

1	<b>300</b>	<b>OUT-OF-HOME CARE</b>	
2			
3		<b>Table Of Contents</b>	
4	<b>300</b>	<b>OUT-OF-HOME CARE.....</b>	<b>1</b>
5	<b>300.2</b>	<b>Purpose.....</b>	<b>5</b>
6	<b>300.3</b>	<b>Philosophy.....</b>	<b>5</b>
7	<b>300.4</b>	<b>Division of Child and Family Services And Caseworker Expectations .....</b>	<b>5</b>
8	<b>[300.5</b>	<b>Safety For Lesbian, Gay, Bisexual, Transgender, And Questioning (LGBTQ)</b>	
9	<b>Youth</b>	<b>.....</b>	<b>6</b>
10	<b>300.5</b>	<b>Confidentiality, Safety, and Disclosure for DCFS Involved Youth.....</b>	<b>6</b>
11	<b>300.6</b>	<b>Resource Family Consultants – Role And Expectations .....</b>	<b>7</b>
12	<b>300.7</b>	<b>Normalcy For Children And Youth In Foster Care .....</b>	<b>11</b>
13	<b>300.8</b>	<b>Missing, Runaway, And Abducted Child During An Out-of-Home Case – Human</b>	
14	<b>Trafficking.....</b>		<b>14</b>
15	<b>300.9</b>	<b>Foster Care Bill Of Rights.....</b>	<b>22</b>
16	<b>300.10</b>	<b>Establishing Paternity .....</b>	<b>24</b>
17			
18	<b>301</b>	<b>Preparation For Placement In Out-Of-Home Care.....</b>	<b>27</b>
19	<b>301.01</b>	<b>Opening A Foster Care Case .....</b>	<b>27</b>
20	<b>301.1</b>	<b>Engaging, Teaming, And Assessing.....</b>	<b>28</b>
21	<b>301.2</b>	<b>Identifying Permanency Goals And Concurrent Planning.....</b>	<b>30</b>
22	<b>301.3</b>	<b>Placement Requirements.....</b>	<b>37</b>
23	<b>301.4</b>	<b>Selecting An Out-Of-Home Caregiver .....</b>	<b>39</b>
24	<b>301.5</b>	<b>Placement Of A Child In Out-of-Home Care In An Adoptive Home .....</b>	<b>44</b>
25	<b>301.6</b>	<b>Basic (Level I), Specialized (Level II), And Structured (Level III) Out-Of-Home</b>	
26	<b>Care Placement Options.....</b>		<b>45</b>
27	<b>301.7</b>	<b>Children With Specialized Health Care And Developmental Needs .....</b>	<b>45</b>
28	<b>301.8</b>	<b>Children With Medically Fragile Or Medically Needy Conditions .....</b>	<b>46</b>
29	<b>301.9</b>	<b>Children With Severe Mental Health Needs .....</b>	<b>48</b>
30	<b>301.10</b>	<b>Children Who Are Sexually Reactive .....</b>	<b>48</b>
31	<b>301.11</b>	<b>Youth In Out-Of-Home Care With Children.....</b>	<b>49</b>
32	<b>301.12</b>	<b>Qualified Residential Treatment Program (QRTP).....</b>	<b>50</b>
33	<b>301.13</b>	<b>Regional Screening Committee For Residential Care.....</b>	<b>55</b>
34	<b>301.14</b>	<b>Transition To Approved Placement.....</b>	<b>56</b>
35	<b>301.15</b>	<b>Guardianship And Legal Custody With A Relative And Non-Relative .....</b>	<b>57</b>
36	<b>301.16</b>	<b>Obtaining Birth Certificates From The Office Of Vital Statistics For Children In</b>	
37	<b>Out-Of-Home Care .....</b>		<b>57</b>
38	<b>301.17</b>	<b>Child Placement With Parent In A Licensed Family-Based Residential Substance</b>	
39	<b>Use Treatment Program.....</b>		<b>58</b>
40			
41	<b>302</b>	<b>Planning And Interventions.....</b>	<b>60</b>
42	<b>302.1</b>	<b>Child And Family Plans .....</b>	<b>60</b>
43	<b>302.2</b>	<b>Purposeful Visiting With The Child, Out-Of-Home Caregivers, And Parents ....</b>	<b>64</b>
44	<b>302.3</b>	<b>Preserving Connections .....</b>	<b>68</b>

45

46 **303 Services And Interventions ..... 71**

47 **303.1 [Visitation]Family-Time With Familial Connections ..... 71**

48 **303.2 Caseworker Visitation With The Child ..... 74**

49 **303.3 Maintaining The Home-To-Home Book ..... 74**

50 **303.4 Educational Services ..... 76**

51 **303.5 Health Care..... 79**

52 **303.5.1 Signing Consent For Medical Procedures ..... 84**

53 **303.6 Specific Medical Services ..... 86**

54 **303.7 Transition to Adult Living ..... 92**

55 **303.7a Youth Access To Technology ..... 107**

56 **303.8 Placement Prevention/Disruption Fund (Special Needs Funding)..... 109**

57 **303.9 Federal Benefits And Eligibility ..... 112**

58 **303.10 Children In Foster Care Who Are Not U.S. Citizens ..... 118**

59 **303.11 Facilitating Out-Of-State Travel For A Foster Child..... 120**

60 **303.12 Transportation ..... 121**

61 **303.12a Transporting Youth – Safety Of Caseworker And Youth ..... 122**

62 **303.13 Courtesy Worker And Region-To-Region Case Transfers ..... 124**

63 **303.14 Youth Obtaining A Driver License ..... 126**

64 **303.15 Casey Life Skills Assessment ..... 129**

65 **303.16 Foster Child Representative Payee Accounts..... 131**

66 **303.17 Permanency Round Table (PRT) Process ..... 144**

67

68 **304 Services To Family ..... 147**

69 **304.1 Initial Contact With Parents..... 147**

70 **304.2 Child And Family Contact ..... 148**

71 **304.3 Ongoing Contact Between Parents And Caseworker ..... 149**

72 **304.4 Wrap-Around Services ..... 149**

73 **304.5 Financial Support For Children In Out-Of-Home Care..... 150**

74 **304.6 Good Cause Deferral/Waiver Process..... 150**

75

76 **305 Relationship With Out-Of-Home Caregivers..... 151**

77 **305.1 Services To Out-Of-Home Caregivers ..... 160**

78 **305.2 Respite, Child Care, And Incidental Care For Children In Out-Of-Home Care 161**

79 **305.3 Rights Of Out-Of-Home Caregivers ..... 169**

80 **305.4 Confidentiality And The Use Of Foster Child Information And Images In Social**

81 **Networking Mediums And Public Forums..... 169**

82 **305.5 Process For Approving, Limiting, Or Denying Licensed Out-Of-Home Caregivers**

83 **For Placement..... 171**

84 **305.6 Release Of Home Studies For The Purpose Of Adoption ..... 174**

85

86 **306 Emergencies And Serious Situations..... 176**

87 **306.1 Pregnancy Of Youth In Out-Of-Home Care ..... 176**

88 **306.2 Immediate Removal Of A Child From A Placement..... 177**

89 **306.3 Allegations Of Abuse Against Out-Of-Home Caregiver ..... 177**

90	<b>306.4</b>	<b>Death Or Serious Illness Of A Parent Or Sibling Of A Child In Out-Of-Home</b>	
91	<b>Care</b>	.....	<b>177</b>
92	<b>306.5</b>	<b>Death And Burial Of A Child In Out-Of-Home Care</b> .....	<b>178</b>
93	<b>306.5a</b>	<b>Fatality In A Foster Home</b> .....	<b>179</b>
94	<b>306.6</b>	<b>Children In Out-Of-Home Care On Runaway Status</b> .....	<b>180</b>
95	<b>306.7</b>	<b>Law Enforcement Interviews Of Children In State Custody</b> .....	<b>180</b>
96	<b>306.8</b>	<b>Dually Involved Youth</b> .....	<b>181</b>
97	<b>306.8a</b>	<b>Electronic Monitoring Of Children Working With Juvenile Justice Services...</b>	<b>183</b>
98	<b>306.9</b>	<b>Notification Related To Student Safety</b> .....	<b>185</b>
99			
100	<b>307</b>	<b>Court And Case Reviews</b> .....	<b>186</b>
101	<b>307.1</b>	<b>Voluntary Relinquishment</b> .....	<b>188</b>
102	<b>307.2</b>	<b>Termination Of Parental Rights</b> .....	<b>190</b>
103	<b>307.2a</b>	<b>Exceptions And Compelling Reasons Not To Terminate Parental Rights</b> .....	<b>194</b>
104	<b>307.3</b>	<b>Appeal For Termination Of Parental Rights</b> .....	<b>196</b>
105	<b>307.4</b>	<b>Request For A New Hearing</b> .....	<b>197</b>
106	<b>307.5</b>	<b>Petition To Restore Parental Rights</b> .....	<b>197</b>
107			
108	<b>308</b>	<b>Transitions From DCFS Custody</b> .....	<b>202</b>
109	<b>308.1</b>	<b>Trial Home Placement And Return Of The Child Home</b> .....	<b>202</b>
110	<b>308.2</b>	<b>Identifying Custody and Guardianship With A Relative And Non-Relative As The</b>	
111	<b>Permanency Goal</b> .....		<b>204</b>
112	<b>308.2a</b>	<b>Guardianship Assistance With A Non-Relative</b> .....	<b>211</b>
113	<b>308.3</b>	<b>Transition To Adoptions And Adoption Finalization</b> .....	<b>220</b>
114	<b>308.3a</b>	<b>Contact Between Adopted Child And Birth Family Members</b> .....	<b>220</b>
115	<b>308.4</b>	<b>Transition To Independent Living</b> .....	<b>221</b>
116	<b>308.5</b>	<b>Transfer To Other Agencies</b> .....	<b>221</b>
117	<b>308.6</b>	<b>Termination Of Out-Of-Home Services</b> .....	<b>221</b>
118	<b>308.7</b>	<b>Foster Youth Petitioning The Court For Release From DCFS Custody</b> .....	<b>222</b>
119			
120	<b>309</b>	<b>Peer Parent Services</b> .....	<b>224</b>
121			
122	<b>310</b>	<b>Levels Of Care Evaluation Model</b> .....	<b>228</b>
123			
124	<b>311</b>	<b>Research Involving Children In The Division of Child And Family Services</b>	
125	<b>Custody</b> .....		<b>236</b>
126			



## 128 **300.2 Purpose**

129  
130 The Utah Department of Health and Human Services (DHHS), Division of Child and Family  
131 Services (DCFS) Out-of-Home Care Program provides short-term, culturally responsive services  
132 for a child and family when the child cannot be safely maintained at home. The program is  
133 available statewide.  
134

## 135 **300.3 Philosophy**

136  
137 Out-of-home care will be used only when there is no other alternative to provide for a child’s  
138 well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child an  
139 environment where physical, emotional, medical, dental, developmental, educational, cultural,  
140 and mental health needs are assessed and addressed. DCFS will diligently work to maintain  
141 familial connections through **[visitation]family-time** and shared activities while a child is in out-  
142 of-home care, when appropriate. The parent of a child in out-of-home care is also afforded an  
143 opportunity to build on family strengths and learn essential skills to provide a safe, nurturing  
144 environment to which the child may return. Out-of-home care major objectives have been  
145 developed in accordance with federal and state laws including required time frames that reduce  
146 the amount of time a child spends in care and provisions for an appropriate, permanent home or  
147 other permanency option that is in the best interests of the child.  
148

## 149 **300.4 Division of Child and Family Services And Caseworker** 150 **Expectations**

- 151
- 152 A. Facilitate a thorough functional assessment that defines the child and family’s strengths  
153 and needs and provides the framework from which to access appropriate services.  
154 Evaluate progress toward goals and adjust plans and interventions accordingly.  
155
  - 156 B. Identify an out-of-home care caregiver, possibly kin, who will meet the child’s needs and,  
157 together with the child’s parents, design a transitional plan to optimize the child’s  
158 adjustment and maintain familial connections through **[visitation]family-time** and shared  
159 activities.  
160
  - 161 C. Engage and facilitate a Child and Family Team to support the child and family including  
162 the out-of-home care caregiver and familial or community resources.  
163
  - 164 D. Develop a concurrent Child and Family Plan at the time of entry into care, using the  
165 strengths and needs of the family to guide the services offered and the goals of  
166 permanency to be achieved.  
167

168 ~~[300.5 — Safety For Lesbian, Gay, Bisexual, Transgender, And~~  
169 ~~Questioning (LGBTQ) Youth~~  
170 ~~(THIS SECTION IS BEING REVISED.)]~~

171 **300.5 Confidentiality, Safety, and Disclosure for DCFS**  
172 **Involved Youth**

173 **Major objectives:**

174 Youth who are DCFS involved need to have trusting relationships within the child welfare  
175 system. Navigating areas of practice that are specific to the unique needs of child and adolescent  
176 development and the formation of personal identity can be confusing and challenging. The  
177 following practices guide the caseworker and other staff in helping youth bridge the gap between  
178 knowing they are safe and feeling they are safe while receiving DCFS services.  
179

180  
181 **Practice Guidelines**

182 **A. Confidentiality, safety, and disclosure:**

- 183 1. Youth who are DCFS involved may disclose information pertaining to their  
184 personal believe system or identity formation to DCFS staff that the youth may  
185 want to keep private for reasons pertaining to privacy and feelings of personal  
186 safety. This information shall be treated with care. Caseworkers have a  
187 responsibility to protect the privacy of youth unless the information disclosed falls  
188 under the following:
  - 189 a. Duty to report child abuse or neglect;
  - 190 b. Safety of the child or another individual;
  - 191 c. Medical or other information requiring disclosure under a parent's rights  
192 or residual parental rights. [See: Practice Guideline Section 308.2.]
- 193 2. The caseworker will make every effort to include the youth in decision making on  
194 their behalf. This includes decisions regarding privacy, normative child and  
195 adolescent development, individualized needs in placement, interventions the  
196 youth is being asked to participate in, goals specific to the youth, and identifying  
197 support persons to be a part of their Child and Family Team.
- 198 3. The caseworker will support the youth in identifying trusted individuals within  
199 their lives who can provide a consistent and safe relationship to support the youth  
200 in their physical and emotional well-being and feelings of personal safety.  
201 Support persons identified should be enduring relationships that will support the  
202 youth throughout their life beyond DCFS services.
- 203 4. When a youth makes a disclosure that they wish to remain private, the caseworker  
204 will assess the disclosure for the criteria mentioned above and inform the youth of  
205 any mandated reporting requirements. The caseworker will invite the youth to  
206 participate in the reporting of this information to the extent that it is  
207 developmentally appropriate and safe for the youth to do so.
- 208 5. If the information disclosed does not fall under the mandated reporting areas  
209 mentioned above, but may impact the youth's healthy development, social or  
210 emotional wellbeing, interfamilial conflict, and current and future feelings of  
211 safety, the caseworker will inform the youth that they are required to share the

- 212 information with the youth’s mental health therapist. The caseworker will help the  
213 youth be prepared for the disclosure to their therapist, and will allow the youth to  
214 participate in this disclosure if possible (e.g., allowing the youth to help compose  
215 an email to the therapist, assisting the youth in having a phone call with the  
216 therapist, or caseworker attending a portion of a therapeutic session with the  
217 youth).
- 218 6. If the youth does not yet have a therapist, the caseworker will make all efforts to  
219 refer the youth to a therapist that practices in areas specific to the youth’s unique  
220 needs and development.
- 221 7. The caseworker will privately consult with the therapist regarding when it is  
222 appropriate to share the youth’s confidential information with parents, guardians,  
223 substitute caregivers, or others and how the information should be shared (e.g.,  
224 family therapy, Child and Family Team Meeting, or other setting).
- 225 8. The caseworker will then follow the recommendations of the youth’s therapist.
- 226 9. Activity logs and other documentation should not reflect confidential information  
227 relating to a youth’s personal belief system and identity formation, but should  
228 note disclosure of the confidential information and what steps were taken to  
229 support the youth in this disclosure, including staffing this information with their  
230 supervisor and making a referral to therapeutic services to help a youth navigate  
231 areas pertaining to child and adolescent development, healthy identity formation,  
232 and feelings of personal safety.
- 233

### 300.6 Resource Family Consultants – Role And Expectations

234  
235 Major objectives:

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

245

246  
247 Definitions

- 248 A. RFC – An employee of DCFS who is responsible for providing support for placements of  
249 children in out-of-home care with families that are licensed with a LFC license through  
250 the OL.
- 251

252 Practice Guidelines

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

254

- 255 A. The RFC will be familiar with the procedures and requirements necessary for a family to  
256 become a licensed out-of-home care provider and sustain licensure. These requirements

- 257 include basic licensing standards outlined by the OL, Background Screening  
258 Requirements, the Provider Code of Conduct, and the pre-service and ongoing training  
259 requirements.
- 260
- 261 B. The RFC will assist licensed resource families with tracking their number of in-service  
262 training hours in order to assist them in acquiring the required number of in-service hours  
263 needed for re-licensure.
- 264
- 265 C. The RFC will be familiar with the procedures outlined in Practice Guidelines [Section](#)  
266 [305](#), “DCFS relationship with Out-of-Home Caregiver”, and [Section 306](#), “Emergencies  
267 and Serious Situations.”
- 268
- 269 D. Each RFC is responsible for becoming familiar with and forming a working relationship  
270 with the resource families assigned to them. The RFC will develop knowledge of the  
271 strengths and needs of each resource family in regards to caring for a child in the custody  
272 of DCFS. The knowledge of the resource family will assist the RFC in facilitating a  
273 successful placement of a child in the custody of DCFS with the resource family.
- 274 1. The RFC is responsible for visiting newly licensed foster homes within 30 days or  
275 sooner of DCFS receiving the home study, in order to generally assess the type of  
276 child that the resource family may be successful with. Ideally, the visit should be  
277 conducted prior to the resource family having a child placed in their home.
- 278 2. The RFC is responsible for ongoing assessment of each resource family’s ability  
279 to care for a child in the custody of DCFS. Any significant information that the  
280 RFC learns regarding the family’s ability to provide quality care for a child will  
281 be documented in the Provider notes in SAFE. The RFC will also assess how  
282 significant life changes that occur in a family, such as births, deaths, adoption,  
283 divorce, etc., may impact the family’s ability to continue to provide care for  
284 children in the custody of DCFS.
- 285 3. The RFC is responsible for ensuring that they document any relevant information  
286 regarding the family they may learn from the OL and/or the Utah Foster Care  
287 regarding licensure, training, etc.
- 288 4. The RFC will provide any information that they become aware of to the OL that  
289 may be relevant to or may affect the licensure of the resource family.
- 290 a. If a foster home has not had a placement for more than 12 months after the  
291 date of the last OL inspection, the RFC will notify OL in order for them to  
292 conduct an inspection of the residence.
- 293 b. RFCs will notify OL when a newly licensed home has taken their first  
294 placement in order for OL to assess if an inspection is needed at that time.
- 295 5. When the caseworker and/or RFC identifies a safety concern with the foster  
296 home, the RFC will inform OL of the concerns and OL will follow up with the  
297 home to determine if any conditions shall be made to the license.
- 298 6. Minimum standards of contact with the resource family:
- 299 a. Monthly Contact: At minimum, the RFC is required to have monthly  
300 contact with each resource family they oversee. This may include a phone  
301 call, email, letter, or face-to-face contact with the resource family.



- 302                   b.       Face-to-Face Home Visits: The RFC is required to conduct a visit in the  
303                   home of each resource family they oversee a minimum of once every six  
304                   months, being more attentive to the resource homes with current  
305                   placements of children. The RFC will document a summary of the home  
306                   visit in the Provider Module of SAFE.
- 307                   (1)       Exceptions for the six-month face-to-face home visit may be made  
308                   for resource families that are not currently being utilized (are “on  
309                   hold”) due to personal issues, a recent adoption, etc. If a family  
310                   that is “on-hold” expresses that they want to resume taking  
311                   placements, the RFC must make a face-to-face visit in the home  
312                   prior to a child being placed there.
- 313                   c.       The RFC may determine that it is necessary to have more frequent contact  
314                   with a resource family based on the specific needs and vulnerabilities of a  
315                   child placed in the home, as well as the protective capacities of the  
316                   resource family.
- 317                   d.       The region may require more than the minimum standards of contact  
318                   between the RFC and the resource families they serve if a determination is  
319                   made that the region has the resources and capacity for more frequent  
320                   contact.
- 321
- 322 E.       Using the knowledge they possess of the resource families, the RFC assists the  
323                   caseworker in finding and facilitating a placement match for a child in the custody of  
324                   DCFS with a licensed resource home. The placement decision should take into account  
325                   factors that are in the child’s best interest when making a placement decision, including  
326                   but not limited to the skills of the foster parent; proximity to the home the child was  
327                   removed from; the potential that the child may be placed with kin; the ability of the  
328                   resource family to maintain siblings together; the proximity to the child’s home school;  
329                   and the permanency goal, including enduring safety and permanency for the child.
- 330                   1.       When possible, it is best practice for the RFC to assist the caseworker in  
331                   facilitating a pre-placement meeting regarding the specific needs of the child prior  
332                   to placement of the child in the home.
- 333                   2.       The RFC may assist the caseworker in providing information to the resource  
334                   family regarding the child prior to the placement of the child in the home. The  
335                   RFC will document providing the information to the resource family in the  
336                   activity logs of the child’s case in SAFE and will use the correct policy  
337                   attachment when documenting that this step was completed.
- 338
- 339 F.       The RFC will assist the caseworker in supporting and maintaining the placement of a  
340                   child with a resource family. The RFC may also assist in preventing possible placement  
341                   disruptions.
- 342                   1.       The RFC is responsible for knowing what resources are available to help support  
343                   and maintain a child’s placement in the home of a resource family, as well as how  
344                   to help the resource family access those resources.
- 345                   2.       The RFC may attend Child and Family Team Meetings, court, and home visits  
346                   with the caseworker. The RFC may also assist with the process of preparing a  
347                   family for adoption, if appropriate.

- 348 3. The RFC will be included as an integral part of the Child and Family Team, when  
349 the need arises, in order to assist the team in understanding and/or planning for  
350 placement transitions and issues regarding permanency for the child.
- 351 4. The RFC may assist the resource family in developing an understanding of  
352 DCFS' procedures and Practice Guidelines, especially when the resource family  
353 has questions and/or concerns.
- 354 5. The RFC may assist the resource family in finding a respite provider when  
355 needed.
- 356 6. In the event that a related-parties' investigation is initiated regarding a resource  
357 family, the RFC may provide answers to general questions regarding policies and  
358 procedures and may listen to concerns the provider may have in order to provide  
359 empathy as they go through the investigative process. The RFC may not,  
360 however, provide any information to the provider regarding the specifics of the  
361 investigation. In addition, the RFC has an obligation to provide any information  
362 to the CPS investigator that they believe may be relevant to the investigation.
- 363 7. The RFC assists the caseworker in ensuring that the health care requirements for  
364 the child are communicated to the resource family and may assist the caseworker  
365 in following up with the family to ensure that medical and mental health  
366 requirements for the child are completed in a timely manner.
- 367 8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed  
368 on an annual basis, upon re-licensure of the resource family. As a part of this  
369 process, the RFC will obtain an email address from each resource family and will  
370 enter the email address into the provider window in SAFE.
- 371
- 372 G. The RFC is responsible for developing and maintaining appropriate and professional  
373 partnerships with community partners, especially when it relates to maintaining a child in  
374 the home of an appropriate resource family and/or providing services to prevent  
375 placement disruption.
- 376
- 377 H. The RFC will attend, be prepared for, and actively participate in the placement committee  
378 when a resource family they are assigned to is presented as a potential match for a child  
379 needing placement.
- 380
- 381 I. The RFC will attend cluster meetings and other foster parents' activities when possible  
382 (at a minimum once a year) in order to build relationships with the families they serve,  
383 offer support to foster parents, answer questions, and understand issues faced by resource  
384 families.
- 385
- 386 J. The RFC will help resource families understand how to act in a professional manner at all  
387 times when representing themselves as a foster parent. This includes when they are  
388 interacting with others in the community as well as on social networking sites.
- 389

### 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 House Bill 346

- 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.

- 433 C. Age-Appropriate: a type of activity that is generally accepted as suitable for a child of the  
434 same age or level of maturity, based on the development of cognitive, emotional,  
435 physical, and behavioral capacity that is typical for the child's age or age group.  
436

### 437 Practice Guidelines

- 438 A. If a child in foster care desires to participate in an activity, the caregiver must use a  
439 reasonable and prudent parenting standard to determine if the activity requested is age  
440 appropriate. The caregiver will use the following items to guide their decision to approve  
441 or disapprove the activity:
- 442 1. The child's age, maturity, and developmental level to maintain the overall health  
443 and safety of the child;
  - 444 2. Potential risk factors and the appropriateness of the activity;
  - 445 3. The best interest of the child based on the caregiver's knowledge of the child;
  - 446 4. The importance of encouraging the child's emotional and developmental growth;
  - 447 5. The importance of providing the child with the most family-like living experience  
448 possible; and
  - 449 6. The behavioral history of the child and the child's ability to safely participate in  
450 the proposed activity.
- 451
- 452 B. If the caregiver is unsure if the child should participate in the proposed activity, the  
453 caregiver will discuss the items listed above with the caseworker, and if needed, other  
454 members of the child and family team to determine if the child may participate in the  
455 activity.  
456
- 457 C. If the child feels they are being denied the ability to participate in normalizing activities,  
458 a Child and Family Team Meeting may be convened.  
459
- 460 D. The caregiver will inform the caseworker of activities where the child will be away from  
461 the caregiver overnight. Reasonable and prudent parenting standards will be followed.  
462 Overnight activities requested by the child are not considered respite.  
463
- 464 E. It is not necessary for a caregiver to seek permission from DCFS each time a child  
465 participates in a routine activity. This would include any activities that the caregiver's  
466 family participates in on a regular basis, including but not limited to recreational sports,  
467 camping, hiking, biking, swimming, dance, art or music lessons, etc. If the activity has  
468 an inherent risk of bodily harm, injury, or death, the caregiver must inform the  
469 caseworker prior to the activity.  
470
- 471 F. For non-routine activities where bodily harm, injury, or death could occur, the caregiver  
472 will consult with the caseworker to assess using the reasonable and prudent parenting  
473 standard to determine if the activity is appropriate for the child to participate in. Some  
474 non-routine activities include but are not limited to:
- 475 1. Off-Highway Vehicle (OHV) or All-Terrain Vehicle (ATV).
  - 476 2. Water sports, including boating and white-water rafting.
  - 477 4. Horseback riding.
  - 478 5. Skiing, snowboarding, or snowmobiling

- 479  
480 If the sponsor of a particular activity, such as an athletic league, requires informed  
481 consent forms, those forms must be completed prior to the child participating in the  
482 activity.  
483
- 484 G. Any time a child participates in an activity that has an inherent risk of bodily harm,  
485 injury, or death, every precaution must be taken to participate in the activity as safely as  
486 possible. This would include wearing DOT/Snell approved helmets when riding OHV's,  
487 completing OHV education (<http://stateparks.utah.gov/resources/ohv/education>) or  
488 personal watercraft or boating education  
489 (<http://stateparks.utah.gov/resources/boating/education>), wearing Coast Guard approved  
490 lifejackets, and completing hunter's education ([http://wildlife.utah.gov/hunter-  
491 education.html](http://wildlife.utah.gov/hunter-education.html)). It also includes following any applicable statute pertaining to minors  
492 operating OHV's, personal watercraft, or boats and firearms.  
493
- 494 H. For children placed in a group home or residential treatment setting, the provider will  
495 incorporate normalcy activities into their program. The activities will be in-line with the  
496 reasonable and prudent parenting standard and will help children with skills essential for  
497 positive development.
- 498 1. If the activity is routine for the program, but has an inherent risk of bodily harm,  
499 injury or death, the provider will notify the agency of the activity.
  - 500 2. If the activity is non-routine and the activity has an inherent risk of bodily harm,  
501 injury or death, the provider will consult with the caseworker to assess using the  
502 reasonable and prudent parenting standard to determine if the activity is  
503 appropriate for the child to participate in.  
504
- 505 I. If the activity has a cost associated with the participation in the activity, such as athletic  
506 leagues, school dances, lessons, or recreation education fees, the caregiver will contact  
507 DCFS to determine if funds are available to pay for the activity.
- 508 1. For children under 14 years of age, the caseworker will staff the funding request  
509 with their supervisor to determine what funds can be used to support the child in  
510 participating in the activity. These may include:
    - 511 a. Utah Foster Care's Wishing Well Funds;
    - 512 b. Special Needs Miscellaneous; or
    - 513 c. Monthly Personal Needs Funds.
  - 514 2. If the youth is 14 years of age or older, the caseworker will also staff the funding  
515 request with the regional Transition to Adult Living coordinator to determine if  
516 the activity can be supported with Chafee funding.  
517

518 **300.8 Missing, Runaway, And Abducted Child During An Out-**  
519 **of-Home Case – Human Trafficking**

520 Major objectives:

521 Children who are missing, have run away, or have been abducted from state’s custody are at  
522 an increased risk for exploitation and trauma due to having to meet their own needs in ways  
523 that may be unsafe. Every effort must be taken to find missing children and to prevent  
524 children from running or being abducted. It is imperative to locate children who are missing.  
525 Once located, the children should be assessed for human trafficking, and provided holistic  
526 services that meet their needs, including addressing any trauma that may have occurred during  
527 the missing, runaway, or abduction period.  
528

529 Children need to be placed in the least restrictive placement possible following a runaway  
530 episode while their needs are assessed. Children should only be placed in detention if they  
531 have committed a crime that requires a placement in a correctional facility. Running away is  
532 not a chargeable offense.  
533

534 Since 2012, there has been an increase in the awareness and prevalence of runaway and  
535 homeless children, particularly children involved in child welfare systems. Increased  
536 awareness includes the Commercial Sexual Exploitation of Children (CSEC), known as  
537 human trafficking. These guidelines are intended to help caseworkers incorporate best  
538 practices for working with runaway or missing children, homeless children, and children who  
539 are victims of CSEC.  
540

541  
542 **Applicable Laws**

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

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

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

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

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

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

551 Utah Code Ann. [§76-10-1302](#). Prostitution.  
552

553 Practice Guidelines

554 A. Definitions:

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



- 562 age. A commercial sex act is any sex act on account of which anything of value is  
563 given to or received by any person.
- 564 2. Runaway: A minor, other than an emancipated minor, who is absent from the  
565 home or lawfully prescribed residence of the parent or legal guardian of the minor  
566 without the permission of the parent or legal guardian.
- 567 3. Homeless: An individual who lacks housing.
- 568 4. Missing: Federal law (34 U.S.C. §11292) a “missing child” is “any individual less  
569 than 18 years of age whose whereabouts are unknown to such individual’s parent”  
570 or legal guardian. This broad definition includes “children who may have (1)  
571 been abducted by a non-family member; (2) wrongfully taken or retained by a  
572 person related to them; (3) wandered away from a safe environment and become  
573 lost; (4) been displaced by disaster; (5) run away from a home, foster home, or  
574 state care facility; or (6) otherwise gone missing for any reason at all.”
- 575 5. Abducted: Utah Code Ann. [§78b-16-102](#): “the wrongful removal or wrongful  
576 retention of a child.” For the purpose of this guideline, this term also includes  
577 Child Kidnapped in Utah Code [§76-5-301.1](#) and Kidnapping in Utah Code [§76-5-  
578 301](#).
- 579 6. Child Kidnapped: Utah Code Ann. [§76-5-301.1](#): “An actor commits child  
580 kidnapping if the actor intentionally or knowingly, without authority of law, and  
581 by any means and in any manner, seizes, confines, detains, or transports a child  
582 under the age of 14 without the consent of the victim's parent or guardian, or the  
583 consent of a person acting in loco parentis.”
- 584 7. Kidnapping: Utah Code Ann. [§76-5-301](#): “An actor commits kidnapping if the  
585 actor intentionally or knowingly, without authority of law, and against the will of  
586 the victim:
- 587 a. detains or restrains the victim for any substantial period of time;  
588 b. detains or restrains the victim in circumstances exposing the victim to risk  
589 of bodily injury;  
590 c. holds the victim in involuntary servitude;  
591 d. detains or restrains a minor without the consent of the minor's parent or  
592 legal guardian or the consent of a person acting in loco parentis, if the  
593 minor is 14 years of age or older but younger than 18 years of age; or  
594 e. moves the victim any substantial distance or across a state line.”  
595
- 596 B. Prevention of Children Running Away from Foster Care: Children in foster care run  
597 away for a variety of reasons. The most significant reasons include a search for safety,  
598 independence, and the least restrictive placement; conflict with their caregiver, including  
599 abuse and neglect and trying to escape an unpleasant situation; being asked to run with a  
600 peer or trying to find a sense of normalcy. Most often, it can be categorized as running to  
601 something/someone or running from something/someone.
- 602 1. To prevent the child from running, the caseworker will ask during each monthly  
603 home visit if the child has any concerns regarding the placement, including:
- 604 a. Their relationship with the caregiver.  
605 b. If the child’s needs are being met by the caregiver.
- 606 2. If the child discloses there are issues with the placement, the caseworker will ask  
607 the child what solutions they have thought of to address the issues and what the

- 608 caseworker can do to help improve the situation. If the child discloses that he or  
609 she has thought about running from the placement, the caseworker will address  
610 those issues with the child to problem solve by asking some of the following  
611 questions:
- 612 a. What else can be done to improve things before you leave?
  - 613 b. What would make you stay in the placement?
  - 614 c. How will you survive?
  - 615 d. Is running away safe?
  - 616 e. Who can you talk to about the situation?
  - 617 f. Are you being realistic?
  - 618 g. Have you given this enough thought?
  - 619 h. What are your other options?
  - 620 i. Who will you call if you end up in trouble?
  - 621 j. What will happen when you return?
- 622 3. When needed, a Child and Family Team Meeting will be convened to discuss the  
623 issues raised by the child and to develop solutions that will allow the child to  
624 remain safely in their placement. Possible strategies to help prevent the runaway  
625 behavior include, but are not limited to:
- 626 a. Increased support system for the child.
  - 627 b. Involve child in case planning decisions, including placement decisions.
  - 628 c. Exploration of kinship as either placement options or informal supports.
  - 629 d. Provide the child with information for the National Runaway Safeline to  
630 call or live chat at 1-800-runaway or [www.1800runaway.org](http://www.1800runaway.org).
  - 631 e. Identify a safe place for the child to go if they run  
632 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).
  - 633 f. Provide child with the DCFS Child Abuse Reporting Hotline (1-855-323-  
634 3237) to make a referral if they feel unsafe in their placement.
- 635
- 636 C. Response When a Child is Missing, has Run Away, or has been Abducted during an Out-  
637 Of-Home Services Case:
- 638 1. The caregiver must:
    - 639 a. Immediately contact law enforcement agency where the child resides if the  
640 child is believed to have been abducted, and provide any necessary  
641 information to promote the safe return of the child.
    - 642 b. Notify the caseworker immediately that the child is missing, has run away,  
643 or has been abducted. This includes the last time the child was seen, when  
644 the caregiver noticed they were missing, had run away, or had been  
645 abducted, and what they were wearing.
    - 646 c. If it is outside normal business hours and unable to contact the  
647 caseworker, call Intake and report that the child is missing, has run away,  
648 or has been abducted. Intake will relay the information to the on-call  
649 worker and notify the assigned foster care caseworker and supervisor via  
650 email. The on-call worker will also relay the information to the assigned  
651 foster care caseworker or, if the assigned foster care caseworker is not  
652 available, to the on-call supervisor.



- 653 2. Upon receiving information from the caregiver, and based on the information  
654 obtained, the caseworker will determine if the child is missing, has run away, or  
655 has been abducted. The caseworker will verify if a police report has been filed  
656 and an Amber Alert had been issued.
- 657 3. The caseworker will immediately try to contact the child through a phone call or  
658 text. If the child responds, the caseworker will gather information regarding the  
659 safety and well-being of the child.
- 660 a. The caseworker will encourage the child to come back into care.
- 661 (1) This must be done with sensitivity to the child and their situation,  
662 as the child may have been running from an unsafe situation and  
663 may not trust DCFS or the caseworker.
- 664 (2) If the child indicates that they were running from an unsafe  
665 situation, the caseworker will reassure the child, take steps to have  
666 the child safely return, and work with the Child and Family Team  
667 to arrange for an alternate placement.
- 668 b. The caseworker will document all contact between the child and the  
669 caseworker in SAFE.
- 670 4. If unable to reach the child, the following steps will be completed without delay:
- 671 a. The caseworker will notify parents or guardians that the child is missing,  
672 has run away, or has been abducted and will engage them to determine if  
673 the child has run to a parent or guardian. If parental rights have been  
674 terminated, do not disclose any information about the child or the child's  
675 placement to the parents, other than that you are seeking information about  
676 the child's whereabouts.
- 677 b. The caseworker will contact other members of the Child and Family Team  
678 to notify them that the child is missing, has run away, or has been  
679 abducted and to determine if they have any knowledge of the whereabouts  
680 and safety of the child.
- 681 c. The caseworker will notify the Assistant Attorney General (AAG) or on-  
682 call AAG that the child is missing, has run away, or has been abducted,  
683 and request a warrant in accordance with Utah Code [§80-2a-202\(6\)](#).
- 684 (1) The caseworker will request that the child be taken to the least  
685 restrictive placement (i.e., current or prior placement, juvenile  
686 receiving center, Christmas Box House) once the child is found.  
687 Children who have run away will not be placed in detention unless  
688 by law enforcement for delinquent acts. Running away is not a  
689 chargeable offense.
- 690 (2) The caseworker will also notify the GAL and child's parent or  
691 guardian who has a right to family-time with the child that a  
692 warrant has been issued.
- 693 (3) The caseworker will contact the BCI Support Team if the warrant  
694 is requested and/or approved after normal business hours and  
695 request that a critical care message be entered into the CARE  
696 system.
- 697 5. The caseworker will contact law enforcement to file a Missing Persons Report.  
698 The caseworker will also:

- 699 a. Obtain a copy of the police report from the law enforcement agency.  
700 b. Provide the agency with a copy of the warrant when received.  
701 c. Request that the child be placed on the National Crime Information Center  
702 (NCIC).
- 703 6. The caseworker will notify the region director, or designee, who will then notify  
704 the DCFS director and public information officer that a child is missing, has run  
705 away, or has been abducted who is in the custody of DCFS. The public  
706 information officer will determine if the media should be contacted to assist in  
707 locating and returning the child, after confirming that media notification will not  
708 interfere with a law enforcement investigation.
- 709 7. The caseworker will report the child is missing to the National Center for Missing  
710 and Exploited Children by going to <https://cmfc.missingkids.org/reportit> within  
711 24 hours of the caseworker receiving notification that the child is missing, has run  
712 away, or has been abducted. The caseworker will follow the directions online to  
713 create a user account. The caseworker will gather case information and relevant  
714 materials before starting the report process. Basic information the caseworker  
715 will be asked to provide:
- 716 a. Child's full name;  
717 b. Child's date of birth;  
718 c. Date child went missing;  
719 d. City and state from where child went missing;  
720 e. Guardian information including agency name, and telephone;  
721 f. Law enforcement information including agency name and telephone;  
722 g. A photo of the child;  
723 h. A description of the child's physical features, such as:  
724 (1) height;  
725 (2) weight;  
726 (3) gender;  
727 (4) ethnicity/race;  
728 (5) eye color.
- 729 i. Endangerment information, such as:  
730 (1) pregnancy status;  
731 (2) prescription medications;  
732 (3) suicidal tendencies;  
733 (4) vulnerability to being sex trafficked;  
734 (5) other health and risk factors;
- 735 j. Circumstances surrounding the incident; and  
736 k. Description of any person who may be with the child.
- 737 8. The caseworker will continue making attempts to contact the child through a  
738 variety of communication means, such as phone calls, texting, email, and social  
739 media at least weekly, until the child has been located or eight weeks from the  
740 time the child was reported as runaway, whichever is sooner, to assess if the child  
741 is safe and their needs are being met. All efforts to locate the child will be  
742 documented in SAFE.

- 743 a. If the child responds to the outreach made by the caseworker, the  
744 caseworker will gather critical information regarding the safety and well-  
745 being of the child.
- 746 b. The caseworker will encourage the child to come back into care. This  
747 must be done with sensitivity to the child and their situation, as the child  
748 may have been running from an unsafe situation and does not trust DCFS  
749 or the caseworker.
- 750 c. The caseworker will document all correspondence between the child and  
751 the caseworker in SAFE.
- 752 9. The caseworker will continue to seek leads regarding the child's whereabouts  
753 through a variety of communication means with a parent, guardian, or other  
754 family or relational contacts. Any information gained will be provided to law  
755 enforcement to aid in finding the child.
- 756 a. If the caseworker suspects the child has been abducted or is being  
757 harbored by anyone, and they refused to return the child to care, the  
758 caseworker will notify the individual that harboring a runaway is in  
759 violation of Utah Code Ann. [§80-5-601](#)) and will inform law enforcement.
- 760 b. If it is during the school year, the caseworker will contact the school and  
761 request that they notify DCFS if the child contacts or arrives at school.
- 762 10. If a request for a ransom is received, the caseworker will notify the local FBI  
763 immediately with as much detail as possible from the requested source, such as  
764 letter, phone call, text, email, or social media message. (The FBI office:  
765 [fbi.gov/saltlakecity/](http://fbi.gov/saltlakecity/), FBI SLC 257 Towers Building, Suite 1200, 257 East 200  
766 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI web page for  
767 Crimes Against Children at <http://www.fbi.gov/hq/cid/cac/crimesmain.htm>.)
- 768 11. After 24 hours, the caseworker will update the child's placement status/code in  
769 SAFE to CRW.
- 770 12. The caseworker will staff the case with their regional administrative team to  
771 determine if the out-of-home caregiver should continue to be paid as outlined in  
772 Administrative Guidelines Section 060.8 while the child is missing, has run away,  
773 or has been abducted. The agreement to pay the out-of-home caregiver will not  
774 exceed 10 days.
- 775 13. If the child is missing, has run away, or has been abducted for more than eight  
776 weeks, the caseworker will contact the law enforcement agency who took the  
777 initial report to give further information, including dental records, scars, marks  
778 and tattoos, jewelry type, blood type, and other identifiable features in the event  
779 that a deceased is discovered locally or nationwide.
- 780 14. If the child is missing, has run away, or has been abducted for more than 12  
781 weeks, the caseworker will staff the case with regional administration or designee  
782 to determine if the case should remain open or if a motion to close the case should  
783 be filed.
- 784 a. If a motion is filed requesting the case be closed, the motion must address  
785 what steps the caseworker has taken to find the child.
- 786 b. If the case is to remain open, the caseworker will make monthly attempts  
787 to locate the child. All attempts must be documented in SAFE.

- 788 15. If the child engages in chronic runaway behavior (i.e., has run away more than  
789 three times a year or more than once in a 30-day period), the caseworker will  
790 assess with the Child and Family Team the reasons the child is running and  
791 implement strategies to address the behavior. This could include:
- 792 a. Assessing the placement to determine if the placement best meets the  
793 needs of the child. A higher or lower level of care will be considered if it  
794 better meets the needs of the child.
  - 795 b. Determining if the child is running to something/someone such as family,  
796 peers, and/or intimate relationships. If the child is running to someone,  
797 the caseworker will consider making these relationships part of the Child  
798 and Family Team.
  - 799 c. Assessing if there are issues at school that have an impact on the  
800 placement or contribute to the runaway behavior, such as bullying or other  
801 negative peer relationships or struggles with academic progress.
  - 802 d. Addressing with the child's treatment provider issues relating to the  
803 runaway behavior.
  - 804 e. If necessary, conducting a professional staffing with the region  
805 permanency specialists.
- 806 16. If the youth in foster care is over 18 years of age, the Child and Family Team will  
807 determine if the case should remain open. The team will consider:
- 808 a. Overall safety and supportive relationships.
  - 809 b. Developmental level and ability to meet their own needs.
  - 810 c. If the case should remain open, or if the foster care case should be closed  
811 and the youth released from care.
  - 812 d. If it is determined that the child can safely meet their own needs, the  
813 caseworker will ask the AAG to file for an early review to close the case.  
814
- 815 D. Return to Care:
- 816 1. Once the child is located, the caseworker will determine the primary factors that  
817 caused or contributed to the child's absence from care. The caseworker will  
818 select a placement for the child that accommodates the child's needs and takes  
819 into consideration the factors and experiences that led to the child running from  
820 care. The child should only be placed in detention if the child has committed a  
821 crime that requires a placement in a correctional facility. Running away is not a  
822 chargeable offense.
  - 823 2. A court may temporarily place a child in a detention facility, who is taken into  
824 custody based upon a warrant issued under Utah Code Ann. [§80-6-202](#), if the  
825 court finds that detention is the least restrictive placement available to ensure the  
826 immediate safety of the child. A child placed in detention may not be held in  
827 detention longer than is necessary for the caseworker to identify a less restrictive,  
828 available, and appropriate placement for the child.
  - 829 3. The caseworker will remove the child from the National Center for Missing &  
830 Exploited Children website (<https://cmfc.missingkids.org/reportit/>).
  - 831 4. The caseworker will complete a return of service if the warrant was served by law  
832 enforcement or a caseworker and the child is found. A motion to vacate the  
833 warrant will be filed when:

- 834 a. The child returns to the placement voluntarily.  
835 b. The child appears at court.  
836 c. Court jurisdiction is terminated.  
837 d. The child in custody ages out of foster care.  
838 e. Custody has been terminated.  
839 f. A new eWarrant is needed due to an error in the first warrant after the  
840 initial warrant had been approved by a judge.
- 841 5. The caseworker will contact the original law enforcement agency (if known) to  
842 have law enforcement remove the child from NCIC,
- 843 6. The caseworker will assess if the child is a victim of trafficking. The caseworker  
844 will conduct an interview with the child in a neutral location, after the child is safe  
845 and their physical needs have been met. It is best if the interview can be  
846 conducted at a CJC. If not, the caseworker will use the forensic interviewing  
847 model when interviewing the child. The caseworker will assess for the items  
848 listed below during the interview: “While your whereabouts were unknown:  
849 a, did someone control, supervise, or monitor your work/actions?”  
850 b. could you leave your job or work situation if you want to?”  
851 c. was your communication ever restricted or monitored?”  
852 d. were you able to access medical care?”  
853 e. were you ever allowed to leave the place you were living/working?”  
854 f. under what conditions?”  
855 g. was your movement outside of your residence/workplace ever monitored  
856 or controlled?”  
857 h. what did you think would have happened if you left the situation?”  
858 i. was there ever a time when you wanted to leave, but felt that you could  
859 not?”  
860 j. what do you think would have happened if you left without telling  
861 anyone?”  
862 k. did you feel it was your only option to stay in the situation?”  
863 l. did anyone ever force you to do something physically or sexually that you  
864 didn’t feel comfortable doing?”  
865 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,  
866 punched, burned, etc.) by anyone?”  
867 n. were you ever sexually abused (sexual assault/unwanted touching, rape,  
868 sexual exploitation, etc.) by anyone?”  
869 o. did anyone ever introduce you to or provide you with drugs, alcohol or  
870 medications?

871 Resources: “Screening Tool for Victims of Human Trafficking,” U.S. Department of  
872 Health and Human Services,

873 [http://www.justice.gov/usao/ian/htr/health\\_screen\\_questions.pdf](http://www.justice.gov/usao/ian/htr/health_screen_questions.pdf).

- 874 7. If during the interview, the child discloses that CSEC or other human trafficking  
875 has occurred and the interview is not being recorded at a CJC, discontinue the  
876 interview, explaining to the child the importance of the information they are  
877 sharing and the need to change the venue for the interview. Schedule an interview  
878 at the CJC.

- 879 8. If the child reports that they may be victims of CSEC or other trafficking, the  
880 caseworker will access the appropriate resources to address the CSEC. This is  
881 including but is not limited to:
  - 882 a. Reporting to law enforcement within 24 hours that the child may be a  
883 victim of CSEC and assist in the investigation.
  - 884 b. Accessing the appropriate mental health care, preferably a therapist that  
885 specializes in treating victims of CSEC.
  - 886 c. Informing the caregiver that the child may be a trafficking victim and  
887 providing resources that may aid the caregiver in caring for the child and  
888 addressing trafficking concerns.
    - 889 (1) Provide the caregiver and the child with information for the  
890 National Runaway Safeline to call or live chat at 1-800-runaway or  
891 www.1800runaway.org.
    - 892 (2) Identify a safe place for the child to go if they run  
893 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).
    - 894 (3) Refer to <https://www.missingkids.org/> for information regarding  
895 missing and exploited children.
    - 896 (4) Refer to 211 resources.
- 897 9. The caseworker will keep parents up to date on treatment and services provided to  
898 address trafficking concerns, unless parental rights have been terminated.
- 899 10. Organize a Child and Family Team Meeting, if needed, to determine the need for  
900 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:



- 923 1. Be treated with respect regardless of age, race, culture, gender, sexual orientation,  
924 gender expression, religious beliefs, family relations, or family history.
- 925 2. Live in a safe and healthy environment with adequate clothing, appropriate  
926 hygienic items, and sufficient food of nutritional value.
- 927 3. Have access to adequate health care services, including mental health, physical  
928 health, and dental health, as well as the right to request medical appointments and  
929 consistent and quality medical attention.
- 930 4. Attend our school of origin or an appropriate school and access to transportation  
931 to and from school (and/or employment and extracurricular activities, if  
932 applicable).
- 933 5. Participate in or continue to participate in healthy and appropriate activities  
934 associated with school, culture, a religious organization, or within the community.
- 935 6. Have access to vital documents (birth certificate, social security card, state  
936 identification card) before aging out of foster care, as well as access to services  
937 and resources regarding the transition to adulthood.
- 938 7. Express our opinions, thoughts, needs, and feelings in a respectful, constructive  
939 manner.
- 940 8. Actively participate in case planning and be informed of changes in our case,  
941 including participation in placement decisions.
- 942 9. Be allowed to pack our own belongings in luggage or other suitable containers.
- 943 10. Receive quality services that meet our specific needs in conjunction with a stable  
944 environment and the least amount of disruptions.
- 945 11. Be informed of our rights and have an identified person or entity to contact when  
946 rights are violated, such as our Guardian ad Litem or Child Protection Ombud.
- 947 12. Maintain healthy relationships with parents and siblings through frequent  
948 **[visitation]family-time** and contact.
- 949 13. Have access to important adults, including caseworkers and legal representatives.
- 950 14. Be informed of when our court hearings are and be able to attend those hearings.
- 951
- 952 B. The Utah Foster Care Bill of Rights can be found at  
953 <https://powerdms.com/link/UTAHDHHS/document/?id=1307143>.
- 954
- 955 C. Children in out-of-home care will be informed of their rights while in foster care on a  
956 level that is commensurate with their developmental level. For non-verbal children, the  
957 Bill of Rights will be reviewed with the out-of-home caregiver.
- 958 1. During the first 30 days that a child is in care, the caseworker will review the Bill  
959 of Rights with the child.
  - 960 a. The caseworker will review the Bill of Rights during a Child and Family  
961 Team Meeting so all parties involved in the case are aware of the rights of  
962 the child, or
  - 963 b. The caseworker will review the Bill of Rights with the child during a  
964 private conversation during a home visit.
  - 965 c. The caseworker will review the Bill of Rights with the out-of-home  
966 caregiver and the child during the home visit when the child is placed in a  
967 foster home or facility.

- 968 d. The caseworker will obtain the signatures of the foster parent or provider
- 969 and the child on the Bill of Rights document.
- 970 e. A copy of the Bill of Rights will be placed in the Home-to-Home Book,
- 971 and the caseworker will provide the child with a copy of the Bill of Rights.
- 972 f. The caseworker will upload the signed copy of the Bill of Rights into
- 973 SAFE content manager and will document in the activity log for the visit
- 974 that the Bill of Rights was reviewed and signed.
- 975
- 976 2. Children will be able to access the Bill of Rights at any time through the Home-
- 977 to-Home Book or other mechanism used by the caregiver to keep records and
- 978 documents for the child.
- 979 3. If the child requests a personal copy of the Bill of Rights, the caseworker will
- 980 deliver the document within one week of the request.
- 981
- 982 D. If a child feels their rights have been violated, the child must be given the same resources
- 983 to resolve the conflict as any other individual. This includes:
- 984 1. A meeting with the caseworker and the supervisor.
- 985 2. Contact information for the child’s Guardian ad Litem.
- 986 3. Contact information for the DCFS constituent services specialist at (801) 538-
- 987 4100.
- 988 4. Contact information for the Child Protection Ombuds at (801) 538-4589.
- 989

**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**

- 1000 Utah Code Ann. [§78B-15-201](#). Establishment of parent-child relationship.
- 1001 Utah Code Ann. [§78B-15-204](#). Presumption of paternity.
- 1002 Utah Code Ann. [§78B-15-301](#). Declaration of Paternity.
- 1003
- 1004

Practice Guidelines

- 1005 A. The caseworker will staff the case with the AAG to determine if any of the following
- 1006 criteria are met to allege legal paternity in the verified petition. It is imperative to
- 1007 complete this process at the earliest possible point in the case. If evidence of legal
- 1008 paternity for the child is available, the caseworker will request that the AAG allege the
- 1009 legal paternity in the verified petition. The following are considered evidence of legal
- 1010 paternity:
- 1011



- 1012 1. An un rebutted presumption that a man is the father. A man is legally presumed to  
1013 be the father if:
- 1014 a. He and the mother of the child were married to each other and the child  
1015 was born during the marriage.
- 1016 b. He and the mother of the child were married to each other and the child is  
1017 born within 300 days after the marriage is terminated by death, annulment,  
1018 declaration of invalidity or divorce, or after a decree of separation.
- 1019 c. Before the birth of the child, he and the mother of the child married each  
1020 other in apparent compliance with law, even if the attempted marriage is  
1021 or could be declared invalid, and the child is born during the invalid  
1022 marriage or within 300 days after its termination by death, annulment,  
1023 declaration of invalidity, or divorce or after a decree of separation.
- 1024 d. After the birth of the child, he and the mother of the child married each  
1025 other in apparent compliance with law, whether or not the marriage is, or  
1026 could be declared, invalid, he voluntarily asserted his paternity of the  
1027 child, and there is no other presumptive father of the child, and:
- 1028 (1) the assertion is in a record filed with the Office of Vital Records;
- 1029 (2) he agreed to be and is named as the child's father on the child's  
1030 birth certificate; or
- 1031 (3) he promised in a record to support the child as his own
- 1032 2. An effective declaration of paternity by the man filed with Vital Records.
- 1033 3. An adjudication of the man's paternity.
- 1034 4. Adoption of the child by the man.
- 1035 5. The man consented to assisted reproduction by a woman, which resulted in the  
1036 birth of the child.
- 1037 6. An adjudication confirming the man as a parent of a child born to a gestational  
1038 mother if the agreement was validated or is enforceable under other law.
- 1039
- 1040 B. Genetic Testing: A genetic test showing a man is the father creates a presumption of  
1041 paternity. If the alleged father does not rebut the presumption through another test that  
1042 shows he is not the father, the judge can then use the genetic test to adjudicate a man as  
1043 the father. A paternity test is evidence that can establish a presumption. However, a  
1044 judge must still issue an order establishing paternity.
- 1045
- 1046 C. The following assertions are not sufficient evidence of legal paternity
- 1047 1. The mother says the man is the father.
- 1048 2. The man claims he is the father.
- 1049 3. Everyone knows the man is the father.
- 1050 4. The man lives with the mother and the child.
- 1051 5. The man pays child support for the child.
- 1052 6. The man's name is on the birth certificate (unless he has also complied with all  
1053 other requirements for establishing legal paternity, as described in section A(1)(d)  
1054 above).
- 1055

- 1056 D. If legal paternity cannot be established by the evidence listed above, the caseworker will  
1057 ask the AAG for paternity to be established by adjudication in the juvenile court if the  
1058 following conditions are met:
- 1059 1. Establishing paternity is in the child’s best interests; and
  - 1060 2. The man has a significant relationship with the child that should be legally  
1061 established. To establish that a significant relationship exists, the caseworker and  
1062 the AAG must gather evidence to document the significant relationship. The  
1063 evidence may include:
    - 1064 a. Exercising family-time prior to DCFS involvement.
    - 1065 b. Providing monetary and other support.
    - 1066 c. Communicating, acknowledging or celebrating special occasions.
    - 1067 d. Facilitating healthful relationship with extended family.
    - 1068 e. Engaging in other behaviors that demonstrate a normal, healthy parenting  
1069 relationship between the alleged father and the child.
    - 1070 f. Providing primary care for the child.
    - 1071 g. The child reports he or she considers the individual their father.
    - 1072 h. The child’s behaviors toward the alleged father include but are not limited  
1073 to: recognizing or acknowledging the father, showing interest or affection  
1074 or expressing a desire to be with the father.
  - 1075 3. The man has relatives who have a significant relationship with the child or could  
1076 be potentially supportive placements or provide legal permanency for the child.
- 1077
- 1078 E. Paternity may still be established even if no relationship between the alleged father and  
1079 the child exists. Caseworkers will determine if it is in the best interest of the child that  
1080 paternity be legally established. Caseworkers will need to establish one or more of the  
1081 following:
- 1082 1. No other father figure is available;
  - 1083 2. The alleged father's extended family (the biological family) is safe, appropriate,  
1084 and willing to care for the child;
  - 1085 3. The absence of a significant relationship is excusable (such as the mother was  
1086 hiding the child from the father); or
  - 1087 4. Child support from the father is important enough to justify establishing parental  
1088 rights, or other evidence that "this" child needs "this" father.
- 1089
- 1090 F. Once DCFS has determined it is in the best interests of a child to establish paternity and  
1091 sufficient evidence is documented to establish best interests, the AAG will allege in the  
1092 petition that the named man is the alleged father and that it is in the child’s best interests  
1093 to require paternity be established even though legal paternity has not been previously  
1094 established.
- 1095
- 1096 G. Once paternity is established, the caseworker will engage the father in the Child and  
1097 Family Team, assessments, case planning, and interventions. All requirements regarding  
1098 legal parents are applicable. This includes monthly contacts, **visitation** family-time, and  
1099 permanency planning.
- 1100

1101 **301 Preparation For Placement In Out-Of-Home Care**

1102

1103 **301.01 Opening A Foster Care Case**

1104

1105 Practice Guidelines

1106 A. The “earliest removal/custody date” is the foster care case start date. According to  
1107 Federal Regulations 1355.20, “A State may use a date such as the date the child is  
1108 physically removed from the home. This definition determines the date used in  
1109 calculating all time period requirements for the periodic reviews, permanency hearings,  
1110 termination of parental rights provisions, and for providing time-limited reunification  
1111 services. The definition has no relationship to establishing initial title IV-E eligibility.”

1112

1113 The earliest removal/custody date is the date that the child was initially removed from the  
1114 custody of their legal guardians by DCFS (protective custody), the court (temporary or  
1115 adjudicated), or by voluntary written consent (voluntary custody). A foster care case will  
1116 not be opened on a CPS removal unless DCFS is granted temporary custody, adjudicated  
1117 custody, or voluntary custody. If DCFS has protective custody as the result of a CPS  
1118 removal and the child is either returned home or temporary custody is granted to relatives  
1119 at the shelter hearing, a foster care case should not be opened in SAFE. However, if a  
1120 removal is done during the course of an In-Home Services case without a CPS case being  
1121 opened to document the removal, then an SCF case should be opened to document the  
1122 custody and placements during the removal time frame.

1123 1. Using the earliest removal/custody date as the start date, the foster care case  
1124 should be opened in SAFE by midnight of the second business day after  
1125 receiving:

1126 a. Court-ordered temporary custody after a CPS removal, usually granted at  
1127 the shelter hearing;

1128 b. Court-ordered adjudicated custody; this is usually the date of the court  
1129 finding or direct order into custody;

1130 c. Voluntary custody by a parent or legal guardian;

1131 d. Protective custody taken during the course of an In-Home Services case  
1132 when there is no CPS case or other documentation of the removal.

1133 2. If there is an open case (such as CPS, PAT, PSS, PFP, etc.) at the time of the  
1134 earliest removal/custody date, then the current primary caseworker is responsible  
1135 for opening the foster care case in SAFE. If a foster care caseworker has not been  
1136 identified, the current primary caseworker will assign the foster care case to  
1137 himself or herself, pending case transfer. The current primary caseworker is  
1138 responsible for all foster care case action items and activities until a new primary  
1139 caseworker is identified and assigned to the foster care case.

1140

**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 **visitation** 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 Child and Family Assessment, 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. 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 age 14 years and older will also contribute to developing the Child and Family Team.
  - 1. Youth age 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

- 1185 engage the youth in determining who the youth would like to invite to the Child  
1186 and Family Team.
- 1187 2. If a youth chooses a minor to be a member of the Child and Family Team, the  
1188 caseworker has the discretion on whether to obtain a release of information from  
1189 the youth to seek permission from the invited minor’s parent and/or guardian to  
1190 participate on the Child and Family Team. Regardless of whether there is a  
1191 release of information, the minor is held to the same confidentiality standards as  
1192 other members of the Child and Family Team.
- 1193 3. Any individuals identified by the youth to be members of the Child and Family  
1194 Team will need to be approved by the Child and Family Team prior to the  
1195 individual attending a Child and Family Team Meeting. The Child and Family  
1196 Team will make the determination by assessing if the individual will advocate for  
1197 the safety, permanency, and well-being of the child.
- 1198 4. When working with a youth age 14 years and older, support the youth to take the  
1199 lead role in the Child and Family Team. Consider the youth’s developmental age,  
1200 increasing their role as a Child and Family Team leader as their skill level  
1201 increases.
- 1202
- 1203 D. Assessment is ongoing and service goals and plans are modified when indicated by  
1204 changing needs, circumstances, progress toward achievement of service goals, or the  
1205 wishes of the child, family, or Child and Family Team members.
- 1206 1. Continue to engage the child and family to gather all pertinent health, social,  
1207 educational, psychological, and cultural (religion, significant others, daily  
1208 schedule, and history) information and other specifics needed to thoroughly assess  
1209 the child and family's strengths and needs.
- 1210 2. Identify each child who is of American Indian decent by ensuring that  
1211 the child and family are specifically asked about this heritage. When this  
1212 determination is made, refer to [Section 705](#) Indian Child Welfare Act (ICWA),  
1213 and follow all requirements. Also, if the child is a member of the Navajo Nation  
1214 or Ute Tribe, comply with the intergovernmental agreements that the state of Utah  
1215 has with these Tribes.
- 1216 3. Determine if the child is a United States citizen or qualified alien. [See: [Section](#)  
1217 [303.10](#), Children in Foster Care Who Are Not U.S. Citizens.]
- 1218 4. When a youth is 14 years and older, the Casey Life Skills Assessment will be  
1219 used to help identify skills needed for their transition to adulthood.
- 1220
- 1221 E. The primary caseworker will complete the application and provide necessary supporting  
1222 documentation for Title IV-E and Medicaid eligibility determination. [See: [Section 303.9](#),  
1223 Federal Benefits And Eligibility.]
- 1224
- 1225 F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the  
1226 payee. If the child has a disability but is not receiving SSI, apply for benefits. If the  
1227 child has a deceased parent and is not receiving SSA survivor benefits, apply for benefits,  
1228 if eligible. [See: [Section 303.9](#), Federal Benefits And Eligibility.]
- 1229

- 1230 G. The primary caseworker will begin collecting information to be included in the Child’s
- 1231 Placement Information Record (Home-to-Home Record). [See: [Section 303.3](#),
- 1232 Maintaining The Home-To-Home Book.]
- 1233
- 1234 H. At any time, the child’s family or other team members may request a Child and Family
- 1235 Team meeting to discuss concerns, changes to the Child and Family Plan,
- 1236 **[visitation]family-time**, or the need for clinical interventions or conflict resolution.
- 1237

**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**

- 1259 Utah Code Ann. [§80-1-102](#). Juvenile Code Definitions.
- 1260 Utah Code Ann. [§80-3-406](#). Permanency Plan – Reunification services.
- 1261 Utah Code Ann. [§80-3-409](#). Permanency hearing -- Final plan -- Petition for termination of
- 1262 parental rights filed -- Hearing on termination of parental rights.
- 1263 Federal Regulations: 45 CFR 1356.21 (h)(3)(i), (ii), (iii).

