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123 **300.2 Purpose**

124  
125 The Division of Child and Family Services' Out-of-Home Care Program provides short-term,  
126 culturally responsive services for a child and family when the child cannot be safely maintained  
127 at home. The program is available statewide.  
128

129 **300.3 Philosophy**

130  
131 Out-of-home care will be used only when there is no other alternative to provide for a child's  
132 well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child an  
133 environment where physical, emotional, medical, dental, developmental, educational, cultural,  
134 and mental health needs are assessed and addressed. Child and Family Services will diligently  
135 work to maintain familial connections through visitation and shared activities while a child is in  
136 out-of-home care, when appropriate. The parent of a child in out-of-home care is also afforded  
137 an opportunity to build on family strengths and learn essential skills to provide a safe, nurturing  
138 environment to which the child may return. Out-of-home care major objectives have been  
139 developed in accordance with federal and state laws including required time frames that reduce  
140 the amount of time a child spends in care and provisions for an appropriate, permanent home or  
141 other permanency option that is in the best interests of the child.  
142

143 **300.4 Child and Family Services And Caseworker Expectations**

- 144
- 145 A. Facilitate a thorough functional assessment that defines the child and family's strengths  
146 and needs and provides the framework from which to access appropriate services.  
147 Evaluate progress toward goals and adjust plans and interventions accordingly.  
148
  - 149 B. Identify an out-of-home care caregiver, possibly kin, who will meet the child's needs and,  
150 together with the child's parents, design a transitional plan to optimize the child's  
151 adjustment and maintain familial connections through visitation and shared activities.  
152
  - 153 C. Engage and facilitate a Child and Family Team to support the child and family including  
154 the out-of-home care caregiver and familial or community resources.  
155
  - 156 D. Develop a concurrent Child and Family Plan at the time of entry into care, using the  
157 strengths and needs of the family to guide the services offered and the goals of  
158 permanency to be achieved.  
159

### 160 **300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And** 161 **Questioning (LGBTQ) Youth**

162 Major objectives:

163 All children and youth, regardless of gender identity, gender expression, and/or sexual orientation  
164 (GI/GE/SO), need to feel safe in their surroundings in order for positive child and/or youth  
165 development outcomes to occur.

166  
167 Child and Family Team members will promote the positive development of all children and youth  
168 by demonstrating respect for all children and youth, reinforcing respect for differences,  
169 encouraging the development of healthy self-esteem, and helping all children and youth manage  
170 the stigma sometimes associated with difference.  
171

172  
173 Background Information

174 For most children and youth, the issue of understanding one's sexuality and gender identity is  
175 often a time of great turmoil and stress. For lesbian, gay, bisexual, transgender, and questioning  
176 (LGBTQ) children and youth, particularly children and youth of color, this issue is even more  
177 difficult to navigate as they are faced with both internal (internalized homophobia) and external  
178 (from one's environment) prejudices and discrimination.  
179

180 While exploring one's sexuality and gender identity is a natural part of every young person's  
181 development, LGBTQ and gender non-conforming children and youth face more challenges  
182 growing up in a predominately heterosexual society. According to the Child Welfare League of  
183 America (CWLA), LGBTQ children and youth are at a higher risk for emotional or physical  
184 abuse from their family members, failed out-of-home placements, and/or institutional neglect or  
185 abuse than their heterosexual counterparts. Psychologically, LGBTQ and gender non-  
186 conforming children and youth are at substantially greater risk than their heterosexual  
187 counterparts for suicide attempts, runaway behavior, homelessness, substance abuse, emotional  
188 and physical victimization, high-risk sexual behaviors, and pregnancy. In the school setting,  
189 LGBTQ and gender non-conforming children and youth are more likely to withdraw from or  
190 miss school due to fear, intimidation, or threats from other students. Because they experience a  
191 lack of safety, many LGBTQ and gender non-conforming children and youth are unlikely to  
192 reveal their sexual orientation or gender identity, particularly to people in perceived positions of  
193 authority (i.e., social service staff, family members, caregivers, teachers, church members, etc.).  
194 As a result of this lack of support, many LGBTQ and gender non-conforming youth confront a  
195 high level of isolation while navigating this developmental stage.  
196

197 Caseworkers will evaluate every child's overall safety as it relates to their sexual orientation,  
198 gender identity, and gender expression in terms of placement, emotional and physical well-being,  
199 and potential of emotional abuse from current caregiver, especially those children who are  
200 LGBTQ. However, the sexual orientation, gender identity, or gender expression of a child or  
201 youth does not always necessitate the initiation of services or specialized consultation. It is  
202 important to recognize that although sexual orientation, gender identity, and gender expression

203 are central facets of one's personality, they are only one aspect of a child or youth's identity, and  
204 that sexual orientation, gender identity, and gender expression may not always be a factor in the  
205 youth's emotional or behavior concerns.

206  
207 Sexual Orientation and Gender Identity Recognition

208 Staff will recognize that all children and youth explore their sexual orientation, gender identity,  
209 and gender expression. Since language associated with sexual orientation, gender identity, and  
210 gender expression varies greatly across communities, and pronouns may be fixed or fluid, staff  
211 will allow the child or youth to guide the process of choosing language with which they feel  
212 most comfortable while discussing their sexual orientation, gender identity, and gender  
213 expression. Staff will also recognize that this language may change over time, and affirm and  
214 support the child or youth in their process of identity formation and expression.

215  
216 Additionally, staff will recognize that a child's sexual orientation, gender identity, and gender  
217 expression is an integral part of who they are and not a personal "choice" that can be changed or  
218 determined by others. Staff will not attempt to convince any child or youth to reject or modify  
219 their sexual orientation, gender identity, or gender expression. Staff are prohibited from  
220 imposing their personal and/or religious beliefs on children and their families, and will not allow  
221 those beliefs to impact the way individual needs of youth or families are met.

222  
223 Guidelines such as these that use the terms "lesbian, gay, bisexual, transgender, and questioning"  
224 will be seen as a starting basis for engaging with children or youth in a way that utilizes  
225 respectful language and terminology. Staff will not use any disrespectful terms or language such  
226 as "homo" or "transvestite" or "he/she" or any other disempowering terms for LGBTQ or gender  
227 non-conforming children or youth. Since some terms may be acceptable and/or preferable to one  
228 person and offensive to another, staff will utilize best practices when working with children and  
229 youth. Staff will reflect/mirror the language and terminology employed by that child or family  
230 member (when appropriate) during a one-on-one interaction. Staff will help all children and  
231 family members use language that is respectful to all parties and will not cause harm in shared  
232 spaces.

233  
234 Staff will recognize that while it is important to use the language chosen by the child or youth, a  
235 child or youth who is questioning their sexual orientation, gender identity, or gender expression  
236 may not know all the relevant terminology and will be encouraged to express themselves in  
237 whatever way they may choose.

238  
239 Sexual orientation, gender identity, and gender expression are different identity constructs. If  
240 someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual  
241 because sexual orientation is separate from gender identity (see definitions). Furthermore, gender  
242 identity is very individual, and some transgender children or youth may identify as neither male-  
243 to-female nor female-to-male but simply as a boy or girl or as more gender fluid. Children and  
244 youth may also identify differently on different days, as they work through their identities. Child  
245 and Family Services staff will keep in mind that increasingly, many LGBTQ and gender non-

246 conforming children and youth are choosing to embrace the identity of “genderqueer” as a term  
247 that is more inclusive of a range of identities.

248  
249 Additionally, staff are required to use respectful, inclusive, and gender neutral language when  
250 referring to a child or youth’s sexual orientation, gender identity, and gender expression. For  
251 example, language such as “involved with someone” or “partner” as opposed to “boyfriend” and  
252 “girlfriend” will be used with all persons regardless of sexual orientation, gender identity, or  
253 gender expression

254  
255 Definitions

256 **Bisexual** – Continuing emotional, romantic, and affectionate attraction to persons of the same  
257 and different genders.

258  
259 **Cisgender** – Individuals whose gender identity and/or gender expression conforms to the  
260 characteristics traditionally associated with their assigned sex at birth. Not transgender.

261  
262 **Gay** - A boy or man who has a continuing enduring emotional, romantic, and affectionate  
263 attraction for other boys or men.

264  
265 **Gender Expression** - The manner by which an individual expresses their gender, through  
266 behavior, clothing, haircut, jewelry, voice, or body characteristics.

267  
268 **Gender Identity** - An inner sense of being male, female, another gender, or in between. One’s  
269 gender identity may not align with the individual's assigned sex at birth.

270  
271 **Gender Non-Conforming** – Having or being perceived to have gender characteristics and/or  
272 behaviors that do not conform to traditional or societal expectations. This can apply to lesbian,  
273 gay, bisexual, transgender, AND heterosexual children or youth.

274  
275 **Genderqueer** – A term that is embraced as an option to the binary language of LGBTQ umbrella  
276 terms that offers an alternative to an LGBTQ youth who does not feel that the identity of gay or  
277 lesbian accurately describes them; and who is not bisexual. This term would fall under the  
278 umbrella of transgender identities.

279  
280 **Intersex (or Intersexual)** – Refers to a person born with the full or partial sex organs of male  
281 and female, or with underdeveloped or ambiguous sex organs. About four percent of all births  
282 are Intersex to some degree. This term replaces hermaphrodite.

283  
284 **Lesbian** - A girl or woman who has a continuing enduring emotional, romantic, and affectionate  
285 attraction for other girls or women.

286  
287 **LGBTQ** – An acronym for Lesbian, Gay, Bisexual, Transgender and Questioning. This is an  
288 umbrella term that is inclusive of many identities.

289

290 **Queer** – An inclusive identity reclaimed by some people in the LGBTQ communities to describe  
291 sexual orientation and gender identity beyond the constraints of a binary gender system. Often  
292 used as an umbrella term. A term more commonly used and embraced by youth as inclusive of  
293 various identities.

294  
295 **Questioning** – A person who is exploring their sexual and/or gender identity. A fairly common  
296 part of adolescent human development.

297  
298 **Sexual Orientation** – The scientifically accurate term for an individual's enduring emotional,  
299 romantic, sexual, or affectionate attraction to individuals of a particular gender. Sexual behavior  
300 and sexual orientation are distinct terms; the former only pertains to sexual activity whereas the  
301 latter refers to feelings and identity.

302  
303 **Straight/Heterosexual** – A person who has continuing enduring, emotional, romantic, and  
304 affectionate attraction to persons of the “opposite” gender. Not lesbian, gay, or bisexual.

305  
306 **Transgender** – Individuals whose gender identity and/or gender expression does not conform to  
307 the characteristics traditionally associated with their assigned sex at birth.

308  
309 **Transsexual** – A term for someone who transitions from one physical sex to another in order to  
310 bring their body more in line with their innate sense of their gender identity.

311  
312 Practice Guidelines

313 A. Confidentiality:

- 314 1. Staff will keep in mind that when a child or youth discloses their sexual  
315 orientation, gender identity, or gender expression it will be considered sensitive  
316 information and be kept confidential, given that such disclosure could pose great  
317 risk to the youth or child.
- 318 2. Staff will not disclose a child or youth’s sexual orientation, gender identity, or  
319 gender expression to other individuals or agencies, without the child or youth’s  
320 permission. If a child or youth grants permission to share information on their  
321 sexual orientation, gender identity, or gender expression, this information may  
322 also prove relevant to decisions regarding safety in a child or youth’s academic  
323 environment, educational services, reunification, and placement. Knowledge of  
324 this information may prove beneficial and can lead to the exploration of other  
325 issues, social supports, family awareness and response, and health guidance that  
326 would increase safety.
- 327 3. However, there might be a few circumstances under which such information  
328 sharing is necessary without first gaining the child or youth’s permission. For  
329 example, if a child or youth’s sexual orientation, gender identity, or gender  
330 expression is related to the abuse or neglect in their home, then the information  
331 will be disclosed by the caseworker to Intake, particularly information related to  
332 safety issues. However, to affirm a sense of safety and build trust, staff will also

333 inform the child or youth with whom the information will be shared and why  
334 *before the information is shared*, whenever possible.  
335

336 B. Safety and Disclosure:

- 337 1. Staff will be aware that many LGBTQ children and youth, particularly those  
338 involved with the child welfare system, have had experiences of trauma (violence,  
339 sexual abuse, verbal harassment, etc.) related to their sexual orientation and  
340 gender identity, and staff will receive ongoing training specific to these unique  
341 forms of trauma. LGBTQ and gender non-conforming youth are particularly  
342 susceptible to trauma, discrimination, and abuse. Staff will also be able to  
343 recognize signs of distress, support disclosure when appropriate, and follow  
344 appropriate protocols for reporting.
- 345 2. A child or youth may disclose their sexual orientation and/or gender identity to  
346 staff when, and if, they feel ready. This disclosure is more likely to occur for an  
347 LGBTQ child or youth if a safe environment and trusting relationship has been  
348 created for such a disclosure. There are some circumstances when it may be  
349 appropriate for staff to affirmatively try to provide an opportunity for youth to  
350 disclose that they are LGBTQ. For example, if a child or youth is subject to  
351 harassment in their foster placement, then staff will explore with the child if the  
352 harassment is related to their sexual orientation, gender identity, or gender  
353 expression. [See [Appendix B](#) - How to Create a Climate of Safety and Convey  
354 Support for Children and Youth for some contextual examples where this may  
355 apply.]
- 356 3. All children and youth may request the use of a preferred name, and of the gender  
357 of which they identify if applicable rather than their legal name. Staff will ask  
358 children and youth what name they prefer and what pronoun to use. This will  
359 provide transgender and gender non-conforming youth with a safe means to let  
360 staff know of a preferred name and pronoun. [For an explanation of LGBTQ  
361 related terms, see the list of definitions above.]
- 362 4. When a child or youth requests the use of a preferred name and/or preferred  
363 gender pronoun, staff will ask the youth which name (legal or preferred) and  
364 which pronouns they will use to refer to the youth in conversations with the  
365 youth's family, and in conversation with other service providers and/or the court.  
366 To ensure safety, staff will comply with the youth's request for preferred name  
367 and pronoun use in conversations with the above-mentioned parties. Finally, staff  
368 will periodically check in with the child or youth to see if it is still safe to use their  
369 preferred name and pronouns. For additional guidance on how to create safety for  
370 clients, see [Appendix B](#) - How to Create a Climate of Safety and Convey Support for  
371 Children and Youth.]
- 372 6. During the life of the case, staff will be mindful that a child or youth may not  
373 want to tell their family about their sexual orientation, gender identity, or gender  
374 expression. If their identity was not a precipitant of the child or youth's removal  
375 from the home but does create a threat to safety, caseworkers will NOT disclose

- 376 the child or youth's sexual orientation, gender identity, or gender expression to  
377 the family.
- 378 7. If a child or youth discloses their sexual orientation, gender identity, or gender  
379 expression while in foster care, the child or youth will be offered the opportunity  
380 for services and information to support individual, family, and health issues. [See:  
381 [Appendix A](#) - Resources to Support LGBTQ Youth and Families.] Additionally,  
382 referrals to community service providers will be made when appropriate.  
383
- 384 C. Services to Prevent Removal:
- 385 1. Staff will be familiar with the unique family dynamics that emerge for LGBTQ  
386 children and youth in general and LGBTQ children and youth involved with the  
387 child welfare system. All staff will recognize that family responses to a child or  
388 youth's sexual orientation, gender identity, or gender expression may vary widely  
389 and interact with other aspects of that youth and families' identities, including  
390 race, class, gender, citizenship, etc.
- 391 2. Staff will help stabilize and create safety for LGBTQ and gender non-conforming  
392 youth in their homes to prevent out-of-home placement for reasons having to do  
393 with sexual orientation, gender identity, and gender expression whenever  
394 possible. Caseworkers working with an LGBTQ or gender non-conforming child  
395 or youth will identify and become familiar with community resources to support  
396 the sexual orientation, gender identity, and gender expression of the child or  
397 youth. This work includes providing LGBTQ and gender non-conforming  
398 children and youth specific community resources to the child or youth and  
399 families for support (e.g., a copy of community resources as listed in [Appendix A](#)  
400 - Resources to Support LGBTQ Youth and Families.)
- 401 3. Staff will carefully consider the parent/caregiver's attitude towards the child or  
402 youth's sexual orientation, gender identity, gender expression and other related  
403 behaviors as contributing factors to a child or youth's safety and positive identity  
404 development throughout the life of the case when identifying possible threats of  
405 harm. This will be done on an ongoing basis and can be done by engaging  
406 parents/caregivers and educating the parents/caregivers that a continued  
407 relationship between the parent and youth with some level of acceptance and  
408 understanding is critical to the health of the youth.
- 409 4. In some cases, children or youth having severe emotional reaction and/or  
410 behavioral concerns may require more intensive services, such as outpatient short-  
411 term counseling or psychotherapy. When a child, youth, or family member is  
412 having a more severe emotional reaction to the child or youth's sexual orientation,  
413 gender identity, or gender expression (e.g., persistent depression or anxiety,  
414 engaging in substance use or dangerous/high-risk behaviors, social withdrawal,  
415 risk of family rejection, placement disruption, etc.), more intensive services may  
416 be required, including, but not limited to, individual, group, or family therapy.  
417 [Refer to: subsection F.]  
418
- 419 D. Expectations for Out-of-Home Placement:

- 420 1. When a child or youth who identifies as LGBTQ or gender non-conforming enters  
421 foster care, staff will place them in a home that is safe and recognizes and meets  
422 their needs. Any out-of-home placement, whether it be with foster, adoptive, or  
423 birth parents, will affirm every child's sexual orientation, gender identity, or  
424 gender expression, treat them with respect and dignity, and work to ensure their  
425 overall well-being. Staff will also ensure that families who have a child or youth  
426 who discloses their sexual orientation, gender identity, or gender expression while  
427 in their care are providing an affirming home for that child or youth. All foster  
428 families will be given the support and training needed to provide optimal care for  
429 children and youth regardless of sexual orientation, gender identity, and gender  
430 expression.
  - 431 2. For cases where an LGBTQ or gender non-conforming youth is residing in a  
432 foster home, staff are expected to make sleeping arrangement decisions that will  
433 ensure the safety of this youth as they would with any other youth. Decisions on  
434 bedrooms for all LGBTQ and gender non-conforming youth in foster homes will  
435 be based on the youth's individualized needs and will prioritize the youth's  
436 emotional and physical safety. Staff will take into account the child or youth's  
437 perception of where he or she will be most secure, as well as any  
438 recommendations from the child or youth's mental health care provider. The  
439 child or youth's well-being will be taken into consideration when making this  
440 decision. Therefore, it is important to include the child or youth in the decision-  
441 making process so as to avoid alienating them. Staff will not isolate any child or  
442 youth based on sexual orientation, gender identity, or gender expression.
  - 443 3. All children and youth will be allowed to use private or individual bathroom stalls  
444 and be allowed to shower privately.
  - 445 4. For cases where a transgender youth is residing in a residential facility, every  
446 effort will be made so that transgender or gender non-conforming youth are  
447 housed in a residential facility that can provide individual sleeping quarters (one-  
448 person bedroom) to allow for privacy. Transgender or gender non-conforming  
449 children or youth will not automatically be housed according to their sex assigned  
450 at birth. As in a foster care setting, the agency will make housing decisions for  
451 transgender or gender non-conforming youth based on the child or youth's  
452 individualized needs and will prioritize the child or youth's emotional and  
453 physical safety. Staff will take into account the child or youth's perception of  
454 where they will be most secure, and remember to include the child or youth in the  
455 decision-making process so as to avoid alienating them. Staff may utilize  
456 regional clinical consultants when determining placement for gender non-  
457 conforming or transgender youth.
- 458
- 459 E. Personal Grooming and Clothing:
- 460 1. Grooming rules and restrictions, including rules regarding hair, make-up, and  
461 shaving, will be the same for all children and youth regardless of sexual  
462 orientation, gender identity, or gender expression. A child or youth will not be  
463 prevented from or disciplined for using a form of personal grooming because it

464 does not match gender norms. All children and youth will be permitted to use  
465 approved forms of personal grooming consistent with or that affirms their gender  
466 identity.  
467 2. Children and youth may wear clothing consistent with their gender identity. All  
468 children and youth in out-of-home care will have safety parameters established  
469 regarding outer attire congruent with the occasion (such as swimwear) and will be  
470 age appropriate. Children and youth are able to wear undergarments of their  
471 choice. If there is a conflict between the child or youth and their caregiver  
472 regarding outer attire and/or undergarments, the caseworker will help resolve the  
473 issue.  
474

475 F. Mental Health and Medical Considerations:

- 476 1. Most needs related to sexual orientation, gender identity, and gender expression  
477 for children and youth can best be met through caregiver and family support,  
478 community support, education groups, and/or peer counseling. The child or  
479 youth's family and foster/adoptive family members may also need assistance in  
480 supporting the child or youth. When appropriate, caseworkers will assist families  
481 in identifying supportive resources and professionals in their area in order to help  
482 create adequate support systems in place for sexual orientation, gender identity,  
483 and gender expression, including transition to permanency. [See: [Appendix A](#) -  
484 Resources to Support LGBTQ Youth and Families.]  
485 2. In accordance with accepted health care practices, which recognize that  
486 attempting to change a person's sexual orientation, gender identity, or gender  
487 expression is harmful, staff will NOT make referrals to mental health providers  
488 who attempt to change a child or youth's sexual orientation, gender identity, or  
489 gender expression through conversion, reparative, or regression therapy, or any  
490 other methods.  
491 3. All children and youth in out-of-home care will receive a comprehensive mental  
492 health screening. Children or youth who identify as LGBTQ or gender non-  
493 conforming who receive mental health services will be served by clinicians who  
494 are aware of the needs and best practices for those populations.  
495 4. For many transgender and gender non-conforming youth, puberty can be a time of  
496 crisis where the urgency of medical decisions is warranted. Children and youth  
497 who voice anxiety at the prospect of facing puberty outcomes that conflict with  
498 their gender identity will be referred to a psychiatrist who is aware of the needs  
499 and best practices for those populations for medication evaluation.  
500 5. If a child or youth enters out-of-home care and reports that a licensed medical  
501 provider in the community prescribed them hormones, this medication will be  
502 continued while the child or youth is in care. If hormone therapy is discontinued  
503 for a child or youth, the child or youth will continue to be monitored by medical  
504 and behavioral health staff in order to treat any symptoms that may occur as a  
505 result.  
506

507 **300.6 Resource Family Consultants (RFCs) – Role And**  
508 **Expectations**

509 Major objectives:

510 The purpose of this section is to define the role and expectations of a Resource Family Consultant  
511 (RFC). The region may have additional expectations of the RFC beyond those described here;  
512 however, these guidelines are the minimum requirements expected of an RFC. The RFC  
513 provides support for placements with resource families that are licensed through the Department  
514 of Human Services, Office of Licensing for general foster care (LFC). This section does not  
515 pertain to support for resource homes which are certified through contract providers or resource  
516 homes that are licensed for a specific child (LSC). Under the conditions of the contract, contract  
517 providers are responsible to provide support to the homes they certify. Child and Family Services  
518 staff, who possess an LSC license, with an expertise in supporting kinship homes will provide the  
519 support for families.  
520

521  
522 Definitions

- 523 A. Resource Family Consultant (RFC) – An employee of Child and Family Services who is  
524 responsible for providing support for placements of children in out-of-home care with  
525 families that are licensed with a LFC license through the Department of Human Services,  
526 Office of Licensing.  
527

528 Practice Guidelines

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

- 530  
531 A. The RFC will be familiar with the procedures and requirements necessary for a family to  
532 become a licensed out-of-home care provider and sustain licensure. These requirements  
533 include basic licensing standards outlined by the Office of Licensing, Background  
534 Screening Requirements, the Provider Code of Conduct, and the pre-service and ongoing  
535 training requirements.  
536  
537 B. The RFC will assist licensed resource families with tracking their number of in-service  
538 training hours in order to assist them in acquiring the required number of in-service hours  
539 needed for re-licensure.  
540  
541 C. The RFC will be familiar with the procedures outlined in Practice Guidelines [Section](#)  
542 [305](#), “Child and Family Services relationship with Out-of-Home Caregiver”, and [Section](#)  
543 [306](#), “Emergencies and Serious Situations.”  
544  
545 D. Each RFC is responsible for becoming familiar with and forming a working relationship  
546 with the resource families assigned to them. The RFC will develop knowledge of the  
547 strengths and needs of each resource family in regards to caring for a child in the custody  
548 of Child and Family Services. The knowledge of the resource family will assist the RFC

- 549 in facilitating a successful placement of a child in the custody of Child and Family  
550 Services with the resource family.
- 551 1. The RFC is responsible for visiting newly licensed foster homes within 30 days or  
552 sooner of Child and Family Services receiving the home study, in order to  
553 generally assess the type of child that the resource family may be successful with.  
554 Ideally, the visit should be conducted prior to the resource family having a child  
555 placed in their home.
  - 556 2. The RFC is responsible for ongoing assessment of each resource family's ability  
557 to care for a child in the custody of Child and Family Services. Any significant  
558 information that the RFC learns regarding the family's ability to provide quality  
559 care for a child will be documented in the Provider notes in SAFE. The RFC will  
560 also assess how significant life changes that occur in a family, such as births,  
561 deaths, adoption, divorce, etc., may impact the family's ability to continue to  
562 provide care for children in the custody of Child and Family Services.
  - 563 3. The RFC is responsible for ensuring that they document any relevant information  
564 regarding the family they may learn from the Office of Licensing and/or the Utah  
565 Foster Care regarding licensure, training, etc.
  - 566 4. The RFC will provide any information that they become aware of to the Office of  
567 Licensing that may be relevant to or may affect the licensure of the resource  
568 family.
  - 569 5. Minimum standards of contact with the resource family:
    - 570 a. Monthly Contact: At minimum, the RFC is required to have monthly  
571 contact with each resource family they oversee. This may include a phone  
572 call, email, letter, or face-to-face contact with the resource family.
    - 573 b. Face-to-Face Home Visits: The RFC is required to conduct a visit in the  
574 home of each resource family they oversee a minimum of once every six  
575 months, being more attentive to the resource homes with current  
576 placements of children. The RFC will document a summary of the home  
577 visit in the Provider Module of SAFE.
      - 578 (1) Exceptions for the six-month face-to-face home visit may be made  
579 for resource families that are not currently being utilized (are "on  
580 hold") due to personal issues, a recent adoption, etc. If a family  
581 that is "on-hold" expresses that they want to resume taking  
582 placements, the RFC must make a face-to-face visit in the home  
583 prior to a child being placed there.
    - 584 c. The RFC may determine that it is necessary to have more frequent contact  
585 with a resource family based on the specific needs and vulnerabilities of a  
586 child placed in the home, as well as the protective capacities of the  
587 resource family.
    - 588 d. The region may require more than the minimum standards of contact  
589 between the RFC and the resource families they serve if a determination is  
590 made that the region has the resources and capacity for more frequent  
591 contact.
- 592

- 593 E. Using the knowledge they possess of the resource families, the RFC assists the  
594 caseworker in finding and facilitating a placement match for a child in the custody of  
595 Child and Family Services with a licensed resource home. The placement decision  
596 should take into account factors that are in the child's best interest when making a  
597 placement decision, including but not limited to the skills of the foster parent; proximity  
598 to the home the child was removed from; the potential that the child may be placed with  
599 kin; the ability of the resource family to maintain siblings together; the proximity to the  
600 child's home school; and the permanency goal, including enduring safety and  
601 permanency for the child.
- 602 1. When possible, it is best practice for the RFC to assist the caseworker in  
603 facilitating a pre-placement meeting regarding the specific needs of the child prior  
604 to placement of the child in the home.
  - 605 2. The RFC may assist the caseworker in providing information to the resource  
606 family regarding the child prior to the placement of the child in the home. The  
607 RFC will document providing the information to the resource family in the  
608 activity logs of the child's case in SAFE and will use the correct policy  
609 attachment when documenting that this step was completed.
- 610
- 611 F. The RFC will assist the caseworker in supporting and maintaining the placement of a  
612 child with a resource family. The RFC may also assist in preventing possible placement  
613 disruptions.
- 614 1. The RFC is responsible for knowing what resources are available to help support  
615 and maintain a child's placement in the home of a resource family, as well as how  
616 to help the resource family access those resources.
  - 617 2. The RFC may attend Child and Family Team Meetings, court, and home visits  
618 with the caseworker. The RFC may also assist with the process of preparing a  
619 family for adoption, if appropriate.
  - 620 3. The RFC will be included as an integral part of the Child and Family Team, when  
621 the need arises, in order to assist the team in understanding and/or planning for  
622 placement transitions and issues regarding permanency for the child.
  - 623 4. The RFC may assist the resource family in developing an understanding of Child  
624 and Family Services' procedures and Practice Guidelines, especially when the  
625 resource family has questions and/or concerns.
  - 626 5. The RFC may assist the resource family in finding a respite provider when  
627 needed.
  - 628 6. In the event that a related-parties' investigation is initiated regarding a resource  
629 family, the RFC may provide answers to general questions regarding policies and  
630 procedures and may listen to concerns the provider may have in order to provide  
631 empathy as they go through the investigative process. The RFC may not,  
632 however, provide any information to the provider regarding the specifics of the  
633 investigation. In addition, the RFC has an obligation to provide any information  
634 to the CPS investigator that they believe may be relevant to the investigation.
  - 635 7. The RFC assists the caseworker in ensuring that the health care requirements for  
636 the child are communicated to the resource family and may assist the caseworker

- 637 in following up with the family to ensure that medical and mental health  
638 requirements for the child are completed in a timely manner.
- 639 8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed  
640 on an annual basis, upon re-licensure of the resource family. As a part of this  
641 process, the RFC will obtain an email address from each resource family and will  
642 enter the email address into the provider window in SAFE.
- 643
- 644 G. The RFC is responsible for developing and maintaining appropriate and professional  
645 partnerships with community partners, especially when it relates to maintaining a child in  
646 the home of an appropriate resource family and/or providing services to prevent  
647 placement disruption.
- 648
- 649 H. The RFC will attend, be prepared for, and actively participate in the placement committee  
650 when a resource family they are assigned to is presented as a potential match for a child  
651 needing placement.
- 652
- 653 I. The RFC will attend cluster meetings and other foster parents' activities when possible  
654 (at a minimum once a year) in order to build relationships with the families they serve,  
655 offer support to foster parents, answer questions, and understand issues faced by resource  
656 families.
- 657
- 658 J. The RFC will help resource families understand how to act in a professional manner at all  
659 times when representing themselves as a foster parent. This includes when they are  
660 interacting with others in the community as well as on social networking sites.
- 661

### 300.7 Normalcy For Children And Youth In Foster Care

662  
663  
664 Major objectives:

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

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

675  
676

#### 677 **Applicable Laws**

678 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

679 Utah Code Ann. [§62A-4a-210](#). Definitions.

680 Utah Code Ann. [§62A-4a-211](#). Division responsibilities -- Normalizing lives of children.  
681 Utah Code Ann. [§62A-4a-212](#). Requirements for decision making -- Rulemaking authority.

682

683 Background of House Bill 346

684 A. Utah Code Ann. [§62A-4a-211](#) requires Child and Family Services to make efforts to  
685 normalize the life of a child in Child and Family Services' custody and to empower a  
686 caregiver to approve or disapprove a child's participation in activities based on the  
687 caregiver's own assessment using a reasonable and prudent parenting standard, without  
688 prior approval of Child and Family Services.

689

690 B. Utah Code Ann. [§62A-4a-211](#) requires Child and Family Services to verify that private  
691 agencies, providing out-of-home placement under contract with Child and Family  
692 Services, promote and protect the ability of a child to participate in age-appropriate  
693 activities.

694

695 C. Utah Code Ann. [§62A-4a-211](#) provides that a caregiver is not liable for harm caused to a  
696 child in out-of-home placement, if the child participates in an activity approved by the  
697 caregiver, provided that the caregiver has acted in accordance with a reasonable and  
698 prudent parenting standard.

699

700 Definitions

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

704

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

706

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

710

711 Practice Guidelines

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

- 716 1. The child's age, maturity, and developmental level to maintain the overall health  
717 and safety of the child;
- 718 2. Potential risk factors and the appropriateness of the activity;
- 719 3. The best interest of the child based on the caregiver's knowledge of the child;
- 720 4. The importance of encouraging the child's emotional and developmental growth;
- 721 5. The importance of providing the child with the most family-like living experience  
722 possible; and

- 723 6. The behavioral history of the child and the child's ability to safely participate in  
724 the proposed activity.  
725
- 726 B. If the caregiver is unsure if the child should participate in the proposed activity, the  
727 caregiver will discuss the items listed above with the caseworker, and if needed, other  
728 members of the child and family team to determine if the child may participate in the  
729 activity.  
730
- 731 C. If the child feels they are being denied the ability to participate in normalizing activities,  
732 a Child and Family Team Meeting may be convened.  
733
- 734 D. The caregiver will inform the caseworker of activities where the child will be away from  
735 the caregiver overnight. Reasonable and prudent parenting standards will be followed.  
736 Overnight activities requested by the child are not considered respite.  
737
- 738 E. It is not necessary for a caregiver to seek permission from Child and Family Services  
739 each time a child participates in a routine activity. This would include any activities that  
740 the caregiver's family participates in on a regular basis, including but not limited to  
741 recreational sports, camping, hiking, biking, swimming, dance, art or music lessons, etc.  
742 If the activity has an inherent risk of bodily harm, injury, or death, the caregiver must  
743 inform the caseworker prior to the activity.  
744
- 745 F. For non-routine activities where bodily harm, injury, or death could occur, the caregiver  
746 will consult with the caseworker to assess using the reasonable and prudent parenting  
747 standard to determine if the activity is appropriate for the child to participate in. Some  
748 non-routine activities include but are not limited to:  
749 1. Off-Highway Vehicle (OHV) or All-Terrain Vehicle (ATV).  
750 2. Water sports, including boating and white-water rafting.  
751 4. Horseback riding.  
752 5. Skiing, snowboarding, or snowmobiling  
753
- 754 If the sponsor of a particular activity, such as an athletic league, requires informed  
755 consent forms, those forms must be completed prior to the child participating in the  
756 activity.  
757
- 758 G. Any time a child participates in an activity that has an inherent risk of bodily harm,  
759 injury, or death, every precaution must be taken to participate in the activity as safely as  
760 possible. This would include wearing DOT/Snell approved helmets when riding OHV's,  
761 completing OHV education (<http://stateparks.utah.gov/resources/ohv/education>) or  
762 personal watercraft or boating education  
763 (<http://stateparks.utah.gov/resources/boating/education>), wearing Coast Guard approved  
764 lifejackets, and completing hunter's education ([http://wildlife.utah.gov/hunter-  
765 education.html](http://wildlife.utah.gov/hunter-education.html)). It also includes following any applicable statute pertaining to minors  
766 operating OHV's, personal watercraft, or boats and firearms.

- 767  
768 H. For children placed in a group home or residential treatment setting, the provider will  
769 incorporate normalcy activities into their program. The activities will be in-line with the  
770 reasonable and prudent parenting standard and will help children with skills essential for  
771 positive development.
- 772 1. If the activity is routine for the program, but has an inherent risk of bodily harm,  
773 injury or death, the provider will notify the agency of the activity.
  - 774 2. If the activity is non-routine and the activity has an inherent risk of bodily harm,  
775 injury or death, the provider will consult with the caseworker to assess using the  
776 reasonable and prudent parenting standard to determine if the activity is  
777 appropriate for the child to participate in.  
778
- 779 I. If the activity has a cost associated with the participation in the activity, such as athletic  
780 leagues, school dances, lessons, or recreation education fees, the caregiver will contact  
781 Child and Family Services to determine if funds are available to pay for the activity.
- 782 1. For children under 14 years of age, the caseworker will staff the funding request  
783 with their supervisor to determine what funds can be used to support the child in  
784 participating in the activity. These may include:
    - 785 a. Utah Foster Care's Wishing Well Funds;
    - 786 b. Special Needs Miscellaneous; or
    - 787 c. Monthly Personal Needs Funds.
  - 788 2. If the youth is 14 years of age or older, the caseworker will also staff the funding  
789 request with the regional Transition to Adult Living coordinator to determine if  
790 the activity can be supported with Chafee funding.  
791

## 300.8 Runaway Child And Missing Children

### Major objectives:

Children who run away or are missing from state's custody are at an increased risk for exploitation and trauma due to having to meet their own needs in ways that may be unsafe. Every effort must be taken to find missing children and to prevent child from running. It is also imperative to locate a child who runs away, assess for human trafficking, and provide holistic services that meet the needs of the child, including addressing any trauma that may have occurred during the runaway episode or abduction.

Children need to be placed in the least restrictive placement possible following a runaway episode while assessing the needs of the child. The child should only be placed in detention if the child has committed a crime that requires a placement in a correctional facility. Running away is not a chargeable offense.

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

### **Applicable Laws**

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

Utah Code Ann. [§62A-4a-105](#), Division responsibilities.

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

Utah Code Ann. [§77-38-15](#), Civil action against human traffickers and human smugglers.

### Practice Guidelines

A. Definitions (as defined in [HR4980](#)):

1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act. Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking in persons, which is sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. A commercial sex act is any sex act on account of which anything of value is given to or received by any person.
2. Runaway: Utah Code Ann. [§62A-4a-501](#): "a minor, other than an emancipated minor, who is absent from the home or lawfully prescribed residence of the parent

- 834 or legal guardian of the minor without the permission of the parent or legal  
835 guardian.”
- 836 3. Homeless: An individual who lacks housing.
- 837 4. Missing: Federal law ([42 U.S.C. §5772](#)) defines a “missing child” as “any  
838 individual less than 18 years of age whose whereabouts are unknown to such  
839 individual’s legal custodian.” This broad definition includes children who may  
840 have (1) been abducted by a non-family member; (2) wrongfully taken or retained  
841 by a person related to them; (3) wandered away from a safe environment and  
842 become lost; (4) been displaced by disaster; (5) run away from a home, foster  
843 home, or state care facility; or (6) otherwise gone missing for any reason at all.”
- 844 5. Abducted: Utah Code Ann. [§78b-16-102](#): “the wrongful removal or wrongful  
845 retention of a child.”
- 846 6. Child Kidnapped: Utah Code Ann. [§76-5-301.1](#): “An actor commits child  
847 kidnapping if the actor intentionally or knowingly, without authority of law, and  
848 by any means and in any manner, seizes, confines, detains, or transports a child  
849 under the age of 14 without the consent of the victim's parent or guardian, or the  
850 consent of a person acting in loco parentis.”
- 851 7. Kidnapping: Utah Code Ann. [§76-5-301](#): “An actor commits kidnapping if the  
852 actor intentionally or knowingly, without authority of law, and against the will of  
853 the victim:
- 854 (a) detains or restrains the victim for any substantial period of time;
- 855 (b) detains or restrains the victim in circumstances exposing the victim to risk of  
856 bodily injury;
- 857 (c) holds the victim in involuntary servitude;
- 858 (d) detains or restrains a minor without the consent of the minor's parent or legal  
859 guardian or the consent of a person acting in loco parentis, if the minor is 14 years  
860 of age or older but younger than 18 years of age; or
- 861 (e) moves the victim any substantial distance or across a state line.”
- 862
- 863 B. Prevention: Children in foster care run away for a variety of reasons. The most  
864 significant reasons include a search for safety, independence, and the least restrictive  
865 placement; conflict with their caregiver, including abuse and neglect and trying to escape  
866 an unpleasant situation; being asked to run with a peer or trying to find a sense of normal  
867 even when child acknowledge their family is not safe. Most often, it can be categorized  
868 as running to something/someone or running from something/someone.
- 869 1. In order to prevent the child from running, the caseworker will ask during each  
870 monthly home visit if the child has any concerns regarding the placement,  
871 including:
- 872 a. Their relationship with the caregiver.
- 873 b. If the child’s needs are being met by the caregiver.
- 874 2. If the child discloses there are issues with the placement, the caseworker will ask  
875 the child what solutions they have thought of to address the issues and what the  
876 caseworker can do to help improve the situation. If the child discloses that he or  
877 she has thought about running from the placement, the caseworker will address

- 878 those issues with the child to problem solve by asking some of the following  
879 questions:
- 880 a. What else can be done to improve things before you leave?
  - 881 b. What would make you stay in the placement?
  - 882 c. How will you survive?
  - 883 d. Is running away safe?
  - 884 e. Who can you talk to about the situation?
  - 885 f. Are you being realistic?
  - 886 g. Have you given this enough thought?
  - 887 h. What are your other options?
  - 888 i. Who will you call if you end up in trouble?
  - 889 j. What will happen when you return?
- 890 3. If necessary, a Child and Family Team Meeting will be convened to discuss the  
891 issues raised by the child and to develop solutions that will allow the child to  
892 remain safely in their placement. Possible strategies to help prevent the runaway  
893 behavior include, but are not limited to:
- 894 a. Increased support system for the child.
  - 895 b. Involve child in case planning decisions, including placement decisions.
  - 896 c. Exploration of kinship as either placement options or informal supports.
  - 897 d. Provide the child with information for the National Runaway Safeline to  
898 call or live chat at 1-800-runaway or [www.1800runaway.org](http://www.1800runaway.org).
  - 899 e. Identify a safe place for the child to go if they run  
900 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).
  - 901 f. Provide child with the Child and Family Services Child Abuse Reporting  
902 Hotline (1-855-323-3237) to make a referral if they feel unsafe in their  
903 placement.
- 904
- 905 C. Response:
- 906 1. If the child is under 18 years of age, the caregiver must:
    - 907 a. Notify the caseworker immediately that the child is missing. This includes  
908 the last time the child was seen, when the caregiver noticed they were  
909 missing, and what they were wearing.
    - 910 b. Call Intake and report the child as missing if this occurs outside normal  
911 business hours. Intake will relay the information to the on-call worker and  
912 notify the assigned foster care caseworker and supervisor via email. The  
913 on-call worker will also relay the information to the assigned foster care  
914 caseworker or, if the assigned foster care caseworker is not available, to  
915 the on-call supervisor.
  - 916 2. Upon receiving information from the caregiver that the child is missing, the  
917 caseworker will:
    - 918 a. Staff the case with members of the Child and Family Team to determine if  
919 the child has run away or is missing, kidnapped, or abducted. This  
920 determination will be done within two hours of receiving the information.  
921 If the caseworker is not available, the on-call worker and the on-call

- 922 supervisor will make the determination that the child is missing,  
923 kidnapped, or abducted.
- 924 b. If it is determined that the child is missing, kidnapped, or abducted, the  
925 caseworker will:
- 926 (1) File a Missing Persons Report immediately with the law  
927 enforcement agency where the child resides. The caseworker will  
928 supply the law enforcement agency with any necessary information  
929 that will promote the safe return of the child, including  
930 demographic information and recent photographs of the child.  
931 This may also include blood type, dental records, scars, marks,  
932 tattoos, and other identifiable features. The caseworker will work  
933 with law enforcement to determine if an Amber Alert should be  
934 issued.
- 935 (2) The caseworker will obtain a case record (police report and  
936 number) from the law enforcement agency and request that the  
937 child be placed on the National Crime Information Center (NCIC)  
938 within two hours of the report being made. If law enforcement is  
939 unresponsive to placing the child on the NCIC, the caseworker will  
940 email the adolescent services program administrator at the State  
941 Office with this information.
- 942 (3) The caseworker will notify the parent(s) and/or guardian of the  
943 child within two hours of the caseworker receiving the report that  
944 the child is missing, abducted, or kidnapped. The caseworker will  
945 ask the family if the child is in their care or if they know where the  
946 child is. If the family provides leads as to where the child might  
947 be, the caseworker will relay the information to law enforcement.  
948 If the law enforcement agency does not respond to the information  
949 provided, the caseworker will make every effort to follow-up on  
950 leads. This includes phone calls, home visits, school visits, and  
951 social media. If the caseworker suspects the child has been  
952 abducted by the parent(s) and/or guardian, or the family discloses  
953 the child has returned to their care, the caseworker will inform law  
954 enforcement.
- 955 c. The caseworker will notify the Assistant Attorney General (AAG) or on-  
956 call AAG within four hours that the child is missing, abducted, or  
957 kidnapped. The caseworker will staff the case with the AAG to determine  
958 if a hearing is needed to inform the court that the child is missing,  
959 abducted, or kidnapped. The caseworker will also notify the Guardian ad  
960 Litem (GAL) within four hours.
- 961 d. The caseworker will notify the region director or designee, who will then  
962 notify the Department of Human Services (DHS) communication director  
963 (801-520-2777) that there is a child missing, abducted, or kidnapped who  
964 is in the custody of Child and Family Services and determine if media  
965 should be contacted to assist in the location and return of the child.

