



QUARTER 4

PIP 1.1.2

Clark

(continued
vol 5)

(iii) Visitation With Parents Who Are Incarcerated

The permanency case manager must make every reasonable effort to facilitate ongoing contact between children in out-of-home care and their incarcerated parents within Clark County.

- Unless it is determined by the permanency supervisor that it would not be in the best interest of the child, the permanency case manager must make every reasonable effort to facilitate some in-person visits. Whether and how often such visits will be possible will depend upon:
 - » The location of the facility in which the parent is incarcerated.
 - » The regulations of the facility in which the parent is incarcerated.

The reason(s) for any determination that visiting an incarcerated parent is not in the child(ren)'s best interest must be specifically documented.

- In the case of verbal children, when in-person visits with incarcerated parents are impossible, the permanency case manager must make every reasonable effort to facilitate telephone visits with the same frequency with which in-person visits would occur if they were possible. The permanency case manager/supervisor must determine whether and how telephone visits will be supervised (i.e., visitation supervisor participates in the call), in accordance with the same considerations that are applicable for in-person visits.

j. Documentation of Family Visits

Visitation observations must be documented in UNITY within three (3) working days of the visit by the permanency case manager. The permanency case manager must gather the observations by (1) personally supervising the visits or (2) discussing (in person or by telephone) the visit with the visitation supervisor.

When visits are supervised by Department of Family Services (DFS) staff other than the permanency case manager, including visits supervised by the Visitation Center, the visitation supervisor must complete a *Visitation Form* and e-mail it to the permanency case manager. This does not eliminate the need for the permanency case manager to discuss the visit with the Department staff person who supervised the visit.

When family visits are supervised by Department staff other than the permanency case manager, the Department staff supervising the visit must document the visit in UNITY. When the visit is supervised by non-Department staff, the visit must be documented in UNITY by the permanency case manager.

51030. Sibling Visitation

Whenever children placed in out-of-home care are placed away from siblings, regular visits with siblings must be planned, approved by the Family Court, and conducted unless the Family Court determines that such visits are not in the best interest of the child(ren) in out-of-home care.

a. Frequency of Sibling Visitation

At a minimum, sibling visitation must occur twice per month. The frequency of sibling visitation may be altered based on a *Court Order* or the permanency supervisor's determination that more or less frequent sibling visitation is in the best interest of the child(ren) placed in out-of-home care. When determining the frequency of sibling visits, family visits that include siblings may be considered sibling and family visits.

b. Purpose of Sibling Visitation

The relationship between siblings is often among the most important connections in any child's life. Frequent sibling visitation serves to maintain and strengthen this connection and to enhance the emotional security of children in out-of-home care. When a parent(s) has been unable to function, siblings often step in and perform caretaking roles. The siblings obtain a sense of self from these roles. When living together is not possible, sibling visitation is used as a vehicle to maintain the sibling relationships. Sibling visitation must occur when siblings are placed apart.

c. Duration of Sibling Visits

The duration of sibling visits may vary. As a rule, sibling visits should last a minimum of sixty (60) minutes. This may vary according to:

- Issues related to the child(ren)'s safety.
- Issues related to the child's well-being needs.
- The tolerance for visiting demonstrated by the child(ren).
- Any special purpose or activity planned for the visit.

d. Planning for Sibling Visitation

As with family visitation, sibling visits may take many forms. Some visits will simply involve giving siblings the opportunity to play. Other visits may be combined with other activities (e.g., attend a sports event, see a movie, go to a restaurant).

The permanency case manager must discuss plans for sibling visits with the sibling visit supervisor, taking the child(ren)'s age and development into account as appropriate. These discussions include consideration of:

- The child(ren)'s reaction to previous visits.
- Any activities that are proposed for the visit.
- Activities/interactions suggested by the permanency case manager.
- Who will attend and supervise the visit.
- The location of the visit.
- Any transportation issues related to the visit.
- The exact time and expected duration of the visit.

(i) The Permanency Goal Is Adoption

When the permanency goal is adoption for one (1) child within a sibling group, sibling visitation must continue until the adoption is finalized. When the adoption is finalized, the adoptive parent must agree to continued visitation of the adopted child with the child's siblings. A plan for post-adoption sibling visitation (open adoption agreement) may have been developed and if so, must be adhered to. Post-adoption sibling visitation is important because even though there is no longer a legal relationship between the siblings, there is attachment, and maintaining this attachment can have a very positive effect on the child's life. If the adoptive parent approves of the sibling visitation, a mutually agreed-upon plan and determination of frequency are made between the adoptive parent and the permanency case manager with supervisory approval.

(ii) The Permanency Goal Is OPPLA

When the permanency goal is other planned permanent living arrangement (OPPLA), the wishes of the youth for visits with siblings must be considered by the permanency case manager and supervisor. If the youth does not wish to visit with siblings, (s)he will be counseled regarding the importance of maintaining family ties. It is also important to ensure that the youth is aware that his/her siblings wish to maintain a relationship and want to visit.

e. Documentation of Sibling Visitation

Sibling visits must be documented in UNITY within three (3) working days of the visit by the permanency case manager or by other Department staff who have supervised the visit. The permanency case manager must gather the observations by (1) personally supervising the visits or (2) discussing (in person or by telephone) the visit with the visitation supervisor.

When sibling visits are supervised by Department staff other than the permanency case manager, the Department staff supervising the visit must document the visit in UNITY. When the visit is supervised by non-Department staff, the visit must be documented in UNITY by the permanency case manager.

Documentation

51040. Other Visits

The permanency case manager may determine that the well-being needs of children placed in out-of-home care require that the children visit people other than parents or siblings with whom they have an important relationship (grandparents or other extended family members, godparents, close friends, etc.).

As part of the planning for visits with people other than parents or siblings, the permanency case manager must conduct Nevada Child Abuse and Neglect Allegation System (CANS) and Shared Computer Operations for Protection and Enforcement (SCOPE) checks prior to the visit. Requirements for supervision for other visits are the same as those for family visits.

The frequency of any visits with people other than parents or siblings with whom the child(ren) has an important relationship is to be determined by the permanency case manager in conjunction with the permanency supervisor and the Child and Family Team (CFT).

51100. Working With the Family Court

The Department derives its authority to place and maintain children in out-of-home care from the Family Court. Many of the most important decisions made on behalf of children in out-of-home care require the approval of the Family Court. Because the Department and the Family Court share responsibility for the safety, permanency, and well-being of children in out-of-home care, permanency services must be provided through collaboration between the two (2) agencies. This collaboration requires that the permanency case manager:

- Provide the Family Court with thorough, accurate, and timely information about the status of children in out-of-home care.
- Respond immediately to orders and requests for information made by the Court.
- Provide the Court with carefully prepared recommendations, including accurate and thorough explanations of the rationale for Department recommendations.

In addition, the permanency case manager must remember that [s]he acts as the Department's representative in Court and that any recommendation made to the Court is the Department's, not

the permanency case manager's. All recommendations made to the Court require supervisory approval.

51110. Initiating Court Intervention

In cases receiving permanency services, Court intervention will have been initiated by the CPS investigator or the in-home case manager prior to the Transitional Child and Family Team (CFT) meeting. If it is necessary for a permanency case manager to initiate a Family Court proceeding (e.g., for a child who becomes a part of a family receiving permanency services following the Transitional CFT), see *Section 4710: Initiating Court Intervention in the In-Home Services Policies and Procedure*.

Documentation

51120. Report and Disposition Hearing

In most permanency services cases, the Report and Disposition (R&D) Hearing is the first hearing that will take place following the Transitional Child and Family Team (CFT) meeting. Responsibility for Department activity for all Court hearings preceding the R&D Hearing, including any preparation for Court, notification, reporting, testimony, and recommendation, remains with the CPS investigator or in-home case manager as applicable. However, the permanency case manager must attend any Family Court hearing that takes place after case assignment. This includes cases where a child becomes part of a family receiving permanency services after the Transitional CFT meeting and Family Court proceedings are initiated on behalf of the new child as the result of a new *CPS Report*.

The CPS investigator completes the following sections of the R&D Report:

- Demographic information,
- Reason for hearing,
- Specialist recommendations,
- Report of police or investigating authority,
- Parent's response to the offense.

NOTE: The initial portion of the dispositional report must be completed by the CPS investigator or the in-home case manager, as applicable.

The R&D Hearing will be set approximately three (3) weeks after the Plea Hearing (or Contested Hearing). Prior to the R&D Hearing, the permanency case manager must complete the dispositional report and any applicable attachments (e.g., drug results, criminal records and assessments).

The report and applicable attachments must be filed with the Court no later than noon on the Thursday of the week prior to the R&D Hearing. The permanency case manager must also notify all parties (i.e., parent[s] and CAP attorneys) and submit a copy of the report and all applicable attachments to other parties (parents, attorneys, district attorney [DA]) within the seventy-two (72) hours prior to the hearing.

At the R&D Hearing:

- The Court may return the child(ren) to the parent(s) and order formal supervision.
- The Court may order wardship.
- The permanency case manager must submit the initial signed case plan.
- The permanency case manager must submit the dispositional report.

NOTE: The initial portion of the dispositional report must be completed by the CPS investigator or the in-home case manager, as applicable.

- A Review Hearing will be set approximately six (6) months from the removal date/Protective Custody Hearing.
- The Court may order a Status Check Hearing before the Review Hearing.

NOTE: If the permanency case manager/supervisor believes that it is likely that the family will make sufficient progress toward achieving its case plan objectives and the child(ren) may be returned within five (5) months of the R&D Hearing, the permanency case manager must request that the Court set a Status Check Hearing.

Documentation

51130. Status Check Hearings

The permanency case manager must summarize the family's progress or lack of progress in achieving its case plan objectives and any applicable documentation during Court. The permanency case manager, with the approval of the permanency supervisor, may recommend that:

- Termination of wardship custody/wardship be vacated and the petition dismissed (if the family has substantially achieved its case plan objectives and the agency district attorney [DA] concurs).
- The child(ren) be reunified with his/her parent(s).

- The case be continued (if the family has made minimal progress in achieving its case plan objectives and further permanency services are warranted).
- That the Court amend any existing order (modification of *Court Order*).
- A determination regarding a domestic violence perpetrator pursuant to NRS 432B.157 be made. The Family Court will consider the following criteria:
 - » All prior acts of domestic violence involving any of the parties;
 - » The relative severity of the injuries, if any, inflicted upon the persons involved in those prior acts of domestic violence;
 - » The likelihood of future injury;
 - » Whether, during the prior acts, one (1) of the parties acted in self-defense; and
 - » Any other factors that the Court deems relevant to the determination.

Documentation

51140. Review Hearings

Following the Report and Disposition (R&D) Hearing, the Court will set the case for a Review Hearing every six (6) months. At Review Hearings, the permanency case manager must submit a written report to the Court prior to the hearing as well as be prepared for a verbal update at the hearing. The written report must contain information about the child(ren)'s adjustment and progress and about the parent's (parents')/caregiver's (caregivers') progress in completing case plan tasks and achieving case plan objectives.

At Review Hearings, the Court may:

- Terminate Department of Family Services (DFS) wardship (dismiss the case).
- Set the case for another six (6) -month hearing.
- Make lack of reasonable efforts findings.
- Set the case for a Status Check Hearing to occur before the next Review Hearing.
- Recommend that the child(ren) be reunified with his/her parent(s).
- Issue any other orders requested by parties and deemed appropriate by the Court.
- Make a determination regarding a domestic violence perpetrator pursuant to NRS 432B.157. The Family Court will consider the following criteria:

- » All prior acts of domestic violence involving any of the parties;
- » The relative severity of the injuries, if any, inflicted upon the persons involved in those prior acts of domestic violence;
- » The likelihood of future injury;
- » Whether, during the prior acts, one (1) of the parties acted in self-defense; and
- » Any other factors that the Court deems relevant to the determination.

Documentation

a. Consider the Family's Potential for Reunification

Before every Review Hearing, the permanency case manager and supervisor must staff the case to consider whether there is a reasonable likelihood that the family will make sufficient progress in achieving its case plan objectives to permit reunification before the next Review Hearing. If the permanency supervisor determines that there is a reasonable potential for reunification, the permanency case manager must notify all parties (i.e., parent[s] and CAP attorneys) prior to the hearing. At the hearing, the permanency case manager must:

- Report that parents are making good progress toward achieving case plan objectives.
- Identify case plan tasks and objectives remaining to be completed or achieved by the parent(s)/caregiver(s).
- If reunification is anticipated within ninety (90) days from the Review Hearing, request the Court's approval to reunify.
- If reunification is anticipated in more than ninety (90) days from the Review Hearing, request that the Court set a Status Check Hearing before the next Review Hearing to consider approving reunification.

Documentation

b. Notification

The permanency case manager must provide the following participants with **written** notification of the date, time, and place of the Review Hearing seventy-two (72) hours before the hearing:

- The child(ren)'s mother and father.
- All attorneys representing the child(ren) and the child(ren)'s parent(s).

- Court Appointed Special Advocate (CASA).
- The applicable tribal council (if the Indian Child Welfare Act [ICWA] applies).
- Any other person designated a party by the Court.

c. Report on the Child(ren)'s and Family's Progress

At the Review Hearing, the permanency case manager must submit a written report to the Court prior to the hearing as well as be prepared for a verbal update at the Court hearing. The written report must provide detailed information about:

- The parent's (parents')/caregiver's (caregivers') progress in completing case plan tasks and achieving case plan objectives.
- The child(ren)'s adjustment/progress in out-of-home care.
- Any relevant issues pertaining to the parent(s)/caregiver(s) that have arisen since the previous hearing.
- The Department's recommendation related to the child(ren)'s permanent living arrangement.

Documentation

d. Submit Case Plan

The permanency case manager must file an amended case plan with the Court at each Review Hearing.