Practice Guidelines

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



- 1273 4. Views the child’s behavior and reactions to the separation as expression of LOSS  
1274 and GRIEF, rather than pathology; and avoids labeling them as “bad,” “troubled,”  
1275 “emotionally disturbed,” etc.  
1276 5. Understands what stage the child is experiencing in the grief and loss continuum--  
1277 shock, denial, bargaining, anger, depression, and acceptance.  
1278 6. Identifies those children who have the greatest likelihood of spending long  
1279 periods of their childhood in out-of-home care. Determines if intensive  
1280 reunification efforts would lead to faster decisions about return to family or  
1281 relatives or if a faster decision can be made about other permanent family options.  
1282

1283 B. Permanency Planning: All children require security, love, acceptance, connectedness, a  
1284 moral/spiritual framework, and lifetime families for their healthy growth and  
1285 development. All children also need stable families and supportive communities,  
1286 especially in the early years of life to form the secure attachments so vital to positive self-  
1287 esteem, meaningful relationships, positive school achievement, and success in the adult  
1288 world of family and work. For best practice, permanency for children implies  
1289 strengthening or finding families that can provide:

- 1290 1. Intent: While a permanent home or family may not be certain to last forever, it is  
1291 one that is intended to last indefinitely and offers the hope of lifetime connections  
1292 and support.  
1293 2. Commitment and continuity in family relationships: A permanent family is meant  
1294 to survive geographic moves and the vicissitudes of life because it involves  
1295 commitment and sharing a common future--whether with the family of origin,  
1296 adopted family, or a guardianship family.  
1297 3. Sense of “belonging” to a family: Evolved from commitment, continuity, and  
1298 social/legal status, is crucial to security and positive self-esteem, and paves the  
1299 way to healthy growth and development.  
1300 4. Legal and social status: There is a need to legitimize a child’s place in a legally  
1301 permanent family; a family that offers a child a “definitive legal status” separate  
1302 from the child welfare system, protects his or her rights and interests, and  
1303 promotes a sense of belonging.  
1304

1305 C. Permanency Planning Outcomes:

- 1306 1. Children remain safely with their parents or relatives.  
1307 2. Children are reunited safely with their parents or relatives.  
1308 3. Children are safely adopted by relatives or other families.  
1309 4. Children are placed with relatives or other families as legal guardians.  
1310 5. Children are safely placed in an individualized planned permanent living  
1311 arrangement.  
1312 a. This goal can only be selected if the child is 16 years old or older and  
1313 intensive, ongoing efforts to reunify the child with the child’s parent(s)  
1314 have been unsuccessful. All of the following conditions must be met  
1315 before choosing a goal of individualized permanency:  
1316 (1) There have been intensive ongoing efforts to find a permanent  
1317 family, which have been unsuccessful. These efforts include, but  
1318 are not limited to:

- 1319 (a) Permanency Roundtables (*see*: [Section 303.17](#)),
- 1320 (b) Wendy’s Wonderful Kids referral,
- 1321 (c) Intensive search for kin relatives including CLEAR search
- 1322 and notification, and
- 1323 (2) The child prefers to have a permanency goal of individualized
- 1324 permanency, and
- 1325 (3) DCFS has made efforts to normalize the life of the child, and
- 1326 (4) There is a compelling reason why reunification, guardianship with
- 1327 a relative or non-relative, or adoption is not in the child’s best
- 1328 interest.
- 1329

1330 D. Concurrent Planning: Concurrent planning involves the parallel process of working

1331 towards a primary permanency goal, such as reunification, while at the same time

1332 actively establishing and implementing an alternative permanency plan. A concurrent

1333 permanency goal is required if the primary permanency goal is reunification. When the

1334 primary permanency goal is adoption or individualized permanency, the concurrent goal

1335 may be the same as the primary goal if allowed by the judge. Best practice for concurrent

1336 planning involves:

- 1337 1. Frequent **[parent/child visits]family-time** from the moment a child is placed in
- 1338 out-of-home care **[are]is** encouraged unless restricted by the court.
- 1339 2. Focused intensive services are provided with birth families, giving reunification
- 1340 every chance to work.
- 1341 3. Maintaining continuity in children’s family, sibling, cultural, and community
- 1342 relationships.
- 1343 4. Using the crisis of placement as a motivator to engage families in case planning
- 1344 and to make behavioral changes.
- 1345 5. Identifying relatives and Tribal resources that can be placement and permanency
- 1346 resources early on in the case planning process.
- 1347 6. Engaging families in culturally competent, early assessments, case planning, case
- 1348 review, and decision-making about permanency options to meet children’s urgent
- 1349 need for stability and continuity in their family relationships as well as services
- 1350 needed to achieve permanency--reunification or the concurrent plan.
- 1351 7. Holding Child and Family Team Meetings as they increase options and
- 1352 partnerships for out-of-home caregivers, parents, extended family members, and
- 1353 other significant family resources to be involved early on in formulating plans for
- 1354 children as well as support timely case planning and decision making.
- 1355 8. Respectfully using full disclosure with birth families, relatives, and out-of-home
- 1356 caregivers throughout the life of the case.
- 1357 9. Early on, informing birth families of the importance of their involvement and
- 1358 actions in planning for the return of the child and also informing them of the legal
- 1359 consequences should they not succeed in preparing for the child’s return home in
- 1360 a timely manner.
- 1361 10. Developing a network of out-of-home caregivers (relatives and non-relatives)
- 1362 who are actively engaged in supporting family reunification efforts but are also
- 1363 willing to serve as a permanency resource for children who may not return to their
- 1364 birth parents.



- 1365 11. Utilizing concurrent permanency planning to encourage the adults who care about  
1366 the child to become collaborators rather than adversaries as they care for and plan  
1367 where that child will grow up and the long-term view for the child.
- 1368 12. Collaborating with courts, attorneys, and service providers to better serve  
1369 children, youth, and families.
- 1370 13. Should reunification seem unlikely, determining when to pursue the concurrent  
1371 permanency plan such as adoption or guardianship when it is clear the parent(s)  
1372 cannot or will not care for their children.
- 1373
- 1374 E. Concurrent Planning Outcomes:
- 1375 1. To support the safety and well-being of children, youth, and families.
- 1376 2. To promote early permanency decisions for children in out-of-home care.
- 1377 3. To reduce the number of moves and relationship disruptions that children  
1378 experience in out-of-home care.
- 1379 4. To decrease children's length of stay in out-of-home care.
- 1380
- 1381 F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps  
1382 should be completed by the out-of-home care caseworker during the selection process of  
1383 a primary permanency goal and concurrent planning for a child in out-of-home care:
- 1384 1. Discuss with the Child and Family Team the long-term view for the child and  
1385 family.
- 1386 2. Assess the child's physical, emotional, social, and educational needs and how  
1387 these needs may be met in planning for the primary and concurrent permanency  
1388 goals.
- 1389 3. Discuss the primary goal selection in the context of a Child and Family Team  
1390 Meeting. The meeting should include the out-of-home caregiver if one has been  
1391 identified.
- 1392 4. The primary permanency goal will always be reunification unless the court has  
1393 authorized in accordance with state statute that no reunification efforts will be  
1394 offered.
- 1395 5. Select a concurrent goal by identifying the next best permanency goal for the  
1396 child.
- 1397 a. Assess the appropriateness of adoption as a concurrent goal. If adoption is  
1398 ruled out, document compelling or justifiable reasons not to terminate  
1399 parental rights and pursue adoption.
- 1400 b. Determine if guardianship (relative) or guardianship (non-relative) is the  
1401 next best permanency goal to the primary goal. Guardianship and legal  
1402 custody should not be selected if parental rights have been terminated.
- 1403 (1) Identify potential guardians who are fit and willing to be ongoing  
1404 caregivers for the child, and who will support the safety,  
1405 permanency, and well-being of the child.
- 1406 (2) Potential guardians may be either relatives or non-relatives. If the  
1407 potential guardian is a non-relative, the child must be currently  
1408 placed in their home or be a sibling of a child placed in the home.  
1409 For relative placement, Kinship Practice Guidelines must be  
1410 followed prior to selecting guardianship as a primary goal.

- 1411 c. When adoption, guardianship (relative), and guardianship (non-relative)  
1412 have all been ruled out as concurrent goals, individualized permanency is  
1413 the only other permanency option.
- 1414 6. Discuss with out-of-home caregivers the long-term view for the child and their  
1415 ability and willingness to be an ongoing caregiver if the current primary  
1416 permanency goal is discontinued.
- 1417 7. Provide full disclosure of requirements and responsibilities of the out-of-home  
1418 caregivers and child’s parent(s) (see Full Disclosure section below).
- 1419 8. Once the primary goal and concurrent goal have been identified, collaborate with  
1420 the Assistant Attorney General, Guardian ad Litem, and court to ensure that they  
1421 are court ordered.
- 1422 9. Update the primary and concurrent goal on the Child and Family Assessment and  
1423 Child and Family Plan with input from the Child and Family Team. Update the  
1424 goals in SAFE.
- 1425 10. If reunification services are discontinued, the Child and Family Team will  
1426 determine if it is in the best interest of the child for the concurrent goal to become  
1427 the primary permanency goal.
- 1428 11. The Child and Family Team may select another goal for the child’s new  
1429 concurrent permanency goal if it is in the child’s best interest, but it is not  
1430 required. If the child’s new primary permanency goal is the best and only option  
1431 for this child, then selecting one permanency goal as the primary AND concurrent  
1432 goal is acceptable. For example, if individualized permanency is selected as the  
1433 new primary permanency goal because none of the other options are appropriate,  
1434 then it makes sense to select it as the concurrent goal as well.
- 1435 12. The team will identify factors that must be considered for transition planning if  
1436 the concurrent goal becomes the primary permanency goal.
- 1437 13. The team will discuss the appropriateness of the child maintaining a relationship  
1438 with parents if reunification efforts are discontinued and parental rights are not  
1439 terminated, including continuing **[visitation]family-time** and residual parental  
1440 rights.
- 1441 14. Once the new primary goal and concurrent goal have been identified, collaborate  
1442 with the Assistant Attorney General, Guardian ad Litem, and court to ensure that  
1443 they are court ordered.
- 1444 15. Update the new primary permanency and concurrent goal on the Child and Family  
1445 Assessment and Child and Family Plan with input from the Child and Family  
1446 Team. Update the goals in SAFE.
- 1447
- 1448 G. Reunification: The Child and Family Team will use the following criteria to determine  
1449 whether to make a recommendation to the court for reunification services:
- 1450 1. The risk factors that led to the placement were acute rather than chronic.
- 1451 2. The Child and Family Assessments (including factors such as the initial risk  
1452 assessment, level of informal and formal supports available to the family, and the  
1453 family history including past patterns of behavior) conclude that the parent  
1454 appears to possess or have the potential to develop the ability to ensure the child’s  
1455 safety and provide a nurturing environment.

- 1456 [3. The parent is committed to the child and indicates a desire to have the child  
1457 returned home.
- 1458 4. The child has a desire for reunification and is determined using age appropriate  
1459 assessments.
- 1460 5. Members of the Child and Family Team support a reunification plan.
- 1461 6. If the parent is no longer living with the individual who severely abused the  
1462 minor, reunification may be considered if the parent is able to implement a plan  
1463 that ensures the child’s ongoing safety.
- 1464 7. Court requirements for ordering reasonable services to reunify if the parent is  
1465 incarcerated or institutionalized. The court is required by law to order  
1466 reunification services to an incarcerated or institutionalized parent unless it  
1467 determines that those services would be detrimental to the minor. In determining  
1468 detriment, the court must consider the following:
- 1469 a. The age of the child.
- 1470 b. The degree of parent-child bonding.
- 1471 c. The length of the sentence.
- 1472 d. The nature of the treatment.
- 1473 e. The nature of the crime or illness.
- 1474 f. The degree of detriment to the minor if services are not offered.
- 1475 g. For minors 10 years of age and older, the child’s attitude towards  
1476 reunification services and any other appropriate factors.
- 1477 8. If DCFS is recommending no reunification due to parent mental illness of such  
1478 magnitude that it renders the parent incapable of utilizing reunification services,  
1479 this recommendation will be based on competent evidence from two medical or  
1480 mental health professionals, who are not associates, establishing that even with  
1481 provision of services, the parent is not likely to be capable of adequately caring  
1482 for the child within 12 months from the day on which the court finding is made.
- 1483 9. DCFS will provide additional relevant facts, when available, to assist the court in  
1484 making a determination regarding the appropriateness of reunification services  
1485 such as:
- 1486 a. The parent’s failure to respond to previous services or service plan.
- 1487 b. The child being abused while the parent was under the influence of drugs  
1488 or alcohol.
- 1489 c. Continuation of a chaotic, dysfunctional lifestyle.
- 1490 d. The parent’s past history of violent behavior.
- 1491 e. The testimony of a competent professional (expert witness) that the  
1492 parent's behavior is unlikely to be successfully changed.
- 1493 f. The parent is the child’s birth mother and the child has fetal alcohol  
1494 syndrome or was exposed to illegal or prescription drugs that were abused  
1495 by the child’s mother while the child was in utero, if the child was taken  
1496 into custody for this reason, unless the mother agrees to enroll in, is  
1497 currently enrolled in, or has recently and successfully completed a  
1498 substance abuse treatment program approved by DCFS.
- 1499 10. As outlined in Utah Code Ann. [§80-3-406](#), timelines for reunification and  
1500 extensions of reunification services are as follows:
- 1501 a. Reunification services may be granted for 12 months.

- 1502                    b.        The juvenile court judge may grant up to two extensions for reunification  
1503                    services. The extensions are for a maximum time period of 90 days each,  
1504                    for a total of 180 days. In order to grant an extension, the judge must  
1505                    make a finding that:
- 1506                    (1)        The parent has substantially complied with the Child and Family  
1507                    Plan.  
1508                    (2)        It is likely that the reunification will occur within the 90-day  
1509                    period  
1510                    (3)        The extension is in the best interest of the child.
- 1511                    c.        The court takes into consideration the status of the minor siblings of the  
1512                    child.
- 1513                    11.        If the court does not order reunification services a permanency hearing will be  
1514                    conducted within 30 days after the dispositional hearing, If reunification services  
1515                    are terminated during the course of the case a permanency hearing will be  
1516                    conducted the day on which the provision of reunification services end,. At that  
1517                    hearing, an alternative permanency plan will be presented to the court.
- 1518                    a.        If reunification services are not ordered, and the whereabouts of a parent  
1519                    becomes known within six months of the out-of-home placement of the  
1520                    minor, the court may order DCFS to provide reunification services.  
1521                    Statutory time frames for reunification (outlined in 10 above) still apply.  
1522                    Reunification services may be granted for 12 months, with a possible  
1523                    extension of three months if objectives that can be achieved in the time  
1524                    frame are not sacrificed by the parent's absence.
- 1525                    b.        When reunification efforts have ceased or are not appropriate, a primary  
1526                    permanency goal of adoption, guardianship (relative), guardianship (non-  
1527                    relative), or individualized permanency may be selected.
- 1528                    12.        The court may determine that efforts to reunify a child with the child’s family are  
1529                    not reasonable, based on individual circumstances, and that reunification services  
1530                    need not be provided to a parent or other caregiver. The criteria will be used by  
1531                    the Child and Family Team in determining whether to make a recommendation to  
1532                    the court that reunification services not be offered.
- 1533                    a.        The parent’s whereabouts are unknown, based on a verified affidavit  
1534                    indicating a reasonable diligent search has failed to locate the parent.
- 1535                    b.        The parent is suffering from a mental illness of such magnitude that it  
1536                    renders the parent incapable of utilizing services provided by DCFS. This  
1537                    will be assessed by a licensed mental health professional.
- 1538                    c.        The minor has been previously adjudicated as an abused child due to  
1539                    physical or sexual abuse, and that following the adjudication, the child  
1540                    was removed from the custody of his or her parent, was subsequently  
1541                    returned home to the custody of that parent, and the minor is being  
1542                    removed due to additional physical or sexual abuse.
- 1543                    d.        The parent has been convicted of causing the death of another child  
1544                    through neglect or abuse.
- 1545                    e.        The minor child is under the age of five and has suffered severe abuse by  
1546                    the parent or by persons known by the parent, if the parent knew or  
1547                    reasonably should have known that the person was abusing the minor.

- 1548 f. The minor has been adjudicated as an abused child as a result of severe
- 1549 abuse by the parent, and the court finds that it would not be beneficial to
- 1550 the child to pursue reunification services with the offending parent or
- 1551 caregiver.
- 1552 g. The child has been removed from home on at least two previous occasions
- 1553 and reunification services were offered or provided to the family at those
- 1554 times. It is a presumption under the law that reunification services are not
- 1555 appropriate and should not be ordered under these circumstances. In these
- 1556 cases, a permanency goal/plan other than reunification will be pursued.
- 1557 h. Any other circumstances that the court determines should preclude
- 1558 reunification efforts or services.
- 1559

### 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.](#)*]

- 1593 C. Every effort will be made to place siblings together in out-of-home care. Siblings are  
1594 required to be placed together unless contrary to the safety or well-being of any of the  
1595 siblings. Any issue that prevents siblings from being placed together must be  
1596 documented in SAFE. Siblings not placed together in out-of-home care must have  
1597 frequent [\[visitation\]family-time](#) and/or other ongoing contact (at least monthly) unless  
1598 there is a documented safety or well-being issue that prevents the siblings from having  
1599 [\[visitation\]family-time](#) or ongoing interaction.  
1600
- 1601 D. Decisions about where a child is placed will be made in the context of a Child and Family  
1602 Team and will include steps to facilitate the child's transition to that placement.  
1603
- 1604 E. When assistance is needed in locating a placement, contact the local resource family  
1605 consultant, the placement screening committee, or the residential screening committee to  
1606 explore placement options.  
1607
- 1608 F. For an American Indian child for placement preferences, refer to [Section 705](#), ICWA  
1609 Major objectives.  
1610
- 1611 G. For children needing or in an out-of-state placement, refer to [Section 700](#), General  
1612 Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children  
1613 Major objectives.  
1614
- 1615 H. For children who are currently in a crisis placement, refer to [Section 700](#), General  
1616 Practice Guidelines--Section 704, Placement Of A Child In Protective Custody, Major  
1617 objectives.  
1618
- 1619 I. For parents requesting a voluntary placement for their child, refer to [Section 700](#), General  
1620 Practice Guidelines--Section 704.2, Voluntary Placement Major objectives.  
1621
- 1622 J. For information on emergency foster care placements, refer to [Section 700](#), General  
1623 Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives.  
1624
- 1625 K. Based on the level of care needed (i.e., basic, specialized, structured, or other), refer to  
1626 [Section 301.6](#), Basic, Specialized, And Structured Out-Of-Home Care Placement  
1627 Options.  
1628
- 1629 L. For children under the age of five years, screen for placement in a foster-adoptive home,  
1630 refer to [Section 301.5](#), Foster-Adoptive Placements.  
1631
- 1632 M. For children with more intensive needs than a family setting can provide, screen for  
1633 residential services. Each region will establish and maintain a utilization review  
1634 committee that consists of the contract specialist for the region, an administrative  
1635 representative, a clinical consultant, a budget specialist, and a placement expert. Other  
1636 members may be added to the committee at the discretion of the region. [See: [Section](#)  
1637 [301.13](#), Regional Screening Committee For Residential Care.]  
1638



**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-visitation]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.

- 1684 D. The out-of-home caregiver will be selected based on their willingness and ability to  
1685 implement the child’s primary and concurrent plans, which may include willingness and  
1686 ability to adopt or take guardianship of the child if reunification is not possible.  
1687
- 1688 E. The out-of-home caregiver must be willing and able to interact with the child’s family  
1689 and assist the child in maintaining and strengthening family connections.  
1690
- 1691 F. The out-of-home caregiver will be selected according to the caregiver’s skills and  
1692 abilities to meet a child’s individual immediate and long-term needs, including medical,  
1693 educational, mental health, social, behavioral, and emotional needs.  
1694
- 1695 G. The out-of-home caregiver will be selected based on their willingness and ability to keep  
1696 sibling groups together. If it is not possible to keep siblings together in the same home,  
1697 the out-of-home caregiver will need to communicate a willingness to help facilitate  
1698 frequent **[visitation]family-time** and contact between the child and the siblings when  
1699 appropriate.  
1700
- 1701 H. The out-of-home caregiver will be selected based on their willingness and ability to  
1702 respect and support the child’s religious and cultural practices and, where practical,  
1703 appropriate, and where no denial or delay of placement will occur, are of the same  
1704 religious faith and cultural background as the child.  
1705
- 1706 I. The child will be placed with an out-of-home caregiver sensitive to the child’s cultural  
1707 heritage and linguistic needs. At least one out-of-home caregiver in the home must  
1708 demonstrate effective communication in the language of the child placed in care.  
1709
- 1710 J. The out-of-home caregiver must be willing or able to learn to proactively respond to  
1711 challenges and conflicts associated with placement.  
1712
- 1713 K. If a child has been in out-of-home care previously and reenters protective custody, the  
1714 child's former out of-home caregiver will be notified if still licensed. (Relatives and other  
1715 kinship options will be given preference.) DCFS will make a determination of the former  
1716 out of-home caregiver’s willingness and ability to safely and appropriately care for the  
1717 child. If the former foster home is determined by DCFS to be appropriate, the former out  
1718 of-home caregiver will be given a preference over other out-of-home caregivers for  
1719 placement of the child. [See: Utah Code Ann. [§80-3-302.](#)]  
1720
- 1721 L. Prior to placement, detailed information about the child should be provided to the  
1722 prospective out-of-home caregiver from either the regional resource family consultant or  
1723 out-of-home caseworker so they can make an informed decision regarding placement of  
1724 the child in their home. When relevant, the caseworker will encourage the out-of-home  
1725 caregiver to consult with other family members living in the home in making the  
1726 decision.
- 1727 1. DCFS will provide relevant information regarding the child and information  
1728 regarding DCFS procedures in order to address the following issues:  
1729 a. Maintaining a child’s connections to their past, present, and future;



- 1730 b. Giving first preference to a prospective adult relative caregiver and  
1731 assessing their capacity to serve as a temporary placement and a possible  
1732 permanent placement for a child;  
1733 c. Acknowledging a parent’s residual rights and responsibilities for their  
1734 child;  
1735 d. Explaining permanency planning timeframes as well as the range of  
1736 permanency planning options including primary and concurrent  
1737 permanency goals;  
1738 e. Discussing with the out-of-home caregiver their willingness to support and  
1739 assist with reunification efforts,  
1740 f. Discussing with the out-of-home caregiver their willingness to adopt or  
1741 take guardianship if the child is unable to reunify with their birth family,  
1742 g. Discussing with the out-of-home caregiver their willingness and ability to  
1743 keep the sibling group together; or if siblings not placed together,  
1744 discussing with the out-of-home caregiver the importance of facilitating  
1745 and allowing for frequent [visitation]family-time and contact between  
1746 siblings when appropriate.  
1747 h. Explaining expectations the agency has for the out-of-home caregiver in  
1748 regards to the Child and Family Plan, Child and Family Team Meetings,  
1749 [visitation]family-time, court, health and mental health appointment, etc.;  
1750 i. Maintaining the child’s needs, including connections to culture, family,  
1751 frequent contact through [visitation]family-time with parents and siblings,  
1752 continuity of care as well as information about the child’s medical, dental,  
1753 mental health, educational, social, behavioral, and emotional needs;  
1754 j. Disclosing the reason for DCFS intervention and out-of-home care  
1755 placement, such as threats and risks to the child’s safety and how they can  
1756 be addressed.
- 1757 2. The DCFS staff that provided the information to the caregiver will document that  
1758 the information has been provided to the caregiver in the SAFE activity logs and  
1759 will add the policy attachment “Placement – Child info Given to caregiver prior to  
1760 placement”.
- 1761
- 1762 M. DCFS File Review Guidelines: Best practice is allowing the prospective or current out-  
1763 of-home caregiver an opportunity to review the child’s file before making any long-term  
1764 decisions regarding the care of a child. Licensed foster parents are contracted by DCFS  
1765 as a provider to care for the child. Thus, they may view any parts of the child’s file that  
1766 help them understand the child and the child’s background for purposes of parenting the  
1767 child. The file may contain information that will help the family decide if they have the  
1768 necessary skills and support to meet the needs of a particular child in out-of-home care.  
1769 Once a child is placed with the out-of-home caregiver, the file also has important  
1770 documents that the family may want to copy if not in the Home-of-Home Book, for  
1771 example immunization records and school placement information.
- 1772
- 1773 When a kinship provider is not a licensed foster parent, refer to Kinship Practice  
1774 Guidelines [Section 503.1 H](#) for guidelines regarding kinship caregivers reviewing the  
1775 information in the child’s file.

1776  
1777  
1778  
1779  
1780  
1781  
1782  
1783  
1784  
1785  
1786  
1787  
1788  
1789  
1790  
1791  
1792  
1793  
1794  
1795  
1796  
1797  
1798  
1799  
1800  
1801  
1802  
1803  
1804  
1805  
1806  
1807  
1808  
1809  
1810  
1811  
1812  
1813  
1814  
1815  
1816  
1817  
1818  
1819  
1820  
1821

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

- 1822 for the child's removal from their biological family, culture, *genogram*  
1823 *including the siblings (with their birth dates), timelines.* Family member's  
1824 talents, hobbies and interests. *Family photos and letters, if available.*
- 1825 f. Child's Personal Information: Developmental history, when available.  
1826 Placement history including the child's adaptation. Photos of the child, of  
1827 pets, of foster parents, or of other significant caregivers. The child's art  
1828 work, creations, or projects. Stories about the child's birth and early life.  
1829 Religious records such as baptismal, christening, Bar mitzvah, and  
1830 confirmation records. Activities such as scouts, sports, choir, etc.  
1831 Favorite foods, favorite toys or stories, names of friends, and other things  
1832 that may help the child feel more secure, such as chores and house rules or  
1833 bedtime routines.
- 1834 7. After the out-of-home caregiver has looked through the file, the caseworker  
1835 should talk with them about what they found. The caseworker may also give  
1836 them health and mental health diagnoses summary sheets, and answer questions  
1837 they may have.
- 1838 a. Helpful websites include:  
1839 (1) American Academy of Child & Adolescent Psychiatry:  
1840 [www.aacap.org](http://www.aacap.org);  
1841 (2) American Psychological Association: [www.apa.org](http://www.apa.org);  
1842 (3) American Academy of Pediatrics: [www.aap.org](http://www.aap.org);  
1843 (4) Internet Mental Health: [www.mentalhealth.com](http://www.mentalhealth.com);  
1844 (5) Substance Abuse and Mental Health Services Administration:  
1845 [www.samhsa.gov](http://www.samhsa.gov)
- 1846 b. The caseworker will respond to questions or concerns of the out-of-home  
1847 caregiver and give the family-time to think about all they have learned.
- 1848 c. The caseworker should also encourage the out-of-home caregiver to set  
1849 another appointment to talk and ask other questions;
- 1850 d. The caseworker should help the out-of-home caregiver to understand the  
1851 importance of keeping the child's information and history.
- 1852
- 1853
- 1854 N. The caseworker should encourage the out-of-home caregiver to review the child's file  
1855 several times and especially after the child has been with the family for a couple of  
1856 months.

1857  
1858  
1859  
1860  
1861  
1862  
1863  
1864  
1865  
1866  
1867  
1868  
1869  
1870  
1871  
1872  
1873  
1874  
1875  
1876  
1877  
1878  
1879  
1880  
1881  
1882  
1883  
1884  
1885  
1886  
1887  
1888  
1889  
1890  
1891  
1892  
1893  
1894  
1895  
1896  
1897  
1898  
1899  
1900  
1901

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

1902 that parent, and the minor is being removed due to additional physical or sexual  
1903 abuse.

1904 4. The parent has been convicted of causing the death of another child through  
1905 neglect or abuse.

1906 5. The minor child is under the age of five years and has suffered severe abuse by  
1907 the parent or by persons known by the parent if the parent knew or reasonably  
1908 should have known that the person was abusing the minor.

1909  
1910 B. A child whose permanency goal changes to adoption and who is not with the family who  
1911 will be their permanent family is to be screened by the designated region Adoption  
1912 Committee for placement in an adoptive home.

1913 1. The protocol in Practice Guidelines [Section 401.7](#) Adoption Committee will be  
1914 followed when screening a child for an adoptive placement.

1915  
1916 C. When the child’s permanency goal changes to adoption and the child is not with the  
1917 family who will be their permanent family, permanency planning will continually be  
1918 assessed and explored by the caseworker and the Child and Family Team. DCFS will  
1919 work with the resource family to provide them with support and services in order to  
1920 maintain the child in the placement to minimize the number of placement moves the child  
1921 experiences. The resource family will then assist with the transition of the child into the  
1922 permanent home.

1923  
1924 D. Following the screening and selection of the adoptive family, the caseworker and the  
1925 Child and Family Team will continue to assess the viability of the placement for  
1926 permanency.

1927  
1928 **301.6 Basic (Level I), Specialized (Level II), And Structured**  
1929 **(Level III) Out-Of-Home Care Placement Options**

1930  
1931 (This section has been replaced by [Section 310](#).)

1932  
1933 **301.7 Children With Specialized Health Care And**  
1934 **Developmental Needs**

1935 Major objectives:  
1936 A child’s specialized health care and developmental needs, as determined by a health care  
1937 provider, will be taken into account in the selection of an out-of-home caregiver. Specialized  
1938 health care and developmental needs include, but are not limited to, physical or developmental  
1939 disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV  
1940 positive. For a child whose disability cannot be adequately addressed in a traditional family  
1941 setting, services from both DCFS and the Division of Services to People with Disabilities  
1942 (DSPD) may be explored.  
1943  
1944

1945 **Applicable Law**

1946 Utah Code Ann. [§80-2-301](#). Division responsibilities.

1947

1948 Practice Guidelines

1949 A. The following must be considered in placement selection:

- 1950 1. Access and availability to appropriate medical resources.
- 1951 2. Appropriate facilities in the home to meet the needs of the child.
- 1952 3. The skill level and nurturing ability of the out-of-home caregiver.
- 1953 4. A family composition that allows sufficient time to meet the needs of the child
- 1954 with specialized health care challenges.
- 1955 5. The ability to transport and coordinate with various agencies that may be serving
- 1956 the child and family.
- 1957 6. Adherence to the principle of normalization including placement in the least
- 1958 restrictive most appropriate placement within the community.
- 1959 7. Availability of education services specific to the child’s needs.

1960

1961 B. The out-of-home caregiver and the child’s parent will receive instruction from a

1962 qualified health care provider on the operation of any medical equipment required for a

1963 child’s care.

1964

1965 C. The Child and Family Team will include medical, social work, and rehabilitation

1966 personnel who will coordinate a program of interventions designed to meet the child’s

1967 needs.

1968

1969 D. The Child and Family Plan will:

- 1970 1. Address the child’s current and anticipated medical and rehabilitative needs.
- 1971 2. Specify the child’s condition and provide appropriate short-term and long-term
- 1972 medical and rehabilitation interventions.

1973

1974 **301.8 Children With Medically Fragile Or Medically Needy**

1975 **Conditions**

1976 Major objectives:

1977 A child who is medically fragile or medically needy, as determined by a physician, and the

1978 child’s out-of-home caregiver will receive support and services in accordance to their needs.

1979

1980

1981 **Applicable Law**

1982 Utah Code Ann. [§80-2-301](#). Division responsibilities.

1983

1984 Practice Guidelines

1985 A. Children who are Medically Fragile or Medically Needy (MFC): Children who are

1986 Medically Fragile or Medically Needy and their out-of-home caregivers will receive

1987 support and services in accordance to their needs. The MFC code will be used for both

1988 Medically Fragile and Medically Needy children. This code could serve to enhance the

1989 foster care payment for the child’s additional health care needs, as providers may receive



- 1990 an additional payment for children who are deemed Medically Needy or Medically  
1991 Fragile.  
1992
- 1993 B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a  
1994 guarantee that an additional payment will be deemed appropriate. This determination for  
1995 any additional payment for a Medically Needy or Medically Fragile child will need to be  
1996 determined within the context of the Child and Family Team.
- 1997 1. Medically Needy: This code can be used with Foster Care Levels II, III, and III  
1998 Step-Down. Medically Needy children are those who fall within category four of  
1999 the Health Status Outcome Measures. Medically Needy children may have an  
2000 acute illness or chronic condition that requires regular ongoing follow-up. This  
2001 can include substance abuse, pregnancy, and daily medications that are not  
2002 preventative.
  - 2003 2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III  
2004 Step-Down. Medically Fragile children are those who fall within category five of  
2005 the Health Status Outcome Measures. A Medically Fragile child has multiple  
2006 and/or debilitating condition(s) that require assistance with activities of daily  
2007 living, requires daily monitoring, or is at risk for developing an acute condition.
  - 2008 3. The child must have a diagnosis that meets the Medically Fragile or Medically  
2009 Needy criteria from a physician or from his/her medical records.
  - 2010 4. The Fostering Healthy Children Nurse will review Medically Fragile and  
2011 Medically Needy cases as part of the Health Status Outcome Measure (HSOM)  
2012 and document this in SAFE to determine the appropriateness of the MFC code.  
2013 HSOM category four medically needy are reviewed every four months, and  
2014 HSOM category five medically fragile are reviewed every two months. The nurse  
2015 will keep the out-of- home caseworkers informed of the child’s MFC Code status.
  - 2016 5. The Child and Family Team for children who are Medically Fragile or Medically  
2017 Needy will include the caseworker, resource family consultant, Fostering Healthy  
2018 Children nurse, out-of-home caregiver, biological parents, and child. The Child  
2019 and Family Team may also include the medical practitioners and rehabilitation  
2020 therapists.
  - 2021 6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly  
2022 basis by the Child and Family Team or more frequently as needed. The  
2023 caseworker is responsible for coordinating the Child and Family Team Meetings.  
2024 A report on the child’s condition should be included on the Out-of-Home Progress  
2025 Summary.
  - 2026 7. If the child meets the Medically Fragile or Medically Needy criteria, additional  
2027 monies can be added to the daily rate. The caseworker will ensure that if the child  
2028 meets either the Medically Fragile or Medically Needy criteria, that the MFC  
2029 code will be opened for services.
  - 2030 8. Designate in the meeting the person responsible for opening the MFC code. This  
2031 person will submit the MFC code for payment to the eligibility technician.
  - 2032 9. The resource family consultant or other designated staff will open the approval for  
2033 the MFC code on the PR07 screen and update the R198B for auditing purposes.  
2034

2035  
2036  
2037  
2038  
2039  
2040  
2041  
2042  
2043  
2044  
2045  
2046  
2047  
2048  
2049  
2050  
2051  
2052  
2053  
2054  
2055  
2056  
2057  
2058  
2059  
2060  
2061  
2062  
2063  
2064  
2065  
2066  
2067  
2068  
2069  
2070  
2071  
2072  
2073  
2074  
2075  
2076  
2077

### 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.

2078 Practice Guidelines

- 2079 A. To facilitate appropriate placement, placement screening committees or the regional  
2080 screening committee will address the special treatment needs of the child and identify  
2081 potential placement problems and solutions. The Child and Family Team will provide  
2082 recommendations regarding the child's needs.  
2083
- 2084 B. Meetings may include professionals from the community that are providing services to  
2085 the child or could help assess the child's placement and treatment needs.  
2086
- 2087 C. The following factors will be considered in placing these children:  
2088 1. The child's treatment needs and the availability of resources.  
2089 2. The skill level of the out-of-home care provider.  
2090 3. The child's supervision needs.  
2091 4. The out-of-home caregiver's ability to appropriately manage this type of behavior.  
2092 5. Composition of the kin or out-of-home caregiver's family. Children who are  
2093 sexually reactive will not be placed with families who have younger or otherwise  
2094 vulnerable children.  
2095 6. Risks to the neighborhood and school.  
2096
- 2097 D. The caseworker must fully disclose all known information to the prospective out-of-home  
2098 caregiver of the child's known history as a victim and/or perpetrator prior to placement.  
2099 Additional information obtained at any time throughout the placement will also be  
2100 disclosed to the out-of-home caregiver.  
2101
- 2102 E. There may be situations where it is in the best interest of the child and the community for  
2103 placement to be outside of a family setting.  
2104
- 2105 F. Documentation must be in the child's case record as to the staffings on the case and the  
2106 appropriateness of the child's placement.  
2107

## 301.11 Youth In Out-Of-Home Care With Children

2109 Major objectives:

2110 When a young woman in DCFS custody is mother to a child, DCFS will only take custody of the  
2111 young woman's child if there are concerns of abuse, neglect, or dependency. If the mother plans  
2112 to continue parenting, the child will remain in the out-of-home placement with the mother.  
2113  
2114

2115

2116 **Applicable Law**

2117 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
2118

2119 Practice Guidelines

- 2120 A. Explore placement options with the Child and Family Team. If it is determined that the  
2121 foster youth is not able to remain in her current out-of-home placement with her child,  
2122 other alternatives such as teen mother programs may need to be explored.

- 2123
- 2124 B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the
- 2125 out-of-home caregiver will mentor appropriate parenting and household management
- 2126 skills.
- 2127
- 2128 C. The Child and Family Plan will reflect the type of mentoring needed by the mother
- 2129 (youth) in caring for her child.
- 2130
- 2131 D. Additional payments may be made for necessities needed for day-to day care and to cover
- 2132 room and board costs for the baby. If the foster youth is placed in a foster home, a
- 2133 supplemental daily payment may be made to the out-of-home caregiver to cover the
- 2134 baby’s room and board costs (using the BAB code). The Child and Family Team may
- 2135 recommend that the foster youth be given responsibility to use a portion of that payment
- 2136 for the baby’s needs.
- 2137
- 2138 If the foster youth is placed in an independent living placement, a supplemental daily
- 2139 payment may be made to the foster youth to cover the baby’s room and board costs
- 2140 (using the BAB code).
- 2141
- 2142 In addition, special needs of the foster youth’s child may be covered through relevant
- 2143 payment categories identified for foster children. Each payment on behalf of the child
- 2144 will be made under the foster youth’s name.
- 2145

### 301.12 Qualified Residential Treatment Program (QRTP)

2146 Major objectives:

2147

2148 This section outlines the process for placing a child in a Qualified Residential Treatment Program

2149 (QRTP), means a program that has a trauma-informed treatment model that is designed to address

2150 the needs, including clinical needs as appropriate, of children with serious emotional or behavioral

2151 disorders or disturbances and, with respect to a child, is able to implement the treatment identified

2152 for the child by the assessment.

2153

2154

#### Applicable Law

- 2155 Utah Code Ann. [§80-2-301](#). Division responsibilities.
- 2156 Utah Code Ann. [§80-3-501](#). Placement in a qualified residential treatment program -- Review
- 2157 hearings.
- 2158 Social Security Act Sections 472(k); 475(c), and 475A(c).
- 2159
- 2160

#### Practice Guidelines

- 2161 A. Children who qualify to be screened for a residential placement will meet the following
- 2162 requirements:
- 2163
- 2164 1. A Child and Family Team Meeting is held to:
- 2165 a. Review the most recent Utah Family and Children Engagement
- 2166 (UFACET) and update, if needed.

- 2167                    b.        Identify the child’s short- and long-term mental and behavioral health
- 2168                                   goals.
- 2169                    c.        Identify the child’s strengths and needs.
- 2170                    d.        Determine if the needs of the child can be met by the family of the child or
- 2171                                   in a foster family home. A shortage or lack of foster family homes is not
- 2172                                   an acceptable reason for determining that the needs of the child cannot be
- 2173                                   met in a foster family home.
- 2174                                   The child and family team will consist of all appropriate biological family
- 2175                                   members, relatives, and fictive kin of the child, as well as other formal and
- 2176                                   informal supports. This may include appropriate professionals who are a
- 2177                                   resource to the family of the child, such as teachers, medical or mental
- 2178                                   health providers who have treated the child, or clergy. In the case of a
- 2179                                   child age 14 or older, members of the team selected by the child shall also
- 2180                                   be included.
- 2181
- 2182 B.        If the Child and Family Team is in agreement that the child cannot be placed with family
- 2183                or in a foster family home, then the caseworker will submit a request for the case to be
- 2184                reviewed by the region residential screening committee.
- 2185
- 2186 C.        The residential screening committee will take into consideration the following
- 2187                information in determining if the child should be placed in a QRTP:
- 2188                1.        UFACET.
- 2189                2.        Child’s short- and long-term mental and behavioral health goals.
- 2190                3.        Child’s strengths and needs.
- 2191                4.        Permanency plan.
- 2192                5.        Family and youth voice.
- 2193
- 2194 D.        If the residential screening committee determines a QRTP is the most effective,
- 2195                appropriate, and least-restrictive setting consistent with the child’s short- and long-term
- 2196                goals in their permanency plan, they will assist the caseworker in:
- 2197                1.        Finding the most appropriate residential placement. Best practice is to place the
- 2198                child in the residential facility AFTER the Qualified Individual Assessment is
- 2199                completed and the placement is recommended. The child can be placed BEFORE
- 2200                the assessment is completed, but only if the case has been staffed with the region
- 2201                designee and the Qualified Individual Assessor to get a preliminary idea if the
- 2202                placement will be recommended.
- 2203                2.        Submitting the request for a 30-day Qualified Individual Assessment to the Office
- 2204                of the DHHS Office of Quality and Design (OQD).
- 2205                3.        Setting a 90-day residential screening committee review.
- 2206                4.        Notifying the Assistant Attorney General (AAG) that the child will be placed in a
- 2207                residential placement and requesting a court hearing. The court hearing must be
- 2208                held within 60 days of the child being placed in a residential placement.
- 2209
- 2210 E.        Qualified Individual Assessment

- 2211 1. The 30-day Qualified Individual Assessment will be completed by licensed  
2212 clinicians or trained professionals in the OQD, as approved under a waiver by the  
2213 Federal Children’s Bureau.
- 2214 2. The OQD assessor conducting the 30-day assessment will work with the family  
2215 and the Child and Family Team to complete the assessment, in conjunction with  
2216 the caseworker’s documentation in SAFE.
- 2217 3. UFACET is the evidence-based, validated, functional assessment tool utilized for  
2218 conducting the Qualified Individual Assessment.
- 2219 4. The Protective Risk Assessment may be completed as the functional assessment  
2220 tool for youth in the custody of or involved with juvenile justice in conjunction  
2221 with or instead of the UFACET.
- 2222

- 2223 F. The caseworker will assist the OQD assessor conducting the Qualified Individual  
2224 Assessment in gathering the information needed to complete the assessment. The  
2225 caseworker will document in the child’s case record the following items:
  - 2226 1. The reasonable and good faith effort to identify and include all the individuals  
2227 described as being a part of the Child and Family Team.
  - 2228 2. All contact information for members of the family and the Child and Family  
2229 Team, as well as contact information for other family members and fictive kin  
2230 who are not a part of the Child and Family Team.
  - 2231 3. Document that meetings of the Child and Family Team, including meetings  
2232 associated with the 30-day assessment, are held at a time and place convenient for  
2233 the family.
  - 2234 4. If reunification is the goal, document evidence demonstrating that the parent of  
2235 the child provided input on the members of the Child and Family Team.
  - 2236 5. Evidence that the Qualified Individual Assessment is determined in conjunction  
2237 with the family, the child, and all Child and Family Team members.
  - 2238 6. The placement preferences of the family, the Child and Family Team, and the  
2239 child relative to the assessment that recognizes children should be placed with  
2240 their siblings unless there is a finding by the court that such placement is contrary  
2241 to their best interest.
  - 2242 7. If the placement preferences of the family, the child, and the Child and Family  
2243 Team are not the placement setting recommended by the OQD assessor  
2244 conducting the assessment, the reasons why the preferences of the Child and  
2245 Family Team and the child were not recommended.
  - 2246

- 2247 G. If the OQD assessor determines that a child should not be placed in a foster family home,  
2248 the assessor shall specify in writing the reasons why the needs of the child cannot be met  
2249 by the family of the child or in a foster family home. A shortage or lack of foster family  
2250 homes is not an acceptable reason for determining that the needs of the child cannot be  
2251 met in a foster family home.
- 2252

2253 The OQD assessor shall also specify in writing why the recommended placement in a  
2254 QRTP is the setting that will provide the child with the most effective and appropriate  
2255 level of care in the least restrictive environment, and how that placement is consistent



2256 with the short- and long-term goals for the child, as specified in the permanency plan for  
2257 the child.

2258 1. The region designee and caseworker will receive the final assessment and do the  
2259 following:

2260 a. If the placement is “recommended” in the Qualified Individual  
2261 Assessment by the OQD assessor, the caseworker will share the report  
2262 with the Child and Family Team and discuss any considerations  
2263 mentioned in the report.

2264 b. If the placement is “not recommended” in the Qualified Individual  
2265 Assessment by the OQD assessor, the caseworker will notify the  
2266 residential screening committee and Child and Family Team  
2267 immediately.

2268 (1) The case will need to be staffed to determine if the child may  
2269 remain in the placement or be moved.

2270 (2) If the team decides to move the child, then the child must be  
2271 moved within 30 days.

2272 (3) If the team decides the child should remain in the placement, then  
2273 the region director or designee must approve it.

2274 c. Upload the assessment into SAFE into the content management folder:  
2275 Residential Treatment Documents and select the correct type:

2276 (1) QRTP Independent Report is Appropriate  
2277 (used if Qualified Individual Assessment recommends QRTP  
2278 placement); or

2279 (2) QRTP Independent Report is NOT Appropriate  
2280 (used if Qualified Individual Assessment does not recommend  
2281 QRTP placement).

2282 d. Create an activity log dated the SAME DATE as the signature date on the  
2283 assessment and attach one of the policy buttons:

2284 (1) 30 day QRTP is Appropriate  
2285 (used if Qualified Individual Assessment recommends QRTP  
2286 placement); or

2287 (2) 30 day QRTP is NOT Appropriate  
2288 (used if Qualified Individual Assessment does not recommend  
2289 QRTP placement).

2290  
2291 H. The caseworker will e-file a court report, residential treatment plan, and the Qualified  
2292 Individual Assessment to the court at least 10 days before the court hearing.

2293  
2294 I. The judge will determine if the child can safely be in a family-based setting, and if not, if  
2295 a QRTP is the most appropriate placement. The court review must occur no later than 60  
2296 days after placement. The court will review the court report, Qualified Individual  
2297 Assessment, and provider treatment recommendations, and must approve the placement  
2298 for IV-E payments to continue.

2299  
2300 The court will continue to make the determination at subsequent court hearings, which  
2301 are held at least once every six months. At each subsequent hearing, the court will make

- 2302 a determination if the placement is still appropriate. The court report and case record  
2303 will need to include the following items:
- 2304 1. Strengths of the child and what needs/services cannot be met in a family-based  
2305 setting.
  - 2306 2. Explanation of why a QRTP is the most appropriate and least restrictive  
2307 placement.
  - 2308 3. Explanation as to why the child cannot be placed in a family-based home.
  - 2309 4. Specific treatment or service needs that will be met for the child in the placement.
  - 2310 5. Length of time the child is expected to need the treatment in a QRTP.
  - 2311 6. Efforts being made to prepare the child to step down into a family based setting.  
2312
- 2313 J. The caseworker will attend the court hearing and review the assessments that support the  
2314 child being placed in a residential setting.
- 2315 1. If the court “approves” the placement, the caseworker will document the approval  
2316 in the case plan.
  - 2317 2. If the court “does not approve” the placement, the team will need to determine if  
2318 the child can remain in the placement or be moved to a more appropriate  
2319 placement. The child must be moved within 30 days in order to continue to  
2320 receive IV-E funding.  
2321
- 2322 K. A region-level status review will occur at minimum every 90 days. The region designee  
2323 will review the case and complete the DCFS Residential 90 Day Status Review  
2324 form. This form will be uploaded into SAFE into the content management folder:  
2325 Residential Treatment Documents.  
2326
- 2327 L. The region designee may staff complex situations with OQD. OQD will be able to assist  
2328 with DHHS level collaboration (high level staffings).  
2329
- 2330 M. If the child remains in the same placement setting for an extended length of time,  
2331 continued placement in the QRTP must be reviewed at the executive level.
- 2332 1. Child age 12 and under:
    - 2333 a. Six months consecutive or non-consecutive in same QRTP setting.
  - 2334 2. Child age 13 and older:
    - 2335 a. Twelve months consecutive in the same QRTP setting.
    - 2336 b. Eighteen months non-consecutive in the same QRTP setting  
2337
- 2338 N. The process for the executive level review consists of the following:
- 2339 1. A region designee will run a report in SAFE monthly to monitor which children  
2340 are due for an executive level review.
  - 2341 2. Sixty days before the time frame ends, the region designee will schedule a region  
2342 level status review and complete the DCFS Residential 90 Day Status Review  
2343 form.
  - 2344 3. Sixty days before the time frame ends, the caseworker will receive a SAFE  
2345 reminder: “QRTP extended stay review must be completed.”

- 2346 4. All the prior DCFS Residential 90 Day Status Review forms as well as any
- 2347 current supporting documents (e.g. treatment plans) will be submitted to the
- 2348 agency head for review.
- 2349 5. The paperwork for the executive review needs to be submitted no later than 30
- 2350 days before the time frame ends.
- 2351 6. If the child can be stepped down and will be out of the QRTP before the
- 2352 designated time frame, the executive review will be cancelled.
- 2353
- 2354 O. The caseworker will coordinate with the QRTP to develop a detailed discharge plan and
- 2355 to determine what type of aftercare support is needed to transition the child to the next
- 2356 placement. The QRTP is required to offer six months of aftercare, if the child is
- 2357 transitioned into a family-based setting or return home. The placement is required at
- 2358 minimum to make bi-weekly contact with the child and family the first three months and
- 2359 then monthly contact for the following three months.
- 2360

### 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:

- 2373 A. Review placement options available for the child.
- 2374
- 2375 B. Assess current budget and placement cap restrictions in the region.
- 2376
- 2377 C. Set the date for the next review. Reviews must occur at a minimum of every 90 days
- 2378 while the child is in a high cost setting. Regions with a high number of children in
- 2379 residential placements may have difficulty achieving this; however, it should be a priority
- 2380 of the region to facilitate these reviews.
- 2381
- 2382 D. A provider will be selected on the basis of ability and willingness to include the family in
- 2383 the service process, treatment, and discharge planning from the beginning.
- 2384
- 2385 E. The committee will complete the residential screening form and the purchase service
- 2386 authorization at the conclusion of the screening.
- 2387

## 301.14 Transition To Approved Placement

### Major objectives:

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

### **Applicable Law**

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

### Practice Guidelines

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

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

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

- 2432 G. It is best practice for children to have pre-placement visits to gradually orient them to the
- 2433 new home and caregivers. Pre-placement visits may include:
- 2434 1. A tour of the new home.
- 2435 2. Activities such as day visits, mutual activities, or overnight visits.
- 2436
- 2437 H. Prepare and/or update the Child’s Home-to-Home Book. [See: [Section 303.3](#),
- 2438 Maintaining The Home-To-Home Book.]
- 2439

### 2440 **301.15 Guardianship And Legal Custody With A Relative And**

### 2441 **Non-Relative**

2442 (This section has been moved to [Section 308.2](#).)

### 2443 **301.16 Obtaining Birth Certificates From The Office Of Vital**

### 2444 **Statistics For Children In Out-Of-Home Care**

2445 Major objectives:

2446 This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a

2447 birth certificate for a child in out-of-home care that needs that document to register for school or

2448 apply for and receive a state or federal benefit or service.

2449 Practice Guidelines

- 2450 A. Process for obtaining a birth certificate from the Office of Vital Statistics:
- 2451 1. Region administration will identify senior assistant caseworkers or other
- 2452 designees responsible for submitting birth certificate applications for children in
- 2453 their region in an out-of-home placement and will disseminate that list to workers
- 2454 in their region.
- 2455 2. When a birth certificate for a child is needed, caseworkers will contact one of
- 2456 their regional representatives that have the responsibility to submit a request for a
- 2457 birth certificate to the Office of Vital Statistics and will provide all information
- 2458 needed on the application form.
- 2459 3. The designated worker responsible for applying for birth certificates will
- 2460 document all information provided by the caseworker on the DCFS birth
- 2461 certificate request template supplied by the Office of Vital Statistics and will
- 2462 submit the completed form to Office of Vital Statistics at
- 2463 DCFSbirthreq@utah.gov. The Office of Vital Statistics uses that form to search
- 2464 for and print the required birth certificate and mails an official copy of the birth
- 2465 certificate to the individual in the region that submitted the request.
- 2466 4. Once the region designee receives the birth certificate, that individual will provide
- 2467 the original or a copy to the child’s caseworker.
- 2468 5. The caseworker or designee will be responsible for documenting when a birth
- 2469 certificate application has been made, when a birth certificate has been received,
- 2470 and for placing the child’s birth certificate in the child’s case file once it is
- 2471
- 2472
- 2473
- 2474

2475 received.

2476

2477 B. Payment for birth certificates to the Office of Vital Statistics: Each month the Office of  
2478 Vital Statistics issues an invoice to the DCFS state office that lists the names of all  
2479 children for whom a birth certificate was issued, the region that made the request, and the  
2480 cost associated for each birth certificate. The DCFS state office budget and accounting  
2481 manager will submit a single payment to the Office of Vital Statistics for all birth  
2482 certificates issued during the month and will transfer costs for each birth certificate to the  
2483 region that made the request.

2484

2485 C. Youth who are currently in, or who have exited foster care due to the age of majority and  
2486 are under the age of 26, can receive a fee waiver to get a copy of their birth certificate  
2487 and/or ID.

2488 1. A DCFS employee will need to help the individual fill out the form for a birth  
2489 certificate.

2490 2. This form will not be used for DCFS to gain a free copy of a birth  
2491 certificate. This is to be used for the youth to request and receive one.

2492 3. The department shall waive the fee that would otherwise be charged for a certified  
2493 a birth certificate, if the individual whose birth is confirmed by the birth  
2494 certificate is under the age of 26 and:

2495 a. is in the custody of DCFS; or

2496 b. was in the custody of DCFS but is no longer in the custody of DCFS due  
2497 to the individual's age.

2498

### 2499 301.17 Child Placement With Parent In A Licensed Family- 2500 Based Residential Substance Use Treatment Program

2501

2502 Major objectives:

2503 Family-based residential substance use treatment programs are highly effective in supporting  
2504 parent-child bonding and reducing parent substance use relapses. A foster child may be placed  
2505 with a parent in a licensed family-based residential substance use treatment program while the  
2506 child remains in foster care. A foster care maintenance payment may be made for the child.

2507 In addition to providing substance use disorder treatment, the program will provide parenting  
2508 skills training, parenting education, and individual and family counseling under an organizational  
2509 structure and trauma framework that involves understanding, recognizing, and responding to the  
2510 effects of trauma and will use a trauma-informed approach and trauma-specific interventions to  
2511 address the consequences of trauma and facilitate healing.

2512

2513

#### 2514 **Applicable Law**

2515 [Title VII of Public Law 115-123](#) (Family First Prevention Services Act) Subtitle A. Part I Sec.  
2516 50712

2517



2518 Practice Guidelines

- 2519 A. The Child and Family Team will determine if placement of the child with the parent in a  
2520 licensed family-based residential substance use treatment program is appropriate.  
2521
- 2522 B. The recommendation for placing the child in the licensed family-based residential  
2523 substance use treatment program will be specified in the child's case plan prior to the  
2524 placement start date.
- 2525 1. The recommendation for placement will be documented in the Child Placement  
2526 Record portion of the child's case plan in SAFE.
- 2527 2. The caseworker will enter the date, prior to placement, that the Child and Family  
2528 Team decided that placement of the child with a parent in a licensed family-based  
2529 residential substance use treatment program is the plan.  
2530
- 2531 C. The DCP placement code is used for this service. This code requires the child to remain  
2532 in foster care to be eligible for the foster care maintenance payment.  
2533
- 2534 D. The Child and Family Team will carefully plan for key transitions, such as the parent and  
2535 child leaving the facility or legal custody being returned to the parent. The team will  
2536 consider how the child's needs will continue to be met if custody of the child is returned  
2537 to the parent while still in the residential treatment program, which requires the child's  
2538 maintenance payment to be discontinued. Post maintenance payment support could  
2539 include TANF or some other source of ongoing family income.  
2540

2541 **302 Planning And Interventions**

2542

2543 **302.1 Child And Family Plans**

2544

Major objectives:

2545

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.

2546

2547

2548

2549

2550

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.

2551

2552

2553

2554

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.

2555

2556

2557

**Applicable Law**

2558

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

2559

2560

2561

Practice Guidelines

2562

A. To facilitate permanency, the Child and Family Plan will include:

2563

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.

2564

2565

2566

2567

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.

2568

2569

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.

2570

2571

2572

2573

2574

4. If the goal is not reunification, the plan will include steps to finalize the placement, including child-specific recruitment efforts if the goal is adoption.

2575

2576

2577

5. Safety agreement, if needed.

2578

6. Plan for crisis, if needed.

2579

7. Plan for next age-appropriate transition.

2580

8. 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.

2581

2582

9. Plan to assure the child receives safe and proper care including the provision of medical, dental, mental health, educational, recreational, or other specialized services and resources.

2583

2584

- 2585 a. If a child is placed in residential treatment and has medical or mental  
2586 health issues that need to be addressed, the Child and Family Plan will  
2587 include a specialized assessment of the medical and mental health needs of  
2588 the child.
- 2589 b. If parental rights have not been terminated, the parents retain the right to  
2590 seek a separate medical or mental health diagnosis of their child from a  
2591 licensed practitioner of their choice.
- 2592 10. A **[visitation]family-time** plan for the child, parents, and siblings, and  
2593 grandparents if it is in the child's best interest.
- 2594 11. Steps for monitoring the placement and providing support to the out-of-home  
2595 caregiver, including plan for **[visitation]family-time** of the child and support to the  
2596 caregiver when placed out of state.
- 2597 12. Methods by which the child's significant relationships can be maintained  
2598 regardless of the permanency goals.
- 2599
- 2600 B. DCFS will make substantial efforts to develop the Child and Family Plan with which the  
2601 child's parents agree. If the parents do not agree with the Child and Family Plan, DCFS  
2602 will strive to resolve the disagreement with the parents. If the disagreement is not  
2603 resolved, DCFS will inform the court of the disagreement.
- 2604
- 2605 C. Parent/child involvement in the development of the Child and Family Plan. Child and  
2606 Family Team Meetings and/or monthly interviews between the caseworker and parent  
2607 may provide the parent with the opportunity to provide input into the development of the  
2608 plan. Child and Family Team Meetings or private interviews between the child and the  
2609 caseworker or other team members may provide opportunities for the child to contribute  
2610 to planning.
- 2611 1. All parents will have the opportunity to participate in the development of the  
2612 Child and Family Plan.
- 2613 2. For the purpose of planning, parent is defined as:
- 2614 a. The legally recognized birth mother regardless of physical custody or  
2615 current level of involvement in the child's life.
- 2616 b. The legally recognized father regardless of physical custody or current  
2617 level of involvement in the child's life.
- 2618 c. The legally recognized adoptive mother and/or father.
- 2619 d. The legally recognized guardian.
- 2620 e. The caregiver with whom the child was living with at the time DCFS  
2621 became involved AND with whom the child may remain or be reunited.  
2622 This may include relative caregivers and non-relative caregivers such as  
2623 stepparents.
- 2624 f. A stepparent who is living in the home where the child was residing and  
2625 will be returned.
- 2626 g. The substitute caregiver(s) that has been identified as the person(s) who  
2627 will be imminently providing enduring permanency for the child;
- 2628 3. Exceptions for parental involvement include:
- 2629 a. The parent is deceased.
- 2630 b. Parental rights are terminated.

- 2631 c. Parent’s active or passive refusal to participate.
- 2632 (1) Active Refusal: Parent expresses verbally or in writing that they
- 2633 are not interested in participating in the development of the plan. In
- 2634 this case, the caseworker must verify with the parent that they still
- 2635 decline participation before every new plan is finalized.
- 2636 (2) Passive Refusal: Parent indicates a passive refusal to participate in
- 2637 the plan development through their actions or inactions, such as
- 2638 failing to keep appointments or returning messages. In this case,
- 2639 the caseworker must make at least two attempts to contact the
- 2640 parent face-to-face, by phone, or by correspondence every time a
- 2641 new plan is developed to provide them opportunity to participate in
- 2642 the development of the plan.
- 2643 (3) The caseworker will document the dates and efforts to involve the
- 2644 parent, methods of interaction between the caseworker and the
- 2645 parent, and the parent’s expressed desire.
- 2646 d. The parents’ whereabouts are unknown despite concerted efforts to locate
- 2647 them. Concerted efforts means a monthly attempt at locating the parent
- 2648 using one of the following:
- 2649 (1) Interviews with Child and Family Team members.
- 2650 (2) Interviews with extended family.
- 2651 (3) Interviews with the child.
- 2652 (4) Checking allied agency records (Department of Workforce
- 2653 Services, Office of Recovery Services, law enforcement, etc.).
- 2654 (5) On-line person locator searches.
- 2655 (6) Other sources not listed here that the caseworker or the team
- 2656 becomes aware of.
- 2657 e. Parental involvement in the planning process is detrimental to the safety or
- 2658 best interest of the child and is supported by court order or clinical
- 2659 recommendation.
- 2660 4. All children listed on the plan who are developmentally appropriate will have the
- 2661 opportunity to participate in the development of the plan to the degree that they
- 2662 are capable of contributing to the plan.
- 2663 a. A developmentally appropriate child means they have the ability to
- 2664 understand and offer relevant contributions to the plan or express
- 2665 preferential considerations within the selection of services or objectives.
- 2666 As a general guideline, children who are elementary school aged are
- 2667 regarded as being capable of contributing to the plan to some extent unless
- 2668 otherwise developmentally incapable.
- 2669 b. Contributions offered by the child will be considered by the team and
- 2670 included in the plan based on the Child and Family Team’s determination
- 2671 of the appropriateness of the request.
- 2672 5. The child’s court appointed Guardian ad Litem will be involved in the
- 2673 development of a child’s Child and Family Plan. The Guardian ad Litem will be
- 2674 invited to any Child and Family Team Meeting held to develop, review, or modify
- 2675 the Child and Family Plan.

