point of contact for law enforcement.

B. If there is no GAL appointed for the child, the caseworker will contact region administration for instructions.

C. Region administration must keep the child's best interest a priority. If there is concern that the interview is not in the child's best interest, the request should be denied. The following information is important to remember:
   1. If the child is believed to be the perpetrator, a public defender must be secured as quickly as possible. Until the public defender can be appointed and meet with the child, the request for the interview should be denied.

2. If the child is believed to be the victim of an adult perpetrator and law enforcement is attempting to set up a CJC interview, this type of request can normally be granted.
3. If there are both victim and perpetrator issues, or more than one child is involved (whether or not both are in DCFS custody), the request for an interview should be denied and a public defender requested.
4. A limited consent for an interview may also be given by region administration, and law enforcement will be instructed that if the victim interview turns into a perpetrator interview, the consent for the interview is withdrawn and the interview must be stopped.

306.8 Dually Involved Youth

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

DCFS 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

A. When the youth in custody has been cited for delinquency, a Juvenile Court probation officer will contact the DCFS caseworker.

B. A "preliminary inquiry" (PI) will be set. The PI is a meeting set by the probation officer to explain the court process and assess the risk of the youth to re-offend. The DCFS caseworker and youth are required to attend. The biological parents and caregivers should be encouraged to attend. Anyone from the Child and Family Team may be invited to attend including, but not limited to foster parents, Guardian ad Litem, or anyone else deemed appropriate by the DCFS caseworker. The PI will result in the decision to either handle the charge non-judicially or to have the youth appear before the judge for an arraignment.
   1. Diversion (Non Judicial):
      a. If the delinquency offense is diverted and not sent directly to court, the DCFS caseworker and probation officer will outline sanctions such as classes, community service hours, etc. for the youth to complete in a non-judicial diversion agreement. This is called diversion. If a caseworker is not offered diversion for the youth, the caseworker can contact the probation worker to ask about this option. Diversion is offered in every court district. The probation officer will determine if the youth qualifies for diversion.

b. The DCFS caseworker is responsible for ensuring the youth's compliance with the non-judicial diversion agreement.
c. At the next child welfare review hearing, the DCFS caseworker will report that the youth received a delinquency offense, what decisions were made regarding the youth, and progress made on the diversion agreement.
d. If the youth completes the diversion process, the delinquency offense will not be reflected as an adjudication on the youth's juvenile record.
e. If the youth fails to follow through with the non-judicial diversion agreement, the DCFS caseworker will communicate with the probation officer about the non-compliance. The probation officer may file a petition with the youth's judge, causing the delinquent offense to be heard by the court.

2. Appearance Before the Judge (Judicial):
   a. If the youth must appear before the judge on a delinquent offense, the DCFS caseworker and probation officer will collaborate on recommendations to the court regarding community service hours, restitution, placement of youth, etc.
   b. If the judge finds the allegation to be true, it will appear as an adjudication on the child's juvenile record. The child will not be eligible for Diversion.
   c. The DCFS caseworker will continue to be responsible to address abuse, neglect, and safety issues.
   d. The probation officer will make recommendations regarding accountability for the juvenile's delinquent offense.
   e. The DCFS caseworker and probation officer will follow progress of compliance with court orders, and both will report progress to the judge at each review hearing.

C. DCFS caseworkers should ensure that the probation officer is part of the Child and Family Team.

D. DCFS' involvement can be terminated once child welfare issues have been resolved and prior to completion of delinquency sanctions. The probation/intake officer will follow through with compliance on delinquency matters once DCFS has terminated their case.

E. The delinquency portion of the case can be terminated once all delinquency sanctions have been completed and prior to resolution of child welfare issues. The DCFS caseworker will continue to follow compliance with the child welfare service plan and court orders once the delinquency case has been closed.

F. Court jurisdiction is only terminated when all delinquency and child welfare matters are concluded.

306.8a Electronic Monitoring of Children Working with Juvenile Justice Services

Major objectives:
Educate DCFS employees as to the protocol involving children in DCFS 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

A. DCFS' Stance on the Use of Ankle Monitors with Children in Custody:
   1. It is not the practice of DCFS to request or approve the use of an ankle monitor.
      a. It may be traumatizing to the child due to the fact that they are bulky and difficult to conceal, displaying their wearers' potential involvement with the juvenile justice system.
      b. It may stigmatize a child in custody.
      c. Work with the Assistant Attorney General (AAG) to approach the court for an alternative to the use of an ankle monitor.
   2. Children not considered appropriate for electronic monitoring:
      a. Children 12 years of age and under.
      b. Children pending competency.
      c. Severe mental health or SUD issues that would contribute to non-compliance.
      d. Currently placed in a residential program.
      e. Chronic absconder.
      f. History of unsuccessful use of electronic monitoring devices.
   3. If a child may need an ankle monitor or the court orders one:
      a. Hold a Child and Family Team Meeting (CFTM) to talk about why one may be needed and what will be required to remove the device.
      b. Ensure the child understands why an ankle monitor is necessary.
      c. Outline in the Child and Family Plan (CFP) what will need to happen to remove the ankle monitoring device.
      d. Discuss what factors led to the belief that a child will be kept safe if monitored with an ankle monitor, and does it outweigh any potential risks or trauma if not used.
      e. Consider the history of engaging in high risk behavior like self-harm/suicide ideation, substance abuse, trafficking, and felony charges.
      f. Discuss other interventions that can or have been used instead of an electronic monitoring device.
      g. Discuss what behaviors need to happen to have the electronic monitoring device removed.
   4. Complete a request for electronic monitoring that is approved by the Assistant Program Director/Probation Department (APD/DP), which will include a plan for

removal based on positive behavior change the child needs to show to have the electronic monitoring device removed.

5. The CFT and child will be given a copy of the plan for removal.
6. Monitor the use of the electronic monitoring monthly at the CFTM.
7. Maintain the app on the caseworker's phone to respond to notifications during business hours.
8. Code will be opened on CARE XEM.
9. Complete the form for electronic monitoring and submit it for approval.
10. Consider if the use prevents abuse, neglect, or other trauma.
11. Determine if there is an alternative method to safely monitor the child.
12. Recommend that children with electronic monitoring devices be seen in court every 30 days, in order to address removal of the device if court is set out to a later date.

B. How to Set up and Monitor an Electronic Monitoring Device:

1. Region administration will talk with the APD/PD about the court-ordered device.
2. Work with the child's probation officer and assigned JJYS case manager on the availability to set up an electronic monitoring device.
3. JJYS will help in getting and setting up the equipment, as well as providing any necessary training.
4. Work with JJYS on setting up parameters for the monitoring
    a. Caseworker name and contact.
    b. Supervisor name and contact.
    c. On-call contact information.
        (1) What needs to be done if the child is out of compliance after hours, weekends, or holidays.
        (2) Who needs to be contacted.
        (3) What steps need to be taken.
    d. Placement contact information.
    e. Any other required contact information.

C. After the Child Receives an Electronic Monitoring Device:

1. CFTM held to inform the team of the need and use of the device and set parameters to meet the child and team's needs.
2. CFT will be made aware of the parameters of the device and the child's limits while wearing the device.
3. CFT will be informed of what needs to happen for the removal of the electronic monitoring device.
4. CFT will work diligently to help the child meet the criteria for removal of the electronic monitoring device.
5. The caseworker will work with the AAG and Guardian ad Litem (GAL) to set a court date if the child has met the criteria for the removal of the electronic monitoring device if no prior order exists.
6. The caseworker will establish in the CFP the criteria for removal and will regularly check in with the child as to the progress they are making.

D. Removal of the Device:
   1. Once the child has met the criteria for removal, set a court order allowing the removal.
   2. Work with JJYS on removing the device.
   3. CFT and community partners will be made aware that the child has met the criteria for removal and the court has ordered its removal.

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:
DCFS 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. DCFS 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 regard 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 regard to placement, if the child is of sufficient maturity to state where they want to be placed and DCFS 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 why the placement decision made by DCFS differs from the child's wishes.
   b. Assistant Attorney General, Parental Defense, and Guardian ad Litem will have access to the court report once the report has been eFiled.
      1. The caseworker shall notify each legal party on the case (AAG, GAL, parental defense, etc.) via email when the Division files a court report.
      2. The email must NOT contain any Personally Identifiable Information, including individual or family names in the title or body of the email. The email title should be "Notice of Filing" and the body should state " A Court Report or CFP has been filed in CARE on case ID#. You are receiving this notice of filing because you are a party or assigned as counsel in this matter.
      3. An example email would contain the following:
         Subject: Notice of Filing
         Body: A Court Report or CFP has been filed in CARE on case 123456 & 123457 You are receiving this notice of filing because you are a party or assigned as counsel in this matter.

   c. If a party in the case does not have access to the online court system (CARES), the caseworker will distribute the court report.
4. Keep the court updated with the names and addresses of members of the Child and Family Team who need to be in attendance.

5. Encourage members of the Child and Family Team to attend the review. If a team member cannot attend, he/she may participate by written correspondence or virtually.
    a. The caseworker is responsible to invite the child's out-of-home caregiver to each post-adjudication hearing. If the caregiver cannot attend in person, but would like to participate virtually, the caseworker will make arrangements with the court.
6. The child will be present at any post adjudication hearing unless the court determines that:
    a. Requiring the child to be present at the hearing would be detrimental to the child, or is impractical; or
    b. The child is not sufficiently mature to articulate the child's wishes in relation to the hearing.
7. If a youth aged 14 years or older desires an opportunity to address the court or testify at a shelter, post adjudication, or permanency hearing, they will be allowed to do so. The youth will also be permitted to testify specifically regarding their placement or permanency wishes.
    a. Utah Code Ann. §80-3-302 and §80-3-409 requires the court to give the youth's desires added weight, but not be the single controlling factor in a hearing. The statutes also state that if the court findings differ from where the youth wishes to be placed, the court findings will explain why the court's decision differs from the youth's wishes.
8. A child shall be represented at each hearing by the Guardian ad Litem appointed to the child's case by the court.
    a. Only the Guardian ad Litem can request that the court make a finding regarding any possible detriment to the child; whether it is impractical for the child to attend, or the child is not sufficiently mature to articulate their wishes in relation to the hearing.
        (1) The caseworker will correspond with the child's Guardian ad Litem to determine whether the Guardian ad Litem will request the court to make a finding to excuse the child based on subparagraph 6.
        (2) If the Guardian ad Litem will not be requesting that the child be excused from the hearing, the caseworker will arrange for the child to attend the hearing.
9. DCFS will be responsible for ensuring that the orders from court reviews are implemented and the Child and Family Team is updated.
10. There is a rebuttable presumption that placement of a child with the child's relative during a child welfare proceeding is in the best interest of the child. It requires DCFS and the juvenile court to consider the rebuttable presumption at certain times throughout a child welfare proceeding, and requires the juvenile court to:
    a. determine whether DCFS considered the rebuttable presumption and preferential consideration for placement of a child with a relative at the child welfare review hearing.

b. provide preferential consideration to a relative's request for placement of a child at the permanency hearing.
c. requires a court to consider whether a child's relative was given due weight as a placement for the child during the child welfare proceeding before entering a final order of adoption for the child.