Documentation

51150. Termination of Parental Rights Hearings

When the permanency supervisor determines that parents have failed to make acceptable progress toward achieving their case plan objectives within a reasonable period of time, the permanency case manager must request that the Court terminate parental rights in order that children be freed for adoption. When considering termination of parental rights (TPR), the permanency worker must consult with his/her supervisor and obtain approval to make a referral to the district attorney (DA) for filing a TPR or obtain a relinquishment when the child has been in foster care under the responsibility of the county for twelve (12) months or for fourteen (14) of the most recent twenty (20) months. In order to meet these time frames for a judicial determination, the permanency worker consults regularly with his/her supervisor and seeks the assistance of the DA at the earliest possible date.

Documentation

a. Notification, Request to Appear

The permanency case manager must, via certified and regular mail, provide written notification of the date, time, and place of the termination of parental rights (TPR) hearing to:

- All parents (last known addresses).
- The child(ren)'s current out-of-home caregiver(s).

The District Attorney's (DA's) Office will also provide notification.

b. Termination of Parental Rights Hearing Process

All petitions and orders related to the termination of parental rights (TPR) are prepared by the district attorney (DA).

Documentation

(i) Prove-Up

If the parent(s) does not appear for the hearing or if the parent(s) agrees to termination of parental rights (TPR) immediately before the hearing, the TPR hearing will take the form of a prove-up. The permanency case manager must summarize the Department's efforts in achieving reunification and provide specific information about the parent's (parents') failure to make adequate timely progress toward achieving case plan objectives.

Documentation

(ii) Contested Termination of Parental Rights Hearing

If the parent(s) wishes to contest termination of parental rights (TPR), a trial will be held. The district attorney (DA) will take the lead in preparing for and conducting the contested TPR hearing. Based on the evidence presented at the hearing, the Court will determine whether there are grounds to terminate parental rights. TPR requires that the Court find clear and convincing evidence that:

- The parent(s) is unfit.
- TPR is in the best interest of the child(ren).

If the Court orders TPR, the parent(s) has thirty (30) days to appeal. If the Court denies TPR, the Department may appeal. When the parental rights of **both** the child(ren)'s mother and father are terminated, the child(ren) is free for adoption.

Documentation

51160. Legal Guardianship Hearings

Legal guardianship occurs when the Court places a child(ren) in the guardianship of someone other than the his/her parent(s). For example, an extended family member or adult friend may be appointed a child's legal guardian by the Court. When a child(ren) is placed in legal guardianship, the Department's wardship is vacated. The Court will review the case annually. The Department's case is closed.

When it is determined by the permanency supervisor that legal guardianship is to be requested:

- The permanency case manager must explain to the proposed guardian(s) that a hearing will be held in approximately five (5) weeks. The proposed guardian(s) and the child(ren) are required to be present. They will receive notice of the hearing by certified mail.
- The permanency case manager must inform parents that they must sign the *Consent to Guardianship* before a notary public.

51170. Termination of Wardship

When children placed in out-of-home care reach the age of eighteen (18), consideration must be given to terminating their wardship. Termination of wardship normally occurs at six (6) -month Review Hearings. Thirty (30) days prior to any Review Hearing at which the permanency case manager requests termination of wardship, the permanency case manager must meet with the child to discuss termination.

- If the child wishes to remain in the Department's wardship, the child must sign a *Voluntary Agreement to Remain in Substitute Care*.
- If the child does not wish to terminate wardship and the permanency case manager/supervisor believes that wardship should be terminated, a CAP must be requested to represent the child. The case will be placed on the calendar for a hearing on the matter.

Documentation

51200. Providing/Obtaining Consent When Children Are in the Department's Custody or Wardship

In cases where children are in out-of-home care, they have been placed in the custody/wardship of the Department. Depending on the action requiring consent, consent may be provided by the Family Court, the permanency case manager, the out-of-home caregiver, and/or (when parental rights have not been terminated) the parent(s).

Whenever consent for significant treatments or life events is required, and when parental rights have not been terminated, the permanency case manager must make every reasonable effort to facilitate the parent's (parents') providing consent when it is needed. The parent's (parents') consent may be in addition to consent from the Department or the Family Court. Involving parents in consenting to interventions and activities for their children serves to affirm the parent/child relationship and the parent's (parents') responsibility for his/her (their) child(ren).

There are some situations in which the permanency case manager must obtain the approval of the Family Court – **in addition to facilitating consent from the parent** – in order for wards to receive treatment or participate in other activities/events.

Documentation

51210. Routine Medical Care

Parents can and should consent to most routine medical care (e.g., well-child examinations, treatment for routine childhood ailments/accidents). Out-of-home caregivers may also consent to routine medical care.

Documentation

51220. Major Medical Treatment, Including Surgery and Admission to a Hospital

When children require major medical, dental, and surgical care and treatment (e.g., invasive surgical procedures, general anesthesia), their parent(s) may consent to the care. The permanency case manager must make a good faith attempt to obtain parental consent. When such treatment is needed and the parents are not available or are unwilling to provide consent for recommended major medical treatment, the permanency case manager must obtain consent for the treatment/procedure from the Family Court. To obtain Family Court consent, the permanency case manager must contact the agency district attorney (DA):

- Immediately if the treatment is an emergency.
- Within five (5) working days if the treatment is not an emergency.

In addition, the permanency case manager must make a reasonable effort to facilitate obtaining consent from the parent(s).

Documentation

51230. Life-Threatening Procedure and Do-Not-Resuscitate Orders

When consideration is given to any procedure that will or could cause termination of the child's life, the parent(s) may consent to the care. The permanency case manager must make a good faith attempt to obtain parental consent. When such treatment is needed and the parents are not available or are unwilling to provide consent for any procedure which has the potential to be life-threatening or for do-not-resuscitate orders, the permanency worker must obtain consent for the treatment/procedure from the Family Court. To obtain Family Court consent, the permanency case manager must contact the agency district attorney (DA):

- Immediately if the treatment is an emergency.
- Within five (5) working days if the treatment is not an emergency.

In addition, the permanency case manager must make a reasonable effort to facilitate obtaining consent from the parent(s).

NOTE: Physicians are able to consent to treatment in life-threatening emergencies.

Documentation

51240. Admission to Mental Health Facilities

Parents and/or the permanency case manager can consent to the admission of children to a psychiatric facility for five (5) days or fewer. Admission into an inpatient psychiatric facility/continued treatment in an inpatient psychiatric facility or residential treatment center of any child in Department custody/wardship of more than five (5) days is governed by Nevada Assembly Bill (AB) 369. Whenever a child is hospitalized in a locked psychiatric facility, the permanency case manager must:

- Immediately notify the permanency supervisor.

- Notify the district attorney (DA) on the day of or on the business day following the child's admission.
- Notify the CAP, if one has been appointed, on the day of or on the business day following the child's admission.
- Notify Family Clinical Services on the day of or on the business day following the child's admission.
- Contact the facility to determine when the first treatment team meeting will be held, and attend the meeting. Attend each treatment team meeting thereafter.
- Review the child's rights with the child and have the child sign the document. If the child has an attorney, the attorney will review the document with the child.
- Complete a mental health petition request in UNITY and e-mail it to the DA on the day of the admission or the following business day.

If hospitalization beyond the fifth business day from the child's admission is necessary, the permanency case manager must:

- Notify the DA and the Court of the need for continued hospitalization.
- Provide the DA and the Court with documentation from the treating psychiatrist supporting the need for continued hospitalization.

A hearing must be held in Family Court to consider the need for continued psychiatric hospitalization on or before the fifth business day from the child's admission. Prior to this hearing, the DA must have a hard-copy statement from the treating psychiatrist that supports the need for continued hospitalization. Psychiatric statements supporting continued hospitalization must include:

- Current diagnoses.
- Current medications.
- A description of the specific behaviors or conditions that make the child a continued risk to himself/herself or others. Summary statements (e.g., the child's psychiatric condition continues to be acute) are not sufficient. The Court needs a specific description, as required by statute.
- A brief summary of the clinical and placement history so that the Court can view the current hospitalization in context.
- A discharge plan and projected date of discharge.

Without clear documented support for the continued hospitalization, the child's right to be in the least restrictive setting will prevail, even if there is clinical justification for continued hospitalization, and the child must be released from the facility.

Immediately upon the child's admission, the permanency case manager, in conjunction with the permanency supervisor (and, if applicable, clinical staff from the Department), and the hospital facility must begin discharge planning. This includes:

- Determining whether the child can be safely discharged to his/her out-of-home placement setting and, if not, identifying suitable alternatives.
- Identifying any new or continued clinical services (e.g., psychotherapy, psychotropic medications) that will be necessary following the child's discharge.
- Identifying and enlisting any supports the parent/caregiver will need in order to manage the child's care.

Documentation

51250. Other Psychiatric/Psychological Care

Parents and/or the permanency case manager may consent to other psychiatric/psychological care, including:

- Assessment/evaluation.
- Psychotherapy/counseling.
- Administration of psychotropic medications.

Documentation

51260. Obtaining a Driver's License

The parent(s) and/or the permanency case manager may consent to a child's obtaining a driver's license (see *Section 29: Administrative Procedure*).

Documentation

51270. Travel Out of the Country

All children under the custody/wardship of the Department who travel out of the country for any length of time shall have prior approval of the Family Court. The permanency case manager must consult with the permanency supervisor.

Documentation

51280. Travel Out of State

The permanency case manager must provide prior approval for children in the custody/wardship of the Department to travel out of state. The permanency case manager must, in consultation with the permanency supervisor, obtain specific dates for the out-of-state travel and issue a travel letter to the caregiver with whom the child will travel. A separate travel letter must be provided for each trip out of state. The permanency case manager may not issue a "blanket" travel letter.

Documentation

51290. Marriage

The Family Court's consent is required for children under the age of eighteen (18) to obtain a marriage license. If the parent(s) wishes to consent to the marriage, the permanency case manager must, in consultation with the permanency supervisor, make the Department's recommendation to the Court and request that the Court consider approval.

Documentation

512100. Enlistment in the Armed Forces

Enlistment of any child who is in the custody/wardship of the Department requires approval from the Family Court. If the parent(s) wishes to consent to the enlistment, the permanency case manager must, in consultation with the permanency supervisor, make the Department's recommendation to the Court and request that the Court consider approval.

Documentation

512110. Educational Consents

The out-of-home caregiver can consent to all routine educational activities. For children receiving special education services, school personnel may require that the Department sign Individualized Education Plans (IEPs) and behavior plans (504s). The permanency case manager, in consultation with the permanency supervisor, may sign IEPs and behavior plans.

Documentation

512120. Right to Due Process and Legal Representation

Upon notification, the Department shall not waive or authorize anything that would or could violate the rights of any child in the Department's custody or wardship to due process. The Department must not give permission to any law enforcement officer to interview a child in the custody or wardship of the Department without an attorney being present. An attorney must represent the child in Court. A child has the right to legal representation when taken into custody for a serious or aggravated misdemeanor or a felony and being questioned about the act, as well as at all Juvenile Court hearings.

51300. Working With Other Jurisdictions

51310. Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) establishes a procedure for the interstate placement of children and has been enacted by all fifty (50) states, the District of Columbia, and the U.S. Virgin Islands.

The ICPC requires that the Department of Family Services (DFS) provide specific protective services when an out-of-state authorized child-placing agency seeks to finalize a child's permanency with a potential adoptive family residing in Clark County. For these cases, the child is in the custody of an agency out of state, but the process is managed by an ICPC worker.

To support the adoption of a Clark County foster child in an adoptive home in another state, there are also provisions for medical assistance only (see *Section 61300: Miscellaneous*) and subsidy only (see *Section 61000: Adoption Subsidy*). The adoption social worker and permanency case manager work with the adoption subsidy specialist to complete and document these tasks.

Documentation

a. Types of Placements Covered

The Interstate Compact on the Placement of Children (ICPC) applies to the placement of children placed in other states in:

- Foster homes.
- Homes of relatives.
- Group homes, residential treatment facilities, and institutions.
- Pre-adoptive placements.

The ICPC does not apply to the placement of children placed in other states:

- In medical and mental health facilities or boarding schools.
- In any institution that is primarily educational.
- In the home of a parent when a Court transfers the child to a noncustodial parent and when the Court has no evidence before it that the noncustodial parent is unfit.
- When the purpose of a child's visit is to provide him/her with a social or cultural experience of a short duration (thirty [30] days or less).

b. Safeguards Provided by ICPC

To safeguard the child and the parties involved in the placement, the Interstate Compact on the Placement of Children (ICPC) does the following:

- Affords the sending agency the opportunity to obtain home studies and an evaluation of the proposed out-of-home placement.
- Allows the prospective receiving state to ensure that the placement is occurring with the interest of the child.
- Allows the prospective receiving state to ensure that its laws and policies have been followed before it approves the placement.
- Places responsibility for the child's legal and financial protection on the sending agency.
- Keeps jurisdiction over the child with the sending state once the child has moved to the receiving state.
- Provides the sending agency with supervision and regular reports on the child's adjustment and progress in placement.

c. Nevada's Administration of the ICPC

- All interstate movement of documents occurs through the Compact Administrator's Office in Carson City, Nevada.
- The deputy compact administrator is located in the Division of Child and Family Services (DCFS) of the Nevada Department of Health and Human Services in Carson City, Nevada. The deputy compact administrator is:
 - » Designated as a central clearing point for all referrals for interstate placement.

- » Authorized to conduct an investigation of the proposed placement to determine whether the placement is in the child's interest.
- » Responsible for overseeing the placement as long as it continues (after placement is approved and the child is moved into Nevada).
- A liaison to the compact in Clark County performs the investigation and oversight of a placement in Clark County.