- 2676 a. Caseworkers will continue to schedule Child and Family Team Meetings  
2677 around the needs of the child and family and will invite the Guardian ad  
2678 Litem.  
2679 b. It is not required that the Guardian ad Litem be in attendance in order to  
2680 hold the Child and Family Team Meeting.  
2681 6. Other parties may be involved in the development of the Child and Family Plan,  
2682 as determined appropriate by the Child and Family Team. DCFS may not  
2683 prohibit others, such as the parent’s attorney, from being involved in the  
2684 development of the plan. Utah Code Ann. [§80-3-307](#) allows parties and their  
2685 legal counsel to participate in the development of the plan if their participation is  
2686 otherwise permitted by law. Before prohibiting anyone from participating in the  
2687 development of a Child and Family Plan, the caseworker will staff the situation  
2688 with an Assistant Attorney General to see if this is permissible.  
2689  
2690 D. Upon finalization of the Child and Family Plan, both the caseworker and supervisor will  
2691 sign the plan. The caseworker will obtain signatures from the parents, child, and out-of-  
2692 home caregiver. If any party refuses to sign the plan, reasons will be documented in the  
2693 activity logs of the case file. Once all signatures have been obtained, copies of the plan  
2694 will be sent to the Juvenile Court, Assistant Attorney General, Guardian ad Litem, legal  
2695 counsel for the parents, parents, child, and out-of-home caregiver.  
2696  
2697 E. Concurrent permanency planning ensures that the child and family are prepared for both  
2698 the child’s primary and secondary permanency goals. Every Child and Family Plan must  
2699 include a primary and secondary goal.  
2700  
2701 F. Tracking and adapting the Child and Family Plan/team review/progress summaries:  
2702 1. With input from Child and Family Team members, the plan will be reviewed to  
2703 track progress made and progress will be reported at least every 90 days.  
2704 a. The progress summary will outline the current situation and progress  
2705 towards the permanency goal.  
2706 b. The progress summary will be signed by both the caseworker and  
2707 supervisor and will be submitted to the Juvenile Court, Assistant Attorney  
2708 General, Guardian ad Litem, legal counsel for the parents, parents, and  
2709 out-of-home caregiver.  
2710 2. The plan will be adapted:  
2711 a. When the team identifies that new steps are needed to make progress.  
2712 b. When the team identifies a new need.  
2713 c. When needs are met.  
2714 d. When there is a significant change with the child and family, including a  
2715 placement change.  
2716 e. At least every six months from date of removal.  
2717

2718 **302.2 Purposeful Visiting With The Child, Out-Of-Home**  
2719 **Caregivers, And Parents**

2720 Major objectives:

2721 Regular visiting with a child enables the out-of-home caseworker to assess how well a child's  
2722 placement is meeting their needs for safety, permanency, and well-being. The out-of-home  
2723 caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable,  
2724 nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well  
2725 they will be able to promote safety, permanency, and well-being for their children. The out-of-  
2726 home caseworker will visit with the child, out-of-home caregivers, and parents no less than once  
2727 every month.  
2728

2729  
2730 **Applicable Law**

2731 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
2732

2733 Practice Guidelines

2734 A. Out-of-home caseworker visits help assure safety, permanency, and well-being. Using  
2735 face-to-face visits with children, out-of-home caregivers, and parents provides out-of-  
2736 home caseworkers an opportunity to deepen the helping relationship. Findings from the  
2737 DCFS Review (CFSR) found that there is a significant positive relationship between out-  
2738 of-home caseworker visits with children and a number of other indicators for safety,  
2739 permanency, and well-being. These indicators include:

- 2740 1. Providing services to protect children in the home.
- 2741 2. Preventing removal.
- 2742 3. Managing the risk of harm to children.
- 2743 4. Establishing permanency goals.
- 2744 5. Achieving reunification, guardianship, and permanent placement with relatives.
- 2745 6. Achieving the goal of other planned living arrangements.
- 2746 7. Placement with siblings.
- 2747 8. Preserving children's connections while in out-of-home care.
- 2748 9. Maintaining the child's relationship with parents.
- 2749 10. Assessing needs and providing services to children and families.
- 2750 11. Involving children and parents in case planning.
- 2751 12. Visiting with parents.
- 2752 13. Meeting the educational needs of the child.
- 2753 14. Meeting the physical health needs of the child.
- 2754 15. Meeting the mental health needs of the child.

2755  
2756 B. Caseworker contact with the child: The caseworker will visit with the child. Visit is  
2757 defined as a face-to-face meeting between the child and the caseworker and must include  
2758 the following elements:

- 2759 1. Frequency - visits must occur as frequently as the conditions of the case require  
2760 and no less frequently than at least monthly.
- 2761 2. Location - the environment of the location of the visits must be conducive to open  
2762 and honest conversation. At least one monthly caseworker contact with the child



- 2763 must take place in the out-of-home placement. The interview between the  
2764 caseworker and the child must be conducted away from the parent or substitute  
2765 caregiver unless the child refuses or exhibits anxiety. Siblings may be  
2766 interviewed together or separately, depending on the comfort level of the children  
2767 or if there are safety considerations.
- 2768 3. Duration - the length of the visit must be of sufficient duration to address key  
2769 issues.
  - 2770 4. Quality discussion - the content of the interview should focus on key issues  
2771 pertinent to safety (including threats of harm, child vulnerabilities, and protective  
2772 capacities of the caregiver), permanency, and well-being, as well as promotes the  
2773 achievement of case goals. When the child is nonverbal or unable to  
2774 communicate, the caseworker will document that the child is nonverbal and  
2775 instead report observations regarding the child's appearance pertaining to physical  
2776 well-being.
  - 2777 5. In working with an older youth, empower the youth by helping them to address  
2778 their desires or needs. This enables the youth to have an opportunity to practice  
2779 skills necessary for adulthood. It is also important to include youth as active  
2780 members of the team. Youth should be included in all decisions that affect their  
2781 lives. These will help to make it more likely that the youth's needs will be met  
2782 and that they will be able to establish positive relationships.
  - 2783 6. As needed, the out-of-home caseworker and other members of the Child and  
2784 Family Team develop the specifics of the **visitation** Family Time Plan as well as  
2785 to decide who will make additional visits and contacts with the child. Document  
2786 this in the Child and Family Plan.
  - 2787 7. If the child is placed outside the state, the out-of-home caseworker will have at  
2788 least one telephone conversation per month with the child (if the child is verbal)  
2789 and with the child's out-of-home caregiver. In addition, the out-of-home  
2790 caseworker will request through the Interstate Compact Placement Agreement  
2791 that a courtesy caseworker have a monthly face-to-face visit with the child and  
2792 provide a written report of the visit to the Utah out-of-home caseworker each  
2793 quarter.
- 2794
- 2795 C. Caseworker contact with the out-of-home caregiver: The caseworker will visit with the  
2796 out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will  
2797 help to establish and maintain a working relationship.
- 2798 1. At a minimum, the caseworker will conduct one monthly face-to-face contact  
2799 with the substitute caregiver with whom the child is living. The caseworker will  
2800 assess with the substitute caregiver the safety (including threats of harm, child  
2801 vulnerabilities, and protective capacities of the caregiver), permanency, and well-  
2802 being needs of the child and the substitute caregiver's needs as it pertains to the  
2803 child's needs.
  - 2804 2. Reviewing on a quarterly basis with the out-of-home caregiver the child's Home-  
2805 to-Home Book. (See [Section 303.3](#) Maintaining The Home-To-Home Book.)  
2806

- 2807 D. Monthly caseworker contact with the child’s parents: The caseworker will have regular  
2808 contact with each parent to assess safety, permanency, and well-being of the children and  
2809 to promote achievement of case goals.
- 2810 1. For the purpose of monthly caseworker contact with parent, parent is defined as:
- 2811 a. The legally recognized birth mother regardless of physical custody or  
2812 current level of involvement in the child’s life.
- 2813 b. The legally recognized father regardless of physical custody or current  
2814 level of involvement in the child’s life.
- 2815 c. The legally recognized adoptive mother and/or father.
- 2816 d. The legally recognized guardian.
- 2817 e. The caregiver with whom the child was living with at the time DCFS  
2818 became involved AND with whom the child may be reunited. This may  
2819 include relative caregivers and non-relative caregivers such as stepparents.
- 2820 f. The substitute caregiver(s) that has been identified as the person(s) who  
2821 will be imminently providing enduring permanency for the child.
- 2822 2. Contact is defined as a face-to-face meeting between the parent and the  
2823 caseworker and must include the following elements:
- 2824 a. Frequency - visits must occur at least monthly.
- 2825 b. Location - the environment of the location of the visits must be conducive  
2826 to open and honest conversation.
- 2827 c. Duration - the length of the visit must be of sufficient duration to address  
2828 key issues.
- 2829 d. Quality discussion - the content of the interview should focus on issues  
2830 pertinent to case planning, service delivery, and goal achievement.
- 2831 3. Exceptions for caseworker contact with parent include:
- 2832 a. The parent is deceased.
- 2833 b. Parental rights are terminated.
- 2834 c. Parent’s active or passive refusal to participate.
- 2835 (1) Active Refusal: Parent expresses verbally or in writing that they  
2836 are not interested in having monthly contact with the caseworker.  
2837 In this case, the caseworker must periodically verify with the  
2838 parent that they still decline contact. Periodic means that the  
2839 caseworker attempts to make some type of contact whether it be  
2840 face-to-face, phone, or correspondence with the parent at a  
2841 minimum of a quarterly basis if reunification is the goal. If  
2842 reunification has been terminated but parental rights are still in  
2843 place, periodic contact means every six months.
- 2844 (2) Passive Refusal: Parent indicates a passive refusal to have monthly  
2845 contact with the worker through their actions or inactions, such as  
2846 failing to keep appointments or returning messages. In this case,  
2847 the caseworker must make at least two attempts a month to contact  
2848 the parent face-to-face, by phone or correspondence, while  
2849 reunification services are provided to that parent. When  
2850 reunification is terminated but parental rights are still in place,  
2851 periodic attempts to contact the parent may be reduced to every six  
2852 months.

- 2853 (3) The caseworker will document the dates and efforts to contact the  
2854 parent, methods of interaction between the caseworker and the  
2855 parent, and the parent’s expressed desire or actions/inactions.
- 2856 d. The parents’ whereabouts are unknown despite concerted efforts to locate  
2857 them. Concerted efforts means a monthly attempt at locating the parent  
2858 using one of the following:
- 2859 (1) Interviews with Child and Family Team members.  
2860 (2) Interviews with extended family.  
2861 (3) Interviews with the child.  
2862 (4) Checking allied agency records (Department of Workforce  
2863 Services, Office of Recovery Services, law enforcement, etc.).  
2864 (5) On-line person locator searches.  
2865 (6) Other sources not listed here that the caseworker or the team  
2866 becomes aware of.
- 2867 e. Parental involvement in the planning process is detrimental to the safety or  
2868 best interest of the child and is supported by court order or clinical  
2869 recommendation.
- 2870 ~~[f. When the parent resides out of the county, face to face contact may be~~  
2871 ~~replaced by other means of contact such as BY phone or correspondence.]~~
- 2872
- 2873 E. Monthly Home Visit: The caseworker will check on the residence where the child is  
2874 living and observe and document the general conditions pertaining to threats of harm,  
2875 child vulnerabilities, and protective capacities of the caregivers. The caseworker will not  
2876 enter a home for the purpose of a visit without a caregiver present, unless the child’s  
2877 caregiver has granted permission. This approval should be documented. The caseworker  
2878 may enter the family’s home in an emergency without a caregiver’s permission. If the  
2879 home environment provides a threat of harm to the child, address the threat with the  
2880 caregiver and report the concern to the Resource Family Consultant (RFC) assigned  
2881 to the home.
- 2882
- 2883 F. The outcomes of out-of-home caseworker visitation include:
- 2884 1. Assessing safety, permanency, well-being, strengths, and needs. A series of  
2885 developmentally appropriate checklists and questions developed by the National  
2886 Resource Center for Family-Centered Practice and Permanency Planning  
2887 (NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-  
2888 home caregivers, or parents during their face-to-face visits. (To view these  
2889 checklists and questions, go to  
2890 [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/caseworker-](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-visiting.html)  
2891 [visiting.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-visiting.html)).
- 2892 2. Addressing and planning for any immediate needs and concerns.  
2893 3. Reviewing progress and completion of steps of the Child and Family Plan,  
2894 including the identified permanency goal for the child, out-of-home caregivers, or  
2895 parents.  
2896 4. Planninag toward the child’s permanency goal, concurrent plan, and long-term  
2897 view.  
2898 5. Identifying any challenges and developing solutions.

- 2899 6. Providing an opportunity for the child, out-of-home caregivers, or parents to share
- 2900 events, successes, feelings, and issues such as those related to the family and
- 2901 child’s education, health, behavior (including separation, grief, and loss),
- 2902 relationships, and any items of special interest or concern for the child.
- 2903 7. Engaging the child, out-of-home caregivers, or parents in an active dialogue that
- 2904 promotes the change process. It may be useful to use solution-focused questions.
- 2905 8. Providing information about resources and linking necessary supports and
- 2906 services for the child, out-of-home caregivers, or parents. Assisting the parents in
- 2907 attaining needed resources (i.e., securing housing, transportation, etc.).
- 2908 Examining other issues related to the delivery of services to identify and remove
- 2909 or reduce barriers to the attainment of those services.
- 2910 9. Discussing and monitoring current appointments and issues pertaining to the child
- 2911 such as medical, dental, mental health, school, culture, court, and parent and
- 2912 [sibling visitation]sibling-time.
- 2913 10. Providing opportunities for the child, out-of-home caregivers, and parents to make
- 2914 choices about next steps.
- 2915 11. Making suggested changes and modifications to the Child and Family Plan in
- 2916 partnership with the team.

2917  
 2918 G. In addition to the monthly visit, the out-of-home caseworker will be available to provide  
 2919 ongoing counsel to address any immediate concerns or issues that the child, out-of-home  
 2920 caregivers, or parents may have.  
 2921

### 2922 302.3 Preserving Connections

2923 **Major objectives:**  
 2924 Preserving connections refer to relationships to children in out-of-home care with the purpose of  
 2925 maintaining or strengthening familial relationships and continuing connections with natural  
 2926 supports that are approved through the process below and documented in the client  
 2927 record. Preserving connections can help maintain activities children and youth were participating  
 2928 in prior to entering custody with those familial relationships (i.e., going to movies with  
 2929 grandmother, getting ice cream, sleepovers with cousins, etc.). Preserving connections may also  
 2930 be used for short-term provisions, which could include incidental care, child care, respite care,  
 2931 emergency care, and other options for temporary relief.  
 2932

2933 This includes all persons familiar with the child and who have a relationship (i.e., grandparents,  
 2934 aunts/uncles, cousins, adult siblings, coaches, teachers, leaders, etc.) prior to the child entering  
 2935 care. Infants are considered to have a relationship similar to siblings or relationships that would  
 2936 have naturally occurred had the child remained in parental care. Natural supports (not including  
 2937 family) need to be relationships the child had prior to coming into care. [See also: Section 300.7.]  
 2938  
 2939

2940  
 2941 **Practice Guidelines:**

2942 **A. Identifying preserving connections:**

- 2943 1. When identifying individuals who are considered as preserving connections, the  
2944 DCFS shall ask:
- 2945 a. The parent or caregiver: Who has been their support in caring for their  
2946 child? Who helped the parent or caregiver with their child before coming  
2947 into custody? Have the parents/caregivers had the child live temporarily  
2948 with anyone? If the child is an infant and/or this is the first child, consider  
2949 asking who the parents have reached out to for support with the child.
- 2950 b. The child: Who would they seek out for support when their parent or  
2951 caregiver is not available? Who would they stay with when their parents  
2952 are unavailable? Which family members and family friends do they feel  
2953 comfortable with and want to maintain a connection with?
- 2954 c. Extended family on both sides of the family: Who has had a relationship  
2955 with the child? Are there any other important connections to the child?  
2956 Create a genogram, ecomap, etc.
- 2957 d. The Child and Family Team: Who has the child spent a lot of time with  
2958 and would benefit from maintaining a connection with?
- 2959 2. Other considerations that can be used to identify individuals who can be  
2960 considered preserving connections:
- 2961 a. Extra-curricular activities (sports, dance, scouts, etc.).
- 2962 b. Religious affiliations.
- 2963 c. Tribal affiliations (ICWA).
- 2964 d. School (teacher, coach, counselors, etc.).
- 2965 e. Former placements (foster homes, proctor homes, etc.).
- 2966 f. Neighbors.
- 2967 g. Other community connections.
- 2968
- 2969 B. Assessing preserving connections' ability to help: Discuss the need for connection and  
2970 possible assistance to the placement or child during a Child and Family Team Meeting.
- 2971 1. Consider using items from the Permanency Pact to explore ways to offer support.
- 2972 2. Discuss expectations, availability, and schedules.
- 2973
- 2974 C. Approving proposed preserving connections through the teaming process:
- 2975 1. Caseworkers will have the proposed preserving connections complete a  
2976 background screening form.
- 2977 a. Caseworkers will send a background screening form to the BCI support  
2978 team to be screened.
- 2979 b. Any history that poses a direct potential safety concern to the child will be  
2980 discussed privately with the proposed preserving connections, and  
2981 permission to share this information with the full Child and Family Team  
2982 or the legal partners (AAG and GAL) for further review will be requested.  
2983 If the person does not want the information shared, they will not be  
2984 considered for preserving connections.
- 2985 2. Concerns identified may be addressed by additional assessments and/or home  
2986 visits.
- 2987 3. Concerns that are discussed at the Child and Family Team Meeting and decisions  
2988 made by the team must be documented in activity logs.

- 2989           4.       The Child and Family Team approves the list of people included as preserving  
2990           connections.
- 2991           5.       Ongoing assessment of preserving connections will occur at Child and Family  
2992           Team Meetings, and the team will make adjustments as needed.
- 2993
- 2994   D.       Documenting preserving connections and sharing with out-of-home caregivers/providers:
- 2995           1.       Preserving connections are documented in SAFE with the preserving connections  
2996           form. The preserving connections form will be updated as needed and reviewed  
2997           each time the Child and Family Plan is updated.
- 2998           2.       Caseworkers will share the preserving connections form with each out-of-home  
2999           caregiver/placement as a resource.
- 3000           3.       Caseworkers will review the preserving connections form with each  
3001           caregiver/provider and explain the importance of maintaining relationships and  
3002           prioritizing use of preserving connections as outlined.
- 3003



3004 **303 Services And Interventions**

3005 Major objectives:

3006 Determination of interventions and service modalities will be matched to the assessed needs of  
3007 the family. Only interventions deemed as best practice and approved by DCFS will be utilized.  
3008

3009 In order to provide services to promote successful reunification or other permanency options for  
3010 the child, the family will be seen as the center of case management and Child and Family  
3011 Planning. Services will be delivered according to the individualized assessed needs of the family  
3012 as early in the intervention process as possible.  
3013

3014  
3015  
3016  
3017 **303.1 [Visitation]Family-Time With Familial Connections**

3018 Major objectives:

3019 Purposeful and frequent [visitation]family-time with parents and siblings is a child’s right, not a  
3020 privilege or something to be earned or denied based on behavior of the child or the parent.  
3021 Children also have the right to communicate with other family members, their attorney,  
3022 physician, clergy, and others except where documented to be clinically contraindicated. Intensive  
3023 efforts will be made to engage biological parents in continuing contacts with their child, through  
3024 [visitation]family-time and supplemented with telephone calls and written correspondence unless  
3025 contraindicated by court order for the child’s safety or best interests.  
3026

3027 Determination of interventions and service modalities will be matched to the assessed needs  
3028 of the family. Only interventions deemed as best practice and approved by DCFS will be  
3029 utilized.  
3030

3031 In order to provide services to promote successful reunification or other permanency options  
3032 for the child, the family will be seen as the center of case management and child and family  
3033 planning. Services will be delivered according to the individualized assessed needs of the  
3034 family as early in the intervention process as possible.  
3035

3036  
3037 **Applicable Law**

3038 Utah Code Ann. [§80-1-102](#). Definitions.

3039 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
3040

3041 Practice Guidelines

- 3042 A. [Visitation]Family-time plans between the child, parent, and siblings will be  
3043 individualized to meet the needs of the family. [Visitation]Family-time plans will be  
3044 facilitated by joint planning between the members of the Child and Family Team.  
3045 [Visits]Family-time will occur as often as possible with once per week as the general  
3046 guideline. Frequent [visitation-and-] contact between siblings not placed together in out-  
3047 of-home care is required unless there is a safety or well-being issue that prevents the  
3048 siblings from having [visitation]contact or ongoing interaction.

- 3049 1. **[Visitation] Sibling-time** between siblings who have been separated by adoption or  
3050 foster care placement may occur if it is the best interest of the child and the  
3051 caseworker has obtained consent from the parent, guardian, or adoptive parents to  
3052 have their child **who is not in out-of-home care** participate in **[visitation] sibling-**  
3053 **time** with the sibling who they have been separated from.
- 3054 a. Example: Two children are in foster care, but have been placed with  
3055 separate families. ~~[One family adopts, the other has not. The caseworker~~  
3056 ~~will need to gain the consent of the adoptive family for sibling visitation to~~  
3057 ~~continue.] One child is placed with a kinship caregiver and the other child~~  
3058 ~~is placed with an out-of-home caregiver.~~
- 3059 b. Example: ~~[A child is placed in foster care and the child's siblings remain~~  
3060 ~~in the home the child was removed from. The caseworker will need to~~  
3061 ~~gain the consent of the parent/guardian for sibling visitation to occur.] One~~  
3062 ~~child is placed with an out-of-home caregiver and the child's sibling is~~  
3063 ~~placed in a residential care facility.~~
- 3064
- 3065 B. The Child and Family Team will consider and approve **[visitation] family-time** and/or  
3066 other forms of contact with relatives for children in state custody if it is determined that  
3067 contact will be in the best interest of the child, there are no safety concerns, and allowing  
3068 contact would not compete with or undermine reunification goals. [See: Kinship Practice  
3069 Guidelines Section 502.3a and Out-of-Home Care Practice Guidelines [Section 300.7.](#)]
- 3070
- 3071 C. **[Visitation] Family-time** with parents, siblings, and grandparents will occur in the most  
3072 natural setting, such as family's home, library, church, or community center,  
3073 neighborhood park, shopping center, etc.
- 3074
- 3075 D. Supervised **[visits] family-time** will only occur in situations where safety or emotional  
3076 well-being of the child is in question and will be conducted by caseworkers, kin or out-  
3077 of-home caregivers, trained assistants, or other qualified individuals.
- 3078
- 3079 E. **[Visitation] Family-Time** Plans with parents, siblings, and grandparents will be outlined in  
3080 the Child and Family Plan and specific arrangements will be made between the parents  
3081 and out-of-home caregivers, with consultation by the Child and Family Team, and may  
3082 include suggested locations, dates, times, and individuals responsible to transport and  
3083 **[attend] who can participate.**
- 3084 1. **Identifying potential family-time supervisors: Family-time supervisors are a very**  
3085 **important member of the Child and Family Team. They can help supervise the**  
3086 **family-time together in a more natural environment for the family and help make**  
3087 **sure that the interactions are safe and appropriate for the child. Family-time**  
3088 **supervisors consist of family and friends and are explored at Child and Family**  
3089 **Team Meetings.**
- 3090 2. **Assessing family-time supervisors' ability to help:**
- 3091 a. **Discuss the need for family-time supervisors and the possible assistance to**  
3092 **the child and family at the Child and Family Team Meeting.**
- 3093 (1) **Consider using the Reviewing Family-Time Supervisor one pager**  
3094 **document.**

- 3095 (2) Discuss the expectation, availability, and schedules with the
- 3096 identified family-time supervisor.
- 3097 b. Approving proposed family-time supervisor:
- 3098 (1) Caseworkers will have the proposed family-time supervisor
- 3099 complete a background screening form.
- 3100 (2) Caseworkers will send the background screening form to the BCI
- 3101 support team to be screened.
- 3102 (3) Caseworkers will notify any potential family-time supervisor that
- 3103 the court would be considering the following:
- 3104 i. Sexual offender registry, both state and federal;
- 3105 ii. Probation or parole;
- 3106 iii. History of domestic violence;
- 3107 iv. Current or recent substance use problems;
- 3108 v. Recent history of a violent offense conviction; or
- 3109 vi. Recent history of DCFS supported findings.
- 3110 (4) Any history identified on the background screening will be sent to
- 3111 the caseworker. The caseworker will discuss privately with the
- 3112 proposed family-time supervisor about the concern. The
- 3113 caseworker will inform the proposed family-time supervisor they
- 3114 can address the concerns with the Child and Family Team or the
- 3115 legal team if they want to continue to be considered. If there is
- 3116 disagreement about the outcome, the judge can make the
- 3117 decision. If the person does not want the information shared, they
- 3118 will not be considered for a family-time supervisor.
- 3119 3. Submitting family-time supervisors to court for the court approval:
- 3120 a. Caseworkers will complete the Family-Time Supervisor Form to include
- 3121 any proposed family-time supervisor that wishes to be approved by the
- 3122 court. The family-time supervisor form is part of the Family-Time Plans
- 3123 in SAFE.
- 3124 b. Family-time supervisors will be presented to the judge who will give final
- 3125 approval to the Child and Family Team before the identified supervisor
- 3126 can supervise any family-time. Family-time supervisors cannot start
- 3127 supervising family-time until the court gives their approval.
- 3128 c. In cases where the judge grants discretion to the Child and Family Team to
- 3129 approve supervisors, the family-time supervisor form must be kept in the
- 3130 case record and will be given to the court, if requested, or if an individual
- 3131 wishes to address a decision about a family-time supervisor in court.
- 3132 4. Ongoing assessment of the family-time supervisor will occur regularly at Child
- 3133 and Family Team Meetings, and the team will make adjustments as needed.
- 3134 a. The caseworker will update any changes to family-time on the Family-
- 3135 Time Plans in SAFE.
- 3136 b. Family-time supervisors will be required to provide an account of the
- 3137 family-time to the caseworker. This account can be provided via email or
- 3138 text message to the caseworker and will be documented in SAFE by the
- 3139 caseworker.
- 3140

- 3141 F. In situations where distance or other circumstances present difficulty for the family,
- 3142 alternative transportation arrangements will be explored with the team, such as bus, light-
- 3143 rail, or meeting at the half-way point between locations. If, after creative exploration of
- 3144 all options by the Child and Family Team, weekly **[visits are]family-time is** still not
- 3145 feasible, schedule longer **[visits]family-time** as frequently as possible, with other means
- 3146 of communication encouraged between **[visits]in-person contact**.
- 3147
- 3148 G. Kin or out-of-home caregivers may only censor or monitor a child’s mail or phone calls
- 3149 by court order.
- 3150
- 3151 H. Contacts with family for children placed out-of-state:
- 3152 1. A child who is placed out-of-state in out-of-home care may make two trips home
- 3153 a year at the state's expense. The region may make exceptions to this in
- 3154 emergencies, such as the serious illness or death of a parent or family member. If
- 3155 the parent has moved out-of-state and the permanency goal is to return the child to
- 3156 the parent, the child may also make two trips per year **[to visit]for in-person**
- 3157 **family-time with** the parent at the state's expense if the parent cannot afford to
- 3158 purchase the necessary tickets.
- 3159 2. Children who are placed out-of-state or out of the area will be encouraged to
- 3160 maintain written and telephone contact with their parents as negotiated by the
- 3161 Child and Family Team.
- 3162

### 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

- 3179 A. The child’s Home-to-Home Book will contain all information about the child while in
- 3180 out-of-home care, including:
- 3181 1. Names and addresses of providers, an inventory of belongings, a behavior
- 3182 checklist, information about the child’s needs and habits, **[visitation]family-time**
- 3183 information, and a section for the safe-keeping of mementos and photographs.
- 3184 2. Health history, current health status, medications, immunization record, copies of
- 3185 medical reports, and names and addresses of health care providers.

- 3186 3. School records, including school name and address, preschool information as well  
3187 as educational information, the names of teachers and counselors familiar with the  
3188 child, the child's grade level performance, and special education needs.
- 3189 4. Records and contact persons from any other public and private health, mental  
3190 health, or social service agencies that have worked with the child.
- 3191 5. Past mental health problems and special needs of the child.
- 3192 6. Documentation and receipts for any items or services purchased for the child  
3193 while in out-of-home care.
- 3194 7. Name, address, and phone number of the child's Guardian ad Litem and the  
3195 Guardian's ad Litem role in protecting the child's interest. Out-of-home  
3196 caregivers are encouraged to contact the child's Guardian ad Litem with any  
3197 concerns that the child's needs are not being met.
- 3198
- 3199 B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to  
3200 serve as a history while the child is in care. At time of each placement, new forms are  
3201 generated to serve as updates, but do not replace existing forms and information.  
3202
- 3203 C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-home  
3204 caregiver at the time of placement. If not, the caseworker will deliver and review the  
3205 record with the out-of-home caregiver no later than 10 working days from date of  
3206 placement.  
3207
- 3208 D. The caseworker will explain to the out-of-home care provider during the review of the  
3209 Home-to-Home Book that medical care must be obtained only from an approved  
3210 Medicaid provider, which means that if an HMO is designated on the child's card, the  
3211 health care provider must participate in that HMO.  
3212
- 3213 E. The out-of-home caregiver must take health care history information from the Home-to-  
3214 Home Book to health care visits to assure continuity of care and prevent unnecessary  
3215 duplication of medical care (such as immunizations).  
3216
- 3217 F. The out-of-home caregiver is to keep current records of the child's vital information and  
3218 important events in the Home-to-Home Book.  
3219
- 3220 G. The caseworker will review the Home-to-Home Book at least quarterly with the out-of-  
3221 home caregiver and the child, when appropriate, to discuss the child's school progress,  
3222 medical needs, use of clothing allowance and other special needs payments, and other  
3223 issues related to the placement.  
3224
- 3225 H. Upon case closure, the caseworker will retrieve the Home-to-Home Binder from the out-  
3226 of-home caregiver and do the following:
- 3227 1. Give the items contained in the mementos and photograph packets to the parent, if  
3228 the child is returned home, or to the permanent placement provider.
- 3229 2. Remove any forms or information contained in the remaining packets and place in  
3230 the green out-of-home binder, to be archived upon case closure.

- 3231 3. Place the emptied Home-to-Home binder and packets into the designated area for  
3232 reuse.  
3233

### 303.4 Educational Services

3235 Major objectives:

3236 The caseworker will make every effort to ensure that all children placed in out-of-home care  
3237 receive appropriate educational services consistent with their needs. DCFS staff will work with  
3238 the Child and Family Team to help the child achieve his or her full educational potential. DCFS  
3239 will ensure that children in out-of-home care have educational stability, when possible and  
3240 appropriate. The guide for "[Educating Youth in State Care](#)" contains information regarding  
3241 frequently asked questions.  
3242

3243  
3244 **Applicable Law**

3245 Utah Code Ann. [§80-2-301](#). Division responsibilities.

3246 Utah Code Ann. [§53G-6-402](#). Open enrollment options -- Procedures -- Processing fee --  
3247 Continuing enrollment.  
3248

3249 Practice Guidelines

- 3250 A. If a child in the custody of DCFS has attained the minimum age for school attendance,  
3251 the caseworker will ensure that the child is enrolled in school on a full-time basis.  
3252 Educational information, including the child's educational placement, will be  
3253 documented in SAFE on the Education Tab by the caseworker.
- 3254 1. If the child has a medical condition and is incapable of attending school on a full-  
3255 time basis, the caseworker will document the condition in SAFE in the comments  
3256 section of the Education tab. The caseworker will also document in the comments  
3257 section of the Education tab any alternate arrangements made to provide  
3258 educational services for a child unable to attend school full time.
- 3259 2. Educational information for a child unable to attend school on a full-time basis  
3260 will be updated in the in the comments section of the Education tab in SAFE  
3261 when a Child and Family Plan is updated or as changes in the child's medical  
3262 condition or educational placement occur.  
3263
- 3264 B. When a child is placed in the custody of DCFS, and whenever a child changes placement,  
3265 efforts will be made to maintain the child's enrollment at their existing school. If safety,  
3266 transportation, and other issues can be adequately addressed, a child should remain in  
3267 their existing school in order to allow consistency in their education. The process for  
3268 determining the child's educational placement is as follows:
- 3269 1. The caseworker will assess any safety concerns that exist and determine if the  
3270 child can safely remain in the school where they were originally enrolled when  
3271 they came into custody. Any safety concerns regarding the educational placement  
3272 will, at a minimum, be documented in the Child and Family Assessment and in  
3273 the comments section of the Education tab in SAFE.



- 3274  
3275  
3276  
3277  
3278  
3279  
3280  
3281  
3282  
3283  
3284  
3285  
3286  
3287  
3288  
3289  
3290  
3291  
3292  
3293  
3294  
3295  
3296  
3297  
3298  
3299  
3300  
3301  
3302  
3303  
3304  
3305  
3306  
3307  
3308  
3309  
3310  
3311  
3312  
3313  
3314  
3315  
3316  
3317  
3318  
3319
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 cause the least 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. Document in the Education tab in SAFE why it was not in the best interest of the child to remain in the school they were enrolled in at the time they came into custody.
    - 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; and will refer the child to the Youth in Custody (YIC) program and will 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.
      - (1) 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.
    - f. 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

- 3320 requested. (Special education records are kept in a separate location than  
3321 other general education records.)
- 3322 g. Provide copies of any educational records they have to the new school  
3323 when a child is changing schools to facilitate the immediate enrollment of  
3324 a child into the appropriate academic placement.  
3325
- 3326 C. The caseworker will gather any available educational information and provide it to the  
3327 out-of-home caregivers for placement in the Home-to-Home Book within ten days from  
3328 the date of placement.  
3329
- 3330 D. At any time during the child's placement, if any member of the Child and Family Team  
3331 has reason to suspect that the child may have a disability requiring special education  
3332 services, the child will be referred for assessment for specialized services.  
3333
- 3334 E. The caseworker will maintain contact with educational staff to monitor the child's  
3335 ongoing educational status, including grades, attendance, and credits toward graduation.  
3336 Educational staff or input will be included in Child and Family Team Meetings when  
3337 appropriate.  
3338
- 3339 F. In order to cause the least amount of disruption to the child's education, caseworkers and  
3340 other DCFS' staff will make active efforts to minimize school interruptions and should  
3341 avoid taking the child out of school for **visits|family-time** and appointments.  
3342 Appointments will be made after school hours when at all possible. When court hearings  
3343 require a child to be present for the hearing, caseworkers and/or foster parents will make  
3344 arrangements with the school beforehand to obtain school work and assignments for the  
3345 time the child will be excused.  
3346
- 3347 G. It is always allowable for CPS caseworkers to take a child out of class for the purposes of  
3348 conducting an interview regarding an allegation of abuse or neglect.  
3349
- 3350 H. Pursuant to Utah Code Ann. [§53G-9-604](#), a school must notify a parent or guardian when  
3351 a student threatens to commit suicide and/or a student is involved in an incident of  
3352 bullying, cyber-bullying, harassment, hazing, or retaliation
- 3353 1. When a school notifies a caseworker that a child in out-of-home care was  
3354 involved in one of the above types of incidents, the caseworker will:
- 3355 a. Notify the parent or guardian if parental rights have not been terminated  
3356 and the parent's whereabouts are known.
- 3357 b. Notify the foster parent and other relevant members of the Child and  
3358 Family Team (such as the therapist, treatment providers, etc.).
- 3359 c. Request a written report from the school regarding the incident
- 3360 d. Notify and staff the situation with the supervisor.
- 3361 e. If region protocol directs, notify designated regional administrative staff.
- 3362 f. Notify the Guardian ad Litem and Assistant Attorney General of the  
3363 situation as soon as possible.
- 3364 g. Record all known details of the emergency situation and action taken in  
3365 the SAFE activity logs.

- 3366 2. If an out-of-home caregiver receives notification from a school that the child was
- 3367 involved in one of the above incidents, the out-of-home caregiver will notify the
- 3368 caseworker by phone or email within 24 business hours.
- 3369 a. Upon receiving notification that the child was involved in one of the above
- 3370 incidents, the caseworker will ensure that they complete the steps listed in
- 3371 subsection 1 above.
- 3372

### 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 with 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.

- 3411 (6) Nine months of age.
- 3412 (7) Twelve months of age.
- 3413 (8) Fifteen months of age.
- 3414 (9) Eighteen months of age.
- 3415 (10) Twenty-four months of age.
- 3416 (11) Annually after 24 months of age.
- 3417
- 3418 C. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever
- 3419 occurs first, the child will receive:
- 3420 1. Dental exam:
- 3421 a. Required for children three years of age and older.
- 3422 b. Children under age three will be followed by their PCP and referred to a
- 3423 dentist with any identified problems.
- 3424 c. If the child has been seen by a dental provider or PCP if under age three
- 3425 within 30 days prior to removal or court-ordered custody and additional
- 3426 concerns are identified, the child should be seen again within 30 days after
- 3427 removal or court-ordered custody.
- 3428 2. Mental Health Assessment:
- 3429 a. Children five years of age and older will receive a mental health
- 3430 assessment.
- 3431 b. If the child has been seen by a mental health provider within 30 days prior
- 3432 to removal or court-ordered custody and additional concerns are identified,
- 3433 the child should be seen again within 30 days after removal or court-
- 3434 ordered custody.
- 3435
- 3436 D. Developmental and Social Emotional Assessment:
- 3437 1. PCPs will follow developmental progress for infants.
- 3438 2. For children 4 months to 5 years of age who are removed or court-ordered into
- 3439 custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages
- 3440 Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the
- 3441 foster parent for completion based on the child's current age and the following
- 3442 schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60
- 3443 months.
- 3444 3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-SE
- 3445 will be used in determining the need for further developmental/mental health
- 3446 assessment.
- 3447 a. The ASQ and ASQ-SE will be completed with the child by the current
- 3448 out-of-home caregiver. Upon completion, the questionnaires are sent back
- 3449 to the FHC Program staff to be scored.
- 3450 b. If a child scores below the recommended level, FHC staff will coordinate
- 3451 a referral for Early Intervention within 30 days of the return of the
- 3452 questionnaire.
- 3453 4. Children ages 37 months to 60 months (3 years and one month to 5 years): The
- 3454 ASQ and ASQ-SE will be used in determining the need for further mental health
- 3455 assessment.

- 3456 a. The ASQ and ASQ-SE will be completed with the child by the current  
3457 out-of-home caregiver. Upon completion, the questionnaires are sent back  
3458 to the FHC Program staff to be scored.
- 3459 b. If a child scores below the recommended level, FHC staff will coordinate  
3460 a referral to the local school district or mental health care provider where  
3461 the child resides within 30 days of the return of the questionnaire.  
3462
- 3463 E. Immunizations and Vaccinations: All children in out-of-home care will receive  
3464 immunizations and vaccinations as recommended by the Center for Disease Control  
3465 (CDC).
- 3466 1. Those children behind the recommended CDC schedule of immunizations and  
3467 vaccinations when entering out-of-home care will be caught up as recommended  
3468 by their PCP.
- 3469 2. Families who have medical or religious beliefs that exempt them from  
3470 immunizations or vaccinations will have this information documented in the  
3471 Health screen and activity log in SAFE.  
3472
- 3473 F. Medical, Dental, and Mental Health Referrals: Referral and follow-up appointments will  
3474 be completed within 90 days from the receipt of the health visit report (HVR) or as  
3475 otherwise specified by the referring and/or treating health care professional.  
3476
- 3477 G. Second Opinions for Health Care: Children requiring specialized medical services may  
3478 receive a second opinion from a provider that specializes in the area of need.  
3479
- 3480 H. Concerns that Arise Prior to the Scheduled Exams:
- 3481 1. A child with medical, dental, or mental health concerns that arise prior to the  
3482 required scheduled exams will be immediately referred to the appropriate health  
3483 care professional.
- 3484 2. The referral will be documented in the activity logs in SAFE. Concerns may  
3485 include uncontrollable behavior, sleep disturbances, suicide ideation/thoughts,  
3486 harming self or others, enuresis/encopresis, illness, fever, aches/pains, vomiting,  
3487 diarrhea, bleeding, etc.
- 3488 3. PCPs of children entering custody with chronic medical conditions such as  
3489 epilepsy, diabetes, respiratory, metabolic conditions, congenital anomalies, etc.  
3490 will be notified of their current custody status. Communication will originate with  
3491 the caseworker and will include the regional FHC staff.  
3492
- 3493 I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:
- 3494 1. The caseworker will use the assessment tool provided by DCFS to assess if  
3495 unresolved traumatic experiences are making it difficult for the child to function  
3496 in daily life. The current assessment tool[s] used to assess for trauma adjustment  
3497 symptoms is the Utah Family and Child Engagement Tool.
- 3498 2. If the caseworker identifies on the assessment that the child's daily functioning is  
3499 being adversely affected by unresolved issues of trauma, the caseworker will  
3500 provide the information to a mental health professional for further assessment and  
3501 treatment of the child. If the child is currently receiving mental health treatment,

- 3502 the caseworker will provide the information to the mental health professional  
3503 working with the child.  
3504
- 3505 J. For Youth Temporarily Placed in Detention Facilities: The initial or annual Well Child  
3506 CHEC must be completed within 30 days of release, if not completed while in detention.  
3507
- 3508 K. Re-entry into Out-of-Home Care: When a child re-enters custody or returns from  
3509 runaway status, a Well Child CHEC must be completed within 30 days. Unless there are  
3510 health and safety concerns identified, the dental exam and mental health assessment can  
3511 be waived if one was completed within the past year while in out-of-home care.
- 3512 1. If it has been less than one year since completion of the dental exam or mental  
3513 health assessment, the next exams will be prompted in SAFE as an annual  
3514 occurrence from the last completed date.
  - 3515 2. If it has been over one year since completion of the dental or mental health exams,  
3516 an exam must be completed within 30 days. Prompting for the next annual exams  
3517 will begin in SAFE from the removal or court-ordered custody date, whichever  
3518 occurs first.  
3519
- 3520 L. Annually: While in out-of-home care, all children will receive an annual Well Child  
3521 CHEC according to the Periodicity Schedule, dental exam, and mental health assessment  
3522 or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will  
3523 be completed within 30 days of the annual due date.  
3524
- 3525 M. Psychotropic Medication Oversight Panel:
- 3526 1. Pursuant to Utah Code Ann. [§80-2-503.5](#), DCFS is required to establish and  
3527 operate a psychotropic medication oversight panel for children in foster care to  
3528 ensure that foster children are being prescribed psychotropic medication  
3529 consistent with their needs.
  - 3530 2. The review panel shall be comprised, at minimum, of an Advanced Practice  
3531 Registered Nurse (APRN) and a child psychiatrist. Other individuals may be  
3532 added to the panel as resources permit and when DCFS determines it to be  
3533 necessary.
  - 3534 3. The children shall be referred to the oversight panel by the Fostering Healthy  
3535 Children nurse. The oversight panel shall monitor foster children that meet the  
3536 following criteria:
    - 3537 (a) Six years old or younger who are being prescribed one or more  
3538 psychotropic medications; and
    - 3539 (b) Seven years old or older who are being prescribed two or more  
3540 psychotropic medications.
  - 3541 4. The oversight panel may request information and/or records related to the foster  
3542 child's health care history, including psychotropic medication history and mental  
3543 and behavioral health history, from the foster child's current or past caseworker;  
3544 the foster child; the foster parents; the natural parents, and/or the foster child's  
3545 current or past health care provider. The caseworker and/or nurse shall assist in  
3546 obtaining the information and records requested by the oversight panel and  
3547 provide it to the oversight panel within 15 working days of the request.



- 3548  
3549  
3550  
3551  
3552  
3553  
3554  
3555  
3556  
3557  
3558  
3559  
3560  
3561  
3562  
3563  
3564  
3565  
3566  
3567  
3568  
3569  
3570  
3571  
3572  
3573  
3574  
3575  
3576  
3577  
3578  
3579  
3580  
3581  
3582  
3583  
3584  
3585  
3586  
3587  
3588  
3589  
3590  
3591  
3592
5. The caseworker may also provide any additional information regarding the child that may provide insight or inform the oversight panel in making a determination regarding whether the psychotropic medication is consistent with the child's needs.
  6. The oversight panel may make recommendations to the foster child's health care providers concerning the foster child's psychotropic medication or the foster child's mental or behavioral health.
  7. After discussing the recommendations with the current health care provider, the oversight panel shall provide a copy of the written recommendations to the nurse, who will inform the foster child's caseworker, out-of-home caregiver, and other relevant team members of the recommendations.
  8. The oversight panel will also establish a procedure, such as a "help" telephone number, that a current health care provider may access when they need assistance for prescribing medication to children in foster care.
- 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 make 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 24 hours 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 in the SAFE activity logs the method that was used to inform the parent/guardian of the health care appointments.
  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.

- 3593 4. The caseworker will notify the parent/guardian of a child within five business  
3594 days after a child in the custody of DCFS receives emergency health care or  
3595 treatment. This includes when the child is sick or injured.  
3596

### 303.5.1 Signing Consent For Medical Procedures

3598 Major objectives:

3599 The purpose of this section is to describe who can sign consent on medical forms for children  
3600 placed in out-of-home care. The individual designated to sign consent depends on whether DCFS  
3601 has custody only or has custody and guardianship of the child. In all cases, parents who retain  
3602 parental rights should be included in medical decisions for a child in out-of-home care unless doing  
3603 so would constitute a threat of harm to the child or a court order that indicates otherwise. When  
3604 possible, caseworkers should share information regarding the medical, dental, and mental health  
3605 needs of the child with the parents and members of the Child and Family Team prior to any  
3606 procedures being completed.  
3607

- 3608 A. When a child is placed in out-of-home care, the court either grants DCFS both legal custody  
3609 and guardianship of a child, or grants DCFS legal custody while the parent retains  
3610 guardianship. Legal custody includes the right to consent to ordinary medical care and the  
3611 right, in an emergency, to authorize surgery or other extraordinary care. If DCFS is granted  
3612 legal custody while the parent retains guardianship, guardianship entitles parents to consent  
3613 to major medical, surgical, or psychiatric treatment.  
3614
- 3615 B. At times the court grants DCFS custody and guardianship of a child, which means a parent  
3616 does not retain the right to consent to major medical, surgical, or psychiatric treatment  
3617 while their child is placed in out-of-home care. That authority is vested in DCFS as  
3618 guardian of the child.  
3619
- 3620 C. If there has been a termination of parental rights (TPR), the parent does not retain any  
3621 parental rights.  
3622

3623 For further information regarding parental rights, refer to the definitions found in Utah Code Ann.  
3624 [§80-1-102](#).  
3625  
3626

3627

3628 Practice Guidelines

- 3629 A. Regular medical/dental/mental health procedures: A caseworker or out-of-home  
3630 caregiver can sign consent forms giving permission for a child in out-of-home care to be  
3631 seen by a medical provider for regular medical, dental, mental health assessments,  
3632 screenings, check-ups, testing, or follow-ups.  
3633
- 3634 B. Major Medical, Surgical, Psychiatric Treatment, or Psychotropic Medication: Some  
3635 medical procedures carry risks of complications and even death. The following are  
3636 considered to be major medical, surgical, or psychiatric treatment: administration of  
3637 general anesthesia; IV sedation with any type of treatment; Electroconvulsive therapy

3638 (ECT); inpatient hospitalization for any reason; or an involuntary commitment of a child.  
3639 Caseworkers should consult with the child’s medical, dental, or mental health provider  
3640 recommending the treatment, as well as the Fostering Healthy Children nurse team  
3641 member for clarification of whether a recommended treatment meets these criteria. If a  
3642 child is being prescribed psychotropic medication, it shall be in consultation with the  
3643 Child and Family Team and include documentation of informed consent.  
3644

3645 C. For questions regarding the guardianship status of a child placed in out-of-home care,  
3646 caseworkers will refer to the court order that places the child in DCFS custody or consult  
3647 the Assistant Attorney General assigned to the case.

3648 1. A parent that retains guardianship: If a parent retains guardianship, the parent  
3649 must consent to major medical, surgical, and psychiatric treatment. The parent  
3650 should be asked to sign consent if the child requires any of the major medical,  
3651 surgical, or psychiatric treatments defined above.

3652 2. If custody and guardianship has been granted to DCFS: It is not legally required  
3653 for the parent to give consent for major medical, surgical, or psychiatric treatment  
3654 (even in instances when parental rights have not been terminated). For these types  
3655 of situations, a DCFS caseworker is the most appropriate person to sign consent.  
3656 However, it is an expectation and best practice that caseworkers will discuss  
3657 necessary medical procedures with the parents prior to treatment, when possible.  
3658 In most cases this should be done within the context of a Child and Family Team  
3659 Meeting. If a parent objects to the proposed medical treatment, the caseworker  
3660 should consult with the Assistant Attorney General.

3661 3. If a parent’s rights have been terminated: DCFS is not required to gain parental  
3662 consent for major medical, surgical, or psychiatric treatment. The caseworker  
3663 may sign the consent form OR they may consult with the Assistant Attorney  
3664 General and have the procedure court ordered.

3665 4. Parent refuses to sign: If it is recommended that the child needs a major medical,  
3666 surgical, or psychiatric treatment, and the parent refuses to sign the consent form,  
3667 the caseworker is to consult the Assistant Attorney General. Depending on the  
3668 type of treatment required, it may be determined that there is a need to have the  
3669 major medical, surgical, or psychiatric treatment court ordered.

3670 5. Emergency situations: In emergency type situations, DCFS is not required to gain  
3671 parental consent for major medical, surgical, or psychiatric procedures. Utah state  
3672 statute clarifies that whoever has legal custody has the right, in an emergency, to  
3673 authorize surgery or other extraordinary care. However, when parental rights  
3674 remain in place and time permits, it is best practice for DCFS to attempt to inform  
3675 the parent prior to the procedure regardless of who has guardianship.

3676 a. During regular business hours, when a child requires medical attention  
3677 which includes a major medical, surgical, or psychiatric treatment, and a  
3678 parent retains guardianship, the DCFS caseworker or other appropriate  
3679 DCFS staff member should be contacted and should attempt to locate the  
3680 parents to sign consent. If the child’s parents cannot be located in time to  
3681 sign and give consent, the caseworker will attempt to contact the Assistant  
3682 Attorney General and request that the procedure be court ordered.

- 3683 b. If time does not allow for the parent to sign or for the procedure to be
- 3684 court ordered due to the urgency of the child’s medical needs, the
- 3685 caseworker will need to sign consent and inform the child’s parents,
- 3686 Assistant Attorney General, Guardian ad Litem, and judge as soon as
- 3687 possible.
- 3688 c. Although very rare, if time does not allow for the caseworker or other
- 3689 DCFS staff to appear to sign consent for the major medical, surgical, or
- 3690 psychiatric treatment due to the seriousness of the emergency, DCFS may
- 3691 give verbal consent for the treatment and permission for the out-of-home
- 3692 caregiver to sign consent.
- 3693 d. In regards to an emergency during after-hours, weekends, or holidays, if
- 3694 the DCFS caseworker is not able to be contacted by the out-of-home
- 3695 caregiver to sign consent, the out-of-home caregiver will contact Intake to
- 3696 locate the primary caseworker or the on-call worker for their area. If
- 3697 unable to locate the primary caseworker, the DCFS on-call worker will be
- 3698 asked to appear and sign consent for the major medical, surgical, or
- 3699 psychiatric treatment. If time does not allow for the DCFS on-call worker
- 3700 to sign consent, the DCFS on-call worker may give verbal consent and
- 3701 permission for the out-of-home caregiver to sign consent. The out-of-
- 3702 home caregiver is to inform the caseworker of the emergency as well as
- 3703 who signed consent (DCFS on-call worker or out-of-home caregiver), as
- 3704 soon as possible. The caseworker will inform the child’s parents,
- 3705 Assistant Attorney General, Guardian ad Litem, and judge about the
- 3706 emergency as soon as possible.
- 3707 e. In all cases, if it is necessary in an emergency for the out-of-home
- 3708 caregiver to sign consent for major medical, surgical, or psychiatric
- 3709 treatment, the out-of-home caregiver will only sign consent after receiving
- 3710 verbal consent from the primary caseworker or the DCFS on-call worker.
- 3711 The primary caseworker will then have the responsibility to inform the
- 3712 child’s parents, the Assistant Attorney General, Guardian ad Litem, and
- 3713 judge as soon as possible.
- 3714 6. If a child in out-of-home care has been recommended to participate in any
- 3715 research trials or protocols, the caseworker will refer to Administrative Guidelines
- 3716 [Section 080.7](#) for the correct protocol.
- 3717

### 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.

3727 **Applicable Law**

3728 Utah Code Ann. [§80-2-301](#). Division responsibilities.

3729

3730 Practice Guidelines

3731 A. Substance Abuse Interventions:

- 3732 1. The DCFS caseworker may refer the child for a one-time drug test if there is  
3733 “reasonable belief” that the foster child is using inappropriate or illegal  
3734 substances. The DCFS caseworker will refer the child for a substance abuse  
3735 treatment assessment if the child is not already involved in substance abuse  
3736 treatment.
- 3737 2. When referring the child for a substance abuse assessment or drug test, the  
3738 caseworker should consult with the child’s health care provider to ensure that the  
3739 cause for concern is not being caused by another medical or mental health  
3740 diagnosis.
- 3741 3. If substance abuse treatment is recommended, the caseworker will ensure that  
3742 treatment recommendations are followed and will amend the Child and Family  
3743 Plan to include this treatment.
- 3744 4. The drug testing may not be continued on a regular or random basis without a  
3745 court order.
- 3746 5. A drug test should never be used as punishment.
- 3747 6. An out-of-home caregiver must request the caseworker’s permission prior to  
3748 taking a child for drug testing.
- 3749 7. The results of all substance abuse assessments and drug tests will be kept  
3750 confidential.

3751

3752 B. HIV, STIs, and other Communicable Diseases: When the caseworker has “reasonable  
3753 belief” that a foster child may be infected with HIV, STI, or another communicable  
3754 disease, the caseworker will immediately consult with the child’s health care provider  
3755 and seek the necessary medical testing and medical treatment.

- 3756 1. The DCFS caseworker will ensure the confidentiality of the medical testing  
3757 results. Random HIV or STI testing is prohibited.
- 3758 2. Standards for consultation with a health care provider to determine for HIV or  
3759 STI testing:
- 3760 a. An infant born to a mother with unknown risk and serological status.
- 3761 b. The child has a history of risky behaviors, symptoms, or physical findings  
3762 that suggest HIV, STI, or another communicable disease such as:  
3763 (1) Unprotected sexual contact;  
3764 (2) Multiple sexual partners;  
3765 (3) IV drug use .
- 3766 c. The child has symptoms or physical findings as determined by health care  
3767 providers that may suggest HIV, STI, or another communicable disease.
- 3768 d. The child has a parent or sibling who is HIV-infected or has a STI or  
3769 communicable disease and is at an increased risk of HIV, STI, or another  
3770 communicable disease infection.



- 3771 e. The child has a current or past sexual partner who is HIV-infected, has an  
3772 STI or another communicable disease, or is at increased risk for HIV, STI,  
3773 or other communicable disease infection.
- 3774 f. The child has a history of sexual abuse or a history of STI.
- 3775 3. Standards for minors taken into custody for committing a sexual offense:  
3776 a. HIV testing may be conducted on a minor who is taken into custody after  
3777 having been adjudicated to have violated state law prohibiting a sexual  
3778 offense under Title 76, Chapter 5, Part 4, Sexual Offenses, upon the  
3779 request of the victim or the parent or guardian of a minor victim.
- 3780 b. HIV tests may not be performed on a sexual offender younger than 14  
3781 years of age without the consent of the court. [See: Utah Code Ann. [§80-](#)  
3782 [6-608.](#)]
- 3783 4. If testing is indicated or recommended by a health care professional, the DCFS  
3784 caseworker will consent and sign for the testing. An out-of-home caregiver is not  
3785 allowed to sign for HIV testing unless recommended by a health care provider.
- 3786 5. If the out-of-home caseworker cannot provide written consent, consent will be  
3787 given by the caseworker’s supervisor or other DCFS administrator that has  
3788 knowledge of the child’s medical history.
- 3789 6. When the caseworker becomes aware of an HIV, STI, or other communicable  
3790 disease infected foster child, the out-of-home caregiver will be informed. It will  
3791 be the caregiver’s responsibility to receive appropriate education from a health  
3792 care provider or the local health department. The DCFS caseworker should  
3793 amend the Child and Family Plan to include the following:  
3794 a. Measures needed to protect the child, siblings, foster family, and other  
3795 contacts they may have.
- 3796 b. Education for the out-of-home caregiver on care of a child with HIV, STI,  
3797 or another communicable disease.
- 3798 7. The DCFS caseworker and out-of-home caregiver will not disclose information  
3799 regarding the child’s HIV, STI, or other communicable disease testing or  
3800 treatment to any third party other than the child’s medical or dental provider if the  
3801 HIV test is positive.
- 3802
- 3803 C. Family Planning [see: Utah Code Ann. [§76-7-322](#), [§76-7-323](#), [§76-7-324](#), and [§76-7-](#)  
3804 [325](#)]:  
3805 1. All persons caring for children in the custody of DCFS will follow the general  
3806 Practice Guidelines and established Utah Codes when dealing with issues of  
3807 family planning. These codes state that, “no agency of the state or its political  
3808 subdivisions will approve any application for funds of the state or its political  
3809 subdivisions to support, directly or indirectly, any organization or health care  
3810 provider that provides contraceptive or abortion services to an unmarried minor  
3811 without the prior written consent of the minor’s parent or guardian.”
- 3812 2. Utah Code also states that in the area of sex education, “instruction will stress  
3813 importance of abstinence from all sexual activity before marriage and fidelity  
3814 after marriage as methods for preventing certain communicable diseases.” This  
3815 education is applicable to grades 8 through 12. DCFS provides sex education  
3816 through its Independent Living, Basic Life Skills Class.



- 3817 3. Where the issues of prenatal care and caring for a child is concerned, the DCFS  
3818 caseworker has many community resources to link the client with in order to  
3819 receive this education. [See: [Section 306.1](#), Foster Youth Pregnancy.]
- 3820 4. Caseworkers will not offer personal information or opinions to the client on  
3821 family planning, birth control, sexual activity, or personal choice where any of  
3822 these matters are concerned. The caseworker will refer the client to the  
3823 appropriate community agency to receive education and information on family  
3824 planning.
- 3825 5. For certain types of birth control, Medicaid will cover the costs.
- 3826 6. An out-of-home caregiver or caseworker cannot force a child to get on birth  
3827 control, but should encourage a youth who is sexually active to receive the proper  
3828 education about their choices.
- 3829

3830 D. Pregnancy of Youth in Out-of-Home Care:

- 3831 1. Verify the pregnancy.
- 3832 2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.
- 3833 3. Coordinate a Child and Family Team Meeting to develop a plan to support and  
3834 counsel the youth in all possible options. The Child and Family Team will:
  - 3835 a. Develop a plan regarding prenatal appointments and the birth of the baby.
  - 3836 b. Collect and provide a list of community programs (such as “Baby Your  
3837 Baby”) for information and resources.
  - 3838 c. Arrange for the youth to seek counseling to allow her the opportunity to  
3839 explore options such as adoption, parenting the child herself, or other  
3840 alternatives.
  - 3841 d. Encourage the youth to remain in school. If the youth is unable to remain  
3842 in a regular school program, assist her in enrolling in an alternative school  
3843 program.
  - 3844 e. If appropriate, contact a teen home/teen mom program as a potential  
3845 placement or for resources, review placement needs for possible teen  
3846 mother programs (refer to services to child, placement requirements, youth  
3847 in Out-of-Home Care with children).
- 3848 4. Notify the region eligibility caseworker of the pregnancy so that the unborn child  
3849 can be added to the youth’s Medicaid card, if eligible.
- 3850

- 3851 E. **Abortion:** A minor can choose whether to seek consent from a parent or guardian or to  
3852 bypass that consent and try to get a court order. In addition, a minor is not required to  
3853 seek or obtain parental or guardian consent if the minor is pregnant as a result of incest to  
3854 which the parent or guardian was a party; or the parent or guardian has abused the minor.  
3855

3856 If the youth is pregnant and requests an abortion, the caseworker will do the following:

- 3857 1. Seek legal guidance from the AAG to understand the current law.
- 3858 2. May convene a Child and Family Team Meeting once DCFS has determined  
3859 whether the parents abused the minor and whether the pregnancy is a result of  
3860 incest, and to discuss the minor’s request with the minor’s health care provider,  
3861 Guardian ad Litem, and therapist.