307.1 Voluntary Relinquishment

Major objectives:
When it is determined to not be in the child's best interest to be reunified with his/her parents, DCFS will explore with the parents the option of voluntary relinquishment.

Applicable Law
Utah Code Ann. §80-4-307. Voluntary relinquishment -- Irrevocable.

Practice Guidelines

A. Voluntary Relinquishment
1. The caseworker should provide information to the parents regarding the voluntary relinquishment process. However, the parents should be referred to their attorney for legal questions regarding the petition.
2. If the child is Native American, refer to Section 705, Indian Child Welfare Act.
3. An adoption cannot take place unless both parents' rights have been terminated.
4. If one parent decides to relinquish his/her parental rights, the caseworker must notify the other parent and discuss permanency options for the child with that parent before any relinquishment can be done. If the whereabouts of the other parent is unknown, the caseworker will contact the Assistant Attorney General to arrange to publish a notification for the missing parent.
5. If the mother relinquishing her parental rights is an unmarried woman, the caseworker must contact the following agencies to attempt to locate the father of the child:
   a. Bureau of Health Statistics and Vital Records to find out if the father has registered and has claimed paternity rights.
   b. The Office of Recovery Services to find out if there is a record of a father paying child support and claiming paternity through the Office of Recovery Services.
   c. Federal Parent Locator Service to search for the absent parent.
   d. The Assistant Attorney General to consult on termination of parental rights of the missing parent.

B. Preparing for the court hearing for voluntary relinquishments:
1. A petition must be filed with the court to initiate termination proceedings. The caseworker, Assistant Attorney General, Guardian ad Litem, or other legal counsel may assist in the preparation of the petition. The caseworker should discuss the relinquishment with the Assistant Attorney General and request that a petition be filed with the court and a hearing be scheduled in a timely manner.
2. Under Utah Code Ann. §80-4-307, voluntary relinquishments or consent for termination of parental rights will be signed or confirmed under oath before a

judge of any court that has jurisdiction over proceedings for termination of parental rights.

3. The court will certify that the person executing the consent or relinquishment has read and understands the consent or relinquishment and has signed it freely and voluntarily.
4. A voluntary relinquishment or consent for termination of parental rights is effective when it is signed by the parent and approved by the court and may not be revoked.
5. Before the court can grant a voluntary relinquishment of parental rights, the court must find that the termination is in the best interest of the child.

C. DCFS will ensure that the rights of the father to a child born outside of marriage are considered prior to the relinquishment of all parental rights.

1. A person who is the father or claims to be the father of a child born outside of marriage must file a notice of his claim of paternity and of his willingness and intent to support the child with the state registrar of vital statistics at the Department of Health and Human Services. This notice must be filed prior to the time the child is relinquished to a licensed child placing agency or prior to the filing of a petition by a person with whom the mother has placed the child for adoption.
2. Any putative father who fails to file his notice of paternity is barred from thereafter bringing or maintaining any action to assert any interest in the child unless he proves by clear and convincing evidence that: it was not possible for him to file a notice of paternity within the period of time specified above, his failure to file a notice was through no fault of his own, and he filed a notice of paternity within 10 days after it became possible for him to file a notice.
3. Except as provided above, failure to file a timely notice of paternity will be deemed to be a waiver and surrender of any right to notice of any hearing in any judicial proceeding for adoption of the child and the consent of that person to the adoption of the child is not required.
4. If there is no showing that a putative father has consented to or waived his rights regarding the proposed adoption, it will be necessary to file a certificate from the Department of Health and Human Services, signed by the state registrar of vital statistics, stating that a diligent search has been made of the registry of notices from putative fathers and that no filing has been found pertaining to the father of the child in question. This certificate must be filed prior to the entering of a final decree of adoption.
5. When a child is conceived or born during a marriage, termination of the parental rights of the married woman's husband must be obtained even if he is not the biological father of the child, before the child is legally available for adoption. This can be accomplished by the voluntary relinquishment of his parental rights or by court action that results in the court terminating his parental rights.
6. If the putative father cannot be located, the caseworker will contact the Assistant Attorney General and discuss further attempts to locate the father, which can include publishing in the local newspaper.

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

A. In calculating when to file a petition for the termination of parental rights, the caseworker will:
   1. Calculate the 15 out of the most recent 22-month period from the date the child was removed.
   2. Include periods of time in care if there have been multiple entrances and exits into out-of-home care.
   3. Will not include trial home visits or runaway episodes in calculating the 15 months in out-of-home care.

B. This requirement only applies once for a specific child if DCFS does not file a petition because an exception to this requirement applies.

C. The caseworker will discuss termination of parental rights with the Assistant Attorney General and request a petition be filed with the court and a hearing date be set. The petition will include all necessary legal information related to the case along with the reasons for termination of parental rights, which are:
   1. The child has been abandoned by the parent or parents.
   2. The parent or parents have neglected or abused the child.
   3. The parent or parents are unfit or incompetent.
   4. The parent was convicted of a sexual offense as defined in Utah Code Ann. §77-37-2, or comparable offense under the laws of the state where the offense occurred, against the other parent of the child:
      a. the offense resulted in the conception of the child; and
      b. termination is in the best interest of the child.
   5. The child is being cared for in an out-of-home placement under the supervision of the court and/or DCFS and DCFS or another responsible agency has made diligent efforts to provide appropriate services and the parent has substantially neglected, willfully refused, or has been unable or unwilling to remedy the circumstances that caused the child to be in an out-of-home placement, and there is a substantial likelihood that the parent will not be capable of exercising proper and effective parental care in the near future.
   6. Failure of parental adjustment as defined in Utah Code Ann. §80-4-102, that parent or parents are unable or unwilling within a reasonable time to substantially correct the circumstances, conduct, or conditions that led to placement of their

child outside the home, notwithstanding reasonable and appropriate efforts made by DCFS to return the child to that home.

7. That only token efforts have been made by the parent or parents to support or communicate with the child, prevent neglect of the child, to eliminate the risk of serious physical, mental, or emotional abuse of the child, or to avoid being an unfit parent.
8. The parent or parents have voluntarily relinquished their parental rights to the child, and the court finds that relinquishment is in the child's best interest.
9. The parent or parents, after a period of trial during which the child was returned to live in his/her own home, substantially and continuously or repeatedly refused or failed to give the child proper parental care or protection.
10. The terms and conditions of safe relinquishment of a newborn child have been complied with pursuant to Utah Code Ann. §80-4-502, safe relinquishment of a newborn child.
11. As referenced in Utah Code Ann. §80-4-201, any interested party including an out-of-home caregiver may file a petition of the parent-child relationship with regard to a child. The Assistant Attorney General will file a petition for termination of parental rights under this part on behalf of DCFS.

D. In order to be appropriately prepared for the court hearing to terminate parental rights, the caseworker should:

1. Determine that permanent termination of parental rights is in the child's best interest and that there is evidence on which to file the petition. The caseworker should facilitate a Child and Family Team Meeting to assist in the decision-making process and permanency planning.
2. The caseworker will review the case with the Assistant Attorney General to determine if the case meets the legal grounds for termination.
3. If it is determined that there are sufficient grounds under the law for terminating parental rights and it is in the child's best interest, the caseworker will request that the Assistant Attorney General prepare a petition to terminate the parental rights and file the petition with the court.
4. The caseworker will assist the Assistant Attorney General's office in collecting and presenting the evidence to the juvenile court judge as defined in above.
5. The caseworker will collect the names and addresses of witnesses and the allegations to which the witnesses can and will testify to. This may include therapists, out-of-home caregivers, medical providers, school personnel, etc. This information will be given to the Assistant Attorney General. Examples of needed information include: medical and/or psychological information regarding the parents and/or child, police reports, documentation of efforts and services to rehabilitate the parents and to facilitate a reunion with the child, the physical, mental, or emotional condition of the child and his or her desires regarding termination of parental rights, the effort the parents have made to adjust their circumstances, conduct, or conditions to make it in the child's best interest to return the child home, contact/family-time[between parents and child], emotional ties between the child and parents, the child's ties with the out-of-home care provider, etc.