- 966 e. The caseworker will report the child is missing to the National Center for  
967 Missing and Exploited Children by going to  
968 <https://cmfc.missingkids.org/reportit>. The caseworker must follow the  
969 directions online to create a user account. The caseworker will gather case  
970 information and relevant materials before starting the report process.  
971 Basic information the caseworker will be asked to provide:  
972 (1) Child's full name;  
973 (2) Child's date of birth;  
974 (3) Date child went missing;  
975 (4) City and state from where child went missing;  
976 (5) Guardian information including agency name, and telephone; and  
977 (6) Law enforcement information including agency name and  
978 telephone.  
979 NCMEC also requests comprehensive information regarding the child in  
980 order to be able to effectively assist in locating the child. This includes  
981 physical descriptive information (e.g., height, weight, hair and eye color,  
982 clothing worn), any risks or endangerments to the child, circumstances  
983 surrounding the incident, and description of any person who may be with  
984 the child, and a photograph.
- 985 f. After 24 hours if there is no contact from the child or the abductor, the  
986 caseworker will change the placement code in SAFE to CRW and then  
987 choose the appropriate drop down option – Missing, Abducted, Child  
988 Kidnapped, Kidnapping, Runaway. The definitions are listed above in  
989 section A. Definitions.
- 990 g. If a call for a ransom is received by Child and Family Services, the  
991 substitute caregiver, or the biological family, the caseworker will notify  
992 the local FBI immediately with as much detail from the letter, phone call,  
993 or social media message as possible. (The FBI office:  
994 [fbi.gov/saltlakecity/](http://fbi.gov/saltlakecity/), FBI SLC 257 Towers Building, Suite 1200, 257 East  
995 200 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI  
996 web page for Crimes Against Children at  
997 <http://www.fbi.gov/hq/cid/cac/crimesmain.htm>.)
- 998 h. If the child is missing due to a natural disaster, the caseworker will defer  
999 to the DHS Natural Disaster Protocol to determine the appropriate course  
1000 of action to locate the child.
- 1001 3. If it is determined the child has run away, the caseworker will:
- 1002 a. Notify the parent(s) and/or guardian within 24 hours that the child has run  
1003 away. The caseworker will engage the parent(s) and/or guardian to  
1004 determine if the child has run to the parent(s) and/or guardian.
- 1005 (1) If the family does know where the child is, but refuses to disclose  
1006 the location of the child, the caseworker will ask if the child's  
1007 basic needs are being met.
- 1008 (2) If the family does not know where the child is, but commits to  
1009 notifying the caseworker if the child makes contact with the

- 1010 family, the caseworker will continue to follow-up with the family  
1011 on possible leads. Any information gained from these  
1012 conversations will be given to law enforcement to aid in finding  
1013 the child.
- 1014 (3) The caseworker will inform the family of the current statute  
1015 regarding harboring a runaway. [See: Utah Code Ann. [§62A-4a-](#)  
1016 [501.](#)]
- 1017 b. Notify the AAG that the child has run away. The caseworker will pursue  
1018 a warrant under Utah Code Ann. [§78A-6-106\(6\)](#). The caseworker will  
1019 request that the child be taken to the least restrictive placement (i.e.,  
1020 current or prior placement, juvenile receiving center, Christmas Box  
1021 House) once the child is found. The child should only be placed in  
1022 detention if the child has committed a crime that requires a placement in a  
1023 correctional facility. Running away is not a chargeable offense. The  
1024 caseworker will also notify the GAL and child's parent or guardian who  
1025 has a right to parent-time with the child that a warrant has been issued.
- 1026 c. A court may temporarily place a child in a detention facility, who is taken  
1027 into custody based upon a warrant issued under Utah Code Ann. [§78A-6-](#)  
1028 [106\(6\)](#), if the court finds that detention is the least restrictive placement  
1029 available to ensure the immediate safety of the child. A child placed in  
1030 detention may not be held in detention longer than is necessary for the  
1031 caseworker to identify a less restrictive, available, and appropriate  
1032 placement for the child.
- 1033 d. The caseworker will notify law enforcement and file a Missing Person's  
1034 Report. The caseworker will also request the child be placed on the NCIC  
1035 database for missing persons. The caseworker will supply law  
1036 enforcement with information that will aid in the return of the child,  
1037 including demographic information, and where the child was last seen.
- 1038 e. The caseworker will report the child is missing to the National Center for  
1039 Missing and Exploited Children as outlined in section C.2.e above.
- 1040 f. If it is during the school year, the caseworker will contact the school and  
1041 request that they notify Child and Family Services if the child contacts or  
1042 arrives at school.
- 1043 g. The caseworker will notify other members of the Child and Family Team  
1044 that the child has run away.
- 1045 h. The caseworker will try and make contact with the child through a variety  
1046 of means, including texting, email, and social media (Facebook, Twitter,  
1047 etc.), as well as through any other family or relational contacts at least  
1048 weekly until the child has been located or eight weeks from the time the  
1049 child was reported as runaway, whichever is sooner, to assess if the child  
1050 is safe and their needs are being met. All efforts to locate the child will be  
1051 documented in SAFE.

- 1052 (1) If the child responds to the outreach made by the caseworker, the  
1053 caseworker will gather critical information regarding the safety and  
1054 well-being of the child.
- 1055 (2) The caseworker will encourage the child to come back into care.  
1056 This must be done with sensitivity to the child and their situation,  
1057 as the child may have been running from an unsafe situation and  
1058 does not trust Child and Family Services or the caseworker.
- 1059 (3) The caseworker will document all correspondence between the  
1060 child and the caseworker in SAFE.
- 1061 i. After 24 hours, the caseworker will change the placement code in SAFE to  
1062 CRW and select the appropriate drop down option: Missing, Abducted,  
1063 Child Kidnapped, Kidnapping, Runaway. The definitions are listed above  
1064 in section A. Definitions. The caseworker will staff the case with their  
1065 regional administrative team or designee to determine if the out-of-home  
1066 caregiver should continue to be paid as outlined in Administrative  
1067 Guidelines [Section 060.8](#) while the child is on the run. The agreement to  
1068 pay the out-of-home caregiver will not exceed 10 days.
- 1069 j. If the child is on the run for more than eight weeks, the caseworker will  
1070 contact the law enforcement agency who took the initial report to give  
1071 further information, including dental records, scars, marks and tattoos,  
1072 jewelry type, blood type, and other identifiable features in the event that a  
1073 deceased is discovered locally or nationwide.
- 1074 k. If the child is on the run for more than 12 weeks, the caseworker will staff  
1075 the case with regional administration or designee to determine if the case  
1076 should remain open or if a petition to close the case should be filed.
- 1077 (1) If a petition is filed requesting the case be closed, the caseworker  
1078 must address what steps have been taken to find the child. If  
1079 possible, the caseworker will include verification that the child is  
1080 safe while the child has been on the run and if the child will  
1081 continue to be safe in the petition.
- 1082 l. If the case is to remain open, the caseworker will make monthly attempts  
1083 to locate the child. All attempts must be documented in SAFE.
- 1084 4. If the child engages in chronic runaway behavior (i.e., has run away more than  
1085 three times a year or more than once in a 30-day period), the caseworker will  
1086 assess with the Child and Family Team the reasons the child is running and  
1087 implement strategies to address the behavior. This could include:
- 1088 a. Assessing the placement to determine if the placement best meets the  
1089 needs of the child. A higher or lower level of care will be considered if it  
1090 better meets the needs of the child.
- 1091 b. Determining if the child is running to something/someone such as family,  
1092 peers, and/or intimate relationships. If the child is running to someone,  
1093 the caseworker will consider making these relationships part of the Child  
1094 and Family Team.

- 1095 c. Assessing if there are issues at school that have an impact on the  
1096 placement or contribute to the runaway behavior, such as bullying or other  
1097 negative peer relationships or struggles with academic progress.  
1098 d. Addressing with the child's treatment provider issues relating to the  
1099 runaway behavior.  
1100 e. If necessary, conducting a professional staffing with the region  
1101 permanency specialists.
- 1102 5. If the child is over the age of 18 years and runs away, the caregiver will:
- 1103 a. Notify the caseworker immediately that the child has run away. This  
1104 includes the last time they were seen, when the caregiver noticed they  
1105 were gone, and what they were wearing.
- 1106 b. The caseworker will convene a professional staffing within 24 hours to  
1107 determine if the case should remain open as the child is over 18 years of  
1108 age. The professional team will consider:
- 1109 (1) The overall safety of the child.  
1110 (2) The age and developmental level of the child.  
1111 (3) The child's ability to meet their own needs.  
1112 (4) The child's relationships and the level of support the relationships  
1113 will provide.  
1114 (5) If the case should remain open, or if the foster care case should be  
1115 closed and the child be released from care.
- 1116 c. If it is determined that the child is not safe on his or her own, the  
1117 caseworker will follow the practice guidelines for runaway child under the  
1118 age of 18 years.
- 1119 d. If it is determined by the professional team that the child should remain in  
1120 care, the caseworker will notify the AAG that a warrant will need to be  
1121 filed with the juvenile court.
- 1122 e. If it is determined that the child can meet their own needs and remain safe  
1123 on their own, the caseworker will ask the AAG to file for an early review  
1124 to close the case.  
1125
- 1126 D. Return to Care:
- 1127 1. Once the child is located, the caseworker will determine the primary factors that  
1128 caused or contributed to the child's absence from care. The caseworker will  
1129 select a placement for the child that accommodates the child's needs and takes  
1130 into consideration the factors and experiences that led to the child running from  
1131 care. The child should only be placed in detention if the child has committed a  
1132 crime that requires a placement in a correctional facility. Running away is not a  
1133 chargeable offense.
- 1134 2. A court may temporarily place a child in a detention facility, who is taken into  
1135 custody based upon a warrant issued under Utah Code Ann. [§78A-6-106\(6\)](#), if the  
1136 court finds that detention is the least restrictive placement available to ensure the  
1137 immediate safety of the child. A child placed in detention may not be held in

- 1138 detention longer than is necessary for the caseworker to identify a less restrictive,  
1139 available, and appropriate placement for the child.
- 1140 3. The caseworker will remove the child from the National Center for Missing &  
1141 Exploited Children website (<https://cmfc.missingkids.org/reportit/>).
- 1142 4. The caseworker will assess if the child is a victim of CSEC. This includes an  
1143 interview with the child in a neutral location after the child's physical needs have  
1144 been met and the child is safe. The caseworker will screen the child by asking the  
1145 following screening questions: "While on the run,  
1146 a. did someone control, supervise, or monitor your work/actions?"  
1147 b. could you leave your job or work situation if you want to?"  
1148 c. was your communication ever restricted or monitored?"  
1149 d. were you able to access medical care?"  
1150 e. were you ever allowed to leave the place you were living/working?"  
1151 f. Under what conditions?"  
1152 g. was your movement outside of your residence/workplace ever monitored  
1153 or controlled?"  
1154 h. what did you think would have happened if you left the situation?"  
1155 i. was there ever a time when you wanted to leave, but felt that you could  
1156 not?"  
1157 j. what do you think would have happened if you left without telling  
1158 anyone?"  
1159 k. did you feel it was your only option to stay in the situation?"  
1160 l. did anyone ever force you to do something physically or sexually that you  
1161 didn't feel comfortable doing?"  
1162 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,  
1163 punched, burned, etc.) by anyone?"  
1164 n. were you ever sexually abused (sexual assault/unwanted touching, rape,  
1165 sexual exploitation, etc.) by anyone?"  
1166 o. did anyone ever introduce you to or provide you with drugs or  
1167 medications?"
- 1168 *Resources: "Screening Tool for Victims of Human Trafficking," U.S. Department*  
1169 *of Health and Human Services,*  
1170 [http://www.justice.gov/usao/ian/htrt/health\\_screen\\_questions.pdf](http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf).
- 1171 5. If the child reports that they may be victims of CSEC, the caseworker will access  
1172 the appropriate resources to address the CSEC. This is including but is not  
1173 limited to:  
1174 a. Report to law enforcement within 24 hours that the child may be a victim  
1175 of CSEC and assist in the investigation.  
1176 b. Access the appropriate mental health care, preferably a therapist that  
1177 specializes in treating victims of CSEC.  
1178 c. Inform the placement that the child may be a victim of CSEC. The  
1179 caseworker will assist the Resource Family Consultant (RFC) to give the  
1180 placement resources that may aid in the placement's ability to care for the  
1181 child, including research articles and training materials.

- 1182           6.       A Child and Family Team Meeting will be convened as soon as possible after the  
1183           child has been returned to determine the correct placement of the child and to  
1184           determine if additional services are needed as a result of any trauma or behavioral  
1185           needs the child may have.  
1186

### 1187 **300.9 Foster Care Bill Of Rights**

1188       Major objectives:

1189       Children in foster care have the right to be treated with genuineness, empathy, and respect, as  
1190       well as having the Practice Model Skills and Principles applied to their specific case while  
1191       ensuring the children's safety, permanency, and well-being needs are addressed while in foster  
1192       care.  
1193

1194       The State Youth Council was tasked with writing a Foster Care Bill of Rights that addresses what  
1195       they feel is important to them while they are in care. This Bill of Rights pertains to all children in  
1196       care, regardless of age. The Bill of Rights encompasses the Practice Model philosophy, as well  
1197       as the skills and principles of Utah's Practice Model.  
1198  
1199

#### 1200 **Applicable Laws**

1201       Federal Act [HR4980](#), Preventing Sex Trafficking and Strengthening Families Act.  
1202       Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
1203

#### 1204 Practice Guidelines

- 1205       A.       The Foster Care Bill of Rights is a document written by youth in foster care and foster  
1206       care alumni that outlines the rights of a child in foster care. The Bill of Rights is as  
1207       follows:
- 1208           1.       Be treated with respect regardless of age, race, culture, gender, sexual orientation,  
1209           gender expression, religious beliefs, family relations, or family history.
  - 1210           2.       Live in a safe and healthy environment with adequate clothing, appropriate  
1211           hygienic items, and sufficient food of nutritional value.
  - 1212           3.       Have access to adequate health care services, including mental health, physical  
1213           health, and dental health, as well as the right to request medical appointments and  
1214           consistent and quality medical attention.
  - 1215           4.       Attend our school of origin or an appropriate school and access to transportation  
1216           to and from school (and/or employment and extracurricular activities, if  
1217           applicable).
  - 1218           5.       Participate in or continue to participate in healthy and appropriate activities  
1219           associated with school, culture, a religious organization, or within the community.
  - 1220           6.       Have access to vital documents (birth certificate, social security card, state  
1221           identification card) before aging out of foster care, as well as access to services  
1222           and resources regarding the transition to adulthood.
  - 1223           7.       Express our opinions, thoughts, needs, and feelings in a respectful, constructive  
1224           manner.

- 1225 8. Actively participate in case planning and be informed of changes in our case,  
1226 including participation in placement decisions.  
1227 9. Be allowed to pack our own belongings in luggage or other suitable containers.  
1228 10. Receive quality services that meet our specific needs in conjunction with a stable  
1229 environment and the least amount of disruptions.  
1230 11. Be informed of our rights and have an identified person or entity to contact when  
1231 rights are violated, such as our Guardian ad Litem or Ombudsman.  
1232 12. Maintain healthy relationships with parents and siblings through frequent  
1233 visitation and contact.  
1234 13. Have access to important adults, including caseworkers and legal representatives.  
1235 14. Be informed of when our court hearings are and be able to attend those hearings.  
1236
- 1237 B. The Utah Foster Care Bill of Rights can be found at  
1238 <http://dcfs.utah.gov/pdf/Utah%20Foster%20Care%20Bill%20of%20Rights.pdf>.  
1239
- 1240 C. Children in out-of-home care will be informed of their rights while in foster care on a  
1241 level that is commensurate with their developmental level. For non-verbal children, the  
1242 Bill of Rights will be reviewed with the out-of-home caregiver.  
1243 1. During the first 30 days that a child is in care, the caseworker will review the Bill  
1244 of Rights with the child.  
1245 a. The caseworker will review the Bill of Rights during a Child and Family  
1246 Team Meeting so all parties involved in the case are aware of the rights of  
1247 the child, or  
1248 b. The caseworker will review the Bill of Rights with the child during a  
1249 private conversation during a home visit.  
1250 c. The caseworker will review the Bill of Rights with the out-of-home  
1251 caregiver during a private conversation when the child is placed in their  
1252 home/facility.  
1253 d. The caseworker will document in SAFE that the Bill of Rights was  
1254 reviewed with the child and the caregiver.  
1255 2. Children will be able to access the Bill of Rights at any time through the Home-  
1256 to-Home Book or other mechanism used by the caregiver to keep records and  
1257 documents for the child.  
1258 3. If the child requests a personal copy of the Bill of Rights, the caseworker will  
1259 deliver the document within one week of the request.  
1260
- 1261 D. If a child feels their rights have been violated, the child must be given the same resources  
1262 to resolve the conflict as any other individual. This includes:  
1263 1. A meeting with the caseworker and the supervisor.  
1264 2. Contact information for the child's Guardian ad Litem.  
1265 3. Contact information for the Child and Family Services constituent services  
1266 specialist at (801) 538-4100.  
1267 4. Contact information for the Office of Child Protection Ombudsman at (801) 538-  
1268 4589.

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## 300.10 Establishing Paternity

### Major objectives:

Establishing paternity and providing parents with notice and opportunity to be heard in juvenile court cases is essential to timely permanency. Delays in locating a child's father or establishing paternity for an alleged father can delay the establishment of permanency for the child.

Establishing paternity of an alleged father can provide the child the benefit of knowing his or her heritage, expand the child's network of supportive adults, and provide additional kinship placement options.

### **Applicable Laws**

Utah Code Ann. [§78B-15-201](#). Establishment of parent-child relationship.

Utah Code Ann. [§78B-15-204](#). Presumption of paternity.

Utah Code Ann. [§78B-15-301](#). declaration of Paternity.

### Practice Guidelines

- A. The caseworker will staff the case with the AAG to determine if any of the following criteria are met to allege legal paternity in the verified petition. It is imperative to complete this process at the earliest possible point in the case. If evidence of legal paternity for the child is available, the caseworker will request that the AAG allege the legal paternity in the verified petition. The following are considered evidence of legal paternity:
1. An un rebutted presumption that a man is the father. A man is legally presumed to be the father if:
    - a. He and the mother of the child were married to each other and the child was born during the marriage.
    - b. He and the mother of the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, declaration of invalidity or divorce, or after a decree of separation.
    - c. Before the birth of the child, he and the mother of the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage or within 300 days after its termination by death, annulment, declaration of invalidity, or divorce or after a decree of separation.
    - d. After the birth of the child, he and the mother of the child married each other in apparent compliance with law, whether or not the marriage is, or could be declared, invalid, he voluntarily asserted his paternity of the child, and there is no other presumptive father of the child, and:
      - (1) the assertion is in a record filed with the Office of Vital Records;
      - (2) he agreed to be and is named as the child's father on the child's birth certificate; or
      - (3) he promised in a record to support the child as his own

- 
- 1312 2. An effective declaration of paternity by the man filed with Vital Records.  
1313 3. An adjudication of the man's paternity.  
1314 4. Adoption of the child by the man.  
1315 5. The man consented to assisted reproduction by a woman, which resulted in the  
1316 birth of the child.  
1317 6. An adjudication confirming the man as a parent of a child born to a gestational  
1318 mother if the agreement was validated or is enforceable under other law.  
1319
- 1320 B. Genetic Testing: A genetic test showing a man is the father creates a presumption of  
1321 paternity. If the alleged father does not rebut the presumption through another test that  
1322 shows he is not the father, the judge can then use the genetic test to adjudicate a man as  
1323 the father. A paternity test is evidence that can establish a presumption. However, a  
1324 judge must still issue an order establishing paternity.  
1325
- 1326 C. The following assertions are not sufficient evidence of legal paternity  
1327 1. The mother says the man is the father.  
1328 2. The man claims he is the father.  
1329 3. Everyone knows the man is the father.  
1330 4. The man lives with the mother and the child.  
1331 5. The man pays child support for the child.  
1332 6. The man's name is on the birth certificate (unless he has also complied with all  
1333 other requirements for establishing legal paternity, as described in section A(1)(d)  
1334 above).  
1335
- 1336 D. If legal paternity cannot be established by the evidence listed above, the caseworker will  
1337 ask the AAG for paternity to be established by adjudication in the juvenile court if the  
1338 following conditions are met:  
1339 1. Establishing paternity is in the child's best interests; and  
1340 2. The man has a significant relationship with the child that should be legally  
1341 established. To establish that a significant relationship exists, the caseworker and  
1342 the AAG must gather evidence to document the significant relationship. The  
1343 evidence may include:  
1344 a. Exercising parent time prior to Child and Family Services involvement.  
1345 b. Providing monetary and other support.  
1346 c. Communicating, acknowledging or celebrating special occasions.  
1347 d. Facilitating healthful relationship with extended family.  
1348 e. Engaging in other behaviors that demonstrate a normal, healthy parenting  
1349 relationship between the alleged father and the child.  
1350 f. Providing primary care for the child.  
1351 g. The child reports he or she considers the individual their father.  
1352 h. The child's behaviors toward the alleged father include but are not limited  
1353 to: recognizing or acknowledging the father, showing interest or affection  
1354 or expressing a desire to be with the father.

1355 3. The man has relatives who have a significant relationship with the child or could  
1356 be potentially supportive placements or provide legal permanency for the child.  
1357

1358 E. Paternity may still be established even if no relationship between the alleged father and  
1359 the child exists. Caseworkers will determine if it is in the best interest of the child that  
1360 paternity be legally established. Caseworkers will need to establish one or more of the  
1361 following:

- 1362 1. No other father figure is available;
- 1363 2. The alleged father's extended family (the biological family) is safe, appropriate,  
1364 and willing to care for the child;
- 1365 3. The absence of a significant relationship is excusable (such as the mother was  
1366 hiding the child from the father); or
- 1367 4. Child support from the father is important enough to justify establishing parental  
1368 rights, or other evidence that "this" child needs "this" father.  
1369

1370 F. Once Child and Family Services has determined it is in the best interests of a child to  
1371 establish paternity and sufficient evidence is documented to establish best interests, the  
1372 AAG will allege in the petition that the named man is the alleged father and that it is in  
1373 the child's best interests to require paternity be established even though legal paternity  
1374 has not been previously established.  
1375

1376 G. Once paternity is established, the caseworker will engage the father in the Child and  
1377 Family Team, assessments, case planning, and interventions. All requirements regarding  
1378 legal parents are applicable. This includes monthly contacts, visitation, and permanency  
1379 planning.  
1380

1381 **301 Preparation For Placement In Out-Of-Home Care**

1382

1383 **301.01 Opening A Foster Care Case**

1384

1385 Practice Guidelines

1386 A. The “earliest removal/custody date” is the foster care case start date. According to  
1387 Federal Regulations 1355.20, “A State may use a date such as the date the child is  
1388 physically removed from the home. This definition determines the date used in  
1389 calculating all time period requirements for the periodic reviews, permanency hearings,  
1390 termination of parental rights provisions, and for providing time-limited reunification  
1391 services. The definition has no relationship to establishing initial title IV-E eligibility.”  
1392

1393 The earliest removal/custody date is the date that the child was initially removed from the  
1394 custody of their legal guardians by Child and Family Services (protective custody), the  
1395 court (temporary or adjudicated), or by voluntary written consent (voluntary custody). A  
1396 foster care case will not be opened on a CPS removal unless Child and Family Services is  
1397 granted temporary custody, adjudicated custody, or voluntary custody. If Child and  
1398 Family Services has protective custody as the result of a CPS removal and the child is  
1399 either returned home or temporary custody is granted to relatives at the shelter hearing, a  
1400 foster care case should not be opened in SAFE. However, if a removal is done during the  
1401 course of an In-Home Services case without a CPS case being opened to document the  
1402 removal, then an SCF case should be opened to document the custody and placements  
1403 during the removal time frame.

- 1404 1. Using the earliest removal/custody date as the start date, the foster care case  
1405 should be opened in SAFE by midnight of the second business day after  
1406 receiving:
- 1407 a. Court-ordered temporary custody after a CPS removal, usually granted at  
1408 the shelter hearing;
  - 1409 b. Court-ordered adjudicated custody; this is usually the date of the court  
1410 finding or direct order into custody;
  - 1411 c. Voluntary custody by a parent or legal guardian;
  - 1412 d. Protective custody taken during the course of an In-Home Services case  
1413 when there is no CPS case or other documentation of the removal.
- 1414 2. If there is an open case (such as CPS, PAT, PSS, PFP, etc.) at the time of the  
1415 earliest removal/custody date, then the current primary caseworker is responsible  
1416 for opening the foster care case in SAFE. If a foster care caseworker has not been  
1417 identified, the current primary caseworker will assign the foster care case to  
1418 himself or herself, pending case transfer. The current primary caseworker is  
1419 responsible for all foster care case action items and activities until a new primary  
1420 caseworker is identified and assigned to the foster care case.  
1421

## 1422 **301.1 Engaging, Teaming, And Assessing**

### 1423 Major objectives:

1424 The caseworker will engage the child and family to develop positive working relationships,  
1425 partner with the child and family to create a Child and Family Team, work with the Child and  
1426 Family Team to assess strengths and needs of the child and family, as well as plan for the child's  
1427 permanency and long-term view.  
1428

### 1430 **Applicable Law**

1431 Administrative Rule [R512-300](#). Out of Home Services.  
1432

### 1433 Practice Guidelines

- 1434 A. The primary caseworker will initiate or update the Child and Family Assessment of the  
1435 child and family within 45 days of removal.
- 1436 1. To begin assessment of needs, engage the child's family, identify permanency-  
1437 planning options, begin planning for placement and visitation, and establish the  
1438 Child and Family Team. Engage the child in a manner consistent with the child's  
1439 developmental level to address concerns, explain the system process and the  
1440 caseworker's role, and begin to discuss with the child issues of separation and  
1441 loss.
  - 1442 2. The use of genograms, ecomaps, timelines, and other assessment tools is  
1443 recommended in gathering information.
  - 1444 3. The type of assessment will be determined by the unique needs of the child and  
1445 family, such as cultural considerations, special medical or mental health needs,  
1446 and permanency goals.  
1447
- 1448 B. The primary caseworker will assist in identifying key Child and Family Team  
1449 members. The primary caseworker will hold the initial Child and Family Team Meeting,  
1450 continue building upon the Child and Family Assessment, and plan for subsequent  
1451 meetings and planning sessions.
- 1452 1. Assist the family in identifying informal (family, friends, church affiliations, club  
1453 affiliations, etc.) and formal supports (teachers, therapists, tutors, medical  
1454 professionals, etc.) that may be part of the Child and Family Team.
  - 1455 2. Contact the Assistant Attorney General and Guardian ad Litem to provide  
1456 information and involve these partners in any planning that affects the interests of  
1457 the child.
  - 1458 3. Provide information gathered as part of the assessment to the Child and Family  
1459 Team.
- 1460 C. For youth age 14 years and older, the youth must be an integral member of the Child and  
1461 Family Team. Youth age 14 years and older will also contribute to developing the Child  
1462 and Family Team.
- 1463 1. Youth age 14 years and older must be given the opportunity to invite two  
1464 individuals to be members of their Child and Family Team. These members

- 1465 cannot be paid professionals or other service providers. The caseworker will  
1466 engage the youth in determining who the youth would like to invite to the Child  
1467 and Family Team.
- 1468 2. If a youth chooses a minor to be a member of the Child and Family Team, the  
1469 caseworker has the discretion on whether to obtain a release of information from  
1470 the youth to seek permission from the invited minor's parent and/or guardian to  
1471 participate on the Child and Family Team. Regardless of whether there is a  
1472 release of information, the minor is held to the same confidentiality standards as  
1473 other members of the Child and Family Team.
- 1474 3. Any individuals identified by the youth to be members of the Child and Family  
1475 Team will need to be approved by the Child and Family Team prior to the  
1476 individual attending a Child and Family Team Meeting. The Child and Family  
1477 Team will make the determination by assessing if the individual will advocate for  
1478 the safety, permanency, and well-being of the child.
- 1479 4. When working with a youth age 14 years and older, support the youth to take the  
1480 lead role in the Child and Family Team. Consider the youth's developmental age,  
1481 increasing their role as a Child and Family Team leader as their skill level  
1482 increases.
- 1483
- 1484 D. Assessment is ongoing and service goals and plans are modified when indicated by  
1485 changing needs, circumstances, progress toward achievement of service goals, or the  
1486 wishes of the child, family, or Child and Family Team members.
- 1487 1. Continue to engage the child and family to gather all pertinent health, social,  
1488 educational, psychological, and cultural (religion, significant others, daily  
1489 schedule, and history) information and other specifics needed to thoroughly assess  
1490 the child and family's strengths and needs.
- 1491 2. Identify each child who is of American Indian decent by ensuring that  
1492 the child and family are specifically asked about this heritage. When this  
1493 determination is made, refer to [Section 705](#) Indian Child Welfare Act (ICWA),  
1494 and follow all requirements. Also, if the child is a member of the Navajo Nation  
1495 or Ute Tribe, comply with the intergovernmental agreements that the state of Utah  
1496 has with these Tribes.
- 1497 3. Determine if the child is a United States citizen or qualified alien. [See: [Section](#)  
1498 [303.10](#), Children in Foster Care Who Are Not U.S. Citizens.]
- 1499 4. When a youth is 14 years and older, the Casey Life Skills Assessment will be  
1500 used to help identify skills needed for their transition to adulthood.
- 1501
- 1502 E. The primary caseworker will complete the application and provide necessary supporting  
1503 documentation for Title IV-E and Medicaid eligibility determination. [See: [Section 303.9](#),  
1504 Federal Benefits And Eligibility.]
- 1505
- 1506 F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the  
1507 payee. If the child has a disability but is not receiving SSI, apply for benefits. If the

- 1508 child has a deceased parent and is not receiving SSA survivor benefits, apply for benefits,  
1509 if eligible. [See: [Section 303.9](#), Federal Benefits And Eligibility.]  
1510  
1511 G. The primary caseworker will begin collecting information to be included in the Child's  
1512 Placement Information Record (Home-to-Home Record). [See: [Section 303.3](#),  
1513 Maintaining The Home-To-Home Book.]  
1514  
1515 H. At any time, the child's family or other team members may request a Child and Family  
1516 Team meeting to discuss concerns, changes to the Child and Family Plan, visitation, or  
1517 the need for clinical interventions or conflict resolution.  
1518

## 1519 **301.2 Identifying Permanency Goals And Concurrent Planning**

### 1520 Major objectives:

1521 A child in out-of-home care will have a primary permanency goal and a concurrent plan  
1522 identified by the Child and Family Team and submitted to the court for approval. The primary  
1523 permanency goal will be reunification unless the court has authorized in accordance with state  
1524 statute that no reunification efforts will be offered. Concurrent planning involves working  
1525 towards reunification while at the same time establishing and implementing an alternative  
1526 permanency plan. Concurrent rather than sequential planning efforts help move children more  
1527 quickly from the uncertainty of out-of-home care to the security of a safe and stable permanent  
1528 family when they cannot safely be reunited with their parents.  
1529

### 1530 Permanency goals and concurrent planning include:

- 1531 A. Reunification.  
1532 B. Adoption.  
1533 C. Guardianship (Relative).  
1534 D. Guardianship (Non-Relative).  
1535 E. Individualized Permanency.  
1536  
1537  
1538

### 1539 **Applicable Laws**

1540 Utah Code Ann. [§78A-6-312](#). Dispositional hearing -- Reunification services -- Exceptions.  
1541 Utah Code Ann. [§78A-6-314](#). Permanency hearing -- Final plan -- Petition for termination of  
1542 parental rights filed -- Hearing on termination of parental rights.  
1543 Utah Code Ann. [§78A-6-105](#). Definitions.  
1544 Federal Regulations: 45 CFR 1356.21 (h)(3)(i), (ii), (iii).  
1545

### 1546 Practice Guidelines

- 1547 A. Key Factors of Permanency and Concurrent Planning:  
1548 1. Strengthens family functioning and prevents unnecessary out-of-home placements  
1549 when possible.

- 1550 2. Provides the needed goal-oriented family support, educational, medical, and  
1551 therapeutic services aimed at timely decisions about family reunification.  
1552 3. When reunification is not possible, timely decisions about other permanent family  
1553 options for children in out-of-home care are made.  
1554 4. Views the child's behavior and reactions to the separation as expression of LOSS  
1555 and GRIEF, rather than pathology; and avoids labeling them as "bad," "troubled,"  
1556 "emotionally disturbed," etc.  
1557 5. Understands what stage the child is experiencing in the grief and loss continuum--  
1558 shock, denial, bargaining, anger, depression, and acceptance.  
1559 6. Identifies those children who have the greatest likelihood of spending long  
1560 periods of their childhood in out-of-home care. Determines if intensive  
1561 reunification efforts would lead to faster decisions about return to family or  
1562 relatives or if a faster decision can be made about other permanent family options.  
1563
- 1564 B. Permanency Planning: All children require security, love, acceptance, connectedness, a  
1565 moral/spiritual framework, and lifetime families for their healthy growth and  
1566 development. All children also need stable families and supportive communities,  
1567 especially in the early years of life to form the secure attachments so vital to positive self-  
1568 esteem, meaningful relationships, positive school achievement, and success in the adult  
1569 world of family and work. For best practice, permanency for children implies  
1570 strengthening or finding families that can provide:
- 1571 1. Intent: While a permanent home or family may not be certain to last forever, it is  
1572 one that is intended to last indefinitely and offers the hope of lifetime connections  
1573 and support.  
1574 2. Commitment and continuity in family relationships: A permanent family is meant  
1575 to survive geographic moves and the vicissitudes of life because it involves  
1576 commitment and sharing a common future--whether with the family of origin,  
1577 adopted family, or a guardianship family.  
1578 3. Sense of "belonging" to a family: Evolved from commitment, continuity, and  
1579 social/legal status, is crucial to security and positive self-esteem, and paves the  
1580 way to healthy growth and development.  
1581 4. Legal and social status: There is a need to legitimize a child's place in a legally  
1582 permanent family; a family that offers a child a "definitive legal status" separate  
1583 from the child welfare system, protects his or her rights and interests, and  
1584 promotes a sense of belonging.  
1585
- 1586 C. Permanency Planning Outcomes:
- 1587 1. Children remain safely with their parents or relatives.  
1588 2. Children are reunited safely with their parents or relatives.  
1589 3. Children are safely adopted by relatives or other families.  
1590 4. Children are placed with relatives or other families as legal guardians.  
1591 5. Children are safely placed in an individualized planned permanent living  
1592 arrangement.

- 1593 a. This goal can only be selected if the child is 16 years old or older and  
1594 intensive, ongoing efforts to reunify the child with the child's parent(s)  
1595 have been unsuccessful. All of the following conditions must be met  
1596 before choosing a goal of individualized permanency:  
1597 (1) There have been intensive ongoing efforts to find a permanent  
1598 family, which have been unsuccessful. These efforts include, but  
1599 are not limited to:  
1600 (a) Permanency Roundtables (*see*: [Section 303.17](#)),  
1601 (b) Wendy's Wonderful Kids referral,  
1602 (c) Intensive search for kin relatives including CLEAR search  
1603 and notification, and  
1604 (2) The child prefers to have a permanency goal of individualized  
1605 permanency, and  
1606 (3) Child and Family Services has made efforts to normalize the life of  
1607 the child, and  
1608 (4) There is a compelling reason why reunification, guardianship with  
1609 a relative or non-relative, or adoption is not in the child's best  
1610 interest.  
1611
- 1612 D. Concurrent Planning: Concurrent planning involves the parallel process of working  
1613 towards a primary permanency goal, such as reunification, while at the same time  
1614 actively establishing and implementing an alternative permanency plan. A concurrent  
1615 permanency goal is required if the primary permanency goal is reunification. When the  
1616 primary permanency goal is adoption or individualized permanency, the concurrent goal  
1617 may be the same as the primary goal if allowed by the judge. Best practice for concurrent  
1618 planning involves:  
1619 1. Frequent parent/child visits from the moment a child is placed in out-of-home  
1620 care are encouraged unless restricted by the court.  
1621 2. Focused intensive services are provided with birth families, giving reunification  
1622 every chance to work.  
1623 3. Maintaining continuity in children's family, sibling, cultural, and community  
1624 relationships.  
1625 4. Using the crisis of placement as a motivator to engage families in case planning  
1626 and to make behavioral changes.  
1627 5. Identifying relatives and Tribal resources that can be placement and permanency  
1628 resources early on in the case planning process.  
1629 6. Engaging families in culturally competent, early assessments, case planning, case  
1630 review, and decision-making about permanency options to meet children's urgent  
1631 need for stability and continuity in their family relationships as well as services  
1632 needed to achieve permanency--reunification or the concurrent plan.  
1633 7. Holding Child and Family Team Meetings as they increase options and  
1634 partnerships for out-of-home caregivers, parents, extended family members, and  
1635 other significant family resources to be involved early on in formulating plans for  
1636 children as well as support timely case planning and decision making.

- 
- 1637 8. Respectfully using full disclosure with birth families, relatives, and out-of-home  
1638 caregivers throughout the life of the case.
- 1639 9. Early on, informing birth families of the importance of their involvement and  
1640 actions in planning for the return of the child and also informing them of the legal  
1641 consequences should they not succeed in preparing for the child's return home in  
1642 a timely manner.
- 1643 10. Developing a network of out-of-home caregivers (relatives and non-relatives)  
1644 who are actively engaged in supporting family reunification efforts but are also  
1645 willing to serve as a permanency resource for children who may not return to their  
1646 birth parents.
- 1647 11. Utilizing concurrent permanency planning to encourage the adults who care about  
1648 the child to become collaborators rather than adversaries as they care for and plan  
1649 where that child will grow up and the long-term view for the child.
- 1650 12. Collaborating with courts, attorneys, and service providers to better serve  
1651 children, youth, and families.
- 1652 13. Should reunification seem unlikely, determining when to pursue the concurrent  
1653 permanency plan such as adoption or guardianship when it is clear the parent(s)  
1654 cannot or will not care for their children.
- 1655
- 1656 E. Concurrent Planning Outcomes:
- 1657 1. To support the safety and well-being of children, youth, and families.
- 1658 2. To promote early permanency decisions for children in out-of-home care.
- 1659 3. To reduce the number of moves and relationship disruptions that children  
1660 experience in out-of-home care.
- 1661 4. To decrease children's length of stay in out-of-home care.
- 1662
- 1663 F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps  
1664 should be completed by the out-of-home care caseworker during the selection process of  
1665 a primary permanency goal and concurrent planning for a child in out-of-home care:
- 1666 1. Discuss with the Child and Family Team the long-term view for the child and  
1667 family.
- 1668 2. Assess the child's physical, emotional, social, and educational needs and how  
1669 these needs may be met in planning for the primary and concurrent permanency  
1670 goals.
- 1671 3. Discuss the primary goal selection in the context of a Child and Family Team  
1672 Meeting. The meeting should include the out-of-home caregiver if one has been  
1673 identified.
- 1674 4. The primary permanency goal will always be reunification unless the court has  
1675 authorized in accordance with state statute that no reunification efforts will be  
1676 offered.
- 1677 5. Select a concurrent goal by identifying the next best permanency goal for the  
1678 child.

- 1679 a. Assess the appropriateness of adoption as a concurrent goal. If adoption is  
1680 ruled out, document compelling or justifiable reasons not to terminate  
1681 parental rights and pursue adoption.
- 1682 b. Determine if guardianship (relative) or guardianship (non-relative) is the  
1683 next best permanency goal to the primary goal. Guardianship and legal  
1684 custody should not be selected if parental rights have been terminated.
- 1685 (1) Identify potential guardians who are fit and willing to be ongoing  
1686 caregivers for the child, and who will support the safety,  
1687 permanency, and well-being of the child.
- 1688 (2) Potential guardians may be either relatives or non-relatives. If the  
1689 potential guardian is a non-relative, the child must be currently  
1690 placed in their home or be a sibling of a child placed in the home.  
1691 For relative placement, Kinship Practice Guidelines must be  
1692 followed prior to selecting guardianship as a primary goal.
- 1693 c. When adoption, guardianship (relative), and guardianship (non-relative)  
1694 have all been ruled out as concurrent goals, individualized permanency is  
1695 the only other permanency option.
- 1696 6. Discuss with out-of-home caregivers the long-term view for the child and their  
1697 ability and willingness to be an ongoing caregiver if the current primary  
1698 permanency goal is discontinued.
- 1699 7. Provide full disclosure of requirements and responsibilities of the out-of-home  
1700 caregivers and child's parent(s) (see Full Disclosure section below).
- 1701 8. Once the primary goal and concurrent goal have been identified, collaborate with  
1702 the Assistant Attorney General, Guardian ad Litem, and court to ensure that they  
1703 are court ordered.
- 1704 9. Update the primary and concurrent goal on the Child and Family Assessment and  
1705 Child and Family Plan with input from the Child and Family Team. Update the  
1706 goals in SAFE.
- 1707 10. If reunification services are discontinued, the Child and Family Team will  
1708 determine if it is in the best interest of the child for the concurrent goal to become  
1709 the primary permanency goal.
- 1710 11. The Child and Family Team may select another goal for the child's new  
1711 concurrent permanency goal if it is in the child's best interest, but it is not  
1712 required. If the child's new primary permanency goal is the best and only option  
1713 for this child, then selecting one permanency goal as the primary AND concurrent  
1714 goal is acceptable. For example, if individualized permanency is selected as the  
1715 new primary permanency goal because none of the other options are appropriate,  
1716 then it makes sense to select it as the concurrent goal as well.
- 1717 12. The team will identify factors that must be considered for transition planning if  
1718 the concurrent goal becomes the primary permanency goal.
- 1719 13. The team will discuss the appropriateness of the child maintaining a relationship  
1720 with parents if reunification efforts are discontinued and parental rights are not  
1721 terminated, including continuing visitation and residual parental rights.

- 1722 14. Once the new primary goal and concurrent goal have been identified, collaborate  
1723 with the Assistant Attorney General, Guardian ad Litem, and court to ensure that  
1724 they are court ordered.
- 1725 15. Update the new primary permanency and concurrent goal on the Child and Family  
1726 Assessment and Child and Family Plan with input from the Child and Family  
1727 Team. Update the goals in SAFE.  
1728
- 1729 G. Reunification: The Child and Family Team will use the following criteria to determine  
1730 whether to make a recommendation to the court for reunification services:
- 1731 1. The risk factors that led to the placement were acute rather than chronic.  
1732 2. The Child and Family Assessments (including factors such as the initial risk  
1733 assessment, level of informal and formal supports available to the family, and the  
1734 family history including past patterns of behavior) conclude that the parent  
1735 appears to possess or have the potential to develop the ability to ensure the child's  
1736 safety and provide a nurturing environment.  
1737 3. The parent is committed to the child and indicates a desire to have the child  
1738 returned home.  
1739 4. The child has a desire for reunification and is determined using age appropriate  
1740 assessments.  
1741 5. Members of the Child and Family Team support a reunification plan.  
1742 6. If the parent is no longer living with the individual who severely abused the  
1743 minor, reunification may be considered if the parent is able to implement a plan  
1744 that ensures the child's ongoing safety.  
1745 7. Court requirements for ordering reasonable services to reunify if the parent is  
1746 incarcerated or institutionalized. [*See*: Utah Code Ann. [§78A-6-312](#).] The court  
1747 is required by law to order reunification services to an incarcerated or  
1748 institutionalized parent unless it determines that those services would be  
1749 detrimental to the minor. In determining detriment, the court must consider the  
1750 following:
- 1751 a. The age of the child.  
1752 b. The degree of parent-child bonding.  
1753 c. The length of the sentence.  
1754 d. The nature of the treatment.  
1755 e. The nature of the crime or illness.  
1756 f. The degree of detriment to the minor if services are not offered.  
1757 g. For minors 10 years of age and older, the child's attitude towards  
1758 reunification services and any other appropriate factors.
- 1759 8. If Child and Family Services is recommending no reunification due to parent  
1760 mental illness of such magnitude that it renders the parent incapable of utilizing  
1761 reunification services, this recommendation will be based on competent evidence  
1762 from two medical or mental health professionals, who are not associates,  
1763 establishing that even with provision of services, the parent is not likely to be  
1764 capable of adequately caring for the child within 12 months from the day on  
1765 which the court finding is made.

- 1766 9. Child and Family Services will provide additional relevant facts, when available,  
1767 to assist the court in making a determination regarding the appropriateness of  
1768 reunification services such as:
- 1769 a. The parent's failure to respond to previous services or service plan.
  - 1770 b. The child being abused while the parent was under the influence of drugs  
1771 or alcohol.
  - 1772 c. Continuation of a chaotic, dysfunctional lifestyle.
  - 1773 d. The parent's past history of violent behavior.
  - 1774 e. The testimony of a competent professional (expert witness) that the  
1775 parent's behavior is unlikely to be successfully changed.
  - 1776 f. The parent is the child's birth mother and the child has fetal alcohol  
1777 syndrome or was exposed to illegal or prescription drugs that were abused  
1778 by the child's mother while the child was in utero, if the child was taken  
1779 into custody for this reason, unless the mother agrees to enroll in, is  
1780 currently enrolled in, or has recently and successfully completed a  
1781 substance abuse treatment program approved by Child and Family  
1782 Services.
- 1783 10. As outlined in Utah Code Ann. [§78A-6-312](#), timelines for reunification and  
1784 extensions of reunification services are as follows:
- 1785 a. Reunification services may be granted for 12 months.
  - 1786 b. The juvenile court judge may grant up to two extensions for reunification  
1787 services. The extensions are for a maximum time period of 90 days each,  
1788 for a total of 180 days. In order to grant an extension, the judge must  
1789 make a finding that:
    - 1790 (1) The parent has substantially complied with the Child and Family  
1791 Plan.
    - 1792 (2) It is likely that the reunification will occur within the 90-day  
1793 period
    - 1794 (3) The extension is in the best interest of the child.
  - 1795 c. The court takes into consideration the status of the minor siblings of the  
1796 child.
- 1797 11. If the court does not order reunification services a permanency hearing will be  
1798 conducted within 30 days after the dispositional hearing, If reunification services  
1799 are terminated during the course of the case a permanency hearing will be  
1800 conducted the day on which the provision of reunification services end,. At that  
1801 hearing, an alternative permanency plan will be presented to the court.
- 1802 a. If reunification services are not ordered, and the whereabouts of a parent  
1803 becomes known within six months of the out-of-home placement of the  
1804 minor, the court may order Child and Family Services to provide  
1805 reunification services. Statutory time frames for reunification (outlined in  
1806 10 above) still apply. [See: Utah Code Ann. [§78A-6-314](#).] Reunification  
1807 services may be granted for 12 months, with a possible extension of three  
1808 months if objectives that can be achieved in the time frame are not  
1809 sacrificed by the parent's absence.