Documentation

d. Making Referrals for Interstate Placements

- When Nevada is the **sending** state considering an interstate placement, the permanency case manager must:
 - » Complete an Interstate Compact on the Placement of Children (ICPC) cover letter and written notice of the proposed placement on ICPC-100A form, *Interstate Compact Placement Request*.
 - » Attach an updated *Social Summary* of the child and a current case plan to the completed ICPC-100A.
 - » Discuss with permanency supervisor for approval and submit the original and four (4) copies of these documents to the Nevada compact administrator.
- The Nevada compact administrator in Carson City, Nevada, reviews the completed ICPC-100A and accompanying documents and forwards the notice and documents to the compact administrator in the receiving state.
- The receiving state compact administrator will forward the documents to a local public or private child welfare agency in the state or to the residential facility that is being asked to accept the child.
- Action required on requests varies depending upon the proposed placement and may include but not be limited to a study of a prospective adoptive or foster family or relative home or a review to determine whether a facility will meet a child's needs.
- Sixty (60) working days is the recommended processing time from the date the receiving state's compact office receives the notice of the placement to the date that the placement is approved or denied.
- Emergencies or hardship cases can require that this process occur more quickly.

- When the request to place a child has been approved by the receiving state, Nevada and the receiving parties work together to arrange the details of the actual placement. Final agreements (discussed at the time of referral) are then completed and include:
 - » Developing a transitional plan.
 - » Making travel arrangements.
 - » Paying for the child's care.
 - » Determining the means of monitoring the placement.
 - » Establishing the frequency of supervisory reports to be provided to the sending agency.

The permanency case manager has the following responsibilities while a child remains in an out-of-state placement:

- Monthly telephone contact with the out-of-home caregiver.
- Monthly telephone contact with verbal children placed in out-of-home care out of state.
- Monthly contact with the ICPC worker.
- Legal and financial responsibility to determine all matters related to the custody, supervision, care, and treatment of the child, just as if the child had remained in Nevada.

NOTE: When children are placed with out-of-state relatives and the receiving state does not license relative caregivers, the permanency case manager must request that the receiving state complete an equivalency letter attesting that, if the receiving state licensed relative caregivers, the relative home in which the child(ren) is placed would be eligible for licensure.

Nevada may terminate the placement by:

- Returning the child to Nevada.
- Leaving the child in the receiving state when the child is legally adopted, becomes self-supporting, or reaches majority, or for other reasons with the prior agreement of the receiving state.

The permanency case manager must complete a form ICPC-100B to notify the receiving state compact administrator of any change in the child's status. These changes of status may include:

- A termination of the interstate placement.

- A new placement in the receiving state.
- A transfer of legal custody.

e. Priority Placement Referrals

Requests for priority placement referrals arise when a Court determines that a priority placement of a child from Clark County into another state is necessary. Criteria for priority Interstate Compact on the Placement of Children (ICPC) placement are as follows:

- The child(ren) is two (2) years of age or younger.
- The child(ren) is in emergency shelter placement at the time of the request.
- The child(ren) has a significant relationship with the potential caregiver.

The process for priority ICPC placement referral is as follows:

- The permanency case manager contacts the agency district attorney (DA) to request a *Court Order* for priority ICPC placement.
- The Court sends the *Court Order* to the assigned permanency case manager within two (2) business days. The *Court Order* includes the name, address, and telephone number of the judge and the Court.
- Within two (2) business days, the permanency case manager will complete the ICPC-100A and ICPC-101A forms and the permanency supervisor will review them, attach supporting documents, and send them to the Nevada compact administrator.
- The Nevada compact administrator will transmit the determination to the permanency case manager, who will review the decision with the permanency supervisor.

NOTE: The above will not apply if within two (2) business days of receiving the ICPC priority placement request, the Nevada compact administrator determines that the ICPC request documentation is substantially insufficient. Within the next two (2) business days the receiving compact administrator must notify the sending Nevada compact administrator, in writing, of the information needed. Once this additional information is received, the receiving compact administrator then has twenty (20) days to make his/her determination.

- It is the responsibility of the permanency case manager to keep the Court informed of the status of the request.

Documentation

f. Change in Placement Purpose

Whenever there is a change of purpose in an existing placement (e.g., from foster care to pre-adoption), the permanency case manager must complete an ICPC-100B form following the instructions on the form even though the placement recipient remains the same. Upon completion, the permanency case manager will review the document with the permanency supervisor. When a state requests the completion of a new ICPC-100A in such a case, the permanency case manager must complete the form and send it by overnight express mail.

Documentation

51320. Clark County Placement Becomes Interstate Placement

A placement that is initially a Clark County placement becomes an interstate placement when the child's principal residence is moved to another state (i.e., the child[ren]'s out-of-home caregiver moves to another state, and the permanency case manager/supervisor determines, with Family Court approval, that it is in the child[ren]'s best interest to move with the out-of-home caregiver).

a. Request Forty-Five (45) Days Prior to the Child(ren)'s Move out of State

If it is planned that the child will move out of state in more than forty-five (45) days, the permanency case manager must initiate Interstate Compact on the Placement of Children (ICPC) procedures for an interstate placement according to the usual process. The documentation in the ICPC-100A and accompanying information shall make it clear that the new family home is not yet in the new state.

Documentation

b. Request for Prompt Handling of ICPC Request

If it is planned that the child will move out of state in forty-five (45) days or less, the permanency case manager must complete an ICPC-100A and its supporting documentation immediately upon learning of the decision, which will be processed promptly by Nevada's compact administrator. The administrator shall request that the receiving state provide prompt handling of the case with regard for the time the child will be sent or brought to the receiving state.

Documentation

(i) Expedited Movement of Documents

The permanency case manager assigned to the child shall send the documents to the receiving state by express mail or any other recognized method for expedited communication. The receiving

state shall acknowledge this expedited transmission of documents and acknowledge that copies can be accepted in lieu of originals if the copies are legible. If the copies are not legible, the receiving state can request and receive originals or certified copies.

(ii) Caregiver Licensed in Sending State

If the caregiver holds a current license as a foster parent, the receiving state shall give effect to such license as sufficient to support a determination of qualification unless the receiving state compact administrator has substantial evidence otherwise.

(iii) Receiving State Denies Current Caregiver Approval

If the compact administrator of the receiving state finds that the child's needs cannot be met under the circumstances of the proposed relocation, (s)he may decline to provide a favorable determination. The compact administrator documents this decision on the ICPC-100A form. Whenever the receiving state declines to approve an out-of-state placement, the child must be returned to Nevada. The permanency case manager must immediately staff the situation with the permanency supervisor to plan a timely process for the child(ren)'s return to Nevada.

(iv) Caregiver Approved

When the caregiver is approved by the receiving state, it remains necessary for the caregiver to become licensed in the new state.

51330. Intra-State Placement of Children

Within Nevada, counties request services from one another as children and their families move throughout the state. The *Intra-State Request* form is completed by the permanency case manager when there is a need for Clark County to request a service from another county in Nevada. It must be noted whether the child is living with a parent(s)/relative(s), in foster/residential placement, or in an adoptive home. To better provide service, the following documents are forwarded to the Clark County Interstate Compact on the Placement of Children (ICPC) liaison:

- *Social Summary.*
- Correspondence that explains the family situation.
- Progress report.
- *Court Order*/documentation (relinquishment, consent to adopt, termination order, adoption decree, etc.).
- Foster care license (if applicable).
- Child's birth certificate.

If the receiving county declines to provide courtesy supervision, the permanency case manager must staff the case with the permanency supervisor to determine the best course of action.

If the receiving county agrees to provide courtesy supervision, the Clark County permanency case manager remains responsible for:

- All Court reporting and other Court activity.
- Monthly telephone contact with the out-of-home caregiver.
- Monthly telephone contact with verbal children.
- Monthly contact with the child welfare worker providing courtesy supervision.

Documentation

51400. Permanency Case Closure

The process for ending the Department's involvement with children and families to whom it has provided permanency services varies according to the case status at the time of closing. Permanency cases are closed when:

- The child(ren) has been successfully reunified with his/her parent(s) and it has been determined that the child(ren) will be safe without Department involvement.
- A child(ren) has been placed in a permanent living arrangement other than reunification (i.e., the child[ren] has been adopted, placed in legal guardianship, or achieved another planned permanent living arrangement).
- The child has not achieved a permanent living arrangement but is between the ages of eighteen (18) and twenty-one (21) and the Family Court has terminated wardship.

Since the core of permanency protective services is the relationship that the permanency case manager, children, parents, and other caregivers have established, it is important that the closing process be handled carefully and sensitively. If the permanency case manager suddenly withdraws from a child, family, or other caregiver with whom [s]he has established an important relationship, significant gains affecting the child's safety, permanency, or well-being can be lost.

51410. Closing Permanency Cases in Which Children Have Been Reunified

a. Reunification Case Closing Decisions

Typically the permanency case manager will provide reunification services to children and families where children have been reunified for a period of three (3) to six (6) months following reunification. Reunification cases may be closed when:

- The family has substantially achieved its case plan objectives, the permanency case manager (in conjunction with the permanency supervisor) has assessed that the children will be safe without further Department involvement, and the Family Court has terminated wardship and approved case closing.
- The family has not achieved its case plan objectives but, following reunification service provision for one hundred eighty (180) days, the permanency case manager (in conjunction with the permanency supervisor) has assessed that the children will be safe without further Department involvement and the Family Court has terminated wardship and approved case closing.
- When any of the following conditions are identified, the permanency case manager must staff the case with his/her permanency supervisor. The permanency supervisor must determine whether the case closing process will begin.

NOTE: If at any time during the case closing process the permanency case manager determines that any family action, behavior, or condition has the substantial potential to threaten the safety of any involved child(ren) without Department intervention, the permanency case manager must staff the case with the permanency supervisor. The permanency supervisor must determine what, if any, additional activities or direction must be taken.

Documentation

b. Reunification Case Closing Plan

The closing plan identifies services, supports, and protective measures to be received by the family following case closing. Community providers and other members of the Child and Family Team (CFT) provide interventions included in the closing plan.

Documentation

(i) Developing the Reunification Closing Plan at the Case Closing Child and Family Team Meeting

The closing plan is developed at the Case Closing Child and Family Team (CFT) meeting at which it is determined that – because of the family's progress toward achieving its case plan objectives – the case may be closed in the next thirty (30) days. The Case Closing CFT meeting, at which the permanency case manager/supervisor plans to recommend closing, must be held approximately thirty (30) days before the Court review. The case closing plan includes:

- Services provided by collateral providers related to the family behaviors and conditions leading to the need for permanency services (e.g., substance abuse treatment, mental health services, mentoring services).
- Supports provided by members of the CFT (e.g., child care help provided by extended family members).
- Protective measures, including:
 - » A plan for ongoing contact with the family by available protective adults (e.g., grandmother, teacher, friend) to detect recurrence of maltreatment.
 - » For children over five (5) years of age, a specific protective plan that will identify at least one (1) protective adult (e.g., an extended family member, teacher) to whom the child will turn if there is repeated maltreatment.
 - » The agreement of all members of the CFT to call the Hotline in the event that they have reasonable cause to believe that the child(ren) has been abused or neglected.

Documentation

c. Reunification Case Closing Activities

(i) Family Visits During Case Closing

During the final thirty (30) days of permanency services, the permanency case manager must make two (2) unannounced home visits, with one (1) occurring within ten (10) days of the termination of wardship hearing. The purposes of these visits are to:

- Assess the family's continued progress in achieving its case plan objectives.
- Assess the family's overall ability to ensure the children's safety without continued Department involvement.
- Review the closing plan with family members.

- Meet privately with the child(ren) to review any child-specific protection measures.
- For families that have made substantial progress in achieving case plan goals, acknowledge and support this achievement.

(ii) Final Case Closing Meeting

The case closing meeting is the final planned contact between the permanency case manager and the family. The case closing occurs during the two (2) weeks immediately preceding case closing. At the case closing meeting:

- The closing plan must be reviewed.
- Any protective interventions for children over the age of five (5) must be reviewed.
- If applicable, acknowledgement of the family's success must be made.
- A realistic discussion about the consequences to the family in the event of recurring maltreatment must be held **after any children participating in the meeting have been excused**.
- Any child-specific protection measure must be reviewed privately with the involved child(ren).
- The permanency case manager says goodbye to the family.

Once a case has been reviewed, the determination to close the case has been made by the permanency supervisor, and the closing activities have been completed, the case can officially be closed. The case must be closed within ten (10) business days of the Family Court's termination of Department involvement.

Documentation

51420. Closing Permanency Cases in Which the Child(ren) Has Achieved Permanency Other Than Reunification

a. Case Closing Decisions When Children Have Been Adopted or Placed in Legal Guardianship

Services will be ended and permanency cases closed within ten (10) business days of the Family Court's termination of the Department's wardship and approval of case closing.

NOTE: If at any time during the case closing process the permanency case manager determines that any family action, behavior, or condition has the substantial potential to threaten the safety of any involved child(ren) without Department intervention, the permanency case manager must staff the case with the permanency supervisor. The permanency supervisor must determine what, if any, additional activities or direction must be taken.

On the Court date for finalization of the adoption, the adoption social worker (with the permanency case manager) must appear in Court and bring a copy of the *Confidential Report* and a copy of the *Decree of Adoption* that was filed prior to the Court finalization hearing. In addition, the permanency case manager, with permanency supervisory approval, sends the child welfare case file to the adoption social worker to complete the closed adoption summary sheet. Both cases (the child's file and the adoption file) are then forwarded to the adoption supervisor.

NOTE: Within five (5) days of the adoption finalization, the permanency case manager, in consultation with his/her supervisor, must either submit ex parte termination or request a hearing to terminate wardship.