- 3862 3. The minor’s parent or guardian will not be invited or notified to attend the Child  
3863 and Family Team Meeting if the following circumstances described in Utah Code  
3864 Ann. [§76-7-304](#) exist:
- 3865 a. the minor is pregnant as a result of incest to which the parent or guardian  
3866 was a party;
  - 3867 b. the parent or guardian has abused the minor; or
  - 3868 c. the minor wants to bypass parental consent and seek a court order.
- 3869 4. The caseworker will not provide counseling or health information, or give consent  
3870 to an abortion without a court order. However, the caseworker will assist in  
3871 arranging these services.
- 3872 5. DCFS will not make any payments for an abortion.
- 3873 6. The out-of-home caregivers are not authorized to make any decisions or provide  
3874 consent to an abortion procedure for a child in out-of-home care.
- 3875 7. If the abortion meets the standards of state law, the procedure can only be  
3876 reimbursed by Medicaid. It is the responsibility of the health care provider to  
3877 counsel the minor concerning all aspects of pregnancy and the decision to have or  
3878 not to have an abortion.
- 3879 8. In addition to the other requirements of this statute, a physician may not perform  
3880 an abortion on a minor unless:
- 3881 a. the physician obtains the informed written consent of a parent or guardian  
3882 of the minor, in accordance with Utah Code Ann. [§76-7-305](#) and [§76-7-](#)  
3883 [305.5](#);
  - 3884 b. the minor is granted the right, by court order, to consent to the abortion  
3885 without obtaining consent from a parent or guardian; or
  - 3886 c. a medical condition exists that, on the basis of the physician's good faith  
3887 clinical judgment, so complicates the medical condition of a pregnant  
3888 minor as to necessitate the abortion of her pregnancy to avert:
    - 3889 (i) the minor's death; or
    - 3890 (ii) a serious risk of substantial and irreversible impairment of a major  
3891 bodily function of the minor, and there is not sufficient time to  
3892 obtain the consent in the manner chosen by the minor before it is  
3893 necessary to terminate the minor's pregnancy in order to avert the  
3894 minor's death or impairment.
  - 3895 d. A minor who wants to have an abortion may choose to seek:
    - 3896 (i) consent from the minor's parent or guardian; or
    - 3897 (ii) a court order.
  - 3898 e. The statute does not require the minor to seek or obtain consent from the  
3899 minor's parent or guardian if the circumstances described in Utah Code  
3900 Ann. [§76-7-304](#) exist.
  - 3901 f. If a minor does not obtain the consent of the minor's parent or guardian,  
3902 the minor may file a petition with the juvenile court to obtain a court  
3903 order.
- 3904
- 3905 F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home  
3906 Care is Terminally Ill: Upon the recommendations of the primary care provider and/or  
3907 health care professional, and after a Child and Family Team meeting, a caseworker may

- 3908 only consent to withholding or withdrawing any LSMT interventions with consent from  
3909 the child’s parent(s), with residual rights, and consent from the Guardian ad Litem, or  
3910 when a court order has been issued for withholding or withdrawing medical  
3911 interventions. LSMT includes all medical interventions that can be utilized to prolong  
3912 the life of the patient: Removal from life support, do not resuscitate orders, CPR,  
3913 mechanical ventilation, and therapeutic drugs.
- 3914 1. When a child has been diagnosed by the child’s physician and documented in the  
3915 child’s medical records, and the child’s physician or health care provider has  
3916 recommended or is recommending forgoing LSMT, the caseworker will  
3917 coordinate a Child and Family Team Meeting to devise a plan of action.
  - 3918 2. The parent(s) or immediate family members should make any decision regarding  
3919 whether or not to donate organs. DCFS will not make decisions regarding organ  
3920 donation.
  - 3921 3. Foregoing LSMT can occur even when homicide charges are pending, if there is  
3922 sufficient medical evidence that the child is brain dead. The child’s caseworker  
3923 should inform the police of the decision to forego LSMT.
  - 3924 4. The decision to forego LSMT can be changed by the legal guardian of the child  
3925 and should be reviewed when medical assessments suggest an improved  
3926 prognosis for the child.
  - 3927 5. If the child has two legal parents both must agree to forego LSMT.
  - 3928 6. The Guardian ad Litem may not make the final decision to forego LSMT unless:  
3929 (a) the child has no other legal guardian; and (b) the Guardian ad Litem has  
3930 specific authorization from the court to forego LSMT.
  - 3931 7. The child’s caseworker will formulate or amend the child’s service plan to include  
3932 the following, if needed:
    - 3933 a. Education for the family in regards to grief and loss issues.
    - 3934 b. Arrangements for funeral service.
    - 3935 c. Autopsy, medical evaluation, or fatality review as needed.
    - 3936 d. Out-of-home caregivers, legal parent, sibling, and religious support.
  - 3937 8. The caseworker should request a copy of the child’s medical records including the  
3938 documented decision reached to forego LSMT for the child.  
3939

**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

3985 permanency for youth through reunification with their family, adoption, or guardianship while  
3986 also assisting in the youth's development of age appropriate skills that will facilitate the  
3987 transition from adolescence to adulthood. Permanency planning, which includes helping the  
3988 youth find and make enduring connections, should be a primary concern of the caseworker.  
3989

3990 TAL services are provided in addition to permanency planning, and are meant to help expand the  
3991 youth's supports and services to include the Child and Family Team's innovative approaches that  
3992 help prepare youth for adult responsibilities. TAL services help the youth gain the knowledge  
3993 they need to become invested in their future and help the youth to understand the array of  
3994 supports and services available to assist them in making a smooth transition to adulthood.  
3995

3996 TAL is a continuum of services that generally begin while youth are in care and continue after  
3997 the youth exits care. While in care youth prepare for self-sufficiency and begin to operationalize  
3998 the skills they have been learning. After youth exit care, DCFS provides resources that support  
3999 youth in the areas of information and referral, personal support during transition, help  
4000 establishing and maintaining personal living arrangements, providing peer-support opportunities,  
4001 and temporary financial assistance.  
4002

4003 Each region will provide leadership opportunities for youth participating in the TAL program.  
4004 Regional Youth Advisory Councils will be an avenue that provides training and skills  
4005 development for youth in care to ensure that they learn self-determination and self-advocacy  
4006 skills. The regional councils will provide an opportunity for youth to evaluate and examine the  
4007 implementation and impact of its regional programs and services. The regional councils will  
4008 provide youth representation for the State Youth Advisory Council. As representatives, youth  
4009 can be the voice between the system and foster care youth by educating, supporting, and  
4010 advocating for change. Councils are an avenue that should empower youth in providing input  
4011 into the policies and procedures for out-of-home care; to provide meaningful leadership training  
4012 and experiences for Council members; and to empower Council members who, in turn, can  
4013 empower children who have experienced out-of-home care.  
4014

4015 Child and Family Team/Caseworker Responsibility – Caseworkers will follow the guidelines  
4016 found in [Section 301.1](#) when developing the Child and Family Team. Preparing youth for a  
4017 successful transition to adulthood is a team effort. The Child and Family Team must consider  
4018 the youth's goals and the youth must be a contributing member of the Child and Family Team.  
4019 Working with the Child and Family Team to develop resources and promote the youth's  
4020 successes is critical. For all youth being offered TAL services, the Child and Family Plan must  
4021 reflect the focus areas that are being targeted for youth.  
4022

### 4023 303.7.1 Transition to Adult Living Services

4024 TAL services are provided to youth ages 14 years and older until the youth is released from  
4025 custody. These services are for youth who are currently in an out-of-home placement and are  
4026 also sometimes offered to other youth who are involved with DCFS but are not in out-of-home  
4027 care. Chafee-funded services are only available to youth who have been in out-of-home care  
4028 after the age of 14 years.  
4029

4030 The TAL portion of the Child and Family Plan must be finalized in SAFE for all youth age 14  
4031 years and over in DCFS custody. TAL UFACET is an assessment that is completed by the youth  
4032 as well as members of the Child and Family Team. The TAL UFACET helps identify the  
4033 domains the youth needs to concentrate on as the youth transitions to adulthood. The results of  
4034 the TAL UFACET are used to assist the caseworker and the Child and Family Team in planning  
4035 for the services the youth needs and are incorporated into the TAL focus areas of the Child and  
4036 Family Plan. These TAL focus areas are:

4037

4038 A. Work/Career Planning and Education:

4039 TAL UFACET NYTD

4040 Service Areas: Academic Support, Post-Secondary Educational Supports, Career  
4041 Preparation

4042

4043 Includes the following skills and services: making short and long term employment,  
4044 vocational, and/or educational goals including goals for post-secondary education);  
4045 decision making skills; study habits and skills; searching for and maintaining  
4046 employment; applying for a job; creating a resume; completing a job application;  
4047 interviewing for a job and following-up; job shadowing and/or coaching; receiving job  
4048 referrals; using career resource libraries; understanding basic workplace technology;  
4049 understanding employee wages, benefits, and rights; knowing how to change jobs;  
4050 knowing the rights and protections in place for employees; appropriate communication  
4051 skills and other workplace values (timeliness and appearance, etc.); understanding  
4052 authority and customer relationships; academic supports and counseling; preparation for a  
4053 GED, including assistance in applying for or studying for a GED exam; test preparation  
4054 for SAT or ACT; tutoring; help with homework; literacy training; help accessing  
4055 educational resources; counseling about college; information about financial aid and  
4056 scholarships; help completing college or loan applications; or tutoring while in college.

4057

4058 B. Housing & Money Management:

4059 TAL UFACET Domain: Housing & Money Management

4060 NYTD Service Areas: Budget & Financial Management, Housing Education / Home  
4061 Management Training

4062

4063 Includes the following skills and services: finding and maintaining appropriate housing;  
4064 filling out a rental application and acquiring a lease; handling security deposits and  
4065 utilities; understanding tenants' rights and responsibilities; handling landlord complaints;  
4066 transportation issues; accessing community resources; healthy beliefs about money;  
4067 understanding the benefits of saving; understanding income tax and preparing tax forms;  
4068 understanding banking and credit; how to create a budgeting/spending plan; opening and  
4069 using a checking and savings account; balancing a checkbook; developing consumer  
4070 awareness and smart shopping skills; accessing information about credit, loans and taxes;  
4071 and how income effects spending.

4072

4073 C. Home Life/Daily Living:

4074 TAL UFACET Domains: Daily Living

4075 NYTD Service Areas: Housing Education / Home Management Training



4076  
4077 Includes the following skills and services: meal and menu planning; grocery shopping;  
4078 home clean up and storage; home management; home safety; legal issues; properly using  
4079 kitchen equipment and other home appliances; proper clothing care; basic home  
4080 maintenance and repairs; how to handle emergency situations; keeping a healthy and safe  
4081 home; safe and proper food preparation; laundry; housekeeping; and living cooperatively.  
4082

4083 D. Self-Care/Health Education:  
4084 TAL UFACET Domain: Self Care  
4085 NYTD Service Areas: Health Education / Risk Prevention  
4086

4087 Includes the following skills and services: personal hygiene; nutrition; health, dental, and  
4088 mental health issues; understanding the effects and consequences of alcohol, drug, and  
4089 tobacco use; substance avoidance and intervention; understanding issues regarding  
4090 sexuality; pregnancy prevention and family planning; education regarding HIV, AIDS,  
4091 and other sexually transmitted diseases, including their prevention; fitness and exercise;  
4092 basic first aid; and medical and dental care benefits and insurance.  
4093

4094 E. Communication/Social Relationships/Family & Marriage:  
4095 TAL UFACET Domains: Communication and Relationships; Permanency  
4096 NYTD Service Areas: Family Support / Health Marriage Education  
4097

4098 Includes the following skills and services: developing self-esteem; knowing and  
4099 understanding personal strengths and needs; understanding the benefits of ethical, caring,  
4100 respectful behavior; clearly communicating in different settings; safely using electronic  
4101 communication; being appropriately assertive; anger management; conflict management  
4102 and resolution; developing and using a support system; maintaining appropriate and  
4103 healthy friendships and relationships; having cultural awareness; appropriate etiquette;  
4104 parenting and marriage issues; childcare skills; teen parenting; responsible fatherhood;  
4105 domestic and family violence prevention; and proper social communication.  
4106

## 4107 303.7.2 Process for Providing TAL Services

- 4108 A. TAL Assessment and Plan:
- 4109 1. The caseworker ensures that the youth and caregiver will complete an assessment,  
4110 utilizing the TAL UFACET, to identify the strengths and needs of youth who  
4111 reach the age for TAL services. This assessment should be incorporated into the  
4112 youth's plan and is part of the Child and Family Assessment. This assessment  
4113 will be reviewed and updated in the Child and Family Team Meeting. The  
4114 caseworker may invite a TAL caseworker or the regional TAL coordinator to be  
4115 part of the assessment process and Child and Family Team.
  - 4116 2. Foster youth need opportunities to participate in decisions about their lives and to  
4117 be active members of the team of caring adults who help develop the youth's TAL  
4118 plan. The Child and Family Team works in collaboration with the youth at age 14  
4119 following [Section 301.1](#). Once a youth turns 16 years old and when  
4120 developmentally appropriate, the Child and Family Team is led and facilitated by  
4121 the youth with support and guidance of the Child and Family Team.

- 4122 3. The Child and Family Team uses the results of the TAL UFACET to develop with  
4123 the youth a plan for skills development that will be incorporated on the TAL  
4124 portion of the Child and Family Plan. The plan will be specific and  
4125 individualized for the youth according to their age and developmental level.  
4126 Services will also incorporate normal activities appropriate to the youth's age.  
4127 The TAL services identified for the youth will be incorporated into the Child and  
4128 Family Plan within 30 days of the youth's 14th birthday. When a youth 14 years  
4129 of age or older enters out-of-home care, the TAL UFACET will be completed by  
4130 the youth and the Child and Family Team within 90 days.
- 4131 4. The Child and Family Team and the youth will complete the TAL UFACET 45  
4132 days before or after the youth's birthday, beginning at age 14 and completed  
4133 annually.
- 4134 5. The Child and Family Team will place emphasis on completing educational goals  
4135 and discuss the availability of ETV funding when the youth meets eligibility  
4136 requirements.
- 4137 6. To prepare youth for their transition from out-of-home care, all youth will receive  
4138 a continuum of training and services as identified through the Child and Family  
4139 Team. These services will include classroom work, work in the foster home,  
4140 work in the school system, work with the therapist and in the mental health area,  
4141 building of supports, and connections to community-based resources and  
4142 programs.
- 4143 7. Any youth who turns 17 years old while in out-of-home care or enters care within  
4144 45 days following their 17th birthday will complete a survey for the National  
4145 Youth in Transition Database (NYTD).
- 4146 a. Thirty days prior to the youth's 17th birthday, the caseworker will receive  
4147 a prompt in SAFE notifying them that the survey will need to be  
4148 completed between the youth's 17th birthday and within 45 days  
4149 following the youth's 17th birthday.
- 4150 b. The caseworker must ensure that the youth completes the survey. The  
4151 caseworker must enter the survey into SAFE within 45 days following the  
4152 youth's 17th birthday. At this time the caseworker should inform the  
4153 youth that they will be surveyed at 19 and 21 years of age to gather  
4154 information regarding how they are doing and to keep DCFS informed of  
4155 their contact information.
- 4156 c. The NYTD survey can be found on the Person tab in SAFE.
- 4157 8. The caseworker will ensure that contact information for the youth is kept updated  
4158 in SAFE annually while the youth is still in care. Contact information is  
4159 necessary as follow-up surveys will be administered to these youth at the age of  
4160 19 and 21 years. If the caseworker obtains updated contact information after the  
4161 youth leaves care this must also be updated in SAFE and should include:
- 4162 a. Phone number.  
4163 b. Email.  
4164 c. Social Media accounts.  
4165 d. Connections that are connected to the youth.
- 4166 9. The Child and Family Plan will include all TAL services identified for the youth  
4167 age 14 years and older in custody. If a youth enters out-of-home care after their

4168 14th birthday, services should be built upon annually as the team continues to  
4169 work toward permanency through reunification, guardianship, or adoption. The  
4170 continuum of training and services are identified by the Child and Family Team,  
4171 based upon the needs of the youth, and should include additional services. The  
4172 following services, dependent upon age and developmental level, will be offered,  
4173 but not limited to:

4174  
4175 **Age 14:**

- 4176 a. Re-visit family search for family connections.
- 4177 b. Explore significant safe and healthy relationships for youth such as family,  
4178 school counselor, family friend, neighbors, mentors, and others as  
4179 identified by the youth. This can be completed by using the “Permanency  
4180 Pact” with the youth. The Permanency Pact can be found here:  
4181 [https://www.fosterclub.com/sites/default/files/Permanency%20Pact\\_0.pdf](https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf)
- 4182 c. Initial completion of the TAL UFACET Assessment.
- 4183 d. Obtain a birth certificate.
- 4184 e. TAL plan will focus on skills needed based on results from the TAL  
4185 UFACET Assessment that are developmentally appropriate for the youth.
- 4186 f. If the youth is more than one year behind academically, make a referral to  
4187 the Workforce Innovation and Opportunity Act (WIOA) program for  
4188 services. Referral forms can be found here:  
4189 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).
- 4190 e. Review credit reports received from Credit Reporting Agency with the  
4191 youth to determine accuracy of report. If inaccurate, contact the State  
4192 Office to resolve any discrepancy.
- 4193 f. Begin Milestone workshops and review the Milestone Guideline with the  
4194 youth and region transitional coordinator.
- 4195 g. Review Permanency with youth.
- 4196 h. Update contacts in SAFE.
  - 4197 (1) Phone number.
  - 4198 (2) Email.
  - 4199 (3) Social Media accounts.
  - 4200 (4) Connections that are connected to the youth.

4201  
4202 **Age 15:**

- 4203 a. Re-visit family search for family connections.
- 4204 b. Explore significant safe and healthy relationships for youth such as family,  
4205 school counselor, family friend, neighbors, mentors, and others as  
4206 identified by the youth. This can be completed by using the “Permanency  
4207 Pact” with the youth. The Permanency Pact can be found here: [https://www.fosterclub.com/sites/default/files/Permanency%20Pact\\_0.pdf](https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf)
- 4208 c. TAL UFACET.
- 4209 d. TAL plan will focus on skills needed based on results from the TAL  
4210 UFACETs Assessment that are developmentally appropriate for the youth.  
4211

- 4212 i. Develop a plan for earning and saving money. Consider opening a  
4213 savings/checking account if there is an appropriate co-signer  
4214 identified.  
4215 ii. If the youth is more than one year behind academically, make  
4216 referral to the DWS WIOA program for services. Referral forms  
4217 can be found here: [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
4218 e. Review credit reports received from Credit Reporting Agency with the  
4219 youth to determine accuracy of report. If inaccurate, contact the State  
4220 Office to resolve any discrepancy.  
4221

## Age 16:

- 4222 a. Re-visit family search for family connections.  
4223 b. Explore significant safe and healthy relationships for youth such as family,  
4224 school counselor, family friend, neighbors, mentors, and others as  
4225 identified by youth. This can be completed by using the “Permanency  
4226 Pact” with the youth. The Permanency Pact can be found here:  
4227 [https://www.fosterclub.com/sites/default/files/Permanency%20Pact\\_0.pdf](https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf)  
4228 At least five personal connections will be identified.  
4229 c. Be current with school credits and prepare for high school graduation, or  
4230 have an alternate plan in place for GED or vocational training.  
4231 d. Youth planning post-secondary education should be preparing for and  
4232 completing testing such as ACT, SAT, ASVAB, etc.  
4233 e. TAL UFACET Assessment.  
4234 f. Make a referral to the WIOA program for services for education and  
4235 employment supports. Youth may access job search resources available  
4236 through DWS. WIOA referral forms can be found here:  
4237 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
4238 g. Explore employment opportunities and get a part-time job, if appropriate.  
4239 h. Sign up for and complete drivers’ education and receive driver license as  
4240 per [Section 303.14](#)  
4241 i. Obtain a state identification card if youth cannot get a driver license.  
4242 j. Youth begin to facilitate Child and Family Team Meetings per [Section](#)  
4243 [301.1](#).  
4244 k. Put name on waiting list at Housing Authority, if appropriate.  
4245 l. Review credit report received from Credit Reporting Agency with the  
4246 youth to determine accuracy of report. If inaccurate, contact the State  
4247 Office to resolve any discrepancy.  
4248 m. Review Permanency with child.  
4249 n. Update contacts in SAFE.  
4250 (1) Phone number.  
4251 (2) Email.  
4252 (3) Social Media accounts  
4253 (4) Connections that are connected to the youth.  
4254  
4255

## Age 17:

- 4256 a. Re-visit family search for family connections.  
4257

- 4258 b. Explore significant safe and healthy relationships for youth such as family,  
4259 school counselor, family friend, neighbors, mentors, and others as  
4260 identified by the youth.
- 4261 c. Continue to be current with school credits and prepare to graduate or have  
4262 an alternate plan in place for GED or vocational training.
- 4263 d. TAL UFACET Assessment.
- 4264 e. Six months prior to 18th birthday, if a youth has not completed drivers'  
4265 education classes, they will receive the opportunity to enroll in a course.  
4266 It is the youth's responsibility to complete the course requirements  
4267 successfully. Youth must have the opportunity to obtain their driver  
4268 license prior to exiting care if it is developmentally appropriate.
- 4269 f. Youth should begin making applications for school, training, Pell grants,  
4270 and ETV.
- 4271 g. Refer youth to DWS for enrollment in WIOA during the semester they are  
4272 expected to complete their high school graduation requirements or GED.  
4273 This will pave the way for the youth to receive ETV to support their post-  
4274 secondary education goals or access WIOA Youth services for  
4275 employment supports. Referral for DWS WIOA/ETV can be found here:  
4276 <https://jobs.utah.gov/services/360-etv.pdf>, with instructions on how to  
4277 complete the WIOA form here: <https://jobs.utah.gov/services/360-etvi.pdf>.
- 4278 h. Assist youth in making connections to a health provider and insure youth  
4279 are connected to their local mental health authority. Make sure the youth  
4280 are enrolled in their aftercare Medicaid program.
- 4281 i. Review credit report received from Credit Reporting Agency with the  
4282 youth to determine accuracy of report. If inaccurate, contact the State  
4283 Office to resolve any discrepancy.
- 4284 j. Review permanency with the youth.
- 4285 k. Update contacts in SAFE.
  - 4286 (1) Phone number.
  - 4287 (2) Email.
  - 4288 (3) Social Media accounts.
  - 4289 (4) Connections that are connected to the youth.

### **Prior to Exiting:**

- 4291 a. The caseworker and the youth will convene a Child and Family Team  
4292 Meeting to develop a plan for transitioning the youth from state custody as  
4293 soon as the Child and Family Team determines the youth is exiting care.  
4294 The exit plan will include personal connections, continuing support  
4295 services, housing, health insurance, vocational and educational goals,  
4296 workforce supports, and employment. The Child and Family Team will  
4297 update this plan at least every 90 days until the youth is released from  
4298 custody.
  - 4299 (1) Refer youth to DWS for enrollment in WIOA Youth during the  
4300 semester they are expected to complete their high school  
4301 graduation requirements or GED. This will pave the way for the  
4302

- 4303 youth to receive ETV to support their post-secondary education  
4304 goals or access WIOA Youth services for employment supports.
- 4305 b. The Child and Family Plan will be updated in SAFE to reflect the long-  
4306 term view with specific timeframes, objectives, and steps to be taken to  
4307 successfully transition the youth out of state custody.
- 4308 c. Caseworkers are responsible for carrying out the following tasks to help  
4309 the youth prepare to exit out of foster care:
- 4310 (1) Ensure that each youth meets with a nurse to learn skills of self-  
4311 management regarding their individualized health care needs,  
4312 medication management, and use of the Medicaid card and how to  
4313 access medical, dental, and mental health services. In addition, the  
4314 nurse will provide information and education about the importance  
4315 of having a health care power of attorney or health care proxy. If  
4316 desired, the nurse can provide the youth with assistance in  
4317 executing the document.
- 4318 (2) Assist a youth who turns 18 years old while in foster care who is  
4319 receiving Medicaid to complete the Medicaid review and provide  
4320 necessary supporting documentation to the regional eligibility  
4321 caseworker so that Medicaid coverage can continue uninterrupted.
- 4322 (3) Ensure that each youth has important documents, including an  
4323 official birth certificate, Social Security card, driver license or  
4324 other state-issued identification card, and “Proof of Foster Care  
4325 Status” letter (SAFE Form TAL02) that can be used to verify  
4326 eligibility for benefits such as Medicaid or FAFSA.
- 4327 (4) If the youth is existing foster care by reason of having attained the  
4328 age of majority, give the youth a copy of the youth’s health and  
4329 education records at no cost.
- 4330 (5) Explain services available to the youth after leaving care and help  
4331 ensure that the youth understands how to access these services.  
4332 Each youth should know about the Youth Services website  
4333 (<https://dcfs.utah.gov/services/youth-services/>) and how to find  
4334 contact information for the Transition to Adult Living  
4335 coordinators.
- 4336 (6) Provide information to the youth on the National Youth in  
4337 Transition Data Base and incentives available to youth for  
4338 completing surveys after leaving care. This includes that we will  
4339 be surveying them at 19 and 21 years of age for the purposes of  
4340 seeing how they are doing and gathering information that may  
4341 assist us in improving outcomes for future foster children  
4342 transitioning to adulthood.
- 4343 (7) Gather information from the youth on the best ways to keep in  
4344 touch with them. This could be through keeping their address and  
4345 phone number updated with DCFS, identifying social network sites  
4346 used by the youth, and obtaining email addresses. Update contact  
4347 information in SAFE.



- 4348 e. If a youth is in care past their 18<sup>th</sup> birthday, caseworkers will assist the  
4349 youth in obtaining his or her free credit report by visiting the website  
4350 <https://www.annualcreditreport.com/cra/index.jsp>.  
4351 f. Caseworkers will assist youth in filling out all needed information  
4352 required by the Credit Reporting Agency (CRA) to obtain the credit  
4353 report.  
4354 g. If the returned credit report has fraudulent activity the following steps are  
4355 necessary to resolve the discrepancy:  
4356 (1) Assist the youth in contacting the CRA that issued the report.  
4357 Inform the CRA the accounts were created when the youth was a  
4358 minor.  
4359 (2) Assist the youth in contacting every company where an account is  
4360 fraudulently opened or misused. Explain the accounts were  
4361 established when the youth was a minor. Assist the youth in  
4362 asking the company to close the account. Assist the youth in  
4363 asking for a letter from the company stating the account is closed.  
4364 (3) If necessary, assist the youth in filing a report with the Federal  
4365 Trade Commission (FTC) by visiting [www.ftc.gov](http://www.ftc.gov) or calling 1-  
4366 877-IDTHEFT (1-877-438-4338). Print a copy of the report. This  
4367 is called an Identify Theft Affidavit.  
4368 (4) If necessary, assist the youth in filing a police report. Be sure to  
4369 include the Identity Theft Affidavit.  
4370 (5) Assist the youth in submitting copies of all of the information to  
4371 the CRA if necessary to resolve the discrepancy.  
4372 (6) Document in the SAFE activity logs that the report was requested  
4373 and received. Also document any steps that were taken to clear the  
4374 youth's credit if needed.  
4375 h. Any youth 18 years of age or older can refuse to participate in the process  
4376 of getting their credit report. This must be documented in the activity  
4377 logs.  
4378  
4379 B. Milestone Training: Each youth who turns 16 years old is eligible for the Milestone  
4380 Class offered through DCFS. Individual caseworkers refer these youth to regional TAL  
4381 coordinators. The youth will be screened by the TAL coordinator, upon the approval of  
4382 the Child and Family Team, to assess for admission to the Milestone Classes. TAL  
4383 coordinators s may use Chafee funds to pay for dinner and/or refreshments for the youth  
4384 if the class is held for two or more hours.  
4385 1. The training that a youth can receive and that will be taught in the Milestone  
4386 Classes must include training in daily living skills, training in budgeting and  
4387 financial management skills, substance abuse prevention, and preventive health  
4388 activities (including smoking avoidance, nutrition education, and pregnancy  
4389 prevention). Based on the results from the TAL UFACET TOOL, the following  
4390 standards may be included, but not be limited to:  
4391 a. Participate in activities that help increase their self-awareness and values,  
4392 and use rational decision-making or problem-solving processes to set and  
4393 implement goals.

- 4394 b. Understand sources of income and the relationship between income and
- 4395 career preparation and career decisions to reach financial goals.
- 4396 c. Identify effective social skills including communication in interpersonal
- 4397 relationships and ways to develop meaningful relationships for support,
- 4398 resiliency, in the family unit, and for effective crisis planning.
- 4399 d. Identify consumer rights and responsibilities, and identify effective
- 4400 practices for purchasing consumer goods and services.
- 4401 e. Understand the functions and purposes of responsible dating.
- 4402 f. Discuss the purposes, uses, and costs of credit, insurance, and risk
- 4403 management.
- 4404 g. Identify the aspects and importance of marriage preparation, and identify
- 4405 behaviors that strengthen marital and family relationships.
- 4406 h. Understand taxes, saving, investing, and retirement planning.
- 4407 i. Identify the various skills and responsibilities of parenting.
- 4408 j. Understand rights and responsibilities associated with community living as
- 4409 well as resources available in the community.
- 4410 k. Understand and demonstrate skills needed for independent living. When
- 4411 the class involves teaching meal preparation, the TAL coordinator may
- 4412 use Chafee funds to purchase the food to be cooked in class.
- 4413 l. Understand proper health and mental health awareness and maintenance.
- 4414 Ensure that youth receiving TAL services and/or ETVs and those who are
- 4415 aging out of out-of-home care have information and education about the
- 4416 importance of having a health care power of attorney or health care proxy
- 4417 and to provide the youth with the option to execute such a document.
- 4418 m. Demonstrate basic technology skills and explain educational resources
- 4419 available.
- 4420 2. Youth in out-of-home care who complete the Milestone Class will be entitled to
- 4421 receive an incentive for participation in Milestone classes. This is Code SIL.
- 4422
- 4423 C. Transitional Living Needs: Transitional Living Needs may be supported through
- 4424 transitional support funds (TLN) and will be individualized to cover unique needs and
- 4425 focus on short and long-term needs that will assist a youth to become a successful adult.
- 4426 Funds will assist eligible youth in the following four areas: 1) Education, Training,
- 4427 Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3)
- 4428 Transportation; and 4) Housing. These funds are designed to work in conjunction with
- 4429 the youth's TAL plan. The definition of how these funds are used is broad in scope, and
- 4430 is meant to assist youth in becoming successful adults. Examples of appropriate use of
- 4431 these funds include, but are not limited to:
- 4432 1. Education, Training, Career Exploration – field trips, college visits, job uniforms,
- 4433 work tools, incentives, graduation expenses, clothing for jobs, trainings, job
- 4434 coaching, tutors, and ACT/SAT testing.
- 4435 2. Physical, Mental Health, and Emotional Support – Pregnancy prevention
- 4436 (excluding abortion), nutrition education, extracurricular classes, mentoring
- 4437 expenses, preventative health activities, smoking cessation, physical fitness, and
- 4438 family -[-visits]time.

- 4439 3. Transportation – drivers’ education, driver license fees, bus passes, taxi fees,  
4440 reasonable automotive repairs, matching funds for car insurance paid for by a  
4441 youth, or participation with a youth in their purchase of a car up to \$1,000 based  
4442 on the region budget.
- 4443 4. Housing – risk sharing with landlords, deposits, household furnishings such as  
4444 linens, dishes, appliances, or supplies, and household repairs.

4445  
4446 **TLN funds may not be used for any costs that would normally be paid for as part of**  
4447 **the foster care maintenance payment, including room and board. This includes**  
4448 **costs for shelter and food such as rent, groceries, utilities, etc.** If emergency rent  
4449 payments are needed, process them using special needs funds.  
4450

4451 Youth who are in custody and over 14 years of age are eligible for these funds. Needs  
4452 are identified by the youth, caseworker, family team meetings, or the TAL coordinator.  
4453 A “Request for TLN Funds” is completed and turned in to the TAL coordinator for  
4454 approval. Transitional living needs are met through the TLN payment code.  
4455

4456 D. TAL Placement:

- 4457 1. A TAL placement may be used as an alternative to out-of-home care when it is  
4458 determined that such a placement is in the best interest of the youth. This  
4459 recommendation will be presented to the Child and Family Team, who will work  
4460 to ensure that this type of placement is appropriate and that the following are met:
  - 4461 a. The youth is at least 16 years of age.
  - 4462 b. The placement has been approved by the region director or designee.
  - 4463 c. An assessment has been completed by the caseworker and reviewed in the  
4464 Child and Family Team addressing the appropriateness of the placement,  
4465 taking into consideration the youth’s:
    - 4466 (1) Community and informal supports, including family and out-of-  
4467 home caregiver.
    - 4468 (2) Progress in educational and vocational pursuits.
    - 4469 (3) Medical condition.
    - 4470 (4) Demonstrated progress in TAL skills.
    - 4471 (5) History of substance abuse and risk of future use.
    - 4472 (6) Criminal record and risks posed to society.
    - 4473 (7) Mental health stability.
  - 4474 d. The youth should provide documentation that demonstrates an ability to  
4475 maintain stable employment. The youth has taken the housing life skills  
4476 classes and can demonstrate they understand what they need to gain and  
4477 maintain housing.
  - 4478 e. A referral to DWS has been made to begin preparation for employment or  
4479 educational services provided through the ETV program once eligible.
  - 4480 f. SAFE will need to be updated to identify the ILP placement.
- 4481 2. The appropriate types of living arrangements for youth in this situation include:
  - 4482 a. Living with kin.
  - 4483 b. Living with former out-of-home caregivers while paying rent.
  - 4484 c. Living in the community with roommates of the same sex.

- 4485 d. Living alone.
- 4486 e. Living in a group facility, YWCA, boarding house, or dorm.
- 4487 f. Living with an adult who has passed a background check or the placement
- 4488 was assessed and approved by the region director or designee.
- 4489 3. The caseworker and the youth will complete a contract outlining the
- 4490 responsibilities and expectations of such a placement, which may include:
- 4491 a. Contact with the caseworker.
- 4492 b. An emergency and safety plan.
- 4493 c. Plan for education and employment that includes follow-up with DWS.
- 4494 d. Plan for use of state funding and payments.
- 4495 e. Progress toward self-sufficiency.
- 4496 f. Staying within a budget.
- 4497 4. While in a TAL placement, the Child and Family Service caseworker will visit
- 4498 with the child a minimum of two times a month or otherwise as deemed
- 4499 appropriate by the Child and Family Team. The DCFS caseworker will make
- 4500 arrangements for the TAL stipends to be paid to the youth and will mentor the
- 4501 youth to ensure that an account is established at a credit union or bank and that
- 4502 these funds are being used as required.
- 4503 5. In order for youth to receive payments, they must be opened as a provider. One-
- 4504 Time Payment (OTP) forms are used when paying for SIL, ILP (N), and TLN
- 4505 services. 520's will print and be sent on the 28th of every month for youth who
- 4506 are open as providers and who have an ILP placement open to them in SAFE.
- 4507
- 4508 E. Codes: The codes that are used for youth under age 18 in the TAL program are as
- 4509 follows:
- 4510 1. The case will remain open in SAFE as SCF.
- 4511 2. The ILP "D" payment code will be used when a youth is the same as the basic
- 4512 transitional living apartment. This payment is the same as the basic foster care
- 4513 rate relevant to the child's age. Funds are from the foster care budget. Eligibility
- 4514 code for this payment is FB.
- 4515 3. ILP "N" (need) is used to set up an apartment (i.e., gas/electric deposits, buying
- 4516 items to furnish apartment, etc.).
- 4517 4. The SIL payment code is used to pay for incentives for completing the Milestone
- 4518 Class and is a non-maintenance code. SIL may be used with any placement code.
- 4519 Eligibility code for this payment will be IL.
- 4520 5. The TLN payment code is used to pay for transitional support funds that will
- 4521 assist eligible youth in the following four areas: 1) Education, Training, Career
- 4522 Exploration; 2) Physical, Mental Health, and Emotional Support; 3)
- 4523 Transportation; and 4) Housing. These transitional support funds will be
- 4524 individualized to cover unique needs and will focus on short and long-term needs
- 4525 that will assist a youth to become a successful adult. (TNV is used if paying
- 4526 directly to a vendor, and TNC is used if being paid through Reliacard.)
- 4527
- 4528 303.7.4 Youth Who Exit Care
- 4529 Upon leaving state's custody, many youth struggle to make the transition to adulthood. Time-
- 4530 limited support may be provided to youth who meet the eligibility requirements and need

4531 temporary assistance. This assistance can be provided to youth who exit care through support,  
4532 financial aid, or Milestone Classes and is for housing, counseling, employment, education,  
4533 **obtaining a certified copy of a birth certificate,** and other appropriate support and services to  
4534 complement their own efforts to achieve self-sufficiency and to assure that participants recognize  
4535 and accept their personal responsibility for preparing for and then making the transition from  
4536 adolescence to adulthood.

4537  
4538 A. Assistance for Former Foster Youth

- 4539 1. Youth may receive services if they have exited care and are not yet 23 years old,  
4540 and the youth:
- 4541 a. Exited foster care at age 18, or
  - 4542 b. Adopted at age 16 years or older, or obtained legal guardianship.
- 4543 2. Payments can be made directly to the youth or to providers as needed. In order  
4544 for youth to receive payments, they must be opened as a provider. One-Time  
4545 Payment forms are used when paying for SIL, ILP (N), TLP, or TLR services.  
4546 520's will print and be sent every month to youth still in care who are open as  
4547 providers and have an ILP placement open in SAFE.
- 4548 3. Codes: The codes that are used for youth are as follows:
- 4549 a. The case will be opened in SAFE as CIS.
  - 4550 b. The payment code that will be used to make payments to this youth is TLP  
4551 for expenses other than room and board costs.
  - 4552 c. The payment code TLR will be used for rent or housing assistance or other  
4553 room and board costs.
  - 4554 d. All other means of support have been explored and are utilized in concert  
4555 with these payments and services.
  - 4556 e. There is a yearly maximum payment of \$5,000.
- 4557 4. **Youth who are currently in, or have exited foster care due to the age of majority**  
4558 **and are under the age of 26, can receive a fee waiver to get a copy of their birth**  
4559 **certificate and/or ID.**
- 4560 a. **A DCFS employee will need to help the individual fill out the form for a**  
4561 **birth certificate.**
  - 4562 b. **This form will not be used for DCFS to gain a free copy of a birth**  
4563 **certificate. This is to be used for the youth to request and receive one.**
  - 4564 c. **The department shall waive the fee that would otherwise be charged for a**  
4565 **certified a birth certificate, if the individual whose birth is confirmed by**  
4566 **the birth certificate is under the age of 26 and:**
    - 4567 (1) **Is in the custody of DCFS; or**
    - 4568 (2) **Was in the custody of DCFS but is no longer in the custody of**  
4569 **DCFS due to the individual's age.**

4570  
4571 B. Education Training Vouchers Program (ETV): The purpose of ETV is to assist youth in  
4572 foster care or who have exited foster care to obtain further education to support the  
4573 transition to self-sufficiency in adulthood. ETV provides financial resources for  
4574 postsecondary education and vocational training necessary to obtain employment or to  
4575 support the individual's employment goals.

- 4576 1. A referral is made to the Department of Workforce Services (DWS) to enroll the  
4577 youth in the Utah WIOA (Work Force Innovative Opportunities Act). If the  
4578 referral is made within the semester that the youth will graduate from high school  
4579 or complete a GED, this allows ETV funding to be available once the youth  
4580 becomes eligible. Caseworkers and TAL coordinators, through Milestone  
4581 Classes and the use of the TAL plan, will work with the youth to develop a viable  
4582 plan for the youth to transition into adulthood through educational or employment  
4583 goals. Administrative Rule R512-306 gives a detailed description of the scope of  
4584 the ETV program.
- 4585 2. Eligibility for ETV funding is:
- 4586 a. Age requirements:
- 4587 (1) An individual currently in foster care age 14-21, or  
4588 (2) An individual who reached 18 years of age while in foster care, but  
4589 has exited foster care and who has not yet attained 26 years of age,  
4590 or  
4591 (3) An individual adopted from foster care or obtained legal  
4592 guardianship after attaining 16 years of age and who has not yet  
4593 attained 26 years of age;
- 4594 b. Have an individual educational assessment and individual education plan  
4595 completed by DCFS or their designee;
- 4596 c. Submit a completed application for the ETV program;
- 4597 d. Be accepted to a qualified college, university, or vocational program;
- 4598 e. Apply for and accept available financial aid from other sources before  
4599 obtaining funding from the ETV program;
- 4600 f. Enroll as a student in the college, university, or vocational program; and  
4601 g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent  
4602 as determined by the educational institution.
- 4603
- 4604 C. Human Trafficking Screening
- 4605 1. When working with a former foster youth, the caseworker should screen for risk  
4606 of human trafficking. (See Definitions in Practice Guidelines Section 300.8.)
- 4607 2. The caseworker should discuss items that are risks or indicators of human  
4608 trafficking, particularly if the former foster youth has been homeless or financially  
4609 vulnerable. For example, screening questions may include:
- 4610 “While you were homeless or otherwise in a vulnerable position:
- 4611 a. did someone control, supervisor, or monitor your work/actions?”  
4612 b. could you leave your job or work situation if you want to?”  
4613 c. was your communication ever restricted or monitored?”  
4614 d. were you able to access medical care?”  
4615 e. were you ever allowed to leave the place you were living/working?”  
4616 f. under what conditions?”  
4617 g. was your movement outside of your residence/workplace ever monitored  
4618 or controlled?”  
4619 h. what did you think would have happened if you left the situation?”  
4620 i. was there ever a time when you wanted to leave, but felt that you could  
4621 not?”



- 4622 j. what do you think would have happened if you left without telling
- 4623 anyone?"
- 4624 k. did you feel it was your only option to stay in the situation?"
- 4625 l. did anyone ever force you to do something physically or sexually that you
- 4626 didn't feel comfortable doing?"
- 4627 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,
- 4628 punched, burned, etc.) by anyone?"
- 4629 n. were you ever sexually abused (sexual assault/unwanted touching, rape,
- 4630 sexual exploitation, etc.) by anyone?"
- 4631 o. did anyone ever introduce you to or provide you with drugs, alcohol, or
- 4632 medications?"

Resources: "Screening Tool for Victims of Human Trafficking," U.S. Department of Health and Human Services,

[http://www.justice.gov/usao/ian/htr/health\\_screen\\_questions.pdf](http://www.justice.gov/usao/ian/htr/health_screen_questions.pdf).

- 4633 3. If the young adult reports that they may be victims of human trafficking, the
- 4634 caseworker will assist them to access the appropriate resources to address their
- 4635 needs. This may include:
- 4636 a. Reporting to law enforcement that the young adult may be a victim of
- 4637 human trafficking and assisting in the investigation.
- 4638 b. Accessing the appropriate mental health care, preferably providing a
- 4639 therapist that specializes in treating victims of human trafficking.
- 4640 c. Provide the youth with information for the National Runaway Safeline to
- 4641 call or live chat at 1-800-runaway or [www.1800runaway.org](http://www.1800runaway.org).
- 4642 d. Identify a safe place for the youth to go if they run
- 4643 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).
- 4644 e. Refer to <https://www.missingkids.org/> for information regarding missing
- 4645 and exploited children.
- 4646 f. Refer to 211 resources.

### 303.7a Youth Access To Technology

Major objectives:

- 4652 A. Youth in DCFS' custody will be provided the opportunity to have access to technology.
- 4653 This includes access to the internet, and Wi-Fi. This can also include appropriate use of
- 4654 smart phones, tablets, and other wireless devices. For youth who do not have access to
- 4655 technology in their placement, they will be offered opportunities to use technology through
- 4656 use of publicly accessible computers in a public library, school, or other locations.
- 4657
- 4658 B. Youth in DCFS' custody will not be restricted access to technology for educational use such
- 4659 as accessing school postings of assignments, research, news, information, and knowledge
- 4660 sources that may be related to homework assignments.
- 4661
- 4662 C. Use of technology is a privilege. Violations of this privilege may result in consequences
- 4663 approved by the Child and Family Team and could include a loss of or limits to technology.
- 4664
- 4665
- 4666

4667  
4668  
4669  
4670  
4671  
4672  
4673  
4674  
4675  
4676  
4677  
4678  
4679  
4680  
4681  
4682  
4683  
4684  
4685  
4686  
4687  
4688  
4689  
4690  
4691  
4692  
4693  
4694  
4695  
4696  
4697  
4698  
4699  
4700  
4701  
4702  
4703  
4704  
4705  
4706  
4707  
4708  
4709  
4710  
4711

## 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. 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.
3. 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.
4. 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.
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 Casey Life Skills Assessment 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.

- 4712 3. An adult approved to screen the youth’s private electronic communication needs  
4713 to be decided by the Child and Family Team. Youth in custody have a reasonable  
4714 expectation of privacy. In instances where there is reasonable cause to suspect  
4715 misuse or inappropriate activity, a youth’s electronic communication will be  
4716 checked by the designated adult.
- 4717 4. Caseworkers will encourage youth who have a likelihood of being in care on their  
4718 17<sup>th</sup> birthday to share their email address with the caseworker so the caseworker  
4719 can post it in SAFE. This will allow for direct access to the youth for the NYTD  
4720 surveys.
- 4721
- 4722 D. Social Networks:
  - 4723 1. Youth who are involved in social networking sites (SNS) such as Facebook,  
4724 Twitter, MySpace, etc. will be advised to set privacy settings to private or semi-  
4725 private to protect against interaction with strangers.
  - 4726 2. If there is ever a concern about safety, appropriate supervision needs to be  
4727 implemented. Caregivers and caseworkers may make a condition of use of a  
4728 social networking site to have the youth provide access to them, allowing access  
4729 to view photos, messages, videos, and other activities.
  - 4730 3. Caseworkers who connect with a youth through a social networking site must  
4731 maintain professional boundaries.
  - 4732

### 4733 303.8 Placement Prevention/Disruption Fund (Special Needs 4734 Funding)

4735 Major objectives:  
4736 DCFS will maintain a placement prevention/disruption fund for the purpose of assisting families  
4737 in meeting immediate financial needs, when meeting those needs will directly contribute to the  
4738 goal of maintaining children in their homes.  
4739

#### 4741 **Applicable Law**

4742 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
4743

#### 4744 Practice Guidelines

4745 Request for and approval of funding  
4746

4747 These processes apply in both emergency and non-emergency situations. The nature of a need  
4748 and the urgency of a request should be specified when a request is made.  
4749

- 4750 A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an  
4751 eligible service for the program.
- 4752
- 4753 B. The case manager completes the payment authorization form prescribed by DCFS and  
4754 obtains the supervisory approval.
- 4755
- 4756 C. The supervisor obtains approval from the program manager.

- 4757  
4758 D. The program manager obtains approval from the region director or designee.  
4759  
4760 E. The program manager may issue a check directly to the vendor of services. Checks will  
4761 not be issued to the family.  
4762  
4763 F. The program manager forwards a copy of the payment authorization to the DCFS  
4764 Finance Office.  
4765  
4766 G. The program manager will conduct a monthly reconciliation of the fund according to the  
4767 fiscal Practice Guidelines approved by the DCFS Finance Office.  
4768

4769 Identifying need and eligibility for funding:

- 4770  
4771 A. Caseworkers may intervene when necessary to prevent removal or placement disruption  
4772 to provide “allowable” services when the cost does not exceed \$500.  
4773  
4774 B. DCFS will consider requests for fund expenditures defined as “allowable.” Other  
4775 expenses will be considered on an individual basis.  
4776  
4777 C. “Allowable services” include the following:  
4778 1. Rent.  
4779 2. Housing deposit.  
4780 3. Utility deposit.  
4781 4. Utility bills.  
4782 5. Automobile repairs.  
4783 6. Gasoline.  
4784 7. Food.  
4785 8. Clothing.  
4786 9. Child care supplies.  
4787 10. Household supplies.  
4788 11. Child day care.  
4789 12. Homemaker services.  
4790 13. Language interpreters.  
4791 14. Psychotherapy for child and parents.  
4792 15. Psychological testing/drug screening for child/parents.  
4793 16. Educational fees.  
4794 17. Doctor visits and/or prescription drugs.  
4795 18. Transportation for educational or medical services.  
4796 19. Special short-term counseling or treatment not otherwise available through  
4797 current contracts.  
4798

4799 Payment for other services must be approved by the region director prior to the  
4800 expenditure.  
4801

### 4802 Service Delivery Guidelines

4803 Generally, caseworkers will be expected to access current contracted sources for child and family  
4804 needs. When it is determined a need exists for a continuing service that is not available on  
4805 current DCFS contracts, the caseworker and their supervisor will consult with the regional  
4806 contract specialist to develop the resource.

- 4807
- 4808 A. Immediate need for supplies or services can be obtained by accessing the funding  
4809 available to the regions for the appropriations or activities listed below.
- 4810
- 4811 B. When a contract is available for continuing needs, the source of funding for the contract  
4812 will be determined by the region director and the Administrative Services manager.
- 4813
- 4814 C. Funding is available to regions for special needs payments from the identified funding  
4815 sources for the identified needs and activities:
- 4816 1. **KHD -- In home services**  
4817 **PIHS – In home services**  
4818 Can be used for any special need determined by the caseworker and/or the region  
4819 director to stabilize a family in their home or to eliminate the need for a child to  
4820 be brought into DCFS custody.
- 4821 2. **KHH – Minor grants**  
4822 **PFPR – Family Reunification**  
4823 Can be used for special needs to assist in reunification of a child with parents and  
4824 to provide for child and/or family treatment needs.
- 4825 3. **PFPP – Family Preservation**  
4826 Can be used for special needs required to maintain the family structure and to  
4827 keep a child with their family.
- 4828 4. **KHL – Special Needs**  
4829 Can be used for funding for transportation, medical services not covered by  
4830 Medicaid, or any other needs not otherwise available through established  
4831 contracted sources for children in the custody of DCFS.
- 4832

### 4833 Data Collection and Fund Accounting Processes

- 4834 A. Each region is responsible for obtaining service data and submitting monthly fiscal  
4835 information to the DCFS Director of Finance. Service and financial data must be  
4836 submitted in the standard format approved by the DCFS Director of Finance.
- 4837
- 4838 B. Each region will submit a plan for the system delivery of placement prevention/disruption  
4839 funds. The plan must be approved by the DCFS Director of Finance. The funds will be  
4840 distributed through a special account based on a local population-served formula. The  
4841 funds will be disbursed through a special account with local warrant capability.
- 4842
- 4843 C. The DCFS Director of Finance will oversee disbursement of the funds.
- 4844

**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



- 4890 parent income and assets, deprivation in removal home, and completed annual  
4891 review forms.
- 4892 4. The caseworker is responsible to notify the eligibility worker of changes that may  
4893 affect a child’s ongoing eligibility for Title IV-E or Medicaid benefits, such as  
4894 changes in placement, change in parental marital status or household composition  
4895 in the removal home, incarceration of a parent, increase in child income or assets  
4896 including amount in the child’s trust account for which the caseworker is payee,  
4897 runaway, return home, or trial home placement, and custody end.  
4898
- 4899 B. Title IV-E Benefits.
- 4900 1. When a child is determined “Title IV-E eligible,” the federal government will  
4901 reimburse a portion of the agency’s administrative and training costs applicable to  
4902 that child. When a child is also “Title IV-E reimbursable,” the federal  
4903 government will reimburse a portion of costs for foster care maintenance  
4904 payments while the child is placed in a qualified, licensed foster family home,  
4905 group home, or residential facility.
- 4906 2. Foster care maintenance payments for a child in foster care may cover the costs of  
4907 food, clothing, shelter, daily supervision, school supplies, a child’s personal  
4908 incidentals, liability insurance with respect to the child, and reasonable travel to  
4909 the child’s home for [visitation]family-time with family or other caretakers. In  
4910 the case of group homes or residential facilities, it may also include the reasonable  
4911 costs of administration and operation required to provide for the normal  
4912 maintenance needs for the child.
- 4913 3. Foster care maintenance payments made on behalf of a youth placed in foster  
4914 care, who is the parent of a child in the same foster home or facility, may also  
4915 include supplemental funding to cover costs incurred on behalf of the foster  
4916 youth’s child who resides in the same placement. If the foster youth is Title IV-E  
4917 eligible and reimbursable, the child’s supplemental payment will come from Title  
4918 IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child’s  
4919 supplemental payment will come from state general funds or another allowable  
4920 funding source. The Child and Family Team must determine if it is in the best  
4921 interests of the foster youth to cover the child’s expenses with supplemental  
4922 maintenance payments and whether payments will be paid to the foster youth or  
4923 foster care provider. Supplemental funding for costs for the foster youth’s child  
4924 are paid for through the daily reimbursement code of BAB, which pays at the  
4925 basic foster care rate. This code is opened under the name of the foster youth  
4926 (mother). Any special needs costs required for the foster youth’s child are also  
4927 paid under the foster youth.
- 4928 4. Title IV-E funds will be utilized for allowable expenses for an eligible and  
4929 reimbursable foster child prior to state general funds or funds from other federal  
4930 grants when the child is placed in a qualified, licensed foster home, group home,  
4931 or residential facility. Title IV-E claims will be reduced by revenue collected  
4932 from cost of care payments from a child’s trust account or from child support  
4933 collections.  
4934

- 4935 C. Medicaid Benefits and Coverage for Health Care Needs through Custody Medical  
4936 Program.
- 4937 1. The caseworker is responsible to notify the eligibility worker as soon as a child is  
4938 placed in protective custody so that the eligibility worker can ensure that the  
4939 child’s health care needs can be covered immediately.
- 4940 2. The eligibility worker will first determine if the child entered care with Medicaid  
4941 coverage. If so, documentation of Medicaid eligibility will be provided to the  
4942 caseworker and foster care provider to be taken with the foster child to any  
4943 medical, dental, or mental health appointments. If the child is not Medicaid  
4944 eligible, the eligibility worker will generate a Custody Medical Program to  
4945 establish a payment process for medical expenses through the Division of  
4946 Integrated Healthcare eligibility can be determined. Normally, the Custody  
4947 Medical Program will be authorized for 30 days. The eligibility worker will  
4948 provide documentation of Custody Medical eligibility, and this verification must  
4949 be taken with the foster child to any medical, dental, or mental health  
4950 appointments.
- 4951 3. The Medicaid State Plan specifies covered medical, dental, and mental health  
4952 services for children in foster care. In most areas of Utah, medical needs of a  
4953 foster child must be provided through a designated Health Maintenance  
4954 Organization (HMO). The caseworker must ensure that the foster care provider  
4955 understands the need to have the child’s medical services addressed by a provider  
4956 within the designated HMO and of the importance of taking the child’s health  
4957 history information to all health care appointments.
- 4958 4. If a Medicaid eligible child needs health care services not normally covered  
4959 through Medicaid, the foster care provider or caseworker should coordinate with  
4960 the regional fostering healthy children nurse to request a review through the  
4961 health care provider and Division of Integrated Healthcare, Health Program  
4962 Representative to see if the service can be covered through Medicaid under CHEC  
4963 (Utah’s version of the EPSDT program). Through CHEC, medical service needs  
4964 for children under the age of 21 years that have been diagnosed by a qualified  
4965 provider should be able to be covered by Medicaid.
- 4966 5. If it is not possible to get the needed non-Medicaid service covered under CHEC,  
4967 the regional fostering health children nurse will prepare a Prior Authorization for  
4968 the needed service. If the costs for the service will exceed \$500, the region  
4969 director must approve the Prior Authorization.
- 4970 6. If a foster child receives medical services that are not covered by Medicaid, or  
4971 that are provided outside of an HMO or without required pre-authorization, and  
4972 there is no Prior Authorization from the regional fostering health children nurse,  
4973 the caseworker is responsible to obtain region director authorization for the  
4974 expense. Either the eligibility worker may issue a Custody Medical Program or  
4975 the nurse may approve a Prior Authorization. This will be decided on a case-by-  
4976 case basis, as approved by the region director.
- 4977 7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a  
4978 child not meeting citizenship requirements, the eligibility worker will authorize a  
4979 Custody Medical Program for six months. The Custody Medical Program can be  
4980 extended for an additional six months, throughout the custody episode to ensure

4981 continuous health care coverage. If a child loses Medicaid eligibility after  
4982 entering foster care, such as a child on a trial home placement, the regional  
4983 fostering healthy children nurse staff will prepare Prior Authorization for specific  
4984 medical needs if the child does not have another resource to cover the costs, such  
4985 as a client trust account or private health insurance.

4986 8. A child leaving a placement that receives a foster care maintenance payment, such  
4987 as a trial home placement, no longer qualifies for Foster Care Medicaid, but may  
4988 qualify for another Medicaid program. The Child and Family Team should plan  
4989 for coverage for the child’s health care needs prior to placement changes that  
4990 affect Medicaid eligibility, including communicating with the eligibility worker  
4991 early so that necessary information may be obtained from the parents to determine  
4992 ongoing eligibility for Medicaid and so that the case may be transferred to  
4993 eligibility staff in the Department of Workforce Services if the child’s eligibility  
4994 can continue.

4995

4996 D. DHHS has established a separation of duties between the Title IV-E/Medicaid program  
4997 manager and the Title IV-E/Medicaid Eligibility worker.

4998 1. The *DHHS eligibility supervisor/lead* (program manager) access has the authority  
4999 to approve and revoke eligibility worker access to both the SAFE and eREP.  
5000 They are responsible for reviewing weekly system audit reports. This includes  
5001 the Surname report, Trace report, and After Hours report which are accessed  
5002 through Cognos. They initiate incident response when inappropriate or unusual  
5003 activity is detected. **The Title IV-E /Medicaid Eligibility program administrator  
5004 will review access to eSHARE and eREP, on a quarterly basis, to ensure that each  
5005 user's access remains necessary for their job responsibilities. The Title IV-  
5006 E/Medicaid Eligibility program administrator will be responsible for submitting  
5007 any necessary changes, including revoking access for users who no longer require  
5008 it.**

5009 **\*Surname Report –**  
5010 The Surname Report is used to identify employees who work on customers' cases  
5011 with matching Surnames. Like all exception reports, this report is not necessarily  
5012 an indication of system or resource misuse; however, it can identify potential  
5013 problems or trends. The calculations made in this report consider the problem  
5014 arising from employees with more common last names, as well as those who  
5015 share uncommon last names. An eligibility specialist who shares a surname with  
5016 a customer of the case they own is excluded from being identified in this  
5017 exception report. Any team members sharing a surname with cases associated  
5018 with their teams are also excluded.

5019 **\*Trace Report –**  
5020 The Trace Report is used to track the activity of staff in eREP and to review  
5021 specific activity during any given time period.

5022 **\*After Hours Report –**  
5023 The After Hours Report is used to identify eREP usage after normal business  
5024 hours. The report allows the user to prompt for a date range and show all users  
5025 that logged into eREP before 6:30 am, stayed logged into eREP after 6:30 pm on  
5026 normal business days, or logged into eREP on non-business days. Workers are

- 5027 ranked into low (1-4), medium (5-9), and high (10+) incident levels. Workers will  
5028 also be rated by their time in eREP: low (0-30 minutes), medium (31 minutes - 59  
5029 minutes), and high (1+ hours). This report is not necessarily an indication of  
5030 resource misuse; however, it can identify potential problems. The login time  
5031 shows either the beginning time logged in prior to the threshold or the first time  
5032 after hours the user changed screens in eREP. It does not necessarily indicate  
5033 actually logging in to eREP. Similarly, the log out time shows either the last  
5034 screen changes in eREP prior to the normal workday hours or the actual time the  
5035 user logged out at the end of the day.
- 5036 2. The **DHHS eligibility worker** access provides the ability to perform all functions  
5037 required to determine Title IV-E eligibility, Foster Care Medicaid, and Subsidized  
5038 Adoption Medicaid eligibility. All data used to determine eligibility will remain  
5039 in eREP. SSA data will not be stored outside of the eREP system. eREP will  
5040 only be accessed on a state-encrypted secure network with remote access  
5041 acceptable through VPN.
- 5042 3. The **SAFE Helpdesk staff** have CustomerDirectExtSysHelpDesk of “read only”  
5043 access to eREP for the purpose of managing the Customer Directory and  
5044 managing a workflow process to maintain interface functions between SAFE and  
5045 eREP.
- 5046
- 5047 E. Foster Children with SSI or SSA Income
- 5048 1. When a child enters foster care, the caseworker must ask the child’s parent or  
5049 caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result  
5050 of the child’s own disability. SSA may be received due to the death or disability  
5051 of the child’s parent.)
- 5052 2. The caseworker should also ask the parents about other sources of support  
5053 designated for the child that could assist with the child’s care such as Veteran’s  
5054 benefits, Railroad benefits, Indian Trust funds, insurance funds including health  
5055 insurance coverage, or other private trust funds.
- 5056 3. The caseworker is responsible to apply for benefits for a child who may qualify  
5057 but is not receiving them. If a child is disabled, application should be made for  
5058 SSI benefits. If a child’s parent is deceased or disabled, application should be  
5059 made for SSA-dependent child benefits. Application is made through the Social  
5060 Security Administration.
- 5061 4. The caseworker is responsible to apply for the DHHS to become representative  
5062 payee for a foster child receiving SSI or SSA benefits. Payee application forms  
5063 are available through the local Social Security Office and may also be available in  
5064 the local DCFS office. The caseworker should also apply for the Department to  
5065 become payee for other regular benefit payments.
- 5066 5. If a foster child is receiving services from both the Division of Services for People  
5067 with Disabilities (DSPD) and the Division of DCFS, the DCFS caseworker will  
5068 apply for the DHHS to be the representative payee for the child. The DSPD  
5069 provider will not be the payee (even though that is normal DSPD practice). In  
5070 circumstances in which DSPD is paying for the treatment portion of the  
5071 placement through Medicaid, such as under a Medicaid waiver, DCFS must  
5072 establish a process to pay for room, board, and special needs costs to the DSPD

5073 provider. The standard practice will be for the out-of-home caseworker to  
5074 authorize the full SSI payment to go to the DSPD provider. The DSPD provider  
5075 will be required to use the child's SSI funds in accordance with DSPD major  
5076 objectives for use of child's SSI. The provider will document use of all funds in  
5077 the Home-to-Home record, which the caseworker will review quarterly. When  
5078 the annual report to the Social Security Administration is required to document  
5079 use of the child's SSI, the caseworker will obtain the information for the report  
5080 from the DSPD provider. If circumstances in which the out-of-home caseworker  
5081 determines that it is not appropriate to forward SSI funding to the DSPD provider,  
5082 an individual provider contract will be established to pay for room, board, and  
5083 special needs. The caseworker will then authorize DCFS to be reimbursed for  
5084 cost of care payments from the child's trust account on a monthly basis.  
5085

- 5086 F. Caseworker Responsibility when Representative Payee for SSI or SSA Recipient
- 5087 1. The caseworker is responsible to provide the regional trust account custodian with  
5088 a written request to establish a new client trust account, on a form provided by the  
5089 custodian, and a copy of the letter of approval of benefits from the granting  
5090 agency, such as the Social Security Administration.
  - 5091 2. The caseworker is responsible to oversee use of funds in the child's client trust  
5092 account and to request and authorize any payments made from the account on a  
5093 form provided by the custodian. Caseworkers may not request payments from a  
5094 child's client trust account exceeding the amount of funds available in the  
5095 account.
  - 5096 3. The caseworker will follow Department client trust account major objectives and  
5097 Practice Guidelines and DCFS fiscal client trust account Practice Guidelines in  
5098 requesting and authorizing payments from the trust account.
  - 5099 4. Funds from the account may be used only for the child's support while in DCFS  
5100 custody and for the child's personal needs and incidentals. The caseworker is  
5101 responsible to request and authorize payments each month using the following  
5102 precedence: (1) SSI payment to DSPD provider, when required; (2) payment for  
5103 spend-down for Medicaid, if regional eligibility worker had indicated it is  
5104 required and the child's medical expenses are in excess of the spend-down  
5105 amount; or if spend-down is not justified and child is not Medicaid eligible,  
5106 payment for the child's medical expenses; (3) personal needs funds of \$35,  
5107 maintained in the account until needed; (4) payment for cost of care for costs  
5108 specified in fiscal client trust account Practice Guidelines; and (5) any remaining  
5109 funds to be maintained in the account for additional client needs allowable by the  
5110 funding source and recommended by the Child and Family Team. The region  
5111 director or designee will approve in advance any expense from a client trust  
5112 account exceeding \$500, other than payment for a DSPD provider, medical bill,  
5113 Medicaid spend-down, or cost of care payment.
  - 5114 5. The caseworker is responsible to review the client's trust account monthly to  
5115 ensure that the balance stays within limits for federal benefits. The child loses  
5116 Medicaid eligibility for any month in which the balance exceeds \$2,000. When  
5117 Medicaid eligibility is lost, in addition to cost of care, any medical costs or other



- 5118 special needs or incidentals for the child must be paid from the client trust account  
5119 until the balance is below \$2,000.
- 5120 6. If casework responsibility or court jurisdiction is being transferred for the foster  
5121 child, it is the responsibility of the sending office to ensure that the benefits are  
5122 transferred. A change of address for payee must be submitted to the appropriate  
5123 agency (e.g., Social Security Administration, Veteran’s Administration) notifying  
5124 the agency of the address to which future checks should be mailed. In addition,  
5125 funds and records from the existing account must be sent to the new region as  
5126 specified in fiscal client trust account Practice Guidelines.
- 5127
- 5128 G. Trust Account Custodian Responsibility.
- 5129 1. The regional trust account custodian will open a new client trust account in the  
5130 Department Trust Accounting System when necessary documentation is received  
5131 from the caseworker.
- 5132 2. The custodian will maintain all trust account records and issue checks in  
5133 accordance with Department client trust account major objectives and Practice  
5134 Guidelines and DCFS client trust account fiscal Practice Guidelines.
- 5135 3. The custodian will provide a monthly report on each foster child’s client trust  
5136 account to the caseworker that is protective payee and to the eligibility worker.  
5137

### 5138 303.10 Children In Foster Care Who Are Not U.S. Citizens

5139 Major objectives:

5140 DCFS will seek to meet the support and health care needs of children in foster care and state  
5141 custody regardless of their citizenship status.  
5142

#### 5143 **Applicable Law**

- 5144
- 5145 A. The citizenship status of a child in foster care may affect the child’s eligibility for federal  
5146 benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.  
5147
- 5148 B. A child who is born outside of the United States (U.S.) to parents who are not U.S.  
5149 citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien  
5150 requirements in order to receive federal benefits.  
5151
- 5152 C. For certain immigration categories, a child must have lived in the U.S. for five years  
5153 before qualifying for Medicaid. Health care needs for a child with a five-year waiting  
5154 period for Medicaid must be covered through MI706 authorization until the five-year  
5155 requirement is met.  
5156
- 5157 D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who  
5158 entered the U.S. under an immigration category that does not meet qualified alien  
5159 requirements, or who entered this country as an undocumented immigrant cannot qualify  
5160 for federal benefits, including Medicaid, while in foster care or upon adoption, unless  
5161 lawfully admitted to this country under a qualified alien, lawful permanent resident  
5162 category.