E. Termination of parental rights may be ordered by the court only after a hearing is held specifically on the question of terminating the rights of the parents. The grounds for termination of parental rights include (*see:* Utah Code Ann. §80-4-302:

1. In determining whether a parent or parents have abandoned a child there must be evidence that:
    a. The parent or parents had legal custody of the child but surrendered physical custody and for a period of six months have not manifested a firm intention to resume physical custody or to make arrangements for the care of the child.
    b. The parent or parents failed to communicate with the child by mail, telephone, or otherwise for six months.
    c. The parent or parents have failed to show the normal interest of a natural parent without just cause.
    d. The parent or parents have abandoned an infant, as described in Utah Code Ann. §80-4-203.
2. Determining whether a parent or parents are unfit or have neglected a child, the court will consider but is not limited to the following,
    a. Emotional illness, mental illness, or mental deficiency of the parent that renders him/her unable to care for the immediate and continuing physical or emotional needs of the child for extended periods of time.
    b. Conduct toward a child of a physically, emotionally, or sexually cruel or abuse nature.
    c. Habitual or excessive use of intoxicating liquors, controlled substances, or dangerous drugs that render the parents unable to care for the child.
    d. Repeated or continuous failure to provide the child with adequate food, clothing, shelter, education, or other care necessary for his/her physical, mental, and emotional health and development by parents who are capable of providing that care. However, a parent who is legitimately practicing his/her religious beliefs and does not provide specified medical treatment for child is not, for that reason alone, a negligent or unfit parent.
    e. With regard to a child who is in the custody of DCFS, if the parent is incarcerated as a result of conviction of a felony and the sentence is of such length that the child will be deprived of a normal home for more than one year.
    f. Evidence of a conviction of a felony, if the facts of the crime are of such a nature as to indicate the unfitness of the parents to provide adequate care to the extent necessary for the child's physical, mental, or emotional health and development
    g. Evidence of a history of violent behavior.
    h. The parent intentionally, knowingly, or recklessly causes the death of another parent of the child, without legal justification. [See: Utah Code Ann. §80-4-302.]
3. If a child has been placed in the custody of DCFS and the parent or parents fail to comply substantially with the terms and conditions of a plan within six months

after the date the child was placed or the plan was commenced, whichever occurs later. That failure to comply is evidence of failure of parental adjustment.

4. The following circumstances constitute evidence of unfitness:
   a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due to known or substantiated abuse or neglect by the parent or parents.
   b. Conviction of a crime, if the facts surrounding the crime are of such nature as to indicate the unfitness of the parent to provide adequate care to the extent necessary for the child's physical, emotional, mental, health, and development.
   c. A single incident of life threatening or gravely disabling injury to or disfigurement of the child.
   d. The parent has committed, aided, abetted, attempted, conspired, or solicited to commit murder or manslaughter of a child or child abuse homicide.

F. At the conclusion of the hearing in which the court orders termination of the parent/child relationship, the court will order that a review hearing be held within 90 days following the date of termination if the child has not been placed in a permanent adoptive home. At that review hearing, DCFS or the individual vested with custody of the child will report to the court regarding the plan for permanent placement for the child. The Guardian ad Litem will also submit to the court a written report with recommendations, based on an independent investigation, for disposition meeting the best interest of the child. The court may order DCFS, or individual vested with custody of the child to report, at appropriate intervals, on the status of the child until the plan for a permanent placement of the child has been accomplished. [*See:* Utah Code Ann. §80-4-306.]

Revision Date: September 2024

307.2a Exceptions and Compelling Reasons Not to Terminate Parental Rights

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

Applicable Law
Utah Code Ann. §80-4-301. Grounds for termination of parental rights -- Findings regarding reasonable efforts by division.
Utah Code Ann. §80-4-203. Mandatory petition for termination of parental rights.

Practice Guidelines

A. In calculating when to file a motion not to terminate parental rights, the caseworker will:
   1. Calculate 15 months out of the most recent 22-month period from the date the child was removed.
   2. Include periods of time in care if there have been multiple entrances and exits into out-of-home care.
   3. Not include trial home visits or runaway episodes in calculating the 15 months in out-of-home care.

B. Upon calculating the 15 months out of the most recent 22 months, the caseworker will coordinate with the Child and Family Team to determine whether or not it is in the child's best interest for parental rights to be terminated. If the team determines that it is contrary to the child's best interest, the team will identify the exception or "compelling reason" to justify not terminating parental rights.

C. Once the Child and Family Team identifies the exception or "compelling reason," the caseworker will discuss not terminating parental rights with the Assistant Attorney General. The Assistant Attorney General will follow through with notifying the court as well as addressing all necessary legal proceedings related to the case.

D. According to §80-4-203, DCFS is not required to file a petition for termination of parental rights if:
   1. The child is being cared for by a relative.
   2. The court has previously determined that DCFS has not provided, within the time period specified in the Child and Family Plan, services that had been determined to be necessary for the safe return home of the child.
   3. Documented in the Child and Family Plan is a "compelling reason" for determining that filing a motion for termination of parental rights is not in the child's best interest; and the Child and Family Plan is made available for the court to review. The "compelling reason" may be one of the following, but is not limited to:
      Adoption is not the appropriate permanency goal for the child,
      Child is 12 or older and objects to being adopted,
      a. An older adolescent who has requested staying in the system and participating in the Transition to Adult Living Services Program.
      b. The child has severe emotional or behavioral problems or a serious medical condition, and reunification remains an appropriate goal.
      c. The parent is terminally ill, does not want parental rights terminated, and has designated the child's present caregiver, with the caregiver's agreement, as the child's permanent caregiver.
      d. The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11, which is a child who is not yet 18 years of age who entered the United States unaccompanied by and not destined to a parent or a close adult relative who is willing and able to care for the child or an adult with a clear and court-verifiable claim to custody of the child and who has no parents in the United States.

e. Insufficient grounds exist for termination of parental rights.
f. There are international legal obligations or compelling foreign policy reasons that preclude termination of parental rights, such as the foreign country in which the parents are citizens does not support termination of parental rights.
g. If the child is an Indian child under the Indian Child Welfare Act (ICWA), and the child's tribe is opposed to adoption and has another permanency plan for the child (in accordance with ICWA).
h. Other compelling reasons documented for determining that filing for termination of parental rights is not in the child's best interest.

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

F. In order to appropriately prepare for the court hearing to not terminate parental rights, the caseworker should:
1. Determine that terminating parental rights is not in the child's best interest and that there is evidence on which to file the motion.
2. Facilitate a Child and Family Team Meeting to assist in the decision-making process and permanency planning.
3. Review the case with the Assistant Attorney General to determine if the case meets the legal grounds to not terminate parental rights. The caseworker will also inform the Assistant Attorney General of the child's permanency and concurrent plan. If it is determined that there are sufficient grounds under the law for not terminating parental rights and it is in the child's best interest, the caseworker will request that the Assistant Attorney General prepare a motion and file it with the court to not terminate parental rights as well as to change the child's permanency and concurrent plan.
4. Assist the Assistant Attorney General in collecting and presenting the evidence to the juvenile court judge as defined in above.

G. After the court has ordered that termination of parental rights is not in the child's best interest, the caseworker must document in the Child and Family Plan the exception or "compelling reason" as well as the exact nature of the circumstances that make termination of parental rights not in the child's best interest

H. Once the court has approved the child's new permanency and concurrent plan, the caseworker will update the Child and Family Plan in SAFE to reflect the new goals and permanency planning.

307.3 Appeal for Termination of Parental Rights

Major objectives:
DCFS will not give approval to finalize an adoption until the period to appeal the termination of parental rights has expired.

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

Practice Guidelines

A. During the appeal period, the child may be placed in a foster/adoptive placement and remain in that placement.

B. The appeal process can take over one year. Parents do not retain residual parental rights while the case is on appeal unless the juvenile court stays the decision terminating parental rights.

C. DCFS, through the Assistant Attorney General or the Guardian ad Litem, has the authority to petition the juvenile court to restrict parents' residual rights during the time the termination decision is being appealed. The residual rights include family-time.

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307.4 Request for a New Hearing

Major objectives:
A caseworker or some other person may request a new hearing as specified in Utah Code Ann. §78A-6-357.

Applicable Law
Utah Code Ann. §78A-6-357. New hearings -- Modification of order or decree -- Requirements for changing or terminating custody, probation, or protective supervision.

Practice Guidelines

A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter, or any adult affected by a decree in a child's proceeding under this chapter may at any time petition the court for a new hearing on the grounds that new evidence that was not known and could not, with due diligence, have been made available at the original hearing and which might affect the decree, has been discovered.

B. This request will be made by a DCFS caseworker only after consultation with an Assistant Attorney General.

307.5 Petition to Restore Parental Rights

Major objectives:

A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of DCFS by court order for whom restoration of parental rights is a viable option.

B. To create or recreate an enduring and self-sustaining relationship for the child with their biological family, when safe and appropriate.

C. To normalize and stabilize family life for the child.

D. To transfer legal responsibility for the child from DCFS to the child's former parent(s) when it is safe and in the best interests of the child.

E. To provide for a thorough assessment of the viability of restoration of parental rights.

Applicable Law

Utah Code Ann. §80-4-401. Petition to restore parental rights – Division duties.

Guiding Principles

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

A. A child's need for a normal family life in a permanent home, and for positive, nurturing family relationships is usually best met by the child's natural parents.

B. If, 24 months after termination of parental rights, a child is still in out-of-home care and there is no prospective adoptive placement; or, if an adoption fails and the child returns to out-of-home care, the child or a representative for the child may file for restoration of parental rights.

Practice Guidelines

A. Utah statute states that a child who is 12 years of age or older, or an authorized representative acting on behalf of a child of any age, may file a petition to restore parental rights if:
   1. Twenty-four months have passed since the court ordered termination of the parent-child legal relationship; and
   2. The child has not been adopted and is not in an adoptive placement or is unlikely to be adopted before the child is 18 years of age.
   3. The child was previously adopted following the termination of a parent-child legal relationship, but the adoption failed, and the child was returned to the custody of DCFS.

B. When any child in the custody of DCFS fits the criteria above, the caseworker will notify and inform the child that they are eligible to petition the court for restoration of parental rights.
   1. The caseworker will work with the Child and Family Team to decide how and when to discuss the option of restoring parental rights with the child. If the parent's whereabouts are known and the parent can be located, the parent will be invited to participate in the discussion with the Child and Family Team.
   2. The Child and Family Team will assess the following:
      a. Can the former parent be located through the kinship locator process?
      b. What significant changes have occurred in the former parent's circumstances and/or behavior since the termination of parental rights?
      c. What is the willingness of the former parent to resume contact with the child and have parental rights restored?
      d. What is the former parent's ability to be involved in the life of the child and accept physical custody of and responsibility for the child?
      e. What are the child's feelings and thoughts about restoration of parental rights?
      f. Any other information the caseworker or Child and Family Team considers appropriate and determinative, such as the extended family support for the former parent and the extent to which the former parent has rehabilitated from the behavior that resulted in the termination of parental rights.