Documentation

b. Permanency Case Closing Plan for Children Who Have Achieved Permanency Other Than Reunification

When children have been adopted, placed in legal guardianship, or achieved another planned permanent living arrangement, case closing plans are not always required. However, the permanency case manager and the permanent caregiver(s) may agree that a case closing plan will be helpful in ensuring the child(ren)'s ongoing safety, permanency, and well-being. The case closing plan identifies services and supports to be received by the family following case closing. Community providers and other members of the Child and Family Team (CFT) provide interventions identified in the closing plan.

c. Permanency Case Closing Activities for Children Who Have Achieved Permanency Other Than Reunification

(i) Family Visits During Case Closing

During the final ten (10) days before the Family Court terminates wardship, the permanency case manager must make one (1) unannounced home visit. The purposes of this visit are to:

- Assess the family's overall ability to ensure the child(ren)'s safety and well-being without continued Department involvement.

- Review any closing plan with family members.
- Identify any service need pertinent to the child(ren)'s ongoing well-being.
- Meet privately with the child(ren) to review any child-specific issues.
- Acknowledge and support the child(ren)'s and permanency caregiver's (caregivers') progress toward achieving a permanent living arrangement.

Documentation

(ii) Final Case Closing Meeting

The case closing meeting is the final planned contact between the permanency case manager, the child(ren), and the permanent caregiver(s). At the case closing meeting:

- Any closing plan must be reviewed.
- Acknowledgement of the child(ren)'s and permanent caregiver's (caregivers') success must be made.
- A discussion about any continuing well-being issues affecting the child(ren) must be held.
- The permanency case manager says goodbye to the new family.

Documentation

(iii) Closing the Case

Once a case has been reviewed, the determination made to close the case has been made by the permanency supervisor, and the closing activities have been completed, the case can officially be closed. The permanency case manager and supervisor are jointly responsible for officially completing the case closing activities within UNITY and ensuring the integrity of the case file.

Documentation

51430. Closing Permanency Cases in Which Children Did Not Achieve a Permanent Living Arrangement

In some circumstances, children in out-of-home care will approach adulthood and will not have been placed in a permanent living arrangement. These situations include cases where the permanency arrangement is:

- Another planned permanent living arrangement.

- Long-term relative placement.

In such cases, it is the permanency case manager's responsibility, through the case planning and service provision processes, to prepare the child for independence (see *Section 11000: Independent Living Program Policies and Procedures*).

a. Case Closing Decisions When a Permanent Living Arrangement Has Not Been Achieved

Under most circumstances, permanency cases are closed despite the fact that a permanent living arrangement has not been achieved. These circumstances are limited to cases where:

- The child is between the ages of eighteen (18) and twenty-one (21) and the Family Court has terminated wardship.
- The child is absent without legal permission (AWOLP).
 - » The child has been AWOLP for twelve (12) months.
 - » All required efforts to locate the child (see *Section 5800: Children Who Are AWOLP*) have been made.

NOTE: Under certain circumstances, children may be maintained in wardship between the ages of eighteen (18) and twenty-one (21). These circumstances include situations where:

- The child has identified special needs, and further preparation or arrangement is necessary before wardship is terminated.
- The child has not been identified as having special needs, but further preparation is necessary before wardship is terminated and the child is cooperative with the preparation effort.

When, because either of the criteria for case closing despite failure to achieve permanency exists, the permanency case manager must staff the case with his/her permanency supervisor, the permanency supervisor must determine whether case closing process will begin.

Documentation

b. Case Closing Plan When Permanency Has Not Been Achieved

When permanency cases are closed when children are between the ages of eighteen (18) and twenty-one (21) and permanency has not been achieved, the permanency case manager must

make every reasonable effort to engage the child and, if applicable, any ongoing caregiver in the development of a case closing plan. In such circumstances, the closing plan identifies services and supports – including identification of a safe living situation and potential source of economic support – to assist the child in living independently following case closing. Community providers and other members of the Child and Family Team (CFT) provide interventions included in the closing plan.

c. Case Closing Activities When Permanency Has Not Been Achieved

(i) Final Case Closing Meeting

The case closing meeting is the final planned contact between the permanency case manager and the child. At the case closing meeting:

- Any closing plan must be reviewed.
- Any immediate issues related to the child's living situation and source of financial support must be discussed and, if possible, addressed.
- If applicable, acknowledgement of the child's success must be made.
- The permanency case manager says goodbye to the child.

(ii) Closing the Case

Once a case has been reviewed, the determination made to close the case has been made by the permanency supervisor, and the closing activities have been completed, the case can officially be closed. The permanency case manager and supervisor are jointly responsible for officially completing the case closing activities within UNITY and ensuring the integrity of the case file.

Documentation



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CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

Legal Status End Reason

This report shows the legal status end reasons of children who had a legal status end date (excluding Clark Protective) and removal end date during the date range.

Data between: Oct 1, 2011 to: Oct 31, 2011

Staff	ADOPTIONLEGAL	AGED OUT	GRDNSHPNONREL	GRDNSHPRELATIVE	RTNTOCARETAKER	RTNTOOTHPRNT	RTNTOOTHREL	Total
CLARK CPSCM1	CLARK PERM N A	4			2			6
	CLARK PERM N B		1			2		3
	CLARK PERM N C	4				3		7
	CLARK PERM N D	1						1
	CLARK PERM W A	6						6
	CLARK PERM W B	4						4
CLARK CPSCM4	CLARK PERM CENTRAL A	7						7
	CLARK PERM CENTRAL B	6	1					7
	CLARK PERM CENTRAL C	2						2
	CLARK PERM CENTRAL D		1	1		5		7
	CLARK PERM CENTRAL E	2				4		6
CLARK CPSCM7	CLARK PERM E A	5						5
	CLARK PERM E B	1			3	2		6
	CLARK PERM E C	9	1	1				11
	CLARK PERM S A	5						5
	CLARK PERM S B	1					1	2
	CLARK PERM S C	3	2		1	3		9
Total:		60	6	1	1	6	19	94



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CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

ICPC/AWOL Contact Report

This report documents whether a caseworker attempted contact regarding a child who has an ICPC or AWOL placement. To be compliant the caseworker must have attempted contact at least one time during the date range.

Data in UNITY: 10/01/2011 To: 10/31/2011

Number of children with a legal status	Number of children with a legal status contacted	% of children with a legal status contacted
357	262	73%



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CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

InHome Recidivism

This report displays In-home cases with a staff assignment end date and case closure reason (case closed, case plan achieved, or guardianship) during the date range. The percentage is calculated based upon those cases that have received a new referral within 3 years of the staff assignment ending.

InHome cases closed in UNITY between: Oct 1, 2011 to: Oct 31, 2011

Cases Closed	Cases with a New Referral	% Returning within 3 years
35	3	9%



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CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

Parental to Out-of-Home Placement

This report provides case and child counts for children who went from an In Home assigned parental placement to an out-of-home placement during the selected date range.

Data in UNITY as of Nov 21, 2011

Selected Date Range: Oct 1, 2011 to Oct 31, 2011

Unit	Staff	Case Count	Child Count
CLARK INHOME C	BEGAYE, LISA, M.	1	1
CLARK INHOME C		1	1
CLARK INHOME S	FLOYD, ELIZABETH	2	4
	WALLACE, CHALLON, A.	1	2
CLARK INHOME S		3	6
CLARK INHOME W	BURTON, SELENA, P.	1	1
CLARK INHOME W		1	1



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CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

InHome Monthly - Child and Parent 30 Day Contact Report

This report provides a summary of contact during the selected date range. Cases must be open at some point during the date range, and the child(ren) must have a legal status in order to display on this report. A contact must be a With a client, In-Person or Non NV Worker; and a case note type of Child Contact, Adopt Parent, Birth Parent Contact, or Parent Contact. The Department summary total may be lower then the District and Unit summary totals.

Data in UNITY From: Oct 1, 2011 To: Oct 30, 2011

District	Unit	Staff Full Name	Cases Assigned	Children Assigned	Child Contacts Made	% of Child Contacts	Parents Assigned	Parent Contacts Made	% of Parent Contacts
CLARK CPSCM3	CLARK INHOME C	BEGAYE, LISA, M.	4	13	13	100%	9	6	67%
		EDWARDS, KALENA	4	12	12	100%	8	6	75%
		RODRIGUEZ, ANTHONY	5	6	6	100%	9	7	78%
		SAMPSON, VERA L	1	2	2	100%	3	1	33%
		TANKSLEY, VIVIANA	5	20	20	100%	11	6	55%
		WEG, KRISTEN	3	13	13	100%	6	5	83%
	CLARK INHOME C		22	66	66	100%	46	31	67%
	CLARK INHOME N E	AUGUSTINE, DEL RAE	3	6	6	100%	5	4	80%
		CLARK, SYLVIA	7	9	9	100%	15	11	73%
		CORNBLETH, MARABETH	7	13	13	100%	15	12	80%
		HALL, D'ALBERT	11	32	20	62%	21	15	71%
		PORTER, EMIKA, L.	9	15	10	67%	17	13	76%
		WILLIAMS, HUBZETTA	3	5	5	100%	7	7	100%
	CLARK INHOME N E		40	80	63	79%	80	62	78%
	CLARK INHOME S	ANDERSON, THEODORE	8	14	14	100%	17	13	76%
		FLOYD, ELIZABETH	9	28	28	100%	21	15	71%
		HAUSEY-JONES, LENORA	3	6	4	67%	6	4	67%
		OSEMWENGIE, PHILOMENA B	3	5	2	40%	7	7	100%
		VIDAL, ANTHONY	9	15	15	100%	15	14	93%
		WALLACE, CHALLON, A.	9	14	14	100%	19	14	74%
	CLARK INHOME S		40	80	75	94%	83	65	78%
	CLARK INHOME W	ADELAJA, EVELYN, D.	6	17	16	94%	15	6	40%
		BURTON, SELENA	6	12	12	100%	14	9	64%

District	Unit	Staff Full Name	Cases Assigned	Children Assigned	Child Contacts Made	% of Child Contacts	Parents Assigned	Parent Contacts Made	% of Parent Contacts
CLARK CPSCM3	CLARK INHOME W	P.							
		FERRIS, MELISSA, M.	10	16	16	100%	29	16	55%
		FRENCH, SPARKLE	8	19	11	58%	17	10	59%
		LEE, NITA	7	21	18	86%	17	8	47%
		LEVI, ANGELA, D.	2	3	2	67%	3	2	67%
		PADDIO, KIMBERLY	5	10	10	100%	9	6	67%
	CLARK INHOME W		44	98	85	87%	104	57	55%
CLARK CPSCM3			146	324	289	89%	313	215	69%

CHILD PROTECTION SUPERVISORY EXPECTATIONS

CPS Supervisory Expectations

INVESTIGATIONS**1 Assignment of Investigation****REVIEW OF REPORT**

- Know the allegations in the report and a comprehensive understanding of the information provided.
- Considerations to prevent removal
- Does this report indicate a special assignment and or referral to proper administrator
- What is the response time?
 - Does it require a more immediate response?

HISTORY

- Is there prior history to be reviewed?
 - If yes, what needs to be done differently in response to this report?
 - Check History in and out of state (patterns, safety of worker, etc.)
 - Check Family Tracs, Microfilm, CANS interface, DFS reference, DFS reporting document.
- Is there current DFS involvement?
 - If yes, how will Permanency be involved?
 - Information to assist with Investigation?
 - Assistance with each child?

INITIAL STEPS

- What equipment is needed?
- Is Law Enforcement needed to assist in response?
- What is the plan to respond?
- What is the plan for initial contact?
 - With each children?
 - With the Caregivers?
- What collaterals will need to be interviewed?
- Considerations to prevent removal

2 Safety Decision**IMMEDIATE SAFETY / IMPENDING DANGER**

- Are Safety Threats identified?
 - What are the observations that are the basis of the safety threat(s)?
 - How Is each child vulnerable to the identified safety threats? Such as Age, Functioning, Ability to Communicate Needs, Health, targeted child, and pattern of behavior against a child.
- What are the protective capacities for each caregiver in the home?
 - Is there support in the home that mitigates the safety threats identified?
 - What is the support available?
 - Based on the information gathered, is each child Safe or Unsafe?

CPS Supervisory Expectations

IMMEDIATE SAFETY/IMPENDING DANGER CONT'D

- What are the observations regarding the presence or absence of impending danger safety threat(s)?
- What are the protective capacities of the caregiver that make each child safe?
 - If applicable, how are insufficient protective capacities compensated for?
- How is each child NOT vulnerable to the safety threats?
 - If applicable, how are any vulnerabilities compensated for?
- What are the supports that are utilized that make each child safe?
- What additional information and/or monitoring is needed for continued assessment of safety?

CHILD IS UNSAFE

- What would need to happen to keep each child in the home safe?
 - Is it feasible?
 - Can it be implemented immediately?
 - Questions to answer
 - What are safety threats identified?
 - Is the child vulnerable?
 - What are the protective capacity insufficiencies?
 - Can we do a safety plan?
- What alternatives are provided by the caregiver(s)?
 - How are they ruled in / out?
- What attempts were made to mitigate the safety threats?
- What are the barriers that make the safety threats unable to be mitigated?
 - Access to each child?
 - Unwillingness / inability of caregiver(s) to recognize the need for immediate action. Family does not see that a safety threat exists.
 - History?
 - Specific Diminished protective capacities of each caregiver(s)?
 - Other

SAFETY PLANNING

- Can a Safety Plan be implemented to keep each child in the home safely?
- YES**
- What must the home environment and situation look like?
 - What actions will be taken to control the current environment? Is it feasible and realistic?
 - What are the demonstrated protective capacities of identified supports and/or caregiver(s)?
 - Who will be responsible for each part of the safety plan?
 - How will it be monitored?
 - ***Safety plan must be time limited.***

NO**REMOVAL**

- Can additional information or resources be available in the near future?
- When will safety be reassessed?
- What needs to be different in order for each child to be safe or a safety plan to be implemented?

CPS Supervisory Expectations

- What efforts will continue to be made to resolve the safety threats?