- 5163  
5164 E. A child is a citizen if:  
5165 1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands,  
5166 Northern Mariana Islands, American Samoa, or Swain's Islands.  
5167 2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S.  
5168 citizen.  
5169 3. A child is naturalized through the INS after an adoption, or who met qualified  
5170 alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent  
5171 after February 27, 2001.  
5172  
5173 F. U.S. citizenship can be verified by such records as a birth certificate, hospital records,  
5174 church records, or tribal records.  
5175

### 5176 Practice Guidelines

- 5177 A. Citizenship of the child is a factor that must be considered in the eligibility determination  
5178 process.  
5179  
5180 B. The caseworker is responsible to verify a foster child's citizenship upon entry into foster  
5181 care.  
5182  
5183 C. The regional eligibility caseworker will verify if the child meets qualified alien  
5184 requirements based upon immigration documentation from Immigration and  
5185 Naturalization Services provided by the caseworker.  
5186  
5187 D. Health care needs must be covered through MI706 authorization for these children while  
5188 in foster care.  
5189  
5190 E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of  
5191 immigration documentation from the child's parents or caretakers and to provide it to the  
5192 regional eligibility caseworker. The following information is needed:  
5193 1. Copy of both sides of INS Form I-94 (often called green card).  
5194 2. Documentation of date of entry into the U.S.  
5195  
5196 F. For issues pertaining to immigration other than verification of qualified alien status by  
5197 regional eligibility caseworkers, contact the Immigration and Naturalization Service.  
5198

### 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. Under some circumstances, DCFS must obtain approval from the DHHS before the child travels.

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 (i.e., international travel with costs incurred to the state).

**Applicable Law**

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

Practice Guidelines

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

- 5243 E. The caseworker will inform the out-of-home caregiver that if the child has an emergency  
5244 medical need while outside of Utah, the out-of-home caregiver will obtain treatment  
5245 immediately from a qualified health care provider. Follow Medicaid and HMO rules to  
5246 notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after  
5247 the child received the treatment.  
5248
- 5249 F. The caseworker will inform the out-of-home caregiver that if the child has a non-  
5250 emergency medical need while outside of Utah, the out-of-home caregiver will follow  
5251 Medicaid and HMO rules to obtain prior authorization for the service from the HMO  
5252 and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid in  
5253 order for Medicaid to cover the costs.  
5254
- 5255 G. The out-of-home caregiver may request assistance from the Fostering Healthy Children  
5256 nurse to complete the prior authorization process and identify an appropriate health care  
5257 provider.  
5258
- 5259 H. The caseworker will inform the out-of-home caregiver that the child will not be taken  
5260 outside of Utah for medical treatment unless the specific treatment has been approved by  
5261 Medicaid and arranged for by the Fostering Healthy Children nurse.  
5262
- 5263 I. For children who travel outside of the country, the caseworker will follow the same  
5264 procedure for children who are only traveling outside of the state. The caseworker will  
5265 also follow the same processes to ensure the child has medical coverage while traveling  
5266 abroad.  
5267
- 5268 J. If a child travels outside of the country, the caseworker or caregiver will also determine if  
5269 a passport, additional immunizations, or other documentation (e.g., Travel Visa) is  
5270 needed for the child to travel safely. This can be done by visiting  
5271 <http://travel.state.gov/content/travel/english.html> for all up-to-date information regarding  
5272 travel requirements to foreign countries. DCFS requires international travel insurance  
5273 coverage for children in the custody of DCFS.  
5274

### 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.

5286 Practice Guidelines

5287 If an out-of-home care provider does not have an appropriate restraint device for a child given  
5288 their age, one may be loaned to them. They may not be allowed to transport a child in the  
5289 custody of DCFS without an appropriate restraint device.

5290  
5291 Before a DCFS caseworker transports a child in a vehicle, they must ensure that the proper  
5292 restraint device is in the vehicle and is installed correctly.

5293

5294 **303.12a Transporting Youth – Safety Of Caseworker And Youth**

5295

5296 Major objectives:

5297 To provide guidelines to employees who need to arrange transportation for youth that may  
5298 display behavior that could result in injury to the caseworker or the youth.

5299

5300 Background Information

5301 Caseworkers may be called upon to transport youth for a variety of reasons. Some episodes of  
5302 transportation may require more caution than other episodes. Transportation has been divided  
5303 into three categories to assist caseworkers in determining when it might be appropriate to utilize  
5304 the support of another caseworker or a caged Juvenile Justice Services (JJS) state vehicle for the  
5305 transport of a youth. The Child and Family Team will assist with making these decisions.

5306

5307 Practice Guidelines

5308 A. STANDARD TRANSPORTATION – A situation in which a caseworker transports a  
5309 youth to **visits]family-time**, medical appointments, or other routine occurrences.

5310

5311 There will be many situations in which a caseworker feels comfortable and appropriate in  
5312 transporting a youth. When doing so, a caseworker will assure the following:

- 5313 1. That the vehicle is insured and safe to drive (use a state vehicle and avoid the use  
5314 of personal vehicles if possible).  
5315 2. That the youth is properly restrained in a safety device appropriate for the age of  
5316 the youth. In addition, appropriate child locks will be utilized.  
5317 3. That the youth is not allowed to sit behind the caseworker who is driving the  
5318 vehicle.  
5319 4. That a supervisor or colleague knows where you are going and when you will  
5320 return as a safety precaution.  
5321 5. That you take another caseworker with you if you feel it is appropriate or  
5322 necessary for any reason.

5323

5324 B. TRANSPORTATION TO A PROGRAM – A situation in which a youth is being  
5325 transported to a facility or program.

5326

5327 The caseworker should first contact the program to request the program transport the  
5328 youth if this service/resource is available.

5329

5330 If a caseworker must transport the youth, it is best practice for two  
5331 caseworkers/employees to transport the youth when the youth is going to a facility;  
5332 however, the caseworker should use their discretion. Assuming the youth does not  
5333 display behaviors associated with a high risk transportation need, the caseworker will  
5334 consider utilizing another person to complete the transport.

- 5335 1. The caseworker will review the case thoroughly prior to the transport and be  
5336 aware of any potential triggers that may cause the youth to display volatile or  
5337 aggressive behavior toward him or herself or others.
- 5338 2. The caseworker will assure that the vehicle is insured and safe to drive (use a state  
5339 vehicle and avoid the use of personal vehicles if possible).
- 5340 3. Two caseworkers will transport the child; one caseworker will drive and one  
5341 caseworker will sit in the backseat with the youth. The youth will not be allowed  
5342 to sit behind the caseworker who is driving the vehicle.
- 5343 4. The youth will be properly restrained in a safety device appropriate for the age of  
5344 the youth. In addition, appropriate child locks will be utilized.
- 5345 5. Neither the youth nor the caseworkers will use a cell phone to make phone calls  
5346 or texts while driving unless an emergency situation arises.

5347  
5348 C. **HIGH RISK TRANSPORTATION** – A situation in which a caseworker or youth may be  
5349 at risk of displaying behaviors associated with a high risk transportation need.

5350  
5351 A situation for high risk transportation may be identified if the youth exhibits any of the  
5352 following behaviors:

- 5353 1. Current assaultive behavior, assaultive history, serious aggression toward self or  
5354 others, past history of jumping from a vehicle in motion, a suicide attempt, serious  
5355 and current self-mutilization, homicidal thoughts or behavior, current psychosis,  
5356 serious inability to regulate emotions, serious anti-social behavior, current verbal  
5357 or physical threats of harm to self or caseworker, or other similar and serious  
5358 behaviors.

5359  
5360 Hint: If the youth rates a 3 on the CANS on any of the following items, the youth  
5361 most likely meets the criteria to utilize a caged JJS state vehicle:

- 5362 a. Suicide risk;
- 5363 b. Self-mutilization;
- 5364 c. Other self-harm;
- 5365 d. Danger to others;
- 5366 e. Judgment decision-making (make decisions that put them in dangerous  
5367 situations);
- 5368 f. Psychosis;
- 5369 g. Oppositional (threat of physical harm to others);
- 5370 h. Conduct (serious crime, aggression, anti-social child, or community at  
5371 risk);
- 5372 i. Anger control.

5373  
5374 The process for requesting assistance with a high risk transportation is as follows:

- 5375 1. Call the facility that you are taking the youth to and ask if they can transport the  
5376 youth for you. If they are unable to do so, move to step 2.  
5377 2. Staff the case with the region clinical consultant and review all possible  
5378 transportation options. The clinical consultant will determine if a caged JJS state  
5379 vehicle is the only safe option. If a caged JJS vehicle is necessary, then complete  
5380 the following steps to request one:  
5381 (1) The clinical consultant will send an email to Mike Butkovich, Program  
5382 Director, Office of Correctional Programs, Utah Division of Juvenile  
5383 Justice Service at [mbutkovi@utah.gov](mailto:mbutkovi@utah.gov) and include the caseworker in the  
5384 email. The email should include the pick-up and drop-off time needed for  
5385 the vehicle and the current location of the child.  
5386 (2) The JJS Program Director will respond to both the clinical consultant and  
5387 caseworker with the availability and location of the vehicle.  
5388 (3) The caseworker will pick up and drop off the vehicle at the assigned  
5389 locations. If a vehicle is no longer needed, the caseworker will notify the  
5390 JJS Program Director immediately.  
5391  
5392 D. If a JJS caged vehicle is not available, contact the region director for potential use of  
5393 further professional transport services.  
5394

### 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

- 5405 A. Courtesy Supervision:
- 5406 1. To request courtesy supervision, the caseworker will email the initial request to  
5407 the sending region's associate region director.  
5408 2. Attach the completed Courtesy Supervision Request Form. Include a brief  
5409 description of history on the case and the current situation along with other  
5410 information requested on the form.  
5411 3. The sending region's associate region director will forward the request to the  
5412 appropriate associate region director in the prospective receiving region for  
5413 approval.  
5414 4. The receiving region's associate region director will notify the sending region's  
5415 associate region director of the decision to accept the request for courtesy  
5416 supervision and provide the name of the courtesy caseworker and supervisor.  
5417 5. The primary caseworker will contact the courtesy caseworker within five working  
5418 days to provide case information. If the courtesy caseworker needs additional  
5419 information, the courtesy caseworker may contact the primary caseworker.



- 5420 6. The primary caseworker will add the courtesy caseworker to the case on SAFE.  
5421 7. As soon as the case has been assigned to the courtesy caseworker, the primary  
5422 caseworker will arrange for a Child and Family Team Meeting. Both the primary  
5423 caseworker and courtesy caseworker will be present at the Child and Family  
5424 Team Meeting. At this meeting the primary and courtesy caseworker's  
5425 [visitation]family-time plan with the child will be arranged. The roles of the  
5426 primary and courtesy caseworker will also be discussed. [See: [Section 303.2.](#)]  
5427 8. Throughout the duration of the case, the primary and courtesy caseworker will be  
5428 present at all Child and Family Team Meetings that may be held.  
5429 9. The primary caseworker is responsible for contacting on a monthly basis the  
5430 courtesy caseworker and out-of-home caregiver as well as other professional  
5431 members of the Child and Family Team, such as the child's mental health  
5432 therapist and educators.  
5433  
5434 B. Region-to-Region Case Transfers:  
5435 1. The caseworker will email the initial request to the sending region's associate  
5436 region director.  
5437 2. Attach the completed Case Transfer Request Form. Include a brief description of  
5438 history on the case and the current situation along with other information  
5439 requested on the form.  
5440 3. The sending region's associate region director will forward the request to the  
5441 appropriate associate region director in the prospective receiving region for  
5442 approval.  
5443 4. The receiving region's associate region director will notify the sending region's  
5444 associate region director of the decision to accept the request for case transfer and  
5445 provide the name of the caseworker and supervisor.  
5446 5. A face-to-face transfer meeting between the two caseworkers and their  
5447 supervisors will be conducted on all case transfers  
5448 6. To assist with a smooth transition from region to region, a Child and Family  
5449 Team meeting will be conducted on all case transfers. The sending caseworker is  
5450 responsible for arranging this meeting.  
5451 7. If possible, the new caseworker will attend the last Child and Family Team  
5452 Meeting in the sending region to become acquainted with the existing team.  
5453 8. The caseworker will notify the eligibility caseworker of the transfer in advance to  
5454 ensure continuous Medicaid coverage of the child, if eligible.  
5455 9. Within 30 days of the case being transferred to the new region, the new  
5456 caseworker will arrange for a Child and Family Team Meeting, including any new  
5457 team members.  
5458 10. The case will be reviewed via the qualitative assurance process (QA) on the  
5459 Internet just before the transfer meeting and a printed copy of the QA form  
5460 included with the case file. The hard file will be ready to hand off at the transfer  
5461 meeting. The sending caseworker is responsible for all case activities until the  
5462 transfer is completed and all signatures are in place.  
5463 11. The sending region is responsible for ensuring that all work is completed and up-  
5464 to-date prior to the case transfer.  
5465

### 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 (\$250.00 maximum).

B. Learner Permit

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

- 5511 3. A learner permit allows the youth to drive with a licensed adult and receive the 40  
5512 hours of practice driving required for a license. When a parent or responsible  
5513 adult signs the application for the learner permit, they are assuming joint liability  
5514 with the youth for damages resulting from the youth driving a motor vehicle.  
5515 Those under 18 years of age will be limited to driving with a licensed parent, legal  
5516 guardian, driving instructor, or the adult who signed the application for the learner  
5517 permit sitting in the passenger seat.
- 5518 4. When applying for the learner permit, the youth will need to have their Social  
5519 Security card plus two acceptable types of proof of residency. A \$15.00 fee is  
5520 required to obtain the learner permit from the Department of Motor Vehicle  
5521 (DMV), and the learner permit is only valid for one year.
- 5522 5. Utah requires an applicant 17 years of age or younger to have the learner permit  
5523 for six months before applying for a driver license. The six-month learner permit  
5524 holding requirement does not apply to an applicant who is age 18 years or older at  
5525 the time of application for the learner permit.

5526  
5527 C. Driver License

- 5528 1. Caseworkers are *not* authorized to sign for a driver license.
- 5529 2. To obtain a driver license, a parent, foster parent, or responsible adult's signature  
5530 is required for a youth to obtain a driver license. A parent or responsible adult  
5531 who is willing to assume the liability of a minor driver and provide for motor  
5532 vehicle insurance for the youth may sign the minor's application for a driver  
5533 license. Foster parents need to provide Form Letter TR01: Placement Verification  
5534 and Medical Authorization Letter when signing for the driver license.
- 5535 3. Youth, after the age of 17 years and 6 months, and after completion of a driver  
5536 education course, may obtain a driver license without a parent's signature when  
5537 they turn age 18 years old. They will need to provide their own auto insurance.
- 5538 4. Youth can practice taking the driver license test on the Internet. The 22 questions  
5539 are typical of the questions asked when obtaining a driver license. The practice  
5540 test can be found on the following website: [http://www.dmv.org/practice-permit-  
5541 test.php](http://www.dmv.org/practice-permit-test.php).
- 5542 5. The caseworker will coordinate with the foster parent or responsible adult to  
5543 develop a parent-teen driving contract. The contract can help outline key driving  
5544 responsibilities, decide on the consequences associated when those  
5545 responsibilities are not met, and define the Child and Family Team's role in  
5546 helping the youth succeed. There are several insurance websites that have driving  
5547 contracts; examples can be found on the following websites:
- 5548 a. Allstate Parent-Teen Contract at: [www.allstateteendriver.com/contract](http://www.allstateteendriver.com/contract)
- 5549 b. AAA Parent-Teen Driving Agreement at:  
5550 [www.aaaxchange.com/assets/files/2007214956500.parent\\_teencontract.p  
5551 df](http://www.aaaxchange.com/assets/files/2007214956500.parent_teencontract.pdf)
- 5552 c. Safer Child Driving Contract at: [www.saferchild.org/driving.htm](http://www.saferchild.org/driving.htm)
- 5553 d. Lowest Price Teen Driving School Teen Driving Contract at:  
5554 [www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/  
5555](http://www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/)

5556 D. Insurance Requirements

- 5557 1. Foster parents who provide automobile insurance for youth in foster care will be  
5558 required to carry at the minimum requirement of Utah’s No-Fault Law insurance  
5559 liability limits.  
5560
- 5561 E. Reimbursement Process
- 5562 1. Reimbursement applies only to Resource Families that are licensed to provide  
5563 care for children in Child and Family custody.
- 5564 2. Foster parents who are willing to sign and authorize a youth’s application for a  
5565 learner permit and driver license may be reimbursed *only* for the additional cost at  
5566 the minimum requirement of Utah’s No-Fault Law insurance liability limits.
- 5567 3. Foster parents may choose to carry additional automobile insurance at their own  
5568 expense, such as liability coverage that exceeds the minimum of Utah’s No-Fault  
5569 insurance liability limits, collision insurance, or comprehensive insurance.
- 5570 4. Foster parents will not be reimbursed for any deductibles associated with collision  
5571 or comprehensive insurance in the event of an accident or other damage to their  
5572 vehicle.
- 5573 5. All reimbursements will be coordinated through the DCFS Administration Office,  
5574 Financial Analyst II.
- 5575 6. The caseworker will confirm that the foster parent is willing to exercise their  
5576 option to provide youth in their care an opportunity to obtain a learner permit and  
5577 driver license, and that the foster parent understands their responsibility of  
5578 providing automobile insurance coverage for the youth.
- 5579 7. The foster parent will obtain a quote from their automobile insurance provider for  
5580 the additional costs of adding a youth to their personal insurance policy.  
5581 Reimbursement will *only* be for additional costs to the foster parent’s current  
5582 liability insurance coverage. The foster parent must provide acceptable  
5583 documentation from the insurance agent or agency of increased costs.
- 5584 8. In order to assist the foster parent in obtaining reimbursement for insurance costs,  
5585 the caseworker will contact the DCFS State Financial Analyst II and inform them  
5586 of the foster parent’s intention to sign for the driver license.
- 5587 9. The caseworker will provide the insurance quote from the foster parent to the  
5588 DCFS Administration Office, State Financial Analyst II.
- 5589 10. Caseworkers will provide the foster parent with the following:
- 5590 a. Information informing them of their option to provide youth in their care  
5591 an opportunity to obtain a learner permit and driver license by assuming  
5592 the responsibility of providing automobile insurance coverage for the  
5593 youth.
- 5594 b. Information regarding the liability they assume in authorizing a youth to  
5595 obtain a learner permit and driver license.
- 5596 c. Information how they may qualify for reimbursement for their additional  
5597 expenses incurred by providing automobile insurance coverage for a youth  
5598 in their care.
- 5599 d. An informed consent, waiver and release for foster parents who provide  
5600 automobile insurance for youth in foster care.

- 5601 11. The foster parent will sign the informed consent and waiver document. The
- 5602 caseworker will give a copy to the foster parent, place a copy in the youth’s file
- 5603 under “correspondence,” and send a copy to the DCFS State Financial Analyst II.
- 5604 12. The foster parent must provide acceptable insurance documentation every three
- 5605 months in order to receive reimbursement.
- 5606
- 5607 F. Cancellation or Termination of Driver License
- 5608 1. A parent, foster parent, or responsible adult who has signed and authorization for
- 5609 a learner permit or driver license will notify the Department of Motor Vehicles
- 5610 (DMV) **in writing** and send a copy to Child and Family Service if they decide
- 5611 that they are no longer willing to assume responsibility and insurance coverage
- 5612 for the youth. The written request will be placed in the youth’s case file under
- 5613 “correspondence”.
- 5614 2. The parent, foster parent, or responsible adult will receive **in writing** notification
- 5615 from the DMV that the youth learner permit or driver license has been cancelled
- 5616 and send a copy of the official cancellation to the DCFS caseworker. The letter
- 5617 will be placed in the youth’s case file under “correspondence.”
- 5618 3. The caseworker will verify **in writing** to the parent, foster parent, or responsible
- 5619 adult that they have received verification of the cancellation of the learner permit
- 5620 or driver license for the youth and that they are aware that the parent, foster
- 5621 parent, or responsible adult are relieved from liability for that youth operating a
- 5622 motor vehicle subsequent to the cancellation.
- 5623

### 303.15 Casey Life Skills Assessment

Major objectives:

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

**Applicable Law**

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

Purpose

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

Practice Guidelines

- 5640 A. The CLSA tool is intended to assist in the planning of services for youth as they
- 5641 transition from childhood to adulthood.
- 5642
- 5643 B. Results from the CLSA tool will be used to evaluate the youth’s strengths, needs, and
- 5644 current functioning in areas of life skills. After the CLSA is completed by a youth, the
- 5645 areas identified on the CLSA where the youth may need instruction and personal growth

- 5646 will be used to focus and guide the Child and Family Team in the case planning process  
5647 with the youth. The case planning decisions developed by the team will then be included  
5648 in the Child and Family Plan.  
5649
- 5650 C. The caseworker will ensure that the following is accomplished:
- 5651 1. The CLSA is completed by the youth and the caregiver, at a minimum. The  
5652 CLSA may also be completed by additional individuals who are familiar with the  
5653 youth.
  - 5654 2. Meet with the youth to review the youth and caregiver's assessments, choose the  
5655 areas to work on, identify individualized goals, and outline strategies for the  
5656 growth and improvement of the youth.
  - 5657 3. Convene the Child and Family Team to review the CLSA results, update the  
5658 Child and Family Assessment, and develop or update the TAL section of the  
5659 youth's Child and Family Plan.  
5660
- 5661 D. The caseworker will assist the youth and the caregiver(s) in completing the CLSA:
- 5662 1. When a youth 14 years of age and older enters out-of-home care, the CLSA will  
5663 be completed by the youth and the caregiver within 45 days, in conjunction with  
5664 the development of the Child and Family Plan.
  - 5665 2. When a youth turns 14 years old in foster care, the first CLSA must be completed  
5666 when the next Child and Family Plan is due. If the next plan is due in less than 90  
5667 days after the youth's 14<sup>th</sup> birthdate, the CLSA will not be required until the  
5668 following plan.
  - 5669 3. An annual CLSA is due within a year of the previous one. The caseworker will  
5670 be prompted 90 days prior to the due date to give the youth and caregiver ample  
5671 time to complete the assessment.
  - 5672 4. The caregiver's assessment and youth's assessment must be completed and  
5673 entered on the CLSA website within 30 days of each other. The CLSA can be  
5674 completed electronically via the Internet at: <http://www.caseylifeskills.org>.
  - 5675 5. The caseworker has the following options for assisting the youth in taking the  
5676 CLSA:
    - 5677 a. The youth can take the assessment on the caseworker's computer.
    - 5678 b. The caseworker can send a link to the youth via the youth's email address  
5679 inviting them to take the assessment.
    - 5680 c. The caseworker can give the youth a printed assessment. The caseworker  
5681 will need to enter the answers of the assessment into the website.
    - 5682 d. The youth can create his or her own profile on the website. This option  
5683 will only work if the youth has already taken an assessment using option a  
5684 or b.
  - 5685 6. The caseworker has the following options to assist the caregiver in taking the  
5686 assessment:
    - 5687 a. The caregiver can take the assessment on the caseworker's computer.
    - 5688 b. The caseworker can send a link to the caregiver via email inviting them to  
5689 take to the assessment.



- 5690 c. The caseworker can give the caregiver a printed assessment. The
- 5691 caseworker will need to enter the answers of the assessment into the
- 5692 website.
- 5693 7. The caseworker will provide the youth and the caregiver with a copy of both the
- 5694 youth and caregiver’s reports from the CLSA.
- 5695 8. The original CLSA assessment will be placed in the assessment section of each
- 5696 youth’s case file.
- 5697
- 5698 E. Each caseworker will convene the Child and Family Team to review the youth and
- 5699 caregiver(s) assessments, identify areas of strengths and opportunities for improvement,
- 5700 share feedback on the youth’s chosen areas on which to work, and look for ways to
- 5701 support the individualized goals of the youth. The team will then outline strategies to
- 5702 implement the plan.
- 5703
- 5704 F. The goals, services, and needs identified by the youth, caregiver, and Child and Family
- 5705 Team will be used to develop and update the TAL portion of the youth’s Child and
- 5706 Family Plan. The TAL portion of the plan requires each youth to have at least one area
- 5707 of focus determined by the CLSA and Child and Family Team to enhance their life skills.
- 5708 The regional TAL coordinator or a TAL supervisor will attend the Child and Family
- 5709 Team Meeting when possible. If the regional TAL coordinator or a TAL supervisor is
- 5710 not able to attend the Child Family Team Meeting, they should attempt to be available for
- 5711 consultation with members of the Child and Family Team prior to or following the
- 5712 meeting.
- 5713

### 303.16 Foster Child Representative Payee Accounts

5714 Major objectives:

- 5715 A. DHHS and DCFS will act as representative payee for each foster child receiving unearned
- 5716 income, such as Social Security Dependent (SSD) Benefits, Supplemental Security
- 5717 Income (SSI), and other income sources while the child is in agency custody.
- 5718 B. Unearned income from a foster child will be used to offset costs of care and for the child’s
- 5719 personal needs, as allowable.
- 5720 C. Representative payee functions and use of a child’s income will comply with established
- 5721 policies, procedures, and guidelines pertaining to the unearned income source, Medicaid,
- 5722 and DHHS and DCFS representative payee account requirements.
- 5723
- 5724
- 5725

#### **1. DCFS Philosophy on Use of Unearned Income for a Foster Child**

- 5726 A. When a child is in the custody of DCFS or in the custody of the DHHS with DCFS acting
- 5727 as primary case manager, responsibility for payment for the costs for the child’s care in
- 5728 priority order belongs to:
- 5729 (1) Parents through child support paid to the Office of Recovery Services (OSR), as
- 5730 required by state and federal law.
- 5731 (2) The child’s unearned income, designated for the child’s care, maintenance, and/or
- 5732 medical needs, within the allowable framework of the income source.
- 5733

- 5734 (3) Other source of funds designated for the child’s care, maintenance, and/or
- 5735 medical needs, within the allowable framework of the funding source.
- 5736 (4) Federal revenue available to DCFS for foster care services.
- 5737 (5) State revenue available to DCFS for foster care services.
- 5738

5739 B. Any child entering foster care is entitled to services and goods necessary to meet the

5740 child’s basic needs. A child entering state custody with unearned income should

5741 generally not receive any goods or services that a child without unearned income would

5742 not also receive while in foster care.

5743

5744 **2. What is a Foster Child Representative Payee Account?**

5745 A foster child representative payee account is a financial account established on behalf of a child

5746 in DCFS custody or in DHHS custody when DCFS is designated as the primary case manager.

5747 DCFS must receive authorization from the funding agency, such as the Social Security

5748 Administration, to serve as representative payee. The DCFS caseworker acts as representative

5749 payee for the client.

5750

5751 **3. Sources of Unearned Income**

5752 The most common types of federal unearned income received by foster children are SSI and SSD

5753 benefits. The Social Security Administration administers both of these income sources, and use

5754 of these funds for a foster child must be in accordance with Social Security Administration

5755 requirements.

5756

5757 A. **SSI Benefits for Children.** SSI benefits are payable to blind or disabled children under

5758 age 18 who have limited or no income and resources or who come from homes with

5759 limited or no income and resources. A review is conducted when an individual reaches

5760 age 18 to determine if benefits may continue into adulthood. SSI checks are generally

5761 distributed the first day of the month (or the preceding bank day if a weekend or holiday)

5762 for benefits due for the current month.

5763

5764 B. **SSD Benefits (may also be referred to as SSA).** SSD benefits may be paid to a dependent

5765 child under age 18 through the Retirement, Survivors and Disability Insurance Program

5766 based upon the work record of a child’s parent. For example, a child may receive these

5767 dependent benefits as a result of a parent’s disability or death. Benefits may be extended

5768 beyond age 18 for full-time students. SSD benefit checks are generally distributed the

5769 third week of the month for benefits due for the prior month.

5770

5771 C. **Other Sources.** Foster children may also receive other sources of unearned income, such

5772 as Veteran’s benefits, Railroad Retirement benefits, Tribal benefits, or insurance

5773 settlement funds. All unearned income sources must be used in accordance with

5774 purposes for which the funding is provided and in conjunction with established policies,

5775 procedures, and guidelines pertaining to the unearned income source.

5776

5777 **4. Roles and Responsibilities Pertaining To Representative Payee Accounts**

- 5778 A. **General Region Responsibilities.** Regional staff are responsible for oversight,  
5779 supervision, and implementation of the representative payee account process for foster  
5780 children under the jurisdiction of the region. Key regional responsibilities include:
- 5781 (1) Applying for unearned income benefits for children who may qualify.
  - 5782 (2) Applying for DHHS to be designated as representative payee.
  - 5783 (3) Complying with funding agency requirements.
  - 5784 (4) Managing fiscal accounts in accordance with DHHS fiscal procedures.
  - 5785 (5) Ensuring separation of duties as required by DHHS for check receipting, deposits,  
5786 payment authorization, and check preparation.
  - 5787 (6) Authorizing allowable payments and issuing checks.
  - 5788 (7) Calculating cost of care.
  - 5789 (8) Maintaining required records and reporting.
  - 5790 (9) Completing bi-annual internal representative payee account audit and other  
5791 quality assurance processes.
  - 5792 (10) Coordinating with other regions, divisions, and providers on representative payee  
5793 process.
- 5794
- 5795 B. **DCFS State Office Responsibilities.** Primary DCFS state office staff responsibilities in  
5796 the foster child representative payee process include:
- 5797 (1) Overseeing process statewide for consistency and compliance.
  - 5798 (2) Maintaining written Practice Guidelines.
  - 5799 (3) Providing resources, training, technical assistance, and support to regional staff.
  - 5800 (4) Identifying services and costs to be included in cost of care calculation.
  - 5801 (5) Assisting regions in developing and implementing internal quality assurance  
5802 processes.
  - 5803 (6) Coordinating and acting as liaison with DHHS finance staff.
  - 5804 (7) Assisting in doing research on requirements for funding agencies and  
5805 incorporating requirements into DCFS Practice Guidelines.
- 5806
- 5807 C. **DHHS Fiscal Operations Responsibilities.** DHHS finance staff responsibilities in the  
5808 foster child representative payee process include:
- 5809 (1) Ensuring that state fiscal procedures are followed.
  - 5810 (2) Reconciling payee accounts statewide and posting to financial system.
  - 5811 (3) Providing software for financial tracking system.
  - 5812 (4) Providing training and technical support on State Finance and DHHS  
5813 requirements and on use of fiscal tracking system.
  - 5814 (5) Completing independent review of account records.
- 5815
- 5816 D. **Initial Caseworker Responsibilities.**
- 5817 (1) When a child enters foster care, the caseworker is responsible to ask the child's  
5818 parent or caregiver if the child is receiving SSD or SSI benefits.
  - 5819 (2) The caseworker should also ask the parents about other sources of support  
5820 designated for the child that could assist with the child's care such as Veteran's  
5821 benefits, Railroad benefits, Indian Trust funds, insurance funds including health  
5822 insurance coverage, or other private trust funds.

- 5823 (3) The caseworker is responsible to apply for benefits for a child who may qualify  
5824 but is not receiving them. For example, if a child is blind or disabled, application  
5825 should be made for SSI benefits. If a child’s parent is deceased, application  
5826 should be made for SSD benefits. Application is made through the Social  
5827 Security Administration.
- 5828 (4) The caseworker is responsible to apply for the DHHS to become representative  
5829 payee for a foster child receiving SSI or SSD benefits. Payee application forms  
5830 are available through the local Social Security Office and may also be available in  
5831 the local DCFS office. The caseworker should also apply for DHHS to become  
5832 payee for other regular benefit payments.  
5833

5834 E. Caseworker Responsibility After Representative Payee Has Been Established.

- 5835 (1) The caseworker is responsible to provide the regional representative payee  
5836 account custodian with a written request to establish a new representative payee  
5837 account, on a form provided by the custodian, and a copy of the letter of approval  
5838 of benefits from the granting agency, such as the Social Security Administration.
- 5839 (2) The caseworker is responsible to oversee use of funds in the child’s representative  
5840 payee account and to request and authorize any payments made from the account  
5841 through the ‘funds request’ link located in the trust account list within the SAFE  
5842 Trust Account module. The caseworker’s supervisor must approve any fund  
5843 requests over \$499.99. The caseworker is responsible to obtain receipts for all  
5844 expenditures from the child’s payee account, excluding Cost of Care.
- 5845 (3) The caseworker will follow DHHS representative payee account policies and  
5846 DCFS representative payee account Practice Guidelines in requesting and  
5847 authorizing payments from the representative payee account.
- 5848 (4) The caseworker is responsible to review an SSI client’s representative payee  
5849 account monthly to ensure that the balance stays within limits for federal benefits.  
5850 The child becomes ineligible for SSI for any month in which the balance exceeds  
5851 \$2,000.
- 5852 (5) The caseworker may not request payments from a child’s representative payee  
5853 account exceeding the amount of funds available in the account and will not  
5854 request the regional account custodian to issue a check for unallowable expenses  
5855 or to inappropriate recipients.
- 5856 (6) The caseworker is responsible to obtain the written approval of his or her  
5857 supervisor for any representative payee account expense that is \$500 or higher  
5858 and is responsible to obtain region director or designee approval for any expense  
5859 that is \$500 or higher from the client’s personal needs allotment. (See Section  
5860 5.E.)
- 5861 (7) The caseworker is responsible to notify the regional account custodian in advance  
5862 when custody termination is being requested from the court for a foster child.  
5863

5864 F. Representative Payee Account Custodian and Supervisor Responsibilities.

- 5865 (1) The regional account custodian will open a new representative payee account in  
5866 the SAFE Trust Accounting System when necessary documentation is received  
5867 from the caseworker and notify DHHS Finance representative of the new account.

- 5868 (2) The account custodian will accurately maintain all account records and issue
- 5869 checks in accordance with DHHS representative payee account policies and
- 5870 DCFS representative payee account Practice Guidelines.
- 5871 (3) The account custodian will assist the caseworker and eligibility worker in viewing
- 5872 the monthly report in SAFE on each foster child’s representative payee account as
- 5873 needed
- 5874 (4) The account custodian will alert the caseworker when the representative payee
- 5875 account approaches \$2,000 to avoid loss of SSI eligibility.
- 5876 (5) The account custodian’s supervisor will review and sign monthly reconciliation
- 5877 statements.
- 5878 (6) The account custodian will not issue a check for unallowable expenses or to
- 5879 inappropriate payees.
- 5880 (7) The account custodian will maintain separate records on each child’s
- 5881 representative payee account.
- 5882 (8) The representative payee is responsible to provide expenditure reports to the
- 5883 responsible funding agency, as required by the funding agency.
- 5884

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

- 5886 A. Appropriate Use of Funds. A child’s unearned income must be used as designated by the
- 5887 funding agency and within the scope of what a “prudent person” would do. Social
- 5888 Security Administration policies state that SSI and SSD benefits are provided first to
- 5889 meet the child’s day-to-day needs for food and housing. Benefits may also be used for
- 5890 clothing, medical care not covered by Medicaid or personal insurance (such as eyeglasses
- 5891 and hearing aids), recreation, personal incidentals, and comfort items. In addition, funds
- 5892 may be used for training programs, school tuition, or daily school expenses if other needs
- 5893 have been met. The Social Security Administration may require treatment for a disabling
- 5894 condition for a child receiving SSI.
- 5895
- 5896 B. Precedence for Use of Foster Child Unearned Income. The caseworker is responsible to
- 5897 request and authorize payments each month using the following precedence:
- 5898 (1) Payment for spenddown for Medicaid, when determined appropriate. (See
- 5899 Section 5.C.)
- 5900 (2) Personal needs funds of \$35, maintained in the account for current or future
- 5901 needs.
- 5902 (3) Cost of care payment to DCFS for current maintenance costs (food, housing, and
- 5903 personal needs). (See Section 5.D.)
- 5904 (4) Reimbursement for medical costs paid by DCFS for medical costs not covered by
- 5905 Medicaid, when allowed by the funding source.
- 5906 (5) Any remaining funds to be maintained in the account for additional child needs as
- 5907 allowed by the funding agency and recommended by the Child and Family Team.
- 5908
- 5909 C. Medicaid Spenddown. When a regional eligibility caseworker determines that a foster
- 5910 child’s monthly unearned income exceeds the amount allowable for Medicaid eligibility,
- 5911 the caseworker, nurse, eligibility caseworker, and others as appropriate will review the
- 5912 child’s anticipated medical costs to determine if a spenddown is appropriate. If the
- 5913 child’s medical expenses are expected to exceed the spenddown amount, the spenddown



5914 amount will be paid prior to the cost of care calculation according to eligibility team  
5915 procedures and Medicaid requirements.

5916  
5917 The spenddown should be paid no later than the 20<sup>th</sup> of the month for which the Medicaid  
5918 card is being issued. In no event may the spenddown be made after the 10<sup>th</sup> of the  
5919 following month. Medicaid requires that any case requiring a spenddown be closed if the  
5920 spenddown has not been cleared by the 10<sup>th</sup> of the following month. If the case is closed,  
5921 a new Medicaid application is required to reopen Medicaid.

5922  
5923 SSD benefits from one month may be used to pay the spenddown for the following  
5924 month.

5925  
5926 D. Cost of Care. The amount of the child’s unearned income that is allowable for food,  
5927 housing, and personal needs is considered cost of care. The amount of the cost of care to  
5928 be paid from a child’s representative payee account is calculated and paid to DCFS at the  
5929 regional level under the supervision of the regional finance unit.

5930 (1) *Costs included in calculating costs of care*. The state office revenue team is  
5931 responsible to identify which services and what portion of costs is included in the  
5932 calculation of cost of care. Service code and applicable rate table identify these  
5933 services.

5934 (2) *When cost of care is processed*. Cost of care is processed for children for whom  
5935 DCFS has received unearned income as the child’s representative payee. The cost  
5936 of care amount should be calculated and paid as soon as possible after costs have  
5937 been incurred for a given month. If there is a significant delay in receipt of a  
5938 billing from a provider and a child is at risk of losing benefits due to excess  
5939 resources in the representative payee account, cost of care may be estimated based  
5940 upon the child’s known placement. Cost of care that was estimated must be  
5941 reconciled and any adjustments made within 30 days after receipt of actual billing  
5942 from provider. Regional finance staff must review and approve all estimated  
5943 costs of care prior to payment and verify accuracy of reconciliations and payment  
5944 adjustments.

5945 (3) *How Cost of Care is Calculated*. Cost of Care is determined in the SAFE Trust  
5946 Account Module by calculations specified by Department/Agency policy.  
5947 a. SAFE will determine the unearned income applicable for a given month.  
5948 Regional rep payee account custodian will enter into SAFE the spenddown  
5949 paid from the monthly amount, if applicable.  
5950 b. Compare cost of care total to unearned income received (or available after  
5951 spenddown) and document.  
5952 c. If total cost of care is greater than unearned income received, authorize  
5953 preparation of check(s) to DCFS for total unearned income amount, minus  
5954 personal needs allowance.  
5955 d. If cost of care is less than unearned income amount, authorize preparation  
5956 of check(s) to DCFS for cost of care, leaving personal needs allotment and  
5957 any additional remaining unearned income in account to be used for  
5958 current and future needs of the child.



- 5959 e. When applicable, adjust cost of care for prior months when there is
- 5960 retroactive unearned income or when additional costs are incurred for
- 5961 prior months that may not have already been included in cost of care
- 5962 calculation.
- 5963 (4) *How Cost of Care is Deposited and Credited.* The following procedures apply
- 5964 when depositing cost of care reimbursements and other funds from foster child
- 5965 representative payee accounts.
- 5966 a. After cost of care reimbursements have been identified, identify costs that
- 5967 were reimbursed by Title IV-E and non IV-E. (Note: Payments with
- 5968 corresponding eligibility code of FT were reimbursed by Title IV-E.
- 5969 Payments with corresponding eligibility code of FB were not reimbursed
- 5970 by Title IV-E.) (See Service Code List.)
- 5971 b. Identify the Finet Activities that costs were originally charged to (for both
- 5972 IV-E and non IV-E cost of care reimbursements).
- 5973 c. Deposit funds from client trust accounts (including special needs and cost
- 5974 of care reimbursements) as a refund of expenditures. (These funds should
- 5975 be credited to the Finet Activities identified in b. above.) This will ensure
- 5976 claims for FFP are net of applicable credits.
- 5977

- 5978 F. Personal Needs. Funds set aside for a child’s personal needs and any additional unearned
- 5979 income remaining after payment of cost of care may be used for additional needs of the
- 5980 child, as allowed by the funding agency.
- 5981

The caseworker will initiate a Personal Needs fund request from the Trust Account List within the SAFE Trust Account module. When appropriate, the Child and Family Team will be consulted about use of personal needs funds. The region director or designee will approve in advance any expense from a representative payee account that is \$500 or over, other than payment for a medical bill, Medicaid spenddown, cost of care payment, or reimbursement check to the funding agency when the account is being closed.

- 5989 G. Lump Sum Payments. The Social Security Administration or other funding agency may
- 5990 make a lump sum payment for a child to cover benefit payments for multiple previous
- 5991 months. The lump sum may or may not be designated as requiring a dedicated account.
- 5992 The representative payee is responsible to follow the instructions of the funding agency
- 5993 for use of the lump sum payment. DCFS should request approval to apply the funds to
- 5994 cost of care for the months for which the funding was granted.
- 5995

When approved, the lump sum payment will be applied to costs of care for the months for which the funding was granted.

If the representative payee is instructed that the lump sum must be placed in a dedicated account, the funds will be placed in an account separate from the child’s current representative payee account. These dedicated funds may only be used for costs authorized by the Social Security Administration and may only be used for past cost of care when approval is specifically granted by the Social Security Administration.

6005 **6. Foster Child Representative Payee Accounts Relationship to Other Federal Benefits**

6006 Federal and state law and policies require a foster child’s income and assets to be considered  
6007 when determining eligibility for Title IV-E and income only when determining Medicaid  
6008 benefits. Unearned income benefits are considered income in the month received. Any funds  
6009 remaining in the representative payee account carried over into the following month must be  
6010 counted as an asset.

6011  
6012 *(Note: Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility*  
6013 *policies. Consult with eligibility caseworker for questions regarding lump sum payments and*  
6014 *impact on eligibility.)*

6015  
6016 For an SSI recipient, the balance in the account must remain below \$2,000 or the child is at risk  
6017 of losing SSI eligibility. If an SSI recipient’s account exceeds \$2,000, the Social Security  
6018 Administration must be notified for review of continuing eligibility.

6019  
6020 The account custodian is responsible to provide monthly reports on account balances to  
6021 caseworkers and regional eligibility caseworkers to ensure children receive benefits only when  
6022 eligible.

6023  
6024 **7. Foster Child Placement or Living Arrangement and Payee Accounts**

- 6025 A. Kinship/Caregiver.
- 6026 When a foster child receiving unearned income is placed with a non-custodial parent,  
6027 unlicensed relative, or friend not eligible for a foster care payment (hereinafter  
6028 “caregiver”), DCFS will assess whether a Kinship Caregiver Maintenance  
6029 Reimbursement will be issued to the caregiver from the child’s trust account. This  
6030 reimbursement is to be used for the maintenance and basic needs of the child (such as  
6031 housing, utilities, food, supervision, and personal incidentals).
- 6032 1. The caregiver will complete the “Division of DCFS Kinship Caregiver  
6033 Maintenance Reimbursement Agreement” form at the time the child is placed  
6034 with them. Each caregiver placement will require a newly completed and signed  
6035 form.
  - 6036 2. The caseworker will give the signed form to their regional Representative Payee  
6037 to maintain in the child’s trust account file.
  - 6038 3. DCFS Representative Payee will issue the kinship caregiver maintenance  
6039 reimbursement to the caregiver from the available funds in the child’s trust  
6040 account, minus the \$35 personal needs allowance, up to a maximum of the basic  
6041 daily foster care rate. The rate paid to the caregiver will be based on the child’s  
6042 age and the number of days in the caregiver’s home.
  - 6043 4. The maintenance reimbursement must be requested and approved each month by  
6044 the DCFS caseworker in the SAFE web system.
  - 6045 5. The DCFS Representative Payee will pay the kinship caregiver maintenance  
6046 reimbursement as a Personal Needs Fund Request from the SAFE web system.
  - 6047 6. The Representative Payee will not require receipts for this reimbursement.

6048  
6049 [Refer to: Kinship Practice Guidelines [Section 502.12.A.3](#) for caseworker practice  
6050 guidelines.]

- 6051  
6052 B. Services through Division of Services for People with Disabilities (DSPD) Providers.  
6053 When a foster child receiving unearned income is placed with a DSPD provider, DCFS  
6054 will remain the representative payee as long and the child remains in DCFS custody  
6055 (even though normal DSPD practice is to have the provider become the representative  
6056 payee).  
6057  
6058 In circumstances in which DSPD is paying for the treatment portion of the placement  
6059 through Medicaid, such as under a Medicaid waiver, DCFS must pay for food, housing,  
6060 and special needs costs to the DSPD provider through a maintenance payment contract  
6061 using a designated, unique placement and service code. The caseworker will then  
6062 authorize DCFS to be reimbursed for cost of care payments from the child's account on a  
6063 monthly basis.  
6064  
6065 If the primary caseworker is a DSPD employee, that caseworker may request special  
6066 needs funds on behalf of the child following DCFS procedures. The regional account  
6067 custodian will not issue a check for unallowable expenses or to inappropriate payees if  
6068 requested by the DSPD caseworker.  
6069  
6070 C. Trial Home Placement. When a foster child receiving unearned income is placed at home  
6071 on a trial home placement, DCFS will remain the representative payee as long and the  
6072 child remains in DCFS custody. As part of the transition plan home, the Child and  
6073 Family Team should determine the amount of the child's unearned income to be provided  
6074 to the parent for the child's current maintenance while in the trial home placement. Each  
6075 time funds are provided from the child's account, the parent is required to report to DCFS  
6076 how funds were used so that expenditures may be reported to the Social Security  
6077 Administration, when required. The parent may apply to become representative payee  
6078 after the court has returned custody to them.  
6079  
6080 D. Runaway. When a foster child receiving unearned income runs away, no cost of care  
6081 payment will be made to DCFS or provider from the child's account. The caseworker is  
6082 responsible to notify the Social Security Administration that the child's whereabouts are  
6083 unknown, after a reasonable period of time, so that any necessary action to defer  
6084 payments may be made.  
6085  
6086 E. Independent Living/Transition to Adult Living. A foster child preparing for the transition  
6087 to adult living should be made aware of unearned income being received on the child's  
6088 behalf and included in decisions about use of funds (in excess of cost of care) when  
6089 deemed appropriate by the Child and Family Team as part of mentoring for successful  
6090 adult living. In addition, the child's transition plan should include plans for use of the  
6091 funding to help prepare for moving to an independent living setting or consulting with the  
6092 funding agency regarding how to transition any balance in the account to the youth after  
6093 custody is terminated. When approved by regional administration, a portion of the  
6094 benefits for a youth age 17 or older may be saved to help with the transition to adulthood;  
6095 however, the representative payee account must be maintained at a level that enables the  
6096 child to continue to receive Medicaid and SSI benefits.

6097  
6098 For an older blind or disabled child receiving SSI, a disability review will be conducted  
6099 by the Social Security Administration to determine eligibility to continue receiving funds  
6100 after age 18. The transition to adult living plan should include plans for the child to  
6101 become recipient of the funds after age 18 or transfer to an appropriate representative  
6102 payee after leaving DCFS custody if funding will continue.

6103  
6104 For a child receiving SSD benefits, funding may continue after age 18 if the child is a  
6105 full-time student.

6106  
6107 When a child in custody reaches age 18, the Social Security Administration will begin  
6108 sending the benefit checks directly to the youth. If DCFS believes it is in the youth's best  
6109 interest for DCFS to continue as representative payee, justification will need to be  
6110 provided to the Social Security Administration. Otherwise, the caseworker and Child and  
6111 Family Team should work with the youth to appropriately plan for the use of the funds to  
6112 help prepare for the transition to adulthood.

6113  
6114 *(Note: Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be*  
6115 *managed through a representative payee account. Youth should be selected to receive*  
6116 *ILP payments only when they are ready to learn to maintain their own checking or*  
6117 *savings account, with the support of the caseworker, foster parent, or other appropriate*  
6118 *mentor, in preparation for successful adult living.)*

6119  
6120 F. Adoption. When a foster child receiving unearned income is placed for adoption, DCFS  
6121 will remain the representative payee as long as the child remains in DCFS custody. As  
6122 part of the transition plan, the child's unearned income (remaining after any monthly cost  
6123 of care payment) may be provided for the child's needs in the pre-adoptive home. Each  
6124 time funds are provided from the child's account, the adoptive parent is required to report  
6125 to DCFS how funds were used so that expenditures may be reported to the Social  
6126 Security Administration, when required.

6127  
6128 The funding agency must be notified of the adoption. If funding will continue after the  
6129 adoption, the child's unearned income is also considered when assessing need and  
6130 determining the amount for a monthly subsidy.

6131  
6132 When custody is terminated, representative payee account closure procedures will be  
6133 followed. Any funds remaining in the child's account at case closure will be returned to  
6134 the funding agency and not sent to the adoptive parents.

6135  
6136 The adoptive parent may apply to become representative payee after the adoption has  
6137 been finalized.

6138  
6139 *(Note: A child who is receiving SSD benefits will generally continue to receive those*  
6140 *benefits after the adoption is finalized until age 18. Funding may extend beyond age 18 if*  
6141 *the child is a full-time student. SSI benefits are based upon the child's disability and*  
6142 *also the income and assets of the child's family. In most cases, SSI benefits will be*

6143 *discontinued after the adoption is finalized because the adoptive family's income and*  
6144 *assets will be too high.)*

6145

6146 G. Guardianship. When DCFS is requesting the court to grant custody of a foster child  
6147 receiving unearned income to a guardian, DCFS will remain the representative payee  
6148 until custody is terminated. The funding agency must be notified of the termination of  
6149 foster care.

6150

6151 If the unearned income will continue after custody is given to a guardian, the child's  
6152 unearned income must also be considered when assessing the appropriateness and  
6153 amount of a guardianship subsidy. In many cases, the availability of unearned income  
6154 may make a guardianship subsidy unnecessary or inappropriate.

6155

6156 *(Note: A child who is receiving SSD benefits will generally continue to receive those*  
6157 *benefits while in a guardianship placement until age 18. Funding may extend beyond*  
6158 *age 18 if the child is a full-time student. SSI benefits will generally be reduced by the*  
6159 *amount of a guardianship subsidy provided for the child, because the guardianship*  
6160 *payment is considered income for the child. This may result in loss of the SSI funding,*  
6161 *which could have been available to the child into adulthood; therefore, a guardianship*  
6162 *subsidy is generally not recommended for a child receiving SSI.)*

6163

6164 Representative payee account closure procedures will be followed when DCFS custody  
6165 has been terminated. Any funds remaining in the child's account will be returned to the  
6166 funding agency and not sent to the guardian.

6167

6168 The guardian may apply to become representative payee after custody has been obtained.

6169

## 6170 **8. Record-keeping and Reporting**

6171 A. Representative Payee Account Record. The regional account custodian must keep a  
6172 record of all actions taken with the representative payee account, including income  
6173 received, authorization for payments, checks issued, cost of care monthly records,  
6174 correspondence, reports, internal audits, and monthly and final account reconciliation.

6175

6176 B. Reporting Use of Funds to Funding Agency. The representative payee is responsible to  
6177 provide expenditure reports to the responsible funding agency, as required by the funding  
6178 agency.

6179

6180 For funds received from the Social Security Administration, an annual report must be  
6181 submitted when requested. DCFS will report funds received and expenditures as  
6182 requested by the Social Security Administration, traditionally in the following three  
6183 categories:

6184 (1) Food and housing.

6185 (2) Needs. Clothing, education, medical/dental not covered by Medicaid, personal  
6186 items, recreation, and miscellaneous

6187 (3) Savings.

6188



6189 If the caseworker authorizes payment from the account for the child’s current  
6190 maintenance needs directly to a foster parent, or parent or guardian during a trial home  
6191 placement, documentation must be obtained from the recipient detailing use of the funds  
6192 for inclusion in the report to the Social Security Administration.  
6193

6194 C. Reporting of Events or Changes in Circumstances to Funding Agency. The caseworker is  
6195 responsible to ensure that the funding agency is notified of any events or changes in  
6196 circumstances that may affect the child’s receipt of funding or Child and Family Service’  
6197 ability to continue as representative payee, according to reporting requirements provided  
6198 by the funding agency. Notification may be made by telephone, mail, or in person, as  
6199 allowed by the funding agency.  
6200

6201 Examples of events or changes in circumstances that may need to be reported include:

- 6202 (1) Child leaves DCFS or DHHS custody.
- 6203 (2) Change of address of representative payee (including transfer to another region).
- 6204 (3) Change of address of the child, when required by funding agency.
- 6205 (4) Death of a foster child.
- 6206 (5) School attendance changes, if age 18 or over and entitled to child’s benefits as a  
6207 full-time student.
- 6208 (6) Child is confined to a public institution by court order in connection with a crime.
- 6209 (7) Child is confined to jail, prison, penal institution, or correctional facility for  
6210 conviction of a crime or is in violation of a condition of probation or parole.
- 6211 (8) A disabled child’s medical condition improves.
- 6212 (9) A disabled child starts working.
- 6213 (10) A blind child’s vision improves.
- 6214 (11) Child is discharged from or enters a hospital, skilled nursing facility, nursing  
6215 home, intermediate care facility, or other institution.
- 6216 (12) The income or assets of an SSI recipient changes.
- 6217 (13) The representative payee account level of an SSI recipient is above \$2,000 after  
6218 all expenses have been paid at the end of a month.  
6219

6220 D. Record Retention. The representative payee account records are part of the child’s  
6221 permanent record. After the account has been closed, representative payee account  
6222 records are placed in the child’s family file under the SSI tab and will be archived with  
6223 the full case record in accordance with the foster child file retention schedule. The  
6224 electronic account record will be maintained in accordance with DHHS fiscal  
6225 requirements.  
6226

## 6227 **9. Account Transfer and Closure**

6228 A. Cross-Region Placement. If a foster child receiving unearned income is placed in another  
6229 region, but jurisdiction remains with the original region, no change is made in the  
6230 representative payee process. However, if jurisdiction is transferred, the representative  
6231 payee responsibilities are also transferred. (*Note: DHHS continues as payee, but the*  
6232 *payment address changes.*)  
6233

6234 The new region caseworker is responsible to submit a representative payee change of



6235 address form to the Social Security Administration or other funding agency. The account  
6236 will be closed in the originating region in accordance with DHHS account closure  
6237 procedures, and any remaining funds sent by check to the new region. The entire  
6238 representative payee account record will also be sent to the new region along with the  
6239 family file.

6240  
6241 B. Transfer of Custody to Division of Juvenile Justice Services. If the court transfers  
6242 custody of a child between DCFS and the Division of Juvenile Justice Services (JJS),  
6243 DCFS will treat the representative payee case as with any other foster care case. If the  
6244 child is leaving DCFS care, any funds remaining in the account when the case is closed  
6245 will be returned to the applicable funding agency. The original account records will be  
6246 filed under the SSI tab in the family file. JJS will be responsible to apply for  
6247 representative payee status.

6248  
6249 If the court transfers custody from JJS to DCFS, treat the case the same as any other new  
6250 foster care case.

6251  
6252 C. Transfer of Benefits to Parent or Guardian. DCFS will remain the representative payee  
6253 as long as the child remains in DCFS custody. Except as described in Section 7.B., Trial  
6254 Home Placement, funds in the child's account will not be transferred to the parent or  
6255 guardian. The parent or guardian must apply directly to the Social Security  
6256 Administration to become representative payee after DCFS custody is terminated.

6257  
6258 D. Death of Foster Child. If a child receiving SSD or SSI benefits dies while in DCFS  
6259 custody, any remaining funds in the child's account belong to his or her estate. After any  
6260 outstanding cost of care payments have been made, the remaining funds should be given  
6261 to the legal representative of the estate or otherwise handled according to state law.  
6262 (Probate court or an attorney may provide guidance about provisions of state law.) Funds  
6263 from the child's account are not returned to the Social Security Administration.

6264  
6265 When a person who receives Social Security dies, no check is payable for the month of  
6266 death, even if he or she dies on the last day of the month. Return any check received for  
6267 the month of death or later to Social Security.

6268  
6269 An SSI check is payable for the month of death. Return any SSI checks that come after  
6270 the month of death to the Social Security Administration.

6271  
6272 If a child receiving other types of unearned income dies while in DCFS custody, contact  
6273 the funding agency for guidance about use of any remaining funds in the child's account.

6274  
6275 E. Representative Payee Account Closure Process. The caseworker is responsible to notify  
6276 the regional account custodian in advance when custody termination is being requested  
6277 from the court for a foster child. A copy of the court order terminating custody must be  
6278 provided to the account custodian. (If the court is transferring custody of the child to JJS,  
6279 follow procedures described in Section 9.B.)

6280  
6281 Outstanding cost of care payments should be processed as soon as possible following cost  
6282 of care procedures. The account must then be audited and reconciled according to DHHS  
6283 procedures.

6284  
6285 If the child’s unearned income is SSD or SSI benefits, the Social Security Administration  
6286 must be notified that the child is no longer in DHHS/DCFS custody. Any remaining  
6287 funds in the child’s account must be returned to the Social Security Administration. The  
6288 remaining funds may not be sent to a parent or guardian to whom custody has been  
6289 granted by the courts.

6290  
6291 If the child is age 18 years or older, per SSA regulations [GN00603.055](#), the conserved  
6292 funds may be paid directly to the child to facilitate transition into adult life. DCFS will  
6293 require the child to show picture verification and sign a receipt when claiming the check  
6294 from the agency.

6295  
6296 If the child is mentally incapable then the funds must be returned to the Social Security  
6297 Administration. A child’s incapacity will be determined by the Child and Family Team  
6298 with appropriate documentation and/or knowledge.

6299  
6300 If the child is receiving other types of unearned income, contact the funding agency for  
6301 guidance for returning remaining funds in the child’s account.

6302  
6303 After the representative payee account is closed and the final audit is completed, account  
6304 records must be filed in the child’s family file under the SSI tab.  
6305

### 6306 **303.17 Permanency Round Table (PRT) Process**

6307 Major objectives:

6308 A Permanency Round Table or PRT is a tool to work out-of-home care cases that are “stuck” in  
6309 regards to the achievement of enduring safety and permanency. These children have a greater  
6310 likelihood of emancipating from the system and not achieving legal permanency or permanent  
6311 connections.  
6312

6313 Preferred permanency outcomes for children are Reunification, Adoption, Guardianship Relative,  
6314 or Guardianship Non-Relative. Emancipation is the least preferred outcome but in the event that  
6315 it becomes inevitable, youth aging out of care should have an array of informal permanent  
6316 connections, healthy relationships, and access to formal resources.  
6317

6318  
6319 Practice Guidelines

- 6320 A. Selecting cases for PRT: Cases involving children who are likely to remain in out-of-  
6321 home care until the age of majority should be considered for a PRT. Characteristics of  
6322 cases that could be prioritized for PRTs might include cases open of longer duration,  
6323 cases with primary and concurrent goals of Independent Permanency, and cases with  
6324 older youth.

- 6325  
6326 B. Training: All participants in a PRT must complete both Permanency Values training and  
6327 Permanency Skills training.  
6328
- 6329 C. PRT documents to be used in the PRT process:  
6330 1. Case Summary Sheet.  
6331 2. Oral case presentation.  
6332 3. Action Plan, which concludes at 90 days.  
6333 4. Picture of youth.  
6334 5. Genogram (optional).  
6335 6. Timeline (optional).  
6336
- 6337 D. PRT participants and definition of roles: Limiting participation is intended to engender  
6338 an environment of openness without reprisal (applicable exceptions are allowed under the  
6339 role of Other).  
6340 1. Caseworker: The caseworker assigned to the case. The caseworker is responsible  
6341 to be prepared with the oral case presentation and answer questions from the  
6342 group.  
6343 2. Supervisor: The supervisor of the caseworker attends the PRT and may also be  
6344 asked to provide case history and information.  
6345 3. Master practitioner: The master practitioner is an expert in permanency work  
6346 and/or an expert in navigating unique challenges that may exist in specific types  
6347 of cases. There can be more than one master practitioner involved in a PRT.  
6348 4. Neutral facilitator: A person outside of the administrative chain of command for  
6349 the case selected for a PRT. The facilitator will not lead the discussion in a  
6350 particular direction but will take an active role in establishing an environment that  
6351 stimulates and promotes the free exchange of ideas. The facilitator is responsible  
6352 to make sure that all parties are focused on looking for solutions rather than  
6353 getting caught up in the past. The facilitator is also responsible for keeping the  
6354 PRT team on schedule, following the structure of the PRT process, and ensuring  
6355 that an Action Plan is developed. The facilitator may enlist another member of  
6356 the PRT team to be a time keeper.  
6357 5. External permanency consultant: A person who is outside of the administrative  
6358 chain of command for the case selected. It is preferred that the consultant be  
6359 outside of the region where the case management is conducted. The consultant is  
6360 primarily responsible to provide suggestions during brainstorming and action  
6361 planning.  
6362 6. Scribe: The scribe manages all the record keeping for the PRT process, which  
6363 includes completing the PRT Action Plan documents.  
6364 7. Others: On rare occasions, the situation may require a specialist from outside of  
6365 the agency to provide specific knowledge, skills, and expertise, which will assist  
6366 the work of permanency. In these situations, the participant should have  
6367 completed the Values training. Others may also be DCFS staff not otherwise  
6368 designated in any of the other PRT roles.  
6369
- 6370 E. PRT process:

- 6371  
6372  
6373  
6374  
6375  
6376  
6377  
6378  
6379  
6380  
6381  
6382  
6383  
6384  
6385  
6386  
6387  
6388  
6389  
6390  
6391  
6392  
6393  
6394  
6395  
6396  
6397  
6398  
6399
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 measureable 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.
- F. Accessing Casey Grant dollars for barrier busting: Casey Family Programs has provided money to assist caseworkers in overcoming barriers to achieving permanency.
1. All approved requests must comply with rules for procurement.
  2. Requests for money for services and resources should be accompanied by a request form (TBD).
  3. All requests must include a rationale for how this will promote legal permanency or permanent connections for the youth.
  4. All requests exceeding \$500 (excluding travel, lodging, or per diem) must be screened by the Program and Practice Improvement Team (PPIT).