C. A former parent who remedies the circumstances that resulted in the termination of the former parent's rights and who is capable of exercising proper and effective parental care will notify the region director or designee. The region director or designee will staff the case with the current caseworker to determine if the current caseworker should be the person to assess whether or not the parent has met the criteria for the restoration of parental rights. Once the decision has been made regarding who will complete the assessment, the caseworker will assess the following information:
   1. Twenty-four months have passed since the court-ordered termination of the parent-child legal relationship.
   2. The child has not been adopted and is not in an adoptive placement or is unlikely to be adopted before the child is 18 years of age.
   3. The child was previously adopted following the termination of a parent-child legal relationship, but the adoption failed, and the child was returned to the custody of DCFS.

   If the above criteria have been met, the caseworker will open an IHS case and assess the following information:
   1. What significant changes have occurred in the former parent's circumstances and/or behavior since the termination of parental rights?
   2. What is the willingness of the former parent to resume contact with the child and have parental rights restored?

3. Does the former parent have the ability to be involved in the life of the child and accept physical custody of and responsibility for the child?
4. What are the child's feelings and thoughts about restoration of parental rights?
5. Any other information the caseworker or Child and Family Team considers appropriate and determinative, such as the extended family support for the former parent and the extent to which the former parent has rehabilitated from the behavior that resulted in the termination of parental rights.

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

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

E. After DCFS receives or is served with a petition to restore parental rights, filed by a child or an authorized representative, the caseworker will:
1. Contact the Assistant Attorney General (AAG) assigned to the case to notify them that DCFS has received a petition to restore parental rights.
2. Use existing processes to locate the former parent if the former parent's whereabouts are not known. This will include web searches, social media, former contact information, and asking other known family members for the contact information of the parent. The effort to locate the parent must constitute a diligent effort.
3. If the former parent is found, notify the former parent of the legal effects of restoration of parental rights and the time and date of the hearing on the petition.

F. The court will set a hearing on the petition at least 30 days but no more than 60 days after the day on which the petition was filed with the court.
1. Before the hearing, the caseworker may submit a confidential report to the court containing the following information:
    a. Material changes in circumstances since the termination of parental rights.
    b. Summary of the reasons why parental rights were terminated.
    c. The date on which parental rights were terminated.
    d. The willingness of the former parent to resume contact with the child and have parental rights restored.
    e. The ability of the former parent to be involved in the life of the child and accept physical custody of, and responsibility for, the child.
    f. Any other information the caseworker or Child and Family Team considers appropriate and determinative such as the extended family

support for the former parent and the extent to which the former parent has rehabilitated from the behavior that resulted in the termination of parental rights.

G. The hearing for the restoration of parental rights may have one or more of the following results:

1. Continue status quo.
   a. The caseworker will continue to search for other permanency options for the child.
2. Allow contact between the former parent and the child and describe conditions under which contact may take place.
   a. The caseworker will facilitate the contact pursuant to the court order and monitor the effect of contact between the child and the former parent. The caseworker, in consultation with the Child and Family Team, will provide a report to the court with recommendations as to whether the contact should continue and increase in frequency and duration, or whether the contact should discontinue.
3. Order that the child be placed with the former parent in a temporary custody and guardianship relationship to be reevaluated six months from the day on which the child is placed.
   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.

308 Transitions from DCFS Custody

Major objectives:
The Child and Family Team will determine what plan for transition is in the child's best interest. The transition from DCFS custody will seek to ensure that:

A. The child will be in a safe and appropriate environment that will endure until the child reaches maturity.

B. The child and his/her caregivers will have access to services and resources that will sustain permanency.

C. The child has connections to their past, present, and future.

308.1 Trial Home Placement and Return of the Child Home

Major objectives:
When a child and family's safety needs have been met in that the original reasons and risks have been reduced or eliminated, the child can return home.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §80-3-306. Outstanding arrest warrant check before return of custody.

Practice Guidelines

A. The Child and Family Team will assess if a Trial Home Placement (THP) is appropriate for the circumstances of the case. Assess through the following:
   1. Update the UFACET. Ensure that the Visitation section of the UFACET reflects scores that would support a THP or return home.
   2. Complete an SDM safety assessment and risk reassessment to help determine if the child can be safely reunified to a caregiver.
   3. Team by facilitating a Child and Family Team Meeting to review the Child and Family Plan to ensure that the child and family's safety needs have been reduced or resolved in order for the child to be safely reunified to a caregiver. Consider the recommendations of the Child and Family Team. The objection of any one person should not automatically prevent the child from being returned home.
   4. Assess the children's feelings and desires about a THP and readiness to return home.
   5. Contact the Assistant Attorney General (AAG) to ensure the legal steps are in place to begin a THP.
      a. If a review hearing is needed, request that the AAG contact the juvenile court for a date.
      b. If a review hearing is not needed, request the AAG to notify the juvenile court in accordance with the original court order that the child is returning home.
   6. DCFS is required by Utah Code Ann. §80-3-306 to conduct a felony warrant check through the National Crime Information Center (NCIC) prior to recommending that a child be returned to a parent or guardian. This includes when DCFS is recommending a child be returned to a guardian that we have removed from or a noncustodial or non-offending parent. If DCFS will be recommending that the child be returned to a parent or guardian at the court hearing, the following process will need to be completed 14 days before the recommendation is provided to the court:
      a. The DCFS caseworker will complete and submit the "DCFS Parent/Guardian Felony Warrant Check Request" form as soon as the determination is made to provide the recommendation to the court to return the child to a parent/guardian. The form may be found at https://docs.google.com/forms/d/e/1FAIpQLScXndX7K_nnREa9M5F0rAWBPWkawNOIHYGcpONOl1ZMqrWKFQ/viewform.

b. The Background Screening Coordinator at the DCFS state office will complete the felony warrant check. The results will be emailed to both the AAG and the caseworker assigned to the case. The AAG will file the results with the court.

B. Plan for transition. Based on the determinations of the assessments and court, facilitate a Child and Family Team Meeting to discuss the transitions to return home plan, and the recommendations prior to the child being returned home.

1. Provide reasonable notice, at least two weeks (unless otherwise ordered by the court), of the date child will be returning home to all pertinent parties such as child, parents, Guardian ad Litem, foster care provider, school staff, and therapists so all parties can be adequately prepared for the return home. Also inform the Department of Workforce Services and the Office of Recovery Services.
2. Notify the regional eligibility worker of the plan to return the child home at least two weeks prior to the return home. Provide the eligibility worker with information from the parents required to determine if the child can continue Medicaid coverage after the return home and in time for case transfer to DWS.
3. Inform caregivers that they need to provide the child with medical coverage (personal or state). Direct parents to DWS for applying for Utah Medicaid.
4. The caseworker will follow the SDM risk reassessment minimum contact guidelines for in-home services. Refer to In-Home Services Major objectives Section 106.2.

C. A child may be returned home for a THP for up to 90 days. Within the 90 days of the child's return home and if the child has continued to be safe in the home, the caseworker will work with the AAG for a motion to be filed with the juvenile court to terminate the agency's legal custody of the child.

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 either be by court order (PSS) or on 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.

308.2 Identifying Custody and Guardianship with a Relative and Non-Relative as the Permanency Goal

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Guiding principles:

A. Protection and safety of a child are always the first priorities. Services are provided in the context of the Practice Model and the Child and Family Team and are child-centered and family-focused.

B. DCFS seeks this permanency option only if other permanency goals, including a return to the parents or adoption, are determined not to be in the child's best interest.

C. DCFS supports permanency for children and recognizes that in a few situations neither family reunification nor termination of parental rights and adoption best serve the permanency needs of the child.

Major objectives:

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

A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of DCFS and for whom return home, or adoption is not a legal option.

B. To create an enduring and self-sustaining relationship for the child.

C. To normalize and stabilize family life for the child.

D. To transfer legal responsibility for the child from the state to an out-of-home caregiver who is either a licensed caregiver or a relative, empowering the caregiver to completely assume the role of parent and make important decisions on the child's behalf.

E. To minimize the level of involvement with DCFS for the child and caregiver.

Applicable Law

A. Section 475(5)(C) of the Social Security Act allows for legal guardianship and placement with a fit and willing relative among the permanency options for foster children who are unable to be reunified with their families.

B. Utah Code Ann. §80-1-102 defines guardianship and legal custody and associated authority and responsibility.

Practice Guidelines

A. When guardianship is considered as the primary permanency goal for a child, adoption

must be ruled out. The caseworker will staff the child with the regional Adoption Team.

1. To determine if there are no grounds to terminate parental rights.
2. To determine if ongoing contact and relationship with the parents is best for the child.
3. To determine if the child and prospective guardians understand the differences between adoption and guardianship in terms of financial supports, available services, and legal ramifications in the child's adult years.
4. For children whose parents' rights have been terminated or voluntarily relinquished, guardianship is rarely an appropriate permanency goal.
5. Children with high needs, including those who qualify for disabilities such as SSI, may not be appropriate for a permanency goal of guardianship because there are limited or no services available after case closure
6. If adoption is ruled out, document compelling or justifiable reasons not to terminate parental rights and pursue adoption.
7. Region director approval will be required to pursue a permanency goal of guardianship for children whose parents' rights have been terminated or voluntarily relinquished or for children with high needs and will require services after case closure.

B. Guardianship and Legal Custody.

1. Guardianship is the transfer of legal responsibility for a minor child from the state to a licensed out-of-home caregiver who is a non-relative caregiver or to a relative caregiver who may or may not be a licensed out-of-home caregiver until the child reaches the age of 18 years.
2. Guardianship involves the legal assumption of authority for another individual to consent to marriage, to enlist in the armed forces, and to consent and authorize major medical, surgical, or psychiatric treatment; and to legal custody, if legal custody is not vested in another person, agency, or institution.
3. Legal custody means a relationship embodying the following rights and duties:
    a. The right to physical custody of the minor.
    b. The right and duty to protect, train, and discipline the minor.
    c. The duty to provide the minor with food, clothing, shelter, education, and ordinary medical care.
    d. The right to determine where and with whom the minor will live; and
    e. The right, in an emergency, to authorize surgery or other extraordinary care.
4. The guardian is responsible for ensuring that parents have an opportunity to visit their children in accordance with the court order.