3 **Placement**

RELATIVES

- Has a diligent search been done to identify all adult relatives within 5th degree of consanguinity and conduct background checks?
- What steps must be/were taken for the relative(s) to be considered/ approved for placement?
 - Has there been a home visit
- What are the protective capacities of the Relative caregivers?
 - How are they demonstrated?
 - How are they diminished?
 - Are they sufficient?
- What are the needs of each child?
 - i.e. siblings
 - What will the visitation plan be?

NON-RELATIVE PLACEMENT

- What are the needs of each child?
 - siblings
 - medical
 - behaviors, sleep patterns, and personality information that will inform foster parents and assist with placement
- What will the visitation plan be?
- Can relative placement continue to be explored?

4 **Findings**

ALLEGATION DISPOSITION / CONCLUSION

- What is the information collected by the Investigator to support the finding?
 - Photographs
 - Statements
 - Records
 - Other
 - Observations
 - Is/are the identified allegations correct based on the information gathered?
- How are inconsistencies in statements, observations and information reconciled?
- How was the alternative finding ruled out?
- How does the information meet the criteria for the finding?
- If there was a safety plan, was it completed and end dated?

DOCUMENTATION

- Does the documentation clearly communicate the information collected?
- Was information found that requires additional allegation(s) to be added?
- Is all documentation completed? (i.e., UNITY screens & fields)

CHILD PROTECTION DECISION

- Are there conditions affecting risk that is not captured within the Risk Assessment?
 - If so, what are they and how are they impacting the family or likely to impact the family
- Are there circumstances that require a policy override of the Risk Assessment score?
- Are there underlying issues affecting this family?
 - i.e., financial, marital, domestic violence, mental health

CPS Supervisory Expectations

- Is that risk communicated to the family?
- Has the family been engaged in discussion and problem-solving regarding mitigation of these risks?
- Is the family's willingness and ability to resolve the issues clear?

5 Transfers

IN-HOME SERVICES

- Describe any and all safety threats identified and how they are mitigated to the extent that each child can remain in the home?
- Describe the caregiver capacities? For those that are insufficient how will they be mitigated allowing the child to remain in the home safely?
- Describe any and all child vulnerabilities and how are they will be mitigated allowing the child to remain in the home safely?
- Is there a safety plan currently in place? Describe how it is controlling the immediate environment? When does it need to be re-viewed?

OUT OF HOME SERVICES

- What are the safety threats that require each child to be out of the home?
- What are the insufficient caregiver capacities that require each child to be out of the home?
- What are there child vulnerabilities that require each child to be out of the home?
- What needs to be different in order to consider reunification?

DOCUMENTATION & TRANSFER PROCESS

- What is the status of the transfer? (according to the transfer process established)
- What steps are in need of completion and what is the expected date of completion?

6 Closures

- Is the information that supports the finding, conclusions, and recommendations articulated in the documentation?
- Are all of the steps of the Investigative Protocol for the specific allegations completed?
- If any steps are waived, is the approval documented in UNITY?
- Are any additional investigative tasks required?
- What, if any, services were offered?
- Does documentation support the outcome of the case or finding?
- Is Unity information accurate and updated?
- Is all missing data completed?

CPS Supervisory Expectations

WEEKLY 1:1**1 Court**

- How many cases are court involved?
- What is the status of the transfer process for each?
- At PC, is the Investigator able to clearly articulate the safety decision and the actions taken based on the DFS Safety Model?
- Are the following items communicated to the court in a manner that is clear, consistent with the DFS Safety Model and specific to this family? (verbally and in writing)
 - Protective Capacities
 - Child Vulnerabilities
 - Severity
 - Imminence
 - Control / Out of Control Environment
- Is the Investigator able to articulate verbally and in writing to the court:
 - What is needed or needs to change for the child to return home?
 - Continued efforts made toward reunification
- Should a request to waive reasonable efforts be made?

2 Child Fatality

- Is there a criminal case?
 - If yes, what is the status?
- Are the autopsy results available?
 - If yes, what do they indicate?
- Have all CFTF and DFS protocol and policy requirements been met?
 - Each task completed
 - Tasks that to be completed
 - Next steps
 - UNITY information updated
 - Statewide policy compliance with child death review instrument
 - Child Fatalities windows completed
- Are all relevant collaterals contacted?
- Is all supporting information gathered to reach the CPS Investigative finding?

3 Open cases

- When was each child last seen in their placement location?
 - Is this documented?
- What are the continued efforts being made to resolve the safety issues?
- What is the status of open investigations and what are the steps to conclude the investigation within the required time frames?
- Is there a plan and documentation for any investigations that cannot be concluded within the required time frame?
- Are there any safety plans in place?
 - Are they still needed?
 - Are they being monitored effectively?
 - Are there any changes in the situation that would indicate modifications?

CPS Supervisory Expectations

- Are there cases that require special attention, such as DV, Mental Health, Medically Fragile or Substance Abuse?
 - If yes, are the investigative steps being completed according to P & P protocol?
 - What is the family's understanding and/or compliance regarding the special circumstances?
 - How do the special circumstances impact planning for closure or transfer?
- Are UNITY case notes entered and up to date?
- Is report detail completed?
- Is there missing data?
- Other items as appropriate (ICWA, CFT, etc.)

4 Overdue Investigations

- What is the status of each?
 - Is the investigation complete?
 - If not, what are the barriers?
 - Do the barriers justify the open/overdue status?
 - What is the plan and estimated date of completion?
- Has child been seen per investigative policy and procedure?

5 Staff Requiring Additional Attention

- For staff who are on PIP or who have been identified as needing professional development in a specific area.
 - Supervisor is providing the agreed upon or established support and oversight
 - What is the status of progress by the Investigator?
 - Are modifications needed, such as additional or reduced structure?
 - Does the PIP need to be modified?

Performance/Development

Frequency

- Staff performance and staff development will be discussed no less than every other month.

Review of Performance

The formal 1:1 involves feedback and guidance according to information accumulated throughout Investigation oversight and Weekly 1:1's, as well as any additional communication or information that is applicable. A major focus of this review should be the development of staff.

- Review goals and tasks from previous 1:1
- Feedback regarding overall performance measurements in alignment with the current DFS expectations, such as:
 - All open cases

CPS Supervisory Expectations

- Response Times
- Child contacts
- Safety Assessments
- CFT's
- Does the Investigator understand and implement current DFS Policy, Procedures and Protocols?
- What are the Investigator's strengths and accomplishments?
- What are the identified growth areas?
 - Employee expressed goals
 - Training and Skill Development needs identified by Supervisor
- What is the progress of identified growth areas?
- Utilize examples of investigations and investigative tasks for feedback and reflection in order to refine and enhance skills.
- Assess the effectiveness of information gathering techniques and the application of information gathered to investigative planning, findings, and conclusions.
- Discuss reviewed documentation to enhance as needed.
- Discuss CFT facilitation skills, team collaboration and family engagement skills
- Provide clarification around expectations and performance

IN HOME SUPERVISORY EXPECTATIONS

IN HOME SUPERVISOR EXPECTATIONS

Review every case bi-weekly

- Case Assignment - Initial and ongoing
 - Have you held a supervisory conference with CPS?
 - ✓ What are the current safety threats and why?
 - ✓ What are the caregiver's protective capacities?
 - ✓ What are the specific child/ren vulnerabilities?
 - ✓ What are the child and parents current level of functioning?
 - ✓ What services has the family been referred for to address safety and risk factors? If so what services and are they engaged?
 - ✓ When was the last child and parent contact in the home?
 - ✓ Who is the assigned In Home worker?
 - ✓ Have you documented this contact with the CPS supervisor?
 - Has the supervisor staffed the case with the newly assigned In Home caseworker and do you and your worker know the history of the family?
 - ✓ Review prior CPS history in CANS and UNITY
 - ✓ Review case notes
 - ✓ Safety assessments, risk assessments, NIA, the CPS transfer summary.
 - ✓ Identify safety threats and/or risk.
 - ✓ Review of the four areas of protective capacity, diminished protective capacity, and child vulnerability.
 - ✓ Have you documented this contact with your worker?
 - Has the Transitional CFT been scheduled/held?
 - ✓ Has CPS contacted your worker to schedule the CFT and has all parties been invited to the CFT?
 - ✓ Has your worker and CPS developed an agenda prior to the Transitional CFT?
 - How is the family doing now/what progress have they made?
 - What are the safety concerns and/or risk factors, if any? Is a Safety Plan in place or is one needed?
 - What are the strengths of the family and are there any barriers to working with the family?
 - Does the family understand the reason for CPS involvement and the role of the In Home Worker?
 - Have all questions and concerns of the family been addressed?
 - Can your caseworker clearly articulate to the family the next steps after the TCFT i.e., NCFAS, case plan, and R&D etc?
 - When is the next scheduled court hearing and CFT?
 - Have you reviewed the NCFAS with your worker?
 - Did your worker contact the child and family in the home within 72 hours of the T-CFT?
 - Did your worker complete a case note and the Nevada Safety Assessment regarding their initial home visit?
 - Did your worker complete two home visits with the child/ren and parents in the home in each of the first two weeks following the T-CFT?

- Did your worker complete the NCFAS within ten days of the T-CFT?
 - Did you review the NCFAS with your worker? Did you discuss the domain ratings with your worker and how they will apply to the case plan?
 - Did your worker review the NCFAS with the family? Did your discuss “underlying” issues/conditions with the family i.e., DV, mental health, sex abuse, financial stress, substance etc.
 - Did your worker complete a case note and the In Home Safety Check List following the review of the NCFAS with the family?
- How are you ensuring your workers are always assessing safety and impending danger throughout the life of a case?
- Prior to your biweekly one to one meeting have you reviewed each case?
 - Did your worker have weekly visits with the child/ren and parents/s in the home during the third and four week following the T-CFT?
 - Has your worker maintained biweekly contact with the family beginning with the fifth week following the T-CFT?
 - Has your worker completed a Safety Assessment every 30 days since the initial Safety Assessment was completed?
 - How does your worker know the child/ren are safe? Has your worker interviewed each child away from the family? For physical abuse cases, has your worker conducted body checks during every home visit with child/ren? Has your worker documented where they interviewed the child/ren, what did they discussed, the child’s verbal and non-verbal cues, and the parent/child interaction?
 - If a child is determined to be unsafe has your worker staffed this case with you? Has your worker completed a new safety assessment based current safety factors? Has your worker held and emergency CFT? Has it been determined if a Safety Plan can be utilized to maintain the children in their own home? If the safety factors/allegations are new did your worker make a report to the Hotline? For children that are not Wards does your worker understand they cannot remove the children from the home? If it has been determined the child/ren cannot safely remain in the home has your worker explored alternative relative/fictive kin placements for children that are Wards?
 - How has your worker assessed parental protective capacity? How has your worker documented any changes in behavior, child developmental and understanding, safety threats and functioning and parent/interaction?
 - Has your worker conducted collaborative CFT meetings every 30 days? Did your worker document what type of CFT was held, who was present, who was invited, location, all pertinent information discussed, and what was the disposition?
 - Has your worker maintained contact with all collaterals a minimum of every 30 days? Has your worker documented what

was discussed and the type and location of contacts with Collaterals?

- Has your worker reviewed the NCFAS every 30 days and documented their review in UNITY?
 - Has your worker updated the NCFAS every 90s days and have you reviewed the update with your worker and documented your review of the NCFAS with your worker?
 - Has your worker completed an In Home Safety Check List every thirty days since the initial In Home Safety Check List was completed?
 - Have you accompanied your worker in the field during the past quarter to observe and mentor their work?
- Is your worker prepared to attend all types of Court hearings?
- Have you asked your worker what is their plan for Court/recommendations and Why?
 - Does your worker have applicable collateral reports (police, medical, psychological, counseling/treatment, and school) to attach to the Court report?
 - Have you observed your worker in Court a minimum of one quarter annually?
 - Have you and your worker discussed issues of safty/risk, parental protective capacity, child vulnerability and are they prepared to discuss such in court?
 - Has your worker submitted the in home and NV safety assessments prior to the hearing for your review?
- How have you ensured a case is ready for closure?
- Have you reviewed the case in Unity and with your worker during one to one meetings?
 - Has your held a Closure CFT? Did your worker discuss case plan, lifting any no contact or supervised contact orders, and behavioral changes/Parental Protective Capacities? Did your worker document the CFT?
 - Did your worker update the NCFAS?
 - Is your worker able to articulate improvement in family functioning and children's safety?
 - Has your worker completed a home visit and safety assessment within ten days of case closure?
 - Have you and your worker discussed issues of safty/risk, parental protective capacity, child vulnerability?
 - Can your worker clearly articulate findings or above?

- Have your staff development and training needs been identified?
 - Have you held bi-weekly one to one meetings with your worker?
 - To discuss COGNOS reports, AFCARS, monthly parent and child contact logs.
 - To identify opportunities for coaching, mentoring, and competency skill building.
 - To identified opportunity to praise your worker.
 - To provide feedback regarding expectations.
 - To identify your workers professional goals.
 - Have you documented your one to one meetings with your worker?
 - In UNITY (non descript)?
 - Your review of each case assigned to your worker, including Safety concerns and tasks for your worker to complete.