6400 **304 Services To Family**

6401 Major objectives:

6402 DCFS provides services to parents or guardians to facilitate the child’s return home or placement  
6403 with a permanent family. These services will be designed to maintain and enhance parental  
6404 functioning, care, and familial connections.  
6405

6406  
6407 **304.1 Initial Contact With Parents**

6408 Major objectives:

6409 During the initial contact with the parents, the out-of-home caseworker will explain the process of  
6410 working with the parent while the child is in out-of-home care. This includes explaining the  
6411 parent’s residual rights, the rights of ~~visitation or~~ family-time with the child, the Child and  
6412 Family Team, the functional assessment, the Child and Family Plan, the transition plan,  
6413 concurrent goals, long-term view, and non-negotiables. The out-of-home caseworker will also  
6414 explain to the parents the role of the agency, the caseworker, the out-of-home caregiver, the team,  
6415 and the court process.  
6416

6417 **Applicable Law**

6418 Utah Code Ann. [§80-2-301](#). Division responsibilities.

6420 Practice Guidelines

6421 The caseworker will contact the parents within five working days of receiving the case.

6422 While the child is in DCFS custody, beginning when the child first comes into care, information  
6423 will be provided to the child’s parents, which includes:

- 6424
- 6425
- 6426 A. Orientation to the out-of-home service and the child’s need for a permanent, stable home.
- 6427
- 6428 B. The importance of parental involvement and contact with the child and DCFS.
- 6429
- 6430 C. Expectations and time lines associated with participation or non-participation in service.
- 6431
- 6432 D. Parental rights and responsibilities while the child is in care, including financial support.
- 6433

6434 When applying the above major objectives and Practice Guidelines, the following definitions  
6435 should be kept in mind:  
6436

6437 **Child and Family Team Meeting:** A Child and Family Team Meeting is a gathering of family  
6438 members, friends, community specialists, agency staff, and other interested people who join  
6439 together to strengthen a family and protect its children.

6440  
6441 **Teaming:** The process of developing, having, and maintaining a Child and Family Team with  
6442 families, resource systems, and agencies to assist families in solving their problems and  
6443 addressing their challenges through a strengths-based program.  
6444

6445 **Functional Assessment:** The definition taken from the Qualitative Review Protocol is: Assess  
6446 current, obvious, and substantial strengths and needs of the child and family that are identified  
6447 through existing assessments, both formal and informal. This collection of information should  
6448 form a big picture understanding of the child and family and how to provide effective services  
6449 for them. A functional assessment also identifies critical underlying issues that must be resolved  
6450 for the child to live safely with his/her family independent of agency supervision or to obtain an  
6451 independent and enduring home.

6452  
6453 **Permanency Plan:** A permanency plan is a written guide to obtaining specific outcomes and  
6454 objectives for a child and family. A permanency plan assembles supports, services, and  
6455 interventions into a holistic and coherent service process that provides a mix of elements  
6456 uniquely matched to the child and family situation and preferences. The Permanency Plan will  
6457 reflect the rebuttable presumption that placement of a child with the child's relative during a  
6458 child welfare proceeding is in the best interest of the child.

6459  
6460 **Transition Plan:** A transition plan documents the process to achieve the Child and Family  
6461 Plan's long-term view, anticipate transitions, and consider the necessary steps to achieve  
6462 successful change. Transitions are internal processes that a family experiences and must manage  
6463 in order to be successful as they move through the process of change. Examples of typical  
6464 transitions include: removal, change in placement, change in school, change in caseworker,  
6465 change in therapist, reunification, case closure, graduation, independent living, agency transfers,  
6466 loss of family, and adoption.

6467  
6468 **Concurrent Permanency Goal:** Utah statute requires a concurrent permanency goal for the  
6469 child, and the reason for selecting that goal in every "treatment plan" when the child enters the  
6470 temporary custody of DCFS. [See: Utah Code Ann. [§80-3-406](#).]

6471  
6472 **Long-Term View:** Long-term view is looking at the current situation and seeing how it will  
6473 affect the whole picture now and in the future. It includes considering how the current picture  
6474 needs to be changed or altered to achieve the future circumstances that are needed or desired.

6475  
6476 **Non-negotiables:** Those issues dealing with the child's safety and well-being, orders from the  
6477 court or statutes that prescribe specific actions by DCFS.

## 6478 6479 **304.2 Child And Family Contact**

### 6480 Major objectives:

6481 DCFS will make efforts to engage parents in continuing contacts with their child, whether  
6482 through **visitation** family-time, phone, or written correspondence. This will include efforts to  
6483 engage the parents in appropriate parenting tasks such as attending school meetings, etc. DCFS  
6484 staff will recognize child and family contact as a right for both the parent and the child.

### 6486 **Applicable Law**

6487 Utah Code Ann. [§80-2-301](#). Division responsibilities.

6489



6490 Practice Guidelines

- 6491 A. Refer to [Section 303.1](#), **[Visitation]Family-Time** With Familial Connections.
- 6492
- 6493 B. Exceptions to contact are limited to:
- 6494 1. When contraindicated by the law, court finding, the child’s safety, or the child’s
- 6495 best interests.
- 6496 2. When parental rights are terminated.
- 6497 3. When the biological parent’s declining health precludes such efforts in the case of
- 6498 a terminally ill, unresponsive parent. However, engagement of the parents is to
- 6499 occur whenever possible and may still occur in some cases where the parents are
- 6500 in declining health or when rights have been terminated.
- 6501

6502 **304.3 Ongoing Contact Between Parents And Caseworker**

6503

6504 (This section has been replaced with [Section 302.2](#).)

6505

6506 **304.4 Wrap-Around Services**

6507 Major objectives:

6508 Wrap-around services will be provided to the child and family and will be crafted by the Child

6509 and Family Team based on the assessed needs and resources.

6510

6511

6512 **Applicable Law**

6513 Utah Code Ann. [§80-2-301](#). Division responsibilities.

6514

6515 Practice Guidelines

6516 The Child and Family Team will explore with the family different levels of support such as

6517 informal, formal, and use of flexible funding to craft and meet the needs of the family. Examples

6518 of wrap-around services are:

6519

- 6520 A. Peer parenting. [See: [Section 309](#), Peer Parenting Services.]
- 6521
- 6522 B. Child care.
- 6523
- 6524 C. Home health aide services.
- 6525
- 6526 D. Parenting education.
- 6527
- 6528 E. Respite care.
- 6529
- 6530 F. Transportation services for **[visitation]family-time**.
- 6531
- 6532 G. Vocational or educational assistance.
- 6533
- 6534 H. Mental health and/or substance abuse assessment and treatment.

6535  
6536 I. Housing referral and assistance.  
6537

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

6539 Major objectives:

6540 To encourage parental responsibility and involvement, families are expected contribute  
6541 financially to the support of their children while in out-of-home care as required by state and  
6542 federal law [USC 671(a)(17)].  
6543

6544  
6545 **Applicable Law**

6546 Utah Code Ann. [§78A-6-356](#). Child support obligation when custody of a minor is vested in an  
6547 individual or institution.

6548  
6549 Practice Guidelines

- 6550 A. Utah law mandates that all parents are responsible for the support of their minor children.  
6551  
6552 B. The parent or guardian is to meet with the Office of Recovery Services within 10 days of  
6553 the shelter hearing to begin the process of providing financial support while their child is  
6554 in out-of-home care.  
6555  
6556 C. The caseworker should verify that this occurs.  
6557  
6558 D. In cases where the court has permanently terminated the parent’s rights to their children,  
6559 the parents have no obligation to pay child support.  
6560

### 304.6 Good Cause Deferral/Waiver Process

6561  
6562 Major objectives:

6563 In situations in which the present family has been encumbered by an unpreventable loss of  
6564 income or extraordinary and necessary expenses not considered at the time the order of child  
6565 support was established, the caseworker may join with the family to request the Office of  
6566 Recovery Services to postpone or waive collection of current or past-due child support.  
6567

6568  
6569 **Applicable Law**

6570 Utah Code Ann. [§26B-9-304](#). Office procedures for income withholding for orders issued or  
6571 modified on or after October 13, 1990.

6572  
6573 Practice Guidelines

6574 Please refer to the following link to access the form (DHHS Form 602) and instructions through  
6575 the Office of Recovery Services in order to complete this process:  
6576 [http://www.ors.utah.gov/cic\\_goodcause.htm](http://www.ors.utah.gov/cic_goodcause.htm) . The form may also be accessed from the main  
6577 page in SAFE.  
6578

**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. 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 biological 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 ~~visits with~~ 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 ~~parent-child visits~~ family- or sibling-time ~~and/or sibling visits~~ with the schedule negotiated by the Child and Family Team. ~~Visitation~~ Family-time may not be contingent upon the child’s behavior.

- 6622 13. Encourage children to maintain and develop positive relationships and  
6623 connections with parents as determined by the permanency goal and help prepare  
6624 children for their court-ordered permanency goal.
- 6625 14. Keep informed of all pertinent information regarding the child's current medical  
6626 or dental status, mental health, educational progress, and social skills, and observe  
6627 and document information regarding the child's behavior, problems, feelings, and  
6628 adjustment in the foster home. All information will be kept in the Home-to-Home  
6629 Binder.
- 6630 15. Keep records of dates of placement, billings, payments, any receipts for items and  
6631 services purchased for the child, and other financial matters.
- 6632 16. Maintain and keep current the Home-to-Home Book and take medical records  
6633 from the book for medical appointments to assure continuity of health care.
- 6634 17. In conjunction with the caseworker and health care team, see that medical  
6635 treatment is properly provided, accompany the child to all medical examinations,  
6636 encourage the child's parent to attend health care visits, consult with health care  
6637 providers, and ensure that health care, treatment, and follow-up care are provided  
6638 according to the schedule recommended by the child's health care providers.
- 6639 18. Secure, administer, and maintain medications for the child. Ensure medication is  
6640 properly disposed.
- 6641 19. Document the use of medication including when it is administered and by whom,  
6642 missed doses, and appointments related to medication management, including  
6643 missed or cancelled visits, in the Home-to-Home Book. Ensure medication  
6644 information is provided to a new caregiver or the parent if the child is returning  
6645 home.
- 6646 20. Keep prescribed and over-the-counter medication locked and properly labeled  
6647 (name of person, dosage, name of medication, physician, expiration date, and  
6648 prescription number).
- 6649 21. Document the effects of medications and share with the child's doctor and family  
6650 team.
- 6651 22. Follow universal precautions when dealing with blood, urine, saliva, and feces  
6652 and follow written instructions for the disposal of medication, syringes, or  
6653 medical waste.
- 6654 23. Be involved in the planning and monitoring of the child's mental health treatment.
- 6655 24. Be responsible for monitoring and assisting in children's educational process  
6656 including helping with homework, attending parent/teacher conferences,  
6657 participating in the development of Individual Education Plans (IEPs), and alert  
6658 the caseworker to any unmet educational needs.
- 6659 25. Give input, attend and participate in the Child and Family Team, reviews and  
6660 other important meetings; *or* provide written comments prior to the review date or  
6661 participate by telephone if unable to attend reviews or meetings.
- 6662 26. Provide transportation to school and related activities, medical and dental  
6663 appointments, mental health therapy, **visitations** family-time, court hearings,  
6664 reviews, religious activities, and other routine personal or family activities as  
6665 negotiated by the Child and Family Team.
- 6666 27. Use clothing allowance and monthly out-of-home payments as allocated for new  
6667 and gently used clothing or new diapers. It is acceptable for an out-of-home

- 6668 caregiver to sew the child's clothing if there is no charge for the labor. A child's  
6669 wardrobe may be supplemented with previously worn clothing if in good repair  
6670 and it is purchased through a used clothing store and a receipt is provided.
- 6671 28. Be an advocate for children in their care.
- 6672 29. Alert the caseworker of any special or unmet needs of the child.
- 6673 30. Report any significant change in the child or parent's circumstances, or of any  
6674 serious or repeated behavioral problems of the child.
- 6675 31. Immediately report any accidents, injuries, criminal and delinquent activities, or  
6676 other emergency situations.
- 6677 32. Report substantial changes in the home composition to the caseworker and OL.
- 6678 33. Actively seek in-service training opportunities that promote the development of  
6679 parenting skills and keep a record of in-service training attended.
- 6680
- 6681 B. Out-of-Home Caregiver Training Requirements.
- 6682 1. An out-of-home caregiver will successfully complete:
- 6683 a. An initial consultation to orient out-of-home caregivers prior to  
6684 participation in the pre-service training program through the Contractor that  
6685 DCFS utilizes for the Training, Recruitment, and Retention Services of Foster  
6686 Parents.
- 6687 b. For initial licensure, completion of the pre-service training required by  
6688 DCFS for all prospective out-of-home caregivers prior to licensure. Any  
6689 pre-service training hours completed within the previous 24 months of an  
6690 individual seeking licensure may be accepted as long as there is no  
6691 documentation or evidence that there were concerns regarding the caregiver.  
6692 DCFS reserves the right to require any caregiver to re-take part or all of pre-  
6693 service classes if deemed necessary. Special situations:
- 6694 (1) If a prospective caregiver applying for either a Licensed Foster  
6695 Care (LFC) or Licensed Specific Child (LSC) license has  
6696 completed comparable training (with another state or agency), a  
6697 request for an exception to complete the training will be submitted  
6698 in writing by the Resource Family Consultant (RFC) to the foster  
6699 care program administrator or other designated staff at the State  
6700 Office. The foster care program administrator or other designated  
6701 staff will assess the training completed by the prospective  
6702 caregiver and the specific case information (if applicable), and will  
6703 provide a decision in writing to the RFC as to whether or not the  
6704 training can be accepted within 30 working days of receiving the  
6705 request.
- 6706 (2) If a caregiver applying for an LSC license is deemed unable to  
6707 complete the DCFS approved pre-service training within the  
6708 required timeframe of the probationary license, the RFC and the  
6709 potential foster parent will work with the current DCFS Contractor  
6710 for Training, Recruitment, and Retention Services of Foster  
6711 Parents on alternative ways to complete the pre-service training. A  
6712 request for an exception will be submitted in writing by the RFC  
6713 (or KFC) to the foster care program administrator or other

6714 designated staff at the DCFS State Office. The request for training  
6715 exception must include the reason that the caregiver is unable to  
6716 complete the training in the required timeframe; what attempts  
6717 were made, if any, to complete the training; and what the  
6718 alternative plan (including timeframes) is for the caregiver to  
6719 complete the pre-service training. The foster care program  
6720 administrator or other designated staff will assess the information  
6721 and will provide a decision in writing to the RFC as to whether or  
6722 not the alternative plan is accepted within 30 working days of  
6723 receiving the request.

6724 c. Pre-service classes include information about:

- 6725 (1) Orientation and Team Building; DCFS Major objectives and  
6726 Procedure, Licensing Rules, and Medical Requirements for Children  
6727 in Out-of-Home Care; Abuse and Neglect, Child Sexual Abuse;  
6728 Impacts of Abuse on the Child Development; Attachment,  
6729 Separation, Grief, and Loss; Discipline & Effects of Caregiving on  
6730 the Family; Cultural Issues, Primary Families; and Adoption  
6731 Issues;
- 6732 (2) Rights and responsibilities as caregivers and the partnership role  
6733 with DCFS in providing services to the child and family;
- 6734 (3) Responding to the individual needs of children placed in their  
6735 home, including the needs of abused and neglected children and  
6736 the importance of the cultural and ethnic contexts for service;
- 6737 (4) Sensitive and responsive practices to use with the biological  
6738 parents, which address issues such as involving them in decisions  
6739 about their children’s lives, encouraging **visits|family-time**, and  
6740 ways to maintain the parent-child relationship (unless  
6741 contraindicated by the service plan);
- 6742 (5) The use of out-of-home care as a temporary intervention, except  
6743 when planned alternative living arrangements have been clearly  
6744 determined to be the appropriate plan for therapeutic reasons, or  
6745 when adoption or guardianship by the kin or out-of-home  
6746 caregivers has become the plan;
- 6747 (6) Circumstances that terminate the caregiving relationship and  
6748 informs them regarding appeal Practice Guidelines, which gives  
6749 them notice and opportunity to be heard in any review or hearing  
6750 regarding the child;
- 6751 (7) Accessing, via the DCFS eligibility process and staff, government  
6752 payments on behalf of the child, including Medicaid cards, social  
6753 security, and other public assistance; and
- 6754 (8) The organization’s major objectives on compensation for damages  
6755 done by children placed in their care.
- 6756 (9) Other training topics deemed appropriate by DCFS.

6757 d. For ongoing licensure, completion of 16 hours of in-service training hours  
6758 annually prior to re-licensure is required. If there are two caregivers in the  
6759 household, the 16 hours is the total number of in-service training hours



6760 required for both caregivers combined, with neither caregiver having less  
 6761 than four hours. A minimum of four hours of in-service training per  
 6762 caregiver must be completed in a face-to-face or classroom setting.  
 6763 Three hours may be completed through other multimedia sources, as  
 6764 outlined below (pre-recorded online courses, parenting instruction videos,  
 6765 or other publications). The remainder of the hours may be completed in  
 6766 person or via live facilitated interactive online training. The following  
 6767 chart is a guide for acceptable combinations of training hours between two  
 6768 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)

- 6769 (1) In-service training hours may be completed through the current  
 6770 DCFS Contractor for Training, Recruitment, and Retention  
 6771 Services of Foster Parents. If a foster parent repeats any amount of  
 6772 pre-service training, the full amount will count towards the in-  
 6773 service training requirement. Training completed through the  
 6774 Contractor will be entered into the SAFE database by the  
 6775 Contractor. Foster parents should also maintain copies of  
 6776 verification (attendance rolls, certificates, etc.) that they have  
 6777 attended training through the Contractor.
- 6778 (2) Training hours may also be completed through foster parent  
 6779 attendance and participation in any classes or trainings offered to  
 6780 out-of-home caregivers by DCFS.
- 6781 (3) Other in-service training hours may be completed by the out-of-  
 6782 home caregiver through the following process:
- 6783 (a) Community-based trainings and conferences: The DCFS  
 6784 State Office will maintain a list of pre-approved  
 6785 community-based trainings or conferences for in-service  
 6786 training credit. Any other trainings or conferences not on  
 6787 the pre-approved list must be pre-approved by the RFC or  
 6788 other designated DCFS staff in order for the caregiver to  
 6789 receive in-service training hours. Community-based  
 6790 training and conferences must be provided by well  
 6791 renowned institutions or collaborations and/or should be  
 6792 based on evidence-based practices that will increase the  
 6793 knowledge and skills of the caregivers. The  
 6794 training/conference may cover general topics that can be  
 6795 related to parenting children in foster care, or it may be  
 6796 specific to the needs of a particular child being cared for by  
 6797 the caregiver. The caregiver must obtain verification of  
 6798 attendance in order to receive credit for in-service training

- 6799 hours. The caregiver will keep a copy of the verification of  
6800 attendance and will provide a copy to the RFC or other  
6801 designated staff.
- (b) 6802 The RFC will forward the verification of training to the  
6803 designated person with the DCFS Contractor for Training,  
6804 Recruitment, and Retention Services of Foster Parents for  
6805 entry into the SAFE database. The designated person will  
6806 enter completed trainings attended by out-of-home  
6807 caregivers into the SAFE database within 10 business days  
6808 of receiving the training documentation.
- (c) 6809 Training through other multimedia sources, such as on-line  
6810 courses, parenting instructional videos, or other  
6811 publications (such as books): Out-of-home caregivers may  
6812 complete a portion of their in-service training hours  
6813 through pre-approved online courses (including those  
6814 provided through the DCFS Contractor for Training,  
6815 Recruitment, and Retention Services of Foster Parents)  
6816 parenting instructional videos, or other publications. The  
6817 training may be general or it may be specific to the needs of  
6818 a particular child, and should be based on evidence-based  
6819 practices. The DCFS State Office will maintain a list of  
6820 pre-approved sources for in-service training credit through  
6821 these methods. The list of pre-approved resources will also  
6822 outline how many hours of training credit may be received  
6823 from each source.
- (d) 6824 In order for out-of-home caregivers to receive in-service  
6825 training credit from completion of an online course,  
6826 parenting instructional video, or other publications, the  
6827 caregiver must provide a typed summary of the training to  
6828 the RFC or other designated DCFS staff. A standardized  
6829 form can be obtained from the RFC for the summary. The  
6830 summary will include knowledge and skills that the  
6831 caregiver gained from the training and how the caregiver  
6832 will apply the knowledge and skills when parenting  
6833 children in care. If an online course has a post-test  
6834 component that tests the knowledge of the caregiver  
6835 following course completion, the caregiver may provide  
6836 verification of passing the post-test for training credit rather  
6837 than the summary. The RFC or designated staff will  
6838 review the summary or documentation provided by the  
6839 caregiver and determine whether the information meets the  
6840 requirements for in-service training. If it meets the  
6841 requirements for in-service training, the information will be  
6842 forwarded to the designated staff member at the current  
6843 DCFS Contractor for Training, Recruitment, and Retention  
6844 Services of Foster Parents for entry into SAFE.

- 6845  
6846  
6847  
6848  
6849  
6850  
6851  
6852  
6853  
6854  
6855  
6856  
6857  
6858  
6859  
6860  
6861  
6862  
6863  
6864  
6865  
6866  
6867  
6868  
6869  
6870  
6871  
6872  
6873  
6874  
6875  
6876  
6877  
6878  
6879  
6880  
6881  
6882  
6883  
6884  
6885  
6886  
6887  
6888  
6889
- (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 will be 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

- 6890 will help them identify what steps they must take in  
6891 order to obtain re-licensure.
- 6892 (d) If the caregiver informs the RFC or designated staff that  
6893 they will not be pursuing re-licensure, this information will  
6894 be documented in the provider notes in SAFE.
- 6895 e. An affirmation of compliance with Administrative Rule [R512-302](#).  
6896 f. DCFS may identify or require a specific training for all foster parents. DCFS  
6897 may also require a specific training for an individual foster parent to help them  
6898 provide for the needs of a particular child.  
6899
- 6900 C. All other licensing requirements for the home must be met and maintained. Refer to the  
6901 OL Rules, Child Foster Care [R501-12](#). Requirements for licensure may include but are  
6902 not limited to:
- 6903 1. A BCI criminal records check and a check of the state’s child abuse registry for  
6904 all adults, 18 years or older, residing in the home.
- 6905 2. A Resource Family Assessment and/or homestudy will be completed by the OL or  
6906 other approved contractor using the standardized family assessment format. This  
6907 includes references, a medical reference letter completed by a licensed health care  
6908 professional, and a mental health evaluation if needed.  
6909
- 6910 D. Reimbursement for services commensurate with the cost of maintaining the child will be  
6911 provided to the out-of-home caregiver at the rate established by the Utah State  
6912 Legislature, and also based on the needs of the child.  
6913
- 6914 E. Foster Care Agreement:
- 6915 1. The Foster Care Agreement (Form 638A) must be signed annually by each  
6916 licensed out-of-home caregiver. If there are two licensed out-of-home caregivers  
6917 in a home, they may sign on the same form. For kin caregivers, the Foster Care  
6918 Agreement will be signed at the time of licensure and will replace the Kinship  
6919 Caregiver Preliminary Placement Agreement (KBS04).
- 6920 2. The RFC assigned to the foster parent, or other assigned DCFS staff will review  
6921 the Foster Care Agreement and address any concerns with the out-of-home  
6922 caregiver. The RFC will obtain a signed Foster Care Agreement from the  
6923 licensed out-of-home caregiver annually.
- 6924 a. Once signed, the Foster Care Agreement is effective until the end of the  
6925 licensure period or one year from the time of signing the agreement,  
6926 whichever is sooner.
- 6927 b. For newly licensed foster parents, the Foster Care Agreement should be  
6928 obtained within 30 days of receiving the home study, unless the DCFS  
6929 region has made the determination that the home will not be used for  
6930 placements.
- 6931 c. For foster parents who have been licensed more than a year, a signed copy  
6932 of the Foster Care Agreement should be obtained within the 30 days prior  
6933 to expiration of the former Foster Care Agreement. This can be done in  
6934 person, through the mail, or through electronic methods (such as a scanned  
6935 version of the signed agreement sent through email).

- 6936  
6937  
6938  
6939
- d. Copies of the signed Foster Care Agreement will be kept in the Out-of-Home Caregiver's file.
- 6940  
6941  
6942  
6943  
6944  
6945  
6946  
6947  
6948  
6949  
6950  
6951  
6952  
6953  
6954
- 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.
- 6955  
6956  
6957  
6958  
6959  
6960  
6961  
6962  
6963  
6964  
6965  
6966  
6967  
6968  
6969  
6970  
6971  
6972  
6973  
6974  
6975
- 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](mailto:fosterparentclaim@utah.gov).

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

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

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

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

4. The DCFS Child Welfare Manual will be available over the DHHS Internet web page.

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

1. **[Visitation]Family-time:** Mileage will be reimbursed to transport a child in out-of-home care to and from **[visits]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.



- 7020 3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a
- 7021 friend’s house, the school, or to recreational activities.
- 7022 4. If transporting more than one child at the same time, mileage will only be
- 7023 submitted for one child.
- 7024 5. Medical and Other Essential Activities: Reimbursement is also available for
- 7025 mileage to and from caseworker approved essential, extraordinary activities such
- 7026 as school attendance outside of neighborhood boundaries, for youth bus pass, and
- 7027 for agency payments to parents to visit their child in foster care. Mileage will be
- 7028 reimbursed to transport the child to and from medical, dental, and mental health
- 7029 appointments.
- 7030

7031 The out-of-home caregiver will document all reimbursable mileage claims on the

7032 appropriate DCFS form that includes odometer readings, purpose of travel, and

7033 destination.

7034

7035 Mileage claims will be submitted monthly for reimbursement.

7036

### 7037 **305.2 Respite, Child Care, And Incidental Care For Children**

#### 7038 **In Out-Of-Home Care**

7039 Major objectives:

7040 Out-of-home caregivers will have temporary relief from the day-to-day parenting responsibilities

7041 of the child placed in their care to prevent placement disruption and/or burnout. Options for

7042 temporary relief include paid respite, non-paid respite, child care, and incidental care.

7043

7044

7045 **Applicable Law**

7046 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7047

7048 Definitions:

- 7049 A. Incidental Care: Occasional care, not in excess of five hours per week and never
- 7050 including overnight stays. Examples of this would be babysitting for five hours or less
- 7051 per week or transporting the child on behalf of the foster parent for a duration of time
- 7052 totaling less than five hours per week. Incidental care does not have to take place in the
- 7053 out-of-home caregiver’s home
- 7054
- 7055 B. Child care: Ongoing care to the child in the out-of-home caregiver’s home on a
- 7056 continual, regular basis (such as when the out-of-home caregiver is at work), OR care for
- 7057 a child in out-of-home care in excess of five hours a week. Child care does not include
- 7058 overnight stays with the child.
- 7059
- 7060 C. Respite care: Any arrangement that requires the individual caring for the child to stay
- 7061 with the child overnight. It may also be for multiple overnight stays. A person providing
- 7062 respite care in their own home for a child in foster care must be a licensed foster care
- 7063 provider and may not exceed the capacity they are licensed for. However, an unlicensed

7064 person may provide respite care for a child in foster care in the home of the out-of-home  
7065 caregiver, as long as the requirements outlined below are met.

7066

7067 D. Other options for temporary relief:

7068 1. ~~Visitation~~ Family-time with the child’s non-licensed relative in order to maintain  
7069 connections. [See: Kinship Practice Guidelines [Section 502.3a](#) for requirements  
7070 for unsupervised access to a child in care.]

7071 2. In rare instances where the Child and Family Team has explored all other options  
7072 and consulted with the RFC and there is still a need, babysitting outside of the  
7073 licensed foster home over the five hours may occur. The OL will require a  
7074 variance [see: Admin. Rule [R501-12-5\(9\)](#)] and complete the background  
7075 check. DCFS will complete a safety walk-through of the home using the DCFS  
7076 KBS16 Limited Home Inspection checklist.

7077

7078 E. “Short-term relief care provider” means an individual who provides short-term and  
7079 temporary relief care to a foster parent:

- 7080 1. for less than six consecutive nights;
- 7081 2. in the short-term relief care provider's home;
- 7082 3. is an immediate family member or relative, as those terms are defined in Utah  
7083 Code Ann. [§80-3-102](#), of the foster parent;
- 7084 4. is direct access qualified, as that term is defined in Utah Code Ann. §26B-2-120;
- 7085 5. has been approved to provide short-term relief care by DCFS;
- 7086 6. is not reimbursed by DCFS for the temporary relief care provided; and
- 7087 7. is not an immediate family member or relative, as those terms are defined in Utah  
7088 Code Ann. [§80-3-102](#), of the foster child.

7089

7090 F. Emergency Care: Care provided to a child in out-of-home care, when an approved child  
7091 care or respite provider is not available, which enables the out-of-home caregiver to  
7092 respond to an urgent situation. Emergency care can only be provided when there is a  
7093 death, hospitalization, or serious illness of the out-of-home caregiver or anyone in the  
7094 caregiver’s immediate family; or when another child placed in the caregiver’s home has  
7095 attempted or succeeded in seriously harming themselves or others.

7096

## 7097 Practice Guidelines

7098 A. Respite care is used to provide short-term relief for the out-of-home caregiver from the  
7099 responsibilities of caring for a child in foster care. It may include multiple occurrences of  
7100 overnight care. Respite care may be paid or non-paid and may be provided for any child  
7101 who is in the custody of DCFS.

7102 1. For children placed with contracted providers, the contract agency is responsible  
7103 for making arrangements for respite care and to comply with respite care  
7104 requirements outlined in their contract.

7105 2. Prior approval must be obtained from the caseworker or Resource Family  
7106 Consultant (RFC) when an out-of-home caregiver chooses to make arrangements  
7107 for respite care.

7108 3. The respite caregiver must meet the qualifications of a respite provider (outlined  
7109 below) in order to provide respite care for children in care.

- 7110  
7111 B. Respite care may be provided in the following ways:  
7112 1. The temporary placement of a foster child with another licensed out-of-home  
7113 provider that is not the primary out-of-home caregiver for the child. The licensed  
7114 home must be pre-approved by the RFC. A placement made for respite purposes  
7115 is meant to be short term (12 days or less) with the intent that the child will return  
7116 to the current foster home and does not count as a placement change for the child.  
7117 If an out-of-home caregiver requests respite care for a duration of time over 12  
7118 days (such as for a longer vacation or for other extenuating circumstances), the  
7119 request will be staffed with the RFC supervisor or other region designee and, if  
7120 approved, the approval will be documented in the activity logs for the case and  
7121 the provider notes. It must still be the intent that the child will return to the  
7122 current foster home for a respite placement over 12 days to be approved.  
7123 2. Temporary placement of a foster child in a licensed facility, with the intent that  
7124 the child will return to the current foster home.  
7125 3. Overnight care in the home of the out-of-home caregiver by an individual  
7126 certified by DCFS as an In-home Respite caregiver (see requirements in  
7127 paragraph F below).  
7128 4. Temporary care in the home of a state licensed child care provider. The licensed  
7129 daycare provider must be licensed through the DHHS, Child Care Licensing  
7130 Program.  
7131 5. DCFS Paid Respite Care: Respite providers that will be paid by DCFS will be  
7132 opened under the RE code that corresponds with the level of care that the child is  
7133 currently placed at for payment.  
7134 6. If a licensed out-of-home caregiver will be used for respite care but is not  
7135 approved to provide the level of care that the child is placed at, then the case must  
7136 be staffed by the RFC or through another regionally approved process prior to the  
7137 respite occurring, in order to ensure that the provider has the skills necessary to  
7138 care for that child. If approved to provide respite, the staffing and approval must  
7139 be documented in the provider notes in SAFE and the required payment approvals  
7140 (under the corresponding RE codes) will be opened in order to pay the respite  
7141 provider the correct amount. The payment will be made using the One Time  
7142 Payment Form (Form 295).  
7143 7. Respite care not paid by DCFS: Licensed out-of-home providers may make  
7144 arrangements to exchange children with another licensed out-of-home caregiver  
7145 for short periods of time for respite purposes after obtaining approval from the  
7146 RFC or the child's caseworker. An out-of-home caregiver may directly pay for  
7147 those services if they desire.  
7148  
7149 C. Accrual of DCFS Paid Respite Days:  
7150 1. All licensed out-of-home caregivers will receive one paid respite day per calendar  
7151 month for every month they have a child placed in the home. Out-of-home  
7152 caregivers must have at least one foster child/youth in their home for a period of  
7153 15 days during a calendar month to accrue one respite day.  
7154 2. Regardless of the number of children placed in the home, a maximum of 12  
7155 respite days can be accrued by a licensed out-of-home caregiver at any given

- 7156 time. The accrued respite days do not expire and can be used at any time. After  
7157 accrued respite days have been used, the out-of-home caregiver must re-accrue  
7158 respite days through the process described in C.1.
- 7159 3. The RFC will document in the provider notes in SAFE the number of paid respite  
7160 days accrued and used by the out-of-home caregiver a minimum of once every six  
7161 months. The documentation will coincide with the required RFC face-to-face  
7162 home visits and at any other time the RFC deems necessary or appropriate.  
7163
- 7164 D. Extenuating Circumstances for Paid Respite: Though more than 12 days of respite can be  
7165 approved (see B1), the region director or designee must be consulted if the out-of-home  
7166 caregiver requests that more than 12 respite days be paid. The region director or designee  
7167 may approve more than 12 paid respite days in extenuating circumstances. It is up to the  
7168 region to staff these circumstances and ensure that the situation and approval of respite  
7169 are documented in the provider notes.  
7170
- 7171 E. Qualifications of a Respite Caregiver:
- 7172 1. A licensed foster home with openings, or a licensed respite care home/facility.  
7173 The licensed home is limited to the amount of children they are approved to  
7174 provide care for on their foster care license. The total number of children in their  
7175 home, including those they are providing respite for, may not exceed the amount  
7176 of children they are licensed for unless the home is granted a variance. The  
7177 licensed home must also be able to meet the child's needs.
- 7178 2. A state-licensed day care provider. The day care provider must be in compliance  
7179 with the ratios specified on their child care license.
- 7180 3. In-Home Respite provider. A respite caregiver who is qualified by DCFS to  
7181 provide care in the out-of-home caregiver's home. An In-Home Respite provider  
7182 must meet the following requirements:
- 7183 a. Will be at least 18 years of age or older.
- 7184 b. Will be approved by the RFC to provide respite in the home of the out-of-  
7185 home caregiver.
- 7186 c. Will not be on probation, parole, or under indictment for a criminal  
7187 offense and will have not have a history of crimes against children, which  
7188 will be verified by background checks as described below in F.
- 7189 4. A respite provider is subject to the same confidentiality requirements as other  
7190 foster care providers and will keep verbal or written information shared with them  
7191 confidential.
- 7192 5. The out-of-home caregiver will provide the respite caregiver with medical and  
7193 other critical information about the child and specific instructions for the care and  
7194 supervision of the child on a completed Respite Care Fact Sheet (SAFE form PR  
7195 21). If the child is going to be with a respite caregiver for more than one day, the  
7196 out-of-home caregiver will also provide the respite caregiver with a copy of the  
7197 Medicaid card.  
7198
- 7199 F. Process for approving an In-Home Respite provider:
- 7200 1. The individual will complete an In-Home Respite provider packet (available in  
7201 SAFE) which includes the following:

- 7202 a. OL Background screening application: The following background  
7203 screenings are required on an annual basis for all In-Home Respite  
7204 providers before being allowed unsupervised access to the child in foster  
7205 care:
- 7206 (1) Utah Criminal History Bureau of Criminal Identification (BCI): A  
7207 non- fingerprint-based Utah BCI criminal history check.
  - 7208 (2) Child and Adult Abuse and Neglect History Checks through SAFE  
7209 (LIS): SAFE background checks for child and adult abuse and  
7210 neglect must be approved.
  - 7211 (3) Federal Bureau of Investigation (FBI) Fingerprint-Based Criminal  
7212 History must be approved.
  - 7213 (4) Utah Juvenile Criminal History: A name-based check of the respite  
7214 provider’s juvenile criminal history must be approved for the  
7215 respite provider.
- 7216 b. A DHHS Provider Code of Conduct must be read and signed.  
7217 c. An Out-of-home Caregiver Confidentiality Form must be read and signed.  
7218 d. A Safety and Behavioral Intervention Fact Sheet must be read and signed.
- 7219 2. The RFC, out-of-home caregiver, or the prospective In-Home Respite provider  
7220 will provide the respite packet to the licenser assigned to the out-of-home  
7221 caregiver. Copies of the forms must be kept by the RFC. The OL licenser will  
7222 provide the BCI form to the background screening unit within OL to complete the  
7223 background screening.
- 7224 3. Once the licenser indicates that the In-Home Respite provider has an approved  
7225 background screening application, the following must also be completed for each  
7226 child in out-of-home care, prior to the individual providing respite care:
- 7227 a. The RFC will conduct a further check of SAFE to determine if there is any  
7228 history of child abuse or neglect. If information is found in SAFE, the  
7229 RFC must staff the circumstances with a supervisor to determine whether  
7230 the individual may be approved for In-Home Respite care.
  - 7231 b. The out-of-home caregiver will fill out the Respite Care Fact Sheet (PR21)  
7232 and provide it to the In-Home Respite provider. The out-of-home  
7233 caregiver will inform the In-Home Respite provider where the Medicaid  
7234 card for each child is located.
  - 7235 c. When possible and if appropriate, the respite arrangements and all relevant  
7236 issues will be discussed in a Child and Family Team Meeting so that all  
7237 parties are aware of the arrangement.
- 7238
- 7239 G. Requesting Planned Respite:
- 7240 1. To facilitate continuity of care and minimize disruption for the child, whenever  
7241 possible respite care is to be planned in advance using providers known to the  
7242 child and family.
  - 7243 2. Each out-of-home caregiver for DCFS will identify at least two individuals who  
7244 agree to provide respite when needed. The names should include at least one In-  
7245 Home Respite provider. The names of the potential respite providers will be  
7246 provided to the RFC, who will then assist the out-of-home caregiver in the  
7247 process to obtain approval for any In-Home Respite provider. The RFC will



- 7248 document the names of the respite providers in the SAFE provider module notes  
7249 for the out-of-home caregiver.
- 7250 3. The out-of-home caregiver may not place a child in respite care without first  
7251 informing the RFC and the child’s caseworker at least 72 hours in advance and  
7252 receiving approval.
- 7253 4. If the out-of-home caregiver is unable to find a respite provider, they may contact  
7254 the RFC for assistance in finding a respite provider. The out-of-home caregiver  
7255 will request assistance from the RFC at least 72 hours in advance unless an  
7256 emergency situation exists (as described below in L).  
7257
- 7258 H. Responsibilities of Respite Providers:
- 7259 1. The respite provider will ensure that the child attends all necessary appointments  
7260 while in respite care such as school, **[visitation]family-time** with parents, court,  
7261 and medical and mental health appointments.
- 7262 2. The respite provider will inform the primary out-of-home caregiver and the  
7263 caseworker of any issues or concerns relating to the child. If the child has a  
7264 medical or other emergency, the respite provider will contact the out-of-home  
7265 caregiver and the caseworker immediately.
- 7266 3. The respite provider will ensure that they have a copy of and have reviewed the  
7267 Respite Care Fact Sheet.
- 7268 4. The skills of the respite provider will match the needs of the child that is in their  
7269 care, including medical, transportation, and behavioral needs.  
7270
- 7271 I. Responsibilities of DCFS:
- 7272 1. In situations where out-of-home caregivers are unable to identify their own respite  
7273 provider, the RFC will assist in identifying an appropriate respite option upon  
7274 receipt of a written or verbal request.
- 7275 2. The RFC will ensure that the respite caregiver is licensed or meets standards and  
7276 requirements as outlined above.
- 7277 3. It is best practice for the respite caregivers to be introduced to the child prior to  
7278 placing the child in respite. If respite is to take place outside the child’s current  
7279 placement, then the child should be given the opportunity to take a tour of the  
7280 respite home and ask questions prior to the respite experience.
- 7281 4. The RFC will verify that the out-of-home caregiver provides instruction and  
7282 information to the respite caregiver.  
7283
- 7284 J. Responsibilities of the Out-Of-Home Caregiver:
- 7285 1. Obtain approval from the RFC and caseworker to utilize respite and/or inform  
7286 them of the respite plans. The out-of-home caregiver will provide written or  
7287 verbal notification to the RFC at least 72 hours in advance. Notification not  
7288 given at least 72 hours in advance may result in respite not being approved.
- 7289 2. Provide the respite provider with the Respite Care Fact Sheet (PR21), including  
7290 ensuring that the respite provider has emergency contact information for the out-  
7291 of-home caregiver, caseworker, and any other relevant staff.
- 7292 3. Ensure that the caseworker has the contact information for the respite provider  
7293 and emergency contact information for the out-of-home caregiver.



- 7294 4. If utilizing an In-Home Respite provider, ensure that they have an approved BCI  
7295 prior to utilizing them for In-Home Respite.  
7296 5 Provide a copy of the Medicaid card to the respite provider.  
7297
- 7298 K. Each DCFS region is responsible to track the use of respite care and expenditures.  
7299
- 7300 L. Emergency Care:
- 7301 1. At times, it may be necessary for the out-of-home caregiver to utilize emergency  
7302 care for a child placed in their home in order to enable the out-of-home caregiver  
7303 to respond to an urgent situation. In these situations, it is preferable for the  
7304 caregiver to utilize an identified and pre-approved respite or child care provider to  
7305 care for the children; however, it may not always be possible. Emergency care  
7306 may only be used in situations where there is a death, hospitalization, or serious  
7307 illness of the out-of-home caregiver or anyone in the caregiver's immediate  
7308 family; or when another child placed in the caregiver's home has attempted or  
7309 succeeded in seriously harming themselves or others.
- 7310 2. If one of the approved respite or child care providers is not available, emergency  
7311 care can be provided by anyone with whom the out-of-home caregiver feels the  
7312 child would be safe for a short period of time, until the emergency can be  
7313 mediated and/or the caregiver, caseworker, or RFC has the ability to make another  
7314 approved arrangement for the care of the child.
- 7315 3. If an out-of-home caregiver has to utilize emergency care, the caregiver will  
7316 contact the RFC and caseworker to inform them of the situation as soon as  
7317 possible and not longer than 24 hours after the child is placed in emergency care.  
7318 Upon receiving information that the child is in emergency care, the RFC is  
7319 responsible for ensuring that the caseworker is informed. The caseworker and  
7320 RFC will work together to ensure that the child is placed in an approved respite  
7321 placement.
- 7322 4. If the emergency occurs after normal business hours and the out-of-home  
7323 caregiver is not able to contact the RFC or caseworker, the out-of-home caregiver  
7324 will contact the Child Protective Services (CPS) Intake number and inform them  
7325 of where the child is placed. Intake will contact the regional designee when these  
7326 situations arise.
- 7327 5. In emergency situations, it is allowable for the out-of-home caregiver or DCFS to  
7328 place with an out-of-home caregiver that may be over capacity of their license.  
7329 The RFC and/or caseworker will then ensure that the child is placed in another  
7330 allowable and approved respite placement by the end of the next business day.  
7331
- 7332 M. Child Care and Incidental Care:
- 7333 1. DCFS does not pay for child care or incidental care for children in an out-of-home  
7334 placement. Out-of-home caregivers are responsible for the cost of child care or  
7335 incidental care for the children placed in their home.
- 7336 2. In special circumstances and if funding is available, region directors may grant  
7337 approval to pay for child care and/or incidental care, when a written request is  
7338 made by the caseworker or the RFC.

- 7339 3. As with respite care, out-of-home caregivers will provide specific instructions to  
7340 anyone providing incidental care or child care to a child in out-of-home care on  
7341 how to care for the child's specific needs prior to the child care or incidental care  
7342 being utilized. Sharing information regarding the child's needs is particularly  
7343 critical in cases where the foster child is medically fragile, on medication, or  
7344 experiencing behavioral or emotional problems that require special care and  
7345 supervision.
- 7346 4. Incidental care: Out-of-home caregivers are responsible to ensure that children in  
7347 their care are always under proper supervision. The out-of-home caregiver must  
7348 use reasonable and prudent judgement to select individuals to provide incidental  
7349 care for the foster child. Those providing incidental care must be capable of  
7350 providing the care and supervision appropriate to the individual need of each child  
7351 in out-of-home care that they are providing incidental care for.
- 7352 a. It is best practice to ensure that the RFC, the child's caseworker, and the  
7353 Child and Family Team are aware of and approve of incidental care  
7354 arrangements in advance of the care being provided.
- 7355 b. Incidental care provided by a youth under the age of 18 years may be  
7356 approved on a case-by-case basis and should be discussed and approved at  
7357 minimum by the RFC and caseworker and, when possible, the Child and  
7358 Family Team.
- 7359 c. It is best practice for the caseworker or RFC to assess whether an  
7360 individual approved to provide incidental care has the ability and skills to  
7361 care for the needs of the child.
- 7362 5. Child Care:
- 7363 a. Child care providers who are licensed through the DHHS Child Care  
7364 Licensing Program are approved to provide ongoing child care to children  
7365 in out-of-home care. The out-of-home caregiver, caseworker, or RFC  
7366 should verify that the license is current by asking to review a copy of the  
7367 child care provider's license.
- 7368 b. Child care providers who are not licensed through the Department of  
7369 Health and who will be providing child care on a continual, regular basis  
7370 (such as when the foster parent is working) OR care for a child in out-of-  
7371 home care in excess of five hours a week, must have an approved  
7372 background check. When child care is being provided in a location other  
7373 than the licensed out-of-home caregiver's home, a home safety  
7374 walkthrough is required to ensure they can safely care for the child. The  
7375 home safety walkthrough will be completed by the caseworker or RFC  
7376 using the KBS16 Limited Home Inspection form.
- 7377 c. The following requirements will be completed for a potential child care  
7378 provider for a licensed out-of-home caregiver (not licensed through the  
7379 DHHS) by the OL on an annual basis, before the child care provider is  
7380 allowed unsupervised access to the child in out-of-home care:
- 7381 (1) Utah Criminal History BCI: A non-fingerprint-based Utah BCI  
7382 criminal history check.

- 7383 (2) Child and Adult Abuse and Neglect History Checks through
- 7384 SAFE: SAFE background checks for child and adult abuse and
- 7385 neglect must be approved.
- 7386 (3) FBI Fingerprint-Based Criminal History: An FBI fingerprint-
- 7387 based criminal history check must also be approved.
- 7388 (4) Utah Juvenile Criminal History: A name-based check of the respite
- 7389 provider’s juvenile criminal history must be approved for the
- 7390 respite provider.
- 7391 d. Copies of the forms must be kept by the RFC. The OL licenser will
- 7392 provide the BCI form to the background screening unit within the OL to
- 7393 complete the background screening. The RFC will document in the
- 7394 provider notes when a child care provider has been approved.
- 7395

### 305.3 Rights Of Out-Of-Home Caregivers

7397 Major objectives:

7398 As described in Utah Code Ann. [§80-2a-304](#), an out-of-home caregiver has a right to due

7399 process when a decision is made to remove a child from an out-of-home care home if the out-

7400 of-home caregiver disagrees with the decision, except:

- 7401 A. If the child is being returned to the parent or legal guardian.
- 7402 B. The child is removed for immediate placement in an approved adoptive home.
- 7403 C. The child is placed with a relative as defined in Utah Code Ann. [§80-3-302](#) who
- 7404 obtained custody or asserted an interest in the child within the 120-day preference
- 7405 period.
- 7406 D. A Native American child placed in accordance with U.S. Code 25 Chapter 21
- 7407 Subchapter 1915 Placement of Indian Children.
- 7408
- 7409
- 7410
- 7411
- 7412
- 7413

#### Applicable Law

7414 Utah Code Ann. [§80-2a-304](#). Removal of a child from foster family placement -- Procedural due

7415 process.

7416 Administrative Rule [R512-31](#). Foster Parent Due Process.

7417

7418

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

7421 Major objectives:

7422 DCFS and all out-of-home care providers will strive to maintain the confidentiality of the

7423 families and children being served. Information regarding the DHHS clients, including verbal

7424 and written information, as well as images and digital information (such as digital

7425 photographs and video clips, etc.) is confidential and will be safeguarded. This includes

release of information in social networking mediums and other public forums.

7426  
7427  
7428  
7429  
7430  
7431  
7432  
7433  
7434  
7435  
7436  
7437  
7438  
7439  
7440  
7441  
7442  
7443  
7444  
7445  
7446  
7447  
7448  
7449  
7450  
7451  
7452  
7453  
7454  
7455  
7456  
7457  
7458  
7459  
7460  
7461  
7462  
7463  
7464  
7465  
7466  
7467  
7468  
7469  
7470  
7471

## 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 regards 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

7472 may be shared that is case specific or that informs other parties with  
7473 regard to DHHS involvement or the child's treatment issues or history.  
7474

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

7477 Major objectives:

7478 Families are licensed for foster care through the DHHS, Office of Licensing (OL). DCFS  
7479 subsequently receives and reviews the information regarding the family from OL. However, at  
7480 times OL may license a family for foster care that DCFS, through the authority given to DCFS as  
7481 a child placing agency, may decide not to utilize for placement of a child in foster care. DCFS  
7482 will have a process in place for approving or denying a foster family for placement of a child and  
7483 informing a licensed resource family when DCFS makes a decision not to utilize them as a  
7484 placement for children in foster care.  
7485

7486

7487

7488 **Applicable Law**

7489 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
7490

7491 Practice Guidelines

- 7492 A. The identified committee in the region that reviews home studies will review each home  
7493 study provided by OL, and any other detailed information regarding the foster family. As  
7494 a result of the review, the region committee will determine if the foster family is  
7495 approved to receive placements, if the foster family is denied for placements, or if more  
7496 information is needed from the foster family. In cases where the foster family has  
7497 previously had a revoked license and OL has reinstated their license; the committee will  
7498 ensure that all safety issues that resulted in the revoking of their previous license have  
7499 been remedied and no current safety issues remain.  
7500
- 7501 B. Approved families: If the foster family is approved for placement, the committee (or  
7502 region designee) will send a letter to the foster family to let them know that they are  
7503 approved for placement. They will also give them the name of their assigned Resource  
7504 Family Consultant (RFC) and identify the role of the RFC, including a phone number the  
7505 foster family may call. The letter will also inform the foster family that the RFC will be  
7506 contacting them to schedule a time to visit.  
7507
- 7508 C. When DCFS determines through the region committee not to use a foster family who is  
7509 licensed for placement of a child in foster care:
- 7510 1. The RFC will record the Placement Status in the provider record of the foster  
7511 family in SAFE as being "On-Hold – Agency decision".
  - 7512 2. The region committee will provide their concerns in writing to the RFC or other  
7513 designated region staff. The concerns will include any steps a foster family may  
7514 take in order remedy concerns.

- 7515 3. Two designated region staff members will meet with the foster family and review  
7516 the concerns outlined by the region committee, including whether the concerns  
7517 can be resolved.
- 7518 4. The region designees will take clarifying information and/or steps that the foster  
7519 family has taken to remedy concerns back to the region home study committee.
- 7520 5. If the foster family has been able to remedy the concerns to the satisfaction of the  
7521 region committee, the region committee will approve the foster family to receive  
7522 placements and the RFC will document the action taken and the committee  
7523 decision in the Provider notes in SAFE. The RFC will also change the Placement  
7524 status in SAFE to “No restrictions” and follow the process outlined in ‘B’ above.
- 7525 6. If the foster family is unable or unwilling to remedy the concerns, a formal,  
7526 written letter will be sent to the foster family explaining that DCFS will not be  
7527 placing with them. The letter must include language that states that although they  
7528 are licensed to provide foster care in Utah, the region committee has decided that  
7529 significant enough concerns exist that DCFS will not be placing with the family at  
7530 this time.
- 7531 7. If at any time after the letter is sent to the foster family informing them that DCFS  
7532 will not be placing with them, DCFS would like to re-evaluate the foster family  
7533 for the placement of a child in foster care, the information leading to the decision  
7534 to place the foster family “on hold” will be reviewed by the DCFS region director,  
7535 who will make the decision on whether the “on-hold” decision will be overturned.  
7536 Only the DCFS region director may then edit or change the placement status in  
7537 SAFE.
- 7538
- 7539 D. A family that has been denied for placement of a child in foster care in one region will be  
7540 denied in all DCFS regions.
- 7541
- 7542 E. The RFC will include documentation about why the family was denied for placement,  
7543 along with a copy of the denial letter in the Provider module in SAFE in the Provider  
7544 notes.
- 7545
- 7546 F. The RFC may also assess a foster family and decide to limit the types of placement that a  
7547 licensed out-of-home caregiver may receive, such as respite care only or adoption only,  
7548 or to limit the number of children that can be placed with a caregiver. The decision to  
7549 place a limit on a foster family must be staffed and approved with a supervisor. DCFS  
7550 will send a letter to the foster family to inform them that the decision has been made to  
7551 limit the types of placements and/or number of children that the foster family may  
7552 receive. The foster parent may request to meet with the RFC and supervisor to discuss  
7553 the rationale for the limitation. If requested, the RFC and supervisor will meet with the  
7554 foster parent within 14 business days and will assist the foster parent in understanding  
7555 whether any steps can be made to address the concerns that led to the limitation.
- 7556
- 7557 G. A licensed out-of-home caregiver may contact the RFC and request that their home be  
7558 placed “on hold” or “limited” due to family circumstances, because they have recently  
7559 adopted, or due to out-of-home caregiver concerns. The RFC has two weeks from the



- 7560 time the licensed out-of-home caregiver contacts them to record the licensed out-of-home  
7561 caregiver request in SAFE. [See: Administrative Guidelines [Section 080.4.](#)]
- 7562 1. If the Placement Status is “on hold” or “limited” due to a foster family’s own  
7563 request, they may contact the RFC at any time and request that the status be  
7564 changed back to “no restrictions”.
- 7565 2. Within two weeks of the request, the RFC will assess the foster family’s situation  
7566 and make a determination if the change is appropriate. If the RFC determines that  
7567 the foster family may take further placements, they will create a new placement  
7568 status of “no restrictions” in SAFE.
- 7569
- 7570 H. If the foster family is approved for placements without limits, the RFC will ensure that  
7571 the Placement Status for the foster family in SAFE is recorded as “No Restrictions”.
- 7572
- 7573 I. If concerns arise regarding a foster family that has been previously approved by the  
7574 region committee for placement of a child, and the RFC or other DCFS staff determine  
7575 that the concerns may be significant enough to preclude the foster family from receiving  
7576 further placements, the RFC that oversees the home, a supervisor, or other DCFS  
7577 administrator will record the Placement Status in the provider record of the foster family  
7578 in SAFE as being “On-Hold – Agency decision”. The RFC will then staff the concerns  
7579 with the region committee that reviews home studies.
- 7580 1. Caseworkers and/or other DCFS staff that have identified concerns with the foster  
7581 family will be invited by the committee to provide input regarding their concerns  
7582 in person, by phone, or in writing if they desire.
- 7583 2. The region committee will consider the information presented and will determine  
7584 whether the foster family is still approved to receive children into the home for  
7585 placement.
- 7586 3. If the region committee determines that the foster family is not approved, DCFS  
7587 will follow the steps outlined in ‘C’ above.
- 7588 4. If a region places a child in a different region and subsequently identifies  
7589 concerns with the foster family and would like the foster family to be reviewed by  
7590 the region committee, the Associate Region Director (ARD) of that region will  
7591 communicate the concerns about the foster family to the ARD of the region where  
7592 the foster family resides. The ARD where the foster family resides will then  
7593 ensure that the concerns are communicated to the RFC that oversees the foster  
7594 family. The RFC will follow through with the process of having the foster family  
7595 reviewed by the region committee.
- 7596
- 7597 J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to  
7598 a certain type of placement, the RFC or designated region staff must choose the following  
7599 indicator in SAFE on the “Placement Status” indicator that applies:
- 7600 1. For “on hold” the RFC will select 1) Agency Decision, 2) Foster Parent Request,  
7601 or 3) Recently Adopted.
- 7602 2. For “limited”, the RFC will select 1) Respite only, 2) Adoption only, 3) Foster  
7603 only.
- 7604

- 7605 K. The RFC will ensure that an accurate history of the placement status is kept in SAFE, and  
7606 that there is only one active placement status per licensed out-of-home caregiver. If the  
7607 placement status must change, the RFC will add an end date to the current placement  
7608 status and create a new placement status.  
7609

### 305.6 Release Of Home Studies For The Purpose Of Adoption

7611 Major objectives:

7612 At times, DCFS will receive a request from an out-of-home caregiver to provide their home study  
7613 to another agency or state for the purposes of adoption. Home studies that are completed by the  
7614 Office of Licensing (OL) or by DCFS require a significant amount of time and resources to  
7615 complete. These guidelines are to clarify the circumstances under which a home study may be  
7616 released.  
7617

7618  
7619 **Applicable Law**

7620 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
7621

7622 Practice Guidelines

- 7623 A. When a request is received by DCFS staff from an out-of-home caregiver to provide their  
7624 home study, which was completed by DCFS or OL, to an agency for the purpose of  
7625 adoption, the following steps shall be completed:
- 7626 1. The Resource Family Consultant (RFC) will determine whether the family  
7627 requesting the home study release is in good standing by reviewing the placement  
7628 status in SAFE and the provider logs.
    - 7629 a. If the documentation in SAFE regarding the placement status reflects “On-  
7630 Hold – Agency Decision,” the home study shall not be released.
    - 7631 b. If the documentation in SAFE regarding the placement status reflects that  
7632 the home is on-hold for any other reason OR if the placement status  
7633 reflects that the home is limited to “respite only” or “foster only”, the RFC  
7634 will inform the caregiver that the hold or limitation shall be remedied prior  
7635 to the home study being released to another agency.
  - 7636 2. The RFC will remind caregivers of the following statement in the Foster Care  
7637 Agreement, which they are required to sign on an annual basis: “To not utilize  
7638 the home study provided through the OL licensing process for any purpose other  
7639 than to adopt a child from a public child welfare system, unless the DCFS region  
7640 where they reside provides a written exception.”
  - 7641 3. The RFC will discuss with the out-of-home caregiver the purpose of the home  
7642 study release and determine what agency the caregiver wants the home study to  
7643 be sent to.
    - 7644 a. If the caregiver is requesting the home study for the purpose of adopting a  
7645 child from a public child welfare system or for placement of a child in  
7646 their home to whom they are related, DCFS may release the home study to  
7647 the designated agencies (i.e., to adopt children from foster care, whether in  
7648 state or out-of-state, or to have a kin child placed with them).

- 7649                    b.        If the caregiver is requesting the home study for the purposes of a private  
7650                    adoption, the RFC will staff the request with their supervisor and/or other  
7651                    region designee to determine if the family has made good faith efforts to  
7652                    be a resource for placement of children in foster care, for a minimum of  
7653                    one year. Other exceptions will be approved by the region director or  
7654                    designee in writing and documented in the Provider logs.
- 7655                    c.        Requests will be staffed on a case-by-case basis. Requests will not be  
7656                    denied because of circumstances beyond the control of the caregivers,  
7657                    such as kinship placements, court orders, permanency considerations, and  
7658                    other extenuating circumstances.
- 7659                    d.        The RFC will assess with the caregivers whether the caregivers want to  
7660                    continue to be a placement resource for Utah children in foster care.
- 7661                    e.        If after review the region makes a determination not to release the home  
7662                    study, they will provide the caregiver with written documentation of the  
7663                    decision.
- 7664
- 7665    B.        When approved, DCFS will release up to three home studies per month per caregiver.  
7666

7667 **306 Emergencies And Serious Situations**

7668 Major objectives:

7669 Serious and potentially dangerous situations require an appropriate and timely response to protect  
7670 children and ensure the safety of all parties involved.  
7671

7672

7673 **Applicable Law**

7674 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
7675

7676 Practice Guidelines

7677 The caseworker will take the following actions for all emergency or serious situations:  
7678

- 7679 A. Notify and staff the situation with the supervisor and regional administration.
- 7680 B. Notify parents/guardians of the situation immediately.
- 7681
- 7682 D. Notify Constituent Services at the state office regarding the situation as soon as possible
- 7683
- 7684 E. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as
- 7685 possible.
- 7686
- 7687 F. If calls from the media are received, refer them to the Public Relations Officer for the
- 7688 Department. The caseworker will not give information about the situation to the press.
- 7689
- 7690 G. Advise out-of-home caregivers that they may also refer the media to the Public Relation’s
- 7691 Officer for the Department.
- 7692
- 7693 H. Record all details of the emergency situation and action taken in the child’s case record to
- 7694 meet best practice standards and reduce liability.  
7695  
7696

7697 **306.1 Pregnancy Of Youth In Out-Of-Home Care**

7698 Major objectives:

7699 If a youth in out-of-home care becomes pregnant while in out-of-home care, DCFS will  
7700 coordinate and facilitate all necessary medical care, counseling, and services. This includes  
7701 services to youth who are the mother or father of an unborn child. [See: [Section 303.5](#), Health  
7702 Care.]  
7703

7704

7705 **Applicable Law**

7706 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7707 **306.2 Immediate Removal Of A Child From A Placement**

7708 Major objectives:

7709 When there is a need to immediately remove a child from an out-of-home placement, in  
7710 emergency situations, if there is reasonable basis to believe that the child is in danger or that there  
7711 is substantial threat of danger to the health or welfare of the child, notification to the out-of-home  
7712 caregiver may occur after removal of the child ([R512-31-3](#)). [See: [Section 700](#), General Practice  
7713 Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and [Section](#)  
7714 [305.3](#), Rights Of Out-Of-Home Caregivers.]  
7715

7716

7717 **Applicable Law**

7718 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7719

7720 Practice Guidelines

- 7721 A. Notification will be provided through personal communication on the day of removal.  
7722
- 7723 B. The Notice of Agency Action will be sent by certified mail, return receipt requested,  
7724 within three working days of removal of the child.  
7725

7726 **306.3 Allegations Of Abuse Against Out-Of-Home Caregiver**

7727 Major objectives:

7728 Reports of abuse against an out-of-home caregiver, or an employee of DCFS, will be investigated  
7729 thoroughly by a contracted agency to ensure that no conflict of interest exists between the  
7730 caregiver and DCFS. [See: [Section 700](#), General Practice Guidelines--Section 701.1, Right To  
7731 Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect.]  
7732  
7733

7734

7735 **306.4 Death Or Serious Illness Of A Parent Or Sibling Of A**  
7736 **Child In Out-Of-Home Care**

7737 Major objectives:

7738 In the event of a death or serious illness or injury of a parent, sibling, extended family member, or  
7739 close friend of a child in out-of-home care, the caseworker will notify immediately in person the  
7740 out-of-home caregiver and child of these events.  
7741

7742

7743 **Applicable Law**

7744 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7745

7746 Practice Guidelines

- 7747 A. The caseworker will consult with the out-of-home caregiver and the child's family to  
7748 plan how the information will be shared with the child. The contact will always be made  
7749 in person. If the child has a therapist, it may be helpful to have the therapist assist with  
7750 the situation.