- 1810                   b.       When reunification efforts have ceased or are not appropriate, a primary  
1811                   permanency goal of adoption, guardianship (relative), guardianship (non-  
1812                   relative), or individualized permanency may be selected.
- 1813           12.     The court may determine that efforts to reunify a child with the child's family are  
1814           not reasonable, based on individual circumstances, and that reunification services  
1815           need not be provided to a parent or other caregiver. [*See*: Utah Code Ann. [§78A-](#)  
1816           [6-312.](#)] The following criteria will be used by the Child and Family Team in  
1817           determining whether to make a recommendation to the court that reunification  
1818           services not be offered.
- 1819           a.       The parent's whereabouts are unknown, based on a verified affidavit  
1820           indicating a reasonable diligent search has failed to locate the parent.
- 1821           b.       The parent is suffering from a mental illness of such magnitude that it  
1822           renders the parent incapable of utilizing services provided by Child and  
1823           Family Services. This will be assessed by a licensed mental health  
1824           professional.
- 1825           c.       The minor has been previously adjudicated as an abused child due to  
1826           physical or sexual abuse, and that following the adjudication, the child  
1827           was removed from the custody of his or her parent, was subsequently  
1828           returned home to the custody of that parent, and the minor is being  
1829           removed due to additional physical or sexual abuse.
- 1830           d.       The parent has been convicted of causing the death of another child  
1831           through neglect or abuse.
- 1832           e.       The minor child is under the age of five and has suffered severe abuse by  
1833           the parent or by persons known by the parent, if the parent knew or  
1834           reasonably should have known that the person was abusing the minor.
- 1835           f.       The minor has been adjudicated as an abused child as a result of severe  
1836           abuse by the parent, and the court finds that it would not be beneficial to  
1837           the child to pursue reunification services with the offending parent or  
1838           caregiver.
- 1839           g.       The child has been removed from home on at least two previous occasions  
1840           and reunification services were offered or provided to the family at those  
1841           times. It is a presumption under the law that reunification services are not  
1842           appropriate and should not be ordered under these circumstances. In these  
1843           cases, a permanency goal/plan other than reunification will be pursued.
- 1844           h.       Any other circumstances that the court determines should preclude  
1845           reunification efforts or services.
- 1846

### 301.3 Placement Requirements

Major objectives:

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

- A. Placement with non-custodial parent.
- B. Placement with siblings, unless there is a documented safety concern.
- C. Placement with kin or extended family who are invested in preserving the child's kinship ties.
- D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification.
  - 1. "Reasonable proximity" includes placing the child within the neighborhood of the family home so that family contact, continued school placement, church involvement, and friendships may be maintained.
  - 2. Any placement beyond school district or county lines must be discussed with the Child and Family Team.
  - 3. If a placement in close proximity was not selected, document in the Child and Family Plan reasons why the chosen placement is in the best interests of the child.

**Applicable Law**

Utah Code Ann. [§78A-6-307](#). Shelter hearing -- Placement with a noncustodial parent or relative -- DCFS custody.

Practice Guidelines

- A. Every effort is made for the "first placement to be the best placement."
- B. Kinship options are explored at the onset of the out-of-home intervention. [*See*: Kinship Major objectives, [Section 500](#).]
- C. Every effort will be made to place siblings together in out-of-home care. Siblings are required to be placed together unless contrary to the safety or well-being of any of the siblings. Any issue that prevents siblings from being placed together must be documented in SAFE. Siblings not placed together in out-of-home care must have frequent visitation and/or other ongoing contact (at least monthly) unless there is a documented safety or well-being issue that prevents the siblings from having visitation or ongoing interaction.

- 1889 D. Decisions about where a child is placed will be made in the context of a Child and Family  
1890 Team and will include steps to facilitate the child's transition to that placement.  
1891
- 1892 E. When assistance is needed in locating a placement, contact the local resource family  
1893 consultant, the placement screening committee, or the residential screening committee to  
1894 explore placement options.  
1895
- 1896 F. For an American Indian child for placement preferences, refer to [Section 705](#), ICWA  
1897 Major objectives.  
1898
- 1899 G. For children needing or in an out-of-state placement, refer to [Section 700](#), General  
1900 Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children  
1901 Major objectives.  
1902
- 1903 H. For children who are currently in a crisis placement, refer to [Section 700](#), General  
1904 Practice Guidelines--Section 704, Placement Of A Child In Protective Custody, Major  
1905 objectives.  
1906
- 1907 I. For parents requesting a voluntary placement for their child, refer to [Section 700](#), General  
1908 Practice Guidelines--Section 704.2, Voluntary Placement Major objectives.  
1909
- 1910 J. For information on emergency foster care placements, refer to [Section 700](#), General  
1911 Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives.  
1912
- 1913 K. Based on the level of care needed (i.e., basic, specialized, structured, or other), refer to  
1914 [Section 301.6](#), Basic, Specialized, And Structured Out-Of-Home Care Placement  
1915 Options.  
1916
- 1917 L. For children under the age of five years, screen for placement in a foster-adoptive home,  
1918 refer to [Section 301.5](#), Foster-Adoptive Placements.  
1919
- 1920 M. For children with more intensive needs than a family setting can provide, screen for  
1921 residential services. Each region will establish and maintain a utilization review  
1922 committee that consists of the contract specialist for the region, an administrative  
1923 representative, a clinical consultant, a budget specialist, and a placement expert. Other  
1924 members may be added to the committee at the discretion of the region. [See: [Section](#)  
1925 [301.13](#), Regional Screening Committee For Residential Care.]  
1926

## 1927 **301.4 Selecting An Out-Of-Home Caregiver**

### 1928 Major objectives:

1929 When choosing an out-of-home caregiver, the caseworker will provide relevant information about  
1930 the child's permanency goal, family visitation schedule, and needs such as medical, educational,  
1931 mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed  
1932 decision about acceptance of caring for the child. In addition, all of the following will apply:

- 1933
- 1934 A. Keeping in mind the best interest of the child, an out-of-home caregiver will be selected  
1935 according to the caregiver's skills and abilities to meet the child's individual needs. When  
1936 appropriate, the caseworker may also take into account the caregiver's ability to support  
1937 reunification efforts while considering the option of becoming a permanent home for the  
1938 child if reunification is not achieved.
- 1939
- 1940 B. Each placement will be staffed and will be made in accordance with placement  
1941 requirements.
- 1942
- 1943 C. A child in the custody of Child and Family Services will be placed with an out-of-home  
1944 caregiver who is fully licensed. A child may be placed in a home that is licensed with a  
1945 90-day initial license only if the out-of-home caregiver is pursuing licensure as a  
1946 placement for that specific child.  
1947

### 1948 **Applicable Law**

1949 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

1950 Utah Code Ann. [§62A-2-116.5](#). Numerical limit of foster children in a foster home.

1951 Administrative Rule [R512-302-4](#). Out of Home Services, Responsibilities Pertaining to an Out of  
1952 Home Caregiver.

### 1953 Practice Guidelines

1954 A. The number of children that can be placed in the home of a licensed out-of-home  
1955 caregiver shall be within the capacity of the license granted to the caregiver by the Office  
1956 of Licensing and/or in accordance with the definition of a foster home in Utah Code Ann.  
1957 [§62A-2-101](#).

1958 B. When placing *a sibling group* into a foster home, capacity may be exceeded if:  
1959 1. no other foster children reside in the foster home;  
1960 2. only one other foster child resides in the foster home at the time of a sibling  
1961 group's placement into the foster home; or  
1962 3. a sibling group re-enters foster care and is placed into the foster home where the  
1963 sibling group previously resided.

1964 C. When placing *a child* into a foster home, capacity may be exceeded:

- 
- 1970 1. to place a child into a foster home where a sibling of the child currently resides; or  
1971 2. to place a child in a foster home where the child previously resided.  
1972  
1973 D. The out-of-home caregiver will be selected based on their willingness and ability to  
1974 implement the child's primary and concurrent plans, which may include willingness and  
1975 ability to adopt or take guardianship of the child if reunification is not possible.  
1976  
1977 E. The out-of-home caregiver must be willing and able to interact with the child's family  
1978 and assist the child in maintaining and strengthening family connections.  
1979  
1980 F. The out-of-home caregiver will be selected according to the caregiver's skills and  
1981 abilities to meet a child's individual immediate and long-term needs, including medical,  
1982 educational, mental health, social, behavioral, and emotional needs.  
1983  
1984 G. The out-of-home caregiver will be selected based on their willingness and ability to keep  
1985 sibling groups together. If it is not possible to keep siblings together in the same home,  
1986 the out-of-home caregiver will need to communicate a willingness to help facilitate  
1987 frequent visitation and contact between the child and the siblings when appropriate.  
1988  
1989 H. The out-of-home caregiver will be selected based on their willingness and ability to  
1990 respect and support the child's religious and cultural practices and, where practical,  
1991 appropriate, and where no denial or delay of placement will occur, are of the same  
1992 religious faith and cultural background as the child.  
1993  
1994 I. The child will be placed with an out-of-home caregiver sensitive to the child's cultural  
1995 heritage and linguistic needs. At least one out-of-home caregiver in the home must  
1996 demonstrate effective communication in the language of the child placed in care.  
1997  
1998 J. The out-of-home caregiver must be willing or able to learn to proactively respond to  
1999 challenges and conflicts associated with placement.  
2000  
2001 K. If a child has been in out-of-home care previously and reenters protective custody, the  
2002 child's former out of-home caregiver will be notified if still licensed. Child and Family  
2003 Services will make a determination of the former out of-home caregiver's willingness and  
2004 ability to safely and appropriately care for the child. If the former foster home is  
2005 determined by Child and Family Services to be appropriate, the former out of-home  
2006 caregiver will be given a preference over other out-of-home caregivers for placement of  
2007 the child. [See: Utah Code Ann. §62A-4a-206.1.]  
2008  
2009 L. Prior to placement, detailed information about the child should be provided to the  
2010 prospective out-of-home caregiver from either the regional resource family consultant or  
2011 out-of-home caseworker so they can make an informed decision regarding placement of  
2012 the child in their home. When relevant, the caseworker will encourage the out-of-home

- 2013 caregiver to consult with other family members living in the home in making the  
2014 decision.
- 2015 1. Child and Family Services will provide relevant information regarding the child  
2016 and information regarding Child and Family Services procedures in order to  
2017 address the following issues:
- 2018 a. Maintaining a child's connections to their past, present, and future;
- 2019 b. Giving first preference to a prospective adult relative caregiver and  
2020 assessing their capacity to serve as a temporary placement and a possible  
2021 permanent placement for a child;
- 2022 c. Acknowledging a parent's residual rights and responsibilities for their  
2023 child;
- 2024 d. Explaining permanency planning timeframes as well as the range of  
2025 permanency planning options including primary and concurrent  
2026 permanency goals;
- 2027 e. Discussing with the out-of-home caregiver their willingness to support and  
2028 assist with reunification efforts,
- 2029 f. Discussing with the out-of-home caregiver their willingness to adopt or  
2030 take guardianship if the child is unable to reunify with their birth family,
- 2031 g. Discussing with the out-of-home caregiver their willingness and ability to  
2032 keep the sibling group together; or if siblings not placed together,  
2033 discussing with the out-of-home caregiver the importance of facilitating  
2034 and allowing for frequent visitation and contact between siblings when  
2035 appropriate.
- 2036 h. Explaining expectations the agency has for the out-of-home caregiver in  
2037 regards to the Child and Family Plan, Child and Family Team Meetings,  
2038 visitation, court, health and mental health appointment, etc.;
- 2039 i. Maintaining the child's needs, including connections to culture, family,  
2040 frequent contact through visitation with parents and siblings, continuity of  
2041 care as well as information about the child's medical, dental, mental  
2042 health, educational, social, behavioral, and emotional needs;
- 2043 j. Disclosing the reason for Child and Family Services intervention and out-  
2044 of-home care placement, such as threats and risks to the child's safety and  
2045 how they can be addressed.
- 2046 2. The Child and Family Services staff that provided the information to the caregiver  
2047 will document that the information has been provided to the caregiver in the  
2048 SAFE activity logs and will add the policy attachment "Placement – Child info  
2049 Given to caregiver prior to placement".
- 2050
- 2051 M. Child and Family Services File Review Guidelines: Best practice is allowing the  
2052 prospective or current out-of-home caregiver an opportunity to review the child's file  
2053 before making any long-term decisions regarding the care of a child. Licensed foster  
2054 parents are contracted by Child and Family Services as a provider to care for the child.  
2055 Thus, they may view any parts of the child's file that help them understand the child and  
2056 the child's background for purposes of parenting the child. The file may contain

2057 information that will help the family decide if they have the necessary skills and support  
2058 to meet the needs of a particular child in out-of-home care. Once a child is placed with  
2059 the out-of-home caregiver, the file also has important documents that the family may  
2060 want to copy if not in the Home-of-Home Book, for example immunization records and  
2061 school placement information.

2062  
2063 When a kinship provider is not a licensed foster parent, refer to Kinship Practice  
2064 Guidelines [Section 503.1 H](#) for guidelines regarding kinship caregivers reviewing the  
2065 information in the child's file.

2066  
2067 The following guidelines should be followed when a prospective out-of-home caregiver  
2068 reviews a child's Child and Family Services file:

- 2069 1. The caseworker should inform the out-of-home caregiver that the information in  
2070 the child's file is one way to help them determine whether or not they have the  
2071 resources and skills to meet the child's needs.
- 2072 2. The caseworker should inform the out-of-home caregiver that the information in  
2073 the file consists of subjective opinions made by the caseworker or therapist  
2074 written at one time in the child's life. Circumstances and the child's development  
2075 can change the way a child behaves and adjusts to current life situations. For  
2076 instance, the child may have received many different mental health diagnoses.  
2077 The mental health diagnoses in a child's file is affected by each therapist's  
2078 interpretation, the child's developmental stage, factors in the child's environment,  
2079 and different life circumstances.
- 2080 3. The confidentiality agreement must be signed by the out-of-home caregiver prior  
2081 to allowing them to review the file. [SAFE form DCFS02.]
- 2082 4. The caseworker should orient the prospective out-of-home caregiver to the  
2083 structure of the files and the location of information.
- 2084 5. The caseworker should counsel an out-of-home caregiver to consider specific  
2085 types of information, such as medical conditions, developmental delays,  
2086 disabilities, mental health diagnoses, placements and transfers, educational needs,  
2087 and other considerations for the child.
- 2088 6. The caseworker should advise the out-of-home caregiver to look for specific  
2089 information they need to parent the child and identify information to copy once a  
2090 child is placed in their home, if not found in the child's Home-to-Home Book.  
2091 [*Red italic script* identifies information to copy if not found in the child's Home-  
2092 to-Home Book.]
  - 2093 a. Medical Information: *Immunizations, all allergies including food*  
2094 *allergies, any disabilities and treatments, current medications and*  
2095 *implications of discontinuing medications, history of illnesses,* conditions  
2096 from abuse or neglect, *serious accidents, surgeries, past doctors, and*  
2097 *hospital of birth;*
  - 2098 b. Dental Information: Dental records, *past dentists,* and orthodontic work,  
2099 and *orthodontist;*

- 2100 c. Educational Information: *Schools and grades, evaluations, special*  
2101 *education plans such as Individual Education Plans (IEP) or Student*  
2102 *Education and Occupational Plans (SEOP), learning disabilities including*  
2103 *specific disability and tests results;*  
2104 d. Mental Health Information: *Current and prior therapists* and history of  
2105 treatment, diagnoses, and the current diagnosis; what the diagnosis means  
2106 in raising a child, what behaviors are connected with the diagnoses, and  
2107 how the consequences of these behaviors are the best way to deal with the  
2108 behaviors. The resource parent should be encouraged to talk directly with  
2109 the child's mental health therapist when possible;  
2110 e. Family History: *Health Data Report from SAFE*, family situation, moves  
2111 or stability factors, abuse and neglect history, domestic violence, reason  
2112 for the child's removal from their biological family, culture, *genogram*  
2113 *including the siblings (with their birth dates), timelines*. Family member's  
2114 talents, hobbies and interests. *Family photos and letters, if available*.  
2115 f. Child's Personal Information: Developmental history, when available.  
2116 Placement history including the child's adaptation. Photos of the child, of  
2117 pets, of foster parents, or of other significant caregivers. The child's art  
2118 work, creations, or projects. Stories about the child's birth and early life.  
2119 Religious records such as baptismal, christening, Bar mitzvah, and  
2120 confirmation records. Activities such as scouts, sports, choir, etc.  
2121 Favorite foods, favorite toys or stories, names of friends, and other things  
2122 that may help the child feel more secure, such as chores and house rules or  
2123 bedtime routines.
- 2124 7. After the out-of-home caregiver has looked through the file, the caseworker  
2125 should talk with them about what they found. The caseworker may also give  
2126 them health and mental health diagnoses summary sheets, and answer questions  
2127 they may have.
- 2128 a. Helpful websites include:  
2129 (1) American Academy of Child & Adolescent Psychiatry:  
2130 [www.aacap.org](http://www.aacap.org);  
2131 (2) American Psychological Association: [www.apa.org](http://www.apa.org);  
2132 (3) American Academy of Pediatrics: [www.aap.org](http://www.aap.org);  
2133 (4) Internet Mental Health: [www.mentalhealth.com](http://www.mentalhealth.com);  
2134 (5) Substance Abuse and Mental Health Services Administration:  
2135 [www.samhsa.gov](http://www.samhsa.gov)  
2136
- 2137 b. The caseworker will respond to questions or concerns of the out-of-home  
2138 caregiver and give the family time to think about all they have learned.
- 2139 c. The caseworker should also encourage the out-of-home caregiver to set  
2140 another appointment to talk and ask other questions;
- 2141 d. The caseworker should help the out-of-home caregiver to understand the  
2142 importance of keeping the child's information and history.  
2143

- 2144 N. The caseworker should encourage the out-of-home caregiver to review the child's file  
2145 several times and especially after the child has been with the family for a couple of  
2146 months.  
2147  
2148

### 2149 **301.5 Placement Of A Child In Out-of-Home Care In An** 2150 **Adoptive Home**

2151 Major objectives:

- 2152 A. A child in out-of-home care needs to be placed in a potential adoptive family when:  
2153 1. The child enters protective custody under circumstances (listed below) that may  
2154 allow an initial permanency goal of adoption.  
2155 2. The child's permanency goal changes to adoption and the child is not with the  
2156 family who will be their permanent family.  
2157  
2158 B. When a child enters protective custody, Child and Family Services may give preference  
2159 for the initial placement of the child to be in a resource home of a family that has already  
2160 expressed a desire to adopt a child. When possible and if time permits, the child's needs  
2161 should be screened with the Adoption Committee. However, if time does not permit, the  
2162 caseworker and/or RFC may place in a resource home without screening with the  
2163 Adoption Committee. The home should be willing to keep the child while reunification is  
2164 still in progress. If the child's goal changes to adoption, the family that the child is placed  
2165 with will be given first consideration for adoption. If the family does not desire to adopt  
2166 the child, the child may remain there until another potential permanent placement can be  
2167 located (kinship placement or another adoptive family). The resource family will then  
2168 assist with the transition of the child to the adoptive and/or permanent home. (Please refer  
2169 to Practice Guidelines Section 704 for more information regarding placement of a child in  
2170 protective custody.)  
2171  
2172 C. Permanency planning will continually be assessed by the caseworker and the Child and  
2173 Family Team.  
2174  
2175  
2176  
2177  
2178

#### 2179 **Applicable Law**

2180 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2181

#### 2182 Practice Guidelines

- 2183 A. When a child enters protective custody, if time permits, the caseworker will make efforts  
2184 for the first placement of the child to be in the home of a resource family that is willing to  
2185 adopt the child in circumstances where the child has a permanency goal other than  
2186 reunification, due to one of the following reasons:

- 2187 1. The parent's whereabouts are unknown, based on a verified affidavit indicating a  
2188 reasonable diligent search has failed to locate the parent.
- 2189 2. The parent is suffering from a mental illness of such magnitude that it renders  
2190 them incapable of utilizing services provided by Child and Family Services as  
2191 assessed by a licensed mental health professional.
- 2192 3. The minor has been previously adjudicated as an abused child due to physical or  
2193 sexual abuse, and that following the adjudication, the child was removed from the  
2194 custody of his or her parent, was subsequently returned home to the custody of  
2195 that parent, and the minor is being removed due to additional physical or sexual  
2196 abuse.
- 2197 4. The parent has been convicted of causing the death of another child through  
2198 neglect or abuse.
- 2199 5. The minor child is under the age of five years and has suffered severe abuse by  
2200 the parent or by persons known by the parent if the parent knew or reasonably  
2201 should have known that the person was abusing the minor.
- 2202
- 2203 B. A child whose permanency goal changes to adoption and who is not with the family who  
2204 will be their permanent family is to be screened by the designated region Adoption  
2205 Committee for placement in an adoptive home.
- 2206 1. The protocol in Practice Guidelines [Section 401.7](#) Adoption Committee will be  
2207 followed when screening a child for an adoptive placement.
- 2208
- 2209 C. When the child's permanency goal changes to adoption and the child is not with the  
2210 family who will be their permanent family, permanency planning will continually be  
2211 assessed and explored by the caseworker and the Child and Family Team. Child and  
2212 Family Services will work with the resource family to provide them with support and  
2213 services in order to maintain the child in the placement to minimize the number of  
2214 placement moves the child experiences. The resource family will then assist with the  
2215 transition of the child into the permanent home.
- 2216
- 2217 D. Following the screening and selection of the adoptive family, the caseworker and the  
2218 Child and Family Team will continue to assess the viability of the placement for  
2219 permanency.
- 2220

### 2221 **301.6 Basic (Level I), Specialized (Level II), And Structured** 2222 **(Level III) Out-Of-Home Care Placement Options**

2223  
2224 (This section has been replaced by [Section 310.](#))  
2225

2226 **301.7 Children With Specialized Health Care And**  
2227 **Developmental Needs**

2228 Major objectives:

2229 A child's specialized health care and developmental needs, as determined by a health care  
2230 provider, will be taken into account in the selection of an out-of-home caregiver. Specialized  
2231 health care and developmental needs include, but are not limited to, physical or developmental  
2232 disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV  
2233 positive. For a child whose disability cannot be adequately addressed in a traditional family  
2234 setting, services from both Child and Family Services and the Division of Services to People with  
2235 Disabilities (DSPD) may be explored.  
2236

2237  
2238 **Applicable Law**

2239 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

2240  
2241 Practice Guidelines

2242 A. The following must be considered in placement selection:

- 2243 1. Access and availability to appropriate medical resources.
- 2244 2. Appropriate facilities in the home to meet the needs of the child.
- 2245 3. The skill level and nurturing ability of the out-of-home caregiver.
- 2246 4. A family composition that allows sufficient time to meet the needs of the child  
2247 with specialized health care challenges.
- 2248 5. The ability to transport and coordinate with various agencies that may be serving  
2249 the child and family.
- 2250 6. Adherence to the principle of normalization including placement in the least  
2251 restrictive most appropriate placement within the community.
- 2252 7. Availability of education services specific to the child's needs.

2253  
2254 B. The out-of-home caregiver and the child's parent will receive instruction from a qualified  
2255 health care provider on the operation of any medical equipment required for a child's  
2256 care.  
2257

2258 C. The Child and Family Team will include medical, social work, and rehabilitation  
2259 personnel who will coordinate a program of interventions designed to meet the child's  
2260 needs.  
2261

2262 D. The Child and Family Plan will:

- 2263 1. Address the child's current and anticipated medical and rehabilitative needs.
- 2264 2. Specify the child's condition and provide appropriate short-term and long-term  
2265 medical and rehabilitation interventions.  
2266

2267 **301.8 Children With Medically Fragile Or Medically Needy**  
2268 **Conditions**

2269 Major objectives:

2270 A child who is medically fragile or medically needy, as determined by a physician, and the  
2271 child's out-of-home caregiver will receive support and services in accordance to their needs.  
2272  
2273

2274  
2275 **Applicable Law**

2276 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2277

2278 Practice Guidelines

- 2279 A. Children who are Medically Fragile or Medically Needy (MFC): Children who are  
2280 Medically Fragile or Medically Needy and their out-of-home caregivers will receive  
2281 support and services in accordance to their needs. The MFC code will be used for both  
2282 Medically Fragile and Medically Needy children. This code could serve to enhance the  
2283 foster care payment for the child's additional health care needs, as providers may receive  
2284 an additional payment for children who are deemed Medically Needy or Medically  
2285 Fragile.  
2286
- 2287 B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a  
2288 guarantee that an additional payment will be deemed appropriate. This determination for  
2289 any additional payment for a Medically Needy or Medically Fragile child will need to be  
2290 determined within the context of the Child and Family Team.
- 2291 1. Medically Needy: This code can be used with Foster Care Levels II, III, and III  
2292 Step-Down. Medically Needy children are those who fall within category four of  
2293 the Health Status Outcome Measures. Medically Needy children may have an  
2294 acute illness or chronic condition that requires regular ongoing follow-up. This  
2295 can include substance abuse, pregnancy, and daily medications that are not  
2296 preventative.
  - 2297 2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III  
2298 Step-Down. Medically Fragile children are those who fall within category five of  
2299 the Health Status Outcome Measures. A Medically Fragile child has multiple  
2300 and/or debilitating condition(s) that require assistance with activities of daily  
2301 living, requires daily monitoring, or is at risk for developing an acute condition.
  - 2302 3. The child must have a diagnosis that meets the Medically Fragile or Medically  
2303 Needy criteria from a physician or from his/her medical records.
  - 2304 4. The Fostering Healthy Children Nurse will review Medically Fragile and  
2305 Medically Needy cases as part of the Health Status Outcome Measure (HSOM)  
2306 and document this in SAFE to determine the appropriateness of the MFC code.  
2307 HSOM category four medically needy are reviewed every four months, and  
2308 HSOM category five medically fragile are reviewed every two months. The nurse  
2309 will keep the out-of-home caseworkers informed of the child's MFC Code status.

- 2310 5. The Child and Family Team for children who are Medically Fragile or Medically  
2311 Needy will include the caseworker, resource family consultant, Fostering Healthy  
2312 Children nurse, out-of-home caregiver, biological parents, and child. The Child  
2313 and Family Team may also include the medical practitioners and rehabilitation  
2314 therapists.
- 2315 6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly  
2316 basis by the Child and Family Team or more frequently as needed. The  
2317 caseworker is responsible for coordinating the Child and Family Team Meetings.  
2318 A report on the child's condition should be included on the Out-of-Home Progress  
2319 Summary.
- 2320 7. If the child meets the Medically Fragile or Medically Needy criteria, additional  
2321 monies can be added to the daily rate. The caseworker will ensure that if the child  
2322 meets either the Medically Fragile or Medically Needy criteria, that the MFC  
2323 code will be opened for services.
- 2324 8. Designate in the meeting the person responsible for opening the MFC code. This  
2325 person will submit the MFC code for payment to the eligibility technician.
- 2326 9. The resource family consultant or other designated staff will open the approval for  
2327 the MFC code on the PR07 screen and update the R198B for auditing purposes.  
2328

### 301.9 Children With Severe Mental Health Needs

2329  
2330 Major objectives:

2331 Children under age 18 years with a formal DSM IV diagnosis that interferes with areas of daily  
2332 functioning and has existed or is likely to for one year or longer and requires intensive mental  
2333 health treatment will be evaluated by a regional committee for placement options. The Child and  
2334 Family Team will provide recommendations regarding the child's needs. Assistance with  
2335 individualized Child and Family Plans may also be requested from the Division of Mental Health.  
2336 In extreme circumstances, when a child's severe mental health needs cannot be met by an out-of-  
2337 home caregiver in the community, placement in the Utah State Hospital will be considered.  
2338  
2339

2340  
2341 **Applicable Law**

2342 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2343

2344 Practice Guidelines

- 2345 A. The following factors must be considered in placing children with severe mental health  
2346 needs:
- 2347 1. The composition and skills of out-of-home caregivers if placement is being made  
2348 in a family setting.
  - 2349 2. The ability of the out-of-home caregivers to maintain both the child and others  
2350 safely.
  - 2351 3. The risks to the child and the community.
  - 2352 4. Access and availability of appropriate treatment.

- 2353 5. Whether the placement is the least restrictive setting in which the child's needs  
2354 can be met.  
2355
- 2356 B. If the child requires placement in the Utah State Hospital:  
2357 1. Clearly document in the Child and Family Plan how the child or youth will  
2358 benefit from the placement in the State Hospital.  
2359 2. This placement option will only be considered for latency-age children and  
2360 adolescents.  
2361 3. Document the community mental health center involved in making the placement.  
2362

### 2363 301.10 Children Who Are Sexually Reactive

2364 Major objectives:

2365 For a child who exhibits inappropriate sexual behavior, usually as a result of sexual victimization,  
2366 a placement will be selected that meets the needs of the child and maintains safety in the home  
2367 and community.  
2368

#### 2369 **Applicable Law**

2370 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2371  
2372

#### 2373 Practice Guidelines

- 2374 A. To facilitate appropriate placement, placement screening committees or the regional  
2375 screening committee will address the special treatment needs of the child and identify  
2376 potential placement problems and solutions. The Child and Family Team will provide  
2377 recommendations regarding the child's needs.  
2378
- 2379 B. Meetings may include professionals from the community that are providing services to  
2380 the child or could help assess the child's placement and treatment needs.  
2381
- 2382 C. The following factors will be considered in placing these children:  
2383 1. The child's treatment needs and the availability of resources.  
2384 2. The skill level of the out-of-home care provider.  
2385 3. The child's supervision needs.  
2386 4. The out-of-home caregiver's ability to appropriately manage this type of behavior.  
2387 5. Composition of the kin or out-of-home caregiver's family. Children who are  
2388 sexually reactive will not be placed with families who have younger or otherwise  
2389 vulnerable children.  
2390 6. Risks to the neighborhood and school.  
2391
- 2392 D. The caseworker must fully disclose all known information to the prospective out-of-home  
2393 caregiver of the child's known history as a victim and/or perpetrator prior to placement.  
2394 Additional information obtained at any time throughout the placement will also be  
2395 disclosed to the out-of-home caregiver.

- 2396  
2397 E. There may be situations where it is in the best interest of the child and the community for  
2398 placement to be outside of a family setting.  
2399  
2400 F. Documentation must be in the child's case record as to the staffings on the case and the  
2401 appropriateness of the child's placement.  
2402

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

Major objectives:

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

#### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

#### Practice Guidelines

- 2415 A. Explore placement options with the Child and Family Team. If it is determined that the  
2416 foster youth is not able to remain in her current out-of-home placement with her child,  
2417 other alternatives such as teen mother programs may need to be explored.  
2418  
2419 B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the  
2420 out-of-home caregiver will mentor appropriate parenting and household management  
2421 skills.  
2422  
2423 C. The Child and Family Plan will reflect the type of mentoring needed by the mother  
2424 (youth) in caring for her child.  
2425  
2426 D. Additional payments may be made for necessities needed for day-to day care and to cover  
2427 room and board costs for the baby. If the foster youth is placed in a foster home, a  
2428 supplemental daily payment may be made to the out-of-home caregiver to cover the  
2429 baby's room and board costs (using the BAB code). The Child and Family Team may  
2430 recommend that the foster youth be given responsibility to use a portion of that payment  
2431 for the baby's needs.  
2432

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

In addition, special needs of the foster youth's child may be covered through relevant

2438 payment categories identified for foster children. Each payment on behalf of the child  
2439 will be made under the foster youth's name.  
2440

## 2441 301.12 Qualified Residential Treatment Program (QRTP)

### 2442 Major objectives:

2443 This section outlines the process for placing a child in a Qualified Residential Treatment Program  
2444 (QRTP), means a program that has a trauma-informed treatment model that is designed to address  
2445 the needs, including clinical needs as appropriate, of children with serious emotional or behavioral  
2446 disorders or disturbances and, with respect to a child, is able to implement the treatment identified  
2447 for the child by the assessment.  
2448  
2449

### 2450 **Applicable Law**

2451 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

2452 Utah Code Ann. [§78A-6-311.5](#). Placement in a qualified residential treatment program.

2453 Social Security Act Sections 472(k); 475(c), and 475A(c).  
2454

### 2455 Practice Guidelines

2456 A. Children who qualify to be screened for a residential placement will meet the following  
2457 requirements:

2458 1. A Child and Family Team Meeting is held to:

2459 a. Review the most recent Utah Family and Children Engagement  
2460 (UFACET) and update, if needed.

2461 b. Identify the child's short- and long-term mental and behavioral health  
2462 goals.

2463 c. Identify the child's strengths and needs.

2464 d. Determine if the needs of the child can be met by the family of the child or  
2465 in a foster family home. A shortage or lack of foster family homes is not  
2466 an acceptable reason for determining that the needs of the child cannot be  
2467 met in a foster family home.

2468 The child and family team will consist of all appropriate biological family  
2469 members, relatives, and fictive kin of the child, as well as other formal and  
2470 informal supports. This may include appropriate professionals who are a  
2471 resource to the family of the child, such as teachers, medical or mental  
2472 health providers who have treated the child, or clergy. In the case of a  
2473 child age 14 or older, members of the team selected by the child shall also  
2474 be included.  
2475

2476 B. If the Child and Family Team is in agreement that the child cannot be placed with family  
2477 or in a foster family home, then the caseworker will submit a request for the case to be  
2478 reviewed by the region residential screening committee.  
2479

- 2480 C. The residential screening committee will take into consideration the following  
2481 information in determining if the child should be placed in a QRTP:  
2482 1. UFACET.  
2483 2. Child's short- and long-term mental and behavioral health goals.  
2484 3. Child's strengths and needs.  
2485 4. Permanency plan.  
2486 5. Family and youth voice.  
2487
- 2488 D. If the residential screening committee determines a QRTP is the most effective,  
2489 appropriate, and least-restrictive setting consistent with the child's short- and long-term  
2490 goals in their permanency plan, they will assist the caseworker in:  
2491 1. Finding the most appropriate residential placement. Best practice is to place the  
2492 child in the residential facility AFTER the Qualified Individual Assessment is  
2493 completed and the placement is recommended. The child can be placed BEFORE  
2494 the assessment is completed, but only if the case has been staffed with the region  
2495 designee and the Qualified Individual Assessor to get a preliminary idea if the  
2496 placement will be recommended.  
2497 2. Submitting the request for a 30-day Qualified Individual Assessment to the Office  
2498 of the Department of Human Services (DHS) Office of Quality and Design  
2499 (OQD).  
2500 3. Setting a 90-day residential screening committee review.  
2501 4. Notifying the Assistant Attorney General (AAG) that the child will be placed in a  
2502 residential placement and requesting a court hearing. The court hearing must be  
2503 held within 60 days of the child being placed in a residential placement.  
2504
- 2505 E. Qualified Individual Assessment  
2506 1. The 30-day Qualified Individual Assessment will be completed by licensed  
2507 clinicians or trained professionals in the OQD, as approved under a waiver by the  
2508 Federal Children's Bureau.  
2509 2. The OQD assessor conducting the 30-day assessment will work with the family  
2510 and the Child and Family Team to complete the assessment, in conjunction with  
2511 the caseworker's documentation in SAFE.  
2512 3. UFACET is the evidence-based, validated, functional assessment tool utilized for  
2513 conducting the Qualified Individual Assessment.  
2514 4. The Protective Risk Assessment may be completed as the functional assessment  
2515 tool for youth in the custody of or involved with juvenile justice in conjunction  
2516 with or instead of the UFACET.  
2517
- 2518 F. The caseworker will assist the OQD assessor conducting the Qualified Individual  
2519 Assessment in gathering the information needed to complete the assessment. The  
2520 caseworker will document in the child's case record the following items:  
2521 1. The reasonable and good faith effort to identify and include all the individuals  
2522 described as being a part of the Child and Family Team.

- 2523 2. All contact information for members of the family and the Child and Family  
2524 Team, as well as contact information for other family members and fictive kin  
2525 who are not a part of the Child and Family Team.
- 2526 3. Document that meetings of the Child and Family Team, including meetings  
2527 associated with the 30-day assessment, are held at a time and place convenient for  
2528 the family.
- 2529 4. If reunification is the goal, document evidence demonstrating that the parent of  
2530 the child provided input on the members of the Child and Family Team.
- 2531 5. Evidence that the Qualified Individual Assessment is determined in conjunction  
2532 with the family, the child, and all Child and Family Team members.
- 2533 6. The placement preferences of the family, the Child and Family Team, and the  
2534 child relative to the assessment that recognizes children should be placed with  
2535 their siblings unless there is a finding by the court that such placement is contrary  
2536 to their best interest.
- 2537 7. If the placement preferences of the family, the child, and the Child and Family  
2538 Team are not the placement setting recommended by the OQD assessor  
2539 conducting the assessment, the reasons why the preferences of the Child and  
2540 Family Team and the child were not recommended.

- 2541
- 2542 G. If the OQD assessor determines that a child should not be placed in a foster family home,  
2543 the assessor shall specify in writing the reasons why the needs of the child cannot be met  
2544 by the family of the child or in a foster family home. A shortage or lack of foster family  
2545 homes is not an acceptable reason for determining that the needs of the child cannot be  
2546 met in a foster family home.

2547

2548 The OQD assessor shall also specify in writing why the recommended placement in a  
2549 QRTP is the setting that will provide the child with the most effective and appropriate  
2550 level of care in the least restrictive environment, and how that placement is consistent  
2551 with the short- and long-term goals for the child, as specified in the permanency plan for  
2552 the child.

- 2553 1. The region designee and caseworker will receive the final assessment and do the  
2554 following:
  - 2555 a. If the placement is “recommended” in the Qualified Individual  
2556 Assessment by the OQD assessor, the caseworker will share the report  
2557 with the Child and Family Team and discuss any considerations  
2558 mentioned in the report.
  - 2559 b. If the placement is “not recommended” in the Qualified Individual  
2560 Assessment by the OQD assessor, the caseworker will notify the  
2561 residential screening committee and Child and Family Team  
2562 immediately.
    - 2563 (1) The case will need to be staffed to determine if the child may  
2564 remain in the placement or be moved.
    - 2565 (2) If the team decides to move the child, then the child must be  
2566 moved within 30 days.

- 2567 (3) If the team decides the child should remain in the placement, then  
2568 the region director or designee must approve it.
- 2569 c. Upload the assessment into SAFE into the content management folder:  
2570 Residential Treatment Documents and select the correct type:
- 2571 (1) QRTP Independent Report is Appropriate  
2572 (used if Qualified Individual Assessment recommends QRTP  
2573 placement); or
- 2574 (2) QRTP Independent Report is NOT Appropriate  
2575 (used if Qualified Individual Assessment does not recommend  
2576 QRTP placement).
- 2577 d. Create an activity log dated the SAME DATE as the signature date on the  
2578 assessment and attach one of the policy buttons:
- 2579 (1) 30 day QRTP is Appropriate  
2580 (used if Qualified Individual Assessment recommends QRTP  
2581 placement); or
- 2582 (2) 30 day QRTP is NOT Appropriate  
2583 (used if Qualified Individual Assessment does not recommend  
2584 QRTP placement).  
2585
- 2586 H. The caseworker will e-file a court report, residential treatment plan, and the Qualified  
2587 Individual Assessment to the court at least 10 days before the court hearing.  
2588
- 2589 I. The judge will determine if the child can safely be in a family-based setting, and if not, if  
2590 a QRTP is the most appropriate placement. The court review must occur no later than 60  
2591 days after placement. The court will review the court report, Qualified Individual  
2592 Assessment, and provider treatment recommendations, and must approve the placement  
2593 for IV-E payments to continue.  
2594
- 2595 The court will continue to make the determination at subsequent court hearings, which  
2596 are held at least once every six months. At each subsequent hearing, the court will make  
2597 a determination if the placement is still appropriate. The court report and case record  
2598 will need to include the following items:
- 2599 1. Strengths of the child and what needs/services cannot be met in a family-based  
2600 setting.
- 2601 2. Explanation of why a QRTP is the most appropriate and least restrictive  
2602 placement.
- 2603 3. Explanation as to why the child cannot be placed in a family-based home.
- 2604 4. Specific treatment or service needs that will be met for the child in the placement.
- 2605 5. Length of time the child is expected to need the treatment in a QRTP.
- 2606 6. Efforts being made to prepare the child to step down into a family based setting.  
2607
- 2608 J. The caseworker will attend the court hearing and review the assessments that support the  
2609 child being placed in a residential setting.

- 
- 2610 1. If the court “approves” the placement, the caseworker will document the approval  
2611 in the case plan.
- 2612 2. If the court “does not approve” the placement, the team will need to determine if  
2613 the child can remain in the placement or be moved to a more appropriate  
2614 placement. The child must be moved within 30 days in order to continue to  
2615 receive IV-E funding.
- 2616
- 2617 K. A region-level status review will occur at minimum every 90 days. The region designee  
2618 will review the case and complete the DCFS Residential 90 Day Status Review  
2619 form. This form will be uploaded into SAFE into the content management folder:  
2620 Residential Treatment Documents.
- 2621
- 2622 L. The region designee may staff complex situations with OQD. OQD will be able to assist  
2623 with DHS level collaboration (high level staffings).
- 2624
- 2625 M. If the child remains in the same placement setting for an extended length of time,  
2626 continued placement in the QRTP must be reviewed at the executive level.
- 2627 1. Child age 12 and under:
- 2628 a. Six months consecutive or non-consecutive in same QRTP setting.
- 2629 2. Child age 13 and older:
- 2630 a. Twelve months consecutive in the same QRTP setting.
- 2631 b. Eighteen months non-consecutive in the same QRTP setting
- 2632
- 2633 N. The process for the executive level review consists of the following:
- 2634 1. A region designee will run a report in SAFE monthly to monitor which children  
2635 are due for an executive level review.
- 2636 2. Sixty days before the time frame ends, the region designee will schedule a region  
2637 level status review and complete the DCFS Residential 90 Day Status Review  
2638 form.
- 2639 3. Sixty days before the time frame ends, the caseworker will receive a SAFE  
2640 reminder: “QRTP extended stay review must be completed.”
- 2641 4. All the prior DCFS Residential 90 Day Status Review forms as well as any  
2642 current supporting documents (e.g. treatment plans) will be submitted to the  
2643 agency head for review.
- 2644 5. The paperwork for the executive review needs to be submitted no later than 30  
2645 days before the time frame ends.
- 2646 6. If the child can be stepped down and will be out of the QRTP before the  
2647 designated time frame, the executive review will be cancelled.
- 2648
- 2649 O. The caseworker will coordinate with the QRTP to develop a detailed discharge plan and  
2650 to determine what type of aftercare support is needed to transition the child to the next  
2651 placement. The QRTP is required to offer six months of aftercare, if the child is  
2652 transitioned into a family-based setting or return home. The placement is required at

2653 minimum to make bi-weekly contact with the child and family the first three months and  
2654 then monthly contact for the following three months.  
2655

### 2656 **301.13 Regional Screening Committee For Residential Care**

2657 Major objectives:

2658 If a child requires a screening for a change in placement level, the caseworker will present an  
2659 assessment of the child's current strengths and needs to the regional screening committee.  
2660  
2661

2662  
2663 **Applicable Law**

2664 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2665

2666 Practice Guidelines

2667 The regional screening committee will:

- 2668
- 2669 A. Review placement options available for the child.
  - 2670
  - 2671 B. Assess current budget and placement cap restrictions in the region.
  - 2672
  - 2673 C. Set the date for the next review. Reviews must occur at a minimum of every 90 days  
2674 while the child is in a high cost setting. Regions with a high number of children in  
2675 residential placements may have difficulty achieving this; however, it should be a priority  
2676 of the region to facilitate these reviews.
  - 2677
  - 2678 D. A provider will be selected on the basis of ability and willingness to include the family in  
2679 the service process, treatment, and discharge planning from the beginning.
  - 2680
  - 2681 E. The committee will complete the residential screening form and the purchase service  
2682 authorization at the conclusion of the screening.  
2683

### 2684 **301.14 Transition To Approved Placement**

2685 Major objectives:

2686 In order to minimize the risk of trauma or potential future crisis to children, a transition plan will  
2687 be developed and implemented for all children moving into or between any type of placement.  
2688 Prior to any placement, all children will be prepared for the move using developmentally  
2689 appropriate intervention strategies.  
2690

2691  
2692 **Applicable Law**

2693 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
2694

2695 Practice Guidelines

- 2696 A. The child's family must be informed whenever there is a need for the child to change or  
2697 transition to a placement. Engage the family to determine the child's needs and prepare  
2698 them for the child's move.  
2699
- 2700 B. Explain the reason for the move, the current situation, and what comes next in the  
2701 process. Some of the following strategies may be helpful:  
2702 1. Drawing pictures.  
2703 2. Acting out the removal and subsequent move with small play figures.  
2704 3. Creating a time line.  
2705
- 2706 This type of preparation can range from a minimum of one hour for emergency removal  
2707 situations to several weeks for more gradual transitions, dependent upon the child's needs  
2708 and situation.  
2709
- 2710 C. Identify and obtain familiar supports including people, toys, blankets, and other items,  
2711 learning style, coping mechanisms, daily schedule, habits, likes/dislikes, social,  
2712 emotional, cognitive (including school needs, fears, and successful parenting methods for  
2713 both comforting and disciplining the child), physical (including acute or chronic medical  
2714 conditions, nutritional requirements or restrictions, food preferences/dislikes,  
2715 medications, immunizations, and allergies), and cultural information including religious  
2716 preference. It is highly recommended that a familiar adult (a family member or friend  
2717 where appropriate) and the caseworker assist with the move.  
2718
- 2719 D. Validate the child and family's fears, reactions, and concerns.  
2720
- 2721 E. Plan the placement in accordance with placement requirements. [See: [Section 301](#),  
2722 Preparation For Placement In Out-Of-Home Care.]  
2723
- 2724 F. To eliminate the child experiencing rejection, transition activities are never to be initiated  
2725 as a "trial" attempt to place with a family. Transition activities are utilized when families  
2726 have expressed a commitment to the child's care prior to placement.  
2727
- 2728 G. It is best practice for children to have pre-placement visits to gradually orient them to the  
2729 new home and caregivers. Pre-placement visits may include:  
2730 1. A tour of the new home.  
2731 2. Activities such as day visits, mutual activities, or overnight visits.  
2732
- 2733 H. Prepare and/or update the Child's Home-to-Home Book. [See: [Section 303.3](#),  
2734 Maintaining The Home-To-Home Book.]  
2735

2736 **301.15 Guardianship And Legal Custody With A Relative And**  
2737 **Non-Relative**  
2738

2739 (This section has been moved to [Section 308.2](#).)  
2740

2741 **301.16 Obtaining Birth Certificates From The Office Of Vital**  
2742 **Statistics For Children In Out-Of-Home Care**  
2743

2744 Major objectives:

2745 This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a  
2746 birth certificate for a child in out-of-home care that needs that document to register for school or  
2747 apply for and receive a State or Federal benefit or service.  
2748

2749 Practice Guidelines

2750 A. Process for obtaining a birth certificate from the Office of Vital Statistics:

- 2751 1. Region administration will identify senior assistant caseworkers or other  
2752 designees responsible for submitting birth certificate applications for children in  
2753 their region in an out-of-home placement and will disseminate that list to workers  
2754 in their region.  
2755 2. When a birth certificate for a child is needed, caseworkers will contact one of  
2756 their regional representatives that have the responsibility to submit a request for a  
2757 birth certificate to the Office of Vital Statistics and will provide all information  
2758 needed on the application form.  
2759 3. The designated worker responsible for applying for birth certificates will  
2760 document all information provided by the caseworker on the Child and Family  
2761 Services birth certificate request template supplied by the Office of Vital Statistics  
2762 and will submit the completed form to Office of Vital Statistics at  
2763 DCFSbirthreq@utah.gov. The Office of Vital Statistics uses that form to search  
2764 for and print the required birth certificate and mails an official copy of the birth  
2765 certificate to the individual in the region that submitted the request.  
2766 4. Once the region designee receives the birth certificate, that individual will provide  
2767 the original or a copy to the child's caseworker.  
2768 5. The caseworker or designee will be responsible for documenting when a birth  
2769 certificate application has been made, when a birth certificate has been received,  
2770 and for placing the child's birth certificate in the child's case file once it is  
2771 received.  
2772

- 2773 B. Payment for birth certificates to the Office of Vital Statistics: Each month the Office of  
2774 Vital Statistics issues an invoice to the Child and Family Services state office that lists  
2775 the names of all children for whom a birth certificate was issued, the region that made the  
2776 request, and the cost associated for each birth certificate. The Child and Family Services  
2777 state office budget and accounting manager will submit a single payment to the Office of

2778 Vital Statistics for all birth certificates issued during the month and will transfer costs for  
2779 each birth certificate to the region that made the request.  
2780

### 2781 **301.17 Child Placement With Parent In A Licensed Family-** 2782 **Based Residential Substance Use Treatment Program**

2783 Major objectives:

2784 Family-based residential substance use treatment programs are highly effective in supporting  
2785 parent-child bonding and reducing parent substance use relapses. A foster child may be placed  
2786 with a parent in a licensed family-based residential substance use treatment program while the  
2787 child remains in foster care. A foster care maintenance payment may be made for the child.