RECEIVING SUPERVISORY EXPECTATIONS

RECEIVING EXPECTATIONS

Formal Supervision Every Three Weeks 1:1

- ✓ Ensuring staff are (adhering to established receiving policy and procedures)utilizing the placement process
 - making good matches - Discuss
 - Childs needs such as medical, emotional, visitation, special appointments and educational,
 - Concurrent placement planning for siblings
 - If siblings must be separated were proper protocols followed
 - Placement Resource Staffing
 - Coordinate with assigned worker
 - Potential Home – Have all needs been identified and can resource meet identified needs, where does family live? Is it appropriate level of care?
 - move before 24 hours - discuss
 - Did you get it done?
 - What are the barriers that prevented placement?
 - facilitate or coordinate the move - discuss
 - Did all required steps get done?
 - ensure resources are being utilized appropriately - Discuss
 - DFS home before agency treatment homes
 - Discuss resource issues in 1:1
 - Review reasonable efforts log
 - Ensure licensing changes are coordinated with licensing – prior to placement
- ✓ Ensuring documentation and notification requirements
 - unity information (is updated)
- ✓ Initial intake - Discuss
 - setting case on court calendar
 - Was it done and was it complete
 - Is log completed
 - Is PRD and "Efforts" sent to Planned Placement?
 - Child Interview
 - Did you get information necessary for placement, i.e. allergies
 - Did you allay their fears

- Did you assess any medical and emotional needs
- ✓ 6 and under protocols
 - Supervisor will review if children under the age of 6 are placed in Child Haven
 - Were protocols followed regarding the priority placement needs of the child?
 - Are needs of the child and delays for placement identification being communicated to CPS/Permanency staff?
- ✓ Release to Foster Home
 - all appropriate documents completed (assembled and passed on to the caregiver)
 - Release to foster parents is documented
 - Notify caseworker child has moved
- ✓ Safety through the life of a case
 - Pre Placement safety check list
- ✓ Maintaining good relationship with caseworkers
 - Review any feedback from caseworkers and supervisors in field – Positive and Negative
 - Discuss “customer service” issues – Positive and Negative
- ✓ Pattern, trends, and barriers to doing your job – Discuss
- ✓ Observation
 - Supervisor will observe/listen to staff contacting foster parents/agency staff regarding the placement needs of children to include disclosure of child history and other pertinent case information

PLANNED PLACEMENT SUPERVISORY EXPECTATIONS

PLANNED PLACEMENT EXPECTATIONS

Formal Supervision Monthly 1:1

- ✓ Ensuring staff are (adhering to established policy and procedures) utilizing the placement process
 - making good matches
 - Ensure children have complete social & medical history, records and psychological history and reports as needed for placement.
 - Ensure Higher Level children have appropriate clinical information for homes. If not available refer to get it.
 - Conduct searches for HLOC resources if needed
 - Conduct searches for sibling groups if needed
 - Conduct search for medically fragile children if needed
 - Initiate and facilitate staffing with caseworker and others to develop and secure an appropriate placement
 - Facilitate or coordinate the actions necessary for the move to the new home - Discuss
 - Did all required steps get done
 - Coordinate with foster parents time to meet at child haven to do exchange
 - Nurse looks over the child
 - Exchange of medical appointment info and any medication child is on
 - Placement and request disclosure is sent to receiving for the foster parent
 - All appropriate documents completed assembled and passed on to the caregiver, i.e. Medical Passport is given to Foster Parent
 - document release
 - notify caseworker child has moved
 - Updating unity
 - Documenting reasonable efforts (including 6 and under report and 30 day report)

- ✓ Six and under cases – Supervisor will review if children under the age of 6 were placed in Child Haven
 - Were protocols followed regarding the priority placement needs of the child?
 - Are the needs of the child and delays for placement identification being communicated to CPS/Permanency staff?
- ✓ Safety through the life of a case
 - Pre Placement safety check list
 - Discuss with worker any concerns regarding check list
 - Were additional supports necessary for placement
- ✓ Maintaining good Involvement with caseworkers
 - call supervisors and caseworkers regarding placement
 - go to CFT where placement specialists are dealing with hard to place children
- ✓ Ensure reasonable efforts logs are completed for every case
- ✓ Coordinating license change as needed
- ✓ Pattern, trends and barriers to doing your job
- ✓ Observation – Listen to phone call of staff
 - Supervisor will observe/listen to staff contacting foster parents/agency staff regarding the placement needs of children to include disclosure of child history and other pertinent case information.
- ✓ Administrative Staff – Will vary depending on staff role but will include:
 - Review of under/under payment for the month
 - Outstanding PAR's for children in Specialized Foster Care
 - Monthly census reports for shelter
 - Sibling and specialized foster care placement
 - Review of respite and placement requests
 - Review of PRD email process and any delays as well as missing placement and placement conversion process

Tie the information above into the evaluation

CAREGIVER SUPPORT SUPERVISORY EXPECTATIONS

- Are you communicating identified needs specific to the case directly to the permanency caseworker, licensing staff, and other applicable staff?
- ✓ Documentation
 - Services
 - Progress Notes and case closings
 - Assignment log
- ✓ Observation
 - CSS will observe staff in the field at a minimum of one (1) time per twelve-month period (or more often as required).

FOSTER PARENT LIAISONS (PART-TIME PROGRAM ASSISTANTS)
Weekly 1:1

Pull assigned cases and case notes for the past week prior to 1:1

Discuss the following: (Look for/identify themes/trends and track them: report these to Assistant Manager on a monthly basis)

- ✓ Successful experiences with foster parents and case workers
 - List positive experiences
 - Ask what helped to make these experiences successful
- ✓ Issues/concerns reported by foster parent
 - List issues/concerns
 - Ask what happened that made these issues/concerns
 - Discuss creative and solution focused ways of addressing issues/concerns
- ✓ Issues/concerns reported by caseworker
 - List issues/concerns
 - Ask what happened that made these issues/concerns
 - Discuss creative and solution focused ways of addressing issues/concerns
- ✓ Synopsis of CFTs
 - Do you have any concerns about the case plan and have you expressed them to the caseworker?
- ✓ Synopsis of home visits
 - Did the home appear to be safe and free of potential dangers to the child(ren)?
- ✓ Child safety concerns
 - Discuss proper protocol for addressing safety concerns
 - How do you know the children are safe
 - How well do you understand the safety protocol
- ✓ Foster parent safety concerns
 - Discuss proper protocol for addressing safety concerns
 - Does the foster parent understand who to call if a foster child/youth poses a threat to foster parent or self?
- ✓ Case status

PLACEMENT PRESERVATION SERVICES (FAMILY SERVICE SPECIALISTS)

Weekly 1:1

Pull assigned cases and case notes for the past week prior to 1:1

Discuss the following: (Look for/identify themes/trends and track them: report these to Assistant Manager on a monthly basis)

- ✓ Do you have an objective understanding of situation? Foster Parent and worker?
 - What is it
 - Can you articulate it at a CFT
- ✓ What are the identified needs by Foster Parent and worker?
 - Services needed by Foster Parent
 - Foster Parent meeting case plan responsibilities
- ✓ Are there any identified safety concerns
 - What are they and how are we going to address these needs
- ✓ Is a home visit required?
 - If 10 day notice a home visit must occur
 - Have you set up a visit
 - Did visit occur and what was outcome re: needs, safety, and other issues?
- ✓ CFT
 - Did you request CFT
 - How are you going to participate?
 - Based on the particulars of the case and issues brought up how should it be addressed at the CFT
- ✓ Ensure Foster Parents Needs are met
 - What was done to meet the needs
- ✓ Was placement preserved or disrupted?
 - Did you notify the case worker of all actions taken and the outcomes of the case within three days of the determination of the outcome
 - If Placement disrupts:
 - What could have been done different to help prevent disruption
 - analyze situation and identify corrective actions related to the disruptions
 - provide appropriate feedback to placement services, receiving team, CPS, Permanency, training unit, licensing and/or other units as required
 - Analyze case outcome and debrief with appropriate parties
- ✓ How are we ensuring that we are appropriately teaming with permanency workers and child protection workers in foster parent situations
 - How are we actually doing it?
- ✓ Communication

- Discuss cases to assess why still open and when they should be closed
- ✓ Potential for disruption
 - Discuss proper protocol for referring these to Preservation Services
- ✓ Review FPL versus Caseworker Role
 - Ensure clear understanding and address challenges that have been presented/observed
- ✓ Confidentiality and conflict of interest issues
 - Address as situations arise
- ✓ Conflicts in role as "advocate" vs. foster parent
 - Address as situations arise
- ✓ Boundary issue
 - Address as situations arise
- ✓ Communication
 - Are you communicating identified needs specific to the case directly to the permanency caseworker, licensing staff, other applicable staff?
- ✓ Documentation
 - Prior to 1:1 review assignment/service logs and progress notes to ensure appropriate and accurate documentation and reporting is occurring
 - Address discrepancies as needed
- ✓ Review training schedule ask how the training process is going
 - Identify needs/challenges and address appropriately
- ✓ Ask staff if there are particular trainings they would like to attend
 - Review ODC and DFS training schedules together and schedule trainings
- ✓ Review accomplishments of each staff member and express your appreciation for specific things they do for the families they serve, the unit and for the department.
- ✓ Observation
 - CSS will observe staff in the field at a minimum of one (1) time per twelve-month period (or more often as required).

KINSHIP CAREGIVER SUPPORT SERVICES

Weekly 1:1

Pull assigned cases and case notes for the past week prior to 1:1

Discuss the following: (Look for/identify themes/trends and track them: report these to Assistant Manager on a monthly basis)

- ✓ Successful experiences with caregiver, relative licensing workers and case workers
 - List positive experiences
 - Ask what helped to make these experiences successful
- ✓ Issues/concerns reported by caregiver, relative licensing workers and case workers
 - List issues/concerns
 - Ask what happened that made these issues/concerns

- Discuss creative and solution focused ways of addressing issues/concerns
- ✓ Synopsis of CFTs
 - Do you have any concerns about the case plan and have you expressed them to the caseworker?
- ✓ Synopsis of home visits
 - Did the home appear to be safe and free of potential dangers to the child(ren)?
- ✓ Child safety concerns
 - Discuss proper protocol for addressing safety concerns
 - How do you know the children are safe
 - How well do you understand the safety protocol
- ✓ Caregiver proper protocol for addressing safety concerns
 - Does the caregiver understand who to call if a foster child/youth poses a threat to foster parent or self?
- ✓ Relative Licensing and Resource Needs
 - Are licensing needs being addressed?
 - Do relative have resources necessary to maintain permanency of child(dren)
 - Identifying resources that are lacking and brainstorm how to meet these needs
- ✓ Case status
 - Discuss cases to assess why still open and when they should be closed
- ✓ Placement disruptions
 - Discuss placement disruptions to identify themes/trends
 - Track identified themes/trends and report these to Assistant Manager on a monthly basis
- ✓ Communication
 - Are you communicating identified needs specific to the case directly to the permanency caseworker, licensing staff, and other applicable staff?
- ✓ Review KS versus Caseworker Role
 - Ensure clear understanding and address challenges that have been presented/observed
- ✓ Confidentiality and conflict of interest issues
 - Address as situations arise
- ✓ Conflicts in role as "advocate" vs. caregiver
 - Address as situations arise
- ✓ Boundary issue
 - Address as situations arise
- ✓ Review training schedule ask how the training process is going
- ✓ Identify needs/challenges and address appropriately
- ✓ Review supply needs i.e. Kinship Guides, brochures, etc to determine if additional supplies are needed and order according to department protocol
- ✓ Documentation
 - Prior to 1:1 review assignment/service logs and progress notes to ensure appropriate and accurate documentation is occurring
 - Address discrepancies as needed

- ✓ Ask staff if there are particular trainings they would like to attend
 - Review ODC and DFS training schedules together and schedule trainings
- ✓ Review accomplishments of each staff member and express your appreciation for specific things they do for the families they serve, the unit and for the department.
- ✓ Observation
 - CSS will observe staff in the field at a minimum of one (1) time per twelve-month period (or more often as required).

Peggy's Attic Staff 1:1

- ✓ Ask staff to share positive experiences and challenges
 - Identify solutions to any of the challenges presented
- ✓ Review/clarify role and responsibilities
- ✓ Review customer service policy
- ✓ Review protocols
- ✓ Identify perceived issues staff member may be having
- ✓ General work environment conducive to achieving designated outcomes
- ✓ Solicit ideas that staff member believes may enhance operations
- ✓ Documentation and services being provided are accurately documented
- ✓ Observation
 - CSS will observe staff in the field at a minimum of one (1) time per twelve-month period (or more often as required).

**PERMANENCY SUPERVISORY
EXPECTATIONS**

PERMANENCY SUPERVISOR EXPECTATIONS**1. First 30 – 45 days case is Assigned for Substitute Care****PRIOR TO TRANSITIONAL CFT**

- Do you and your case manager know the history of the family after reviewing previous and current case notes, safety assessments, risk assessment, the NIA's six questions and other pertinent documentation?
- Do you and your case manager know what has brought this family to the attention of DFS and why is there a need for ongoing services?
 - What are the current safety threats identified and why?
 - ♣ Can your case worker describe the safety threats, insufficient protective caregiver capacities and specific child vulnerability?
 - If there is previous history with DFS, what were the historical safety threats? Are they the same or different than the current reason the child(ren) are in care?
 - Describe the current and previous risk level?
 - What is the current child functioning? If applicable, has this changed from the previous intervention?
 - What is the parent functioning? If applicable, has this changed from the previous intervention?
 - What are general parenting techniques? If applicable, has this changed from the previous intervention?
 - Was the family referred to appropriate services to address risk and safety issues described? If so what services and are they engaged in the services?
- Special Considerations for NIA review with case worker:
 - Does documentation support what is documented in NIA?
 - Does it take into account prior history?
 - Does it cover all of the information we need to know?
 - What was the extent of the maltreatment i.e. duration, severity, frequency etc?
- Current Child and Family Needs Considerations:
 - When was the last time the family visited?
 - When was the child last seen in placement?
 - Where is the child placed?
 - Are there any outstanding placement needs?

- Is there any information still needed and what questions need to be asked of CPS?
- Is your case manager prepared to clarify outstanding or unclear issues at the TCFT?