C. Residual Rights of Natural Parents. The residual rights of the natural parents remain in effect unless restricted by the court when custody and guardianship is granted. Residual parental rights include:

1. Responsibility for support.
2. The right to consent to adoption.
3. The right to determine the child's religious affiliation.
4. The right to reasonable family-time.

D. Guardianship and Legal Custody as a Permanency Option.
   1. There are two types of guardianship permanency goals.
      a. Guardianship with a Non-Relative.
      b. Guardianship with a Relative.
   2. These permanency options may be selected as concurrent permanency goals or primary permanency goals. [*See:* Section 301.2, Identifying Permanency Goals and Concurrent Planning.]
   3. It is not necessary for a prospective guardian to be identified when selecting guardianship as a primary or concurrent goal.
   4. When selecting this goal, the Child and Family Plan must support this goal, including but not limited to steps to finding, contacting, and involving a prospective guardian to support the transition and placement of the child with the prospective guardian until the court grants permanent guardianship.

E. Guardianship as a Primary Goal. The following steps should be completed by the permanency caseworker during the selection process while choosing guardianship as a primary goal for a child in foster care:
   1. Discuss guardianship as a primary goal in the context of a Child and Family Team Meeting. If available, include the regional guardianship subsidy caseworker as a participant in the planning process.
   2. Assess the child's physical, emotional, social, and educational needs and how these needs may be met if under the care of a guardian, including specific sources of support, such as:
      a. Availability of financial support for the child (such as Supplemental Security Income, Social Security benefits, or other benefits), as well as the prospective guardian resources, specified relative payment (if a qualifying relative), or guardianship subsidy for non-relatives.
      b. Ability to address health care needs through health care coverage, such as the guardian's insurance or Medicaid, if the child qualifies.
      c. Need for ongoing services from DCFS or the DHHS.
      d. Child's citizenship and legal residency status, and if an undocumented alien, how the child's medical needs can be met without Medicaid coverage.

F. Identifying Prospective Guardian.
   1. When selecting guardianship as the primary permanency goal, the caseworker will explore potential caregivers to become legal guardians. The child does not need to be in the prospective guardian's home prior to selecting this goal.
   2. 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 may be either relatives or non-relatives. If the prospective guardian is a non-relative, they must be licensed out-of-home caregivers or willing to become licensed. For relative placement, Kinship Practice Guidelines Section 500 must be followed.

3. Ensure that the identified caregiver or relative is able to meet the qualifying factors to become a guardian (see Section C, Guardianship Qualifying Factors) and that long-term placement with the caregiver or relative is in the child's best interest.
4. Obtain commitment of the prospective caregiver to become guardian of the child and provide for the child's long-term needs.
5. Discuss the appropriateness of the child maintaining a relationship with parents despite discontinuation of reunification efforts, including continuing family-time and residual parental rights.
6. Discuss with the prospective guardian the long-term view for the child.
7. Provide information about the child, responsibilities of guardianship, and the residual rights of the child's parents to the prospective guardian and child's parent(s).
8. Ensure that the guardian understands the guardianship agreement.
9. If the child is not currently with the prospective guardian, prepare a transition plan with the Child and Family Team, including family-time, safety planning, and identification of community resources available to support the needs of the child and guardian. Ensure that the regional guardianship subsidy worker is invited to participate in the team planning process.

G. Legal Guardianship Qualifying Factors.

1. General Qualifying Factors. Legal guardianship can be granted if the following qualifying factors are met. These factors apply to both relatives and non-relatives who are seeking legal guardianship.
   a. The child cannot safely return home. This requirement is met if the court determines that reunification with the child's parents is not possible or appropriate and the Child and Family Team and regional screening committee agree that adoption is not an appropriate plan for the child, including informing the prospective guardian of the limited services available through guardianship.
   b. There are insufficient legal grounds to terminate the parents' rights, or the parent and child have a significant bond, but the parent is unable to provide ongoing care for the child (such as, but not limited to, an emotional, mental, or physical disability) and the child's current caregiver has committed to raising the child to the age of majority and to facilitate family-time with the parent.
   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 aged 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 DCFS 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. DCFS 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;
      (8) Spouses of any relative mentioned above even if the marriage has been terminated;
      (9) Persons that meet any of the above mentioned relationships by means of a step relationship;
      (10) Relatives that meet one of these relationships by legal adoption;
   b. If not licensed as an out-of-home caregiver, the relative has completed kinship screening, including a home study and background checks, in accordance with Kinship Practice Guidelines, Section 500.
   c. In order to be considered for a guardianship subsidy, the prospective relative guardian must be a licensed out-of-home caregiver and demonstrate that they cannot qualify for a Specified Relative Grant. The caseworker must be provided with a copy of a denial letter from the

Department of Workforce Services or written proof that the relationship requirements do not apply (such as through relevant birth certificates).

(1) Approval from the regional guardianship screening committee and regional administration is required in making this determination.

(2) If a relative guardian is found to be receiving both a Specified Relative Grant and guardianship subsidy for the same child, the caseworker will notify the Department of Workforce Services and appropriate actions may be taken for repayment.

H. Preparing for the Court to Grant Guardianship.

1. Provide an explanation to the parents of their responsibility to continue payment for the child's care until the child reaches the age of 18 years. The Office of Recovery Services will continue to collect these child support payments until all obligations are met.
2. Notify the parents that for tax purposes, their child is considered a dependent of the guardian.
3. Notify the regional eligibility worker of the pending foster care case closure and if guardianship with a relative subsidy is planned.
   a. If subsidy is planned, obtain a Medicaid review form (61MR) from the eligibility worker. Have the prospective guardian complete the form 30 days prior to custody and guardianship being transferred to the guardian. Give the completed form to the eligibility worker.
   b. If no subsidy is planned and the prospective relative guardian will be seeking a Specified Relative payment, refer them to the local Department of Workforce Services office to apply for the Specified Relative Grant and Medicaid.

I. Guardianship as a Concurrent Goal. The following steps should be completed by the permanency caseworker when choosing guardianship as a concurrent goal for a child in foster care:

1. Discuss guardianship as a concurrent goal in the context of a Child and Family Team Meeting.
   a. Assess the child's physical, emotional, social, and educational needs and how these needs may be met if under the care of a guardian.
   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 family-time and residual parental rights.
h. Identify factors that must be considered for transition planning if the concurrent goal becomes the primary goal.

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:
1. Terminate DCFS custody.
2. Grant permanent custody and guardianship to the new guardian.
3. Address the child's family-time with the parents.

K. Post-Guardianship Placement Social Supports and Services.
1. Each region will designate a caseworker who will respond to requests for information and assistance and will provide crisis intervention for guardians.
2. DCFS may provide voluntary home-based or youth advocate services to help maintain the guardianship placement, within available region resources designated for this purpose.
3. DCFS may work with the Assistant Attorney General to request a petition for court-ordered services when appropriate.

Revision Date: September 2024

308.2a Guardianship Assistance with a Non-Relative

Major objectives:
A. Non-relative guardians may be eligible to receive state-funded guardianship assistance.

B. Relatives who do not qualify for the Specified Relative Grant may be eligible to receive the state-funded guardianship assistance.

Applicable Law

Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement with a fit and willing relative among appropriate permanency options for foster children who are unable to be reunified with their families.

Utah Code Ann. §80-1-102 defines guardianship and legal custody and associated authority and responsibility.

Practice Guidelines

A Guardianship Subsidy

1. Availability/Scope/Duration
   a. Guardianship subsidies are available to meet the care and maintenance needs for children in out-of-home care:
      (1) For whom guardianship has been determined as the most appropriate primary goal;
      (2) Who do not otherwise have adequate resources available for their care and maintenance;
      (3) Who meet the qualifying factors described in Section 3B, Non-Relative Qualifying Factors; and
      (4) Who cannot qualify to receive a Specified Relative grant from the Department of Workforce Services as described in Section 3C-4, Relative Qualifying Factors.
   b. Guardianship subsidies are available through the month in which the child reaches age 18 years.
   c. Each region may establish a limit to the number of eligible children who may receive guardianship subsidies.
   d. Guardianship subsidies are subject to the availability of state funds designated for this purpose.
2. Regional Guardianship Subsidy Screening Committee:
   a. Each region will establish at least one regional guardianship subsidy screening committee. This committee may be combined with another appropriate committee, such as the adoption subsidy committee or placement committee.
   b. The regional guardianship subsidy screening committee will be comprised of at least five members, and a minimum of three members must be present for making decisions regarding a guardianship subsidy. Decisions will be made by consensus.
   c. Members of the committee may include the following:
      (1) Chairperson;
      (2) Clinical consultant or casework supervisor;
      (3) Regional budget officer or fiscal representative;
      (4) Resource Family Consultant;
      (5) Allied agency representative from agencies, such as a community mental health center, fostering healthy children nurse, or other agencies within the department;
      (6) Regional administrator or other staff with relevant responsibilities; and
      (7) Adoptive or out-of-home caregiver or guardian.
   d. The regional guardianship subsidy screening committee is responsible to:
      (1) Verify that a child qualifies for a guardianship subsidy;
      (2) Approve the level of need and amount of monthly subsidy for initial requests, changes, and renewals;

(3) Document committee decisions; and
(4) Coordinate supportive services to prevent disruptions and preserve permanency.

B. Medicaid Coverage.

1. The caseworker is responsible to notify the eligibility worker that guardianship is the child's permanency plan and the approximate date for custody to be terminated. This will help ensure that Medicaid coverage can continue without interruption for an eligible child. The caseworker will also let the eligibility worker know if a guardianship subsidy is planned for the child.
2. The eligibility worker will provide the permanency caseworker with a Medicaid review form (61MR) to be completed prior to termination of DCFS custody.
3. The caseworker will work with the prospective guardian to complete the review form within 30 days prior to guardianship being granted by the court. The guardian's name and address must be specified on the form. Income and asset information of the child will be reported on the form. (Guardian income and assets are not required.)
4. The caseworker is responsible to provide the eligibility worker with the following information soon after the court has granted custody and guardianship but before the SCF case is closed in SAFE:
   a. Completed Medicaid review form.
   b. Copy of Guardianship Subsidy Agreement (if applicable).
   c. Copy of court order terminating DHHS/DCFS custody.
5. The eligibility worker will review the child's Medicaid eligibility and take the appropriate action based on the instruction received by the IV-E/Medicaid Eligibility Program Administrator.