2788 In addition to providing substance use disorder treatment, the program will provide parenting  
2789 skills training, parenting education, and individual and family counseling under an organizational  
2790 structure and trauma framework that involves understanding, recognizing, and responding to the  
2791 effects of trauma and will use a trauma-informed approach and trauma-specific interventions to  
2792 address the consequences of trauma and facilitate healing.  
2793

2794  
2795  
2796  
2797 **Applicable Law**

2798 [Title VII of Public Law 115-123](#) (Family First Prevention Services Act) Subtitle A. Part I Sec.  
2799 50712

2800  
2801 Practice Guidelines

2802 A. The Child and Family Team will determine if placement of the child with the parent in a  
2803 licensed family-based residential substance use treatment program is appropriate.  
2804

2805 B. The recommendation for placing the child in the licensed family-based residential  
2806 substance use treatment program will be specified in the child's case plan prior to the  
2807 placement start date.

2808 1. The recommendation for placement will be documented in the Child Placement  
2809 Record portion of the child's case plan in SAFE.

2810 2. The caseworker will enter the date, prior to placement, that the Child and Family  
2811 Team decided that placement of the child with a parent in a licensed family-based  
2812 residential substance use treatment program is the plan.  
2813

2814 C. The DCP placement code is used for this service. This code requires the child to remain  
2815 in foster care to be eligible for the foster care maintenance payment.  
2816

2817 D. The Child and Family Team will carefully plan for key transitions, such as the parent and  
2818 child leaving the facility or legal custody being returned to the parent. The team will  
2819 consider how the child's needs will continue to be met if custody of the child is returned  
2820 to the parent while still in the residential treatment program, which requires the child's

2821 maintenance payment to be discontinued. Post maintenance payment support could  
2822 include TANF or some other source of ongoing family income.  
2823

2824 **302 Planning And Interventions**

2825

2826 **302.1 Child And Family Plans**

2827

2828 Major objectives:

2829

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

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

2834

2835

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2837

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

2838

2839

2840

2841

2842 **Applicable Law**

2843 Utah Code Ann. [§62A-4a-205](#). Child and family plan -- Parent-time.

2844

2845 Practice Guidelines

2846

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

2847

1. The current strengths and Protective Factors of the child and family, as well as the threats to safety need to be addressed. In addition, a primary permanency goal and concurrent goal to provide the child with a permanent home within 12 months of the date of removal.

2848

2849

2850

2. If the goal is reunification, the plan will specify a projected return home date and a description of steps and services offered to the parent to achieve reunification.

2851

2852

3. Description of the type of placement appropriate for the child's special needs and best interests, in the least restrictive setting available and in close proximity to the parents, when the goal is reunification. If the child with a goal of reunification has been placed a substantial distance from the parents, the plan will describe reasons why the placement is in the best interests of the child.

2853

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2857

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

2858

2859

5. Safety agreement, if needed.

2860

6. Plan for crisis, if needed.

2861

7. Plan for next age-appropriate transition.

2862

8. A plan for transition from foster care to independent living, if a child is 14 years or older. TAL services will be available to youth ages 14 and older.

2863

2864

- 2865 9. Plan to assure the child receives safe and proper care including the provision of  
2866 medical, dental, mental health, educational, recreational, or other specialized  
2867 services and resources.
- 2868 a. If a child is placed in residential treatment and has medical or mental  
2869 health issues that need to be addressed, the Child and Family Plan will  
2870 include a specialized assessment of the medical and mental health needs of  
2871 the child.
- 2872 b. If parental rights have not been terminated, the parents retain the right to  
2873 seek a separate medical or mental health diagnosis of their child from a  
2874 licensed practitioner of their choice.
- 2875 10. A visitation plan for the child, parents, and siblings, and grandparents if it is in the  
2876 child's best interest.
- 2877 11. Steps for monitoring the placement and providing support to the out-of-home  
2878 caregiver, including plan for visitation of the child and support to the caregiver  
2879 when placed out of state.
- 2880 12. Methods by which the child's significant relationships can be maintained  
2881 regardless of the permanency goals.
- 2882
- 2883 B. Child and Family Services will make substantial efforts to develop the Child and Family  
2884 Plan with which the child's parents agree. If the parents do not agree with the Child and  
2885 Family Plan, Child and Family Services will strive to resolve the disagreement with the  
2886 parents. If the disagreement is not resolved, Child and Family Services will inform the  
2887 court of the disagreement.
- 2888
- 2889 C. Parent/child involvement in the development of the Child and Family Plan. Child and  
2890 Family Team Meetings and/or monthly interviews between the caseworker and parent  
2891 may provide the parent with the opportunity to provide input into the development of the  
2892 plan. Child and Family Team Meetings or private interviews between the child and the  
2893 caseworker or other team members may provide opportunities for the child to contribute  
2894 to planning.
- 2895 1. All parents will have the opportunity to participate in the development of the  
2896 Child and Family Plan.
- 2897 2. For the purpose of planning, parent is defined as:
- 2898 a. The legally recognized birth mother regardless of physical custody or  
2899 current level of involvement in the child's life.
- 2900 b. The legally recognized father regardless of physical custody or current  
2901 level of involvement in the child's life.
- 2902 c. The legally recognized adoptive mother and/or father.
- 2903 d. The legally recognized guardian.
- 2904 e. The caregiver with whom the child was living with at the time Child and  
2905 Family Services became involved AND with whom the child may remain  
2906 or be reunited. This may include relative caregivers and non-relative  
2907 caregivers such as stepparents.

- 2908 f. A stepparent who is living in the home where the child was residing and  
2909 will be returned.
- 2910 g. The substitute caregiver(s) that has been identified as the person(s) who  
2911 will be imminently providing enduring permanency for the child;
- 2912 3. Exceptions for parental involvement include:
- 2913 a. The parent is deceased.
- 2914 b. Parental rights are terminated.
- 2915 c. Parent's active or passive refusal to participate.
- 2916 (1) Active Refusal: Parent expresses verbally or in writing that they  
2917 are not interested in participating in the development of the plan. In  
2918 this case, the caseworker must verify with the parent that they still  
2919 decline participation before every new plan is finalized.
- 2920 (2) Passive Refusal: Parent indicates a passive refusal to participate in  
2921 the plan development through their actions or inactions, such as  
2922 failing to keep appointments or returning messages. In this case,  
2923 the caseworker must make at least two attempts to contact the  
2924 parent face-to-face, by phone, or by correspondence every time a  
2925 new plan is developed to provide them opportunity to participate in  
2926 the development of the plan.
- 2927 (3) The caseworker will document the dates and efforts to involve the  
2928 parent, methods of interaction between the caseworker and the  
2929 parent, and the parent's expressed desire.
- 2930 d. The parents' whereabouts are unknown despite concerted efforts to locate  
2931 them. Concerted efforts means a monthly attempt at locating the parent  
2932 using one of the following:
- 2933 (1) Interviews with Child and Family Team members.
- 2934 (2) Interviews with extended family.
- 2935 (3) Interviews with the child.
- 2936 (4) Checking allied agency records (Department of Workforce  
2937 Services, Office of Recovery Services, law enforcement, etc.).
- 2938 (5) On-line person locator searches.
- 2939 (6) Other sources not listed here that the caseworker or the team  
2940 becomes aware of.
- 2941 e. Parental involvement in the planning process is detrimental to the safety or  
2942 best interest of the child and is supported by court order or clinical  
2943 recommendation.
- 2944 4. All children listed on the plan who are developmentally appropriate will have the  
2945 opportunity to participate in the development of the plan to the degree that they  
2946 are capable of contributing to the plan.
- 2947 a. A developmentally appropriate child means they have the ability to  
2948 understand and offer relevant contributions to the plan or express  
2949 preferential considerations within the selection of services or objectives.  
2950 As a general guideline, children who are elementary school aged are

- 2951 regarded as being capable of contributing to the plan to some extent unless  
2952 otherwise developmentally incapable.
- 2953 b. Contributions offered by the child will be considered by the team and  
2954 included in the plan based on the Child and Family Team's determination  
2955 of the appropriateness of the request.
- 2956 5. The child's court appointed Guardian ad Litem will be involved in the  
2957 development of a child's Child and Family Plan. The Guardian ad Litem will be  
2958 invited to any Child and Family Team Meeting held to develop, review, or modify  
2959 the Child and Family Plan.
- 2960 a. Caseworkers will continue to schedule Child and Family Team Meetings  
2961 around the needs of the child and family and will invite the Guardian ad  
2962 Litem.
- 2963 b. It is not required that the Guardian ad Litem be in attendance in order to  
2964 hold the Child and Family Team Meeting.
- 2965 6. Other parties may be involved in the development of the Child and Family Plan,  
2966 as determined appropriate by the Child and Family Team. Child and Family  
2967 Services may not prohibit others, such as the parent's attorney, from being  
2968 involved in the development of the plan. Utah Code Ann. [§62A-4a-205](#) allows  
2969 parties and their legal counsel to participate in the development of the plan if their  
2970 participation is otherwise permitted by law. Before prohibiting anyone from  
2971 participating in the development of a Child and Family Plan, the caseworker will  
2972 staff the situation with an Assistant Attorney General to see if this is permissible.  
2973
- 2974 D. Upon finalization of the Child and Family Plan, both the caseworker and supervisor will  
2975 sign the plan. The caseworker will obtain signatures from the parents, child, and out-of-  
2976 home caregiver. If any party refuses to sign the plan, reasons will be documented in the  
2977 activity logs of the case file. Once all signatures have been obtained, copies of the plan  
2978 will be sent to the Juvenile Court, Assistant Attorney General, Guardian ad Litem, legal  
2979 counsel for the parents, parents, child, and out-of-home caregiver.  
2980
- 2981 E. Concurrent permanency planning ensures that the child and family are prepared for both  
2982 the child's primary and secondary permanency goals. Every Child and Family Plan must  
2983 include a primary and secondary goal.  
2984
- 2985 F. Tracking and adapting the Child and Family Plan/team review/progress summaries:
- 2986 1. With input from Child and Family Team members, the plan will be reviewed to  
2987 track progress made and progress will be reported at least every 90 days.
- 2988 a. The progress summary will outline the current situation and progress  
2989 towards the permanency goal.
- 2990 b. The progress summary will be signed by both the caseworker and  
2991 supervisor and will be submitted to the Juvenile Court, Assistant Attorney  
2992 General, Guardian ad Litem, legal counsel for the parents, parents, and  
2993 out-of-home caregiver.  
2994
2. The plan will be adapted:

- 2995 a. When the team identifies that new steps are needed to make progress.
- 2996 b. When the team identifies a new need.
- 2997 c. When needs are met.
- 2998 d. When there is a significant change with the child and family, including a
- 2999 placement change.
- 3000 e. At least every six months from date of removal.
- 3001

## 3002 **302.2 Purposeful Visiting With The Child, Out-Of-Home**

### 3003 **Caregivers, And Parents**

#### 3004 Major objectives:

3005 Regular visiting with a child enables the out-of-home caseworker to assess how well a child's  
3006 placement is meeting their needs for safety, permanency, and well-being. The out-of-home  
3007 caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable,  
3008 nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well  
3009 they will be able to promote safety, permanency, and well-being for their children. The out-of-  
3010 home caseworker will visit with the child, out-of-home caregivers, and parents no less than once  
3011 every month.  
3012

#### 3013 **Applicable Law**

3014 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

#### 3015 Practice Guidelines

- 3016
- 3017 A. Out-of-home caseworker visits help assure safety, permanency, and well-being. Using
- 3018 face-to-face visits with children, out-of-home caregivers, and parents provides out-of-
- 3019 home caseworkers an opportunity to deepen the helping relationship. Findings from the
- 3020 Child and Family Services Review (CFSR) found that there is a significant positive
- 3021 relationship between out-of-home caseworker visits with children and a number of other
- 3022 indicators for safety, permanency, and well-being. These indicators include:
- 3023
- 3024 1. Providing services to protect children in the home.
  - 3025 2. Preventing removal.
  - 3026 3. Managing the risk of harm to children.
  - 3027 4. Establishing permanency goals.
  - 3028 5. Achieving reunification, guardianship, and permanent placement with relatives.
  - 3029 6. Achieving the goal of other planned living arrangements.
  - 3030 7. Placement with siblings.
  - 3031 8. Preserving children's connections while in out-of-home care.
  - 3032 9. Maintaining the child's relationship with parents.
  - 3033 10. Assessing needs and providing services to children and families.
  - 3034 11. Involving children and parents in case planning.
  - 3035 12. Visiting with parents.
  - 3036 13. Meeting the educational needs of the child.
  - 3037 14. Meeting the physical health needs of the child.

- 3038 15. Meeting the mental health needs of the child.  
3039
- 3040 B. Caseworker contact with the child: The caseworker will visit with the child. Visit is  
3041 defined as a face-to-face meeting between the child and the caseworker and must include  
3042 the following elements:
- 3043 1. Frequency - visits must occur as frequently as the conditions of the case require  
3044 and no less frequently than at least monthly.
  - 3045 2. Location - the environment of the location of the visits must be conducive to open  
3046 and honest conversation. At least one monthly caseworker contact with the child  
3047 must take place in the out-of-home placement. The interview between the  
3048 caseworker and the child must be conducted away from the parent or substitute  
3049 caregiver unless the child refuses or exhibits anxiety. Siblings may be  
3050 interviewed together or separately, depending on the comfort level of the children  
3051 or if there are safety considerations.
  - 3052 3. Duration - the length of the visit must be of sufficient duration to address key  
3053 issues.
  - 3054 4. Quality discussion - the content of the interview should focus on key issues  
3055 pertinent to safety (including threats of harm, child vulnerabilities, and protective  
3056 capacities of the caregiver), permanency, and well-being, as well as promotes the  
3057 achievement of case goals. When the child is nonverbal or unable to  
3058 communicate, the caseworker will document that the child is nonverbal and  
3059 instead report observations regarding the child's appearance pertaining to physical  
3060 well-being.
  - 3061 5. In working with an older youth, empower the youth by helping them to address  
3062 their desires or needs. This enables the youth to have an opportunity to practice  
3063 skills necessary for adulthood. It is also important to include youth as active  
3064 members of the team. Youth should be included in all decisions that affect their  
3065 lives. These will help to make it more likely that the youth's needs will be met  
3066 and that they will be able to establish positive relationships.
  - 3067 6. As needed, the out-of-home caseworker and other members of the Child and  
3068 Family Team develop the specifics of the visitation plan as well as to decide who  
3069 will make additional visits and contacts with the child. Document this in the  
3070 Child and Family Plan.
  - 3071 7. If the child is placed outside the state, the out-of-home caseworker will have at  
3072 least one telephone conversation per month with the child (if the child is verbal)  
3073 and with the child's out-of-home caregiver. In addition, the out-of-home  
3074 caseworker will request through the Interstate Compact Placement Agreement  
3075 that a courtesy caseworker have a monthly face-to-face visit with the child and  
3076 provide a written report of the visit to the Utah out-of-home caseworker each  
3077 quarter.
- 3078
- 3079 C. Caseworker contact with the out-of-home caregiver: The caseworker will visit with the  
3080 out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will  
3081 help to establish and maintain a working relationship.

- 3082 1. At a minimum, the caseworker will conduct one monthly face-to-face contact  
3083 with the substitute caregiver with whom the child is living. The caseworker will  
3084 assess with the substitute caregiver the safety (including threats of harm, child  
3085 vulnerabilities, and protective capacities of the caregiver), permanency, and well-  
3086 being needs of the child and the substitute caregiver's needs as it pertains to the  
3087 child's needs.
- 3088 2. Reviewing on a quarterly basis with the out-of-home caregiver the child's Home-  
3089 to-Home Book. (See [Section 303.3](#) Maintaining The Home-To-Home Book.)  
3090
- 3091 D. Monthly caseworker contact with the child's parents: The caseworker will have regular  
3092 contact with each parent to assess safety, permanency, and well-being of the children and  
3093 to promote achievement of case goals.
- 3094 1. For the purpose of monthly caseworker contact with parent, parent is defined as:  
3095 a. The legally recognized birth mother regardless of physical custody or  
3096 current level of involvement in the child's life.  
3097 b. The legally recognized father regardless of physical custody or current  
3098 level of involvement in the child's life.  
3099 c. The legally recognized adoptive mother and/or father.  
3100 d. The legally recognized guardian.  
3101 e. The caregiver with whom the child was living with at the time Child and  
3102 Family Services became involved AND with whom the child may be  
3103 reunited. This may include relative caregivers and non-relative caregivers  
3104 such as stepparents.  
3105 f. The substitute caregiver(s) that has been identified as the person(s) who  
3106 will be imminently providing enduring permanency for the child.
- 3107 2. Contact is defined as a face-to-face meeting between the parent and the  
3108 caseworker and must include the following elements:  
3109 a. Frequency - visits must occur at least monthly.  
3110 b. Location - the environment of the location of the visits must be conducive  
3111 to open and honest conversation.  
3112 c. Duration - the length of the visit must be of sufficient duration to address  
3113 key issues.  
3114 d. Quality discussion - the content of the interview should focus on issues  
3115 pertinent to case planning, service delivery, and goal achievement.
- 3116 3. Exceptions for caseworker contact with parent include:  
3117 a. The parent is deceased.  
3118 b. Parental rights are terminated.  
3119 c. Parent's active or passive refusal to participate.  
3120 (1) Active Refusal: Parent expresses verbally or in writing that they  
3121 are not interested in having monthly contact with the caseworker.  
3122 In this case, the caseworker must periodically verify with the  
3123 parent that they still decline contact. Periodic means that the  
3124 caseworker attempts to make some type of contact whether it be  
3125 face-to-face, phone, or correspondence with the parent at a

- 3126 minimum of a quarterly basis if reunification is the goal. If  
3127 reunification has been terminated but parental rights are still in  
3128 place, periodic contact means every six months.
- 3129 (2) Passive Refusal: Parent indicates a passive refusal to have monthly  
3130 contact with the worker through their actions or inactions, such as  
3131 failing to keep appointments or returning messages. In this case,  
3132 the caseworker must make at least two attempts a month to contact  
3133 the parent face-to-face, by phone or correspondence, while  
3134 reunification services are provided to that parent. When  
3135 reunification is terminated but parental rights are still in place,  
3136 periodic attempts to contact the parent may be reduced to every six  
3137 months.
- 3138 (3) The caseworker will document the dates and efforts to contact the  
3139 parent, methods of interaction between the caseworker and the  
3140 parent, and the parent's expressed desire or actions/inactions.
- 3141 d. The parents' whereabouts are unknown despite concerted efforts to locate  
3142 them. Concerted efforts means a monthly attempt at locating the parent  
3143 using one of the following:
- 3144 (1) Interviews with Child and Family Team members.  
3145 (2) Interviews with extended family.  
3146 (3) Interviews with the child.  
3147 (4) Checking allied agency records (Department of Workforce  
3148 Services, Office of Recovery Services, law enforcement, etc.).  
3149 (5) On-line person locator searches.  
3150 (6) Other sources not listed here that the caseworker or the team  
3151 becomes aware of.
- 3152 e. Parental involvement in the planning process is detrimental to the safety or  
3153 best interest of the child and is supported by court order or clinical  
3154 recommendation.
- 3155 f. When the parent resides out of the county, face-to-face contact may be  
3156 replaced by other means of contact such as BY phone or correspondence.  
3157
- 3158 E. Monthly Home Visit: The caseworker will check on the residence where the child is  
3159 living and observe and document the general conditions pertaining to threats of harm,  
3160 child vulnerabilities, and protective capacities of the caregivers. The caseworker will not  
3161 enter a home for the purpose of a visit without a caregiver present, unless the child's  
3162 caregiver has granted permission. This approval should be documented. The caseworker  
3163 may enter the family's home in an emergency without a caregiver's permission.  
3164
- 3165 F. The outcomes of out-of-home caseworker visitation include:
- 3166 1. Assessing safety, permanency, well-being, strengths, and needs. A series of  
3167 developmentally appropriate checklists and questions developed by the National  
3168 Resource Center for Family-Centered Practice and Permanency Planning  
3169 (NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-

- 3170 home caregivers, or parents during their face-to-face visits. (To view these  
3171 checklists and questions, go to  
3172 [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/caseworker-  
3174 visiting.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-<br/>3173 visiting.html)).  
3174 2. Addressing and planning for any immediate needs and concerns.  
3175 3. Reviewing progress and completion of steps of the Child and Family Plan,  
3176 including the identified permanency goal for the child, out-of-home caregivers, or  
3177 parents.  
3178 4. Planning toward the child's permanency goal, concurrent plan, and long-term  
3179 view.  
3180 5. Identifying any challenges and developing solutions.  
3181 6. Providing an opportunity for the child, out-of-home caregivers, or parents to share  
3182 events, successes, feelings, and issues such as those related to the family and  
3183 child's education, health, behavior (including separation, grief, and loss),  
3184 relationships, and any items of special interest or concern for the child.  
3185 7. Engaging the child, out-of-home caregivers, or parents in an active dialogue that  
3186 promotes the change process. It may be useful to use solution-focused questions.  
3187 8. Providing information about resources and linking necessary supports and  
3188 services for the child, out-of-home caregivers, or parents. Assisting the parents in  
3189 attaining needed resources (i.e., securing housing, transportation, etc.).  
3190 Examining other issues related to the delivery of services to identify and remove  
3191 or reduce barriers to the attainment of those services.  
3192 9. Discussing and monitoring current appointments and issues pertaining to the child  
3193 such as medical, dental, mental health, school, culture, court, and parent and  
3194 sibling visitation.  
3195 10. Providing opportunities for the child, out-of-home caregivers, and parents to make  
3196 choices about next steps.  
3197 11. Making suggested changes and modifications to the Child and Family Plan in  
3198 partnership with the team.  
3199
- 3200 G. In addition to the monthly visit, the out-of-home caseworker will be available to provide  
3201 ongoing counsel to address any immediate concerns or issues that the child, out-of-home  
3202 caregivers, or parents may have.  
3203

## 303 Services And Interventions

### Major objectives:

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

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

### 303.1 Visitation With Familial Connections

### Major objectives:

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

### **Applicable Law**

Utah Code Ann. [§62A-4a-101](#). Definitions.

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### Practice Guidelines

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

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

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

- 3246                    b.        Example: A child is placed in foster care and the child's siblings remain in  
3247                    the home the child was removed from. The caseworker will need to gain  
3248                    the consent of the parent/guardian for sibling visitation to occur.  
3249
- 3250 B.        The Child and Family Team will consider **and approve** visitation and/or other forms of  
3251                    contact with **[the grandparents]relatives** for children in state custody if it is determined  
3252                    that contact will be in the best interest of the child, there are no safety concerns, and  
3253                    allowing contact would not compete with or undermine reunification goals. **[See:**  
3254                    **Kinship Practice Guidelines Section 502.3a and Out-of-Home Care Practice Guidelines**  
3255                    **Section 300.7.]**  
3256
- 3257 C.        Visitation with parents, siblings, and grandparents will occur in the most natural setting,  
3258                    such as family's home, library, church, or community center, neighborhood park,  
3259                    shopping center, etc.  
3260
- 3261 D.        Supervised visits will only occur in situations where safety or emotional well-being of the  
3262                    child is in question and will be conducted by caseworkers, kin or out-of-home caregivers,  
3263                    trained assistants, or other qualified individuals.  
3264
- 3265 E.        Visitation plans with parents, siblings, and grandparents will be outlined in the Child and  
3266                    Family Plan and specific arrangements will be made between the parents and out-of-  
3267                    home caregivers, with consultation by the Child and Family Team, and may include  
3268                    suggested locations, dates, times, and individuals responsible to transport and attend.  
3269
- 3270 F.        In situations where distance or other circumstances present difficulty for the family,  
3271                    alternative transportation arrangements will be explored with the team, such as bus, light-  
3272                    rail, or meeting at the half-way point between locations. If, after creative exploration of  
3273                    all options by the Child and Family Team, weekly visits are still not feasible, schedule  
3274                    longer visits as frequently as possible, with other means of communication encouraged  
3275                    between visits.  
3276
- 3277 G.        Kin or out-of-home caregivers may only censor or monitor a child's mail or phone calls  
3278                    by court order.  
3279
- 3280 H.        Contacts with family for children placed out-of-state:  
3281                    1.        A child who is placed out-of-state in out-of-home care may make two trips home  
3282                    a year at the state's expense. The region may make exceptions to this in  
3283                    emergencies, such as the serious illness or death of a parent or family member. If  
3284                    the parent has moved out-of-state and the permanency goal is to return the child to  
3285                    the parent, the child may also make two trips per year to visit the parent at the  
3286                    state's expense if the parent cannot afford to purchase the necessary tickets.  
3287                    2.        Children who are placed out-of-state or out of the area will be encouraged to  
3288                    maintain written and telephone contact with their parents as negotiated by the  
3289                    Child and Family Team.

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## 303.2 Caseworker Visitation With The Child

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

## 303.3 Maintaining The Home-To-Home Book

### Major objectives:

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

### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### Practice Guidelines

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

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- 3332 C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-home  
3333 caregiver at the time of placement. If not, the caseworker will deliver and review the  
3334 record with the out-of-home caregiver no later than 10 working days from date of  
3335 placement.  
3336
- 3337 D. The caseworker will explain to the out-of-home care provider during the review of the  
3338 Home-to-Home Book that medical care must be obtained only from an approved  
3339 Medicaid provider, which means that if an HMO is designated on the child's card, the  
3340 health care provider must participate in that HMO.  
3341
- 3342 E. The out-of-home caregiver must take health care history information from the Home-to-  
3343 Home Book to health care visits to assure continuity of care and prevent unnecessary  
3344 duplication of medical care (such as immunizations).  
3345
- 3346 F. The out-of-home caregiver is to keep current records of the child's vital information and  
3347 important events in the Home-to-Home Book.  
3348
- 3349 G. The caseworker will review the Home-to-Home Book at least quarterly with the out-of-  
3350 home caregiver and the child, when appropriate, to discuss the child's school progress,  
3351 medical needs, use of clothing allowance and other special needs payments, and other  
3352 issues related to the placement.  
3353
- 3354 H. Upon case closure, the caseworker will retrieve the Home-to-Home Binder from the out-  
3355 of-home caregiver and do the following:  
3356 1. Give the items contained in the mementos and photograph packets to the parent, if  
3357 the child is returned home, or to the permanent placement provider.  
3358 2. Remove any forms or information contained in the remaining packets and place in  
3359 the green out-of-home binder, to be archived upon case closure.  
3360 3. Place the emptied Home-to-Home binder and packets into the designated area for  
3361 reuse.  
3362

### 303.4 Educational Services

Major objectives:

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

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

Utah Code Ann. [§53A-2-207](#). Open enrollment options -- Procedures -- Processing fee -- Continuing enrollment.

Practice Guidelines

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

- 3404 2. While assessing whether the child may remain in their school placement, the  
3405 caseworker will gather and take into account input from educational staff and  
3406 Child and Family Team members.
- 3407 3. Utah Code Ann. [§53A-2-207](#) allows the child in state custody to remain in the  
3408 school they were enrolled in prior to coming into custody, and whenever a child  
3409 changes placement. The caseworker and Child and Family Team will determine  
3410 whether it is in the best interest of the child to remain in the school they are  
3411 currently enrolled in and will consider proximity to the school when making  
3412 placement decisions. If it is in the child's best interest, the caseworker will give  
3413 significant consideration to placements that will facilitate the child to continue to  
3414 attend the school they were enrolled in when the child entered custody.
- 3415 4. If the child remains in the school they were enrolled in when they entered  
3416 custody, the caseworker will inform the school that the child has entered state  
3417 custody and will work with educational staff to ensure that any safety concerns  
3418 are addressed.
- 3419 a. If there is a protective order or no-contact order in place for the child  
3420 against any individual, the caseworker will provide a copy of the order to  
3421 the school.
- 3422 5. When a child in Child and Family Services custody must be transferred to a new  
3423 school, the caseworker will do the following:
- 3424 a. Make every effort to cause the least disruption with the child's education  
3425 (e.g., waiting until the end of a semester or year to move a child from the  
3426 school).
- 3427 b. Document in the Education tab in SAFE why it was not in the best interest  
3428 of the child to remain in the school they were enrolled in at the time they  
3429 came into custody.
- 3430 c. Consult with staff at the former school about how to minimize disruptions  
3431 of the child's education.
- 3432 d. Inform the new school that the child in state custody will be enrolled.
- 3433 (1) Within three school days of a child's placement in foster care or in  
3434 a new out-of-home placement, the caseworker or caregiver will  
3435 enroll the child in school.
- 3436 e. Obtain and complete all fee waiver forms from the school and authorize  
3437 payment of school fees not waived; and will refer the child to the Youth in  
3438 Custody (YIC) program and will fill out the necessary forms to enroll the  
3439 child. This is required if a YIC program exists. If a child is in a school  
3440 district that does not have an applicable YIC program, the caseworker or  
3441 out-of-home caregiver will refer the child to the appropriate school  
3442 principal or staff for assessment of educational needs.
- 3443 (1) The caseworker, out-of-home caregiver, and the child will meet  
3444 with the YIC program staff and/or school administration from the  
3445 new school. Other members of the Child and Family Team may be  
3446 included in this process.

- 3447 f. Ensure that the new school specifically requests special education records  
3448 from the former school. Special education records are not transmitted to  
3449 the receiving school with the general educational file unless specifically  
3450 requested. (Special education records are kept in a separate location than  
3451 other general education records.)
- 3452 g. Provide copies of any educational records they have to the new school  
3453 when a child is changing schools to facilitate the immediate enrollment of  
3454 a child into the appropriate academic placement.  
3455
- 3456 C. The caseworker will gather any available educational information and provide it to the  
3457 out-of-home caregivers for placement in the Home-to-Home Book within ten days from  
3458 the date of placement.  
3459
- 3460 D. At any time during the child's placement, if any member of the Child and Family Team  
3461 has reason to suspect that the child may have a disability requiring special education  
3462 services, the child will be referred for assessment for specialized services.  
3463
- 3464 E. The caseworker will maintain contact with educational staff to monitor the child's  
3465 ongoing educational status, including grades, attendance, and credits toward graduation.  
3466 Educational staff or input will be included in Child and Family Team Meetings when  
3467 appropriate.  
3468
- 3469 F. In order to cause the least amount of disruption to the child's education, caseworkers and  
3470 other Child and Family Services' staff will make active efforts to minimize school  
3471 interruptions and should avoid taking the child out of school for visits and appointments.  
3472 Appointments will be made after school hours when at all possible. When court hearings  
3473 require a child to be present for the hearing, caseworkers and/or foster parents will make  
3474 arrangements with the school beforehand to obtain school work and assignments for the  
3475 time the child will be excused.  
3476
- 3477 G. It is always allowable for CPS caseworkers to take a child out of class for the purposes of  
3478 conducting an interview regarding an allegation of abuse or neglect.  
3479
- 3480 H. Pursuant to Utah Code Ann. [§53A-11a-203](#), a school must notify a parent or guardian  
3481 when a student threatens to commit suicide and/or a student is involved in an incident of  
3482 bullying, cyber-bullying, harassment, hazing, or retaliation
- 3483 1. When a school notifies a caseworker that a child in out-of-home care was  
3484 involved in one of the above types of incidents, the caseworker will:
- 3485 a. Notify the parent or guardian if parental rights have not been terminated  
3486 and the parent's whereabouts are known.
- 3487 b. Notify the foster parent and other relevant members of the Child and  
3488 Family Team (such as the therapist, treatment providers, etc.).
- 3489 c. Request a written report from the school regarding the incident
- 3490 d. Notify and staff the situation with the supervisor.

- 3491 e. If region protocol directs, notify designated regional administrative staff.  
3492 f. Notify the Guardian ad Litem and Assistant Attorney General of the  
3493 situation as soon as possible.  
3494 g. Record all known details of the emergency situation and action taken in  
3495 the SAFE activity logs.  
3496 2. If an out-of-home caregiver receives notification from a school that the child was  
3497 involved in one of the above incidents, the out-of-home caregiver will notify the  
3498 caseworker by phone or email within 24 business hours.  
3499 a. Upon receiving notification that the child was involved in one of the above  
3500 incidents, the caseworker will ensure that they complete the steps listed in  
3501 subsection 1 above.  
3502

### 3503 303.5 Health Care

3504 Major objectives:

3505 All children placed in out-of-home care will receive health care services according to the  
3506 requirements of Child and Family Services whether they are Medicaid eligible or not. The  
3507 Child and Family Services caseworker will notify parents of any medical, dental, or mental  
3508 health needs or appointments for their child.  
3509

3510

3511 **Applicable Law**

3512 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
3513

3514 Practice Guidelines

3515 The following health care services will be provided:  
3516

- 3517 A. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by a  
3518 health care provider within 24 hours.  
3519
- 3520 B. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever  
3521 occurs first, the child will receive:
- 3522 1. Well Child CHEC (Child Health Evaluation and Care) exam.
- 3523 a. If the child has been seen by a physician within 30 days prior to removal  
3524 or court-ordered custody and additional concerns are identified, the child  
3525 should be seen again within 30 days after removal or court-ordered  
3526 custody.  
3527 b. A Well Child CHEC should be scheduled with the child's Primary Care  
3528 Physician (PCP).  
3529 c. If a child does not have a PCP, the RN assigned to the case should be  
3530 consulted with to identify a provider that is on the child's insurance plan  
3531 d. If the PCP does not have an available appointment within 30 days, a  
3532 provider that accepts the child's health insurance plan should see the child  
3533 and the report should be forwarded to the PCP.

- 3534 e. For children under the age of two years, the Periodicity Schedule will be  
3535 followed. The Periodicity Schedule is:  
3536 (1) Birth.  
3537 (2) Two weeks of age.  
3538 (3) Two months of age.  
3539 (4) Four months of age.  
3540 (5) Six months of age.  
3541 (6) Nine months of age.  
3542 (7) Twelve months of age.  
3543 (8) Fifteen months of age.  
3544 (9) Eighteen months of age.  
3545 (10) Twenty-four months of age.  
3546 (11) Annually after 24 months of age.  
3547
- 3548 C. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever  
3549 occurs first, the child will receive:
- 3550 1. Dental exam:
- 3551 a. Required for children three years of age and older.  
3552 b. Children under age three will be followed by their PCP and referred to a  
3553 dentist with any identified problems.  
3554 c. If the child has been seen by a dental provider or PCP if under age three  
3555 within 30 days prior to removal or court-ordered custody and additional  
3556 concerns are identified, the child should be seen again within 30 days after  
3557 removal or court-ordered custody.
- 3558 2. Mental Health Assessment:
- 3559 a. Children five years of age and older will receive a mental health  
3560 assessment.  
3561 b. If the child has been seen by a mental health provider within 30 days prior  
3562 to removal or court-ordered custody and additional concerns are identified,  
3563 the child should be seen again within 30 days after removal or court-  
3564 ordered custody.  
3565
- 3566 D. Developmental and Social Emotional Assessment:
- 3567 1. PCPs will follow developmental progress for infants.  
3568 2. For children 4 months to 5 years of age who are removed or court-ordered into  
3569 custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages  
3570 Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the  
3571 foster parent for completion based on the child's current age and the following  
3572 schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60  
3573 months.  
3574 3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-SE  
3575 will be used in determining the need for further developmental/mental health  
3576 assessment.

- 3577 a. The ASQ and ASQ-SE will be completed with the child by the current  
3578 out-of-home caregiver. Upon completion, the questionnaires are sent back  
3579 to the FHC Program staff to be scored.
- 3580 b. If a child scores below the recommended level, FHC staff will coordinate  
3581 a referral for Early Intervention within 30 days of the return of the  
3582 questionnaire.
- 3583 4. Children ages 37 months to 60 months (3 years and one month to 5 years): The  
3584 ASQ and ASQ-SE will be used in determining the need for further mental health  
3585 assessment.
- 3586 a. The ASQ and ASQ-SE will be completed with the child by the current  
3587 out-of-home caregiver. Upon completion, the questionnaires are sent back  
3588 to the FHC Program staff to be scored.
- 3589 b. If a child scores below the recommended level, FHC staff will coordinate  
3590 a referral to the local school district or mental health care provider where  
3591 the child resides within 30 days of the return of the questionnaire.
- 3592
- 3593 E. Immunizations: All children in out-of-home care will receive immunizations as  
3594 recommended by the Center for Disease Control (CDC).
- 3595 1. Those children behind the recommended CDC schedule of immunizations when  
3596 entering out-of-home care will be caught up as recommended by their PCP.
- 3597 2. Families who have medical or religious beliefs that exempt them from  
3598 immunizations will have this information documented in the Health screen and  
3599 activity log in SAFE.
- 3600
- 3601 F. Medical, Dental, and Mental Health Referrals: Referral and follow-up appointments will  
3602 be completed within 90 days from the receipt of the health visit report (HVR) or as  
3603 otherwise specified by the referring and/or treating health care professional.
- 3604
- 3605 G. Second Opinions for Health Care: Children requiring specialized medical services may  
3606 receive a second opinion from a provider that specializes in the area of need.
- 3607
- 3608 H. Concerns that Arise Prior to the Scheduled Exams:
- 3609 1. A child with medical, dental, or mental health concerns that arise prior to the  
3610 required scheduled exams will be immediately referred to the appropriate health  
3611 care professional.
- 3612 2. The referral will be documented in the activity logs in SAFE. Concerns may  
3613 include uncontrollable behavior, sleep disturbances, suicide ideation/thoughts,  
3614 harming self or others, enuresis/encopresis, illness, fever, aches/pains, vomiting,  
3615 diarrhea, bleeding, etc.
- 3616 3. PCPs of children entering custody with chronic medical conditions such as  
3617 epilepsy, diabetes, respiratory, metabolic conditions, congenital anomalies, etc.  
3618 will be notified of their current custody status. Communication will originate with  
3619 the caseworker and will include the regional FHC staff.
- 3620

- 3621 I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:  
3622 1. The caseworker will use the assessment tool provided by Child and Family  
3623 Services to assess if unresolved traumatic experiences are making it difficult for  
3624 the child to function in daily life. The current assessment tool[s] used to assess  
3625 for trauma adjustment symptoms is the Utah Family and Child Engagement Tool.  
3626 2. If the caseworker identifies on the assessment that the child's daily functioning is  
3627 being adversely affected by unresolved issues of trauma, the caseworker will  
3628 provide the information to a mental health professional for further assessment and  
3629 treatment of the child. If the child is currently receiving mental health treatment,  
3630 the caseworker will provide the information to the mental health professional  
3631 working with the child.  
3632
- 3633 J. For Youth Temporarily Placed in Detention Facilities: The initial or annual Well Child  
3634 CHEC must be completed within 30 days of release, if not completed while in detention.  
3635
- 3636 K. Re-entry into Out-of-Home Care: When a child re-enters custody or returns from  
3637 runaway status, a Well Child CHEC must be completed within 30 days. Unless there are  
3638 health and safety concerns identified, the dental exam and mental health assessment can  
3639 be waived if one was completed within the past year while in out-of-home care.  
3640 1. If it has been less than one year since completion of the dental exam or mental  
3641 health assessment, the next exams will be prompted in SAFE as an annual  
3642 occurrence from the last completed date.  
3643 2. If it has been over one year since completion of the dental or mental health exams,  
3644 an exam must be completed within 30 days. Prompting for the next annual exams  
3645 will begin in SAFE from the removal or court-ordered custody date, whichever  
3646 occurs first.  
3647
- 3648 L. Annually: While in out-of-home care, all children will receive an annual Well Child  
3649 CHEC according to the Periodicity Schedule, dental exam, and mental health assessment  
3650 or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will  
3651 be completed within 30 days of the annual due date.  
3652
- 3653 M. Psychotropic Medication Overview Panel:  
3654 1. Pursuant to Utah Code Ann. [§62A-4a-213](#), Child and Family Services is required  
3655 to establish and operate a psychotropic medication oversight panel for children in  
3656 foster care to ensure that foster children are being prescribed psychotropic  
3657 medication consistent with their needs.  
3658 2. The review panel shall be comprised, at minimum, of an Advanced Practice  
3659 Registered Nurse (APRN) and a child psychiatrist. Other individuals may be  
3660 added to the panel as resources permit and when Child and Family Services  
3661 determines it to be necessary.  
3662 3. The children shall be referred to the oversight panel by the Fostering Healthy  
3663 Children nurse. The oversight panel shall monitor foster children that meet the  
3664 following criteria:

- 3665 (a) Six years old or younger who are being prescribed one or more  
3666 psychotropic medications; and  
3667 (b) Seven years old or older who are being prescribed two or more  
3668 psychotropic medications.
- 3669 4. The oversight panel may request information and/or records related to the foster  
3670 child's health care history, including psychotropic medication history and mental  
3671 and behavioral health history, from the foster child's current or past caseworker;  
3672 the foster child; the foster parents; the natural parents, and/or the foster child's  
3673 current or past health care provider. The caseworker and/or nurse shall assist in  
3674 obtaining the information and records requested by the oversight panel and  
3675 provide it to the oversight panel within 15 working days of the request.
- 3676 5. The caseworker may also provide any additional information regarding the child  
3677 that may provide insight or inform the oversight panel in making a determination  
3678 regarding whether the psychotropic medication is consistent with the child's  
3679 needs.
- 3680 6. The oversight panel may make recommendations to the foster child's health  
3681 care providers concerning the foster child's psychotropic medication or the foster  
3682 child's mental or behavioral health.
- 3683 7. After discussing the recommendations with the current health care provider, the  
3684 oversight panel shall provide a copy of the written recommendations to the nurse,  
3685 who will inform the foster child's caseworker, out-of-home caregiver, and other  
3686 relevant team members of the recommendations.
- 3687 8. The oversight panel will also establish a procedure, such as a "help" telephone  
3688 number, that a current health care provider may access when they need assistance  
3689 for prescribing medication to children in foster care.
- 3690
- 3691 N. Working with Youth: When working with youth and when appropriate, encourage them  
3692 to make their own health care appointments and become active participants in learning  
3693 about their health care services and needs.
- 3694
- 3695 O. Including parents/guardians in child's health treatment:
- 3696 1. Caseworkers will make reasonable measures to notify a parent/guardian of any  
3697 non-emergency health treatment or care scheduled for a child. Reasonable  
3698 measures include notifying the parent/guardian of scheduled health care  
3699 appointments a minimum of 24 hours prior to the health care appointment through  
3700 phone call, text message, email, written letter, or face-to-face contact. Out-of-  
3701 home caregivers may also assist the caseworker in providing notification to the  
3702 parent/guardian of medical appointments. If there are no legal restrictions  
3703 regarding contact between the parent/guardian and the child due to safety issues,  
3704 the parent/guardian will be invited to attend all health care appointments for the  
3705 child.
- 3706 2. The caseworker will document in the SAFE activity logs the method that was  
3707 used to inform the parent/guardian of the health care appointments.