PLANNING FOR THE TRANSITIONAL CFT – Needs to be the same for CPS

- Have you and your case manager planned for the Transitional CFT?
 - Has your case manager contacted the CPS investigator to determine if all parties have been identified and invited to the CFT.
 - Has your case manager contacted his/her CPS colleague to develop the agenda?
 - Has your case manager and his/her CPS colleague developed a plan to involve the family in the planning and facilitation of the meeting.
 - Has your case manager and his/her CPS colleague reviewed and have a complete understanding as to the child vulnerability and parental capacities preventing the child(ren) from being placed back into the home of origin?
 - Have your case manager and his/her CPS colleague discussed any potential for creating a safety plan with the family to place the children back into the home of origin?
 - Can your case manager clearly articulate to the family the next steps after the TCFT i.e. NCFAS, Case Plan R&D etc?

REVIEW OF THE NCFAS

- Did the case manager identify any underlying family functioning issues? If so how are they manifesting themselves in the family and how do they affect the safety of the child?
- What are the results within each domain? What is the information that supports the rating related to each domain? Can your case manager describe how he/she got to the rating with the information presented?
- Can your case manager describe how do areas of concern contribute to safety or risk to the child?
- Can your case manager describe the strengths of the family and how they will impact protective capacity (throughout the life of the case and beyond DFS's involvement).
- How have you encouraged engagement of the parents through worker discussion of the NCFAS with the family?

PLANNING FOR THE FORMAL CASE PLAN DEVELOPMENT

- Can your case manager identify what must be addressed in the case plan as indicated by safety assessment, NIA, and NCFAS i.e. safety threats, child and

adult functioning, maltreatment, and underlying issues?

- Have they identified all critical safety threats identified in all areas of concern?
- Does the case manager believe he/she needs to continue to engage family around issues? What strategies are they implementing?

2. After the first 45 days of a case opening until case closure

ONGOING AND THROUGHOUT THE LIFE OF THE CASE

- Have you scheduled monthly reviews of all cases with your staff?
- Do you have a plan for more frequent supervision with new workers i.e. at least every two weeks for three months?
- When you review the case plan updates:
 - Can your caseworker discuss what has happened and what has been observed in the case in the last three months that supports changes to the case plan?
 - Is progress clearly reported and behavioral changes articulated if related to the safety of the child?
 - Was NCFAS used in updating specifics of family needs in case plans?
 - Can your case worker articulate other issues that may have been identified that will require case plan changes?
 - How are the children's needs being addressed in the case plan?
- When you review updates of social summaries
 - Does the summary reflect an accurate picture of the child and family history for the last six months?
 - Has all required and related documentation been obtained? Example: current medical records. Have you developed a plan with your case manager to ensure all related documentation is obtained to support the social summary?
- When you review court reports/prepare for court presentation
 - Have all parties been notified?
 - Did the case manager report on parent's progress or lack thereof on the case plan?
 - Is the caseworker able to articulate behavioral changes made or not made by the parent in the case plan and the body of the report?
 - Has the permanency goal changed based on the parent's progress?

- Is the case worker's frequency of visits with parents and children and what they observed during those visits described in the report?
 - Is the visitation schedule and the observed interaction between the parents and children during the visitation described in the report?
 - Is the caseworker able to articulate information about the child's progress as to their case plan/youth plan goals?
 - Have the assessments been incorporated into the narrative of the court report to support DFS actions and recommendations?
 - Are reasonable efforts articulated throughout the court report as to DFS effort to achieve the approved primary permanency goal and concurrent permanency goal?
 - How are ASFA guidelines incorporated in the court report?
 - Based on DFS recommendations are there any barriers or conflicts that must be addressed described in the report?
 - Can you and/or your case manager verbally articulate the above in court?
 - Can they accurately present the plan in Court?
-
- When you monitor case worker visitation
 - Is your case manager current with the requirement to have face-to-face contact with the children as required every 30 days (or more frequent depending on circumstance i.e. trial home visit)?
 - Are we ensuring safety throughout the life of the case?
 - Is the child safe?
 - How do you know?
 - Did the caseworker do a safety assessment, OOH Checklist?
 - When reviewing these documents with your caseworker did you identify any follow up actions to ensure safety and placement stability? (i.e. services).
 - Have all parties in the home been cleared and are known by licensing?
 - Do other children placed in the home pose a risk?
 - Why the other parties are there and what is their involvement with any child placed in the home?

Is the information clearly articulated and documented in UNITY, if so where?

- Is your case manager current with the requirement to have face-to-face contact with parents as required every 30 days?

- Is your case manager engaging with the parents by reinforcing positive changes, current strengths, assisting with identification of barriers etc?
- Is your case manager reviewing case plan objectives ASFA and the permanency goal with the parents?
- Is your case manager assessing for changes in behavior and overall family functioning?
- Are there any concerns for worker safety when conducting visits with parents?
- Is your case manager current with the requirement to have face-to-face contact with the substitute care provider every 30 day?
 - Do any children in the home pose a risk to other children in the home?
 - Can the caregiver meet all the necessary requirements for all the children in the home i.e. visitation, medical appoints, mental health needs?
 - Is the caregiver experiencing stress in their life i.e. marital issues, finances, transportation issues that could pose a risk to the children placed with them?
 - How is the caregiver dealing with the stress?
 - Is the caseworker monitoring the Caregiver stress regularly?
 - Are workers seeing both caretakers in the home on visits?
 - Was there anything you saw that could lead to a disruption?
 - Is the child placed in the home causing the caregiver stress? If so please describe.
 - Does caretaker support the permanency plan? If no how are you dealing with this?

*****Is the information clearly articulated and documented in UNITY, if so where?*****

- When a new report comes in on a case
- Is the caseworker aware of the new report?
 - Has the caseworker made the supervisor aware of new reports of abuse and neglect on children in care?
 - Has worker made contact with CPS?
 - Is response time urgent enough?
 - Does permanency worker have additional information that might provide insight into event?
 - Is the case worker in agreement with the finding by CPS?

- Does your case manager know what is happening during parent and child visitation?
 - Is the case worker aware of and follows policy regarding visitation frequency and content?
 - What is the interaction between parent and child?
 - Why or why not does your case manager believe the parent has the ability to articulate and demonstrate *safe parenting*?
 - What does your case worker report regarding parent's participation? Have they missed visits and if so why?
 - Does your case manager understand the feedback from others who are monitoring visits?
- When you review the permanency goal with your case manager
 - Has your caseworker had regular conversations with the family regarding their permanency goal?
 - Does the caseworker believe the parents and children when appropriate understand the permanency goals and the time frames associated with the goals?
 - Is the permanency goal approved by the court?
 - Has your caseworker identified any barriers to the parents achieving the goals? Do they need assistance in helping the family develop a plan to overcome those barriers?
 - Does the caseworker believe the parents understand their progress toward their goals?
 - Is the 10-month staffing required?
- When you review the concurrent planning goal and activities
 - Has the caseworker reviewed with the parent the reason why concurrent planning occurs and what it may mean to them?
 - What steps is the case manager taking toward implementing the concurrent plan?
 - Does your case manager know how do you discuss concurrent planning with a child? Have they discussed concurrent planning with the child?
 - Does the caseworker understand the concept of concurrent planning?
- When you plan for reunification with your case manager
 - Can the case manager determine if the family is engaged in the process of reunification?
 - Is the Family aware of case plan goals?
 - Is making progress?

- Is aware of court dates?
 - Is visiting regularly?
 - Is participating in CFT's?
 - Appears at court hearings?
 - Is engaged in services and maintains contact with caseworker?
- Has the case manager developed a plan with the parent or child should safety become an issue?
- Did caseworker plan with the family to close the case?
- Can the case manager articulate how the NCFAS supports reunification?
- Can the case manager make a recommendation around Frequency of contact with family: once a week for the first month, twice a month for the second month, and once a month thereafter that is appropriate based on the family circumstances?
- Is Your Case Manager Addressing Education & Well Being issues of children
 - Does your case manager inquire about community activities? What is the child involved in or what would you like the child to be involved in?
 - Does your case manager assess for potential self-esteem issues?
 - What is the child's understanding of their history?
 - Who do you talk to when you are troubled? (question to the child)
 - Can children identify their own strengths?
 - Has worker talked with the child about their dreams?
 - Does the child have racial, cultural, and/or gender issues?
 - Is your case manager aware of the child's peer relationships?
 - Do they have friends?
 - What activities do they do with friends?
 - Is your case manager aware of educational performance and do they advocate for educational needs?
 - Do they have an IEP or other services in school; if not do they need any services?
 - Have you made contact with the school?
 - Are you aware of their attendance and academic record? How many credits do they have?
 - Have children 15 and over been referred to youth support workers?
 - Do you participate in the IEP?
 - Does the child have any educational surrogate?
 - Is your case manager aware of physical health and mental health issues and

do they advocate for their physical and mental health needs? How are they being addressed if there are physical and mental health needs?

- Are medical, dental, vision screenings and follow up services happening?
- Do you have names and addresses of medical providers? Are you getting reports?
- Do you know what medications including psychotropic that the child is receiving?
- Is the parent involved?
- If on medication are children getting services?
- Are additional services for child being provided?

*****Is the information clearly articulated and documented in UNITY, if so where?*****

3. Field Supervision of Case Work Activity.

- For each worker on the team a supervisor will observe one of the following three settings (child in foster home, home visit with parents, CFT) per quarter. In three quarters the supervisor will have observed the worker in each of the following three settings. Feedback will be given to worker and put in their performance file.
- Can your Case Worker Accurately Observe the following during home visits with parents (including trial home visits)?
 - How the family is functioning on a daily basis?
 - If there are any issues that would indicate that family stressors are escalating and effecting parent caregiver capacities?
 - If the parents have made behavioral changes and if so what is different i.e. employed, substance free, mental health issues, domestic violence not occurring etc?
 - How the child(ren) is functioning on a daily basis?
 - Is the caseworker practicing basic engagement skills with the family?
 - Are they conducting the body check per policy?
- Does your caseworker ensure the following when facilitating a Child and Family Team?
 - Are all parties present that need to be?
 - Are safety issues being addressed?
 - Are underlying issues being addressed?
 - Are parents engaged and actively participating in identifying their

needs?

- Are Parents feeling empowered to make changes?
 - Is the permanency goal explained and clearly explained to parents as well as the concurrent goal?
 - Are timelines clearly articulated and explained and the potential consequences for the parents if they fail to make progress?
 - Did they summarize any assessments completed or updated?
 - Is there evidence of the worker preparing for the CFT and staying on task during the CFT?
 - Was the child's progress discussed?
 - How did the worker perform with regard to facilitating skills? Did they keep the CFT to one hour, did they redirect members appropriately, did they summarize findings and next steps, did
 - How did the supervisor ensure they did not take over the CFT?
- When your caseworker visits with a child in out of home care, does your case manager cover?
- Identifying the child's needs and how they are being met i.e. educational, medical, mental health, physical and developmental?
 - The foster parents understanding the child's needs and clearly articulate how they are met?
 - The foster parents bonding or lack thereof to the child?
 - Are there any indications that the child is treated differently than other children that may be in the home?
 - Are the children having phone calls and visits with their parents?
 - Are there any issues around discipline that may need to be addressed by licensing?
 - Does the worker interview the child alone and did the worker demonstrate appropriate interviewing skills?
 - Did the caseworker observe whether the child acts differently when the foster parent is present?
 - Is the child having visits with siblings?
 - Did the worker discuss the permanency goal with the foster parent?
 - Did the worker follow the body check per policy?
 - Did the worker keep the foster parent informed?
 - Did the worker collect the medication logs for the child?
 - Did the caseworker actually see child in their living arrangement and observe for the following?
 - Does the child have a bedroom with a place for his/her own belongings or is their living space sparse?
 - Are there any identified environmental threats or any licensing violations?

- Are safety precautions in place i.e. pool fence?
- Are there picture in the room, toys?
- Have the foster parents identified the child's belongings?
- Does worker know about other children or adults in the home?

*****Is the information clearly articulated an documented in UNITY, if so where?*****

4. Critical Decision Points Requiring Supervisory Approval

FIRST 30 - 45 DAYS

- Discuss and review NCFAS Findings
- Approve case plan which includes Permanency Goal, Concurrent Goal and Visitation (both sibs and family)
- Report and Dispositional to court
- Any placement changes

ON GOING THROUGHOUT THE LIFE OF A CASE

- Safety Assessment
- Placement Change
- Changes in Visitation
- Changes in Permanency Goal
- Reunification
- Case Plan change
- Staffing with District Attorney
- Court Report
- Referring for Termination of Parental Rights
- 10 month Permanency staffing
- Changes in worker contact with
 - child
 - parent
 - service providers
- Case closure
- Out of home safety check list
- 9 month permanency staffing
- Status of concurrent plan
- Social summary check

ADOPTION SUPERVISORY
EXPECTATIONS

ADOPTION SUPERVISORY EXPECTATIONS

Consultation Phase

- Identify potential adoption cases
 - Concurrent plan is identified as Adoption at formal case planning CFT approx 45 days from the home removal.
 - Adoption worker consults with permanency worker to assist in the following areas: Adoption Supervisor staffs the case with adoption worker to review and discuss the following:
 - Counseling parent regarding relinquishment. Clinical Issues
 - Addressing mental capacity
 - Do they require legal representation
 - Rational for deciding to relinquish
 - Legal ramifications
 - Participate in case staffing when requested regarding permanency planning
 - Review and provide consultation to any post adoption agreements prior to assisting with relinquishment or TPR
 - Verify who is the legal or putative parent(s) and identify what is necessary to legally free child (ren).
 - Review and verify ICWA status.
 - Review potential relinquishments for appropriateness and completeness.
 - Prepare relinquishment or TPR documents to ensure accuracy
 - Assist in reviewing social summary to ensure accurate information is included and identify missing information on family history especially social and medical.
 - Track ASFA timelines on cases they are consulting on and ensure permanency worker is aware of timelines
 - Staff potential adoptive resource to determine if they are appropriate for adoption and why.
 - Review information in MAPP home study to determine if home is appropriate for adoption.
 - Review any previous adoption history
 - Is the placement in the child's best interest for the long term?
 - Assess the motivation of the potential adoptive resource.