C. Federal Benefits and Guardianship Subsidies.

1. Federal Benefits and Guardianship: Federal benefits sources must be considered when determining if a guardianship subsidy is appropriate for a child and in determining the amount of the subsidy. The most common types of federal benefits received by children in out-of-home care are Supplemental Security Income and Social Security Dependent benefits. The Social Security Administration administers both of these income sources.
2. Supplemental Security Income Benefits for Children (SSI): SSI benefits are payable to blind or disabled children under 18 years of age who have limited or no income and assets/resources or who come from homes with limited or no income and assets/resources. The Social Security Administration conducts a review when an individual reaches 18 years of age to determine if benefits may continue into adulthood. SSI will generally continue for a child when in the care of a guardian. However, SSI income will be reduced if other income becomes available to the child, including a guardianship subsidy. A guardianship subsidy is not recommended for an SSI recipient because the subsidy will result in the reduction or loss of SSI income (which might have continued to be available when the child reaches adulthood).

3. Social Security Dependents Benefits (SSD – *may also be referred to as SSA*): Social Security benefits may be paid to a dependent child under age 18 years through the Retirement, Survivors and Disability Insurance Program based upon the work record of a child's parent. For example, a child may receive these dependent benefits as a result of a parent's disability or death. Benefits may be extended beyond age 18 years for full-time students. Social Security benefits will generally continue for a child when in the care of a guardian and will not be reduced by other earnings, including a guardianship subsidy. The amount of Social Security benefits must be taken into account when determining the amount of a guardianship subsidy.
4. Other Sources: Children in out-of-home care may also receive other sources of federal benefits, such as Veteran's benefits, Railroad Retirement benefits, Tribal benefits, or insurance settlement funds. The caseworker should contact the benefit source prior to termination of state custody to determine the impact on receipt and amount of the benefit if the child enters into custody and guardianship of a caregiver. Any benefits that will continue in guardianship should be taken into account when determining the amount of a guardianship subsidy.

D. Determining Guardianship Subsidy Amounts.

1. The regional screening committee will determine the subsidy amount by considering the special needs of the child and the circumstances of the guardian family. The caseworker presents to the committee information regarding the special needs of the child, the guardian family income and expenses, and/or the guardian family's special circumstances (Forms OH60 and OH61).
2. The following factors must be considered when determining the amount of the monthly subsidy to be granted: All sources of financial support for the child including Supplemental Security Income, Social Security benefits, and other benefits. (The subsidy committee may require verification of financial support.) If a child is receiving benefit income and the income can continue after guardianship is granted, this amount will be deducted from the guardianship subsidy amount. The guardianship subsidy should not replace other available income (such as Supplemental Security Income).
3. The guardianship subsidy will not exceed the levels indicated below and may be less based on the ongoing needs of the child and the needs of the guardians.
    a. Guardianship Level I: Guardianship Level I is for a child who may have mild to moderate medical needs or medically needy, psychological, emotional, or behavioral problems, and who requires parental supervision and care. The amount of guardianship subsidy for a child whose needs are within Level I may be any amount up to the Level 1 foster care rate.
    b. Guardianship Level II: Guardianship Level II is for a child who may be physically disabled, developmentally delayed, medically needy or medically fragile, or have a serious emotional disorder (SED). The amount of the guardianship subsidy may range from the lowest basic foster care rate to the Level 2 foster care rate.

c. Children who are receiving the Level 3 foster care rate, proctor care rate, or who are in a group or residential setting are considered for the Guardianship Level II rate.
   (1) Children who may qualify for Guardianship Level II will be staffed with a clinical consultant or other region designee to assess whether a guardian can meet the child's needs with community services and without DCFS interventions after case closure.
   (2) The staffing will be documented and included in the guardianship assistance file.
d. Guardianship subsidies may not exceed the Guardianship Level II rate.
e. Guardianship subsidies are funded with state general funds within regional foster care budgets. A region has the discretion to limit the number of guardianship subsidies or reduce guardianship subsidy rates based on the availability of funds.

E. Guardianship Subsidy Agreement.
1. A Guardianship Subsidy Agreement specifies the terms for financial support for the child's basic needs.
2. A guardianship subsidy caseworker will complete the Guardianship Subsidy Agreement (GA03).
3. The effective date of the initial agreement is the date of the court order granting guardianship.
4. A Guardianship Subsidy Agreement must:
   a. Be signed by the guardian and DCFS prior to any payments being made.
   b. Identify the reason a subsidy is needed.
   c. List the amount of the monthly payment.
   d. Identify dates the agreement is in effect.
   e. Identify responsibilities of the guardian.
   f. Identify under what circumstances the agreement may be amended or terminated and the time period for agreement reviews.
   g. Include a provision for a reduction or termination in the amount of the guardianship subsidy in the event a legislative or executive branch action affects the DCFS' budget or expenditure authority, making it necessary for DCFS to reduce or terminate Guardianship Subsidies or if a regional office determines that reduction is necessary due to regional budget constraints.
   h. Include a provision for assignment of benefits to the Office of Recovery Services in accordance with the Office of Recovery Services requirements.
   i. Include a provision for repayment of any financial entitlement made by DHHS/DCFS to the guardian that were incorrectly paid.

F. Notification Regarding Changes.
1. The guardian must notify DCFS if:
   a. There is no longer a need for a guardianship subsidy.
   b. The guardian is no longer legally responsible for the support of the child.

c. The guardian is no longer providing any financial support to the child or is providing reduced financial support for the child.
d. The child no longer resides with the guardian.
e. The guardian has a change in address.
f. The child has run away.
g. The guardian is planning to move out of state.

G. Reviews.

1. A guardianship subsidy caseworker will review each guardianship subsidy agreement annually. The family situation, child's needs, and amount of the guardianship subsidy payment may be considered.
2. The guardian must complete the Guardianship Subsidy Re-certification form provided by DCFS to verify that the guardian continues to support the child. If the re-certification is not received after adequate notice, the guardianship subsidy may be delayed or face possible termination.
3. Renewals and Re-certifications:
   a. Renewals: In order for guardianship assistance payments to continue, this Agreement will be renewed at intervals of up to three years until the child's 18th birthday.
   b. Renewal Procedure: DCFS will provide written notification to the guardians before the next renewal date and will supply the guardian with the appropriate forms.
   c. Amendment Prior to Next Renewal Date: The parties (DCFS 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 DCFS, and signed by the parties. Oral modifications or agreements will bind neither DCFS 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 DCFS.

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. DCFS 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.

H. Appeals/Fair Hearings.

1. The guardian may appeal a DHHS/DCFS 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/DCFS decision in writing. For further instructions regarding Administrative Hearings, contact OAH. [*See* Utah Administrative Rule 497-100, Adjudicative Proceedings.)
2. DCFS 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 DCFS decision to deny, reduce, or terminate a child's guardianship subsidy when the following apply:
    a. DCFS incorrectly determined that the qualifying factors were not met.
    b. DCFS incorrectly determined the appropriate guardianship subsidy level for the child.
    c. DCFS terminated the subsidy without an applicable termination reason existing.

I. Termination.

1. A guardianship subsidy agreement will be terminated if any of the following circumstances occur:
    a. The terms of the agreement are concluded.
    b. The guardian requests termination.
    c. The child reaches age 18 years.
    d. The child dies.
    e. The guardian parent dies (in a two-parent family if both guardian parents die).
    f. The guardian parent's legal responsibility for the child ceases.
    g. DCFS determines that the child is no longer receiving financial support from the guardian parent.
    h. The child marries.
    i. The child enters the military.
    j. The child is adopted.
    k. The child is placed in foster care.
    l. DCFS determines that funding restrictions prevent continuation of subsidies for all guardians.
2. A guardianship subsidy payment may be terminated or suspended, as appropriate, if any of the following occur.
    a. The child is incarcerated for more than 30 days.
    b. The child is out of the home for more than a 30-day period or is no longer living in the home.
    c. The guardian fails to return the annual certification or to complete the renewed guardianship subsidy agreement within five working days of the renewal date.

d. There is a supported finding of child abuse or neglect against the guardian.

3. The decision to terminate or suspend must be made by the regional guardianship subsidy screening committee.

J. Closure of the Foster Care (SCF) Case When Termination is for Guardianship Without a Guardianship Subsidy. The caseworker will close the SCF case following normal SAFE procedures. The caseworker does not need to enter the guardian or parent as a placement in the foster care case. After the court has terminated DCFS custody, no other placements are entered in SAFE.

K. Foster Care Case Record Transition and Process for Guardianship (With Guardianship Subsidy Case).

1. Guardianship Subsidy Screening Committee
   1. Schedule a Guardianship Subsidy Screening Committee meeting.
   b. Complete Form GA01 - Guardianship Subsidy Program Application.
   c. Prepare Form GA02 - Guardianship Subsidy Screening/Approval Form.
   d. Attend the Guardianship Subsidy Screening Committee meeting.
   e. Complete form GA02 - Guardianship Subsidy Screening/ Approval Form at the committee meeting.
2. Attend the court hearing granting custody to the guardian.
   a. Enter an Activity Record in SAFE detailing the outcome of the hearing.
   b. Navigate to the child's current placement record (Placement Window); select the Permanency Tab and enter the Guardianship Date.
3. Open a GAM Case in SAFE.
   a. .
4. Close Foster Care Case (SCF). Do not enter the guardian or parent as a placement in the foster care case when closing the case in SAFE. After the court has terminated DCFS custody, no other placements are entered in the foster care case.
5. Create Provider Record/Provider Approval in SAFE, if not opened as a provider.
   Create Purchase Service Authorization in SAFE.
7. Payment Process.
   a. Once the provider approval and PSA has been opened in SAFE, the direct checks for the GAR payment will start the following month.
   b. A handwritten 520 will need to be filled out for the first month if the start date is after the 1st. The rate for the first month will need to be pro-rated (i.e., if the foster care payment ends on the 20th, the GAR payment will start the 21st).
   c. Take the provider monthly approval rate and divide by number of days in that particular month. Then times this rate by the number of days that need to be paid for remainder of the month. (Providers do not have to sign these handwritten 520's for GAR payments for the first month of service.)
   d. The automatic check run for GAR will be on the 1st of each month. Exceptions to this rule will be if the 1st is a Wednesday (day of regular check run), or a Saturday/Sunday. If the 1st falls on a Wednesday, the check run will be the next day. If it falls on a weekend, the check run will

be on the following Monday. If there are any check runs that fall on a holiday Monday, they will run on Tuesday.

e. If a provider approval has ended and the client authorization is still open, a direct check will not be issued to the provider. The agreement/approval needs to be updated before any payments can be issued.