- 3708           3.     Health care decisions will be discussed with the parent during health care  
3709           appointments and/or in Child and Family Team Meetings, in order for the  
3710           caseworker to include the parent/guardian as fully as possible in making health  
3711           care decisions for the child.  
3712           a.     The caseworker will defer to the parent/guardian's reasonable and  
3713           informed decisions regarding the child's health care to the extent that the  
3714           child's health and well-being are not unreasonably compromised by the  
3715           parent/guardian's decision.  
3716           b.     If a caseworker feels that the decision made by the parent/guardian  
3717           compromises the child's health or well-being, the caseworker will provide  
3718           the information to the court, along with the recommendation from the  
3719           child's health care provider, and ask that the court make a decision  
3720           regarding how to proceed with the child's health care.  
3721           4.     The caseworker will notify the parent/guardian of a child within five business  
3722           days after a child in the custody of Child and Family Services receives emergency  
3723           health care or treatment. This includes when the child is sick or injured.  
3724

### 303.5.1 Signing Consent For Medical Procedures

#### Major objectives:

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

- A. When a child is placed in out-of-home care, the court either grants Child and Family Services both legal custody and guardianship of a child, or grants Child and Family Services legal custody while the parent retains guardianship. Legal custody includes the right to consent to ordinary medical care and the right, in an emergency, to authorize surgery or other extraordinary care. If Child and Family Services is granted legal custody while the parent retains guardianship, guardianship entitles parents to consent to major medical, surgical, or psychiatric treatment.
- B. At times the court grants Child and Family Services custody and guardianship of a child, which means a parent does not retain the right to consent to major medical, surgical, or psychiatric treatment while their child is placed in out-of-home care. That authority is vested in Child and Family Services as guardian of the child.
- C. If there has been a termination of parental rights (TPR), the parent does not retain any parental rights.

For further information regarding parental rights, refer to the definitions found in Utah Code Ann. [§78A-6-105](#).

#### Practice Guidelines

- A. Regular medical/dental/mental health procedures: A caseworker or out-of-home caregiver can sign consent forms giving permission for a child in out-of-home care to be seen by a medical provider for regular medical, dental, mental health assessments, screenings, check-ups, testing, or follow-ups.
- B. Major Medical, Surgical, or Psychiatric Treatment: Some medical procedures carry risks of complications and even death. The following are considered to be major medical, surgical, or psychiatric treatment: administration of general anesthesia; IV sedation with any type of treatment; Electroconvulsive therapy (ECT); inpatient hospitalization for any reason; or an involuntary commitment of a child. Caseworkers should consult with the

3768 child's medical, dental, or mental health provider recommending the treatment, as well as  
3769 the Fostering Healthy Children nurse team member for clarification of whether a  
3770 recommended treatment meets these criteria.

3771  
3772 C. For questions regarding the guardianship status of a child placed in out-of-home care,  
3773 caseworkers will refer to the court order that places the child in Child and Family  
3774 Services custody or consult the Assistant Attorney General assigned to the case.

3775 1. A parent that retains guardianship: If a parent retains guardianship, the parent  
3776 must consent to major medical, surgical, and psychiatric treatment. The parent  
3777 should be asked to sign consent if the child requires any of the major medical,  
3778 surgical, or psychiatric treatments defined above.

3779 2. If custody and guardianship has been granted to Child and Family Services: It is  
3780 not legally required for the parent to give consent for major medical, surgical, or  
3781 psychiatric treatment (even in instances when parental rights have not been  
3782 terminated). For these types of situations, a Child and Family Services caseworker  
3783 is the most appropriate person to sign consent. However, it is an expectation and  
3784 best practice that caseworkers will discuss necessary medical procedures with the  
3785 parents prior to treatment, when possible. In most cases this should be done  
3786 within the context of a Child and Family Team Meeting. If a parent objects to  
3787 the proposed medical treatment, the caseworker should consult with the Assistant  
3788 Attorney General.

3789 3. If a parent's rights have been terminated: Child and Family Services is not  
3790 required to gain parental consent for major medical, surgical, or psychiatric  
3791 treatment. The caseworker may sign the consent form OR they may consult with  
3792 the Assistant Attorney General and have the procedure court ordered.

3793 4. Parent refuses to sign: If it is recommended that the child needs a major medical,  
3794 surgical, or psychiatric treatment, and the parent refuses to sign the consent form,  
3795 the caseworker is to consult the Assistant Attorney General. Depending on the  
3796 type of treatment required, it may be determined that there is a need to have the  
3797 major medical, surgical, or psychiatric treatment court ordered.

3798 5. Emergency situations: In emergency type situations, Child and Family Services is  
3799 not required to gain parental consent for major medical, surgical, or psychiatric  
3800 procedures. Utah state statute clarifies that whoever has legal custody has the  
3801 right, in an emergency, to authorize surgery or other extraordinary care.  
3802 However, when parental rights remain in place and time permits, it is best practice  
3803 for Child and Family Services to attempt to inform the parent prior to the  
3804 procedure regardless of who has guardianship.

3805 a. During regular business hours, when a child requires medical attention  
3806 which includes a major medical, surgical, or psychiatric treatment, and a  
3807 parent retains guardianship, the Child and Family Services caseworker or  
3808 other appropriate Child and Family Services staff member should be  
3809 contacted and should attempt to locate the parents to sign consent. If the  
3810 child's parents cannot be located in time to sign and give consent, the

- 3811 caseworker will attempt to contact the Assistant Attorney General and  
3812 request that the procedure be court ordered.
- 3813 b. If time does not allow for the parent to sign or for the procedure to be  
3814 court ordered due to the urgency of the child's medical needs, the  
3815 caseworker will need to sign consent and inform the child's parents,  
3816 Assistant Attorney General, Guardian ad Litem, and judge as soon as  
3817 possible.
- 3818 c. Although very rare, if time does not allow for the caseworker or other  
3819 Child and Family Services staff to appear to sign consent for the major  
3820 medical, surgical, or psychiatric treatment due to the seriousness of the  
3821 emergency, Child and Family Services may give verbal consent for the  
3822 treatment and permission for the out-of-home caregiver to sign consent.
- 3823 d. In regards to an emergency during after-hours, weekends, or holidays, if  
3824 the Child and Family Services caseworker is not able to be contacted by  
3825 the out-of-home caregiver to sign consent, the out-of-home caregiver will  
3826 contact Intake to locate the primary caseworker or the on-call worker for  
3827 their area. If unable to locate the primary caseworker, the Child and  
3828 Family Services on-call worker will be asked to appear and sign consent  
3829 for the major medical, surgical, or psychiatric treatment. If time does not  
3830 allow for the Child and Family Services on-call worker to sign consent,  
3831 the Child and Family Services on-call worker may give verbal consent and  
3832 permission for the out-of-home caregiver to sign consent. The out-of-  
3833 home caregiver is to inform the caseworker of the emergency as well as  
3834 who signed consent (Child and Family Services on-call worker or out-of-  
3835 home caregiver), as soon as possible. The caseworker will inform the  
3836 child's parents, Assistant Attorney General, Guardian ad Litem, and judge  
3837 about the emergency as soon as possible.
- 3838 e. In all cases, if it is necessary in an emergency for the out-of-home  
3839 caregiver to sign consent for major medical, surgical, or psychiatric  
3840 treatment, the out-of-home caregiver will only sign consent after receiving  
3841 verbal consent from the primary caseworker or the Child and Family  
3842 Services on-call worker. The primary caseworker will then have the  
3843 responsibility to inform the child's parents, the Assistant Attorney  
3844 General, Guardian ad Litem, and judge as soon as possible.
- 3845 6. If a child in out-of-home care has been recommended to participate in any  
3846 research trials or protocols, the caseworker will refer to Administrative Guidelines  
3847 [Section 080.7](#) for the correct protocol.  
3848

### 3849 **303.6 Specific Medical Services**

#### 3850 Major objectives:

3851 When children in foster care have specific medical needs such as substance abuse, HIV (Human  
3852 Immunodeficiency Virus) or STI (Sexually Transmitted Infections) testing, family planning  
3853 including birth control methods, sex education, prenatal care, pregnancy, education on caring for  
3854 a child, abortion, and life sustaining medical treatment, Child and Family Services will ensure  
3855 that these needs are met.  
3856

#### 3857 **Applicable Law**

3858 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
3859

#### 3860 Practice Guidelines

##### 3861 A. Substance Abuse Interventions:

- 3863 1. The Child and Family Services caseworker may refer the child for a one-time  
3864 drug test if there is “reasonable belief” that the foster child is using inappropriate  
3865 or illegal substances. The Child and Family Services caseworker will refer the  
3866 child for a substance abuse treatment assessment if the child is not already  
3867 involved in substance abuse treatment.
- 3868 2. When referring the child for a substance abuse assessment or drug test, the  
3869 caseworker should consult with the child’s health care provider to ensure that the  
3870 cause for concern is not being caused by another medical or mental health  
3871 diagnosis.
- 3872 3. If substance abuse treatment is recommended, the caseworker will ensure that  
3873 treatment recommendations are followed and will amend the Child and Family  
3874 Plan to include this treatment.
- 3875 4. The drug testing may not be continued on a regular or random basis without a  
3876 court order.
- 3877 5. A drug test should never be used as punishment.
- 3878 6. An out-of-home caregiver must request the caseworker’s permission prior to  
3879 taking a child for drug testing.
- 3880 7. The results of all substance abuse assessments and drug tests will be kept  
3881 confidential.

##### 3882 B. HIV, STIs, and other Communicable Diseases: When the caseworker has “reasonable 3883 belief” that a foster child may be infected with HIV, STI, or another communicable 3884 disease, the caseworker will immediately consult with the child’s health care provider 3885 and seek the necessary medical testing and medical treatment.

- 3887 1. The Child and Family Services caseworker will ensure the confidentiality of the  
3888 medical testing results. Random HIV or STI testing is prohibited.
- 3889 2. Standards for consultation with a health care provider to determine for HIV or  
3890 STI testing:
  - 3891 a. An infant born to a mother with unknown risk and serological status.

- 3892                    b.        The child has a history of risky behaviors, symptoms, or physical findings  
3893                    that suggest HIV, STI, or another communicable disease such as:  
3894                    (1)        Unprotected sexual contact;  
3895                    (2)        Multiple sexual partners;  
3896                    (3)        IV drug use .  
3897                    c.        The child has symptoms or physical findings as determined by health care  
3898                    providers that may suggest HIV, STI, or another communicable disease.  
3899                    d.        The child has a parent or sibling who is HIV-infected or has a STI or  
3900                    communicable disease and is at an increased risk of HIV, STI, or another  
3901                    communicable disease infection.  
3902                    e.        The child has a current or past sexual partner who is HIV-infected, has an  
3903                    STI or another communicable disease, or is at increased risk for HIV, STI,  
3904                    or other communicable disease infection.  
3905                    f.        The child has a history of sexual abuse or a history of STI.  
3906                    3.        Standards for minors taken into custody for committing a sexual offense:  
3907                    a.        HIV testing may be conducted on a minor who is taken into custody after  
3908                    having been adjudicated to have violated state law prohibiting a sexual  
3909                    offense under Title 76, Chapter 5, Part 4, Sexual Offenses, upon the  
3910                    request of the victim or the parent or guardian of a minor victim.  
3911                    b.        HIV tests may not be performed on a sexual offender younger than 14  
3912                    years of age without the consent of the court. [*See: Utah Code Ann.*  
3913                    [§78A-6-1104.](#)]  
3914                    4.        If testing is indicated or recommended by a health care professional, the Child and  
3915                    Family Services caseworker will consent and sign for the testing. An out-of-  
3916                    home caregiver is not allowed to sign for HIV testing unless recommended by a  
3917                    health care provider.  
3918                    5.        If the out-of-home caseworker cannot provide written consent, consent will be  
3919                    given by the caseworker's supervisor or other Child and Family Services  
3920                    administrator that has knowledge of the child's medical history.  
3921                    6.        When the caseworker becomes aware of an HIV, STI, or other communicable  
3922                    disease infected foster child, the out-of-home caregiver will be informed. It will  
3923                    be the caregiver's responsibility to receive appropriate education from a health  
3924                    care provider or the local health department. The Child and Family Services  
3925                    caseworker should amend the Child and Family Plan to include the following:  
3926                    a.        Measures needed to protect the child, siblings, foster family, and other  
3927                    contacts they may have.  
3928                    b.        Education for the out-of-home caregiver on care of a child with HIV, STI,  
3929                    or another communicable disease.  
3930                    7.        The Child and Family Services caseworker and out-of-home caregiver will not  
3931                    disclose information regarding the child's HIV, STI, or other communicable  
3932                    disease testing or treatment to any third party other than the child's medical or  
3933                    dental provider if the HIV test is positive.  
3934

- 3935 C. Family Planning [*see*: Utah Code Ann. [§76-7-325](#), [§76-7-324](#), [§76-7-323](#), and [§76-7-](#)  
3936 [322](#)]:
- 3937 1. All persons caring for children in the custody of Child and Family Services will  
3938 follow the general Practice Guidelines and established Utah Codes when dealing  
3939 with issues of family planning. These codes state that, “no agency of the state or  
3940 its political subdivisions will approve any application for funds of the state or its  
3941 political subdivisions to support, directly or indirectly, any organization or health  
3942 care provider that provides contraceptive or abortion services to an unmarried  
3943 minor without the prior written consent of the minor’s parent or guardian.”
- 3944 2. Utah Code also states that in the area of sex education, “instruction will stress  
3945 importance of abstinence from all sexual activity before marriage and fidelity  
3946 after marriage as methods for preventing certain communicable diseases.” This  
3947 education is applicable to grades 8 through 12. Child and Family Services  
3948 provides sex education through its Independent Living, Basic Life Skills Class.
- 3949 3. Where the issues of prenatal care and caring for a child is concerned, the Child  
3950 and Family Services caseworker has many community resources to link the client  
3951 with in order to receive this education. [*See*: [Section 306.1](#), Foster Youth  
3952 Pregnancy.]
- 3953 4. Caseworkers will not offer personal information or opinions to the client on  
3954 family planning, birth control, sexual activity, or personal choice where any of  
3955 these matters are concerned. The caseworker will refer the client to the  
3956 appropriate community agency to receive education and information on family  
3957 planning.
- 3958 5. For certain types of birth control, Medicaid will cover the costs.
- 3959 6. An out-of-home caregiver or caseworker cannot force a child to get on birth  
3960 control, but should encourage a youth who is sexually active to receive the proper  
3961 education about their choices.
- 3962
- 3963 D. Pregnancy of Youth in Out-of-Home Care:
- 3964 1. Verify the pregnancy.
- 3965 2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.
- 3966 3. Coordinate a Child and Family Team Meeting to develop a plan to support and  
3967 counsel the youth in all possible options. The Child and Family Team will:
- 3968 a. Develop a plan regarding prenatal appointments and the birth of the baby.
- 3969 b. Collect and provide a list of community programs (such as “Baby Your  
3970 Baby”) for information and resources.
- 3971 c. Arrange for the youth to seek counseling to allow her the opportunity to  
3972 explore options such as adoption, parenting the child herself, or other  
3973 alternatives.
- 3974 d. Encourage the youth to remain in school. If the youth is unable to remain  
3975 in a regular school program, assist her in enrolling in an alternative school  
3976 program.
- 3977 e. If appropriate, contact a teen home/teen mom program as a potential  
3978 placement or for resources, review placement needs for possible teen

- 3979 mother programs (refer to services to child, placement requirements, youth  
3980 in Out-of-Home Care with children).
- 3981 4. Notify the region eligibility caseworker of the pregnancy so that the unborn child  
3982 can be added to the youth's Medicaid card, if eligible.  
3983
- 3984 E. Abortion: If the youth is pregnant and requests an abortion, the caseworker will do the  
3985 following:
- 3986 1. Convene a Child and Family Team Meeting to discuss the youth's request with  
3987 the youth's health care provider, Guardian ad Litem, and therapist.
- 3988 2. If the child's parents cannot attend the Child and Family Team Meeting, provide  
3989 notification to the parents of the youth.
- 3990 3. The caseworker will not provide counseling or health information, or give consent  
3991 to an abortion without a court order. However, the caseworker will assist in  
3992 arranging these services.
- 3993 4. The caseworker will be aware and abide by the abortion standards in Utah Code  
3994 Ann. [§76-7-301](#), [§76-7-301.1](#), [§76-7-302](#), [§76-7-303](#), [§76-7-304](#), [§76-7-305](#), and  
3995 [§76-7-305.5](#).
- 3996 5. The out-of-home caregivers are not authorized to make any decisions or provide  
3997 consent to an abortion procedure for a child in out-of-home care.
- 3998 6. If the abortion meets the standards of state law, the procedure can only be  
3999 reimbursed by Medicaid. It is the responsibility of the health care provider to  
4000 counsel the youth concerning all aspects of pregnancy and the decision to have or  
4001 not to have abortion.
- 4002 7. Child and Family Services will not make any payments for an abortion.  
4003
- 4004 F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home  
4005 Care is Terminally Ill: Upon the recommendations of the primary care provider and/or  
4006 health care professional, and after a Child and Family Team meeting, a caseworker may  
4007 only consent to withholding or withdrawing any LSMT interventions with consent from  
4008 the child's parent(s), with residual rights, and consent from the Guardian ad Litem, or  
4009 when a court order has been issued for withholding or withdrawing medical  
4010 interventions. LSMT includes all medical interventions that can be utilized to prolong  
4011 the life of the patient: Removal from life support, do not resuscitate orders, CPR,  
4012 mechanical ventilation, and therapeutic drugs.
- 4013 1. When a child has been diagnosed by the child's physician and documented in the  
4014 child's medical records, and the child's physician or health care provider has  
4015 recommended or is recommending forgoing LSMT, the caseworker will  
4016 coordinate a Child and Family Team Meeting to devise a plan of action.
- 4017 2. The parent(s) or immediate family members should make any decision regarding  
4018 whether or not to donate organs. Child and Family Services will not make  
4019 decisions regarding organ donation.
- 4020 3. Foregoing LSMT can occur even when homicide charges are pending, if there is  
4021 sufficient medical evidence that the child is brain dead. The child's caseworker  
4022 should inform the police of the decision to forego LSMT.

- 4023 4. The decision to forego LSMT can be changed by the legal guardian of the child  
4024 and should be reviewed when medical assessments suggest an improved  
4025 prognosis for the child.  
4026 5. If the child has two legal parents both must agree to forego LSMT.  
4027 6. The Guardian ad Litem may not make the final decision to forego LSMT unless:  
4028 (a) the child has no other legal guardian; and (b) the Guardian ad Litem has  
4029 specific authorization from the court to forego LSMT.  
4030 7. The child's caseworker will formulate or amend the child's service plan to include  
4031 the following, if needed:  
4032 a. Education for the family in regards to grief and loss issues.  
4033 b. Arrangements for funeral service.  
4034 c. Autopsy, medical evaluation, or fatality review as needed.  
4035 d. Out-of-home caregivers, legal parent, sibling, and religious support.  
4036 8. The caseworker should request a copy of the child's medical records including the  
4037 documented decision reached to forego LSMT for the child.  
4038

### 4039 **303.7 Transition To Adult Living**

#### 4040 Major objectives:

4041 "Youth who exit out-of-home care will live successfully as adults" is the vision of Child and  
4042 Family Services. Youth will be able to build and maintain healthy relationships. Permanent  
4043 relationships are paramount in achieving success for youth. Transition to Adult Living (TAL)  
4044 services will be provided to youth 14 years and older to meet the challenges of transitioning to  
4045 adulthood in accordance with Federal Chafee Foster Care Independence Program requirements  
4046 [42 USC 677 (b)(2)].  
4047

4048 TAL services are to be provided to all youth in Child and Family Services custody who are 14  
4049 years and older in accordance to an assessment of their individual strengths and needs. Youth  
4050 will be offered TAL services regardless of permanency goal.  
4051

#### 4052 **Applicable Law**

4053 TAL services, which includes the Education and Training Voucher Program (ETV), is authorized  
4054 by the John H. Chafee Foster Care Independence Program, 42 USC 677 (1999), incorporated by  
4055 reference.  
4056

4057  
4058 The National Youth in Transition Database (NYTD) is authorized by Public Law 106-16 9  
4059 section 477 of the John H. Chafee Foster Care Independence Program. The NYTD law requires  
4060 states to collection information on transition to adult living services paid for or provided by the  
4061 state agency. Additionally it requires states to survey a sample of youth in foster care at age 17  
4062 regarding their status and then to survey them again at 19 and 21 regarding their outcomes at  
4063 those ages. The data collected is then de-identified and transmitted to the Children's Bureau  
4064 twice per year.  
4065

4066 Utah Administrative [Rule 512-305](#), Out of Home Services, Transition to Adult Living Services  
4067 provides a detailed overview.

4068  
4069 Utah Administrative [Rule 512-306](#), Transition to Adult Living Services, education and Training  
4070 Voucher Program provides a detailed overview.

4071  
4072 Practice Guidelines

4073 TAL services are implemented with all youth age 14 years and older in the custody of Child and  
4074 Family Services as a way to prepare the youth with the skills necessary to transition to  
4075 adulthood. It is also possible to provide TAL services to other youth that are involved with Child  
4076 and Family Services but may not be in custody. This includes youth being served through In-  
4077 Home Services. However, youth receiving In-Home Services are not eligible to receive funds  
4078 through the John H. Chafee Foster Care Independence Program. TAL services build on the  
4079 youth's individual strengths and assists the youth to develop personal assets in order to help them  
4080 acquire the motivation and the means to be successful throughout their lives.

4081  
4082 TAL services are not to be used as a substitute for Permanency Planning (see Practice Guidelines  
4083 [Section 301.2](#) Identifying Permanency Goals and Concurrent Planning, and Practice Guidelines  
4084 [Section 302.1](#) Child and Family Plan). Child and Family Services has an obligation to focus on  
4085 attaining permanency for youth through reunification with their family, adoption, or  
4086 guardianship while also assisting in the youth's development of age appropriate skills that will  
4087 facilitate the transition from adolescence to adulthood. Permanency planning, which includes  
4088 helping the youth find and make enduring connections, should be a primary concern of the  
4089 caseworker.

4090  
4091 TAL services are provided in addition to permanency planning, and are meant to help expand the  
4092 youth's supports and services to include the Child and Family Team's innovative approaches that  
4093 help prepare youth for adult responsibilities. TAL services help the youth gain the knowledge  
4094 they need to become invested in their future and help the youth to understand the array of  
4095 supports and services available to assist them in making a smooth transition to adulthood.

4096  
4097 TAL is a continuum of services that generally begin while youth are in care and continue after  
4098 the youth exit care through the Young Adult Resource Network (YARN). While in care youth  
4099 prepare for self-sufficiency and begin to operationalize the skills they have been learning. The  
4100 YARN provides resources that support youth in the areas of information and referral, personal  
4101 support during transition, help establishing and maintaining personal living arrangements,  
4102 providing peer-support opportunities, and temporary financial assistance.

4103  
4104 Each region will provide leadership opportunities for youth participating in the TAL program.  
4105 Regional Youth Advisory Councils will be an avenue that provides training and skills  
4106 development for youth in care to ensure that they learn self-determination and self-advocacy  
4107 skills. The regional councils will provide an opportunity for youth to evaluate and examine the  
4108 implementation and impact of its regional programs and services. The regional councils will  
4109 provide youth representation for the State Youth Advisory Council. As representatives, youth

4110 can be the voice between the system and foster care youth by educating, supporting, and  
4111 advocating for change. Councils are an avenue that should empower youth in providing input  
4112 into the policies and procedures for out-of-home care; to provide meaningful leadership training  
4113 and experiences for Council members; and to empower Council members who, in turn, can  
4114 empower children who have experienced out-of-home care.

4115  
4116 Child and Family Team/Caseworker Responsibility – Caseworkers will follow the guidelines  
4117 found in [Section 301.1](#) when developing the Child and Family Team. Preparing youth for a  
4118 successful transition to adulthood is a team effort. The Child and Family Team must consider  
4119 the youth's goals and the youth must be a contributing member of the Child and Family Team.  
4120 Working with the Child and Family Team to develop resources and promote the youth's  
4121 successes is critical. For all youth being offered TAL services, the Child and Family Plan must  
4122 reflect the focus areas that are being targeted for youth.

4123  
4124 303.7.1 Transition To Adult Living Services

4125 TAL services are provided to youth ages 14 years and older until the youth is released from  
4126 custody. These services are for youth who are currently in an out-of-home placement and are  
4127 also sometimes offered to other youth who are involved with Child and Family Services but are  
4128 not in out-of-home care. Chafee-funded services are only available to youth who have been in  
4129 out-of-home care after the age of 14 years.

4130  
4131 The TAL portion of the Child and Family Plan must be finalized in SAFE for all youth age 14  
4132 years and over in Child and Family Services custody. The Casey Life Skills Assessment (CLSA)  
4133 is an assessment that is completed by the youth as well as members of the Child and Family  
4134 Team. The CLSA helps identify the domains the youth needs to concentrate on as the youth  
4135 transitions to adulthood. The results of the CLSA are used to assist the caseworker and the Child  
4136 and Family Team in planning for the services the youth needs and are incorporated into the TAL  
4137 focus areas of the Child and Family Plan. These TAL focus areas are:

4138  
4139 A. Work/Career Planning and Education:  
4140 Casey Life Skills Domains: Work & Study life; Career and Planning NYTD  
4141 Service Areas: Academic Support, Post Secondary Educational Supports, Career  
4142 Preparation

4143  
4144 Includes the following skills and services: making short and long term employment,  
4145 vocational, and/or educational goals including goals for post-secondary education);  
4146 decision making skills; study habits and skills; searching for and maintaining  
4147 employment; applying for a job; creating a resume; completing a job application;  
4148 interviewing for a job and following-up; job  
4149 shadowing and/or coaching; receiving job referrals; using career resource libraries;  
4150 understanding basic workplace technology; understanding employee wages, benefits, and  
4151 rights; knowing how to change jobs; knowing the rights and

4152 protections in place for employees; appropriate communication skills and other  
4153 workplace values (timeliness and appearance, etc); understanding authority and customer  
4154 relationships; academic supports and counseling; preparation for a  
4155 GED, including assistance in applying for or studying for a GED exam; test preparation  
4156 for SAT or ACT; tutoring; help with homework; literacy training; help accessing  
4157 educational resources; counseling about college; information about financial aid and  
4158 scholarships; help completing college or loan applications; or tutoring while in college.  
4159

4160 B. Housing & Money Management:

4161 Casey Life Skills Domain: Housing & Money Management

4162 NYTD Service Areas: Budget & Financial Management, Housing Education / Home  
4163 Management Training

4164  
4165 Includes the following skills and services: finding and maintaining appropriate housing;  
4166 filling out a rental application and acquiring a lease; handling security deposits and  
4167 utilities; understanding tenants' rights and responsibilities; handling landlord complaints;  
4168 transportation issues; accessing community resources; healthy beliefs about money;  
4169 understanding the benefits of saving; understanding income tax and preparing tax forms;  
4170 understanding banking and credit; how to create a budgeting/spending plan; opening and  
4171 using a checking and savings account; balancing a checkbook; developing consumer  
4172 awareness

4173 and smart shopping skills; accessing information about credit, loans and taxes; and how  
4174 income effects spending.  
4175

4176 C. Home Life/Daily Living:

4177 Casey Life Skills Domains: Daily Living

4178 NYTD Service Areas: Housing Education / Home Management Training

4179  
4180 Includes the following skills and services: meal and menu planning; grocery shopping;  
4181 home clean up and storage; home management; home safety; legal issues; properly using  
4182 kitchen equipment and other home appliances; proper clothing care; basic home  
4183 maintenance and repairs; how to handle emergency situations; keeping a healthy and safe  
4184 home; safe and proper food preparation; laundry; housekeeping; and living cooperatively.  
4185

4186 D. Self Care/Health Education:

4187 Casey Life Skills Domain: Self Care

4188 NYTD Service Areas: Health Education / Risk Prevention

4189  
4190 Includes the following skills and services: personal hygiene; nutrition; health, dental, and  
4191 mental health issues; understanding the effects and consequences of alcohol, drug, and  
4192 tobacco use; substance avoidance and intervention; understanding issues regarding  
4193 sexuality; pregnancy prevention and family planning; education regarding HIV, AIDS,  
4194 and other sexually transmitted diseases, including their prevention; fitness and exercise;  
4195 basic first aid; and medical and dental care benefits and insurance.

- 4196  
4197 E. Communication/Social Relationships/Family & Marriage:  
4198 Casey Life Skills Domains: Communication and Relationships; Permanency  
4199 NYTD Service Areas: Family Support / Health Marriage Education  
4200  
4201 Includes the following skills and services: developing self-esteem; knowing and  
4202 understanding personal strengths and needs; understanding the benefits of ethical, caring,  
4203 respectful behavior; clearly communicating in different settings; safely using electronic  
4204 communication; being appropriately assertive; anger management; conflict management  
4205 and resolution; developing and using a support system; maintaining appropriate and  
4206 healthy friendships and relationships; having cultural awareness; appropriate etiquette;  
4207 parenting and marriage issues; childcare skills; teen parenting; responsible fatherhood;  
4208 domestic and family violence prevention; and proper social communication.  
4209
- 4210 303.7.2 Process for Providing TAL Services
- 4211 A. TAL Assessment and Plan:
- 4212 1. The caseworker ensures that the youth and caregiver will complete an assessment,  
4213 utilizing the Casey Assessment Tool, to identify the strengths and needs of youth  
4214 who reach the age for TAL services. This assessment should be incorporated into  
4215 the youth's plan and is part of the Child and Family Assessment. This assessment  
4216 will be reviewed and updated in the Child and Family Team Meeting. The  
4217 caseworker may invite a TAL caseworker or the regional TAL coordinator to be  
4218 part of the assessment process and Child and Family Team.
- 4219 2. Foster youth need opportunities to participate in decisions about their lives and to  
4220 be active members of the team of caring adults who help develop the youth's TAL  
4221 plan. The Child and Family Team works in collaboration with the youth at age 14  
4222 following [Section 301.1](#). Once a youth turns 16 years old and when  
4223 developmentally appropriate, the Child and Family Team is led and facilitated by  
4224 the youth with support and guidance of the Child and Family Team.
- 4225 3. The Child and Family Team uses the results of the CLSA to develop with the  
4226 youth a plan for skills development that will be incorporated on the TAL portion  
4227 of the Child and Family Plan. The plan will be specific and individualized for the  
4228 youth according to their age and developmental level. Services will also  
4229 incorporate normal activities appropriate to the youth's age.  
4230
- 4231 The TAL services identified for the youth will be incorporated into the Child and  
4232 Family Plan within 30 days of the youth's 14th birthday. When a youth 14 years  
4233 of age or older enters out-of-home care, the CLSA will be completed by the youth  
4234 and the caregiver within 90 days.
- 4235 4. The caregiver and the youth will complete the CLSA 45 days before or after the  
4236 youth's birthday, beginning at age 14 and completed annually.
- 4237 5. The Child and Family Team will place emphasis on completing educational goals  
4238 and discuss the availability of ETV funding when the youth meets eligibility  
4239 requirements.

- 4240 6. To prepare youth for their transition from out-of-home care, all youth will receive  
4241 a continuum of training and services as identified through the Child and Family  
4242 Team. These services will include classroom work, work in the foster home,  
4243 work in the school system, work with the therapist and in the mental health area,  
4244 building of supports, and connections to community-based resources and  
4245 programs.
- 4246 7. Any youth who turns 17 years old while in out-of-home care or enters care within  
4247 45 days following their 17th birthday will complete a survey for the National  
4248 Youth in Transition Database (NYTD).
- 4249 a. Thirty days prior to the youth's 17th birthday, the caseworker will receive  
4250 a prompt in SAFE notifying them that the survey will need to be  
4251 completed between the youth's 17th birthday and within 45 days  
4252 following the youth's 17th birthday.
- 4253 b. The caseworker must ensure that the youth completes the survey. The  
4254 caseworker must enter the survey into SAFE within 45 days following the  
4255 youth's 17th birthday. At this time the caseworker should inform the  
4256 youth that they will be surveyed at 19 and 21 years of age to gather  
4257 information regarding how they are doing and to keep Child and Family  
4258 Services informed of their contact information.
- 4259 c. The NYTD survey can be found on the Person tab in SAFE.
- 4260 8. The caseworker will ensure that contact information for the youth is kept updated  
4261 in SAFE while the youth is still in care. Contact information is necessary as  
4262 follow-up surveys will be administered to these youth at the age of 19 and 21  
4263 years. If the caseworker obtains updated contact information after the youth  
4264 leaves care this must also be updated in SAFE.
- 4265 9. The Child and Family Plan will include all TAL services identified for the youth  
4266 age 14 years and older in custody. If a youth enters out-of-home care after their  
4267 14th birthday, services should be built upon annually as the team continues to  
4268 work toward permanency through reunification, guardianship, or adoption. The  
4269 continuum of training and services are identified by the Child and Family Team,  
4270 based upon the needs of the youth, and should include additional services. The  
4271 following services, dependent upon age and developmental level, will be offered,  
4272 but not limited to:
- 4273
- 4274 **Age 14:**
- 4275 a. Re-visit family search for family connections.
- 4276 b. Explore significant safe and healthy relationships for youth such as family,  
4277 school counselor, family friend, neighbors, mentors, and others as  
4278 identified by the youth. This can be completed by using the "Permanency  
4279 Pact" with the youth. The Permanency Pact can be found here:  
4280 <http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf>.
- 4281 c. Initial completion of the Casey Life Skills Assessment.
- 4282 d. Obtain birth certificate.

- 4283 e. TAL plan will focus on skills needed based on results from the Casey Life  
4284 Skills Assessment that are developmentally appropriate for the youth.  
4285 f. If the youth is more than one year behind academically, make a referral to  
4286 the Workforce Innovation and Opportunity Act (WIOA) program for  
4287 services. Referral forms can be found here:  
4288 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
4289 e. Review credit report received from Credit Reporting Agency with the  
4290 youth to determine accuracy of report. If inaccurate, contact the State  
4291 Office to resolve any discrepancy.  
4292 f. Begin basic life skills workshops and review the Milestone Guideline with  
4293 the youth and region transitional coordinator.  
4294

4295 **Age 15:**

- 4296 a. Re-visit family search for family connections.  
4297 b. Explore significant safe and healthy relationships for youth such as family,  
4298 school counselor, family friend, neighbors, mentors, and others as  
4299 identified by the youth. This can be completed by using the “Permanency  
4300 Pact” with the youth. The Permanency Pact can be found here:  
4301 <http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf>.  
4302 c. Annual Casey Life Skills Assessment.  
4303 d. TAL plan will focus on skills needed based on results from the Casey Life  
4304 Skills Assessment that are developmentally appropriate for the youth.  
4305 i. Develop a plan for earning and saving money. Consider opening a  
4306 savings account if there is an appropriate co-signer identified.  
4307 ii. If the youth is more than one year behind academically, make  
4308 referral to the DWS WIA program for services. Referral forms can  
4309 be found here: [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
4310 e. Review credit report received from Credit Reporting Agency with the  
4311 youth to determine accuracy of report. If inaccurate, contact the State  
4312 Office to resolve any discrepancy.  
4313

4314 **Age 16:**

- 4315 a. Re-visit family search for family connections.  
4316 b. Explore significant safe and healthy relationships for youth such as family,  
4317 school counselor, family friend, neighbors, mentors, and others as  
4318 identified by youth. This can be completed by using the “Permanency  
4319 Pact” with the youth. The Permanency Pact can be found here:  
4320 <http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf> .  
4321 At least five personal connections will be identified.  
4322 c. Be current with school credits and prepare for high school graduation, or  
4323 have an alternate plan in place for GED or vocational training.  
4324 d. Youth planning post-secondary education should be preparing for and  
4325 completing testing such as ACT, SAT, ASVAB, etc.  
4326 e. Annual Casey Life Skills Assessment.

- 4327 f. Make a referral to the WIOA program for services for education and  
4328 employment supports. Youth may access job search resources available  
4329 through DWS. WIOA referral forms can be found here:  
4330 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
4331 g. Explore employment opportunities and get a part-time job, if appropriate.  
4332 h. Sign up for and complete drivers' education and receive driver license as  
4333 per [Section 303.14](#).  
4334 i. Obtain a state identification card if youth cannot get a driver license.  
4335 j. Youth begin to facilitate Child and Family Team Meetings per [Section](#)  
4336 [301.1](#).  
4337 k. Put name on waiting list at Housing Authority, if appropriate.  
4338 l. Review credit report received from Credit Reporting Agency with the  
4339 youth to determine accuracy of report. If inaccurate, contact the State  
4340 Office to resolve any discrepancy.

4341  
4342 **Age 17:**

- 4343 a. Re-visit family search for family connections.  
4344 b. Explore significant safe and healthy relationships for youth such as family,  
4345 school counselor, family friend, neighbors, mentors, and others as  
4346 identified by the youth.  
4347 c. Continue to be current with school credits and prepare to graduate or have  
4348 an alternate plan in place for GED or vocational training.  
4349 d. Annual Casey Life Skills Assessment.  
4350 e. Six months prior to 18th birthday, if a youth has not completed drivers'  
4351 education classes, they will receive the opportunity to enroll in a course.  
4352 It is the youth's responsibility to complete the course requirements  
4353 successfully. Youth must have the opportunity to obtain their driver  
4354 license prior to exiting care if it is developmentally appropriate.  
4355 f. Youth should begin making applications for school, training, Pell grants,  
4356 and ETV.  
4357 g. Refer youth to DWS for enrollment in WIOA during the semester they are  
4358 expected to complete their high school graduation requirements or GED.  
4359 This will pave the way for the youth to receive ETV to support their post-  
4360 secondary education goals or access WIOA Youth services for  
4361 employment supports. Referral for DWS WIOA/ETV can be found here:  
4362 <https://jobs.utah.gov/services/360-etv.pdf>, with instructions on how to  
4363 complete the WIOA form here: <https://jobs.utah.gov/services/360-etvi.pdf>.  
4364 h. Enroll youth with mental illness diagnosis in NAMI Bridges for Youth  
4365 groups.  
4366 i. Review credit report received from Credit Reporting Agency with the  
4367 youth to determine accuracy of report. If inaccurate, contact the State  
4368 Office to resolve any discrepancy.  
4369

- 4370 **Prior to Exiting:**
- 4371 a. The caseworker and the youth will convene a Child and Family Team
- 4372 Meeting to develop a plan for transitioning the youth from state custody at
- 4373 least 90 days prior to exiting care. The Child and Family Team will
- 4374 update this plan at least every 90 days until the youth is released from state
- 4375 custody.
- 4376 (1) Refer youth to DWS for enrollment in WIOA Youth during the
- 4377 semester they are expected to complete their high school
- 4378 graduation requirements or GED. This will pave the way for the
- 4379 youth to receive ETV to support their post secondary education
- 4380 goals or access WIOA Youth services for employment supports.
- 4381 b. The Child and Family Team will develop a specific exit plan that includes
- 4382 personal connections, continuing support services, housing, health
- 4383 insurance, vocational and educational goals, workforce supports, and
- 4384 employment.
- 4385 c. The Child and Family Assessment and Plan will be updated in SAFE to
- 4386 reflect the long-term view with specific timeframes, objectives, and steps
- 4387 to be taken to successfully transition the youth out of state custody.
- 4388 d. Caseworkers are responsible for carrying out the following tasks to help
- 4389 the youth prepare to exit out of foster care:
- 4390 (1) Ensure that each youth meets with a nurse to learn skills of self-
- 4391 management regarding their individualized health care needs,
- 4392 medication management, and use of the Medicaid card and how to
- 4393 access medical, dental, and mental health services. In addition, the
- 4394 nurse will provide information and education about the importance
- 4395 of having a health care power of attorney or health care proxy. If
- 4396 desired, the nurse can provide the youth with assistance in
- 4397 executing the document.
- 4398 (2) Assist a youth who turns 18 years old while in foster care who is
- 4399 receiving Medicaid to complete the Medicaid review and provide
- 4400 necessary supporting documentation to the regional eligibility
- 4401 caseworker so that Medicaid coverage can continue uninterrupted.
- 4402 (3) Ensure that each youth has important documents, including an
- 4403 official birth certificate, Social Security card, driver license or
- 4404 state-issued identification card, and "Proof of Foster Care Status"
- 4405 letter (SAFE Form TAL02) that can be used to verify eligibility for
- 4406 benefits such as Medicaid or FAFSA.
- 4407 (4) If the youth is existing foster care by reason of having attained the
- 4408 age of majority, give the youth a copy of the youth's health and
- 4409 education records at no cost.
- 4410 (5) Explain YARN services to the youth and help ensure that the youth
- 4411 understands how to access these services after leaving care. Each
- 4412 youth should know about the Youth Services website
- 4413 (<https://dcfs.utah.gov/services/youth-services/>) and how to find

- 4414 contact information for the Transition to Adult Living  
4415 coordinators.
- 4416 (6) Provide information to the youth on the National Youth in  
4417 Transition Data Base and incentives available to youth for  
4418 completing surveys after leaving care. This includes that we will  
4419 be surveying them at 19 and 21 years of age for the purposes of  
4420 seeing how they are doing and gathering information that may  
4421 assist us in improving outcomes for future foster children  
4422 transitioning to adulthood.
- 4423 (7) Gather information from the youth on the best ways to keep in  
4424 touch with them. This could be through keeping their address and  
4425 phone number updated with Child and Family Services, identifying  
4426 social network sites used by the youth, and obtaining email  
4427 addresses. Update contact information in SAFE.
- 4428 e. If a youth is in care past their 18<sup>th</sup> birthday, caseworkers will assist the  
4429 youth in obtaining his or her free credit report by visiting the website  
4430 <https://www.annualcreditreport.com/cra/index.jsp>.
- 4431 f. Caseworkers will assist youth in filling out all needed information  
4432 required by the Credit Reporting Agency (CRA) to obtain the credit  
4433 report.
- 4434 g. If the returned credit report has fraudulent activity the following steps are  
4435 necessary to resolve the discrepancy:
- 4436 (1) Assist the youth in contacting the CRA that issued the report.  
4437 Inform the CRA the accounts were created when the youth was a  
4438 minor.
- 4439 (2) Assist the youth in contacting every company where an account is  
4440 fraudulently opened or misused. Explain the accounts were  
4441 established when the youth was a minor. Assist the youth in  
4442 asking the company to close the account. Assist the youth in  
4443 asking for a letter from the company stating the account is closed.
- 4444 (3) If necessary, assist the youth in filing a report with the Federal  
4445 Trade Commission (FTC) by visiting [www.ftc.gov](http://www.ftc.gov) or calling 1-  
4446 877-IDTHEFT (1-877-438-4338). Print a copy of the report. This  
4447 is called an Identify Theft Affidavit.
- 4448 (4) If necessary, assist the youth in filing a police report. Be sure to  
4449 include the Identity Theft Affidavit.
- 4450 (5) Assist the youth in submitting copies of all of the information to  
4451 the CRA if necessary to resolve the discrepancy.
- 4452 (6) Document in the SAFE activity logs that the report was requested  
4453 and received. Also document any steps that were taken to clear the  
4454 youth's credit if needed.
- 4455 h. Any youth 18 years of age or older can refuse to participate in the process  
4456 of getting their credit report. This must be documented in the activity  
4457 logs.

- 4458
- 4459 B. Basic Life Skills Training: Each youth who turns 16 years old is eligible for the Basic
- 4460 Life Skills Class offered through Child and Family Services. Individual caseworkers
- 4461 refer these youth to regional TAL coordinators. The youth will be screened by the TAL
- 4462 coordinator, upon the approval of the Child and Family Team, to assess for admission to
- 4463 the Basic Life Skills Classes. TAL coordinators or region designees may use Chafee
- 4464 funds to pay for dinner and/or refreshments for the youth if the class is held for two or
- 4465 more hours.
- 4466 1. The training that a youth can receive and that will be taught in the Basic Life
- 4467 Skills Classes must include training in daily living skills, training in budgeting
- 4468 and financial management skills, substance abuse prevention, and preventive
- 4469 health activities (including smoking avoidance, nutrition education, and
- 4470 pregnancy prevention). Based on the results from the Casey Life Skills
- 4471 Assessment Tool, the following standards may be included, but not be limited to:
- 4472 a. Participate in activities that help increase their self-awareness and values,
- 4473 and use rational decision-making or problem-solving process to set and
- 4474 implement goals.
- 4475 b. Understand sources of income and the relationship between income and
- 4476 career preparation and career decisions to reach financial goals.
- 4477 c. Identify effective social skills including communication in interpersonal
- 4478 relationships and ways to develop meaningful relationships for support,
- 4479 resiliency, in the family unit, and for effective crisis planning.
- 4480 d. Identify consumer rights and responsibilities, and identify effective
- 4481 practices for purchasing consumer goods and services.
- 4482 e. Understand the functions and purposes of responsible dating.
- 4483 f. Discuss the purposes, uses, and costs of credit, insurance, and risk
- 4484 management.
- 4485 g. Identify the aspects and importance of marriage preparation, and identify
- 4486 behaviors that strengthen marital and family relationships.
- 4487 h. Understand taxes, saving, investing, and retirement planning.
- 4488 i. Identify the various skills and responsibilities of parenting.
- 4489 j. Understand rights and responsibilities associated with community living as
- 4490 well as resources available in the community.
- 4491 k. Understand and demonstrate skills needed for independent living. When
- 4492 the class involves teaching meal preparation, the TAL coordinator or
- 4493 region designee may use Chafee funds to purchase the food to be cooked
- 4494 in class.
- 4495 l. Understand proper health and mental health awareness and maintenance.
- 4496 Ensure that youth receiving TAL services and/or ETVs and those who are
- 4497 aging out of out-of-home care have information and education about the
- 4498 importance of having a health care power of attorney or health care proxy
- 4499 and to provide the youth with the option to execute such a document.
- 4500 m. Demonstrate basic technology skills and explain educational resources
- 4501 available.