- Review information in NCFAS to assist in identifying an appropriate match and needs of the child
- Discuss history of child and adoptive resource with permanency staff
- Identify any barriers
- If unlicensed are there barriers to adoption that cannot be resolved?
- Is there a need to begin identification of an adoption resource as an alternative to the current placement?
- Selection of adoptive resource through CFT if identified
- Next court date

PERMANENCY GOAL – ADOPTION

Assign to Adoption worker as Secondary when the Permanency Goal is changed to Adoption by the court at the first permanency review, approximately 12 months from home removal.

- Referral goes to the Adoption Supervisor
 - Within 48 hours of the court decision the permanency supervisor will notify the adoption supervisor of the court decision
 - The adoption supervisor reviews the case in UNITY to determine current status of legal status and permanency planning toward adoption
 - The adoption supervisor assigns the case to the adoption worker as secondary in UNITY within 2 business days from notification by the permanency supervisor
 - At the time of assignment, the adoption supervisor will review the case with the adoption worker.
 - Within 1 week of assignment the permanency worker, permanency supervisor, adoption worker, and adoption supervisor will have a case staffing to develop a plan on how permanency and adoption will team to complete adoption related tasks
 - Review and provide feedback on Permanency Plan of Adoption Report including a review of the following specific tasks to be completed by adoption worker and provide Permanency Plan of Adoption Report to permanency staff.
 - Review case with supervisor to determine status and the steps needed to complete an adoption

- Attend case staffing with permanency worker, permanency supervisor, and adoption supervisor to develop a plan for how permanency and adoption will team to complete adoption related tasks. The permanency worker will add these tasks to the case plan.
 - Verify current legal status within 7 business days of assignment
 - Update Social summary within 5 business days of assignment to ensure it is current, complete and comprehensive. Also to ascertain when the update will be due. If anything is currently missing, inform the permanency worker. Once both permanency and adoption agree the current social summary is complete the adoption worker assumes responsibility for updates
 - Complete Permanency Plan of Adoption Report 3 weeks prior to all court hearings addressing permanency plan progress
 - Review of Unity case notes
 - Verify ICWA Status
 - Review of Social Summaries update
 - Review with Perm Supervisor as to status of case as needed(phone/IP)
- Development of Adoption related tasks to be added to the case plan within 1 week of assignment to the adoption worker.
 - Adoption supervisor support and actions at this stage are as follows:
 - Supervisors will participate in planning meeting.
 - Assist with prioritizing and/or planning for any of the developed tasks
 - Review and approve social summary updates
 - Review and discuss Child Readiness for Adoption Assessment and ensure it is shared with all
 - Review and approve and/or discuss recruitment packet if applicable
 - Adoption worker tasks and actions to be reviewed by adoption supervisor follows:
 - If applicable, review and provide consultation for post adoption agreements

- Develop tasks for next steps to relinquishment and/or TPR if child is not legally free
 - Develop any tasks required for the social summary and who will complete those tasks
 - Develop a task for who will obtain or create a life book for the child
 - Within 14 days of assignment the permanency worker and adoption worker will meet with the current related or unrelated caregiver regarding their interest in adoption.
 - Develop any task related to searching for any potential adoptive resources such as family, fictive kin, past foster parents etc.
 - Schedule a Adoption Resource CFT within 4 weeks from assignment to confirm or identify an adoptive resource
 - Determine how Child Readiness Assessment will be conducted. Ensure Child Readiness Assessment is completed within 7 days after the Adoption Resource CFT
 - Determine if recruitment efforts should begin and determine who will complete recruitment packet.
- Consult with Assistant Manager on legal issues that require DA consult
- On ICWA cases review and approve that all requirements were met
 - Review and complete cover sheet
 - Attend scheduled court hearing
- Child Preparation for Adoption. Must be developed within 7 days after the Adoption Resource CFT
 - Adoption worker tasks and actions to be reviewed by adoption supervisor are as follows:
 - Develop Child Preparation Plan with CFT to work with the child in completing the 3 stages of adoption readiness and arrange services as needed

- Present information to the child with the permanency worker regarding the potential adoptive resource once identified
 - Develop a Transition Plan at a Change of Placement CFT for the child to be placed with adoptive resource if the child is not already placed
 - Assist the child in understanding the Transition Plan and supporting them through the placement process in partnership with the permanency worker
 - Review and update the child's life book
- Adoption Supervisor Support and Actions at this stage are as follow:
 - Review and approve Child Preparation Plan and ensure it is shared with all team members
 - Review and approve Transition Plan and ensure it is shared with all team members
 - Ensure all plans are developed with CFT
 - Ensure life book is reviewed and updated
 - Ensure Permanency worker and supervisor have been included at each step of the process
- Selection of the Adoption Resource. Selection of an adoptive resource begins from the moment a child is removed from the home, however, the adoption worker will begin to develop a plan to select an adoptive resource within 1 week of assignment through the development of the Adoption plan developed with the permanency worker
 - Adoption worker tasks and actions to be reviewed by supervisor
 - Hold Adoption Resource CFT to evaluate any potential resources
 - Determine if recruitment is necessary and complete recruitment referral packet as determined by teaming
 - If applicable, permanency worker will get recruitment order from the court

- Mine the case file, meet with the child and talk with permanency worker to identify all potential adoptive resources
 - Assess the caregiver and their ability and willingness to make a permanency commitment to the child/ren
 - Educate the family regarding the subsidy process, any post adoption agreements or sibling visitation orders, if applicable
 - Attend HART to present on the assessment of the adoption resource and the child's strengths and needs
 - Facilitate the child presentation meeting with the permanency worker that is to take place no later than 10 business days from the selection of the adoption resource
 - Allow the family time to make a decision about their commitment to the child. Families will be given 30 days from the date of selection
 - Develop a Family Preparation Plan with the CFT
 - Review adoption case history
 - Review any licensing investigations
 - Review any previous licensing and/or adoption studies and provider notes
 - Review criminal background information and CANS history and any related action
 - Review MAPP home study, if completed with permanency worker
- Adoption Supervisor Support and Actions at this stage are as follow:
 - Discuss assessment and MAPP Home study of potential adoptive resource with adoption worker
 - If necessary meet with permanency supervisor and worker and adoption worker to discuss any concerns
 - Attend HART if necessary
 - Track required time frames during one to one staffing
 - Review and approve family preparation plan and ensure the plan is shared with all team members

- Preparation of the Adoption Resource. Preparation with the family towards placement must begin within 7 days of the family's agreement to adopt
 - Adoption worker tasks and actions to be reviewed by supervisor
 - Assist the family in completing a family photo book to present to the child
 - Host Change in Placement CFT to develop Family Preparation Plan and/or Transition Plan within 7 days of the families decision to adopt
 - Adoptive Parent must sign the Adoptive Parent Agreement Form at this Change in Placement CFT
 - Assist the adoptive parents in identifying any services or additional training
 - Educate the family regarding subsidy
 - Implement, Assess and Review the Family Preparation Plans and Transition Plan and adjust as necessary during CFT meetings
 - If necessary, partner with licensing to assist the family in becoming licensed and approved for adoption
 - If necessary, explain how foster care or relative care is different from adoption.
 - Explain roles and responsibilities of an adoptive parent
 - Review and update life book
 - Adoption Supervisor Support and Actions at this stage are as follow:
 - Review and approve any Family Preparation Plans or Transition Plans and ensure that team members have received these plans
 - Assist staff in identifying resources for families
 - Review timeframes and updates to the plans during one to one staffing
 - Provide guidance to staff re: subsidy issues and questions
 - If necessary meet with permanency supervisor and worker and adoption worker to discuss any concerns
- Adoption Placement Begins Upon the date the child is placed in the Adoptive Resources Home
 - Adoption worker tasks and actions to be reviewed by supervisor

- Ensure family has received all placement documents upon placement
- Make weekly home visits for the 1st thirty days
- Make monthly home visits after the first 30 days until the adoption is finalized
- Assess the family and child's adjustment, attachment, and bonding during placement and share this information with Permanency staff
- Educate the family regarding the adoption subsidy
- Provide the subsidy application to the adoptive resource
- Within 14 days of receiving the complete adoption subsidy request, meet with the family to complete the subsidy negotiation
- Prepare subsidy packet for review by subsidy specialist
- Review subsidy agreements with adoptive parents and obtain signatures
- Advise the family to retain an attorney to complete the legal paperwork for the adoption finalization
- Assist family in completing the Report of Adoption
- Provide the attorney with any Post Adoption Contracts or sibling visitation orders
- Inform permanency staff of the hearing state for the finalization
- Write the Confidential Report and file it with the court
- Attend Adoption Finalization Hearing
- Ensure that permanency staff is aware of adoption finalizing so they can terminate Wardship
- Obtain certified revised birth certificate and provide to the family and place a copy in the adoption file
- Update the family preparation plan during CFT as needed
- Review and update child's life book
- Obtain consent to adopt for subsidy specialist
- If subsidy is not approved staff with the adoption supervisor and subsidy specialist
- Create closed adoption summary
- Complete all required unity windows
- Obtain birth file from permanency worker and secure or rebind files
- Complete case closure sheet
- Provide file to supervisor

- Adoption Supervisor Support and Actions at this stage are as follow:
 - Track all timeframe requirements during one to one staffing
 - Review subsidy application with adoption social worker and discuss negotiation strategies
 - Review and approve Confidential Report
 - Ensure life book is updated and complete
 - Complete all required unity windows
 - Review entire case file to ensure all documentation is complete
 - End date adoption staff assignment and program in birth case at adoption finalization
 - Sign subsidy agreement if adoptive parent is an employee and request signature from Director
 - Provide guidance to worker when subsidy is denied
 - Submit file to business center
 - If necessary meet with permanency supervisor and worker and adoption worker to discuss any concerns

ICPC SUPERVISORY EXPECTATIONS

ICPC SUPERVISOR EXPECTATIONS

FORMAL SUPERVISION – MONTHLY 1:1 MUST REVIEW ALL CASES

- **HOME STUDY PROCESS** – Discuss with Worker
 - ✓ Ensure good match between child and resource through a quality home study
 - Waiver approval process
 - Ensure that the home requested can meet the child's needs and safety
 - ✓ Ensure safety through life of a case using out of home care safety check list
 - Complete on a monthly basis at monthly home visit
 - ✓ Intrastate home study
 - Complete home study and if approved transfer to permanency unit
 - If home requires licensure send licensing packet
 - ✓ Home studies done timely
 - 2-3 days after the case is assigned a certified letter is mailed to the resource , a follow-up phone call is also made
 - 10-12 days after application is mailed a final notice is sent, if there is no response from the resource final notice allows 7 days for a response before recommendation to close is made
 - 60 days for regular request
 - Regulation 7 – 30 days
 - If home requires licensure send packet to licensing
 - A copy of the license is made for the ICPC file and a copy is sent to Carson City
 - ✓ Parent home studies
 - Must complete majority of case plan before child can be returned
- **CASE RELATED INFORMATION** – Discuss with Worker
 - ✓ Drive cases toward permanency
 - What is the long term plan for child
 - What is the goal now
 - Discuss pros and cons regarding permanency options
 - What are the issues that might cause a disruption
 - Ensure family has all of the information prior to accepting child

- Adoption issues including home study and preparation of child and family
- Guardianship – explain how to get guardianship in Nevada
- Ensure family is aware of their obligation under ICPC
- ✓ Quarterly reports
 - Medical
 - children seen once a year for a physical and every six months for dental
 - Any surgery must be approved by sending state
 - Signature for mental health issues from sending state (inpatient admissions)
 - Schools
 - Attend IEP
 - Mental health issues
 - Workers attend counseling sessions as needed
 - Problems in home
 - What is going on with family
 - Are they still working
 - What services do they need
 - Goals – make recommendations
 - Support family as need
 - transporting to medical, dental, counseling
 - Attend court hearings if necessary
 - What is recommendation
- ✓ Children must be seen at least monthly
 - At least two times in the home
 - And one time at school
- ✓ Must make monthly contact with Caretaker either in person or by phone
- ✓ See child's living arrangement – implement policy
 - Know what to look for in the home
 - Visit with birth parents if child is placed in their home
 - Observe who is in the home on visits
 - What does "safety" look like in the home
- ✓ Caregiver Issues
 - Other children in the home
 - Caregiver stress
- ✓ Supervisor should know of new reports on kids in care

- ✓ Parent child visitation
- ✓ Permanency Goals – this is determined by sending state with input from ICPC worker
- ✓ Concurrent Planning- this is determined by the sending state
- ✓ Education and Well Being issues
 - Community activities
 - Self esteem
 - Peer relationships
 - Educational performance
 - Health and Mental Health issues
 - Are services for child being provided
- ✓ Conference call on cases for problems and issues to be resolved
- ✓ Maintain contact and collaborative relationship with Nevada ICPC Administrator
 - Ensure staff coordinate communication with supervisor
 - Via e-mail
 - Quarterly phone conference with Carson City staff
- ✓ Critical Decision Points Requiring Supervisory Approval – On going throughout the Life of a Case
 - Safety Assessments
 - Placement Change
 - Changes in Visitation
 - Changes in Permanency Goal
 - Reunification
 - Case Plan Change
 - Changes in worker contact with
 - Child
 - Parent
 - Service Provider
 - Case Closure

○ **QUALITY DOCUMENTATION** – Child Welfare Performance – Discuss with worker

- ✓ New workers should have more frequent supervision. At least every two weeks for three months
- ✓ Document in unity
 - immediately if necessary
 - same as permanency – within 5 days

- ✓ Return phone calls within twenty four hours

- ✓ Supervisor observes caseworker activity in the field – per worker/per quarter
 - one visit per worker per quarter
 - CFT (if necessary – includes the sending state)
- ✓ Documentation on what worker actually observed and analyze observations
- ✓ Worker must know cases and supervisor must reinforce