8. Upload guardianship documents into content manager in SAFE.
   a. GA01 (Guardianship Program Application)
   b. GA02 (Guardianship Screening/Approval Form)
   c. The child's birth certificate and social security card, if available.
   d. Forms GA03 (Guardianship Subsidy Agreement).
   e. GA04 (Annual Recertification Letter).
9. Annual Guardianship Subsidy Recertification Letter.
   a. Mail Form GA04 - Annual Guardianship Subsidy Recertification Letter 60 days or more prior to the end date of the agreement.
   b. Request that the GAR provider complete and return the re-certification letter 30 days prior to the end date of the agreement.
   c. Upon receipt of the re-certification letter, enter an Activity Record in SAFE and upload the letter into SAFE content manager.
   d. Extend GAR provider approval in SAFE (do not create a new GAR line unless the rate is changing).
   e. If a provider fails to return the re-certification letter 30 days prior to the end date of the agreement, mail out a final 30-day notice. This notice will 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 letter is not received, close the PSA to stop the GAR direct checks from running.

L. Closure of a Guardianship Subsidy Case.
Document closure in SAFE. Enter appropriate Closure Reason based on the child's situation, selecting the closure reason value that most closely applies.

308.3 Transition to Adoptions and Adoption Finalization

Major objectives:
If the child's permanency goal is adoption and the child is not already in the adoptive home, DCFS will make intensive efforts to place the child with an adoptive family. [*See:* Section 400, Adoption, subsections 401.3 through 401.9.]

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

308.3a Contact Between Adopted Child and Birth Family Members

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

Major objectives:
DCFS will help children who are adopted benefit from contact with birth family members when all parties agree it is safe and appropriate. Contact with birth family members may help a child:

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

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

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

Applicable Laws
Utah Code Ann. §80-2-804. Adoptive placement time frame -- Division contracts with child-placing agencies.
Utah Code Ann. §78B-6-146. Post Adoption Contact Agreement.

Practice Guidelines
[*See*: Practice Guidelines Section 401.8a.]

308.4 Transition to Independent Living

(This section has been replaced by Section 303.7.)

308.5 Transfer to Other Agencies

Major objectives:
DCFS will team with other agencies to ensure each foster child receives appropriate services from other agencies as needed.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

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

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

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

D. Once the transition is complete, DCFS may close the foster care case.

308.6 Termination of Out-Of-Home Services

Major objectives:
When a child's permanency goal is achieved, DCFS out-of-home services will be terminated.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
No later than 30 days after the issuance of the court order to terminate DCFS custody and guardianship of a child, the caseworker will:

A. Complete the risk assessment, to verify the child will be safe in the permanent placement.

B. Update the UFACET.

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

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

E. Notify the regional eligibility worker for reassessment or referral of Medicaid eligibility.

F. If the child is receiving SSI or SSA or some other federal notify the representative payee custodian as specified in Section 303.16.

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

H. Close the case in SAFE.

I. Ensure a copy of the court order terminating DCFS custody and involvement is uploaded in SAFE content manager.

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

K. If the child is from another state, refer to Section 703 Interstate Compact on the Placement of Children.

308.7 Foster Youth Petitioning the Court for Release from DCFS Custody

Major objectives:
Minors over the age of 18 who are in the custody of DCFS may petition the court to be released from the custody of DCFS if the minor came into custody based on abuse, neglect, or dependency.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. If a minor over the age of 18 years requests to be released from the custody of DCFS, the caseworker will inform the minor of the process.
   1. The minor may petition the juvenile court to be released from the custody of DCFS if the minor came into custody based on grounds of abuse, neglect, or dependency.
   2. The minor is responsible to file the petition, which must include:
      a. A statement from the parent or guardian if rights are not terminated, agreeing that a release from custody should occur, and
      b. Both the child and the parents' signature on the petition.

B. Prior to the review of the minor's petition by the court, the caseworker will provide the following information, if applicable, to the court to assist the court in determining if it is appropriate to grant the release from custody:
   1. That the minor does not pose an imminent threat to self or others. This includes, but is not limited to:
      a. Substance abuse issues.
      b. Threat of homelessness or human trafficking.
      c. Mental health impairment.
      d. Ability to live independently as an adult, including work and education.
      e. Disability.

f. Threat of exploitation due to disability.

C. If the court grants the petition, the minor may petition the court to re-enter DCFS custody within 90 days of the original petition being granted. If the court does grant the petition to have the minor re-enter DCFS custody, the caseworker will:

1. Open an SCF case on the date the court granted the petition to re-enter DCFS custody.
2. Determine if the minor should be considered for an Independent Living Placement (ILP) (*see:* Section 303.7). If it is determined the minor should be placed in an ILP, the caseworker will follow Section 303.7.
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.

309 Peer Parent Services

(This section has been deleted.)

310 Levels of Care Evaluation Model

Major objectives:
A child will be placed in a placement consistent with the child's needs, first taking into consideration preference of placement found in Practice Guidelines Section 700. The type of out-of-home placement for the child, either the initial placement or change in placement, will be determined within the context of the Child and Family Team. Placement level decisions will be made based upon the needs, strengths, and best interests of the child according to the following criteria (these are in no particular order, rather they should be considered in the context of each case and situation):

A. Safety factors in regard to the potential placement, including the threats of harm to the child or that the child poses to others, the protective capacities of the caregiver, and the child's vulnerabilities.

B. Reasonable proximity to the child's home.

C. Placing siblings together unless there is a safety concern.

D. Educational needs, including proximity to the child's school and child's need for maintaining connections to school.

E. Needs specific to the child's age, including developmental level.

F. Cultural factors, language, and religion specific to the child.

G. Existing relationships between the child and a caregiver or other significant individuals in the child's life.

H. Health and mental health needs.

I. Potential for ongoing care or permanency with the caregiver to prevent unnecessary changes in placement.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Practice Guidelines

General Philosophy:
DCFS has the responsibility to determine the least restrictive and most appropriate placement based on the child's needs. The placement provides for the safety of the child and others, as well as assists in maintaining the child's connections with their family. For children who are unable to return home, the placement will have the capacity to prepare a child for another planned permanent relationship and/or provide for connections to relationships that will endure through adulthood.

A. The Levels of Care Evaluation Model promotes the belief that children should live in family settings, not in a treatment program.

B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the needs of children while keeping safety, permanency, and well-being at the forefront throughout the decision-making processes used by the Child and Family Team.

C. The Levels of Care Evaluation Model is designed to identify the level of care, supervision, and services that a child requires and NOT identify a specific placement.

Levels of Care - General Description:

A. The Levels of Care Evaluation Model is based on a continuum of care with seven levels of care. As the levels of care progress, each level is designed to provide more intensive services and supervision than the prior level of care.

B. The first three levels (Level I, Level II, and Level III) are most frequently provided in foster family homes licensed by DLBC. Occasionally these services are provided to children in proctor homes, such as when foster family homes are not available or when siblings of a child in proctor care are placed together.

1. Level I is family-based care that provides safe, adequate, standard parental supervision and care. Children in this level of care may have mild to moderate medical or mental health treatment needs and mild behavioral problems.
2. Level II is family-based care that provides a safe environment with adequate parental supervision that may be slightly or moderately more intense than that of a child in Level I care. Children at this level may be physically disabled, developmentally delayed, medically needy or medically fragile, or have a serious emotional disorder (SED), and may require outpatient treatment services more frequently than once a week, such as day treatment and/or special education services.
3. Level III is family-based care that provides intensive treatment services and constant supervision in a family living environment by a well-trained, experienced out-of-home care provider. Children at this level may have severe behavioral, emotional, or medical problems that can still be managed in a foster home. Level III care is for children who are unable to be successful in placements with a lower level of services and supervision. Children in Level III care have behaviors, medical concerns, or other needs that could generally be improved by working with skilled, experienced out-of-home care providers that have completed advanced training through Utah Foster Care and have demonstrated skills in working with the issues. A Level III placement is a safe intervention phase to help stabilize and improve the behavior of a child ages 8 to 18 years and to teach them skills to help them form healthy relationships and achieve goals congruent with their age and developmental level.
    a. Level III care is based on the needs of the child, not the level of training the out-of-home care provider has received.

b. The out-of-home care provider may be required to participate in supplemental training to learn how to deal with the specific needs and behaviors of a child assessed for Level III placement. Level III placement may also include a specific, individualized plan (which may be incorporated into the Child and Family Plan) tailored to improve problematic behaviors of the child and/or meeting the child's specific needs.

c. Screening for placement in Level III:
   (1) A child who is recommended for a Level III placement will be screened by the Placement Screening Committee or equivalent committee in the region to determine if a Level III placement is the most appropriate placement for meeting the child's needs.
      (a) The region director or designee is required to approve placing a child under the age of eight years in a Level III placement.
   (2) Level III is to assist in preparing the child for transition into a permanent family setting, such as returning the child home; adoption; custody and guardianship to kin or with an out-of-home care provider; or another planned, permanent living arrangement.

d. Requirements for prospective Level III out-of-home care providers: Out-of-home care providers must meet the following requirements before they can be approved to provide Level III care:
   (1) A minimum of six months experience as an out-of-home care provider OR the Resource Family Consultant (RFC) or other designated regional staff determines that the family has the skills and abilities to successfully parent a child placed in their care that would qualify as a child that requires a Level III placement;
   (2) One parent available in the home full-time when the child is present;
   (3) Complete the training designated by DCFS through Utah Foster Care for Level III out-of-home care providers;
   (4) Successful demonstration of the skills taught in the training;
   (5) Successful completion of an evaluation by the RFC or other staff designated by the region at the end of a six-month probationary period;
   (6) Completion of any additional requirements as outlined by the region.

e. The RFC or other staff designated by the region will monitor the out-of-home care provider to assess their ability to provide Level III care. A formal, written evaluation of the out-of-home care provider's abilities will be completed annually and documented in SAFE in order to determine that they are able to provide care and structure at an appropriate level for the child placed in their home.

g. If needed, the RFC or other designated regional staff will identify or provide additional training and/or assistance to the family to help the out-

of-home care provider in meeting the specific needs of the child placed in their home.