- 4502 2. Youth in out-of-home care who complete the Basic Life Skills Class will be  
4503 entitled to receive a completion payment of up to \$700. This is Code SIL.  
4504
- 4505 C. Transitional Living Needs: Transitional Living Needs may be supported through  
4506 transitional support funds (TLN) and will be individualized to cover unique needs and  
4507 focus on short and long-term needs that will assist a youth to become a successful adult.  
4508 Funds will assist eligible youth in the following four areas: 1) Education, Training,  
4509 Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3)  
4510 Transportation; and 4) Housing. These funds are designed to work in conjunction with  
4511 the youth's TAL plan. The definition of how these funds are used is broad in scope, and  
4512 is meant to assist youth in becoming successful adults. Examples of appropriate use of  
4513 these funds include, but are not limited to:
- 4514 1. Education, Training, Career Exploration – field trips, college visits, job uniforms,  
4515 work tools, incentives, graduation expenses, clothing for jobs, trainings, job  
4516 coaching, tutors, and ACT/SAT testing.
  - 4517 2. Physical, Mental Health, and Emotional Support – Pregnancy prevention  
4518 (excluding abortion), nutrition education, extracurricular classes, mentoring  
4519 expenses, preventative health activities, smoking cessation, physical fitness, and  
4520 family visits.
  - 4521 3. Transportation – drivers' education, driver license fees, bus passes, taxi fees,  
4522 reasonable automotive repairs, matching funds for car insurance paid for by a  
4523 youth, or participation with a youth in their purchase of a car up to \$1,000 based  
4524 on the region budget.
  - 4525 4. Housing – risk sharing with landlords, deposits, household furnishings such as  
4526 linens, dishes, appliances, or supplies, and household repairs.  
4527

4528 **TLN funds may not be used for any costs that would normally be paid for as part of**  
4529 **the foster care maintenance payment, including room and board. This includes**  
4530 **costs for shelter and food such as rent, groceries, utilities, etc.** If emergency rent  
4531 payments are needed, process them using special needs funds.  
4532

4533 Youth who are in custody and over 14 years of age are eligible for these funds. Needs  
4534 are identified by the youth, caseworker, family team meetings, or the TAL coordinator.  
4535 A "Request for TLN Funds" is completed and turned in to the TAL coordinator for  
4536 approval. Transitional living needs are met through the TLN payment code.  
4537

4538 D. TAL Placement:

- 4539 1. A TAL placement may be used as an alternative to out-of-home care when it is  
4540 determined that such a placement is in the best interest of the youth. This  
4541 recommendation will be presented to the Child and Family Team, who will work  
4542 to ensure that this type of placement is appropriate and that the following are met:
  - 4543 a. The youth is at least 16 years of age.
  - 4544 b. The placement has been approved by the region director or designee.

- 4545 c. An assessment has been completed by the caseworker and reviewed in the  
4546 Child and Family Team addressing the appropriateness of the placement,  
4547 taking into consideration the youth's:  
4548 (1) Community and informal supports, including family and out-of-  
4549 home caregiver.  
4550 (2) Progress in educational and vocational pursuits.  
4551 (3) Medical condition.  
4552 (4) Demonstrated progress in TAL skills.  
4553 (5) History of substance abuse and risk of future use.  
4554 (6) Criminal record and risks posed to society.  
4555 (7) Mental health stability.  
4556 d. The youth should demonstrate an ability to maintain stable employment.  
4557 e. A referral to DWS has been made to begin preparation for employment or  
4558 educational services provided through the ETV program once eligible.  
4559 f. SAFE will need to be updated to identify the ILP placement.  
4560 2. The appropriate types of living arrangements for youth in this situation include:  
4561 a. Living with kin.  
4562 b. Living with former out-of-home caregivers while paying rent.  
4563 c. Living in the community with roommates of the same sex.  
4564 d. Living alone.  
4565 e. Living in a group facility, YWCA, boarding house, or dorm.  
4566 f. Living with an adult who has passed a background check or the placement  
4567 was assessed and approved by the region director or designee.  
4568 3. The caseworker and the youth will complete a contract outlining the  
4569 responsibilities and expectations of such a placement, which may include:  
4570 a. Contact with the caseworker.  
4571 b. An emergency and safety plan.  
4572 c. Plan for education and employment that includes follow-up with DWS.  
4573 d. Plan for use of state funding and payments.  
4574 e. Progress toward self-sufficiency.  
4575 f. Staying within a budget.  
4576 4. While in a TAL placement, the Child and Family Service caseworker will visit  
4577 with the child a minimum of two times a month or otherwise as deemed  
4578 appropriate by the Child and Family Team. The Child and Family Services  
4579 caseworker will make arrangements for the TAL stipends to be paid to the youth  
4580 and will mentor the youth to ensure that an account is established at a credit union  
4581 or bank and that these funds are being used as required.  
4582 5. In order for youth to receive payments, they must be opened as a provider. Fill  
4583 out the PR519a-DCFS (top section) and PR519b to have the youth opened as a  
4584 provider in USSDS. Submit this form to the provider entry tech, who will then  
4585 open the child as a provider. One-Time Payment (OTP) forms are used when  
4586 paying for SIL, ILP (N), and TLP services. 520's will print and be sent on the  
4587 28th of every month for youth who are open as providers and who have an ILP  
4588 placement open to them in SAFE.

- 4589  
4590 E. Codes: The codes that are used for youth under age 18 in the TAL program are as  
4591 follows:  
4592 1. The case will remain open in SAFE as SCF.  
4593 2. The ILP "D" payment code will be used when a youth is the same as the basic  
4594 transitional living apartment. This payment is the same as the basic foster care  
4595 rate relevant to the child's age. Funds are from the foster care budget. Eligibility  
4596 code for this payment is FB.  
4597 3. ILP "N" (need) is used to set up an apartment (i.e., gas/electric deposits, buying  
4598 items to furnish apartment, etc.).  
4599 4. The SIL payment code is used to pay for incentives for completing the Basic Life  
4600 Skills Class and is a non-maintenance code. SIL may be used with any placement  
4601 code. Eligibility code for this payment will be IL.  
4602 5. The TLN payment code is used to pay for transitional support funds that will  
4603 assist eligible youth in the following four areas: 1) Education, Training, Career  
4604 Exploration; 2) Physical, Mental Health, and Emotional Support; 3)  
4605 Transportation; and 4) Housing. These transitional support funds will be  
4606 individualized to cover unique needs and will focus on short and long-term needs  
4607 that will assist a youth to become a successful adult.  
4608

#### 4609 303.7.4 Outline For Youth Who Exit Care (YARN)

4610 Upon leaving state's custody, many youth struggle to make the transition to adulthood. The  
4611 purpose of the YARN is to provide time-limited support to youth who meet the eligibility  
4612 requirements and need temporary assistance. This assistance can be provided through support,  
4613 financial aid, or Basic Life Skills Classes and is for housing, counseling, employment, education,  
4614 and other appropriate support and services to youth who exit care to complement their own  
4615 efforts to achieve self-sufficiency and to assure that participants recognize and accept their  
4616 personal responsibility for preparing for and then making the transition from adolescence to  
4617 adulthood.  
4618

4619 Youth may receive services through the YARN if they have exited care and are not yet 21 years  
4620 old, and the youth:

- 4621 1. Exited foster care age 18, or  
4622 2. Adopted at age 16 years or older, or obtained legal guardianship.  
4623

4624 Payments can be made directly to the youth or to providers as needed. In order for youth to  
4625 receive payments, they must be opened as a provider. Fill out the PR519a-DCFS (top section)  
4626 and PR519b to have the youth opened as a provider in USSDS. Submit this form to the provider  
4627 entry tech, who will then open the child as a provider. OTP forms are used when paying for SIL,  
4628 ILP (N), and TLP services. 520's will print and be sent on the 28th day of every month for youth  
4629 who are open as providers and have an ILP placement open to them in SAFE.  
4630

4631 Codes: The codes that are used for youth in the YARN are as follows:

- 4632 1. The case will be opened in SAFE as CIS.

- 
- 4633 2. When a youth is participating in the YARN, the payment code that will be used to  
4634 make payments to this youth is TLP.  
4635 3. Use of any Chafee funds for rent or housing assistance will be tracked using a  
4636 TLR payment code.  
4637 4. All other means of support have been explored and are utilized in concert with  
4638 YARN payments and services.  
4639 5. There is a yearly maximum payment of \$2,000.  
4640
- 4641 A. ETVs: The purpose of ETVs is to assist foster individuals in making the transition to  
4642 self-sufficiency in adulthood. ETVs provide financial resources for postsecondary  
4643 education and vocational training necessary to obtain employment or to support the  
4644 individual's employment goals. The ETV program is authorized by Public Law 107-133,  
4645 which is incorporated by reference. 20 USC 1087kk and 20 USC 108711 are also  
4646 incorporated by reference.
- 4647 1. A referral to DWS to enroll the youth in WIA Youth, made within the semester  
4648 that the youth will graduation from high school or complete the a GED, allows  
4649 ETV funding to be available once the youth becomes eligible. Caseworkers and  
4650 TAL coordinators, through Basic Life Skills Classes and the use of the TAL plan,  
4651 will work with the youth to develop a viable plan for the youth to transition into  
4652 adulthood through educational or employment goals. Administrative Rule R512-  
4653 306 gives a detailed description of the scope of the ETV program.  
4654 2. Eligibility for ETV funding is:
- 4655 a. Age requirements:  
4656 (1) An individual currently in foster care, or  
4657 (2) An individual who reached 18 years of age while in foster care, but  
4658 has exited foster care and who has not yet attained 26 years of age,  
4659 or  
4660 (3) An individual adopted from foster care or obtained legal  
4661 guardianship after attaining 16 years of age and who has not yet  
4662 attained 26 years of age;
- 4663 b. Have an individual educational assessment and individual education plan  
4664 completed by Child and Family Services or their designee;  
4665 c. Submit a completed application for the ETV program;  
4666 d. Be accepted to a qualified college, university, or vocational program;  
4667 e. Apply for and accept available financial aid from other sources before  
4668 obtaining funding from the ETV program;  
4669 f. Enrollment as a student in the college, university, or vocational program;  
4670 and  
4671 g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent  
4672 as determined by the educational institution.  
4673

### 303.7a Youth Access To Technology

Major objectives:

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

Practice Guidelines

A. Roles and Responsibilities:

- 1. Youth in the custody of Child and Family Services will be allowed (with appropriate supervision) access to technology and will be taught to use it responsibly.
- 2. Youth must be responsible for his or her own actions, online and otherwise, if the youth is provided access to technology. This includes following all state and federal laws governing the sharing of information.
- 3. The Child and Family Team will develop, at a minimum, an understanding of the benefits and challenges of technology most used by youth, including social networks, email, and texting. This also includes internet safety and protecting personal information.
- 4. The Child and Family Team will designate a responsible and knowledgeable adult to discuss internet safety with the youth and assess the youth's ability to use technology in a responsible manner.
- 5. The level of supervision for using technology is based on a youth's age, maturity, and trustworthiness. Supervision of a youth's online use may fall to many members of the Child and Family Team including teachers and caseworkers, and primary responsibility rests with the out-of-home caregiver.
- 6. Rules for a particular youth will not be based on the actions of another youth or group of youth. Each youth is to be viewed as an individual and not barred from technology based on the inappropriate actions of others.
- 7. Caseworkers will check in with out-of-home caregivers and refer them to training on internet safety if needed. Below are links to well-known authoritative guides with advice for safety on the Internet:

- 4717 a. <http://www.microsoft.com/protect/parents/childsafety/age.aspx>  
4718 b. <http://www.safetynet.aap.org>  
4719 c. <http://www.wiredsafety.org>  
4720
- 4721 B. Internet Usage Agreement for Out-of-Home Caregivers:  
4722 1. Out-of-home caregivers are encouraged to use a written technology usage  
4723 agreement with youth to establish safe boundaries for the use of the Internet. A  
4724 sample agreement is available at  
4725 <http://www.protectkids.com/parentsafety/pledge.htm>.  
4726 2. A copy of the usage agreement will be kept in the Home-to-Home Book and be  
4727 accessible to the caseworker.  
4728
- 4729 C. Electronic Communication:  
4730 1. Youth 14 years of age and older will be permitted to have an email address. This  
4731 will allow for completion of the Casey Life Skills Assessment and NYTD surveys  
4732 by the youth but is not limited to this purpose. If there is ever a concern about  
4733 safety, appropriate supervision needs to be implemented.  
4734 2. Electronic communication sent to and received from a caseworker, TAL service  
4735 provider, GAL, CASA, or therapist is private and will only be read by the youth.  
4736 3. An adult approved to screen the youth's private electronic communication needs  
4737 to be decided by the Child and Family Team. Youth in custody have a reasonable  
4738 expectation of privacy. In instances where there is reasonable cause to suspect  
4739 misuse or inappropriate activity, a youth's electronic communication will be  
4740 checked by the designated adult.  
4741 4. Caseworkers will encourage youth who have a likelihood of being in care on their  
4742 17<sup>th</sup> birthday to share their email address with the caseworker so the caseworker  
4743 can post it in SAFE. This will allow for direct access to the youth for the NYTD  
4744 surveys.  
4745
- 4746 D. Social Networks:  
4747 1. Youth who are involved in social networking sites (SNS) such as Facebook,  
4748 Twitter, MySpace, etc. will be advised to set privacy settings to private or semi-  
4749 private to protect against interaction with strangers.  
4750 2. If there is ever a concern about safety, appropriate supervision needs to be  
4751 implemented. Caregivers and caseworkers may make a condition of use of a  
4752 social networking site to have the youth provide access to them, allowing access  
4753 to view photos, messages, videos, and other activities.  
4754 3. Caseworkers who connect with a youth through a social networking site must  
4755 maintain professional boundaries.  
4756

4757 **303.8 Placement Prevention/Disruption Fund (Special Needs**  
4758 **Funding)**

4759 Major objectives:

4760 Child and Family Services will maintain a placement prevention/disruption fund for the purpose  
4761 of assisting families in meeting immediate financial needs, when meeting those needs will  
4762 directly contribute to the goal of maintaining children in their homes.  
4763

4764  
4765 **Applicable Law**

4766 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
4767

4768 Practice Guidelines

4769 Request for and approval of funding  
4770

4771 These processes apply in both emergency and non-emergency situations. The nature of a need  
4772 and the urgency of a request should be specified when a request is made.  
4773

- 4774 A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an  
4775 eligible service for the program.  
4776  
4777 B. The case manager completes the payment authorization form prescribed by Child and  
4778 Family Services and obtains the supervisory approval.  
4779  
4780 C. The supervisor obtains approval from the program manager.  
4781  
4782 D. The program manager obtains approval from the region director or designee.  
4783  
4784 E. The program manager may issue a check directly to the vendor of services. Checks will  
4785 not be issued to the family.  
4786  
4787 F. The program manager forwards a copy of the payment authorization to the Child and  
4788 Family Services Finance Office.  
4789  
4790 G. The program manager will conduct a monthly reconciliation of the fund according to the  
4791 fiscal Practice Guidelines approved by the Child and Family Services Finance Office.  
4792

4793 Identifying need and eligibility for funding:  
4794

- 4795 A. Caseworkers may intervene when necessary to prevent removal or placement disruption  
4796 to provide “allowable” services when the cost does not exceed \$500.  
4797  
4798 B. Child and Family Services will consider requests for fund expenditures defined as  
4799 “allowable.” Other expenses will be considered on an individual basis.

- 4800  
4801 C. "Allowable services" include the following:  
4802 1. Rent.  
4803 2. Housing deposit.  
4804 3. Utility deposit.  
4805 4. Utility bills.  
4806 5. Automobile repairs.  
4807 6. Gasoline.  
4808 7. Food.  
4809 8. Clothing.  
4810 9. Child care supplies.  
4811 10. Household supplies.  
4812 11. Child day care.  
4813 12. Homemaker services.  
4814 13. Language interpreters.  
4815 14. Psychotherapy for child and parents.  
4816 15. Psychological testing/drug screening for child/parents.  
4817 16. Educational fees.  
4818 17. Doctor visits and/or prescription drugs.  
4819 18. Transportation for educational or medical services.  
4820 19. Special short-term counseling or treatment not otherwise available through  
4821 current contracts.

4822  
4823 Payment for other services must be approved by the region director prior to the  
4824 expenditure.

4825  
4826 Service Delivery Guidelines

4827 Generally, caseworkers will be expected to access current contracted sources for child and family  
4828 needs. When it is determined a need exists for a continuing service that is not available on  
4829 current Child and Family Services contracts, the caseworker and their supervisor will consult  
4830 with the regional contract specialist to develop the resource.

- 4831  
4832 A. Immediate need for supplies or services can be obtained by accessing the funding  
4833 available to the regions for the appropriations or activities listed below.  
4834  
4835 B. When a contract is available for continuing needs, the source of funding for the contract  
4836 will be determined by the region director and the Administrative Services manager.  
4837  
4838 C. Funding is available to regions for special needs payments from the identified funding  
4839 sources for the identified needs and activities:  
4840 1. **KHD -- In home services**  
4841 **PIHS – In home services**

- 4842 Can be used for any special need determined by the caseworker and/or the region  
4843 director to stabilize a family in their home or to eliminate the need for a child to  
4844 be brought into Child and Family Services custody.
- 4845 2. **KHH – Minor grants**  
4846 **PFPR – Family Reunification**  
4847 Can be used for special needs to assist in reunification of a child with parents and  
4848 to provide for child and/or family treatment needs.
- 4849 3. **PFPP – Family Preservation**  
4850 Can be used for special needs required to maintain the family structure and to  
4851 keep a child with their family.
- 4852 4. **KHL – Special Needs**  
4853 Can be used for funding for transportation, medical services not covered by  
4854 Medicaid, or any other needs not otherwise available through established  
4855 contracted sources for children in the custody of Child and Family Services.  
4856

4857 Data Collection and Fund Accounting Processes

- 4858 A. Each region is responsible for obtaining service data and submitting monthly fiscal  
4859 information to the Child and Family Services Director of Finance. Service and financial  
4860 data must be submitted in the standard format approved by the Child and Family Services  
4861 Director of Finance.  
4862
- 4863 B. Each region will submit a plan for the system delivery of placement prevention/disruption  
4864 funds. The plan must be approved by the Child and Family Services Director of Finance.  
4865 The funds will be distributed through a special account based on a local population-  
4866 served formula. The funds will be disbursed through a special account with local warrant  
4867 capability.  
4868
- 4869 C. The Child and Family Services Director of Finance will oversee disbursement of the  
4870 funds.  
4871

### 303.9 Federal Benefits And Eligibility

Major objectives:

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

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

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

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

#### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

#### Practice Guidelines

A. Title IV-E and Medicaid Eligibility Determination.

1. An initial Title IV-E and Medicaid eligibility determination must be completed for every child in foster care by a Child and Family Services eligibility caseworker, and must be reviewed annually. An eligibility determination should also be completed for children removed from home for which medical services were provided while in protective custody, even if the child does not remain in custody after the shelter hearing.
2. Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E and Medicaid Eligibility Application. Extension of the application time frame may be justified by circumstances outside of the caseworker's control (such as delay in verification of citizenship from the INS, inability to locate

- 4914 parents to obtain income and asset information, or need for out-of-state birth  
4915 certificate).
- 4916 3. The caseworker is responsible to ensure that the eligibility caseworker receives  
4917 necessary supporting documentation required to complete the application and  
4918 review process, such as warrant for removal, petition for removal, initial removal  
4919 court order and subsequent orders with “reasonable efforts to prevent removal” or  
4920 “reasonable efforts to finalize the permanency plan language,” verification of  
4921 parent income and assets, deprivation in removal home, and completed annual  
4922 review forms.
- 4923 4. The caseworker is responsible to notify the eligibility caseworker of changes that  
4924 may affect a child’s ongoing eligibility for Title IV-E or Medicaid benefits, such  
4925 as changes in placement, change in parental marital status or household  
4926 composition in the removal home, incarceration of a parent, increase in child  
4927 income or assets including amount in the child’s trust account for which the  
4928 caseworker is payee, runaway, return home, or trial home placement, and custody  
4929 end.
- 4930
- 4931 B. Title IV-E Benefits.
- 4932 1. When a child is determined “Title IV-E eligible,” the federal government will  
4933 reimburse a portion of the agency’s administrative and training costs applicable to  
4934 that child. When a child is also “Title IV-E reimbursable,” the federal  
4935 government will reimburse a portion of costs for foster care maintenance  
4936 payments while the child is placed in a qualified, licensed foster family home,  
4937 group home, or residential facility.
- 4938 2. Foster care maintenance payments for a child in foster care may cover the costs of  
4939 food, clothing, shelter, daily supervision, school supplies, a child’s personal  
4940 incidentals, liability insurance with respect to the child, and reasonable travel to  
4941 the child’s home for visitation with family or other caretakers. In the case of  
4942 group homes or residential facilities, it may also include the reasonable costs of  
4943 administration and operation required to provide for the normal maintenance  
4944 needs for the child.
- 4945 3. Foster care maintenance payments made on behalf of a youth placed in foster  
4946 care, who is the parent of a child in the same foster home or facility, may also  
4947 include supplemental funding to cover costs incurred on behalf of the foster  
4948 youth’s child who resides in the same placement. If the foster youth is Title IV-E  
4949 eligible and reimbursable, the child’s supplemental payment will come from Title  
4950 IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child’s  
4951 supplemental payment will come from state general funds or another allowable  
4952 funding source. The Child and Family Team must determine if it is in the best  
4953 interests of the foster youth to cover the child’s expenses with supplemental  
4954 maintenance payments and whether payments will be paid to the foster youth or  
4955 foster care provider. Supplemental funding for costs for the foster youth’s child  
4956 are paid for through the daily reimbursement code of BAB, which pays at the  
4957 basic foster care rate. This code is opened under the name of the foster youth

- 4958 (mother). Any special needs costs required for the foster youth's child are also  
4959 paid under the foster youth.
- 4960 4. Title IV-E funds will be utilized for allowable expenses for an eligible and  
4961 reimbursable foster child prior to state general funds or funds from other federal  
4962 grants when the child is placed in a qualified, licensed foster home, group home,  
4963 or residential facility. Title IV-E claims will be reduced by revenue collected  
4964 from cost of care payments from a child's trust account or from child support  
4965 collections.
- 4966
- 4967 C. Medicaid Benefits and Coverage for Health Care Needs Through MI706 Authorization.
- 4968 1. The caseworker is responsible to notify the eligibility caseworker as soon as a  
4969 child is placed in protective custody so that the eligibility caseworker can ensure  
4970 that the child's health care needs can be covered immediately.
- 4971 2. The eligibility caseworker will first determine if the child entered care with  
4972 Medicaid coverage. If so, documentation of Medicaid eligibility will be provided  
4973 to the caseworker and foster care provider to be taken with the foster child to any  
4974 medical, dental, or mental health appointments. If the child is not Medicaid  
4975 eligible, the eligibility caseworker will generate an MI706 authorization to  
4976 establish a payment process for medical expenses through the Department of  
4977 Health until Medicaid eligibility can be determined. Normally, the initial MI706  
4978 is authorized for 30 days. The MI706 form must also be taken with the foster  
4979 child to any medical, dental, or mental health appointments.
- 4980 3. The Medicaid State Plan specifies covered medical, dental, and mental health  
4981 services for children in foster care. In most areas of Utah, medical needs of a  
4982 foster child must be provided through a designated Health Maintenance  
4983 Organization (HMO). The caseworker must ensure that the foster care provider  
4984 understands the need to have the child's medical services addressed by a provider  
4985 within the designated HMO and of the importance of taking the child's health  
4986 history information to all health care appointments.
- 4987 4. If a Medicaid eligible child needs health care services not normally covered  
4988 through Medicaid, the foster care provider or caseworker should coordinate with  
4989 the regional fostering healthy children nurse to request a review through the  
4990 health care provider and Department of Health to see if the service can be covered  
4991 through Medicaid under CHEC (Utah's version of the EPSDT program).  
4992 Through CHEC, medical service needs for children under the age of 21 years that  
4993 have been diagnosed by a qualified provider should be able to be covered by  
4994 Medicaid.
- 4995 5. If it is not possible to get the needed non-Medicaid service covered under CHEC,  
4996 the regional fostering health children nurse will prepare an MI706 authorization  
4997 for the needed service. If the costs for the service will exceed \$500, the region  
4998 director must approve the MI706.
- 4999 6. If a foster child receives medical services that are not covered by Medicaid, or  
5000 that are provided outside of an HMO or without required pre-authorization, and  
5001 there is no prior MI706 authorization from the regional fostering health children

- 5002 nurse, the caseworker is responsible to complete the MI706 form and obtain  
5003 region director authorization for the expense. Either the eligibility caseworker or  
5004 nurse may submit the completed MI706 form to the Department of Health after  
5005 completion.
- 5006 7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a  
5007 child not meeting citizenship requirements, the eligibility caseworker will  
5008 continue to issue MI706 authorization periodically throughout the custody  
5009 episode to ensure continuous health care coverage. If a child loses Medicaid  
5010 eligibility after entering foster care, such as a child on a trial home placement, the  
5011 regional fostering healthy children nurse staff will prepare an MI706 authorization  
5012 for specific medical needs if the child does not have another resource to cover the  
5013 costs, such as a client trust account or private health insurance.
- 5014 8. A child leaving a placement that receives a foster care maintenance payment, such  
5015 as a trial home placement, no longer qualifies for Foster Care Medicaid, but may  
5016 qualify for another Medicaid program. The Child and Family Team should plan  
5017 for coverage for the child's health care needs prior to placement changes that  
5018 affect Medicaid eligibility, including communicating with the eligibility  
5019 caseworker early so that necessary information may be obtained from the parents  
5020 to determine ongoing eligibility for Medicaid and so that the case may be  
5021 transferred to eligibility staff in the Bureau of Eligibility Services if the child's  
5022 eligibility can continue.
- 5023
- 5024 D. Foster Children with SSI or SSA Income
- 5025 1. When a child enters foster care, the caseworker must ask the child's parent or  
5026 caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result  
5027 of the child's own disability. SSA may be received due to the death or disability  
5028 of the child's parent.)
- 5029 2. The caseworker should also ask the parents about other sources of support  
5030 designated for the child that could assist with the child's care such as Veteran's  
5031 benefits, Railroad benefits, Indian Trust funds, insurance funds including health  
5032 insurance coverage, or other private trust funds.
- 5033 3. The caseworker is responsible to apply for benefits for a child who may qualify  
5034 but is not receiving them. If a child is disabled, application should be made for  
5035 SSI benefits. If a child's parent is deceased, application should be made for SSA  
5036 benefits. Application is made through the Social Security Administration.
- 5037 4. The caseworker is responsible to apply for the Department of Human Services to  
5038 become protective payee for a foster child receiving SSI or SSA benefits. Payee  
5039 application forms are available through the local Social Security Office and may  
5040 also be available in the local Child and Family Services office. The caseworker  
5041 should also apply for the Department to become payee for other regular benefit  
5042 payments.
- 5043 5. If a foster child is receiving services from both DSPD and Child and Family  
5044 Services, the Child and Family Services caseworker will apply for the Department  
5045 of Human Services to be the protective payee for the child. The DSPD provider

5046 will not be the payee (even though that is normal DSPD practice). In  
5047 circumstances in which DSPD is paying for the treatment portion of the  
5048 placement through Medicaid, such as under a Medicaid waiver, Child and Family  
5049 Services must establish a process to pay for room, board, and special needs costs  
5050 to the DSPD provider. The standard practice will be for the out-of-home  
5051 caseworker to authorize the full SSI payment to go to the DSPD provider. The  
5052 DSPD provider will be required to use the child's SSI funds in accordance with  
5053 DSPD major objectives for use of child's SSI. The provider will document use of  
5054 all funds in the Home-to-Home record, which the caseworker will review  
5055 quarterly. When the annual report to the Social Security Administration is  
5056 required to document use of the child's SSI, the caseworker will obtain the  
5057 information for the report from the DSPD provider. If circumstances in which  
5058 the out-of-home caseworker determines that it is not appropriate to forward SSI  
5059 funding to the DSPD provider, an individual provider contract will be established  
5060 to pay for room, board, and special needs. The caseworker will then authorize  
5061 Child and Family Services to be reimbursed for cost of care payments from the  
5062 child's trust account on a monthly basis.  
5063

5064 E. Caseworker Responsibility when Protective Payee for SSI or SSA Recipient

- 5065 1. The caseworker is responsible to provide the regional trust account custodian with  
5066 a written request to establish a new client trust account, on a form provided by the  
5067 custodian, and a copy of the letter of approval of benefits from the granting  
5068 agency, such as the Social Security Administration.
- 5069 2. The caseworker is responsible to oversee use of funds in the child's client trust  
5070 account and to request and authorize any payments made from the account on a  
5071 form provided by the custodian. Caseworkers may not request payments from a  
5072 child's client trust account exceeding the amount of funds available in the  
5073 account.
- 5074 3. The caseworker will follow Department client trust account major objectives and  
5075 Practice Guidelines and Child and Family Services fiscal client trust account  
5076 Practice Guidelines in requesting and authorizing payments from the trust  
5077 account.
- 5078 4. Funds from the account may be used only for the child's support while in Child  
5079 and Family Services custody and for the child's personal needs and incidentals.  
5080 The caseworker is responsible to request and authorize payments each month  
5081 using the following precedence: (1) SSI payment to DSPD provider, when  
5082 required; (2) payment for spend-down for Medicaid, if regional eligibility  
5083 caseworker had indicated it is required and the child's medical expenses are in  
5084 excess of the spend-down amount; or if spend-down is not justified and child is  
5085 not Medicaid eligible, payment for the child's medical expenses; (3) personal  
5086 needs funds of \$35, maintained in the account until needed; (4) payment for cost  
5087 of care for costs specified in fiscal client trust account Practice Guidelines; and  
5088 (5) any remaining funds to be maintained in the account for additional client  
5089 needs allowable by the funding source and recommended by the Child and Family

- 5090 Team. The region director or designee will approve in advance any expense from  
5091 a client trust account exceeding \$500, other than payment for a DSPD provider,  
5092 medical bill, Medicaid spend-down, or cost of care payment.
- 5093 5. The caseworker is responsible to review the client's trust account monthly to  
5094 ensure that the balance stays within limits for federal benefits. The child loses  
5095 Medicaid eligibility for any month in which the balance exceeds \$2,000. When  
5096 Medicaid eligibility is lost, in addition to cost of care, any medical costs or other  
5097 special needs or incidentals for the child must be paid from the client trust account  
5098 until the balance is below \$2,000.
- 5099 6. If casework responsibility or court jurisdiction is being transferred for the foster  
5100 child, it is the responsibility of the sending office to ensure that the benefits are  
5101 transferred. A change of address for payee must be submitted to the appropriate  
5102 agency (e.g., Social Security Administration, Veteran's Administration) notifying  
5103 the agency of the address to which future checks should be mailed. In addition,  
5104 funds and records from the existing account must be sent to the new region as  
5105 specified in fiscal client trust account Practice Guidelines.
- 5106
- 5107 F. Trust Account Custodian Responsibility.
- 5108 1. The regional trust account custodian will open a new client trust account in the  
5109 Department Trust Accounting System when necessary documentation is received  
5110 from the caseworker.
- 5111 2. The custodian will maintain all trust account records and issue checks in  
5112 accordance with Department client trust account major objectives and Practice  
5113 Guidelines and Child and Family Services client trust account fiscal Practice  
5114 Guidelines.
- 5115 3. The custodian will provide a monthly report on each foster child's client trust  
5116 account to the caseworker that is protective payee and to the eligibility  
5117 caseworker.
- 5118

### 5119 **303.10 Children In Foster Care Who Are Not U.S. Citizens**

5120 **Major objectives:**

5121 Child and Family Services will seek to meet the support and health care needs of children in  
5122 foster care and state custody regardless of their citizenship status.  
5123

5124

5125 **Applicable Law**

- 5126 A. The citizenship status of a child in foster care may affect the child's eligibility for federal  
5127 benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.
- 5128
- 5129 B. A child who is born outside of the United States (U.S.) to parents who are not U.S.  
5130 citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien  
5131 requirements in order to receive federal benefits.  
5132

- 5133 C. For certain immigration categories, a child must have lived in the U.S. for five years  
5134 before qualifying for Medicaid. Health care needs for a child with a five-year waiting  
5135 period for Medicaid must be covered through MI706 authorization until the five-year  
5136 requirement is met.  
5137
- 5138 D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who  
5139 entered the U.S. under an immigration category that does not meet qualified alien  
5140 requirements, or who entered this country as an undocumented immigrant cannot qualify  
5141 for federal benefits, including Medicaid, while in foster care or upon adoption, unless  
5142 lawfully admitted to this country under a qualified alien, lawful permanent resident  
5143 category.  
5144
- 5145 E. A child is a citizen if:  
5146 1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands,  
5147 Northern Mariana Islands, American Samoa, or Swain's Islands.  
5148 2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S.  
5149 citizen.  
5150 3. A child is naturalized through the INS after an adoption, or who met qualified  
5151 alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent  
5152 after February 27, 2001.  
5153
- 5154 F. U.S. citizenship can be verified by such records as a birth certificate, hospital records,  
5155 church records, or tribal records.  
5156

5157 Practice Guidelines

- 5158 A. Citizenship of the child is a factor that must be considered in the eligibility determination  
5159 process.  
5160
- 5161 B. The caseworker is responsible to verify a foster child's citizenship upon entry into foster  
5162 care.  
5163
- 5164 C. The regional eligibility caseworker will verify if the child meets qualified alien  
5165 requirements based upon immigration documentation from Immigration and  
5166 Naturalization Services provided by the caseworker.  
5167
- 5168 D. Health care needs must be covered through MI706 authorization for these children while  
5169 in foster care.  
5170
- 5171 E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of  
5172 immigration documentation from the child's parents or caretakers and to provide it to the  
5173 regional eligibility caseworker. The following information is needed:  
5174 1. Copy of both sides of INS Form I-94 (often called green card).  
5175 2. Documentation of date of entry into the U.S.  
5176

- 5177 F. For issues pertaining to immigration other than verification of qualified alien status by  
5178 regional eligibility caseworkers, contact the Immigration and Naturalization Service.  
5179

### 5180 **303.11 Facilitating Out-Of-State Travel For A Foster Child**

5181  
5182 Major objectives:

5183 During the time the child is in the custody of the state, Child and Family Services has limited  
5184 authority to act for the child. Under some circumstances, Child and Family Services must obtain  
5185 approval from the Department of Human Services (DHS) before the child travels.

5186  
5187 Out-of-state travel is one such instance. Child and Family Services will support appropriate out-  
5188 of-state travel for children in out-of-home placements with out-of-home caregivers for vacation,  
5189 visiting relatives, or other social, enrichment, or extra-curricular activities.

5190  
5191 Child and Family Services will obtain approval from DHS prior to authorizing out-of-state travel.  
5192

5193  
5194 **Applicable Law**

5195 Utah Code Ann. [§78A-6-105](#). Definitions.  
5196

5197 Practice Guidelines

- 5198 A. The caseworker will fill out the Request for Out of State Travel form (FI5) on behalf of  
5199 the youth and submit for approval.  
5200 1. If the child's travel costs will not be incurred by Child and Family Services, the  
5201 FI5 will be approved by the region director or associate region director.  
5202 2. If the child's travel costs are being incurred by Child and Family Services, the FI5  
5203 will be approved by the division director or deputy director.  
5204
- 5205 B. When a child is visiting in another state, the caseworker will update the placement code  
5206 to OSV (out-of-state visit). Out-of-state visits will last no longer than 30 days.  
5207
- 5208 C. The caseworker will inform the child's parents, if parental rights are intact, that their  
5209 child will be traveling out of the state. Parental permission is not required for the child to  
5210 be able to travel.  
5211
- 5212 D. The out-of-home caregiver will take the child's Medicaid card when taking the child out  
5213 of state to ensure that any urgent medical needs can be met. The out-of-home caregiver  
5214 should also take an adequate supply of any medications the child needs and the phone  
5215 numbers for the child's regular or primary care physician.  
5216
- 5217 E. The caseworker will inform the out-of-home caregiver that if the child has an emergency  
5218 medical need while outside of Utah, the out-of-home caregiver will obtain treatment  
5219 immediately from a qualified health care provider. Follow Medicaid and HMO rules to

- 5220 notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after  
5221 the child received the treatment.  
5222
- 5223 F. The caseworker will inform the out-of-home caregiver that if the child has a  
5224 non-emergency medical need while outside of Utah, the out-of-home caregiver will  
5225 follow Medicaid and HMO rules to obtain prior authorization for the service from the  
5226 HMO and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid  
5227 in order for Medicaid to cover the costs.  
5228
- 5229 G. The out-of-home caregiver may request assistance from the Fostering Healthy Children  
5230 nurse to complete the prior authorization process and identify an appropriate health care  
5231 provider.  
5232
- 5233 H. The caseworker will inform the out-of-home caregiver that the child will not be taken  
5234 outside of Utah for medical treatment unless the specific treatment has been approved by  
5235 Medicaid and arranged for by the Fostering Healthy Children nurse.  
5236
- 5237 I. For children who travel outside of the country, the caseworker will follow the same  
5238 procedure for children who are only traveling outside of the state. The caseworker will  
5239 also follow the same processes to ensure the child has medical coverage while traveling  
5240 abroad.  
5241
- 5242 J. If a child travels outside of the country, the caseworker or caregiver will also determine if  
5243 a passport, additional immunizations, or other documentation (e.g., Travel Visa) is  
5244 needed for the child to travel safely. This can be done by visiting  
5245 <http://travel.state.gov/content/travel/english.html> for all up-to-date information regarding  
5246 travel requirements to foreign countries.  
5247 1. For children who are traveling out of the country, additional time is required for  
5248 the approval process as these requests are sent to the Governor's Office via  
5249 administrative channels. Caseworkers DO NOT need to send any information to  
5250 the Governor's office.  
5251

## 303.12 Transportation

### Major objectives:

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

### **Applicable Law**

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

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

5263 Practice Guidelines

5264 If an out-of-home care provider does not have an appropriate restraint device for a child given  
5265 their age, one may be loaned to them. They may not be allowed to transport a child in the  
5266 custody of Child and Family Services without an appropriate restraint device.

5267  
5268 Before a Child and Family Services caseworker transports a child in a vehicle, they must ensure  
5269 that the proper restraint device is in the vehicle and is installed correctly.  
5270

5271 **303.12a Transporting Youth – Safety Of Caseworker And Youth**

5272 Major objectives:

5273 To provide guidelines to employees who need to arrange transportation for youth that may  
5274 display behavior that could result in injury to the caseworker or the youth.  
5275

5276  
5277 Background Information

5278 Caseworkers may be called upon to transport youth for a variety of reasons. Some episodes of  
5279 transportation may require more caution than other episodes. Transportation has been divided  
5280 into three categories to assist caseworkers in determining when it might be appropriate to utilize  
5281 the support of another caseworker or a caged Juvenile Justice Services (JJS) state vehicle for the  
5282 transport of a youth. The Child and Family Team will assist with making these decisions.  
5283

5284 Practice Guidelines

5285 A. STANDARD TRANSPORTATION – A situation in which a caseworker transports a  
5286 youth to visits, medical appointments, or other routine occurrences.

5287  
5288 There will be many situations in which a caseworker feels comfortable and appropriate in  
5289 transporting a youth. When doing so, a caseworker will assure the following:

- 5290 1. That the vehicle is insured and safe to drive (use a state vehicle and avoid the use  
5291 of personal vehicles if possible).
- 5292 2. That the youth is properly restrained in a safety device appropriate for the age of  
5293 the youth. In addition, appropriate child locks will be utilized.
- 5294 3. That the youth is not allowed to sit behind the caseworker who is driving the  
5295 vehicle.
- 5296 4. That a supervisor or colleague knows where you are going and when you will  
5297 return as a safety precaution.
- 5298 5. That you take another caseworker with you if you feel it is appropriate or  
5299 necessary for any reason.

5300  
5301 B. TRANSPORTATION TO A PROGRAM – A situation in which a youth is being  
5302 transported to a facility or program.

5303  
5304 The caseworker should first contact the program to request the program transport the  
5305 youth if this service/resource is available.

5306  
5307 If a caseworker must transport the youth, it is best practice for two  
5308 caseworkers/employees to transport the youth when the youth is going to a facility;  
5309 however, the caseworker should use their discretion. Assuming the youth does not  
5310 display behaviors associated with a high risk transportation need, the caseworker will  
5311 consider utilizing another person to complete the transport.

- 5312 1. The caseworker will review the case thoroughly prior to the transport and be  
5313 aware of any potential triggers that may cause the youth to display volatile or  
5314 aggressive behavior toward him or herself or others.
- 5315 2. The caseworker will assure that the vehicle is insured and safe to drive (use a state  
5316 vehicle and avoid the use of personal vehicles if possible).
- 5317 3. Two caseworkers will transport the child; one caseworker will drive and one  
5318 caseworker will sit in the backseat with the youth. The youth will not be allowed  
5319 to sit behind the caseworker who is driving the vehicle.
- 5320 4. The youth will be properly restrained in a safety device appropriate for the age of  
5321 the youth. In addition, appropriate child locks will be utilized.
- 5322 5. Neither the youth nor the caseworkers will use a cell phone to make phone calls  
5323 or texts while driving unless an emergency situation arises.

5324  
5325 **C. HIGH RISK TRANSPORTATION** – A situation in which a caseworker or youth may be  
5326 at risk of displaying behaviors associated with a high risk transportation need.

5327  
5328 A situation for high risk transportation may be identified if the youth exhibits any of the  
5329 following behaviors:

- 5330 1. Current assaultive behavior, assaultive history, serious aggression toward self or  
5331 others, past history of jumping from a vehicle in motion, a suicide attempt, serious  
5332 and current self-mutilization, homicidal thoughts or behavior, current psychosis,  
5333 serious inability to regulate emotions, serious anti-social behavior, current verbal  
5334 or physical threats of harm to self or caseworker, or other similar and serious  
5335 behaviors.

5336  
5337 **Hint:** If the youth rates a 3 on the CANS on any of the following items, the youth  
5338 most likely meets the criteria to utilize a caged JJS state vehicle:

- 5339 a. Suicide risk;
- 5340 b. Self-mutilization;
- 5341 c. Other self-harm;
- 5342 d. Danger to others;
- 5343 e. Judgment decision-making (make decisions that put them in dangerous  
5344 situations);
- 5345 f. Psychosis;
- 5346 g. Oppositional (threat of physical harm to others);
- 5347 h. Conduct (serious crime, aggression, anti-social child, or community at  
5348 risk);
- 5349 i. Anger control.