7751  
7752 B. The caseworker will offer support to the out-of-home caregiver and child to assist with  
7753 grief and loss issues.

7754  
7755 C. The caseworker will arrange counseling for the child as appropriate.  
7756

### 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.



- 7796 I. Notify police to investigate the foster care home/facility if the cause of death seems  
7797 suspicious or other factors such as the child's age, health, and mental conditions played a  
7798 role in the child's death, or the circumstances surrounding the death are suspicious.  
7799
- 7800 J. Notify the Office of Recovery Services using the appropriate form.  
7801
- 7802 K. Notify Social Security Administration, Veterans' Administration, or other source of  
7803 entitlement benefits.  
7804
- 7805 L. Obtain a copy of the death certificate and place in the child's case record and close the  
7806 case. The case must have a QA form completed prior to closure.  
7807
- 7808 M. Acknowledge the need for ongoing support to the family, out-of-home caregivers, and  
7809 caseworkers. Seek assistance from other resources as needed. DCFS employees may  
7810 seek assistance from the following: region administration, clinical consultants, resource  
7811 family consultants, and the Employee Assistance Program.  
7812

### 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

- 7825 A. When a fatality involving any child in a foster home is identified, the caseworker will:  
7826 1. Immediately report it to DCFS' Intake to see if there is a need for CPS  
7827 investigation or law enforcement involvement.  
7828 2. Report the fatality to both region administration and the director of DCFS.  
7829 3. Complete a High Profile form. A copy of this form automatically routes to the  
7830 OL and shall result in a license suspension until resolved to the satisfaction of OL.  
7831 4. Encourage the provider to complete the Incident Report Form found at  
7832 <https://hslic.utah.gov/incident-report-form>. A provider who experiences a fatality  
7833 or critical incident of any kind should report to OL within one business day, or  
7834 they will be found in violation of their license requirements.  
7835 5. Assure safety of other children in the home, including foster children, who may  
7836 require placement elsewhere.  
7837
- 7838 B. If DCFS approves and elects to allow the foster child to remain in the placement, a  
7839 suspended foster care provider may continue caring for a foster child currently placed at  
7840 the time of suspension.

- 7841 1. All new placements will be suspended pending the outcome of the investigation.
- 7842 2. DCFS shall determine whether or not to leave other children in the home during
- 7843 the investigation based on administrative and attorney staffing.
- 7844

### 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 if the client is being 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.

- 7885 2. If the child is believed to be the victim of an adult perpetrator and law
- 7886 enforcement is attempting to set up a CJC interview, this type of request can
- 7887 normally be granted.
- 7888 3. If there are both victim and perpetrator issues, or more than one child is involved
- 7889 (whether or not both they are in state’s custody), the request for an interview
- 7890 should be denied and a public defender requested.
- 7891 4. A limited consent for an interview may also be given by region administration,
- 7892 and law enforcement will be instructed that if the victim interview turns into a
- 7893 perpetrator interview, the consent for the interview is withdrawn and the interview
- 7894 must be stopped.
- 7895

### 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

- 7910 A. When the youth in custody has been cited for delinquency, a Juvenile Court probation
- 7911 officer will contact the DCFS caseworker.
- 7912
- 7913 B. A “preliminary inquiry” (PI) will be set. The PI is a meeting set by the probation officer
- 7914 to explain the court process and assess the risk of the youth to re-offend. The DCFS
- 7915 caseworker and youth are required to attend. The biological parents should be encouraged
- 7916 to attend. Anyone from the Child and Family Team may be invited to attend including,
- 7917 but not limited to foster parents, Guardian ad Litem, or anyone else deemed appropriate
- 7918 by the DCFS caseworker. The PI will result in the decision to either handle the charge
- 7919 non-judicially or to have the youth appear before the judge for an arraignment.
- 7920 1. Diversion (Non Judicial):
- 7921 a. If the delinquency offense is diverted and not sent directly to court, the
- 7922 DCFS caseworker and probation officer will outline sanctions such as
- 7923 classes, community service hours, etc. for the youth to complete in a non-
- 7924 judicial diversion agreement. This is called Diversion. If a caseworker is
- 7925 not offered Diversion for the youth, the caseworker can contact the
- 7926 probation worker to ask about this option. Diversion is offered in every
- 7927 court district. The probation officer will determine if the youth qualifies
- 7928 for Diversion.
- 7929

- 7930                    b.        The DCFS caseworker is responsible for ensuring the youth’s compliance  
7931                    with the non-judicial diversion agreement.
- 7932                    c.        At the next child welfare review hearing, the DCFS caseworker will report  
7933                    that the youth received a delinquency offense, what decisions were made  
7934                    regarding the youth, and progress made on the diversion agreement.
- 7935                    d.        If the youth completes the diversion process, the delinquency offense will  
7936                    not be reflected as an adjudication on the youth’s juvenile record.
- 7937                    e.        If the youth fails to follow through with the non-judicial diversion  
7938                    agreement, the DCFS caseworker will communicate with the probation  
7939                    officer about the non-compliance. The probation officer may file a petition  
7940                    with the youth’s judge, causing the delinquent offense to be heard by the  
7941                    court.
- 7942                    f.        Examples of delinquency offenses that could be eligible for Diversion  
7943                    depending on prior charges may be smoking, a first alcohol ticket, simple  
7944                    assault, disorderly conduct, shoplifting, etc.
- 7945                    2.        Appearance Before the Judge (Judicial):
- 7946                    a.        If the youth must appear before the judge on a delinquent offense, the  
7947                    DCFS caseworker and probation officer will collaborate on  
7948                    recommendations to the court regarding community service hours,  
7949                    restitution, placement of youth, etc.
- 7950                    b.        If the judge finds the allegation to be true, it will appear as an adjudication  
7951                    on the child’s juvenile record. The child will not be eligible for Diversion.
- 7952                    c.        The DCFS caseworker will continue to be responsible to address abuse,  
7953                    neglect, and safety issues.
- 7954                    d.        The probation officer will make recommendations regarding  
7955                    accountability for the juvenile’s delinquent offense.
- 7956                    e.        The DCFS caseworker and probation officer will follow progress of  
7957                    compliance with court orders and both will report progress to the judge at  
7958                    each review hearing.
- 7959
- 7960                    C.        DCFS caseworkers should ensure that the probation officer is part of the Child and  
7961                    Family Team.
- 7962
- 7963                    D.        DCFS’ involvement can be terminated once child welfare issues have been resolved and  
7964                    prior to completion of delinquency sanctions. The probation/intake officer will follow  
7965                    through with compliance on delinquency matters once DCFS has terminated their case.
- 7966
- 7967                    E.        The delinquency portion of the case can be terminated once all delinquency sanctions  
7968                    have been completed and prior to resolution of child welfare issues. The DCFS  
7969                    caseworker will continue to follow compliance with the child welfare service plan and  
7970                    court orders once the delinquency case has been closed.
- 7971
- 7972                    F.        Court jurisdiction is only terminated when all delinquency and child welfare matters are  
7973                    concluded.
- 7974

7975 **306.8a Electronic Monitoring Of Children Working With**  
7976 **Juvenile Justice Services**

7977 Major objectives:

7978 Educate DCFS employees as to the protocol involving children in DCFS custody who are dually  
7979 involved with Juvenile Justice & Youth Services (JJYS) wherein the court is seeking the use of  
7980 an ankle monitor.  
7981

7982  
7983 Applicable Law

7984 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
7985

7986 Practice Guidelines

7987 A. DCFS' Stance on the Use of Ankle Monitors With Children in Custody:

- 7988 1. It is not the practice of DCFS to request or approve the use of an ankle monitor.  
7989 a. It may be traumatizing to the child due to the fact that they are bulky and  
7990 difficult to conceal, displaying their wearers' potential involvement with  
7991 the juvenile justice system.  
7992 b. It may stigmatize a child in custody.  
7993 c. Work with the Assistant Attorney General (AAG) to approach the court  
7994 for an alternative to the use of an ankle monitor.  
7995 2. Children not considered appropriate for electronic monitoring:  
7996 a. Children 12 years of age and under.  
7997 b. Children pending competency.  
7998 c. Severe mental health or SUD issues that would contribute to non-  
7999 compliance.  
8000 d. Currently placed in a residential program.  
8001 e. Chronic absconder.  
8002 f. History of unsuccessful use of electronic monitoring devices.  
8003 3. If a child may need an ankle monitor or the court orders one:  
8004 a. Hold a Child and Family Team Meeting (CFTM) to talk about why one  
8005 may be needed and what will be required to remove the device.  
8006 b. Set parameters for the child and help them understand what that means.  
8007 c. Outline in the Child and Family Plan (CFP) what will need to happen to  
8008 remove the ankle monitoring device.  
8009 d. Discuss what factors led to the believe that a child well be kept safe if  
8010 monitored with an ankle monitor, and does it outweigh any potential risks  
8011 or trauma if not used.  
8012 e. Consider the history of engaging in high risk behavior like self-  
8013 harm/suicide ideation, substance abuse, trafficking, and felony charges.  
8014 f. Discuss other interventions that can or have been used instead of an  
8015 electronic monitoring device.  
8016 g. Discuss what behaviors need to happen to have the electronic monitoring  
8017 device removed.  
8018 4. Complete a request for electronic monitoring that is approved by the Assistant  
8019 Program Director/Probation Department (APD/DP), which will include a plan for

- 8020 removal based on positive behavior change the child needs to show to have the  
8021 electronic monitoring device removed.
- 8022 5. The CFT and child will be given a copy of the plan for removal.  
8023 6. Monitor the use of the electronic monitoring monthly at the CFTM.  
8024 7. Maintain the app on the caseworker’s phone to respond to notifications during  
8025 business hours.  
8026 8. Code will be opened on CARE XEM.  
8027 9. Complete the form for electronic monitoring and submit it for approval.  
8028 10. Consider if the use prevents abuse, neglect, or other trauma.  
8029 11. Determine if there is an alternative method to safety monitor the child.  
8030 12. Recommend that children with electronic monitoring devices be seen in court  
8031 every 30 days, in order to address removal of the device if court is set out to a  
8032 later date.  
8033
- 8034 B. How to Set up and Monitor an Electronic Monitoring Device:  
8035 1. Region administration will talk with the APD/PD about the court-ordered device.  
8036 2. Work with the child’s probation officer and assigned JJYS case manager on the  
8037 availability to set up an electronic monitoring device.  
8038 3. JJYS will help in getting and setting up the equipment, as well as providing any  
8039 necessary training.  
8040 4. Work with JJYS on setting up parameters for the monitoring  
8041 a. Caseworker name and contact.  
8042 b. Supervisor name and contact.  
8043 c. On-call contact information.  
8044 (1) What needs to be done if the child is out of compliance after hours,  
8045 weekend, or holidays.  
8046 (2) Who needs to be contacted.  
8047 (3) What steps need to be taken.  
8048 d. Placement contact information.  
8049 e. Any other required contact information.  
8050
- 8051 C. After the Child Receives an Electronic Monitoring Device:  
8052 1. CFTM held to inform the team of the need and use of the device and set  
8053 parameters to meet the child and team’s needs.  
8054 2. CFT will be made aware of the parameters of the device and the child’s limits  
8055 while wearing the device.  
8056 3. CFT will be informed of what needs to happen for the removal of the electronic  
8057 monitoring device.  
8058 4. CFT will work diligently to help the child meet the criteria for removal of the  
8059 electronic monitoring device.  
8060 5. The caseworker will work with the AAG and Guardian ad Litem (GAL) to set a  
8061 court date if the child has met the criteria for the removal of the electronic  
8062 monitoring device if no prior order exists.  
8063 6. The caseworker will establish in the CFP the criteria for removal and will  
8064 regularly check in with the child as to the progress they are making.  
8065



- 8066 D. Removal of the Device:  
8067 1. Once the child has met the criteria for removal, set a court order allowing the  
8068 removal.  
8069 2. Work with JJYS on removing the device.  
8070 3. CFT and community partners will be made aware that the child has met the  
8071 criteria for removal and the court has ordered its removal.  
8072

### 8073 **306.9 Notification Related To Student Safety**

8074 Major objectives:

8075 Pursuant to Utah Code Ann. [§53G-9-604](#), a school must notify a parent or guardian when a  
8076 student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-  
8077 bullying, harassment, hazing, or retaliation.  
8078

8079

8080 **Applicable Law**

8081 Utah Code Ann. [§53G-9-604](#). Parental notification of certain incidents and threats required.  
8082

8083 Practice Guidelines

8084 Caseworkers will refer to [Section 303.4](#) Educational Services when the caseworker is notified  
8085 by a school or foster parent that a child they are working with has threatened to commit suicide  
8086 and/or the child is involved in an incident of bullying, cyber-bullying, harassment, hazing, or  
8087 retaliation.  
8088

**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 regards to the future direction of the case. The court report will be signed by both the caseworker and supervisor and will be provided to the court via e-filing 10 working days prior to the court review.
    - a. In regards to placement, if the child is of sufficient maturity to state where they want to be placed and DCFS has made a placement decision that differs from the child’s express wishes, the caseworker is required to

- 8133 explain in writing in the court report the reasons why the placement  
8134 decision made by DCFS differs from the child’s wishes.
- 8135 b. Assistant Attorney General, Parental Defense, and Guardian ad Litem will  
8136 have access to the court report once the report has been e-filed.
- 8137 c. If a party in the case does not have access to the online court system  
8138 (CARES), the caseworker will distribute the court report.
- 8139 4. Keep the court updated with the names and addresses of members of the Child  
8140 and Family Team who need to be in attendance.
- 8141 5. Encourage members of the Child and Family Team to attend the review. If a team  
8142 member cannot attend, he/she may participate by written correspondence or by  
8143 telephone.
- 8144 a. The caseworker is responsible to invite the child’s out-of-home caregiver  
8145 to each post-adjudication hearing. If the caregiver cannot attend in person,  
8146 but would like to participate by phone, the caseworker will make  
8147 arrangements with the court.
- 8148 6. The child will be present at any post adjudication hearing unless the court  
8149 determines that:
- 8150 a. Requiring the child to be present at the hearing would be detrimental to  
8151 the child, or is impractical; or
- 8152 b. The child is not sufficiently mature to articulate the child’s wishes in  
8153 relation to the hearing.
- 8154 7. If a youth age 14 years or older desires an opportunity to address the court or  
8155 testify at a shelter, post adjudication, or permanency hearing, they will be allowed  
8156 to do so. The youth will also be permitted to testify specifically regarding their  
8157 placement or permanency wishes.
- 8158 a. Utah Code Ann. [§80-3-302](#) and [§80-3-409](#) requires the court to give the  
8159 youth’s desires added weight, but not be the single controlling factor in a  
8160 hearing. The statutes also state that if the court findings differ from where  
8161 the youth wishes to be placed, the court findings will explain why the  
8162 court’s decision differs from the youth’s wishes.
- 8163 8. A child shall be represented at each hearing by the Guardian ad Litem appointed  
8164 to the child's case by the court.
- 8165 a. Only the Guardian ad Litem can request that the court make a finding  
8166 regarding any possible detriment to the child; whether it is impractical for  
8167 the child to attend, or the child is not sufficiently mature to articulate their  
8168 wishes in relation to the hearing.
- 8169 (1) The caseworker will correspond with the child’s Guardian ad  
8170 Litem to determine whether the Guardian ad Litem will request the  
8171 court to make a finding to excuse the child based on subparagraph  
8172 6.
- 8173 (2) If the Guardian ad Litem will not be requesting that the child be  
8174 excused from the hearing, the caseworker will arrange for the child  
8175 to attend the hearing.
- 8176 9. DCFS will be responsible for ensuring that the orders from court reviews are  
8177 implemented and the Child and Family Team is updated.

- 8178 10. There is a rebuttable presumption that placement of a child with the child's
- 8179 relative during a child welfare proceeding is in the best interest of the child. It
- 8180 requires DCFS and the juvenile court to consider the rebuttable presumption at
- 8181 certain times throughout a child welfare proceeding, and requires the juvenile
- 8182 court to:
- 8183 a. determine whether DCFS considered the rebuttable presumption and
- 8184 preferential consideration for placement of a child with a relative at the
- 8185 child welfare review hearing;
- 8186 b. provide preferential consideration to a relative's request for placement of a
- 8187 child at the permanency hearing; and
- 8188 c. requires a court to consider whether a child's relative was given due
- 8189 weight as a placement for the child during the child welfare proceeding
- 8190 before entering a final order of adoption for the child.
- 8191

### 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

- 8202 A. Voluntary Relinquishment
- 8203 1. The caseworker should provide information to the parents regarding the voluntary
- 8204 relinquishment process. However, the parents should be referred to their attorney
- 8205 for legal questions regarding the petition.
- 8206 2. If the child is Native American, refer to General Major objectives and the Indian
- 8207 Child Welfare Act.
- 8208 3. An adoption cannot take place unless both parents' rights have been terminated.
- 8209 4. If one parent decides to relinquish his/her parental rights, the caseworker must
- 8210 notify the other parent and discuss permanency options for the child with that
- 8211 parent before any relinquishment can be done. If the whereabouts of the other
- 8212 parent is unknown, the caseworker will contact the Assistant Attorney General to
- 8213 arrange to publish a notification for the missing parent.
- 8214 5. If the parent relinquishing her parental rights is an unmarried woman, the
- 8215 caseworker must contact the following agencies to attempt to locate the father of
- 8216 the child:
- 8217 a. Bureau of Health Statistics and Vital Records to find out if the father has
- 8218 registered and has claimed paternity rights;
- 8219 b. The Office of Recovery Services to find out if there is a record of a father
- 8220 paying child support and claiming paternity through the Office of
- 8221 Recovery Services;
- 8222 c. Federal Parent Locator Service to search for the absent parent;

- 8223 d. The Assistant Attorney General to consult on termination of parental  
8224 rights of the missing parent.  
8225
- 8226 B. Preparing for the court hearing for voluntary relinquishments:
- 8227 1. A petition must be filed with the court to initiate termination proceedings. The  
8228 caseworker, Assistant Attorney General, Guardian ad Litem, or other legal  
8229 counsel may assist in the preparation of the petition. The caseworker should  
8230 discuss the relinquishment with the Assistant Attorney General and request that a  
8231 petition be filed with the court and a hearing be scheduled in a timely manner.
- 8232 2. Under Utah Code Ann. [§80-4-307](#), voluntary relinquishments or consent for  
8233 termination of parental rights will be signed or confirmed under oath before a  
8234 judge of any court that has jurisdiction over proceedings for termination of  
8235 parental rights.
- 8236 3. The court will certify that the person executing the consent or relinquishment has  
8237 read and understands the consent or relinquishment and has signed it freely and  
8238 voluntarily.
- 8239 4. A voluntary relinquishment or consent for termination of parental rights is  
8240 effective when it is signed by the parent and approved by the court and may not  
8241 be revoked.
- 8242 5. Before the court can grant a voluntary relinquishment of parental rights, the court  
8243 must find that the termination is in the best interest of the child.  
8244
- 8245 C. DCFS will ensure that the rights of the father to a child born outside of marriage are  
8246 considered prior to the relinquishment of all parental rights.
- 8247 1. A person who is the father or claims to be the father of a child born outside of  
8248 marriage must file a notice of his claim of paternity and of his willingness and  
8249 intent to support the child with the state registrar of vital statistics at the  
8250 Department of Health. This notice must be filed prior to the time the child is  
8251 relinquished to a licensed child placing agency or prior to the filing of a petition  
8252 by a person with whom the mother has placed the child for adoption.
- 8253 2. Any putative father who fails to file his notice of paternity is barred from  
8254 thereafter bringing or maintaining any action to assert any interest in the child  
8255 unless he proves by clear and convincing evidence that: it was not possible for  
8256 him to file a notice of paternity within the period of time specified above, his  
8257 failure to file a notice was through no fault of his own, and he filed a notice of  
8258 paternity within 10 days after it became possible for him to file a notice.
- 8259 3. Except as provided above, failure to file a timely notice of paternity will be  
8260 deemed to be a waiver and surrender of any right to notice of any hearing in any  
8261 judicial proceeding for adoption of the child and the consent of that person to the  
8262 adoption of the child is not required.
- 8263 4. If there is no showing that a putative father has consented to or waived his rights  
8264 regarding the proposed adoption, it will be necessary to file a certificate from the  
8265 Department of Health, signed by the state registrar of vital statistics, stating that a  
8266 diligent search has been made of the registry of notices from putative fathers and  
8267 that no filing has been found pertaining to the father of the child in question. This  
8268 certificate must be filed prior to the entering of a final decree of adoption.

- 8269 5. When a child is conceived or born during a marriage, termination of the parental  
8270 rights of the married woman’s husband must be obtained even if he is not the  
8271 biological father of the child, before the child is legally available for adoption.  
8272 This can be accomplished by the voluntary relinquishment of his parental rights or  
8273 by court action that results in the court terminating his parental rights.  
8274 6. If the putative father cannot be located, the caseworker will contact the Assistant  
8275 Attorney General and discuss further attempts to locate the father, which can  
8276 include publishing in the local newspaper.  
8277

### 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

- 8290 A. In calculating when to file a petition for the termination of parental rights, the caseworker  
8291 will:
- 8292 1. Calculate the 15 out of the most recent 22-month period from the date the child  
8293 was removed.
  - 8294 2. Include periods of time in care if there have been multiple entrances and exits into  
8295 out-of-home care.
  - 8296 3. Will not include trial home visits or runaway episodes in calculating the 15  
8297 months in out-of-home care.
- 8298
- 8299 B. This requirement only applies once for a specific child if DCFS does not file a petition  
8300 because an exception to this requirement applies.
- 8301
- 8302 C. The caseworker will discuss termination of parental rights with the Assistant Attorney  
8303 General and request a petition be filed with the court and a hearing date be set. The  
8304 petition will include all necessary legal information related to the case along with the  
8305 reasons for termination of parental rights, which are:
- 8306 1. The child has been abandoned by the parent or parents.
  - 8307 2. The parent or parents have neglected or abused the child.
  - 8308 3. The parent or parents are unfit or incompetent.
  - 8309 4. The parent was convicted of a sexual offense as defined in Utah Code Ann. [§77-](#)  
8310 [37-2](#), or comparable offense under the laws of the state where the offense  
8311 occurred, against the other parent of the child:
    - 8312 a. the offense resulted in the conception of the child; and
    - 8313 b. termination is in the best interest of the child.



- 8314 5. The child is being cared for in an out-of-home placement under the supervision of  
8315 the court and/or DCFS and DCFS or another responsible agency has made  
8316 diligent efforts to provide appropriate services and the parent has substantially  
8317 neglected, willfully refused, or has been unable or unwilling to remedy the  
8318 circumstances that caused the child to be in an out-of-home placement, and there  
8319 is a substantial likelihood that the parent will not be capable of exercising proper  
8320 and effective parental care in the near future.
- 8321 6. Failure of parental adjustment as defined in Utah Code Ann. [§80-4-102](#), that  
8322 parent or parents are unable or unwilling within a reasonable time to substantially  
8323 correct the circumstances, conduct, or conditions that led to placement of their  
8324 child outside the home, notwithstanding reasonable and appropriate efforts made  
8325 by DCFS to return the child to that home.
- 8326 7. That only token efforts have been made by the parent or parents to support or  
8327 communicate with the child, prevent neglect of the child, to eliminate the risk of  
8328 serious physical, mental, or emotional abuse of the child, or to avoid being an  
8329 unfit parent.
- 8330 8. The parent or parents have voluntarily relinquished their parental rights to the  
8331 child and the court finds that relinquishment is in the child’s best interest.
- 8332 9. The parent or parents, after a period of trial during which the child was returned to  
8333 live in his/her own home, substantially and continuously or repeatedly refused or  
8334 failed to give the child proper parental care or protection.
- 8335 10. The terms and conditions of safe relinquishment of a newborn child have been  
8336 complied with pursuant to Utah Code Ann. [§80-4-502](#), safe relinquishment of a  
8337 newborn child.
- 8338 11. As referenced in Utah Code Ann. [§80-4-201](#), any interested party including an  
8339 out-of-home caregiver may file a petition of the parent-child relationship with  
8340 regard to a child. The Assistant Attorney General will file a petition for  
8341 termination of parental rights under this part on behalf of DCFS.
- 8342
- 8343 D. In order to be appropriately prepare for the court hearing to terminate parental rights, the  
8344 caseworker should:
- 8345 1. Determine that permanent termination of parental rights is in the child’s best  
8346 interest and that there is evidence on which to file the petition. The caseworker  
8347 should facilitate a Child and Family Team Meeting to assist in the decision-  
8348 making process and permanency planning.
- 8349 2. The caseworker will review the case with the Assistant Attorney General to  
8350 determine if the case meets the legal grounds for termination.
- 8351 3. If it is determined that there are sufficient grounds under the law for terminating  
8352 parental rights and it is in the child’s best interest, the caseworker will request that  
8353 the Assistant Attorney General prepare a petition to terminate the parental rights  
8354 and file the petition with the court.
- 8355 4. The caseworker will assist the Assistant Attorney General’s office in collecting  
8356 and presenting the evidence to the juvenile court judge as defined in above.
- 8357 5. The caseworker will collect the names and addresses of witnesses and the  
8358 allegations to which the witnesses can and will testify to. This may include  
8359 therapists, out-of-home caregivers, medical providers, school personnel, etc. This

8360 information will be given to the Assistant Attorney General. Examples of needed  
8361 information include: medical and/or psychological information regarding the  
8362 parents and/or child, police reports, documentation of efforts and services to  
8363 rehabilitate the parents and to facilitate a reunion with the child, the physical,  
8364 mental, or emotional condition of the child and his or her desires regarding  
8365 termination of parental rights, the effort the parents have made to adjust their  
8366 circumstances, conduct, or conditions to make it in the child’s best interest to  
8367 return the child home, contact/~~visits~~~~family-time~~~~between parents and child~~,  
8368 emotional ties between the child and parents, the child’s ties with the out-of-home  
8369 care provider, etc.  
8370

- 8371 E. Termination of parental rights may be ordered by the court only after a hearing is held  
8372 specifically on the question of terminating the rights of the parents. The grounds for  
8373 termination of parental rights include (*see*: Utah Code Ann. [§80-4-302](#)):  
8374 1. In determining whether a parent or parents have abandoned a child there must be  
8375 evidence that:  
8376 a. The parent or parents had legal custody of the child but surrendered  
8377 physical custody and for a period of six months have not manifested a firm  
8378 intention to resume physical custody or to make arrangements for the care  
8379 of the child.  
8380 b. The parent or parents failed to communicate with the child by mail,  
8381 telephone, or otherwise for six months.  
8382 c. The parent or parents have failed to show the normal interest of a natural  
8383 parent without just cause.  
8384 d. The parent or parents have abandoned an infant, as described in Utah  
8385 Code Ann. [§80-4-203](#).  
8386 2. Determining whether a parent or parents are unfit or have neglected a child, the  
8387 court will consider but is not limited to the following,  
8388 a. Emotional illness, mental illness, or mental deficiency of the parent that  
8389 renders him/her unable to care for the immediate and continuing physical  
8390 or emotional needs of the child for extended periods of time.  
8391 b. Conduct toward a child of a physically, emotionally, or sexually cruel or  
8392 abuse nature.  
8393 c. Habitual or excessive use of intoxicating liquors, controlled substances, or  
8394 dangerous drugs that render the parents unable to care for the child.  
8395 d. Repeated or continuous failure to provide the child with adequate food,  
8396 clothing, shelter, education, or other care necessary for his/her physical,  
8397 mental, and emotional health and development by parents who are capable  
8398 of providing that care. However, a parent who is legitimately practicing  
8399 his/her religious beliefs does not provide specified medical treatment for  
8400 child is not for that reason alone a negligent or unfit parent.  
8401 e. With regard to a child who is in the custody of DCFS, if the parent is  
8402 incarcerated as a result of conviction of a felony and the sentence is of  
8403 such length that the child will be deprived of a normal home for more than  
8404 one year.

- 8405 f. Evidence of a conviction of a felony, if the facts of the crime are of such a  
8406 nature as to indicate the unfitness of the parents to provide adequate care  
8407 to the extent necessary for the child’s physical, mental, or emotional  
8408 health and development
- 8409 g. Evidence of a history of violent behavior.
- 8410 h. The parent intentionally, knowingly, or recklessly causes the death of  
8411 another parent of the child, without legal justification. [See: Utah Code  
8412 Ann. [§80-4-302.](#)]
- 8413 3. If a child has been placed in the custody of DCFS and the parent or parents fail to  
8414 comply substantially with the terms and conditions of a plan within six months  
8415 after the date the child was placed or the plan was commenced, whichever occurs  
8416 later. That failure to comply is evidence of failure of parental adjustment.
- 8417 4. The following circumstances constitute evidence of unfitness:
- 8418 a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due  
8419 to known or substantiated abuse or neglect by the parent or parents.
- 8420 b. Conviction of a crime, if the facts surrounding the crime are of such a  
8421 nature as to indicate the unfitness of the parent to provide adequate care to  
8422 the extent necessary for the child’s physical, emotional, mental, health,  
8423 and development.
- 8424 c. A single incident of life threatening or gravely disabling injury to or  
8425 disfigurement of the child.
- 8426 d. The parent has committed, aided, abetted, attempted, conspired, or  
8427 solicited to commit murder or manslaughter of a child or child abuse  
8428 homicide.
- 8429
- 8430 F. At the conclusion of the hearing in which the court orders termination of the parent/child  
8431 relationship, the court will order that a review hearing be held within 90 days following  
8432 the date of termination if the child has not been placed in a permanent adoptive home. At  
8433 that review hearing, DCFS or the individual vested with custody of the child will report  
8434 to the court regarding the plan for permanent placement for the child. The Guardian ad  
8435 Litem will also submit to the court a written report with recommendations, based on an  
8436 independent investigation, for disposition meeting the best interest of the child. The court  
8437 may order DCFS or individual vested with custody of the child to report, at appropriate  
8438 intervals, on the status of the child until the plan for a permanent placement of the child  
8439 has been accomplished. [See: Utah Code Ann. [§80-4-306.](#)]
- 8440

8441 **307.2a Exceptions And Compelling Reasons Not To Terminate**  
8442 **Parental Rights**

8443 Major objectives:

8444 When a child has been placed in out-of-home care for 15 of the most recent 22 months, the Child  
8445 and Family Team will determine whether or not it is in the child’s best interest for parental rights  
8446 to be terminated. If it is not in the best interest of the child, the team will determine the exception  
8447 or “compelling reason” that makes termination of parental rights contrary to the best interests of  
8448 the child. The caseworker must document in the case plan the exact nature of the circumstances  
8449 that make termination of parental rights not in the child’s best interest.  
8450

8451  
8452  
8453 **Applicable Law**

8454 Utah Code Ann. [§80-4-301](#). Grounds for termination of parental rights -- Findings regarding  
8455 reasonable efforts by division.

8456 Utah Code Ann. [§80-4-203](#). Mandatory petition for termination of parental rights.  
8457

8458 Practice Guidelines

- 8459 A. In calculating when to file a motion not to terminate parental rights, the caseworker will:
- 8460 1. Calculate 15 months out of the most recent 22-month period from the date the  
8461 child was removed.
  - 8462 2. Include periods of time in care if there have been multiple entrances and exits into  
8463 out-of-home care.
  - 8464 3. Not include trial home visits or runaway episodes in calculating the 15 months in  
8465 out-of-home care.  
8466
- 8467 B. Upon calculating the 15 months out of the most recent 22 months, the caseworker will  
8468 coordinate with the Child and Family Team to determine whether or not it is in the  
8469 child’s best interest for parental rights to be terminated. If the team determines that it is  
8470 contrary to the child’s best interest, the team will identify the exception or “compelling  
8471 reason” to justify not terminating parental rights.  
8472
- 8473 C. Once the Child and Family Team identifies the exception or “compelling reason,” the  
8474 caseworker will discuss not terminating parental rights with the Assistant Attorney  
8475 General. The Assistant Attorney General will follow through with notifying the court as  
8476 well as addressing all necessary legal proceedings related to the case.  
8477
- 8478 D. According to [§80-4-203](#), DCFS is not required to file a petition for termination of  
8479 parental rights if:
- 8480 1. The child is being cared for by a relative.
  - 8481 2. The court has previously determined that DCFS has not provided, within the time  
8482 period specified in the Child and Family Plan, services that had been determined  
8483 to be necessary for the safe return home of the child.
  - 8484 3. Documented in the Child and Family Plan is a “compelling reason” for  
8485 determining that filing a motion for termination of parental rights is not in the

8486 child’s best interest; and the Child and Family Plan is made available for the court  
8487 to review. The “compelling reason” may be one of the following, but is not  
8488 limited to:

8489 Adoption is not the appropriate permanency goal for the child,  
8490 Child is 12 or older and objects to being adopted,

- 8491 a. An older adolescent who has requested staying in the system and  
8492 participating in the Transition to Adult Living Services Program.
- 8493 b. The child has severe emotional or behavioral problems or a serious  
8494 medical condition, and reunification remains an appropriate goal.
- 8495 c. The parent is terminally ill, does not want parental rights terminated, and  
8496 has designated the child’s present caregiver, with the caregiver’s  
8497 agreement, as the child’s permanent caregiver.
- 8498 d. The child is an unaccompanied refugee minor as defined in 45 Code of  
8499 Federal Regulations 400.11, which is a child who is not yet 18 years of  
8500 age who entered the United States unaccompanied by and not destined to a  
8501 parent or a close adult relative who is willing and able to care for the child  
8502 or an adult with a clear and court-verifiable claim to custody of the child  
8503 and who has no parents in the United States.
- 8504 e. Insufficient grounds exist for termination of parental rights.
- 8505 f. There are international legal obligations or compelling foreign policy  
8506 reasons that would preclude termination of parental rights, such as the  
8507 foreign country in which the parents are citizens does not support  
8508 termination of parental rights.
- 8509 g. If the child is an Indian child under the Indian Child Welfare Act (ICWA),  
8510 and the child’s tribe is opposed to adoption and has another permanency  
8511 plan for the child (in accordance with ICWA).
- 8512 h. Other compelling reasons documented for determining that filing for  
8513 termination of parental rights is not in the child’s best interest.

8514  
8515 E. Since the child is not able to safely return home and adoption is not a permanency option  
8516 at this time due to the fact that parental rights are not being terminated, the Child and  
8517 Family Team will determine the next best permanency and concurrent plan for the child,  
8518 such as guardianship with a relative, guardianship with a non-relative, or individualized  
8519 permanency. Even though parental rights have not been terminated, continue to explore  
8520 and support positive connections for the child that will endure, and continue to keep them  
8521 connected to their past, present, and future.

8522  
8523 F. In order to appropriately prepare for the court hearing to not terminate parental rights, the  
8524 caseworker should:

- 8525 1. Determine that terminating parental rights is not in the child’s best interest and  
8526 that there is evidence on which to file the motion.
- 8527 2. Facilitate a Child and Family Team Meeting to assist in the decision-making  
8528 process and permanency planning.
- 8529 3. Review the case with the Assistant Attorney General to determine if the case  
8530 meets the legal grounds to not terminate parental rights. The caseworker will also  
8531 inform the Assistant Attorney General of the child’s permanency and concurrent

- 8532 plan. If it is determined that there are sufficient grounds under the law for not  
8533 terminating parental rights and it is in the child’s best interest, the caseworker will  
8534 request that the Assistant Attorney General prepare a motion and file it with the  
8535 court to not terminate parental rights as well as to change the child’s permanency  
8536 and concurrent plan.
- 8537 4. Assist the Assistant Attorney General in collecting and presenting the evidence to  
8538 the juvenile court judge as defined in above.
- 8539
- 8540 G. After the court has ordered that termination of parental rights is not in the child’s best  
8541 interest, the caseworker must document in the Child and Family Plan the exception or  
8542 “compelling reason” as well as the exact nature of the circumstances that make  
8543 termination of parental rights not in the child’s best interest
- 8544
- 8545 H. Once the court has approved the child’s new permanency and concurrent plan, the  
8546 caseworker will update the Child and Family Plan in SAFE to reflect the new goals and  
8547 permanency planning.
- 8548

### 307.3 Appeal For Termination Of Parental Rights

8549

8550 Major objectives:

8551 DCFS will not give approval to finalize an adoption until the period to appeal the termination of  
8552 parental rights has expired.

8553

8554

8555 **Applicable Law**

8556 Parents have 15 days from the date of final judgment and order to file an appeal to the  
8557 termination of their parental rights. (Rule [4] 52, Rules of Appellate Procedure.)

8558

8559 Practice Guidelines

- 8560 A. During the appeal period, the child may be placed in a foster/adoptive placement and  
8561 remain in that placement.
- 8562
- 8563 B. The appeal process can take over one year. Parents do not retain residual parental rights  
8564 while the case is on appeal unless the juvenile court stays the decision terminating  
8565 parental rights.
- 8566
- 8567 C. DCFS, through the Assistant Attorney General or the Guardian ad Litem, has the  
8568 authority to petition the juvenile court to restrict parents’ residual rights during the time  
8569 the termination decision is being appealed. The residual rights includes  
8570 [visitation]family-time.
- 8571



8572 **307.4 Request For A New Hearing**

8573 Major objectives:

8574 A caseworker or some other person may request a new hearing as specified in Utah Code Ann.  
8575 [§78A-6-357](#).  
8576

8577  
8578 **Applicable Law**

8579 Utah Code Ann. [§78A-6-357](#). New hearings -- Modification of order or decree -- Requirements  
8580 for changing or terminating custody, probation, or protective supervision.

8581  
8582 Practice Guidelines

8583 A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter,  
8584 or any adult affected by a decree in a child’s proceeding under this chapter may at any  
8585 time petition the court for a new hearing on the grounds that new evidence that was not  
8586 known and could not, with due diligence, have been made available at the original  
8587 hearing and which might affect the decree, has been discovered.

8588  
8589 B. This request will be made by a DCFS caseworker only after consultation with an  
8590 Assistant Attorney General.  
8591

8592 **307.5 Petition To Restore Parental Rights**

8593 Major objectives:

8594 A. To provide a permanent, safe living arrangement for a child who has been placed in the  
8595 custody of DCFS or the DHHS by court order for whom restoration of parental rights is a  
8596 viable option.

8597  
8598 B. To create or recreate an enduring and self-sustaining relationship for the child with their  
8599 biological family, when safe and appropriate.

8600  
8601 C. To normalize and stabilize family life for the child.

8602  
8603 D. To transfer legal responsibility for the child from DCFS to the child’s former parent(s)  
8604 when it is safe and in the best interests of the child.

8605  
8606 E. To provide for a thorough assessment of the viability of restoration of parental rights.  
8607

8608  
8609 **Applicable Law**

8610 Utah Code Ann. [§80-4-401](#). Petition to restore parental rights – Division duties.  
8611

### 8612 Guiding Principles

8613 A parent may have their parental rights restored in one of two ways: Either by the child who is  
8614 12 years of age or older, or an authorized representative acting on behalf of a child of any age; or  
8615 by the request of the former parent.

- 8616
- 8617 A. A child's need for a normal family life in a permanent home, and for positive, nurturing  
8618 family relationships is usually best met by the child's natural parents.
- 8619
- 8620 B. If, 24 months after termination of parental rights, a child is still in out-of-home care and  
8621 there is no prospective adoptive placement; or, if an adoption fails and the child returns to  
8622 out-of-home care, the child or a representative for the child may file for restoration of  
8623 parental rights.

### 8624

### 8625 Practice Guidelines

- 8626 A. Utah statute states that a child who is 12 years of age or older, or an authorized  
8627 representative acting on behalf of a child of any age, may file a petition to restore  
8628 parental rights if:
- 8629 1. Twenty-four months have passed since the court ordered termination of the  
8630 parent-child legal relationship; and
- 8631 2. The child has not been adopted and is not in an adoptive placement, or is unlikely  
8632 to be adopted before the child is 18 years of age.
- 8633 3. The child was previously adopted following a termination of a parent-child legal  
8634 relationship, but the adoption failed and the child was returned to the custody of  
8635 DCFS.
- 8636
- 8637 B. When any child in the custody of DCFS fits the criteria above, the caseworker will notify  
8638 and inform the child that they are eligible to petition the court for restoration of parental  
8639 rights.
- 8640 1. The caseworker will work with the Child and Family Team to decide how and  
8641 when to discuss the option of restoring parental rights with the child. If the  
8642 parent's whereabouts are known and the parent can be located, the parent will be  
8643 invited to participate in the discussion with the Child and Family Team.
- 8644 2. The Child and Family Team will assess the following:
- 8645 a. Can the former parent be located through the kinship locator process?
- 8646 b. What significant changes have occurred in the former parent's  
8647 circumstances and/or behavior since the termination of parental rights?
- 8648 c. What is the willingness of the former parent to resume contact with the  
8649 child and have parental rights restored?
- 8650 d. What is the former parent's ability to be involved in the life of the child  
8651 and accept physical custody of and responsibility for the child?
- 8652 e. What are the child's feelings and thoughts about restoration of parental  
8653 rights?
- 8654 f. Any other information the caseworker or Child and Family Team  
8655 considers appropriate and determinative, such as the extended family  
8656 support for the former parent and the extent to which the former parent has

8657 rehabilitated from the behavior that resulted in the termination of parental  
8658 rights.

8659

8660 C. A former parent who remedies the circumstances that resulted in the termination of the  
8661 former parent’s rights and who is capable of exercising proper and effective parental care  
8662 will notify the region director or designee. The region director or designee will staff the  
8663 case with the current caseworker to determine if the current caseworker should be the  
8664 person to assess whether or not the parent has met the criteria for the restoration of  
8665 parental rights. Once the decision has been made regarding who will complete the  
8666 assessment, the caseworker will assess the following information:

- 8667 1. Twenty-four months have passed since the court-ordered termination of the  
8668 parent-child legal relationship.
- 8669 2. The child has not been adopted and is not in an adoptive placement, or is unlikely  
8670 to be adopted before the child is 18 years of age.
- 8671 3. The child was previously adopted following a termination of a parent-child legal  
8672 relationship, but the adoption failed and the child was returned to the custody of  
8673 DCFS.

8674

8675 If the above criteria have been met, the caseworker will open an IHS case and asses the  
8676 following information:

- 8677 1. What significant changes have occurred in the former parent’s circumstances  
8678 and/or behavior since the termination of parental rights?
- 8679 2. What is the willingness of the former parent to resume contact with the child and  
8680 have parental rights restored?
- 8681 3. Does the former parent have the ability to be involved in the life of the child and  
8682 accept physical custody of and responsibility for the child?
- 8683 4. What are the child’s feelings and thoughts about restoration of parental rights?
- 8684 5. Any other information the caseworker or Child and Family Team considers  
8685 appropriate and determinative, such as the extended family support for the former  
8686 parent and the extent to which the former parent has rehabilitated from the  
8687 behavior that resulted in the termination of parental rights.

8688

8689 After the assessment, the caseworker will staff the case with the region director or  
8690 designee, as well as the Child and Family Team, to determine if filing for a petition for a  
8691 restoration of parental rights is in the best interest of the child. Once that determination is  
8692 made, a full home study will be completed on the parent who desires to have their  
8693 parental rights restored. Once the home study is completed, the caseworker will consult  
8694 with the Assistant Attorney General (AAG) to file the petition for the restoration of  
8695 parental rights.

8696

8697 D. After DCFS receives or is served with a petition to restore parental rights, filed by a child  
8698 or an authorized representative, or when the Child and Family Team have determined that  
8699 filing a petition for the restoration of parental rights is in the best interest of the child, the  
8700 caseworker will consult with the AAG to file the petition.

8701

- 8702 E. After DCFS receives or is served with a petition to restore parental rights, filed by a child  
8703 or an authorized representative, the caseworker will:
- 8704 1. Contact the Assistant Attorney General (AAG) assigned to the case to notify them  
8705 that DCFS has received a petition to restore parental rights.
- 8706 2. Use existing processes to locate the former parent if the former parent’s  
8707 whereabouts are not known. This will include web searches, social media, former  
8708 contact information, and asking other known family members for the contact  
8709 information of the parent. The effort to locate the parent must constitute a  
8710 diligent effort.
- 8711 3. If the former parent is found, notify the former parent of the legal effects of  
8712 restoration of parental rights and the time and date of the hearing on the petition.  
8713
- 8714 F. The court will set a hearing on the petition at least 30 days but no more than 60 days after  
8715 the day on which the petition was filed with the court.
- 8716 1. Before the hearing, the caseworker may submit a confidential report to the court  
8717 containing the following information:
- 8718 a. Material changes in circumstances since the termination of parental rights;  
8719 b. Summary of the reasons why parental rights were terminated;  
8720 c. The date on which parental rights were terminated;  
8721 d. The willingness of the former parent to resume contact with the child and  
8722 have parental rights restored;  
8723 e. The ability of the former parent to be involved in the life of the child and  
8724 accept physical custody of, and responsibility for, the child; and  
8725 f. Any other information the caseworker or Child and Family Team  
8726 considers appropriate and determinative such as the extended family  
8727 support for the former parent and the extent to which the former parent has  
8728 rehabilitated from the behavior that resulted in the termination of parental  
8729 rights.  
8730
- 8731 G. The hearing for the restoration of parental rights may have one or more of the following  
8732 results:
- 8733 1. Continue status quo.
- 8734 a. The caseworker will continue to search for other permanency options for  
8735 the child.
- 8736 2. Allow contact between the former parent and the child and describe conditions  
8737 under which contact may take place.
- 8738 a. The caseworker will facilitate the contact pursuant to the court order and  
8739 monitor the effect of contact between the child and the former parent. The  
8740 caseworker, in consultation with the Child and Family Team, will provide  
8741 a report to the court with recommendations as to whether the contact  
8742 should continue and increase in frequency and duration, or whether the  
8743 contact should discontinue.
- 8744 3. Order that the child be placed with the former parent in a temporary custody and  
8745 guardianship relationship to be reevaluated six months from the day on which the  
8746 child is placed.

- 8747  
8748  
8749  
8750  
8751
- 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.

8752 **308 Transitions From DCFS Custody**

8753 Major objectives:

8754 The Child and Family Team will determine what plan for transition is in the child’s best interest.  
8755 The transition from DCFS custody will seek to ensure that:

- 8756 A. The child will be in a safe and appropriate environment that will endure until the child reaches maturity.
- 8757 B. The child and his/her caregivers will have access to services and resources that will sustain permanency.
- 8758 C. The child has connections to their past, present, and future.

8767 **308.1 Trial Home Placement And Return Of The Child**

8768 **Home**

8769 Major objectives:

8770 When a child and family’s safety needs have been met in that the original reasons and risks have  
8771 been reduced or eliminated, the child can return home.

8772 **Applicable Law**

8773 Utah Code Ann. [§80-2-301](#). Division responsibilities.

8774 Utah Code Ann. [§80-3-306](#). Outstanding arrest warrant check before return of custody.

8775 Practice Guidelines

- 8776 A. The Child and Family Team will assess if a Trial Home Placement (THP) is appropriate  
8777 for the circumstances of the case. Assess through the following:
  - 8778 1. Update the UFACET. Ensure that the Visitation section of the UFACET reflects  
8779 scores that would support a THP or return home.
  - 8780 2. Complete a SDM safety assessment and risk reassessment to help determine if the  
8781 child can be safely reunified to a caregiver.
  - 8782 3. Team by facilitating a Child and Family Team Meeting to review the Child and  
8783 Family Plan to ensure that the child and family’s safety needs have been reduced  
8784 or resolved in order for the child to be safely reunified to a caregiver. Consider  
8785 the recommendations of the Child and Family Team. The objection of any one  
8786 person should not automatically prevent the child from being returned home.
  - 8787 4. Assess the children’s feelings and desires about a THP and readiness to return  
8788 home.
  - 8789 5. Contact the Assistant Attorney General (AAG) to ensure the legal steps are in  
8790 place to begin a THP.
    - 8791 a. If a review hearing is needed, request that the AAG contact the juvenile  
8792 court for a date.



- 8796  
8797  
8798  
8799  
8800  
8801  
8802  
8803  
8804  
8805  
8806  
8807  
8808  
8809  
8810  
8811  
8812  
8813  
8814  
8815  
8816  
8817  
8818  
8819  
8820  
8821  
8822  
8823  
8824  
8825  
8826  
8827  
8828  
8829  
8830  
8831  
8832  
8833  
8834  
8835  
8836  
8837  
8838  
8839
- 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\\_nnREa9M5F0rAWBPWkawNOIHYGcpONOI1ZMqrWKfQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLScXndX7K_nnREa9M5F0rAWBPWkawNOIHYGcpONOI1ZMqrWKfQ/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.

- 8840 1. Assessing: Once the child is returned home and it is determined that the child and  
8841 family is still in need of services and supervision, in-home services will be  
8842 provided based on the needs of the family.  
8843 a. The services may be either be by court order (PSS) or on a collaborative  
8844 services (PSC).  
8845 b. The current caseworker will either provide these services directly or can  
8846 make a request to refer the family to the in-home program team, to arrange  
8847 for ongoing services.  
8848 c. Refer to In-Home Services Major objectives, [Section 102](#).  
8849

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

(This section was previously numbered 301.15.)

Guiding principles:

- 8853  
8854 A. Protection and safety of a child are always the first priorities. Services are provided in the  
8855 context of the Practice Model and the Child and Family Team, and are child-centered and  
8856 family-focused.  
8857  
8858 B. DCFS seeks this permanency option only if other permanency goals, including a return to  
8859 the parents or adoption, are determined not to be in the child’s best interest.  
8860  
8861 C. DCFS supports permanency for children and recognizes that in a few situations neither  
8862 family reunification nor termination of parental rights and adoption best serve the  
8863 permanency needs of the child.  
8864

Major objectives:

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

- 8865  
8866 A. To provide a permanent, safe living arrangement for a child who has been placed in the  
8867 custody of DCFS or the DHHS and for whom return home or adoption is not a legal  
8871 option.  
8872  
8873 B. To create an enduring and self-sustaining relationship for the child.  
8874  
8875 C. To normalize and stabilize family life for the child.  
8876  
8877 D. To transfer legal responsibility for the child from the state to an out-of-home caregiver  
8878 who is either a licensed caregiver or a relative, empowering the caregiver to completely  
8879 assume the role of parent and make important decisions on the child’s behalf.  
8880  
8881 E. To minimize the level of involvement with DCFS for the child and caregiver.  
8882  
8883

### 8884 **Applicable Law**

- 8885 A. Section 475(5)(C) of the Social Security Act allows for legal guardianship and placement  
8886 with a fit and willing relative among the permanency options for foster children who are  
8887 unable to be reunified with their families.  
8888
- 8889 B. Utah Code Ann. [§80-1-102](#) defines guardianship and legal custody and associated  
8890 authority and responsibility.  
8891
- 8892 C. Utah Code Ann. [§80-2-301](#) authorizes DCFS to make expenditures necessary for the care  
8893 and protection of children who are abused, neglected, dependent, runaway, or  
8894 ungovernable.  
8895

### 8896 Practice Guidelines

- 8897 A. When guardianship is being considered as the primary permanency goal for a child,  
8898 adoption must be ruled out. The caseworker will staff the child with the regional  
8899 Adoption Team.
- 8900 1. To determine if there are no grounds to terminate parental rights.
  - 8901 2. To determine if ongoing contact and relationship with the parents is best for the  
8902 child.
  - 8903 3. To determine if the child and prospective guardians understand the differences  
8904 between adoption and guardianship in terms of financial supports, available  
8905 services, and legal ramifications in the child's adult years.
  - 8906 4. For children whose parents' rights have been terminated or voluntarily  
8907 relinquished, guardianship is rarely an appropriate permanency goal.
  - 8908 5. Children with high needs, including those who qualify for disabilities such as SSI,  
8909 may not be appropriate for a permanency goal of guardianship because there are  
8910 limited or no services available after case closure. They will not qualify for out-  
8911 of-home treatment services or DSPD services.
  - 8912 6. If adoption is ruled out, document compelling or justifiable reasons not to  
8913 terminate parental rights and pursue adoption.
  - 8914 7. Region director approval will be required to pursue a permanency goal of  
8915 guardianship for children whose parents' rights have been terminated or  
8916 voluntarily relinquished or for children with high needs and will require services  
8917 after case closure.  
8918
- 8919 B. Guardianship and Legal Custody.
- 8920 1. Guardianship is the transfer of legal responsibility for a minor child from the state  
8921 to a licensed out-of-home caregiver who is a non-relative caregiver or to a relative  
8922 caregiver who may or may not be a licensed out-of-home caregiver until the child  
8923 reaches the age of 18 years.
  - 8924 2. Guardianship involves the legal assumption of authority for another individual to  
8925 consent to marriage, to enlist in the armed forces, and to consent and authorize  
8926 major medical, surgical, or psychiatric treatment; and to legal custody, if legal  
8927 custody is not vested in another person, agency, or institution.
  - 8928 3. Legal custody means a relationship embodying the following rights and duties:

- 8929 a. The right to physical custody of the minor;
- 8930 b. The right and duty to protect, train, and discipline the minor;
- 8931 c. The duty to provide the minor with food, clothing, shelter, education, and
- 8932 ordinary medical care;
- 8933 d. The right to determine where and with whom the minor will live; and
- 8934 e. The right, in an emergency, to authorize surgery or other extraordinary
- 8935 care.
- 8936 4. The guardian is responsible for ensuring that parents have an opportunity to visit
- 8937 their children in accordance with the court order.
- 8938
- 8939 C. Residual Rights of Natural Parents. The residual rights of the natural parents remain in
- 8940 effect unless restricted by the court when custody and guardianship is granted to an out-
- 8941 of-home caregiver. Residual parental rights include:
- 8942 1. Responsibility for support.
- 8943 2. The right to consent to adoption.
- 8944 3. The right to determine the child's religious affiliation.
- 8945 4. The right to reasonable **visitation** family-time.
- 8946
- 8947 D. Guardianship and Legal Custody as a Permanency Option.
- 8948 1. There are two types of guardianship permanency goals:
- 8949 a. Guardianship with a Non-Relative;
- 8950 b. Guardianship with a Relative.
- 8951 2. These permanency options may be selected as concurrent permanency goals or
- 8952 primary permanency goals. [See: [Section 301.2](#), Identifying Permanency Goals
- 8953 And Concurrent Planning.]
- 8954 3. It is not necessary for a prospective guardian to be identified when selecting
- 8955 guardianship as a primary or concurrent goal.
- 8956 a. When selecting this goal the Child and Family Plan must support this goal,
- 8957 including but not limited to steps to finding, contacting, and involving a
- 8958 prospective guardian to support the transition and placement of the child
- 8959 with the prospective guardian until the court grants permanent
- 8960 guardianship.
- 8961
- 8962 E. Guardianship as a Primary Goal. The following steps should be completed by the
- 8963 permanency caseworker during the selection process while choosing guardianship as a
- 8964 primary goal for a child in foster care:
- 8965 1. Discuss guardianship as a primary goal in the context of a Child and Family Team
- 8966 Meeting. If available, include the regional guardianship subsidy caseworker as a
- 8967 participant in the planning process.
- 8968 2. Assess the child's physical, emotional, social, and educational needs and how
- 8969 these needs may be met if under the care of a guardian, including specific sources
- 8970 of support, such as:
- 8971 a. Availability of financial support for the child (such as Supplemental
- 8972 Security Income, Social Security benefits, or other benefits), as well as the
- 8973 prospective guardian resources, specified relative payment (if a qualifying
- 8974 relative), or guardianship subsidy for non-relatives.

- 8975                    b.      Ability to address health care needs through health care coverage, such as  
8976                    the guardian’s insurance or Medicaid, if the child qualifies.  
8977                    c.      Need for ongoing services from DCFS or the DHHS.  
8978                    d.      Child’s citizenship and legal residency status, and if an undocumented  
8979                    alien, how the child’s medical needs can be met without Medicaid  
8980                    coverage.  
8981
- 8982    F.      Identifying Prospective Guardian.
- 8983                    1.      When selecting guardianship as the primary permanency goal, the caseworker  
8984                    will explore potential caregivers to become legal guardians. The child does not  
8985                    need to be in the prospective guardian’s home prior to selecting this goal.  
8986                    2.      Identify prospective guardians who are fit and willing to be ongoing caregivers  
8987                    for the child, and who will support the safety, permanency, and well-being of the  
8988                    child. Prospective guardians may be either relatives or non-relatives. If the  
8989                    prospective guardian is a non-relative, they must be licensed out-of-home  
8990                    caregivers or willing to become licensed. For relative placement, Kinship  
8991                    Practice Guidelines [Section 500](#) must be followed.  
8992                    3.      Ensure that the identified caregiver or relative are able to meet the qualifying  
8993                    factors to become a guardian (see Section C, Guardianship Qualifying Factors)  
8994                    and that long-term placement with the caregiver or relative is in the child’s best  
8995                    interest.  
8996                    4.      Obtain commitment of the prospective caregiver to become guardian of the child  
8997                    and provide for the child’s long-term needs.  
8998                    5.      Discuss the appropriateness of the child maintaining a relationship with parents  
8999                    despite discontinuation of reunification efforts, including continuing  
9000                    **[visitation]family-time** and residual parental rights.  
9001                    6.      Discuss with the prospective guardian the long-term view for the child.  
9002                    7.      Provide information about the child, responsibilities of guardianship, and the  
9003                    residual rights of the child’s parents to the prospective guardian and child’s  
9004                    parent(s).  
9005                    8.      Ensure that the guardian understands the guardianship agreement.  
9006                    9.      If the child is not currently with the prospective guardian, prepare a transition plan  
9007                    with the Child and Family Team, including **[parental visitation]family-time**,  
9008                    safety planning, and identification of community resources available to support  
9009                    the needs of the child and guardian. Ensure that the regional guardianship subsidy  
9010                    worker is invited to participate in the team planning process.  
9011
- 9012    G.      Legal Guardianship Qualifying Factors.
- 9013                    1.      General Qualifying Factors. Legal guardianship can be granted if the following  
9014                    qualifying factors are met. These factors apply to both relatives and non-relatives  
9015                    who are seeking legal guardianship.  
9016                    a.      The child cannot safely return home. This requirement is met if the court  
9017                    determines that reunification with the child’s parents is not possible or  
9018                    appropriate and the Child and Family Team and regional screening  
9019                    committee agree that adoption is not an appropriate plan for the child,

- 9020 including informing the prospective guardian of the limited services  
9021 available through guardianship.
- 9022 b. There are insufficient legal grounds to terminate the parents’ rights or the  
9023 parent and child have a significant bond but the parent is unable to provide  
9024 ongoing care for the child (such as, but not limited to, an emotional,  
9025 mental, or physical disability) and the child’s current caregiver has  
9026 committed to raising the child to the age of majority and to facilitate  
9027 [visitation]family-time with the parent.
- 9028 c. There are compelling reasons why the child cannot be adopted, such as  
9029 when the child's Tribe has exclusive jurisdiction or the Tribe has chosen to  
9030 intervene in the adoption proceedings. Under ICWA, a Tribe has the right  
9031 to determine the child's permanency, for this reason the Tribe has the  
9032 authority to approve guardianship with the current caregiver.
- 9033 d. If the child is age 14 years or over, the child consents to the guardianship;  
9034 or, if the child does not consent, just cause as to why the guardian should  
9035 be appointed.
- 9036 e. The prospective guardian must:  
9037 (1) Be able to maintain a stable relationship with the child.  
9038 (2) Have a strong commitment to providing a safe and stable home for  
9039 the child on a long-term basis.  
9040 (3) Have a means of financial support and connections to community  
9041 resources.  
9042 (4) Be able to care for the child without DCFS supervision.
- 9043 2. Non-Relative Qualifying Factors. In addition to general qualifying factors, the  
9044 following apply to non-relatives who are seeking guardianship. In order for  
9045 guardianship to be granted:  
9046 a. The prospective guardian is a licensed out-of-home caregiver.  
9047 b. The child has lived for at least six months in the home of the prospective  
9048 guardian before the court can grant legal guardianship. The region  
9049 director or designee may waive the six-month placement requirement for  
9050 sibling groups if at least one sibling has been in the home for six months  
9051 and the prospective guardian meets all other eligibility criteria.  
9052 c. A Child and Family Team has formally assessed the placement and found  
9053 that continuation with the caregiver is in the child’s best interest and  
9054 supports the safety, permanency, and well-being of the child.  
9055 d. DCFS has no concerns with the care the child has received in the home.  
9056 e. The child has a stable and positive relationship with the prospective  
9057 guardian.
- 9058 3. Relative Qualifying Factors. In addition to general qualifying factors, the  
9059 following apply for relative guardianship:  
9060 a. The child’s prospective guardian is a relative who meets the relationship  
9061 requirements of the Department of Workforce Services Policy 223  
9062 Household Composition - Specified Relative Program, effective June 1,  
9063 2005, which currently includes:  
9064 (1) Grandfather or grandmother;  
9065 (2) Brother or sister;



- 9066 (3) Uncle or aunt;
- 9067 (4) First cousin;
- 9068 (5) First cousin once removed (a first cousin’s child);
- 9069 (6) Nephew or niece;
- 9070 (7) Persons of preceding generations as designated by prefixes of
- 9071 grand-, great-, great-great, or great-great-great;
- 9072 (8) Spouses of any relative mentioned above even if the marriage has
- 9073 been terminated;
- 9074 (9) Persons that meet any of the above mentioned relationships by
- 9075 means of a step relationship;
- 9076 (10) Relatives that meet one of these relationships by legal adoption;
- 9077 b. If not licensed as an out-of-home caregiver, the relative has completed
- 9078 kinship screening, including a home study and background checks, in
- 9079 accordance with Kinship Practice Guidelines, [Section 500](#).
- 9080 c. In order to be considered for a guardianship subsidy, the prospective
- 9081 relative guardian must be a licensed out-of-home caregiver and
- 9082 demonstrate that they cannot qualify for a Specified Relative Grant. The
- 9083 caseworker must be provided with a copy of a denial letter from the
- 9084 Department of Workforce Services or written proof that the relationship
- 9085 requirements do not apply (such as through relevant birth certificates).
- 9086 (1) Approval from the regional guardianship screening committee and
- 9087 regional administration is required in making this determination.
- 9088 (2) If a relative guardian is found to be receiving both a Specified
- 9089 Relative Grant and guardianship subsidy for the same child, the
- 9090 caseworker will notify the Department of Workforce Services and
- 9091 appropriate actions may be taken for repayment.
- 9092
- 9093 H. Preparing for the Court to Grant Guardianship.
- 9094 1. Provide an explanation to the parents of their responsibility to continue payment
- 9095 for the child’s care until the child reaches the age of 18 years. The Office of
- 9096 Recovery Services will continue to collect these child support payments until all
- 9097 obligations are met.
- 9098 2. Notify the parents that for tax purposes, their child is considered a dependent of
- 9099 the guardian.
- 9100 3. Notify the regional eligibility worker of the pending foster care case closure and if
- 9101 guardianship with a relative subsidy is planned.
- 9102 a. If subsidy is planned, obtain a Medicaid review form (61MR) from the
- 9103 eligibility worker. Have the prospective guardian complete the form 30
- 9104 days prior to custody and guardianship being transferred to the guardian.
- 9105 Give the completed form to the eligibility worker.
- 9106 b. If no subsidy is planned and the prospective relative guardian will be
- 9107 seeking a Specified Relative payment, refer them to the local Department
- 9108 of Workforce Services office to apply for the Specified Relative Grant and
- 9109 Medicaid.
- 9110

- 9111 I. Guardianship as a Concurrent Goal. The following steps should be completed by the  
9112 permanency caseworker when choosing guardianship as a concurrent goal for a child in  
9113 foster care:
- 9114 1. Discuss guardianship as a concurrent goal in the context of a Child and Family  
9115 Team Meeting.
- 9116 a. Assess the child’s physical, emotional, social, and educational needs and  
9117 how these needs may be met if under the care of a guardian.
- 9118 b. Consider the appropriateness of the child maintaining a relationship with  
9119 parents if reunification efforts are discontinued.
- 9120 c. Assess the appropriateness of adoption as a concurrent goal. If adoption is  
9121 ruled out, document compelling or justifiable reasons not to terminate  
9122 parental rights and pursue adoption.
- 9123 d. Determine if guardianship is the next best permanency goal to the primary  
9124 goal.
- 9125 e. Identify prospective guardians who are fit and willing to be ongoing  
9126 caregivers for the child, and who will support the safety, permanency, and  
9127 well-being of the child. Prospective guardians can be either relatives or  
9128 non-relatives. If the prospective guardian is a non-relative, they must be  
9129 licensed out-of-home caregivers or be willing to become licensed.
- 9130 f. Discuss with prospective guardians the long-term view for the child and  
9131 ability and willingness to be an ongoing caregiver if the current primary  
9132 permanency goal is discontinued.
- 9133 g. Provide full disclosure of requirements and responsibilities of  
9134 guardianship to the prospective guardians and child’s parents, including  
9135 continuation of parental **[visitation]family-time** and residual parental  
9136 rights.
- 9137 h. Identify factors that must be considered for transition planning if the  
9138 concurrent goal becomes the primary goal.
- 9139
- 9140 J. Court Orders. Once approved by the regional guardianship subsidy screening committee,  
9141 the caseworker will request an Assistant Attorney General to file a petitioner with the  
9142 juvenile court to:
- 9143 1. Terminate DCFS custody.
- 9144 2. Grant permanent custody and guardianship to the new guardian.
- 9145 3. Address the child’s **[visitation]family-time** with the parents.
- 9146
- 9147 K. Post-Guardianship Placement Social Supports and Services.
- 9148 1. Each region will designate a caseworker who will respond to requests for  
9149 information and assistance and will provide crisis intervention for guardians.
- 9150 2. DCFS may provide voluntary home-based or youth advocate services to help  
9151 maintain the guardianship placement, within available region resources  
9152 designated for this purpose.
- 9153 3. DCFS may work with the Assistant Attorney General to request a petition for  
9154 court-ordered services when appropriate.
- 9155

9156 **308.2a Guardianship Assistance With A Non-Relative**

9157 Major objectives:

- 9158 A. Non-relative guardians may be eligible to receive state-funded guardianship assistance.  
9159 These guidelines apply to non-relative guardians.  
9160  
9161 B. Relatives who are granted permanent guardianship may apply for the Specified Relative  
9162 Grant and Medicaid through the Department of Workforce Services. [*Refer to: [Section](#)*  
9163 *[500.](#)*]  
9164  
9165 C. Relatives who do not qualify for the Specified Relative Grant may be eligible to receive  
9166 the state-funded guardianship assistance as described in these guidelines.  
9167

9168 **Applicable Law**

- 9170 A. Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement  
9171 with a fit and willing relative among appropriate permanency options for foster children  
9172 who are unable to be reunified with their families.  
9173  
9174 B. Utah Code Ann. [§80-1-102](#) defines guardianship and legal custody and associated  
9175 authority and responsibility.  
9176  
9177 C. Utah Code Ann. [§80-2-301](#) authorizes DCFS to make expenditures necessary for the care  
9178 and protection of children who are abused, neglected, dependent, runaway, or  
9179 ungovernable.  
9180

9181 Practice Guidelines

9182 A Guardianship Subsidy

9183 1. Availability/Scope/Duration

- 9184 a. Guardianship subsidies are available to meet the care and maintenance  
9185 needs for children in out-of-home care:  
9186 (1) For whom guardianship has been determined as the most  
9187 appropriate primary goal;  
9188 (2) Who do not otherwise have adequate resources available for their  
9189 care and maintenance;  
9190 (3) Who meet the qualifying factors described in Section 3B, Non-  
9191 Relative Qualifying Factors; and  
9192 (4) Who cannot qualify to receive a Specified Relative grant from the  
9193 Department of Workforce Services as described in Section 3C-4,  
9194 Relative Qualifying Factors.  
9195 b. Guardianship subsidies are available through the month in which the child  
9196 reaches age 18 years.  
9197 c. Each region may establish a limit to the number of eligible children who  
9198 may receive guardianship subsidies.  
9199 d. Guardianship subsidies are subject to the availability of state funds  
9200 designated for this purpose.