C. Children with severe emotional or behavioral difficulties that cannot be managed in traditional family settings because of a need for more intensive supervision and treatment may be placed in higher levels of care through contracts with licensed providers.

1. Level IV is proctor family care through a private licensed child-placing agency. The proctor agency generally has access to highly skilled caregivers as well as a variety of wraparound services needed for the higher, intensive needs of the child. It also includes Transition to Adult Living services in a supervised apartment setting.
2. Level V is residential support or residential treatment, generally for children with moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.
3. Level VI is residential treatment for children with high level treatment and supervision needs, generally requiring 1:4 staff to client ratio with awake night staff. This is the highest level of care before institutional care at a psychiatric or acute care hospital.
4. Level VII is institutional care at a psychiatric or acute care hospital, such as the Utah State Hospital.

D. Categories of primary treatment needs for Levels IV, V, and VI: Children entering a higher level of care provided by a contract provider (Levels IV, V, or VI) will have behavioral concerns. These levels are based on the intensity of supervision required by direct care staff and/or proctor parents. It is what is behind the behaviors that will indicate primary treatment needs of the child.

Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five categories of service that are designed to address specific treatment needs of a child. For children entering higher levels of care, an assessment and determination must be made regarding which treatment category is appropriate for the child.

1. Sexual Behaviors: Children who have sexual behaviors that have not been managed while living with their families or while living in lower levels of care.
2. Mental Health: Children whose negative behaviors are a result of a mental illness (such as seriously emotionally disturbed, bipolar disorder, major depression, PTSD, etc.).
3. Substance Dependent: Children who have been diagnosed as being substance dependent through a psychological or substance abuse assessment.
4. Behavioral Disorders: Children whose presenting problems are behavioral in nature such as non-compliance, acts of physical aggression, property offending, or substance abuse. Children placed in this category have been ruled out of the sexual behavior, mental health, and substance dependent treatment categories.

E. General Requirements for all treatment providers in Levels IV, V, and VI:

1. No Mixing of Treatment Populations: Child populations in different treatment categories may not be mixed in the same residential facility or proctor home. Providers will have residential programs that specifically target the population

they are working with. In addition, low supervision need children generally should not mix with moderate to high-risk children, unless they are stepping down and the caseworker and Child and Family Team make a determination that placement of the children together is safe and appropriate.

2. Gender Considerations: Male and female children need to be housed and treated separately. There may be an exception granted in family-based placements for siblings or for a child in custody who has a child of their own.
3. Multiple Diagnoses: For children with multiple diagnoses, the diagnosis of greatest concern will dictate the treatment needs and, ultimately, the placement (though the provider will still be required to address all of the treatment needs).
4. Changes in Placement: Before a provider requests to change a child's placement, the provider must first attempt to stabilize the placement through adjusting treatment and wrap services based on the child's variable needs.
5. Requirement for Written Authorization: The provider must obtain written authorization from the caseworker prior to providing services or increasing services for a child.

Process for Making Placement Decisions

A. Child and Family Assessment: Caseworkers will complete a UFACET on each child in order to assist in making an appropriate determination for the level of care the child will be placed in. The UFACET includes a levels of care recommendation.

B. Utah Family and Children Engagement Tool (UFACET):
   1. The UFACET is completed using information that is contributed by the members of the Child and Family Team. The result of the UFACET assessment includes a recommendation for a level of care, as well as a recommended treatment category for Levels IV, V, and VI.
   2. The UFACET assessment results may be superseded by recommendations of other assessments (such as a NOJOS assessment or Mental Health Assessment) or by the decision of the Child and Family Team or the Placement Screening Committee when determining the appropriate level of care for the child.

C. When the placement recommendation indicates the need for a Level III placement and above, the caseworker will present the completed UFACET assessment to the region Placement Screening Committee. The Placement Screening Committee will ask clarifying questions and assist the caseworker in refining the evaluation in order to determine an appropriate recommendation for a level of care for the child. The placement will be within the least restrictive environment for the shortest, appropriate duration to help the child achieve the outcomes defined for that child and to help the child progress towards enduring safety and permanency in a family setting.

Ongoing Assessment of Progress:

In order to assess for progress, the caseworker will hold regular reviews to determine whether the child is making progress and/or needs to remain at the current level of care. The review should include the completion of an updated UFACET assessment, review of other assessments that

have been completed since the last review, input from the Child and Family Team, and any other relevant case information.

A. For placements at Level I, II, and III, reviews will be conducted a minimum of every six months or more frequently as needed.

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. 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.
   3 If the child has been in a Level III or higher placement for 12 months or longer without making significant progress, the placement must be staffed with the state office.
   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 in the case record and continue to review every quarter.

D. Stepping a child down will be based on the stabilization and improvement of the child's behaviors and conditions as based upon the UFACET. 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.

311 Research Involving Children in the Division of Child and Family Services Custody

Major objectives:
DCFS will cooperate with bona fide research by providing information on or allowing recruitment of children in the custody of DCFS as long as the research is approved in accordance with the standards and procedures of the DHHS Institutional Review Board.

Applicable Law

FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46.
Utah Code Ann. §52-4 et seq. Open and Public Meetings.
Utah Code Ann. §63G-2 et seq. GRAMA.
Utah Code Ann. §26B-6-202. Purpose of Adult Protective Services Program.
Utah Code Ann. §80-2-602. Child abuse and neglect reporting requirements -- Exceptions.

Practice Guidelines

A. When a researcher proposes a research study that involves children in DCFS custody, the following steps must be taken to grant informed consent prior to the researcher being given any confidential information or having contact with clients or their private data. Federal regulations define "research" as "*a systematic investigation*, including research development, testing, and evaluation, *designed to develop or contribute to generalizable knowledge*." This may include, but is not limited to, accessing individual client records, interviewing the child or others about the child, observing the child, or treating a child as part of the research study.

1. The DCFS research representative to the DHHS Institutional Review Board (IRB) must review and approve the research. The DCFS research representative will consult with the division director and/or region directors when the research impacts regional workload or is of greater than minimal risk. Risk level is determined by the DHHS IRB or the research representative. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. The review will consist of evaluating whether or not the research is in the best interests of DCFS and its clients (including the children), the researcher has made adequate provision for obtaining all required informed consents and informed assents, the research protocols and procedures are designed to ensure confidentiality, respect, and ethical treatment during the researcher's gathering of the data, storage, retrieval of the data, and publication of the data, the research study involves no more than minimal risk to subjects or the direct benefits to the subjects outweigh the risks, the research methodology is sufficiently sound to yield results that offer a potential benefit to the Department or DCFS, and the research protocol protects individual privacy rights and complies with the Department Code of Ethics, and any applicable rules or statutes, including Utah Code Ann. §63G-2-202.

2. The DHHS IRB must review and approve the research in accordance with DHHS policy "Protecting the Rights of Human Research Subjects Policy and Procedures", FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46; Utah Code Ann. §52-4 et seq Open and Public Meetings; Utah Code Ann. §63G-2 et seq GRAMA; Utah Code Ann. §26B-6-202 Purpose of Adult Protective Services Program; Utah Code Ann. §80-2-602. Child abuse and neglect reporting requirements -- Exceptions.
3. Informed consent for children in DCFS custody (unless written consent has been waived by the DHHS IRB):
    a. The DCFS caseworker for the child will consult with the foster parents (adoptive parents in research with adoptive children) and may contact therapists, school personnel, and others who work closely with the child to determine if the child will be available and ready to participate in the proposed research, and to consider if there are any concerns about the child participating in the research. If it is decided that the child can participate, the caseworker must sign the informed consent and document on the "Foster Children Research Involvement – Caseworker Consent Form" who they consulted prior to deciding to give consent.
    b. If the research is greater than minimal risk and the child is under 18 years of age and the goal of the child is 'Return Home' or 'Custody to Relative Guardian' or if parental rights have not been terminated, the parents or relatives must be consulted and give their permission for the child to participate. If they give their permission they must also sign the informed consent form. If they do not give their consent the child cannot participate in the research.
    c. If the child has the maturity to understand the implications of participating in research, they must be consulted about their potential participation. It must be explained that participation is voluntary, if they do not assent it will not in any way affect services they or their families receive from DCFS, and if they do assent they can withdraw from the research project at any time without penalty. Evaluation of the child's level of maturity is done by the DCFS caseworker after consultation with foster or adoptive parents and other appropriate collateral contacts (i.e., education representatives, a therapist, caretaker, etc.). If the child (younger than 18 years of age) agrees to participate, he or she must sign an informed assent form. If the child is 18 years or older they must sign the informed consent form. If the child does not agree they cannot participate in the research.
    d. If the research is greater than minimal risk, the office of the Guardian ad Litem (GAL) must be contacted. The GAL representing the child must be given a description of the research project. If the GAL expresses concerns regarding the child's participation in the research, the child cannot participate. The GAL may be contacted via phone or email. They need to be provided the anticipated start date for the research. They also need to be provided a date by which response is required so that they can express any concerns they have prior to then. The GAL must be given at least 10

days to review and respond to the research proposal. Contact with the GAL must be documented for each child.

e. Copies of consent forms, assent forms, and the "Foster Children Research Involvement – Caseworker Consent Form" will then be sent to the DCFS research representative to be stored with the research proposal.

B. Once these steps have been completed and if proper consent and assent have been given, the DCFS research representative may release information to the researcher, or the caseworkers may allow participation of foster children, and the researcher may proceed with their research project.