- 5350  
5351 The process for requesting assistance with a high risk transportation is as follows:  
5352 1. Call the facility that you are taking the youth to and ask if they can transport the  
5353 youth for you. If they are unable to do so, move to step 2.  
5354 2. Staff the case with the region clinical consultant and review all possible  
5355 transportation options. The clinical consultant will determine if a caged JJS state  
5356 vehicle is the only safe option. If a caged JJS vehicle is necessary, then complete  
5357 the following steps to request one:  
5358 (1) The clinical consultant will send an email to Mike Butkovich, Program  
5359 Director, Office of Correctional Programs, Utah Division of Juvenile  
5360 Justice Service at [mbutkovi@utah.gov](mailto:mbutkovi@utah.gov) and include the caseworker in the  
5361 email. The email should include the pick-up and drop-off time needed for  
5362 the vehicle and the current location of the child.  
5363 (2) The JJS Program Director will respond to both the clinical consultant and  
5364 caseworker with the availability and location of the vehicle.  
5365 (3) The caseworker will pick up and drop off the vehicle at the assigned  
5366 locations. If a vehicle is no longer needed, the caseworker will notify the  
5367 JJS Program Director immediately.  
5368  
5369 D. If a JJS caged vehicle is not available, contact the region director for potential use of  
5370 further professional transport services.  
5371

### 5372 **303.13 Courtesy Worker And Region-To-Region Case Transfers**

5373 Major objectives:

5374 Region-to-region placements will be planned to minimize transition difficulties and prevent a  
5375 disruption of services.  
5376

#### 5377 **Applicable Law**

5378 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
5379

#### 5380 Practice Guidelines

##### 5381 A. Courtesy Supervision:

- 5382 1. To request courtesy supervision, the caseworker will email the initial request to  
5383 the sending region's associate region director.  
5384 2. Attach the completed Courtesy Supervision Request Form. Include a brief  
5385 description of history on the case and the current situation along with other  
5386 information requested on the form.  
5387 3. The sending region's associate region director will forward the request to the  
5388 appropriate associate region director in the prospective receiving region for  
5389 approval.  
5390

- 
- 5391 4. The receiving region's associate region director will notify the sending region's  
5392 associate region director of the decision to accept the request for courtesy  
5393 supervision and provide the name of the courtesy caseworker and supervisor.  
5394 5. The primary caseworker will contact the courtesy caseworker within five working  
5395 days to provide case information. If the courtesy caseworker needs additional  
5396 information, the courtesy caseworker may contact the primary caseworker.  
5397 6. The primary caseworker will add the courtesy caseworker to the case on SAFE.  
5398 7. As soon as the case has been assigned to the courtesy caseworker, the primary  
5399 caseworker will arrange for a Child and Family Team Meeting. Both the primary  
5400 caseworker and courtesy caseworker will be present at the Child and Family  
5401 Team Meeting. At this meeting the primary and courtesy caseworker's visitation  
5402 plan with the child will be arranged. The roles of the primary and courtesy  
5403 caseworker will also be discussed. [See: [Section 303.2](#), Caseworker Visitation  
5404 With The Child.]  
5405 8. Throughout the duration of the case, the primary and courtesy caseworker will be  
5406 present at all Child and Family Team Meetings that may be held.  
5407 9. The primary caseworker is responsible for contacting on a monthly basis the  
5408 courtesy caseworker and out-of-home caregiver as well as other professional  
5409 members of the Child and Family Team, such as the child's mental health  
5410 therapist and educators.  
5411
- B. Region-to-Region Case Transfers:
- 5412 1. The caseworker will email the initial request to the sending region's associate  
5413 region director.  
5414 2. Attach the completed Case Transfer Request Form. Include a brief description of  
5415 history on the case and the current situation along with other information  
5416 requested on the form.  
5417 3. The sending region's associate region director will forward the request to the  
5418 appropriate associate region director in the prospective receiving region for  
5419 approval.  
5420 4. The receiving region's associate region director will notify the sending region's  
5421 associate region director of the decision to accept the request for case transfer and  
5422 provide the name of the caseworker and supervisor.  
5423 5. A face-to-face transfer meeting between the two caseworkers and their  
5424 supervisors will be conducted on all case transfers  
5425 6. To assist with a smooth transition from region to region, a Child and Family  
5426 Team meeting will be conducted on all case transfers. The sending caseworker is  
5427 responsible for arranging this meeting.  
5428 7. If possible, the new caseworker will attend the last Child and Family Team  
5429 Meeting in the sending region to become acquainted with the existing team.  
5430 8. The caseworker will notify the eligibility caseworker of the transfer in advance to  
5431 ensure continuous Medicaid coverage of the child, if eligible.  
5432

- 5433 9. Within 30 days of the case being transferred to the new region, the new  
5434 caseworker will arrange for a Child and Family Team Meeting, including any new  
5435 team members.  
5436 10. The case will be reviewed via the qualitative assurance process (QA) on the  
5437 Internet just before the transfer meeting and a printed copy of the QA form  
5438 included with the case file. The hard file will be ready to hand off at the transfer  
5439 meeting. The sending caseworker is responsible for all case activities until the  
5440 transfer is completed and all signatures are in place.  
5441 11. The sending region is responsible for ensuring that all work is completed and up-  
5442 to-date prior to the case transfer.  
5443

### 303.14 Youth Obtaining A Driver License

#### Major objectives:

- 5445  
5446 A. Youth in Child and Family Services' custody should be provided the opportunity to  
5447 complete driver education and obtain a driver license.  
5448  
5449 B. Foster parents who are willing to sign a youth's application for a learner permit and driver  
5450 license may be reimbursed for the additional cost incurred on their automobile insurance  
5451 when they provide insurance coverage for the youth.  
5452

#### **Applicable Law**

5454 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

5455 Utah Code Ann. [§62A-4a-121](#). Reimbursement of motor vehicle insurance coverage for foster  
5456 child.  
5457

#### Practice Guidelines

- 5458  
5459 A. Overview and Preparation  
5460 1. Youth in the custody of Child and Family Services should have an opportunity to  
5461 complete driver education training while in foster care.  
5462 2. Obtaining a driver license may be an objective of the Child and Family Plan that  
5463 has been developed for the youth with Transition to Adult Living (TAL) Services.  
5464 a. Youth may be enrolled in driver education at their local high school when  
5465 they have reached 15 years of age or older. A parent's signature is not  
5466 required for a youth to participate in a driver education course.  
5467 b. Youth, after the age of 17 years and 6 months, should be encouraged to  
5468 take driver education whether or not they have an adult willing to  
5469 authorize a learner permit or driver license or have appropriate insurance  
5470 coverage.  
5471 c. Youth who attend a driver education course in public high schools are  
5472 eligible for a school fee waiver.  
5473 d. A private driving school may be used for youth who are unable to attend  
5474 driver education at the local high school due to scheduling conflicts, lack  
5475

5476 of availability of classes, or other reasons. Special Needs Funds or Chafee  
5477 Funds (TLN or TLP) can be used to pay for the driver education course  
5478 (\$250.00 maximum).  
5479

5480 B. Learner Permit

- 5481 1. Caseworkers are **not** authorized to sign for a learner permit.  
5482 2. To obtain a learner permit, a parent, foster parent, or responsible adult's signature  
5483 is required for a youth to obtain a driver license. A parent, foster parent, or  
5484 responsible adult who is willing to assume the liability of a minor driver and  
5485 provide for motor vehicle insurance for the youth may sign the minor's  
5486 application for a driver license. Foster parents need to provide Form Letter TR01:  
5487 Placement Verification and Medical Authorization Letter when signing for the  
5488 driver license.  
5489 3. A learner permit allows the youth to drive with a licensed adult and receive the 40  
5490 hours of practice driving required for a license. When a parent or responsible  
5491 adult signs the application for the learner permit, they are assuming joint liability  
5492 with the youth for damages resulting from the youth driving a motor vehicle.  
5493 Those under 18 years of age will be limited to driving with a licensed parent, legal  
5494 guardian, driving instructor, or the adult who signed the application for the learner  
5495 permit sitting in the passenger seat.  
5496 4. When applying for the learner permit, the youth will need to have their Social  
5497 Security card plus two acceptable types of proof of residency. A \$15.00 fee is  
5498 required to obtain the learner permit from the Department of Motor Vehicle  
5499 (DMV), and the learner permit is only valid for one year.  
5500 5. Utah requires an applicant 17 years of age or younger to have the learner permit  
5501 for six months before applying for a driver license. The six-month learner permit  
5502 holding requirement does not apply to an applicant who is age 18 years or older at  
5503 the time of application for the learner permit.  
5504

5505 C. Driver License

- 5506 1. Caseworkers are **not** authorized to sign for a driver license.  
5507 2. To obtain a driver license, a parent, foster parent, or responsible adult's signature  
5508 is required for a youth to obtain a driver license. A parent or responsible adult  
5509 who is willing to assume the liability of a minor driver and provide for motor  
5510 vehicle insurance for the youth may sign the minor's application for a driver  
5511 license. Foster parents need to provide Form Letter TR01: Placement Verification  
5512 and Medical Authorization Letter when signing for the driver license.  
5513 3. Youth, after the age of 17 years and 6 months, and after completion of a driver  
5514 education course, may obtain a driver license without a parent's signature when  
5515 they turn age 18 years old. They will need to provide their own auto insurance.  
5516 4. Youth can practice taking the driver license test on the Internet. The 22 questions  
5517 are typical of the questions asked when obtaining a driver license. The practice  
5518 test can be found on the following website: [http://www.dmv.org/practice-permit-  
5519 test.php](http://www.dmv.org/practice-permit-test.php).

- 5520 5. The caseworker will coordinate with the foster parent or responsible adult to  
5521 develop a parent-teen driving contract. The contract can help outline key driving  
5522 responsibilities, decide on the consequences associated when those  
5523 responsibilities are not met, and define the Child and Family Team's role in  
5524 helping the youth succeed. There are several insurance websites that have driving  
5525 contracts; examples can be found on the following websites:
- 5526 a. Allstate Parent-Teen Contract at: [www.allstateteedriver.com/contract](http://www.allstateteedriver.com/contract)
  - 5527 b. AAA Parent-Teen Driving Agreement at:  
5528 [www.aaaxchange.com/assets/files/2007214956500.parent\\_teencontract.p](http://www.aaaxchange.com/assets/files/2007214956500.parent_teencontract.pdf)  
5529 [df](http://www.aaaxchange.com/assets/files/2007214956500.parent_teencontract.pdf)
  - 5530 c. Safer Child Driving Contract at: [www.saferchild.org/driving.htm](http://www.saferchild.org/driving.htm)
  - 5531 d. Lowest Price Teen Driving School Teen Driving Contract at:  
5532 [www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/](http://www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/)  
5533
- 5534 D. Insurance Requirements
- 5535 1. Foster parents who provide automobile insurance for youth in foster care will be  
5536 required to carry at the minimum requirement of Utah's No-Fault Law insurance  
5537 liability limits.  
5538
- 5539 E. Reimbursement Process
- 5540 1. Reimbursement applies only to Resource Families that are licensed to provide  
5541 care for children in Child and Family custody.
  - 5542 2. Foster parents who are willing to sign and authorize a youth's application for a  
5543 learner permit and driver license may be reimbursed *only* for the additional cost at  
5544 the minimum requirement of Utah's No-Fault Law insurance liability limits.
  - 5545 3. Foster parents may choose to carry additional automobile insurance at their own  
5546 expense, such as liability coverage that exceeds the minimum of Utah's No-Fault  
5547 insurance liability limits, collision insurance, or comprehensive insurance.
  - 5548 4. Foster parents will not be reimbursed for any deductibles associated with collision  
5549 or comprehensive insurance in the event of an accident or other damage to their  
5550 vehicle.
  - 5551 5. All reimbursements will be coordinated through the Child and Family Services  
5552 Administration Office, Financial Analyst II.
  - 5553 6. The caseworker will confirm that the foster parent is willing to exercise their  
5554 option to provide youth in their care an opportunity to obtain a learner permit and  
5555 driver license, and that the foster parent understands their responsibility of  
5556 providing automobile insurance coverage for the youth.
  - 5557 7. The foster parent will obtain a quote from their automobile insurance provider for  
5558 the additional costs of adding a youth to their personal insurance policy.  
5559 Reimbursement will *only* be for additional costs to the foster parent's current  
5560 liability insurance coverage. The foster parent must provide acceptable  
5561 documentation from the insurance agent or agency of increased costs.

- 5562 8. In order to assist the foster parent in obtaining reimbursement for insurance costs,  
5563 the caseworker will contact the Child and Family Services State Financial Analyst  
5564 II and inform them of the foster parent's intention to sign for the driver license.  
5565 9. The caseworker will provide the insurance quote from the foster parent to the  
5566 Child and Family Services Administration Office, State Financial Analyst II.  
5567 10. Caseworkers will provide the foster parent with the following:  
5568 a. Information informing them of their option to provide youth in their care  
5569 an opportunity to obtain a learner permit and driver license by assuming  
5570 the responsibility of providing automobile insurance coverage for the  
5571 youth.  
5572 b. Information regarding the liability they assume in authorizing a youth to  
5573 obtain a learner permit and driver license.  
5574 c. Information how they may qualify for reimbursement for their additional  
5575 expenses incurred by providing automobile insurance coverage for a youth  
5576 in their care.  
5577 d. An informed consent, waiver and release for foster parents who provide  
5578 automobile insurance for youth in foster care.  
5579 11. The foster parent will sign the informed consent and waiver document. The  
5580 caseworker will give a copy to the foster parent, place a copy in the youth's file  
5581 under "correspondence," and send a copy to the Child and Family Services State  
5582 Financial Analyst II.  
5583 12. The foster parent must provide acceptable insurance documentation every three  
5584 months in order to receive reimbursement.  
5585  
5586 F. Cancellation or Termination of Driver License  
5587 1. A parent, foster parent, or responsible adult who has signed and authorization for  
5588 a learner permit or driver license will notify the Department of Motor Vehicles  
5589 (DMV) **in writing** and send a copy to Child and Family Service if they decide  
5590 that they are no longer willing to assume responsibility and insurance coverage  
5591 for the youth. The written request will be placed in the youth's case file under  
5592 "correspondence".  
5593 2. The parent, foster parent, or responsible adult will receive **in writing** notification  
5594 from the DMV that the youth learner permit or driver license has been cancelled  
5595 and send a copy of the official cancellation to the Child and Family Services  
5596 caseworker. The letter will be placed in the youth's case file under  
5597 "correspondence."  
5598 3. The caseworker will verify **in writing** to the parent, foster parent, or responsible  
5599 adult that they have received verification of the cancellation of the learner permit  
5600 or driver license for the youth and that they are aware that the parent, foster  
5601 parent, or responsible adult are relieved from liability for that youth operating a  
5602 motor vehicle subsequent to the cancellation.  
5603

### 5604 **303.15 Casey Life Skills Assessment**

5605 Major objectives:

5606 All youth over age 14 years and their caregiver will complete a Casey Life Skills Assessment  
5607 (CLSA) annually to measure the skills and knowledge needed to prepare the youth to transition to  
5608 adulthood.  
5609

5610  
5611 **Applicable Law**

5612 Administrative Rule [R512-305](#). Out of Home Services, Transition to Adult Living Services.  
5613

5614 Purpose

5615 The purpose of Transition to Adult Living (TAL) services is to help youth, age 14 years and  
5616 older, who are receiving services acquire the skills needed to successfully transition to  
5617 adulthood.  
5618

5619 Practice Guidelines

- 5620 A. The CLSA tool is intended to assist in the planning of services for youth as they  
5621 transition from childhood to adulthood.  
5622
- 5623 B. Results from the CLSA tool will be used to evaluate the youth's strengths, needs, and  
5624 current functioning in areas of life skills. After the CLSA is completed by a youth, the  
5625 areas identified on the CLSA where the youth may need instruction and personal growth  
5626 will be used to focus and guide the Child and Family Team in the case planning process  
5627 with the youth. The case planning decisions developed by the team will then be included  
5628 in the Child and Family Plan.  
5629
- 5630 C. The caseworker will ensure that the following is accomplished:
- 5631 1. The CLSA is completed by the youth and the caregiver, at a minimum. The  
5632 CLSA may also be completed by additional individuals who are familiar with the  
5633 youth.
  - 5634 2. Meet with the youth to review the youth and caregiver's assessments, choose the  
5635 areas to work on, identify individualized goals, and outline strategies for the  
5636 growth and improvement of the youth.
  - 5637 3. Convene the Child and Family Team to review the CLSA results, update the  
5638 Child and Family Assessment, and develop or update the TAL section of the  
5639 youth's Child and Family Plan.  
5640
- 5641 D. The caseworker will assist the youth and the caregiver(s) in completing the CLSA:
- 5642 1. When a youth 14 years of age and older enters out-of-home care, the CLSA will  
5643 be completed by the youth and the caregiver within 45 days, in conjunction with  
5644 the development of the Child and Family Plan.
  - 5645 2. When a youth turns 14 years old in foster care, the first CLSA must be completed  
5646 when the next Child and Family Plan is due. If the next plan is due in less than 90

- 5647 days after the youth's 14<sup>th</sup> birthdate, the CLSA will not be required until the  
5648 following plan.
- 5649 3. An annual CLSA is due within a year of the previous one. The caseworker will  
5650 be prompted 90 days prior to the due date to give the youth and caregiver ample  
5651 time to complete the assessment.
- 5652 4. The caregiver's assessment and youth's assessment must be completed and  
5653 entered on the CLSA website within 30 days of each other. The CLSA can be  
5654 completed electronically via the Internet at: <http://www.caseylifeskills.org>.
- 5655 5. The caseworker has the following options for assisting the youth in taking the  
5656 CLSA:
- 5657 a. The youth can take the assessment on the caseworker's computer.
- 5658 b. The caseworker can send a link to the youth via the youth's email address  
5659 inviting them to take the assessment.
- 5660 c. The caseworker can give the youth a printed assessment. The caseworker  
5661 will need to enter the answers of the assessment into the website.
- 5662 d. The youth can create his or her own profile on the website. This option  
5663 will only work if the youth has already taken an assessment using option a  
5664 or b.
- 5665 6. The caseworker has the following options to assist the caregiver in taking the  
5666 assessment:
- 5667 a. The caregiver can take the assessment on the caseworker's computer.
- 5668 b. The caseworker can send a link to the caregiver via email inviting them to  
5669 take to the assessment.
- 5670 c. The caseworker can give the caregiver a printed assessment. The  
5671 caseworker will need to enter the answers of the assessment into the  
5672 website.
- 5673 7. The caseworker will provide the youth and the caregiver with a copy of both the  
5674 youth and caregiver's reports from the CLSA.
- 5675 8. The original CLSA assessment will be placed in the assessment section of each  
5676 youth's case file.
- 5677
- 5678 E. Each caseworker will convene the Child and Family Team to review the youth and  
5679 caregiver(s) assessments, identify areas of strengths and opportunities for improvement,  
5680 share feedback on the youth's chosen areas on which to work, and look for ways to  
5681 support the individualized goals of the youth. The team will then outline strategies to  
5682 implement the plan.
- 5683
- 5684 F. The goals, services, and needs identified by the youth, caregiver, and Child and Family  
5685 Team will be used to develop and update the TAL portion of the youth's Child and  
5686 Family Plan. The TAL portion of the plan requires each youth to have at least one area  
5687 of focus determined by the CLSA and Child and Family Team to enhance their life skills.  
5688 The regional TAL coordinator or a TAL supervisor will attend the Child and Family  
5689 Team Meeting when possible. If the regional TAL coordinator or a TAL supervisor is  
5690 not able to attend the Child Family Team Meeting, they should attempt to be available for

5691 consultation with members of the Child and Family Team prior to or following the  
5692 meeting.  
5693

### 5694 **303.16 Foster Child Representative Payee Accounts**

#### 5695 Major objectives:

- 5696 A. The Department of Human Services (DHS)/Division of Child and Family Services will  
5697 act as representative payee for each foster child receiving unearned income, such as Social  
5698 Security Dependent (SSD) Benefits, Supplemental Security Income (SSI), and other  
5699 income sources while the child is in agency custody.
- 5700 B. Unearned income from a foster child will be used to offset costs of care and for the child's  
5701 personal needs, as allowable.
- 5702 C. Representative payee functions and use of a child's income will comply with established  
5703 policies, procedures, and guidelines pertaining to the unearned income source, Medicaid,  
5704 and DHS and Child and Family Services representative payee account requirements.  
5705

#### 5706

#### 5707

#### 5708 **1. Child and Family Services Philosophy on Use of Unearned Income for a Foster Child**

- 5709 A. When a child is in the custody of Child and Family Services or in the custody of the DHS  
5710 with Child and Family Services acting as primary case manager, responsibility for  
5711 payment for the costs for the child's care in priority order belongs to:
  - 5712 (1) Parents through child support paid to the Office of Recovery Services (OSR), as  
5713 required by state and federal law.
  - 5714 (2) The child's unearned income, designated for the child's care, maintenance, and/or  
5715 medical needs, within the allowable framework of the income source.
  - 5716 (3) Other source of funds designated for the child's care, maintenance, and/or  
5717 medical needs, within the allowable framework of the funding source.
  - 5718 (4) Federal revenue available to Child and Family Services for foster care services.
  - 5719 (5) State revenue available to Child and Family Services for foster care services.
- 5720
- 5721 B. Any child entering foster care is entitled to services and goods necessary to meet the  
5722 child's basic needs. A child entering state custody with unearned income should  
5723 generally not receive any goods or services that a child without unearned income would  
5724 not also receive while in foster care.  
5725

#### 5726 **2. What is a Foster Child Representative Payee Account?**

5727 A foster child representative payee account is a financial account established on behalf of a child  
5728 in Child and Family Services custody or in DHS custody when Child and Family Services is  
5729 designated as the primary case manager. Child and Family Services must receive authorization  
5730 from the funding agency, such as the Social Security Administration, to serve as representative  
5731 payee. The Child and Family Services caseworker acts as representative payee for the client.  
5732

5733 **3. Sources of Unearned Income**

5734 The most common types of federal unearned income received by foster children are SSI and SSD  
5735 benefits. The Social Security Administration administers both of these income sources, and use  
5736 of these funds for a foster child must be in accordance with Social Security Administration  
5737 requirements.

5738  
5739 A. **SSI Benefits for Children.** SSI benefits are payable to blind or disabled children under  
5740 age 18 who have limited or no income and resources or who come from homes with  
5741 limited or no income and resources. A review is conducted when an individual reaches  
5742 age 18 to determine if benefits may continue into adulthood. SSI checks are generally  
5743 distributed the first day of the month (or the preceding bank day if a weekend or holiday)  
5744 for benefits due for the current month.

5745  
5746 B. **SSD Benefits (may also be referred to as SSA).** SSD benefits may be paid to a dependent  
5747 child under age 18 through the Retirement, Survivors and Disability Insurance Program  
5748 based upon the work record of a child's parent. For example, a child may receive these  
5749 dependent benefits as a result of a parent's disability or death. Benefits may be extended  
5750 beyond age 18 for full-time students. SSD benefit checks are generally distributed the  
5751 third week of the month for benefits due for the prior month.

5752  
5753 C. **Other Sources.** Foster children may also receive other sources of unearned income, such  
5754 as Veteran's benefits, Railroad Retirement benefits, Tribal benefits, or insurance  
5755 settlement funds. All unearned income sources must be used in accordance with  
5756 purposes for which the funding is provided and in conjunction with established policies,  
5757 procedures, and guidelines pertaining to the unearned income source.

5758  
5759 **4. Roles and Responsibilities Pertaining To Representative Payee Accounts**

5760 A. **General Region Responsibilities.** Regional staff are responsible for oversight,  
5761 supervision, and implementation of the representative payee account process for foster  
5762 children under the jurisdiction of the region. Key regional responsibilities include:  
5763 (1) Applying for unearned income benefits for children who may qualify.  
5764 (2) Applying for DHS to be designated as representative payee.  
5765 (3) Complying with funding agency requirements.  
5766 (4) Managing fiscal accounts in accordance with DHS fiscal procedures.  
5767 (5) Ensuring separation of duties as required by DHS for check receipting, deposits,  
5768 payment authorization, and check preparation.  
5769 (6) Authorizing allowable payments and issuing checks.  
5770 (7) Calculating cost of care.  
5771 (8) Maintaining required records and reporting.  
5772 (9) Completing bi-annual internal representative payee account audit and other  
5773 quality assurance processes.  
5774 (10) Coordinating with other regions, divisions, and providers on representative payee  
5775 process.

5776

- 5777 B. Child and Family Services State Office Responsibilities. Primary Child and Family  
5778 Services state office staff responsibilities in the foster child representative payee process  
5779 include:
- 5780 (1) Overseeing process statewide for consistency and compliance.  
5781 (2) Maintaining written Practice Guidelines.  
5782 (3) Providing resources, training, technical assistance, and support to regional staff.  
5783 (4) Identifying services and costs to be included in cost of care calculation.  
5784 (5) Assisting regions in developing and implementing internal quality assurance  
5785 processes.  
5786 (6) Coordinating and acting as liaison with DHS finance staff.  
5787 (7) Assisting in doing research on requirements for funding agencies and  
5788 incorporating requirements into Child and Family Services Practice Guidelines.  
5789
- 5790 C. DHS Fiscal Operations Responsibilities. DHS finance staff responsibilities in the foster  
5791 child representative payee process include:
- 5792 (1) Ensuring that state fiscal procedures are followed.  
5793 (2) Reconciling payee accounts statewide and posting to financial system.  
5794 (3) Providing software for financial tracking system.  
5795 (4) Providing training and technical support on State Finance and DHS requirements  
5796 and on use of fiscal tracking system.  
5797 (5) Completing independent review of account records.  
5798
- 5799 D. Initial Caseworker Responsibilities.
- 5800 (1) When a child enters foster care, the caseworker is responsible to ask the child's  
5801 parent or caregiver if the child is receiving SSD or SSI benefits.  
5802 (2) The caseworker should also ask the parents about other sources of support  
5803 designated for the child that could assist with the child's care such as Veteran's  
5804 benefits, Railroad benefits, Indian Trust funds, insurance funds including health  
5805 insurance coverage, or other private trust funds.  
5806 (3) The caseworker is responsible to apply for benefits for a child who may qualify  
5807 but is not receiving them. For example, if a child is blind or disabled, application  
5808 should be made for SSI benefits. If a child's parent is deceased, application  
5809 should be made for SSD benefits. Application is made through the Social  
5810 Security Administration.  
5811 (4) The caseworker is responsible to apply for the DHS to become representative  
5812 payee for a foster child receiving SSI or SSD benefits. Payee application forms  
5813 are available through the local Social Security Office and may also be available in  
5814 the local Child and Family Services office. The caseworker should also apply for  
5815 DHS to become payee for other regular benefit payments.  
5816
- 5817 E. Caseworker Responsibility After Representative Payee Has Been Established.
- 5818 (1) The caseworker is responsible to provide the regional representative payee  
5819 account custodian with a written request to establish a new representative payee

- 5820 account, on a form provided by the custodian, and a copy of the letter of approval  
5821 of benefits from the granting agency, such as the Social Security Administration.  
5822 (2) The caseworker is responsible to oversee use of funds in the child's representative  
5823 payee account and to request and authorize any payments made from the account  
5824 through the 'funds request' link located in the trust account list within the SAFE  
5825 Trust Account module. The caseworker's supervisor must approve any fund  
5826 requests over \$499.99. The caseworker is responsible to obtain receipts for all  
5827 expenditures from the child's payee account, excluding Cost of Care.  
5828 (3) The caseworker will follow DHS representative payee account policies and Child  
5829 and Family Services representative payee account Practice Guidelines in  
5830 requesting and authorizing payments from the representative payee account.  
5831 (4) The caseworker is responsible to review an SSI client's representative payee  
5832 account monthly to ensure that the balance stays within limits for federal benefits.  
5833 The child becomes ineligible for SSI for any month in which the balance exceeds  
5834 \$2,000.  
5835 (5) The caseworker may not request payments from a child's representative payee  
5836 account exceeding the amount of funds available in the account and will not  
5837 request the regional account custodian to issue a check for unallowable expenses  
5838 or to inappropriate recipients.  
5839 (6) The caseworker is responsible to obtain the written approval of his or her  
5840 supervisor for any representative payee account expense that is \$500 or higher  
5841 and is responsible to obtain region director or designee approval for any expense  
5842 that is \$500 or higher from the client's personal needs allotment. (See Section  
5843 5.E.)  
5844 (7) The caseworker is responsible to notify the regional account custodian in advance  
5845 when custody termination is being requested from the court for a foster child.  
5846  
5847 F. Representative Payee Account Custodian and Supervisor Responsibilities.  
5848 (1) The regional account custodian will open a new representative payee account in  
5849 the SAFE Trust Accounting System when necessary documentation is received  
5850 from the caseworker and notify DHS Finance representative of the new account.  
5851 (2) The account custodian will accurately maintain all account records and issue  
5852 checks in accordance with DHS representative payee account policies and Child  
5853 and Family Services representative payee account Practice Guidelines.  
5854 (3) The account custodian will assist the caseworker and eligibility worker in viewing  
5855 the monthly report in SAFE on each foster child's representative payee account as  
5856 needed  
5857 (4) The account custodian will alert the caseworker when the representative payee  
5858 account approaches \$2,000 to avoid loss of SSI eligibility.  
5859 (5) The account custodian's supervisor will review and sign monthly reconciliation  
5860 statements.  
5861 (6) The account custodian will not issue a check for unallowable expenses or to  
5862 inappropriate payees.

- 5863 (7) The account custodian will maintain separate records on each child's  
5864 representative payee account.  
5865 (8) The representative payee is responsible to provide expenditure reports to the  
5866 responsible funding agency, as required by the funding agency.  
5867

## 5. Use of a Foster Child's Unearned Income

5869 A. Appropriate Use of Funds. A child's unearned income must be used as designated by the  
5870 funding agency and within the scope of what a "prudent person" would do. Social  
5871 Security Administration policies state that SSI and SSD benefits are provided first to  
5872 meet the child's day-to-day needs for food and housing. Benefits may also be used for  
5873 clothing, medical care not covered by Medicaid or personal insurance (such as eyeglasses  
5874 and hearing aids), recreation, personal incidentals, and comfort items. In addition, funds  
5875 may be used for training programs, school tuition, or daily school expenses if other needs  
5876 have been met. The Social Security Administration may require treatment for a disabling  
5877 condition for a child receiving SSI.  
5878

5879 B. Precedence for Use of Foster Child Unearned Income. The caseworker is responsible to  
5880 request and authorize payments each month using the following precedence:

- 5881 (1) Payment for spenddown for Medicaid, when determined appropriate. (See  
5882 Section 5.C.)  
5883 (2) Personal needs funds of \$35, maintained in the account for current or future  
5884 needs.  
5885 (3) Cost of care payment to Child and Family Services for current maintenance costs  
5886 (food, housing, and personal needs). (See Section 5.D.)  
5887 (4) Reimbursement for medical costs paid by Child and Family Services for medical  
5888 costs not covered by Medicaid, when allowed by the funding source.  
5889 (5) Any remaining funds to be maintained in the account for additional child needs as  
5890 allowed by the funding agency and recommended by the Child and Family Team.  
5891

5892 C. Medicaid Spenddown. When a regional eligibility caseworker determines that a foster  
5893 child's monthly unearned income exceeds the amount allowable for Medicaid eligibility,  
5894 the caseworker, nurse, eligibility caseworker, and others as appropriate will review the  
5895 child's anticipated medical costs to determine if a spenddown is appropriate. If the  
5896 child's medical expenses are expected to exceed the spenddown amount, the spenddown  
5897 amount will be paid prior to the cost of care calculation according to eligibility team  
5898 procedures and Medicaid requirements.  
5899

5900 The spenddown should be paid no later than the 20<sup>th</sup> of the month for which the Medicaid  
5901 card is being issued. In no event may the spenddown be made after the 10<sup>th</sup> of the  
5902 following month. Medicaid requires that any case requiring a spenddown be closed if the  
5903 spenddown has not been cleared by the 10<sup>th</sup> of the following month. If the case is closed,  
5904 a new Medicaid application is required to reopen Medicaid.  
5905

- 5906 SSD benefits from one month may be used to pay the spenddown for the following  
5907 month.  
5908
- 5909 D. Cost of Care. The amount of the child's unearned income that is allowable for food,  
5910 housing, and personal needs is considered cost of care. The amount of the cost of care to  
5911 be paid from a child's representative payee account is calculated and paid to Child and  
5912 Family Services at the regional level under the supervision of the regional finance unit.
- 5913 (1) *Costs included in calculating costs of care*. The state office revenue team is  
5914 responsible to identify which services and what portion of costs is included in the  
5915 calculation of cost of care. Service code and applicable rate table identify these  
5916 services.
- 5917 (2) *When cost of care is processed*. Cost of care is processed for children for whom  
5918 Child and Family Services has received unearned income as the child's  
5919 representative payee. The cost of care amount should be calculated and paid as  
5920 soon as possible after costs have been incurred for a given month. If there is a  
5921 significant delay in receipt of a billing from a provider and a child is at risk of  
5922 losing benefits due to excess resources in the representative payee account, cost of  
5923 care may be estimated based upon the child's known placement. Cost of care that  
5924 was estimated must be reconciled and any adjustments made within 30 days after  
5925 receipt of actual billing from provider. Regional finance staff must review and  
5926 approve all estimated costs of care prior to payment and verify accuracy of  
5927 reconciliations and payment adjustments.
- 5928 (3) *How Cost of Care is Calculated*. Cost of Care is determined in the SAFE Trust  
5929 Account Module by calculations specified by Department/Agency policy.
- 5930 a. SAFE will determine the unearned income applicable for a given month.  
5931 Regional rep payee account custodian will enter into SAFE the spenddown  
5932 paid from the monthly amount, if applicable.
- 5933 b. Compare cost of care total to unearned income received (or available after  
5934 spenddown) and document.
- 5935 c. If total cost of care is greater than unearned income received, authorize  
5936 preparation of check(s) to Child and Family Services for total unearned  
5937 income amount, minus personal needs allowance.
- 5938 d. If cost of care is less than unearned income amount, authorize preparation  
5939 of check(s) to Child and Family Services for cost of care, leaving personal  
5940 needs allotment and any additional remaining unearned income in account  
5941 to be used for current and future needs of the child.
- 5942 e. When applicable, adjust cost of care for prior months when there is  
5943 retroactive unearned income or when additional costs are incurred for  
5944 prior months that may not have already been included in cost of care  
5945 calculation.
- 5946 (4) *How Cost of Care is Deposited and Credited*. The following procedures apply  
5947 when depositing cost of care reimbursements and other funds from foster child  
5948 representative payee accounts.

- 5949 a. After cost of care reimbursements have been identified, identify costs that  
5950 were reimbursed by Title IV-E and non IV-E. (Note: Payments with  
5951 corresponding eligibility code of FT were reimbursed by Title IV-E.  
5952 Payments with corresponding eligibility code of FB were not reimbursed  
5953 by Title IV-E.) (See Service Code List.)  
5954 b. Identify the Finet Activities that costs were originally charged to (for both  
5955 IV-E and non IV-E cost of care reimbursements).  
5956 c. Deposit funds from client trust accounts (including special needs and cost  
5957 of care reimbursements) as a refund of expenditures. (These funds should  
5958 be credited to the Finet Activities identified in b. above.) This will ensure  
5959 claims for FFP are net of applicable credits.  
5960

- 5961 F. Personal Needs. Funds set aside for a child's personal needs and any additional unearned  
5962 income remaining after payment of cost of care may be used for additional needs of the  
5963 child, as allowed by the funding agency.  
5964

5965 The caseworker will initiate a Personal Needs fund request from the Trust Account List  
5966 within the SAFE Trust Account module. When appropriate, the Child and Family Team  
5967 will be consulted about use of personal needs funds. The region director or designee will  
5968 approve in advance any expense from a representative payee account that is \$500 or over,  
5969 other than payment for a medical bill, Medicaid spenddown, cost of care payment, or  
5970 reimbursement check to the funding agency when the account is being closed.  
5971

- 5972 G. Lump Sum Payments. The Social Security Administration or other funding agency may  
5973 make a lump sum payment for a child to cover benefit payments for multiple previous  
5974 months. The lump sum may or may not be designated as requiring a dedicated account.  
5975 The representative payee is responsible to follow the instructions of the funding agency  
5976 for use of the lump sum payment. Child and Family Services should request approval to  
5977 apply the funds to cost of care for the months for which the funding was granted.  
5978

5979 When approved, the lump sum payment will be applied to costs of care for the months for  
5980 which the funding was granted.  
5981

5982 If the representative payee is instructed that the lump sum must be placed in a dedicated  
5983 account, the funds will be placed in an account separate from the child's current  
5984 representative payee account. These dedicated funds may only be used for costs  
5985 authorized by the Social Security Administration and may only be used for past cost of  
5986 care when approval is specifically granted by the Social Security Administration.  
5987

## 5988 **6. Foster Child Representative Payee Accounts Relationship to Other Federal Benefits**

5989 Federal and state law and policies require a foster child's income and assets to be considered  
5990 when determining eligibility for Title IV-E and income only when determining Medicaid  
5991 benefits. Unearned income benefits are considered income in the month received. Any funds  
5992 remaining in the representative payee account carried over into the following month must be

5993 counted as an asset.

5994

5995 *(Note: Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility*  
5996 *policies. Consult with eligibility caseworker for questions regarding lump sum payments and*  
5997 *impact on eligibility.)*

5998

5999 For an SSI recipient, the balance in the account must remain below \$2,000 or the child is at risk  
6000 of losing SSI eligibility. If an SSI recipient's account exceeds \$2,000, the Social Security  
6001 Administration must be notified for review of continuing eligibility.

6002

6003 The account custodian is responsible to provide monthly reports on account balances to  
6004 caseworkers and regional eligibility caseworkers to ensure children receive benefits only when  
6005 eligible.

6006

## 6007 **7. Foster Child Placement or Living Arrangement and Payee Accounts**

6008 A. Kinship/Caregiver.

6009 When a foster child receiving unearned income is placed with a non-custodial parent,  
6010 unlicensed relative, or friend not eligible for a foster care payment (hereinafter  
6011 "caregiver"), Child and Family Services will assess whether a Kinship Caregiver  
6012 Maintenance Reimbursement will be issued to the caregiver from the child's trust  
6013 account. This reimbursement is to be used for the maintenance and basic needs of the  
6014 child (such as housing, utilities, food, supervision, and personal incidentals).

- 6015 1. The caregiver will complete the "Division of Child and Family Services Kinship  
6016 Caregiver Maintenance Reimbursement Agreement" form at the time the child is  
6017 placed with them. Each caregiver placement will require a newly completed and  
6018 signed form.
- 6019 2. The caseworker will give the signed form to their regional Representative Payee  
6020 to maintain in the child's trust account file.
- 6021 3. Child and Family Services Representative Payee will issue the kinship caregiver  
6022 maintenance reimbursement to the caregiver from the available funds in the  
6023 child's trust account, minus the \$35 personal needs allowance, up to a maximum  
6024 of the basic daily foster care rate. The rate paid to the caregiver will be based on  
6025 the child's age and the number of days in the caregiver's home.
- 6026 4. The maintenance reimbursement must be requested and approved each month by  
6027 the Child and Family Services caseworker in the SAFE web system.
- 6028 5. The Child and Family Services Representative Payee will pay the kinship  
6029 caregiver maintenance reimbursement as a Personal Needs Fund Request from the  
6030 SAFE web system.
- 6031 6. The Representative Payee will not require receipts for this reimbursement.

6032

6033 [Refer to: Kinship Practice Guidelines [Section 502.12.A.3](#) for caseworker practice  
6034 guidelines.]

6035

- 6036 B. Services through Division of Services for People with Disabilities (DSPD) Providers.  
6037 When a foster child receiving unearned income is placed with a DSPD provider, Child  
6038 and Family Services will remain the representative payee as long and the child remains in  
6039 Child and Family Services custody (even though normal DSPD practice is to have the  
6040 provider become the representative payee).  
6041  
6042 In circumstances in which DSPD is paying for the treatment portion of the placement  
6043 through Medicaid, such as under a Medicaid waiver, Child and Family Services must pay  
6044 for food, housing, and special needs costs to the DSPD provider through a maintenance  
6045 payment contract using a designated, unique placement and service code. The  
6046 caseworker will then authorize Child and Family Services to be reimbursed for cost of  
6047 care payments from the child's account on a monthly basis.  
6048  
6049 If the primary caseworker is a DSPD employee, that caseworker may request special  
6050 needs funds on behalf of the child following Child and Family Services procedures. The  
6051 regional account custodian will not issue a check for unallowable expenses or to  
6052 inappropriate payees if requested by the DSPD caseworker.  
6053  
6054 C. Trial Home Placement. When a foster child receiving unearned income is placed at home  
6055 on a trial home placement, Child and Family Services will remain the representative  
6056 payee as long and the child remains in Child and Family Services custody. As part of the  
6057 transition plan home, the Child and Family Team should determine the amount of the  
6058 child's unearned income to be provided to the parent for the child's current maintenance  
6059 while in the trial home placement. Each time funds are provided from the child's  
6060 account, the parent is required to report to Child and Family Services how funds were  
6061 used so that expenditures may be reported to the Social Security Administration, when  
6062 required. The parent may apply to become representative payee after the court has  
6063 returned custody to them.  
6064  
6065 D. Runaway. When a foster child receiving unearned income runs away, no cost of care  
6066 payment will be made to Child and Family Services or provider from the child's account.  
6067 The caseworker is responsible to notify the Social Security Administration that the  
6068 child's whereabouts are unknown, after a reasonable period of time, so that any necessary  
6069 action to defer payments may be made.  
6070  
6071 E. Independent Living/Transition to Adult Living. A foster child preparing for the transition  
6072 to adult living should be made aware of unearned income being received on the child's  
6073 behalf and included in decisions about use of funds (in excess of cost of care) when  
6074 deemed appropriate by the Child and Family Team as part of mentoring for successful  
6075 adult living. In addition, the child's transition plan should include plans for use of the  
6076 funding to help prepare for moving to an independent living setting or consulting with the  
6077 funding agency regarding how to transition any balance in the account to the youth after  
6078 custody is terminated. When approved by regional administration, a portion of the  
6079 benefits for a youth age 17 or older may be saved to help with the transition to adulthood;

6080 however, the representative payee account must be maintained at a level that enables the  
6081 child to continue to receive Medicaid and SSI benefits.

6082  
6083 For an older blind or disabled child receiving SSI, a disability review will be conducted  
6084 by the Social Security Administration to determine eligibility to continue receiving funds  
6085 after age 18. The transition to adult living plan should include plans for the child to  
6086 become recipient of the funds after age 18 or transfer to an appropriate representative  
6087 payee after leaving Child and Family Services custody if funding will continue.

6088  
6089 For a child receiving SSD benefits, funding may continue after age 18 if the child is a  
6090 full-time student.

6091  
6092 When a child in custody reaches age 18, the Social Security Administration will begin  
6093 sending the benefit checks directly to the youth. If Child and Family Services believes it  
6094 is in the youth's best interest for Child and Family Services to continue as representative  
6095 payee, justification will need to be provided to the Social Security Administration.  
6096 Otherwise, the caseworker and Child and Family Team should work with the youth to  
6097 appropriately plan for the use of the funds to help prepare for the transition to adulthood.

6098  
6099 *(Note: Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be*  
6100 *managed through a representative payee account. Youth should be selected to receive*  
6101 *ILP payments only when they are ready to learn to maintain their own checking or*  
6102 *savings account, with the support of the caseworker, foster parent, or other appropriate*  
6103 *mentor, in preparation for successful adult living.)*

6104  
6105 F. Adoption. When a foster child receiving unearned income is placed for adoption, Child  
6106 and Family Services will remain the representative payee as long and the child remains in  
6107 Child and Family Services custody. As part of the transition plan, the child's unearned  
6108 income (remaining after any monthly cost of care payment) may be provided for the  
6109 child's needs in the pre-adoptive home. Each time funds are provided from the child's  
6110 account, the adoptive parent is required to report to Child and Family Services how funds  
6111 were used so that expenditures may be reported to the Social Security Administration,  
6112 when required.

6113  
6114 The funding agency must be notified of the adoption. If funding will continue after the  
6115 adoption, the child's unearned income is also considered when assessing need and  
6116 determining the amount for a monthly subsidy.

6117  
6118 When custody is terminated, representative payee account closure procedures will be  
6119 followed. Any funds remaining in the child's account at case closure will be returned to  
6120 the funding agency and not sent to the adoptive parents.

6121  
6122 The adoptive parent may apply to become representative payee after the adoption has  
6123 been finalized.

6124  
6125 *(Note: A child who is receiving SSD benefits will generally continue to receive those*  
6126 *benefits after the adoption is finalized until age 18. Funding may extend beyond age 18 if*  
6127 *the child is a full-time student. SSI benefits are based upon the child's disability and*  
6128 *also the income and assets of the child's family. In most cases, SSI benefits will be*  
6129 *discontinued after the adoption is finalized because the adoptive family's income and*  
6130 *assets will be too high.)*

6131  
6132 G. **Guardianship.** When Child and Family Services is requesting the court to grant custody  
6133 of a foster child receiving unearned income to a guardian, Child and Family Services will  
6134 remain the representative payee until custody is terminated. The funding agency must be  
6135 notified of the termination of foster care.

6136  
6137 If the unearned income will continue after custody is given to a guardian, the child's  
6138 unearned income must also be considered when assessing the appropriateness and  
6139 amount of a guardianship subsidy. In many cases, the availability of unearned income  
6140 may make a guardianship subsidy unnecessary or inappropriate.

6141  
6142 *(Note: A child who is receiving SSD benefits will generally continue to receive those*  
6143 *benefits while in a guardianship placement until age 18. Funding may extend beyond*  
6144 *age 18 if the child is a full-time student. SSI benefits will generally be reduced by the*  
6145 *amount of a guardianship subsidy provided for the child, because the guardianship*  
6146 *payment is considered income for the child. This may result in loss of the SSI funding,*  
6147 *which could have been available to the child into adulthood; therefore, a guardianship*  
6148 *subsidy is generally not recommended for a child receiving SSI.)*

6149  
6150 Representative payee account closure procedures will be followed when Child and  
6151 Family Services custody has been terminated. Any funds remaining in the child's  
6152 account will be returned to the funding agency and not sent to the guardian.

6153  
6154 The guardian may apply to become representative payee after custody has been obtained.  
6155

## 6156 **8. Record-keeping and Reporting**

6157 A. **Representative Payee Account Record.** The regional account custodian must keep a  
6158 record of all actions taken with the representative payee account, including income  
6159 received, authorization for payments, checks issued, cost of care monthly records,  
6160 correspondence, reports, internal audits, and monthly and final account reconciliation.

6161  
6162 B. **Reporting Use of Funds to Funding Agency.** The representative payee is responsible to  
6163 provide expenditure reports to the responsible funding agency, as required by the funding  
6164 agency.

6165  
6166 For funds received from the Social Security Administration, an annual report must be  
6167 submitted when requested. Child and Family Services will report funds received and

6168 expenditures as requested by the Social Security Administration, traditionally in the  
6169 following three categories:

- 6170 (1) Food and housing.  
6171 (2) Needs. Clothing, education, medical/dental not covered by Medicaid, personal  
6172 items, recreation, and miscellaneous  
6173 (3) Savings.