- 9201 2. Regional Guardianship Subsidy Screening Committee:
- 9202 a. Each region will establish at least one regional guardianship subsidy
- 9203 screening committee. This committee may be combined with another
- 9204 appropriate committee, such as the adoption subsidy committee or
- 9205 placement committee.
- 9206 b. The regional guardianship subsidy screening committee will be comprised
- 9207 of at least five members, and a minimum of three members must be
- 9208 present for making decisions regarding a guardianship subsidy. Decisions
- 9209 will be made by consensus.
- 9210 c. Members of the committee may include the following:
- 9211 (1) Chairperson;
- 9212 (2) Clinical consultant or casework supervisor;
- 9213 (3) Regional budget officer or fiscal representative;
- 9214 (4) Resource Family Consultant;
- 9215 (5) Allied agency representative from agencies, such as a community
- 9216 mental health center, fostering healthy children nurse, or other
- 9217 agencies within the department;
- 9218 (6) Regional administrator or other staff with relevant responsibilities;
- 9219 and
- 9220 (7) Adoptive or out-of-home caregiver or guardian.
- 9221 d. The regional guardianship subsidy screening committee is responsible to:
- 9222 (1) Verify that a child qualifies for a guardianship subsidy;
- 9223 (2) Approve the level of need and amount of monthly subsidy for
- 9224 initial requests, changes, and renewals;
- 9225 (3) Document committee decisions; and
- 9226 (4) Coordinate supportive services to prevent disruptions and preserve
- 9227 permanency.
- 9228
- 9229 B. Medicaid Coverage.
- 9230 1. The caseworker is responsible to notify the eligibility caseworker that
- 9231 guardianship is the child's permanency plan and the approximate date for custody
- 9232 to be terminated. This will help ensure that Medicaid coverage can continue
- 9233 without interruption for an eligible child. The caseworker will also let the
- 9234 eligibility caseworker know if a guardianship subsidy is planned for the child.
- 9235 2. The eligibility worker will provide the permanency caseworker with a Medicaid
- 9236 review form (61MR) to be completed prior to termination of DCFS custody.
- 9237 3. The caseworker will work with the prospective guardian to complete the review
- 9238 form within 30 days prior to guardianship being granted by the court. The
- 9239 guardian's name and address must be specified on the form. Income and asset
- 9240 information of the child will be reported on the form. (Guardian income and
- 9241 assets are not required.)
- 9242 4. The caseworker is responsible to provide the eligibility caseworker with the
- 9243 following information soon after the court has granted custody and guardianship
- 9244 but before the SCF case is closed in SAFE:
- 9245 a. Completed Medicaid review form.
- 9246 b. Copy of Guardianship Subsidy Agreement (if applicable).

- 9247 c. Copy of court order terminating DHHS/DCFS custody.  
9248 5. The eligibility worker will review the child’s Medicaid eligibility and take the  
9249 appropriate action based on the instruction received by the State IV-E Medicaid  
9250 Eligibility Specialist.  
9251
- 9252 C. Unearned Income and Guardianship Subsidies.
- 9253 1. Unearned Income and Guardianship: Unearned income sources must be  
9254 considered when determining if a guardianship subsidy is appropriate for a child  
9255 and in determining the amount of the subsidy. The most common types of federal  
9256 unearned income received by children in out-of-home care are Supplemental  
9257 Security Income and Social Security Dependent benefits. The Social Security  
9258 Administration administers both of these income sources.
- 9259 2. Supplemental Security Income Benefits for Children (SSI): SSI benefits are  
9260 payable to blind or disabled children under 18 years of age who have limited or  
9261 no income and assets/resources or who come from homes with limited or no  
9262 income and assets/resources. The Social Security Administration conducts a  
9263 review when an individual reaches 18 years of age to determine if benefits may  
9264 continue into adulthood. SSI will generally continue for a child when in the care  
9265 of a guardian. However, SSI income will be reduced if other income becomes  
9266 available to the child, including a guardianship subsidy. A guardianship subsidy  
9267 is not recommended for an SSI recipient because the subsidy will result in the  
9268 reduction or loss of SSI income (which might have continued to be available  
9269 when the child reaches adulthood).
- 9270 3. Social Security Dependents Benefits (SSD – *may also be referred to as SSA*):  
9271 Social Security benefits may be paid to a dependent child under age 18 years  
9272 through the Retirement, Survivors and Disability Insurance Program based upon  
9273 the work record of a child’s parent. For example, a child may receive these  
9274 dependent benefits as a result of a parent’s disability or death. Benefits may be  
9275 extended beyond age 18 years for full-time students. Social Security benefits  
9276 will generally continue for a child when in the care of a guardian and will not be  
9277 reduced by other earnings, including a guardianship subsidy. The amount of  
9278 Social Security benefits must be taken into account when determining the amount  
9279 of a guardianship subsidy.
- 9280 4. Other Sources: Children in out-of-home care may also receive other sources of  
9281 unearned income, such as Veteran’s benefits, Railroad Retirement benefits, Tribal  
9282 benefits, or insurance settlement funds. The caseworker should contact the  
9283 benefit source prior to termination of state custody to determine the impact on  
9284 receipt and amount of the benefit if the child enters into custody and guardianship  
9285 of a caregiver. Any benefits that will continue in guardianship should be taken  
9286 into account when determining the amount of a guardianship subsidy.  
9287
- 9288 D. Determining Guardianship Subsidy Amounts.
- 9289 1. The regional screening committee will determine the subsidy amount by  
9290 considering the special needs of the child and the circumstances of the guardian  
9291 family. The caseworker presents to the committee information regarding the



- 9292 special needs of the child, the guardian family income and expenses, and/or the  
9293 guardian family’s special circumstances (Forms OH60 and OH61).
- 9294 2. The following factors must be considered when determining the amount of the  
9295 monthly subsidy to be granted: All sources of financial support for the child  
9296 including Supplemental Security Income, Social Security benefits, and other  
9297 benefits. (The subsidy committee may require verification of financial support.)  
9298 If a child is receiving benefit income and the income can continue after  
9299 guardianship is granted, this amount will be deducted from the guardianship  
9300 subsidy amount. The guardianship subsidy should not replace other available  
9301 income (such as Supplemental Security Income).
- 9302 3. The guardianship subsidy will not exceed the levels indicated below, and may be  
9303 less based on the ongoing needs of the child and the needs of the guardians.
- 9304 a. Guardianship Level I: Guardianship Level I is for a child who may have  
9305 mild to moderate medical needs or medically needy, psychological,  
9306 emotional, or behavioral problems, and who requires parental supervision  
9307 and care. The amount of guardianship subsidy for a child whose needs are  
9308 within Level I may be any amount up to the lowest basic foster care rate.
- 9309 b. Guardianship Level II: Guardianship Level II is for a child who may be  
9310 physically disabled, developmentally delayed, medically needy or  
9311 medically fragile, or have a serious emotional disorder (SED). The  
9312 amount of the guardianship subsidy may range from the lowest basic  
9313 foster care rate to the lowest specialized foster care rate.
- 9314 c. Children who are receiving the structured foster care rate in foster care or  
9315 who are in a group or residential setting are considered for the  
9316 Guardianship Level II rate.
- 9317 (1) Children who may qualify for Guardianship Level II will be staffed  
9318 with a clinical consultant or other region designee to assess  
9319 whether a guardian can meet the child’s needs with community  
9320 services and without DCFS interventions after case closure.
- 9321 (2) The staffing will be documented and included in the guardianship  
9322 assistance file.
- 9323 d. Guardianship subsidies may not exceed the Guardianship Level II rate.
- 9324 e. Guardianship subsidies are funded with state general funds within regional  
9325 foster care budgets. A region has the discretion to limit the number of  
9326 guardianship subsidies or reduce guardianship subsidy rates based on the  
9327 availability of funds.
- 9328
- 9329 E. Guardianship Subsidy Agreement.
- 9330 1. A Guardianship Subsidy Agreement specifies the terms for financial support for  
9331 the child’s basic needs.
- 9332 2. A guardianship subsidy caseworker will complete the Guardianship Subsidy  
9333 Agreement (GA03).
- 9334 3. The effective date of the initial agreement is the date of the court order granting  
9335 guardianship.
- 9336 4. A Guardianship Subsidy Agreement must:
- 9337 a. Be signed by the guardian and DCFS prior to any payments being made.



- 9338 b. Identify the reason a subsidy is needed.
- 9339 c. List the amount of the monthly payment.
- 9340 d. Identify dates the agreement is in effect.
- 9341 e. Identify responsibilities of the guardian.
- 9342 f. Identify under what circumstances the agreement may be amended or
- 9343 terminated and the time period for agreement reviews.
- 9344 g. Include a provision for a reduction or termination in the amount of the
- 9345 guardianship subsidy in the event a legislative or executive branch action
- 9346 affects the DCFS' budget or expenditure authority, making it necessary for
- 9347 DCFS to reduce or terminate Guardianship Subsidies or if a regional
- 9348 office determines that reduction is necessary due to regional budget
- 9349 constraints.
- 9350 h. Include a provision for assignment of benefits to the Office of Recovery
- 9351 Services in accordance with the Office of Recovery Services requirements.
- 9352 i. Include a provision for repayment of any financial entitlement made by
- 9353 DHHS/DCFS to the guardian that were incorrectly paid.
- 9354
- 9355 F. Notification Regarding Changes.
- 9356 1. The guardian must notify DCFS if:
- 9357 a. There is no longer a need for a guardianship subsidy.
- 9358 b. The guardian is no longer legally responsible for the support of the child.
- 9359 c. The guardian is no longer providing any financial support to the child or is
- 9360 providing reduced financial support for the child.
- 9361 d. The child no longer resides with the guardian.
- 9362 e. The guardian has a change in address.
- 9363 f. The child has run away.
- 9364 g. The guardian is planning to move out of state.
- 9365
- 9366 G. Reviews.
- 9367 1. A guardianship subsidy caseworker will review each guardianship subsidy
- 9368 agreement annually. The family situation, child's needs, and amount of the
- 9369 guardianship subsidy payment may be considered.
- 9370 2. The guardian must complete the Guardianship Subsidy Re-certification form
- 9371 provided by DCFS to verify that the guardian continues to support the child. If
- 9372 the re-certification is not received after adequate notice, the guardianship subsidy
- 9373 may be delayed or face possible termination.
- 9374 3. Renewals and Re-certifications:
- 9375 a. Renewals: In order for guardianship assistance payments to continue, this
- 9376 Agreement will be renewed at intervals of up to three years until the
- 9377 child's 18th birthday.
- 9378 b. Renewal Procedure: DHHS/DCFS will provide written notification to the
- 9379 guardians before the next renewal date and will supply the guardian with
- 9380 the appropriate forms.
- 9381 c. Amendment Prior to Next Renewal Date: The parties (DHHS/DCFS and
- 9382 the guardian) may negotiate the terms of a new agreement at any time. In
- 9383 order to be effective, all new agreements will be in writing, on a form

- 9384 approved by DHHS/DCFS, and signed by the parties. Oral modifications  
9385 or agreements will bind neither DHHS/DCFS nor the guardian.  
9386 d. Re-certification: In order for guardianship assistance payments to  
9387 continue, the guardian must re-certify annually by completing and  
9388 submitting the Annual Guardianship Subsidy Re-certification form  
9389 (GA04) to DHHS/DCFS.  
9390  
9391 I. Changing the Amount of the Guardianship Subsidy.  
9392 1. The amount of a guardianship subsidy does not automatically increase  
9393 when there is a foster care rate change or as the child ages.  
9394 2. A guardian may request a guardianship subsidy review when seeking an  
9395 increase in the guardianship subsidy amount, not to exceed the maximum  
9396 amount allowable for the child's level of need. The guardian must  
9397 complete the Request for Subsidy Increase Form to provide  
9398 documentation to justify the request (Form GA05).  
9399 3. The request must be reviewed and approved by the Regional Guardianship  
9400 Subsidy Screening Committee. If approved, a new guardian subsidy  
9401 agreement will be completed.  
9402 4. DCFS must provide written notice of agency action by certified mail at  
9403 least 30 days in advance if a guardianship subsidy rate is going to be  
9404 reduced.  
9405  
9406 H. Appeals/Fair Hearings.  
9407 1. The guardian may appeal a DHHS/DCFS decision to deny, reduce, or terminate a  
9408 child's guardianship subsidy awarded through the guardianship subsidy  
9409 agreement by filing a written request for an Administrative Hearing with the  
9410 DHHS Office of Administrative Hearings (OAH). The hearing request must be  
9411 filed within 10 working days of receiving the DHHS/DCFS decision in writing.  
9412 For further instructions regarding Administrative Hearings, contact OAH. [See  
9413 Utah Administrative Rule 497-100, Adjudicative Proceedings.)  
9414 2. DCFS will send by certified mail a written Notice of Agency Action when a  
9415 decision is made to deny, reduce, or terminate a guardianship subsidy. The notice  
9416 will also include information about how to request a fair hearing  
9417 3. A fair hearings officer from OAH may overturn a DCFS decision to deny, reduce,  
9418 or terminate a child's guardianship subsidy when the following apply:  
9419 a. DCFS incorrectly determined that the qualifying factors were not met;  
9420 b. DCFS incorrectly determined the appropriate guardianship subsidy level  
9421 for the child;  
9422 c. DCFS terminated the subsidy without an applicable termination reason  
9423 existing.  
9424  
9425 I. Termination.  
9426 1. A guardianship subsidy agreement will be terminated if any of the following  
9427 circumstances occur:  
9428 a. The terms of the agreement are concluded.  
9429 b. The guardian requests termination.

- 9430 c. The child reaches age 18 years.
- 9431 d. The child dies.
- 9432 e. The guardian parent dies (in a two-parent family if both guardian parents
- 9433 die).
- 9434 f. The guardian parent's legal responsibility for the child ceases.
- 9435 g. DHHS/DCFS determines that the child is no longer receiving financial
- 9436 support from the guardian parent.
- 9437 h. The child marries.
- 9438 i. The child enters the military.
- 9439 j. The child is adopted.
- 9440 k. The child is placed in foster care.
- 9441 l. DHHS/DCFS determines that funding restrictions prevent continuation of
- 9442 subsidies for all guardians.
- 9443 2. A guardianship subsidy payment may be terminated or suspended, as appropriate,
- 9444 if any of the following occur. The decision to terminate or suspend must be made
- 9445 by the regional guardianship subsidy screening committee.
- 9446 a. The child is incarcerated for more than 30 days.
- 9447 b. The child is out of the home for more than a 30-day period or is no longer
- 9448 living in the home.
- 9449 c. The guardian fails to return the annual certification or to complete the
- 9450 renewed guardianship subsidy agreement within five working days of the
- 9451 renewal date.
- 9452 d. There is a supported finding of child abuse or neglect against the guardian.
- 9453
- 9454 J. Closure of the Foster Care (SCF) Case When Termination is for Guardianship Without a
- 9455 Guardianship Subsidy. The caseworker will close the SCF case following normal SAFE
- 9456 procedures using the closure wizard. The caseworker does not need to enter the guardian
- 9457 or parent as a placement in the foster care case. After the court has terminated DCFS
- 9458 custody, no other placements are entered in SAFE.
- 9459
- 9460 K. Foster Care Case Record Transition and Process for Guardianship (With Guardianship
- 9461 Subsidy Case).
- 9462 1. Guardianship Subsidy Screening Committee
- 9463 1. Schedule a Guardianship Subsidy Screening Committee meeting.
- 9464 b. Complete Form GA01 - Guardianship Subsidy Program Application.
- 9465 c. Prepare Form GA02 - Guardianship Subsidy Screening/Approval Form.
- 9466 d. Attend the Guardianship Subsidy Screening Committee meeting.
- 9467 e. Complete form GA02 - Guardianship Subsidy Screening/ Approval Form
- 9468 at the committee meeting.
- 9469 2. Attend the court hearing granting custody to the guardian.
- 9470 a. Enter an Activity Record in SAFE detailing the outcome of the hearing;
- 9471 b. Navigate to the child's current placement record (Placement Window);
- 9472 select the Permanency Tab and enter the Guardianship Date.
- 9473 3. Open a GAM Case in SAFE.
- 9474 a. Create a GAM Case through the Case Creation module (utilize the SCF
- 9475 case number as the prior case id). Designate a caseworker or technician to

- 9476 track the case, make the monthly payments to the guardian, and keep the  
9477 information updated on the case.
- 9478 b. Complete the GAM Setup Wizard by navigating to the General Tab of the  
9479 Case Window and selecting the Case Setup Wizard button.
- 9480 c. Create the Guardianship Agreement Form - Form GA03 in the GAM case.
- 9481 d. Mail/deliver agreement for signatures.
- 9482 4. Close Foster Care Case (SCF). Do not enter the guardian or parent as a placement  
9483 in the foster care case when closing the case in SAFE. After the court has  
9484 terminated DCFS custody, no other placements are entered in the foster care case.
- 9485 a. Navigate to the General Tab of the SCF Case Window; select the Case  
9486 Closure Wizard button.
- 9487 b. Enter Closure Reason = Custody/Guardianship to Foster Parent.
- 9488 c. Enter Case End Date = [Date Custody granted to Foster Parent].
- 9489 d. Complete Closure Wizard.
- 9490 5. Create Provider Record/Provider Approval in SAFE. Most providers will already  
9491 be opened as a licensed provider in SAFE. If they are not, the following steps  
9492 must be done:
- 9493 a. Fax a "Request for 9-character Provider Record Creation" to BCM along  
9494 with a copy of the provider's social security card.
- 9495 b. Once BCM creates the provider record in SAFE, they will notify the office  
9496 to create provider approvals.
- 9497 c. SAFE provider tech will need to go to PR07 and open the provider  
9498 approval. Form GA03, attachment A will have the start/end dates along  
9499 with the rate that the provider needs to be open. If there is more than one  
9500 child, with more than one rate, open the approval for the highest rate.
- 9501 e. The provider information will download nightly into SAFE. PSAs can be  
9502 open in the GAM case the following day.
- 9503 6. Create Purchase Service Authorization in SAFE.
- 9504 a. Navigate to the Purchase Service Authorization Window in SAFE (GAM  
9505 case context).
- 9506 b. Enter the following information:
- 9507 (1) Provider ID.
- 9508 (2) Start Date.
- 9509 (3) Service = GAR.
- 9510 (4) Kind = Month.
- 9511 (5) Units = 1.
- 9512 (6) Rate = [amount determined in agreement].
- 9513 7. Payment Process.
- 9514 a. Once the provider approval and PSA has been opened in SAFE, the direct  
9515 checks for the GAR payment will start the following month.
- 9516 b. A handwritten 520 will need to be filled out for the first month if the start  
9517 date was after the 1st. The rate for the first month will need to be pro-  
9518 rated (i.e., if the foster care payment ends on the 20th, the GAR payment  
9519 will start the 21st).
- 9520 c. Take the provider monthly approval rate and divide by number of days in  
9521 that particular month. Then times this rate by the number of days that

- 9522 need to be paid for remainder of the month. (Providers do not have to sign  
9523 these handwritten 520's for GAR payments for the first month of service.)
- 9524 d. The automatic check run for GAR will be on the 1st of each month.  
9525 Exceptions to this rule will be if the 1st is a Wednesday (day of regular  
9526 check run), or a Saturday/Sunday. If the 1st falls on a Wednesday, the  
9527 check run will be the next day. If it falls on a weekend, the check run will  
9528 be on the following Monday. If there are any check runs that fall on a  
9529 holiday Monday, they will run on Tuesday.
- 9530 e. If a provider approval has ended and the client authorization is still open, a  
9531 direct check will not be issued to the provider. The agreement/approval  
9532 needs to be updated before any payments can be issued.
- 9533 8. Create Guardianship Subsidy File in the Child's Name.
- 9534 a. Create a new file using approved subsidy tabs. If provider is getting  
9535 custody and guardianship of a sibling group, all names can be added and  
9536 maintained in the same guardianship file.
- 9537 b. Copies of GA01 (Guardianship Program Application), and GA02  
9538 (Guardianship Screening/Approval Form) will be placed in both the foster  
9539 care file and the guardianship subsidy file. If copies of the birth certificate  
9540 and social security card are available from the family file, copies should  
9541 be placed in the guardianship subsidy file also.
- 9542 c. Forms GA03 (Guardianship Subsidy Agreement) and GA04 (Annual  
9543 Recertification Letter), along with any other correspondence, will be  
9544 maintained in the guardianship subsidy file.
- 9545 9. Annual Guardianship Subsidy Re-certification Letter.
- 9546 a. Mail Form GA04 - Annual Guardianship Subsidy Re-certification Letter  
9547 60 days or more prior to the end date of the agreement.
- 9548 b. Request that the GAR provider complete and return the re-certification  
9549 letter 30 days prior to the end date of the agreement.
- 9550 c. Upon receipt of the re-certification letter, enter an Activity Record in  
9551 SAFE.
- 9552 d. Extend GAR provider approval in SAFE (do not create a new GAR line  
9553 unless the rate is changing).
- 9554 e. If a provider fails to return the re-certification letter 30 days prior to the  
9555 end date of the agreement, mail out a final 30-day notice. This notice will  
9556 notify them that their case will be closed in 30 days if the re-certification  
9557 letter is not received. If after the final 30-day notice the re-certification  
9558 letter is not received, close the PSA to stop the GAR direct checks from  
9559 running.
- 9560
- 9561 L. Closure of a Guardianship Subsidy Case.
- 9562 1. Navigate to the General Tab of the GAM Case Window; Select the Case Closure  
9563 Wizard Button.
- 9564 a. Enter appropriate Closure Reason based on the child's situation. Select  
9565 the closure reason value that most closely applies.
- 9566 2. Complete Closure Wizard.

- 9567 3. At closure of the GAM case, the hardcopy of the guardianship subsidy file will be  
9568 closed and archived according the retention for guardianship subsidies.  
9569

### 308.3 Transition To Adoptions And Adoption Finalization

9570  
9571 Major objectives:

9572 If the child's permanency goal is adoption and the child is not already in the adoptive home,  
9573 DCFS will make intensive efforts to place the child with an adoptive family. [See: [Section 400](#),  
9574 Adoption, subsections 401.3 through 401.9.]  
9575

9576  
9577 **Applicable Law**

9578 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
9579

### 308.3a Contact Between Adopted Child And Birth Family Members

9580  
9581  
9582 Philosophy:

9583 Help children stay connected with birth family members after adoption to help relieve loss,  
9584 cultivate a pride in their heritage, and answer questions about family histories of medical and  
9585 mental health conditions.  
9586

9587 Major objectives:

9588 DCFS will help children who are adopted benefit from contact with birth family members when  
9589 all parties agree it is safe and appropriate. Contact with birth family members may help a child:  
9590

- 9591 A. Relieve grief and loss. Children have often lost connections with birth family members  
9592 through being in out-of-home care and further lose connections after they are adopted.  
9593 B. Cultivate pride in their biological heritage to develop self-worth and good self- esteem.  
9594 Contact with appropriate birth family members can help an adopted child understand  
9595 their biological heritage.  
9596  
9597 C. Explain things like their genetic traits and possible inherited medical and mental health  
9598 conditions.  
9599

9600  
9601  
9602  
9603 **Applicable Laws**

9604 Utah Code Ann. [§80-2-804](#). Adoptive placement time frame -- Division contracts with child-  
9605 placing agencies.

9606 Utah Code Ann. [§78B-6-146](#). Post Adoption Contact Agreement.  
9607

9608 Practice Guidelines

9609 [See: Practice Guidelines [Section 401.8a.](#)]  
9610



9611 **308.4 Transition To Independent Living**

9612  
9613 (This section has been replaced by [Section 303.7.](#))  
9614

9615 **308.5 Transfer To Other Agencies**

9616 Major objectives:

9617 DCFS will team with other agencies to ensure each foster child receives appropriate services  
9618 from other agencies as needed.  
9619

9620  
9621 **Applicable Law**

9622 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
9623

9624 Practice Guidelines

- 9625 A. The caseworker should screen the case with the appropriate agency to determine if the  
9626 child is eligible for services from another agency such as Youth Corrections, DSPD, or  
9627 Division of Aging and Adult Services.  
9628  
9629 B. If the child is under age 18 years and is eligible for DSPD services, DSPD will not  
9630 assume full responsibility for the case until the child is age 18 years or in some cases age  
9631 21 years. Therefore, DCFS must work in conjunction with DSPD. However, once a  
9632 child reaches age 18 or 21 years, the case may be transferred to DSPD.  
9633  
9634 C. Once it is determined a child is eligible for service from another agency and the case has  
9635 been accepted for services by the agency, the caseworker will meet with the child and  
9636 necessary family members and explain the transfer of services to the new agency. The  
9637 caseworker will assist the child and new caseworker in making a smooth transition.  
9638  
9639 D. Once the transition is complete, DCFS may close the foster care case.  
9640

9641 **308.6 Termination Of Out-Of-Home Services**

9642 Major objectives:

9643 When a child's permanency goal is achieved, DCFS out-of-home services will be terminated.  
9644  
9645

9646  
9647 **Applicable Law**

9648 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
9649

9650 Practice Guidelines

9651 No later than 30 days after the issuance of the court order to terminate DCFS custody and  
9652 guardianship of a child, the caseworker will:

- 9653  
9654 A. Complete the risk assessment, which shows the child will be safe in the permanent  
9655 placement.

- 9656
- 9657 B. Update the Functional Assessment.
- 9658
- 9659 C. If parental rights have not been terminated, notify the parents, in writing, that the case is
- 9660 being closed. A copy of the letter should be sent to the Guardian ad Litem.
- 9661
- 9662 D. Notify the Office of Recovery Services with a closure date.
- 9663
- 9664 E. Notify the regional eligibility caseworker for reassessment or referral of Medicaid
- 9665 eligibility.
- 9666
- 9667 F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social
- 9668 Security Administration or other entitlement source in writing of the change in payee and
- 9669 notify the business office at the regional office to close out the child’s trust fund.
- 9670
- 9671 G. Write a termination summary addressing the original risk factors, achievement of the
- 9672 service plan goals and the reason for closing the case, etc.
- 9673
- 9674 H. Complete the closure wizard on SAFE.
- 9675
- 9676 I. The case must have a copy of the court order terminating DCFS custody and involvement
- 9677 in the record before the case can be closed.
- 9678
- 9679 J. The case should be reviewed by the caseworker’s supervisor and a QA review completed
- 9680 and put in the record to ensure all documentation is complete on the case before it is
- 9681 closed.
- 9682
- 9683 K. If the child is from another state, refer to [Section 703](#) Interstate Compact On The
- 9684 Placement Of Children.
- 9685

### 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.

- 9701  
9702  
9703  
9704  
9705  
9706  
9707  
9708
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.
- 9709 B. Prior to the review of the minor's petition by the court, the caseworker will provide the  
9710 following information, if applicable, to the court to assist the court in determining if it is  
9711 appropriate to grant the release from custody:
- 9712 1. That the minor does not pose an imminent threat to self or others. This includes,  
9713 but is not limited to:
    - 9714 a. Substance abuse issues.
    - 9715 b. Threat of homelessness or human trafficking.
    - 9716 c. Mental health impairment.
    - 9717 d. Ability to live independently as an adult, including work and education.
    - 9718 e. Disability.
    - 9719 f. Threat of exploitation due to disability.
- 9720
- 9721 C. If the court grants the petition, the minor may petition the court to re-enter DCFS custody  
9722 within 90 days of the original petition being granted. If the court does grant the petition  
9723 to have the minor re-enter DCFS custody, the caseworker will:
- 9724 1. An SCF case will be opened on the date the court granted the petition to re-enter  
9725 DCFS custody.
  - 9726 2. Determine if the minor should be considered for an Independent Living  
9727 Placement (ILP) (*see: [Section 303.7](#)*). If it is determined the minor should be  
9728 placed in an ILP, the caseworker will follow [Section 303.7](#).
  - 9729 3. If the minor is assessed to need a higher level of care, the caseworker will staff  
9730 the case with the regional contract manager to determine if there are placements  
9731 available that can serve a minor over the age of 18.
  - 9732 4. The caseworker will assess for possible kinship connections, as well as other  
9733 permanent connections following [Section 301.2](#) to determine appropriate  
9734 permanency goals for the minor.  
9735

9736 **309 Peer Parent Services**

9737 Major objectives:

9738 Peer Parent services may be appropriate for families who have parenting or household  
9739 management challenges. Peer Parent services are also appropriate for families who are at risk of  
9740 having their children removed (as a preventative measure) or whose children have been removed.  
9741 Families will be assigned a peer parent who is a specially trained individual, who may be a  
9742 licensed out-of-home caregiver or an individual from the community, to work intensively with  
9743 the parents to provide information; to teach and provide an opportunity to practice positive  
9744 parenting and household management skills; and to model the skills.  
9745

9746 Peer Parent services are not designed to ensure safety of the children in the home or to monitor  
9747 the family's compliance with court orders or DCFS requirements.  
9748  
9749

9750 **Applicable Law**

9751 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
9752

9753 Practice Guidelines

- 9754 A. Eligibility requirements for families to be referred by a caseworker to Peer Parent  
9755 services are:
- 9756 1. Families or caregivers in need of extra help or support in order to maintain the  
9757 child in the home.
  - 9758 2. Families whose child has been removed from the home due to insufficient  
9759 parenting skills.  
9760
- 9761 B. The role and responsibilities of the peer parent is:
- 9762 1. To teach parenting skills by engaging the parent and the child in interactive  
9763 experiences.
  - 9764 2. To teach and model household management skills needed by the parent.
  - 9765 3. To fully document all sessions as they work with the family.
  - 9766 4. To submit documentation to both the peer parent area coordinator and the  
9767 caseworker on a monthly basis.  
9768
- 9769 C. All peer parents will use a skills-based curriculum approved by DCFS as a basis for  
9770 working with the family. The peer parent may supplement the curriculum, when needed,  
9771 with other materials approved by the peer parent area coordinator.  
9772
- 9773 D. A manual, and/or other materials used by the peer parent when working with the family,  
9774 will remain with the family as a resource when peer parenting has ended.  
9775
- 9776 E. Accessing, Initiating, and Terminating Peer Parent services:
- 9777 1. The caseworker will staff all referrals to Peer Parent services with the peer parent  
9778 area coordinator, who will determine if the referral is appropriate for Peer Parent  
9779 services.

- 9780 2. Peer Parent services will not be provided simultaneously with homemaker, family  
9781 preservation, or parent advocate services.
- 9782 3. The caseworker will include Peer Parent services in the Child and Family Plan.
- 9783 4. Peer Parent services will begin with an initial meeting between the peer parent,  
9784 caseworker, and parent to clarify expectations and the skills to be addressed, and  
9785 to formally include Peer Parent services in the Child and Family Plan.
- 9786 5. The caseworker will ensure that correct service codes are entered into SAFE in  
9787 order to provide the requisite compensation to the peer parent.
- 9788 6. The caseworker will assist the potential peer parent and/or the peer parent area  
9789 coordinator in completing other forms required in order to initiate services.
- 9790 7. The caseworker will ensure that the service codes are closed in a timely manner  
9791 upon completion or termination of Peer Parent services.
- 9792
- 9793 F. Time Requirements and Limitations: Peer parents will engage the parent in hands-on,  
9794 practical parenting opportunities for a minimum of 20 hours per month with a maximum  
9795 or 40 hours per month. Peer Parent services are not to exceed 120 days unless staffed for  
9796 an exception. Exceptions to this time frame include court orders or approval from the  
9797 region director.
- 9798
- 9799 G. Payment code:
- 9800 1. The payment code of PPO will be used when Peer Parent services are initiated on  
9801 a case where the child is currently in state custody. The PPI code is utilized when  
9802 the child remains in the custody of the parent or guardian and Peer Parent services  
9803 are being offered.
- 9804 2. Peer Parent services will be opened with the parent or guardian identified as the  
9805 primary client (not the child). In most cases only one parent may be opened for  
9806 the service.
- 9807 3. The peer parent will receive a standard reimbursement rate. In order for the  
9808 payment to be processed, DCFS must receive completed documentation for total  
9809 hours billed and a signed form 520 from the peer parent who is providing the  
9810 services. Documentation must be received prior to the payment being issued.
- 9811
- 9812 H. Peer Parent Program Staff:
- 9813 1. Peer parents are specially trained individuals, who may be licensed out-of-home  
9814 caregivers or an individual from the community, who work intensively with the  
9815 parents to provide information, to teach and provide an opportunity to practice  
9816 positive parenting and household management skills, and to model the skills.
- 9817 2. Peer parent area coordinators administer the Peer Parent services in the regions.  
9818 The peer parent area coordinators recruit, train, supervise, and assist individual  
9819 peer parents.
- 9820 3. A program administrator from the State Office is assigned to manage Peer Parent  
9821 services statewide and inform the peer parent area coordinators of Practice  
9822 Guidelines and procedures of DCFS pertaining to Peer Parent services.
- 9823
- 9824 I. Requirements for being a peer parent:
- 9825 1. Peer parents will be certified by DCFS to provide Peer Parent services.

- 9826 2. Peer parents will have completed basic peer parent training delivered by the peer  
9827 parent area coordinator and maintain a working knowledge of the competencies  
9828 outlined in the current Peer Parenting Manual.
- 9829 3. Peer parents will be current with their required advanced training hours delivered  
9830 by the peer parent area coordinator.
- 9831 4. Peer parents must show an understanding of the major objectives and procedures  
9832 of DCFS.  
9833
- 9834 J. Peer Parents Certification:
- 9835 1. Peer parents may be licensed DCFS out-of-home caregivers who have received  
9836 training and certification specific to providing Peer Parent services.
- 9837 2. Peer parents may also be individuals from the community that are not licensed  
9838 out-of-home caregivers, but who have gone through the peer parent training and  
9839 certification process and are approved to provide Peer Parent services by the  
9840 region director.
- 9841 3. The peer parent area coordinator will facilitate the certification process by  
9842 documenting that the prospective peer parent has:
- 9843 a. Passed the background screening process,  
9844 b. Completed the necessary training, and  
9845 c. Gained an understanding of DCFS processes.
- 9846 4. The peer parent area coordinator will notify the region of all certified peer parents  
9847 and their status as either licensed out-of-home care providers or certified peer  
9848 parents.  
9849
- 9850 K. Role of the Peer Parent Area Coordinators: The peer parent area coordinator will:
- 9851 1. Recruit and train peer parents throughout the region as needed.
- 9852 2. Receive referrals from caseworkers for Peer Parent services, make a  
9853 determination of the appropriateness of the family for services, and assign a peer  
9854 parent to the family.
- 9855 3. Meet quarterly with DCFS staff, throughout the region they serve, to assess the  
9856 needs of the region in regards to Peer Parent services and to educate staff  
9857 regarding the Peer Parent services.
- 9858 4. Assess the Peer Parent services in the region they serve and make needed  
9859 improvements and changes.
- 9860 5. Attend statewide meetings in regards to the Peer Parent services, coordinate with  
9861 the program administrator assigned to Peer Parent services, and prepare program  
9862 utilization reports as requested by DCFS.  
9863
- 9864 L. Role of the program administrator assigned to Peer Parent services:
- 9865 1. The program administrator will manage and evaluate the Peer Parent services.  
9866 The program administrator works to improve the Peer Parent services and ensure  
9867 that the program is being implemented effectively in the regions.
- 9868 2. The program administrator manages Peer Parent services statewide and informs  
9869 the peer parent area coordinators of Practice Guidelines and procedures in regards  
9870 to Peer Parent Services.



9871  
9872  
9873

3. The program administrator will assist the peer parent area coordinators, region directors, and DCFS staff as needed.

### 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 regards 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.

9912 Practice Guidelines

9913 General Philosophy:

9914 DCFS has the responsibility to determine the least restrictive and most appropriate placement  
9915 based on the child's needs. The placement provides for the safety of the child and others, as well  
9916 as assists in maintaining the child's connections with their family. For children who are unable  
9917 to return home, the placement will have the capacity to prepare a child for another planned  
9918 permanent relationship and/or provide for connections to relationships that will endure through  
9919 adulthood.

9920

9921 A. The Levels of Care Evaluation Model promotes the belief that children should live in  
9922 family settings, not in a treatment program.

9923

9924 B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the  
9925 needs of children while keeping safety, permanency, and well-being at the forefront  
9926 throughout the decision-making processes used by the Child and Family Team.

9927

9928 C. The Levels of Care Evaluation Model is designed to identify the level of care,  
9929 supervision, and services that a child requires and NOT identify a specific placement.

9930

9931 D. Services will be outcome driven and provided in the most cost effective manner within  
9932 available resources.

9933

9934 Levels of Care - General Description:

9935 A. The Levels of Care Evaluation Model is based on a continuum of care with seven levels  
9936 of care. As the levels of care progress, each level is designed to provide more intensive  
9937 services and supervision than the prior level of care.

9938

9939 B. The first three levels (Level I, Level II, and Level III) are most frequently provided in  
9940 foster family homes licensed by the OL. Occasionally these services are provided to  
9941 children in proctor homes, such as when foster family homes are not available or when  
9942 siblings of a child in proctor care are placed together.

9943

9944 1. Level I is family-based care that provides safe, adequate, standard parental  
9945 supervision and care. Children in this level of care may have mild to moderate  
9946 medical or mental health treatment needs and mild behavioral problems.

9945

9946 2. Level II is family-based care that provides a safe environment with adequate  
9947 parental supervision that may be slightly or moderately more intense than that of a  
9948 child in Level I care. Children at this level may be physically disabled,  
9949 developmentally delayed, medically needy or medically fragile, or have a serious  
9950 emotional disorder (SED), and may require outpatient treatment services more  
9951 frequently than once a week, such as day treatment and/or special education  
9952 services.

9953

9954 3. Level III is family-based care that provides intensive treatment services and  
9955 constant supervision in a family living environment by a well-trained,  
9956 experienced out-of-home care provider. Children at this level may have severe  
9957 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

- 9958 with a lower level of services and supervision. Children in Level III care have  
9959 behaviors, medical concerns, or other needs that could generally be improved by  
9960 working with skilled, experienced out-of-home care providers that have  
9961 completed advanced training through the Utah Foster Care and have demonstrated  
9962 skills in working with the issues. A Level III placement is a safe intervention  
9963 phase to help stabilize and improve the behavior of a child ages eight to 18 years  
9964 and to teach them skills to help them form healthy relationships and achieve goals  
9965 congruent with their age and developmental level.
- 9966 a. Level III care is based on the needs of the child, not the level of training  
9967 the out-of-home care provider has received.
  - 9968 b. The out-of-home care provider may be required to participate in  
9969 supplemental training to learn how to deal with the specific needs and  
9970 behaviors of a child assessed for Level III placement. Level III placement  
9971 may also include a specific, individualized plan (which may be  
9972 incorporated into the Child and Family Plan) tailored to improving  
9973 problematic behaviors of the child and/or meeting the child’s specific  
9974 needs.
  - 9975 c. Screening for placement in Level III:
    - 9976 (1) A child who is recommended for a Level III placement will be  
9977 screened by the Placement Screening Committee or equivalent  
9978 committee in the region to determine if a Level III placement is the  
9979 most appropriate placement for meeting the child’s needs.
      - 9980 (a) The region director or designee is required to approve  
9981 placing a child under the age of eight years in a Level III  
9982 placement.
    - 9983 (2) Level III is to assist in preparing the child for transition into a  
9984 permanent family setting, such as returning the child home;  
9985 adoption; custody and guardianship to kin or with an out-of-home  
9986 care provider; or another planned, permanent living arrangement.
  - 9987 d. Requirements for prospective Level III out-of-home care providers: Out-  
9988 of-home care providers must meet the following requirements before they  
9989 can be approved to provide Level III care:
    - 9990 (1) A minimum of six months experience as an out-of-home care  
9991 provider OR the Resource Family Consultant (RFC) or other  
9992 designated regional staff determines that the family has the skills  
9993 and abilities to successfully parent a child placed in their care that  
9994 would qualify as a child that requires a Level III placement;
    - 9995 (2) One parent available in the home full-time when the child is  
9996 present;
    - 9997 (3) Complete the training designated by DCFS through the Utah  
9998 Foster Care for Level III out-of-home care providers;
    - 9999 (4) Successful demonstration of the skills taught in the training;
    - 10000 (5) Successful completion of an evaluation by the RFC or other staff  
10001 designated by the region at the end of a six-month probationary  
10002 period;

- 10003 (6) Completion of any additional requirements as outlined by the  
10004 region.
- 10005 e. The RFC or other staff designated by the region will monitor the out-of-  
10006 home care provider to assess their ability to provide Level III care. A  
10007 formal, written evaluation of the out-of-home care provider’s abilities will  
10008 be completed annually and documented in SAFE or in the out-of-home  
10009 care provider’s file in order to determine that they are able to provide care  
10010 and structure at an appropriate level for the child placed in their home.
- 10011 g. If needed, the RFC or other designated regional staff will identify or  
10012 provide additional training and/or assistance to the family to help the out-  
10013 of-home care provider in meeting the specific needs of the child placed in  
10014 their home.
- 10015
- 10016 C. Children with severe emotional or behavioral difficulties that cannot be managed in  
10017 traditional family settings because of a need for more intensive supervision and treatment  
10018 may be placed in higher levels of care through contracts with licensed providers.
- 10019 1. Level IV is proctor family care through a private licensed child-placing agency.  
10020 The proctor agency generally has access to highly skilled caregivers as well as a  
10021 variety of wraparound services needed for the higher, intensive needs of the child.  
10022 It also includes Transition to Adult Living services in a supervised apartment  
10023 setting.
- 10024 2. Level V is residential support or residential treatment, generally for children with  
10025 moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.
- 10026 3. Level VI is residential treatment for children with high level treatment and  
10027 supervision needs, generally requiring 1:4 staff to client ratio with awake night  
10028 staff. This is the highest level of care before institutional care at a psychiatric or  
10029 acute care hospital.
- 10030 4. Level VII is institutional care at a psychiatric or acute care hospital, such as the  
10031 Utah State Hospital.
- 10032
- 10033 D. Categories of primary treatment needs for Levels IV, V, and VI: Children entering a  
10034 higher level of care provided by a contract provider (Levels IV, V, or VI) will have  
10035 behavioral concerns. These levels are based on the intensity of supervision required by  
10036 direct care staff and/or proctor parents. It is what is behind the behaviors that will  
10037 indicate primary treatment needs of the child.
- 10038
- 10039 Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five  
10040 categories of service that are designed to address specific treatment needs of a child. For  
10041 children entering higher levels of care, an assessment and determination must be made  
10042 regarding which treatment category is appropriate for the child.
- 10043 1. Sexual Behaviors: Children who have sexual behaviors that have not been  
10044 managed while living with their families or while living in lower levels of care.
- 10045 2. Mental Health: Children whose negative behaviors are a result of a mental illness  
10046 (such as seriously emotionally disturbed, bipolar disorder, major depression,  
10047 PTSD, etc.).

- 10048  
10049  
10050  
10051  
10052  
10053  
10054  
10055  
10056  
10057  
10058  
10059  
10060  
10061  
10062  
10063  
10064  
10065  
10066  
10067  
10068  
10069  
10070  
10071  
10072  
10073  
10074  
10075  
10076  
10077  
10078  
10079  
10080  
10081  
10082  
10083  
10084  
10085  
10086  
10087  
10088  
10089  
10090  
10091  
10092  
10093
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.
  5. Individual Residential Treatment for Severe Needs (IRTS): Children with a combination of cognitive impairments or other significant physical disabilities AND severe emotional or behavioral disorders that cannot be served in the other treatment categories due to their intensive needs. Children placed in the IRTS category require a more intensive staff to client ratio from 1:1 to a maximum of 1:3 client ratio and other intensive services, which are based on the individual needs of the child. The treatment plan for a child placed in this category is highly individualized and based on the child’s needs.
    - a. The IRTS category is a 24-hour individual residential program. Highly trained staff provide an intensely structured environment, general guidance, supervision, behavior management, and other rehabilitation services designed to improve the child’s condition or prevent further regression so that services of this intensity will no longer be needed. The program has the capacity to significantly increase or decrease the intensity of services and supervision for the child, depending on their needs, without a change in the placement setting. There are two types of IRTS placements:
      - (1) Community living residential support: This service is available to those persons who live alone or with roommates in an apartment-like setting based on an individualized staff to client ratio ranging from 1:1 to 1:3. This is a residential service designed to assist the child to gain and/or maintain skills to live as independently as possible and fully participate in a community setting. The type, frequency, and amount of required support in these settings are based on the individual client’s needs.
      - (2) Professional parent home: A family home-like setting for one child with IRTS qualifying needs. This service provides individualized habilitation, supervision, training, and assistance in a certified private home for no more than one child client at a time. This service includes daily supports to maintain individual health and safety, and assistance with activities of daily life.
    - b. Requirements for IRTS professional parent homes:
      - (1) The provider will place no more than one child client in the home of a professional parent.
      - (2) The provider will ensure there is no more than one child client in the professional parent home who is unrelated to the professional parents, including the child client who is being served.
      - (3) One professional parent will be in the home at all times when the child client is in the home, or the caseworker will need to approve other agency staff to provide supervision. A professional parent



will be available for immediate contact when the child client is not in the home.

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. It is also expected that any program working with female clients, even where there is a mixed gender population in the program, will implement gender-responsive best practices. Training and guidance will be given to providers regarding gender responsive practices.
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 (CFA): Caseworkers will complete a CFA on each child in order to assist in making an appropriate determination for the level of care the child will be placed in. The CFA will include a Levels of Care Evaluation.
  1. CFA: The CFA is developed through a process of teaming and assessing each child in DCFS custody. Information available from formal assessments (health, mental health, psychiatric, school, etc.) and informal assessments (client interviews, family history, etc.) is brought together and synthesized into the CFA. Through the Child and Family Team process, the caseworker completes the CFA by gathering information about the child in the following areas:
    - a. Threats of harm that can affect the safety of the child;
    - b. Placement and treatment history;
    - c. Child's family history, including the family's strengths, concerns, and protective capacities;
    - d. Child's strengths, motivations, and interests;
    - e. Health issues/concerns, including medication history;
    - f. Developmental and educational levels;

- 10139 g. Behavioral/emotional concerns about the child, including those that pose a
- 10140 risk to self and others;
- 10141 h. Mental health issues and history, including psychotropic medication;
- 10142 i. History of delinquent behavior;
- 10143 j. Permanency goal, including enduring relationships that can provide safety
- 10144 and permanence.
- 10145

10146 B. Levels of Care Evaluation tool: Caseworkers will use input and information from the

10147 Child and Family Team and from other known assessments to complete a Levels of Care

10148 Evaluation on every child to determine the appropriate level of care and services needed

10149 to promote stabilization for the child. The Levels of Care Evaluation will inform the

10150 CFA. Children will be placed in the level and category of treatment and supervision that

10151 is best suited to meet individualized needs based on the conclusions drawn in the CFA

10152 and the Levels of Care Evaluation tool.

- 10153 1. The Child and Adolescent Needs and Strengths (CANS) assessment will serve as
- 10154 the Levels of Care Evaluation tool for children in the custody of DCFS. The
- 10155 CANS assessment is meant to be completed using information that is contributed
- 10156 by the members of the Child and Family Team. The result of the CANS
- 10157 assessment is a recommendation for a level of care, as well as a recommended
- 10158 treatment category for Levels IV, V, and VI.
- 10159 2. The CANS assessment results may be superseded by recommendations of other
- 10160 assessments (such as a NOJOS assessment or Mental Health Assessment) or by
- 10161 the decision of the Child and Family Team or the Placement Screening
- 10162 Committee when determining the appropriate level of care for the child.
- 10163 3. When a decision is made to place a child at a level of care that differs from the
- 10164 recommendation of the CANS assessment, the rationale for the placement
- 10165 decision will be documented in the SAFE database in the CFA.
- 10166

10167 C. When the placement recommendation indicates the need for a Level III placement and

10168 above, the caseworker will take the completed CANS assessment and the CFA, and will

10169 present the information to the region Placement Screening Committee. The Placement

10170 Screening Committee will ask clarifying questions and assist the caseworker in refining

10171 the evaluation in order to determine an appropriate recommendation for a level of care for

10172 the child. The placement will be within the least restrictive environment for the shortest,

10173 appropriate duration to help the child achieve the outcomes defined for that child and to

10174 help the child progress towards enduring safety and permanency in a family setting.

10175

10176 Ongoing Assessment of Progress:

10177 In order to assess for progress, the caseworker will hold regular reviews to determine whether the

10178 child is making progress and/or needs to remain at the current level of care. The review should

10179 include the completion of a new CANS assessment, review of other assessments that have been

10180 completed since the last review, input from the Child and Family Team, and any other relevant

10181 case information.

10182

- 10183 A. For placements at Level I, II, and III, reviews will be conducted a minimum of every six
- 10184 months or more frequently as needed.

- 10185  
10186 B. For each child placed at a Level IV or higher, reviews will be conducted a minimum of  
10187 every three months or more frequently as needed.  
10188
- 10189 C. For children in Level III placements and above, these reviews must be done with the  
10190 region Placement Screening Committee.
- 10191 1. Review of Level III placement: The review process of a Level III placement will  
10192 follow the region protocol, but at a minimum will be staffed with the supervisor  
10193 and the caseworker.
- 10194 2. For all placements, the review will include input from the Child and Family Team  
10195 members regarding the effectiveness and appropriateness of the placement, and  
10196 should address the child’s underlying needs, strengths, behaviors, progress toward  
10197 goals, permanency, long-term view, and barriers to progress. A new Level of  
10198 Care Evaluation tool (the CANS) should also be completed as a part of the  
10199 review.
- 10200 3 If the child has been in a Level III or higher placement for 12 months or longer  
10201 without making significant progress, the Child and Family Team will determine:
- 10202 a. Whether the child may need to be screened by the Placement Screening  
10203 Committee or equivalent placement committee in the region for a higher  
10204 level of care;
- 10205 b. Whether the child may be in need of additional supports or wrap-around  
10206 services, or their behavior goals may need to be re-defined.
- 10207 4 If after 12 months it is determined that the child would benefit from continuation  
10208 in their current placement, the caseworker will document this information on the  
10209 CFA and forward the information to the Placement Screening Committee.  
10210
- 10211 D. Stepping a child down will be based on the stabilization and improvement of the child’s  
10212 behaviors and conditions as based upon the CANS. This decision will be a collaborative  
10213 decision by the Child and Family Team and/or the Placement Screening Committee.  
10214
- 10215 E. Children who are placed in Level III and Level IV family-based care may be stepped  
10216 down in intensity of wrap services provided while remaining in the same family  
10217 placement to allow for stability.  
10218
- 10219 F. If at all possible, children who are assessed for needing a higher level of care will remain  
10220 in their current placement with increased intensity of services.  
10221

10222 **311 Research Involving Children In The Division of Child**  
 10223 **And Family Services Custody**

10224 Major objectives:

10225 DCFS will cooperate with bona fide research by providing information on or allowing  
 10226 recruitment of children in the custody of DCFS as long as the research is approved in accordance  
 10227 with the standards and procedures of the DHHS Institutional Review Board, which may be found  
 10228 on their website at <http://www.hs.utah.gov/irb/index.htm>.

10229  
 10230 Applicable Law

- 10231 FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46.  
 10232 Utah Code Ann. [§52-4 et seq.](#) Open and Public Meetings.  
 10233 Utah Code Ann. [§63G-2 et seq.](#) GRAMA.  
 10234 Utah Code Ann. [§26B-6-202.](#) Purpose of Adult Protective Services Program.  
 10235 Utah Code Ann. [§80-2-602.](#) Child abuse and neglect reporting requirements -- Exceptions.

10236  
 10237 Practice Guidelines

- 10238 A. When a researcher proposes a research study that involves children in DCFS custody, the  
 10239 following steps must be taken to grant informed consent prior to the researcher being  
 10240 given any confidential information or having contact with clients or their private data.  
 10241 Federal regulations define “research” as “*a systematic investigation, including research*  
 10242 *development, testing, and evaluation, designed to develop or contribute to generalizable*  
 10243 *knowledge.*” This may include, but is not limited to, accessing individual client records,  
 10244 interviewing the child or others about the child, observing the child, or treating a child as  
 10245 part of the research study.
- 10246 1. The DCFS research representative to the DHHS Institutional Review Board (IRB)  
 10247 must review and approve the research. The DCFS research representative will  
 10248 consult with the division director and/or region directors when the research  
 10249 impacts regional workload or is of greater than minimal risk. Risk level is  
 10250 determined by the DHHS IRB or the research representative. Minimal risk means  
 10251 that the probability and magnitude of harm or discomfort anticipated in the  
 10252 research are not greater in and of themselves than those ordinarily encountered in  
 10253 daily life or during the performance of routine physical or psychological  
 10254 examinations or tests. The review will consist of evaluating whether or not the  
 10255 research is in the best interests of DCFS and its clients (including the children),  
 10256 the researcher has made adequate provision for obtaining all required informed  
 10257 consents and informed assents, the research protocols and procedures are  
 10258 designed to ensure confidentiality, respect, and ethical treatment during the  
 10259 researcher’s gathering of the data, storage, retrieval of the data, and publication of  
 10260 the data, the research study involves no more than minimal risk to subjects or the  
 10261 direct benefits to the subjects outweigh the risks, the research methodology is  
 10262 sufficiently sound to yield results that offer a potential benefit to the Department  
 10263 or DCFS, and the research protocol protects individual privacy rights and  
 10264 complies with the Department’s Vision and Mission Statements, the Department  
 10265 Code of Ethics, and any applicable rules or statutes, including Utah Code Ann.

- 10266 [§63G-2-202](#). Approval will be documented on the Division Level Approval of  
10267 Research Form (see [Section 311](#)--Foster Children Research Involvement -  
10268 Caseworker Consent Form).
- 10269 2. The DHHS IRB must review and approve the research in accordance with DHHS  
10270 policy “Protecting the Rights of Human Research Subjects Policy and  
10271 Procedures”, FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46; Utah Code  
10272 Ann. §52-4 et seq Open and Public Meetings; Utah Code Ann. [§63G-2 et seq](#)  
10273 GRAMA; Utah Code Ann. [§26B-6-202](#) Purpose of Adult Protective Services  
10274 Program; Utah Code Ann. [§80-2-602](#). Child abuse and neglect reporting  
10275 requirements -- Exceptions.
- 10276 3. Informed consent for children in DCFS custody (unless written consent has been  
10277 waived by the DHHS IRB):
- 10278 a. The DCFS caseworker for the child will consult with the foster parents  
10279 (adoptive parents in research with adoptive children) and may contact  
10280 therapists, school personnel, and others who work closely with the child to  
10281 determine if the child will be available and ready to participate in the  
10282 proposed research, and to consider if there are any concerns about the  
10283 child participating in the research. If it is decided that the child can  
10284 participate, the caseworker must sign the informed consent and document  
10285 on the “Foster Children Research Involvement – Caseworker Consent  
10286 Form” who they consulted prior to deciding to give consent.
- 10287 b. If the research is greater than minimal risk and the child is under 18 years  
10288 of age and the goal of the child is ‘Return Home’ or ‘Custody to Relative  
10289 Guardian’ or if parental rights have not been terminated, the parents or  
10290 relatives must be consulted and give their permission for the child to  
10291 participate. If they give their permission they must also sign the informed  
10292 consent form. If they do not give their consent the child cannot participate  
10293 in the research.
- 10294 c. If the child has the maturity to understand the implications of participating  
10295 in research, they must be consulted about their potential participation. It  
10296 must be explained that participation is voluntary, if they do not assent it  
10297 will not in any way affect services they or their families receive from  
10298 DCFS, and if they do assent they can withdraw from the research project  
10299 at any time without penalty. Evaluation of the child’s level of maturity is  
10300 done by the DCFS caseworker after consultation with foster or adoptive  
10301 parents and other appropriate collateral contacts (i.e., education  
10302 representatives, a therapist, caretaker, etc.). If the child (younger than 18  
10303 years of age) agrees to participate, he or she must sign an informed assent  
10304 form. If the child is 18 years or older they must sign the informed consent  
10305 form. If the child does not agree they cannot participate in the research.
- 10306 d. If the research is greater than minimal risk, the office of the Guardian ad  
10307 Litem (GAL) must be contacted. The GAL representing the child must be  
10308 given a description of the research project. If the GAL expresses concerns  
10309 regarding the child’s participation in the research, the child cannot  
10310 participate. The GAL may be contacted via phone or certified mail. They  
10311 need to be provided the anticipated start date for the research. They also

- 10312 need to be provided a date by which response is required so that they can  
10313 express any concerns they have prior to then. The GAL must be given at  
10314 least 10 days to review and respond to the research proposal. Contact with  
10315 the GAL must be documented for each child.
- 10316 e. Copies of consent forms, assent forms, and the “Foster Children Research  
10317 Involvement – Caseworker Consent Form” will then be sent to the DCFS  
10318 research representative to be stored with the research proposal.  
10319
- 10320 B. Once these steps have been completed and if proper consent and assent have been given,  
10321 the DCFS research representative may release information to the researcher or the  
10322 caseworkers may allow participation of foster children and the researcher may proceed  
10323 with their research project.  
10324