6174  
6175 If the caseworker authorizes payment from the account for the child's current  
6176 maintenance needs directly to a foster parent, or parent or guardian during a trial home  
6177 placement, documentation must be obtained from the recipient detailing use of the funds  
6178 for inclusion in the report to the Social Security Administration.  
6179

6180 C. Reporting of Events or Changes in Circumstances to Funding Agency. The caseworker is  
6181 responsible to ensure that the funding agency is notified of any events or changes in  
6182 circumstances that may affect the child's receipt of funding or Child and Family Service'  
6183 ability to continue as representative payee, according to reporting requirements provided  
6184 by the funding agency. Notification may be made by telephone, mail, or in person, as  
6185 allowed by the funding agency.  
6186

6187 Examples of events or changes in circumstances that may need to be reported include:

- 6188 (1) Child leaves Child and Family Services or DHS custody.  
6189 (2) Change of address of representative payee (including transfer to another region).  
6190 (3) Change of address of the child, when required by funding agency.  
6191 (4) Death of a foster child.  
6192 (5) School attendance changes, if age 18 or over and entitled to child's benefits as a  
6193 full-time student.  
6194 (6) Child is confined to a public institution by court order in connection with a crime.  
6195 (7) Child is confined to jail, prison, penal institution, or correctional facility for  
6196 conviction of a crime or is in violation of a condition of probation or parole.  
6197 (8) A disabled child's medical condition improves.  
6198 (9) A disabled child starts working.  
6199 (10) A blind child's vision improves.  
6200 (11) Child is discharged from or enters a hospital, skilled nursing facility, nursing  
6201 home, intermediate care facility, or other institution.  
6202 (12) The income or assets of an SSI recipient changes.  
6203 (13) The representative payee account level of an SSI recipient is above \$2,000 after  
6204 all expenses have been paid at the end of a month.  
6205

6206 D. Record Retention. The representative payee account records are part of the child's  
6207 permanent record. After the account has been closed, representative payee account  
6208 records are placed in the child's family file under the SSI tab and will be archived with  
6209 the full case record in accordance with the foster child file retention schedule. The  
6210 electronic account record will be maintained in accordance with DHS fiscal requirements.  
6211

6212 **9. Account Transfer and Closure**

6213 A. Cross-Region Placement. If a foster child receiving unearned income is placed in another  
6214 region, but jurisdiction remains with the original region, no change is made in the  
6215 representative payee process. However, if jurisdiction is transferred, the representative  
6216 payee responsibilities are also transferred. (*Note: DHS continues as payee, but the*  
6217 *payment address changes.*)

6218  
6219 The new region caseworker is responsible to submit a representative payee change of  
6220 address form to the Social Security Administration or other funding agency. The account  
6221 will be closed in the originating region in accordance with DHS account closure  
6222 procedures, and any remaining funds sent by check to the new region. The entire  
6223 representative payee account record will also be sent to the new region along with the  
6224 family file.

6225  
6226 B. Transfer of Custody to Division of Juvenile Justice Services. If the court transfers  
6227 custody of a child between Child and Family Services and the Division of Juvenile  
6228 Justice Services (JJS), Child and Family Services will treat the representative payee case  
6229 as with any other foster care case. If the child is leaving Child and Family Services care,  
6230 any funds remaining in the account when the case is closed will be returned to the  
6231 applicable funding agency. The original account records will be filed under the SSI tab  
6232 in the family file. JJS will be responsible to apply for representative payee status.

6233  
6234 If the court transfers custody from JJS to Child and Family Services, treat the case the  
6235 same as any other new foster care case.

6236  
6237 C. Transfer of Benefits to Parent or Guardian. Child and Family Services will remain the  
6238 representative payee as long as the child remains in Child and Family Services custody.  
6239 Except as described in Section 7.B., Trial Home Placement, funds in the child's account  
6240 will not be transferred to the parent or guardian. The parent or guardian must apply  
6241 directly to the Social Security Administration to become representative payee after Child  
6242 and Family Services custody is terminated.

6243  
6244 D. Death of Foster Child. If a child receiving SSD or SSI benefits dies while in Child and  
6245 Family Services custody, any remaining funds in the child's account belong to his or her  
6246 estate. After any outstanding cost of care payments have been made, the remaining funds  
6247 should be given to the legal representative of the estate or otherwise handled according to  
6248 state law. (Probate court or an attorney may provide guidance about provisions of state  
6249 law.) Funds from the child's account are not returned to the Social Security  
6250 Administration.

6251  
6252 When a person who receives Social Security dies, no check is payable for the month of  
6253 death, even if he or she dies on the last day of the month. Return any check received for  
6254 the month of death or later to Social Security.

6255

- 6256 An SSI check is payable for the month of death. Return any SSI checks that come after  
6257 the month of death to the Social Security Administration.  
6258
- 6259 If a child receiving other types of unearned income dies while in Child and Family  
6260 Services custody, contact the funding agency for guidance about use of any remaining  
6261 funds in the child's account.  
6262
- 6263 E. Representative Payee Account Closure Process. The caseworker is responsible to notify  
6264 the regional account custodian in advance when custody termination is being requested  
6265 from the court for a foster child. A copy of the court order terminating custody must be  
6266 provided to the account custodian. (If the court is transferring custody of the child to JJS,  
6267 follow procedures described in Section 9.B.)  
6268
- 6269 Outstanding cost of care payments should be processed as soon as possible following cost  
6270 of care procedures. The account must then be audited and reconciled according to DHS  
6271 procedures.  
6272
- 6273 If the child's unearned income is SSD or SSI benefits, the Social Security Administration  
6274 must be notified that the child is no longer in DHS/Child and Family Services custody.  
6275 Any remaining funds in the child's account must be returned to the Social Security  
6276 Administration. The remaining funds may not be sent to a parent or guardian to whom  
6277 custody has been granted by the courts.  
6278
- 6279 If the child is age 18 years or older, per SSA regulations [GN00603.055](#), the conserved  
6280 funds may be paid directly to the child to facilitate transition into adult life. Child and  
6281 Family Services will require the child to show picture verification and sign a receipt  
6282 when claiming the check from the agency.  
6283
- 6284 If the child is mentally incapable then the funds must be returned to the Social Security  
6285 Administration. A child's incapacity will be determined by the Child and Family Team  
6286 with appropriate documentation and/or knowledge.  
6287
- 6288 If the child is receiving other types of unearned income, contact the funding agency for  
6289 guidance for returning remaining funds in the child's account.  
6290
- 6291 After the representative payee account is closed and the final audit is completed, account  
6292 records must be filed in the child's family file under the SSI tab.  
6293

### 6294 **303.17 Permanency Round Table (PRT) Process**

#### 6295 Major objectives:

6296 A Permanency Round Table or PRT is a tool to work out-of-home care cases that are “stuck” in  
6297 regards to the achievement of enduring safety and permanency. These children have a greater  
6298 likelihood of emancipating from the system and not achieving legal permanency or permanent  
6299 connections.

6300 Preferred permanency outcomes for children are Reunification, Adoption, Guardianship Relative,  
6301 or Guardianship Non-Relative. Emancipation is the least preferred outcome but in the event that  
6302 it becomes inevitable, youth aging out of care should have an array of informal permanent  
6303 connections, healthy relationships, and access to formal resources.  
6304  
6305  
6306

#### 6307 Practice Guidelines

- 6308
- 6309 A. Selecting cases for PRT: Cases involving children who are likely to remain in out-of-  
6310 home care until the age of majority should be considered for a PRT. Characteristics of  
6311 cases that could be prioritized for PRTs might include cases open of longer duration,  
6312 cases with primary and concurrent goals of Independent Permanency, and cases with  
6313 older youth.  
6314
- 6315 B. Training: All participants in a PRT must complete both Permanency Values training and  
6316 Permanency Skills training.  
6317
- 6318 C. PRT documents to be used in the PRT process:
- 6319 1. Case Summary Sheet.
  - 6320 2. Oral case presentation.
  - 6321 3. Action Plan, which concludes at 90 days.
  - 6322 4. Picture of youth.
  - 6323 5. Genogram (optional).
  - 6324 6. Timeline (optional).  
6325
- 6326 D. PRT participants and definition of roles: Limiting participation is intended to engender  
6327 an environment of openness without reprisal (applicable exceptions are allowed under the  
6328 role of Other).

- 
- 6329 1. Caseworker: The caseworker assigned to the case. The caseworker is responsible  
6330 to be prepared with the oral case presentation and answer questions from the  
6331 group.
- 6332 2. Supervisor: The supervisor of the caseworker attends the PRT and may also be  
6333 asked to provide case history and information.
- 6334 3. Master practitioner: The master practitioner is an expert in permanency work  
6335 and/or an expert in navigating unique challenges that may exist in specific types  
6336 of cases. There can be more than one master practitioner involved in a PRT.
- 6337 4. Neutral facilitator: A person outside of the administrative chain of command for  
6338 the case selected for a PRT. The facilitator will not lead the discussion in a  
6339 particular direction but will take an active role in establishing an environment that  
6340 stimulates and promotes the free exchange of ideas. The facilitator is responsible  
6341 to make sure that all parties are focused on looking for solutions rather than  
6342 getting caught up in the past. The facilitator is also responsible for keeping the  
6343 PRT team on schedule, following the structure of the PRT process, and ensuring  
6344 that an Action Plan is developed. The facilitator may enlist another member of  
6345 the PRT team to be a time keeper.
- 6346 5. External permanency consultant: A person who is outside of the administrative  
6347 chain of command for the case selected. It is preferred that the consultant be  
6348 outside of the region where the case management is conducted. The consultant is  
6349 primarily responsible to provide suggestions during brainstorming and action  
6350 planning.
- 6351 6. Scribe: The scribe manages all the record keeping for the PRT process, which  
6352 includes completing the PRT Action Plan documents.
- 6353 7. Others: On rare occasions, the situation may require a specialist from outside of  
6354 the agency to provide specific knowledge, skills, and expertise, which will assist  
6355 the work of permanency. In these situations, the participant should have  
6356 completed the Values training. Others may also be Child and Family Services  
6357 staff not otherwise designated in any of the other PRT roles.
- 6358
- 6359 E. PRT process:
- 6360 1. Welcome, Overview of PRT, and Working Agreement (5 Minutes): Establishing  
6361 rules for the PRT. Some rules that should be considered include no electronics  
6362 and maintain permanency focus.
- 6363 2. Case Presentation (20 Minutes): Caseworker presents the case using the Oral  
6364 Case Presentation outline. The caseworker's presentation is uninterrupted. At the  
6365 conclusion, the supervisor may also be given an opportunity to add information to  
6366 the presentation. No questions from the group are allowed in this portion of the  
6367 PRT.
- 6368 3. Clarify and Explore (15 Minutes): This is the opportunity for the PRT team  
6369 members to ask questions that will add clarity to the presentation. No  
6370 brainstorming or solution finding is allowed in this portion of the PRT.
- 6371 4. Brainstorm Session (25 Minutes): Free-flowing generation of ideas.

- 
- 6372 5. Action Planning (35 Minutes): Group brainstorm into key strategic themes,  
6373 develop measureable action steps, identify barriers and solutions for barriers,  
6374 assign responsible parties, and establish deadlines. Responsibility of Action Steps  
6375 should be shared by all participants of the PRT team.
- 6376 6. Debrief (5 Minutes): Check-in with the caseworker and supervisor regarding the  
6377 implementation of the Action Plan, lessons learned, etc.
- 6378
- 6379 F. Accessing Casey Grant dollars for barrier busting: Casey Family Programs has provided  
6380 money to assist caseworkers in overcoming barriers to achieving permanency.
- 6381 1. All approved requests must comply with rules for procurement.
- 6382 2. Requests for money for services and resources should be accompanied by a  
6383 request form (TBD).
- 6384 3. All requests must include a rationale for how this will promote legal permanency  
6385 or permanent connections for the youth.
- 6386 4. All requests exceeding \$500 (excluding travel, lodging, or per diem) must be  
6387 screened by the Program and Practice Improvement Team (PPIT).
- 6388

## 6389 **304 Services To Family**

### 6390 Major objectives:

6391 Child and Family Services provides services to parents or guardians to facilitate the child's return  
6392 home or placement with a permanent family. These services will be designed to maintain and  
6393 enhance parental functioning, care, and familial connections.  
6394

## 6395 6396 **304.1 Initial Contact With Parents**

### 6397 Major objectives:

6398 During the initial contact with the parents, the out-of-home caseworker will explain the process of  
6399 working with the parent while the child is in out-of-home care. This includes explaining the  
6400 parent's residual rights, the rights of visitation or parent-time with the child, the Child and Family  
6401 Team, the functional assessment, the Child and Family Plan, the transition plan, concurrent goals,  
6402 long-term view, and non-negotiables. The out-of-home caseworker will also explain to the  
6403 parents the role of the agency, the caseworker, the out-of-home caregiver, the team, and the court  
6404 process.  
6405

### 6406 6407 **Applicable Law**

6408 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
6409

### 6410 Practice Guidelines

6411 The caseworker will contact the parents within five working days of receiving the case.

6412 While the child is in Child and Family Services custody, beginning when the child first comes  
6413 into care, information will be provided to the child's parents which includes:

- 6414
- 6415 A. Orientation to the out-of-home service and the child's need for a permanent, stable home.
  - 6416
  - 6417 B. The importance of parental involvement and contact with the child and Child and Family  
6418 Services.
  - 6419
  - 6420 C. Expectations and time lines associated with participation or non-participation in service.  
6421
  - 6422 D. Parental rights and responsibilities while the child is in care, including financial support.  
6423

6424 When applying the above major objectives and Practice Guidelines, the following definitions  
6425 should be kept in mind:  
6426

6427 **Child and Family Team Meeting:** A Child and Family Team Meeting is a gathering of family  
6428 members, friends, community specialists, agency staff, and other interested people who join  
6429 together to strengthen a family and protect its children.  
6430

6431 **Teaming:** The process of developing, having, and maintaining a Child and Family Team with  
6432 families, resource systems, and agencies to assist families in solving their problems and  
6433 addressing their challenges through a strengths-based program.  
6434

6435 **Functional Assessment:** The definition taken from the Qualitative Review Protocol is: Assess  
6436 current, obvious, and substantial strengths and needs of the child and family that are identified  
6437 through existing assessments, both formal and informal. This collection of information should  
6438 form a big picture understanding of the child and family and how to provide effective services  
6439 for them. A functional assessment also identifies critical underlying issues that must be resolved  
6440 for the child to live safely with his/her family independent of agency supervision or to obtain an  
6441 independent and enduring home.  
6442

6443 **Permanency Plan:** A permanency plan is a written guide to obtaining specific outcomes and  
6444 objectives for a child and family. A permanency plan assembles supports, services, and  
6445 interventions into a holistic and coherent service process that provides a mix of elements  
6446 uniquely matched to the child and family situation and preferences.  
6447

6448 **Transition Plan:** A transition plan documents the process to achieve the Child and Family  
6449 Plan's long-term view, anticipate transitions, and consider the necessary steps to achieve  
6450 successful change. Transitions are internal processes that a family experiences and must manage  
6451 in order to be successful as they move through the process of change. Examples of typical  
6452 transitions include: removal, change in placement, change in school, change in caseworker,  
6453 change in therapist, reunification, case closure, graduation, independent living, agency transfers,  
6454 loss of family, and adoption.  
6455

6456 **Concurrent Permanency Goal:** Utah statute requires a concurrent permanency goal for the  
6457 child, and the reason for selecting that goal in every "treatment plan" when the child enters the  
6458 temporary custody of Child and Family Services. Specifically, Utah Code Ann. [§78A-6-312](#)  
6459 states that the concurrent permanency goal "shall include a representative list of the conditions  
6460 under which the primary permanency goal will be abandoned in favor of the concurrent  
6461 permanency goal and an explanation of the effect of abandoning or modifying the primary  
6462 permanency goal."  
6463

6464 **Long-Term View:** Long-term view is looking at the current situation and seeing how it will  
6465 affect the whole picture now and in the future. It includes considering how the current picture  
6466 needs to be changed or altered to achieve the future circumstances that are needed or desired.  
6467

6468 **Non-negotiables:** Those issues dealing with the child's safety and well-being, orders from the  
6469 court or statutes that prescribe specific actions by Child and Family Services.  
6470

## 6471 **304.2 Child And Family Contact**

### 6472 Major objectives:

6473 Child and Family Services will make efforts to engage parents in continuing contacts with their  
6474 child, whether through visitation, phone, or written correspondence. This will include efforts to  
6475 engage the parents in appropriate parenting tasks such as attending school meetings, etc. Child  
6476 and Family Services staff will recognize child and family contact as a right for both the parent  
6477 and the child.  
6478

### 6479 **Applicable Law**

6480 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### 6481 Practice Guidelines

6482 A. Refer to [Section 303.1](#), Visitation With Familial Connections.

6483 B. Exceptions to contact are limited to:

- 6484 1. When contraindicated by the law, court finding, the child's safety, or the child's  
6485 best interests.
- 6486 2. When parental rights are terminated.
- 6487 3. When the biological parent's declining health precludes such efforts in the case of  
6488 a terminally ill, unresponsive parent. However, engagement of the parents is to  
6489 occur whenever possible and may still occur in some cases where the parents are  
6490 in declining health or when rights have been terminated.  
6491  
6492  
6493  
6494

## 6495 **304.3 Ongoing Contact Between Parents And Caseworker**

6496 (This section has been replaced with [Section 302.2](#).)  
6497  
6498

## 6499 **304.4 Wrap-Around Services**

### 6500 Major objectives:

6501 Wrap-around services will be provided to the child and family and will be crafted by the Child  
6502 and Family Team based on the assessed needs and resources.  
6503

### 6504 **Applicable Law**

6505 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

### 6506 Practice Guidelines

6507 The Child and Family Team will explore with the family different levels of support such as  
6508 informal, formal, and use of flexible funding to craft and meet the needs of the family. Examples  
6509 of wrap-around services are:  
6510  
6511

- 6512 A. Peer parenting. [See: [Section 309](#), Peer Parenting Services.]  
6513

- 6514
- 6515 B. Child care.
- 6516
- 6517 C. Home health aide services.
- 6518
- 6519 D. Parenting education.
- 6520
- 6521 E. Respite care.
- 6522
- 6523 F. Transportation services for visitation.
- 6524
- 6525 G. Vocational or educational assistance.
- 6526
- 6527 H. Mental health and/or substance abuse assessment and treatment.
- 6528
- 6529 I. Housing referral and assistance.
- 6530

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

6531 **Major objectives:**

6532 To encourage parental responsibility and involvement, families are expected contribute  
6533 financially to the support of their children while in out-of-home care as required by state and  
6534 federal law [USC 671(a)(17)].  
6535  
6536

6537 **Applicable Law**

6538 Utah Code Ann. [§78A-6-1106](#). Child support obligation when custody of a minor is vested in an  
6539 individual or institution.

6540 Utah Code Ann. [§62A-4a-114](#). Financial reimbursement by parent or legal guardian.  
6541  
6542

6543 **Practice Guidelines**

- 6544 A. Utah law mandates that all parents are responsible for the support of their minor children.
- 6545
- 6546 B. The parent or guardian is to meet with the Office of Recovery Services within 10 days of  
6547 the shelter hearing to begin the process of providing financial support while their child is  
6548 in out-of-home care.
- 6549
- 6550 C. The caseworker should verify that this occurs.
- 6551
- 6552 D. In cases where the court has permanently terminated the parent's rights to their children,  
6553 the parents have no obligation to pay child support.
- 6554

6555 **304.6 Good Cause Deferral/Waiver Process**

6556 Major objectives:

6557 In situations in which the present family has been encumbered by an unpreventable loss of  
6558 income or extraordinary and necessary expenses not considered at the time the order of child  
6559 support was established, the caseworker may join with the family to request the Office of  
6560 Recovery Services to postpone or waive collection of current or past-due child support.  
6561

6562

6563 **Applicable Law**

6564 Utah Code Ann. [§62A-11-404](#). Office procedures for income withholding for orders issued or  
6565 modified on or after October 13, 1990.

6566

6567 Practice Guidelines

6568 Please refer to the following link to access the form (DHS Form 602) and instructions through  
6569 the Office of Recovery Services in order to complete this process:

6570 [http://www.ors.utah.gov/cic\\_goodcause.htm](http://www.ors.utah.gov/cic_goodcause.htm) . The form may also be accessed from the main  
6571 page in SAFE.  
6572

6573 **305 Child and Family Services Relationship With Out-Of-**  
6574 **Home Caregivers**

6575 Major objectives:

6576 Out-of-home caregivers have the responsibility of providing daily care, supervision, protection,  
6577 and experiences that enhance the child's development. Individuals approved and selected to  
6578 provide out-of-home care will have the experience, personal characteristics, and temperament  
6579 necessary to work with children and their biological families.  
6580

6581  
6582  
6583 **Applicable Law**

6584 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
6585

6586 Practice Guidelines

- 6587 A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the  
6588 health, well-being, and safety of children in their home, out-of-home caregivers will:
- 6589 1. Integrate children into their household as equal members by providing a pleasant,  
6590 safe, and nurturing family atmosphere.
  - 6591 2. Provide activities that enhance physical, cognitive, social, and emotional  
6592 development; teach problem solving skills; and act as positive role models.
  - 6593 3. Commit to keep the child without disruption until permanency has been  
6594 accomplished by using available supports to prevent disruption.
  - 6595 4. Use constructive discipline as approved by the Child and Family Team. Use of  
6596 corporal punishment, physical or chemical restraint, infliction of bodily harm or  
6597 discomfort, deprivation of meals, rest, or visits with family, or humiliating or  
6598 frightening methods to control the actions of children is never allowed.
  - 6599 5. Maintain confidential information that is disclosed within the Child and Family  
6600 Team. Out-of-home caregivers may share information with team members  
6601 providing services to the child such as medical professionals, therapists, school  
6602 personnel, etc.
  - 6603 6. Out-of-home care providers who participate in cluster support groups must also  
6604 abide by the cluster confidentiality agreement. Violation of confidentiality may  
6605 result in corrective action, suspension, or revocation of foster care licensure.
  - 6606 7. Furnish nutritious meals and snacks.
  - 6607 8. Plan orderly daily schedules that promote positive participation in appropriate  
6608 developmental, school, and community activities.
  - 6609 9. Provide the opportunity for religious observance in the faith of the child and  
6610 family's choice.
  - 6611 10. Arrange culturally responsive opportunities for participation in activities  
6612 consistent with the child's ethnic and cultural heritage.
  - 6613 11. Actively participate in the development and the implementation of the Child and  
6614 Family Plan.

- 
- 6615 12. Make the child available for parent-child visits and/or sibling visits with the  
6616 schedule negotiated by the Child and Family Team. Visitation may not be  
6617 contingent upon the child's behavior.
- 6618 13. Encourage children to maintain and develop positive relationships and  
6619 connections with parents as determined by the permanency goal and help prepare  
6620 children for their court-ordered permanency goal.
- 6621 14. Keep informed of all pertinent information regarding the child's current medical  
6622 or dental status, mental health, educational progress, and social skills, and observe  
6623 and document information regarding the child's behavior, problems, feelings, and  
6624 adjustment in the foster home. All information will be kept in the Home-to-Home  
6625 Binder.
- 6626 15. Keep records of dates of placement, billings, payments, any receipts for items and  
6627 services purchased for the child, and other financial matters.
- 6628 16. Maintain and keep current the Home-to-Home Book and take medical records  
6629 from the book for medical appointments to assure continuity of health care.
- 6630 17. In conjunction with the caseworker and health care team, see that medical  
6631 treatment is properly provided, accompany the child to all medical examinations,  
6632 encourage the child's parent to attend health care visits, consult with health care  
6633 providers, and ensure that health care, treatment, and follow-up care are provided  
6634 according to the schedule recommended by the child's health care providers.
- 6635 18. Secure, administer, and maintain medications for the child.
- 6636 19. Document the use of medication including when it is administered and by whom,  
6637 missed doses, and appointments related to medication management, including  
6638 missed or cancelled visits, in the Home-to-Home Book.
- 6639 20. Keep prescribed and over-the-counter medication locked and properly labeled  
6640 (name of person, dosage, name of medication, physician, expiration date, and  
6641 prescription number).
- 6642 21. Document the effects of medications and share with the child's doctor and family  
6643 team.
- 6644 22. Follow universal precautions when dealing with blood, urine, saliva, and feces  
6645 and follow written instructions for the disposal of medication, syringes, or  
6646 medical waste.
- 6647 23. Be involved in the planning and monitoring of the child's mental health treatment.
- 6648 24. Be responsible for monitoring and assisting in children's educational process  
6649 including helping with homework, attending parent/teacher conferences,  
6650 participating in the development of Individual Education Plans (IEPs), and alert  
6651 the caseworker to any unmet educational needs.
- 6652 25. Give input, attend and participate in the Child and Family Team, reviews and  
6653 other important meetings; *or* provide written comments prior to the review date or  
6654 participate by telephone if unable to attend reviews or meetings.
- 6655 26. Provide transportation to school and related activities, medical and dental  
6656 appointments, mental health therapy, visitations, court hearings, reviews, religious  
6657 activities, and other routine personal or family activities as negotiated by the  
6658 Child and Family Team.

- 6659 27. Use clothing allowance and monthly out-of-home payments as allocated for new  
6660 and gently used clothing or new diapers. It is acceptable for an out-of-home  
6661 caregiver to sew the child's clothing if there is no charge for the labor. A child's  
6662 wardrobe may be supplemented with previously worn clothing if in good repair  
6663 and it is purchased through a used clothing store and a receipt is provided.
- 6664 28. Be an advocate for children in their care.
- 6665 29. Alert the caseworker of any special or unmet needs of the child.
- 6666 30. Report any significant change in the child or parent's circumstances, or of any  
6667 serious or repeated behavioral problems of the child.
- 6668 31. Immediately report any accidents, injuries, criminal and delinquent activities, or  
6669 other emergency situations.
- 6670 32. Report substantial changes in the home composition to the caseworker and Office  
6671 of Licensing.
- 6672 33. Actively seek in-service training opportunities that promote the development of  
6673 parenting skills and keep a record of in-service training attended.
- 6674
- 6675 B. Out-of-Home Caregiver Training Requirements.
- 6676 1. An out-of-home caregiver will successfully complete:
- 6677 a. An initial consultation to orient out-of-home caregivers prior to  
6678 participation in the pre-service training program through the Contractor that  
6679 Child and Family Services utilizes for the Training, Recruitment, and Retention  
6680 Services of Foster Parents.
- 6681 b. For initial licensure, completion of the pre-service training required by  
6682 Child and Family Services for all prospective out-of-home caregivers prior  
6683 to licensure. Any pre-service training hours completed within the previous 24  
6684 months of an individual seeking licensure may be accepted as long as there is no  
6685 documentation or evidence that there were concerns regarding the caregiver.  
6686 Child and Family Services reserves the right to require any caregiver to re-take  
6687 part or all of pre-service classes if deemed necessary. Special situations:
- 6688 (1) If a prospective caregiver applying for either a Licensed Foster  
6689 Care (LFC) or Licensed Specific Child (LSC) license has  
6690 completed comparable training (with another state or agency), a  
6691 request for an exception to complete the training will be submitted  
6692 in writing by the Resource Family Consultant (RFC) to the foster  
6693 care program administrator or other designated staff at the State  
6694 Office. The foster care program administrator or other designated  
6695 staff will assess the training completed by the prospective  
6696 caregiver and the specific case information (if applicable), and will  
6697 provide a decision in writing to the RFC as to whether or not the  
6698 training can be accepted within 30 working days of receiving the  
6699 request.
- 6700 (2) If a caregiver applying for an LSC license is deemed unable to  
6701 complete the Child and Family Services approved pre-service  
6702 training within the required timeframe of the probationary license,

- 6703 the RFC and the potential foster parent will work with the current  
6704 Child and Family Services Contractor for Training, Recruitment,  
6705 and Retention Services of Foster Parents on alternative ways to  
6706 complete the pre-service training. A request for an exception will  
6707 be submitted in writing by the RFC (or KFC) to the foster care  
6708 program administrator or other designated staff at the Child and  
6709 Family Services State Office. The request for training exception  
6710 must include the reason that the caregiver is unable to complete the  
6711 training in the required timeframe; what attempts were made, if  
6712 any, to complete the training; and what the alternative plan  
6713 (including timeframes) is for the caregiver to complete the pre-  
6714 service training. The foster care program administrator or other  
6715 designated staff will assess the information and will provide a  
6716 decision in writing to the RFC as to whether or not the alternative  
6717 plan is accepted within 30 working days of receiving the request.
- 6718 c. Pre-service classes include information about:
- 6719 (1) Orientation and Team Building; Child and Family Services Major  
6720 objectives and Procedure, Licensing Rules, and Medical  
6721 Requirements for Children in Out-of-Home Care; Abuse and Neglect,  
6722 Child Sexual Abuse; Impacts of Abuse on the Child Development;  
6723 Attachment, Separation, Grief, and Loss; Discipline & Effects of  
6724 Caregiving on the Family; Cultural Issues, Primary Families; and  
6725 Adoption Issues;
  - 6726 (2) Rights and responsibilities as caregivers and the partnership role  
6727 with Child and Family Services in providing services to the child  
6728 and family;
  - 6729 (3) Responding to the individual needs of children placed in their  
6730 home, including the needs of abused and neglected children and  
6731 the importance of the cultural and ethnic contexts for service;
  - 6732 (4) Sensitive and responsive practices to use with the biological  
6733 parents, which address issues such as involving them in decisions  
6734 about their children's lives, encouraging visits, and ways to  
6735 maintain the parent-child relationship (unless contraindicated by  
6736 the service plan);
  - 6737 (5) The use of out-of-home care as a temporary intervention, except  
6738 when planned alternative living arrangements have been clearly  
6739 determined to be the appropriate plan for therapeutic reasons, or  
6740 when adoption or guardianship by the kin or out-of-home  
6741 caregivers has become the plan;
  - 6742 (6) Circumstances that terminate the caregiving relationship and  
6743 informs them regarding appeal Practice Guidelines, which gives  
6744 them notice and opportunity to be heard in any review or hearing  
6745 regarding the child;

- 6746 (7) Accessing, via the Child and Family Services eligibility process  
 6747 and staff, government payments on behalf of the child, including  
 6748 Medicaid cards, social security, and other public assistance; and  
 6749 (8) The organization's major objectives on compensation for damages  
 6750 done by children placed in their care.  
 6751 (9) Other training topics deemed appropriate by Child and Family Services.  
 6752 d. For ongoing licensure, completion of 16 hours of in-service training hours  
 6753 annually prior to re-licensure is required. If there are two caregivers in the  
 6754 household, the 16 hours is the total number of in-service training hours  
 6755 required for both caregivers combined, with neither caregiver having less  
 6756 than four hours. A minimum of four hours of in-service training per  
 6757 caregiver must be completed in a face-to-face or classroom setting.  
 6758 Approximately 25 percent of the remainder of the hours may be completed  
 6759 through other multimedia sources, as outlined below (online courses,  
 6760 parenting instruction videos, or other publications). The following chart is  
 6761 a guide for acceptable combinations of training hours between two  
 6762 caregivers.

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

- 6763 (1) In-service training hours may be completed through the current  
 6764 Child and Family Services Contractor for Training, Recruitment,  
 6765 and Retention Services of Foster Parents. If a foster parent repeats  
 6766 any amount of pre-service training, the full amount will count  
 6767 towards the in-service training requirement. Training completed  
 6768 through the Contractor will be entered into the SAFE database by  
 6769 the Contractor. Foster parents should also maintain copies of  
 6770 verification (attendance rolls, certificates, etc.) that they have  
 6771 attended training through the Contractor.  
 6772 (2) Training hours may also be completed through foster parent  
 6773 attendance and participation in any classes or trainings offered to  
 6774 out-of-home caregivers by Child and Family Services.  
 6775 (3) Other in-service training hours may be completed by the out-of-  
 6776 home caregiver through the following process:  
 6777 (a) Community-based trainings and conferences: The Child  
 6778 and Family Services State Office will maintain a list of pre-  
 6779 approved community-based trainings or conferences for in-  
 6780 service training credit. Any other trainings or conferences  
 6781 not on the pre-approved list must be pre-approved by the  
 6782 RFC or other designated Child and Family Services staff in

- 6783 order for the caregiver to receive in-service training hours.  
6784 Community-based training and conferences must be  
6785 provided by well renowned institutions or collaborations  
6786 and/or should be based on evidence-based practices that  
6787 will increase the knowledge and skills of the caregivers.  
6788 The training/conference may cover general topics that can  
6789 be related to parenting children in foster care, or it may be  
6790 specific to the needs of a particular child being cared for by  
6791 the caregiver. The caregiver must obtain verification of  
6792 attendance in order to receive credit for in-service training  
6793 hours. The caregiver will keep a copy of the verification of  
6794 attendance and will provide a copy to the RFC or other  
6795 designated staff.
- 6796 (b) The RFC will forward the verification of training to the  
6797 designated person with the Child and Family Services  
6798 Contractor for Training, Recruitment, and Retention  
6799 Services of Foster Parents for entry into the SAFE  
6800 database. The designated person will enter completed  
6801 trainings attended by out-of-home caregivers into the SAFE  
6802 database within 10 business days of receiving the training  
6803 documentation.
- 6804 (c) Training through other multimedia sources, such as on-line  
6805 courses, parenting instructional videos, or other  
6806 publications (such as books): Out-of-home caregivers may  
6807 complete a portion of their in-service training hours  
6808 through pre-approved online courses (including those  
6809 provided through the Child and Family Services Contractor  
6810 for Training, Recruitment, and Retention Services of Foster  
6811 Parents) parenting instructional videos, or other  
6812 publications. The training may be general or it may be  
6813 specific to the needs of a particular child, and should be  
6814 based on evidence-based practices. The Child and Family  
6815 Services State Office will maintain a list of pre-approved  
6816 sources for in-service training credit through these  
6817 methods. The list of pre-approved resources will also  
6818 outline how many hours of training credit may be received  
6819 from each source.
- 6820 (d) In order for out-of-home caregivers to receive in-service  
6821 training credit from completion of an online course,  
6822 parenting instructional video, or other publications, the  
6823 caregiver must provide a typed summary of the training to  
6824 the RFC or other designated Child and Family Services  
6825 staff. A standardized form can be obtained from the RFC  
6826 for the summary. The summary will include knowledge

- 6827 and skills that the caregiver gained from the training and  
6828 how the caregiver will apply the knowledge and skills  
6829 when parenting children in care. If an online course has a  
6830 post-test component that tests the knowledge of the  
6831 caregiver following course completion, the caregiver may  
6832 provide verification of passing the post-test for training  
6833 credit rather than the summary. The RFC or designated  
6834 staff will review the summary or documentation provided  
6835 by the caregiver and determine whether the information  
6836 meets the requirements for in-service training. If it meets  
6837 the requirements for in-service training, the information  
6838 will be forwarded to the designated staff member at the  
6839 current Child and Family Services Contractor for Training,  
6840 Recruitment, and Retention Services of Foster Parents for  
6841 entry into SAFE.
- 6842 (e) The designated staff member at the Child and Family  
6843 Services Contractor for Training, Recruitment, and  
6844 Retention Services of Foster Parents will enter completed  
6845 trainings into the SAFE database within 10 business days  
6846 of receiving the training documentation.
- 6847 (f) Any person wanting to add a source to the pre-approved list  
6848 of in-service training sources will forward a request to the  
6849 Child and Family Services foster care program  
6850 administrator or other designated staff at the Child and  
6851 Family Services State Office. The request will provide any  
6852 relevant information regarding the source, including a  
6853 summary of the information covered along with any  
6854 indication that it is evidence-based practice (if known).
- 6855 (4) Tracking annual in-service training hours:
- 6856 (a) One hundred and twenty days prior to foster care licensure  
6857 renewal for an out-of-home caregiver, the RFC assigned to  
6858 the caregiver or other designated Child and Family Services  
6859 staff will review the completed in-service training hours in  
6860 SAFE and determine whether the caregiver has the required  
6861 amount of in-service training hours.
- 6862 (b) If the caregiver has already received credit for the required  
6863 number of training hours, no further action is required.
- 6864 (c) If the caregiver has a deficiency in the number of in-service  
6865 training hours needed for re-licensure, the RFC or staff will  
6866 contact the caregiver to determine if they will be renewing  
6867 their foster care licensure. If the caregiver will be  
6868 renewing, the RFC or staff will do the following:
- 6869 i. Provide written notification to the caregiver  
6870 regarding the number of hours still needed prior to

- 6871 re-licensure, including what will happen if they do  
6872 not obtain the required number of training hours.  
6873 ii. Coordinate with the caregiver to determine if there  
6874 are hours of in-service training that they have not  
6875 yet been credited and assist them in the process of  
6876 ensuring those hours are entered into SAFE.  
6877 iii. Assist the caregiver in identifying potential training  
6878 sources to help them obtain the required number of  
6879 training hours.  
6880 iv. Make monthly contact with the caregiver to  
6881 determine their progress on completing in-service  
6882 training. The RFC or designated staff will  
6883 document monthly contacts in the provider notes in  
6884 SAFE.  
6885 v. If the caregiver is unable to obtain the required  
6886 number of hours needed for in-service training and  
6887 still desires to maintain licensure, the RFC or staff  
6888 will help them identify what steps they must take in  
6889 order to obtain re-licensure.  
6890 (d) If the caregiver informs the RFC or designated staff that  
6891 they will not be pursuing re-licensure, this information will  
6892 be documented in the provider notes in SAFE.  
6893 e. An affirmation of compliance with Administrative Rule [R512-302](#).  
6894 f. Child and Family Services may identify or require a specific training for all  
6895 foster parents. Child and Family Services may also require a specific training  
6896 for an individual foster parent to help them provide for the needs of a particular  
6897 child.  
6898  
6899 C. All other licensing requirements for the home must be met and maintained. Refer to the  
6900 Office of Licensing Rules, Child Foster Care [R501-12](#). Requirements for licensure may  
6901 include but are not limited to:  
6902 1. A BCI criminal records check and a check of the state's child abuse registry for  
6903 all adults, 18 years or older, residing in the home.  
6904 2. A Resource Family Assessment and/or homestudy will be completed by the  
6905 Office of Licensing or other approved contractor using the standardized family  
6906 assessment format. This includes references, a medical reference letter completed  
6907 by a licensed health care professional, and a mental health evaluation if needed.  
6908  
6909 D. Reimbursement for services commensurate with the cost of maintaining the child will be  
6910 provided to the out-of-home caregiver at the rate established by the Utah State  
6911 Legislature, and also based on the needs of the child.  
6912  
6913 E. Foster Care Agreement:

- 
- 6914 1. The Foster Care Agreement (Form 638A) found in SAFE must be signed annually  
6915 by each licensed out-of-home caregiver. If there are two licensed out-of-home  
6916 caregivers in a home, they may sign on the same form. For kin caregivers, the  
6917 Foster Care Agreement will be signed at the time of licensure and will replace the  
6918 Kinship Caregiver Preliminary Placement Agreement (KBS04).
- 6919 2. The RFC assigned to the foster parent, or other assigned Child and Family  
6920 Services staff will review the Foster Care Agreement and address any concerns  
6921 with the out-of-home caregiver. The RFC will obtain a signed Foster Care  
6922 Agreement from the licensed out-of-home caregiver annually.
- 6923 a. Once signed, the Foster Care Agreement is effective until the end of the  
6924 licensure period or one year from the time of signing the agreement,  
6925 whichever is sooner.
- 6926 b. For newly licensed foster parents, the Foster Care Agreement should be  
6927 obtained within 30 days of receiving the home study, unless the Child and  
6928 Family Services region has made the determination that the home will not  
6929 be used for placements.
- 6930 c. For foster parents who have been licensed more than a year, a signed copy  
6931 of the Foster Care Agreement should be obtained within the 30 days prior  
6932 to expiration of the former Foster Care Agreement. This can be done in  
6933 person, through the mail, or through electronic methods (such as a scanned  
6934 version of the signed agreement sent through email).
- 6935 d. Copies of the signed Foster Care Agreement will be kept in the Out-of-  
6936 Home Caregiver's file.  
6937
- 6938 F. Placement Agreement:
- 6939 1. The Placement Agreement (Form 638B) found in SAFE must be signed each time  
6940 a child is placed in the home of an out-of-home caregiver. If there are two  
6941 licensed out-of-home caregivers in a home, they may sign on the same form.
- 6942 2. The caseworker or supervisor assigned to the child will review the Foster Care  
6943 Agreement and address any concerns with the out-of-home caregiver, and obtain a  
6944 signed copy from the caregiver. The RFC assigned to oversee the home may  
6945 assist in obtaining the signed Placement Agreement, if necessary.
- 6946 3. A signed copy of the Placement Agreement should be obtained within 30 days of  
6947 placing the child in the home. This can be done in person, through the mail, or  
6948 through electronic methods (such as a scanned version of the signed agreement  
6949 sent through email).
- 6950 4. Once signed, the Placement Agreement is effective for the duration of the child's  
6951 placement of the child with the out-of-home caregiver, or until Child and Family  
6952 Services custody of the child ends.  
6953

## 6954 **305.1 Services To Out-Of-Home Caregivers**

### 6955 Major objectives:

6956 Child and Family Services will provide support to the out-of-home caregiver to ensure that the  
6957 child(s) needs are met, prevent unnecessary placement disruption, and address needs of the out-  
6958 of-home caregiver. The out-of-home caregiver is a member of the Child and Family Team.  
6959

### 6962 **Applicable Law**

6963 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
6964

### 6965 Practice Guidelines

6966 A. (This section has been replaced with [Section 302.2](#).)  
6967

6968 B. **Facilitating Caregiver/Family Contact.** The caseworker will assist the out-of-home  
6969 caregiver in developing and maintaining a working relationship with the child(s) parents,  
6970 in accordance with the Child and Family Plan and permanency goals.

- 6971 1. Out-of-home caregivers, the caseworker, the child, and the family will engage in a  
6972 private face-to-face meeting within the first two weeks of placement and at least  
6973 once a month thereafter or as needed to build the relationship.
- 6974 2. The caseworker will encourage the out-of-home caregiver to initiate and maintain  
6975 contact with the child(s) parents to share information about the child and facilitate  
6976 familial connections.  
6977

6978 C. **Access to Major objectives and Practice Guidelines.** Out-of-home caregivers will have  
6979 access to review the Child Welfare Manual and have any relevant major objectives  
6980 explained by agency personnel.

- 6981 1. During pre-service training, all families will receive a Resource Family Major  
6982 objectives and Practice Guidelines.
- 6983 2. Annually, to renew their license, all resource families will participate in a major  
6984 objectives “refresher” course and receive a current Resource Family Major  
6985 objectives and Practice Guidelines.
- 6986 3. Child and Family Services will make available, in any office, the Child Welfare  
6987 Manual, and offer an explanation of any major objectives requested.
- 6988 4. The Child and Family Services Child Welfare Manual will be available over the  
6989 Department of Human Services Internet web page.  
6990

6991 D. **Mileage Reimbursement.** Licensed out-of-home caregivers will be reimbursed for the  
6992 mileage incurred for the following activities:

- 6993 1. **Visitation:** Mileage will be reimbursed to transport a child in out-of-home care to  
6994 and from visits with parents, siblings, or other relatives/ caregivers.  
6995

- 6996 2. Case-Related Activities: Mileage will be reimbursed to and from Child and  
6997 Family Team meetings, reviews, court activities, case planning, staffings, and  
6998 placement transitions.  
6999 3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a  
7000 friend's house, the school, or to recreational activities.  
7001 4. If transporting more than one child at the same time, mileage will only be  
7002 submitted for one child.  
7003 5. Medical and Other Essential Activities: Reimbursement is also available for  
7004 mileage to and from caseworker approved essential, extraordinary activities such  
7005 as school attendance outside of neighborhood boundaries, for youth bus pass, and  
7006 for agency payments to parents to visit their child in foster care. Mileage will be  
7007 reimbursed to transport the child to and from medical, dental, and mental health  
7008 appointments.  
7009

7010 The out-of-home caregiver will document all reimbursable mileage claims on the  
7011 appropriate Child and Family Services form that includes odometer readings, purpose of  
7012 travel, and destination.  
7013

7014 Mileage claims will be submitted monthly for reimbursement.  
7015

## 305.2 Respite, Child Care, And Incidental Care For Children In Out-Of-Home Care

### Major objectives:

7018 Out-of-home caregivers will have temporary relief from the day-to-day parenting responsibilities  
7019 of the child placed in their care to prevent placement disruption and/or burnout. Options for  
7020 temporary relief include paid respite, non-paid respite, child care, and incidental care.  
7021  
7022

### **Applicable Law**

7024 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7025  
7026

### Definitions:

- 7028 A. Incidental Care: Occasional care, not in excess of five hours per week and never  
7029 including overnight stays. Examples of this would be babysitting for five hours or less  
7030 per week or transporting the child on behalf of the foster parent for a duration of time  
7031 totaling less than five hours per week. Incidental care does not have to take place in the  
7032 out-of-home caregiver's home  
7033  
7034 B. Child care: Ongoing care to the child in the out-of-home caregiver's home on a  
7035 continual, regular basis (such as when the out-of-home caregiver is at work), OR care for  
7036 a child in out-of-home care in excess of five hours a week. Child care does not include  
7037 overnight stays with the child.  
7038

7039 C. Respite care: Any arrangement that requires the individual caring for the child to stay  
7040 with the child overnight. It may also be for multiple overnight stays. A person providing  
7041 respite care in their own home for a child in foster care must be a licensed foster care  
7042 provider and may not exceed the capacity they are licensed for. However, an unlicensed  
7043 person may provide respite care for a child in foster care in the home of the out-of-home  
7044 caregiver, as long as the requirements outlined below are met.

7045  
7046 **D. Other options for temporary relief:**

- 7047 1. Visitation with the child's non-licensed relative in order to maintain  
7048 connections- [See: Kinship Practice Guidelines Section 502.3a for requirements  
7049 for unsupervised access to a child in care.]
- 7050 2. In rare instances where the Child and Family Team has explored all other options  
7051 and consulted with the RFC and there is still a need, babysitting outside of the  
7052 licensed foster home over the five hours may occur. The Office of Licensing will  
7053 require a variance [see: Admin. Rule R501-12-5(9)] and complete the background  
7054 check. Child and Family Services will complete a safety walk-through of the  
7055 home using the DCFS KBS16 Limited Home Inspection checklist.

7056  
7057 E. Emergency Care: Care provided to a child in out-of-home care, when an approved child  
7058 care or respite provider is not available, which enables the out-of-home caregiver to  
7059 respond to an urgent situation. Emergency care can only be provided when there is a  
7060 death, hospitalization, or serious illness of the out-of-home caregiver or anyone in the  
7061 caregiver's immediate family; or when another child placed in the caregiver's home has  
7062 attempted or succeeded in seriously harming themselves or others.

7063  
7064 Practice Guidelines

7065 A. Respite care is used to provide short-term relief for the out-of-home caregiver from the  
7066 responsibilities of caring for a child in foster care. It may include multiple occurrences of  
7067 overnight care. Respite care may be paid or non-paid and may be provided for any child  
7068 who is in the custody of Child and Family Services.

- 7069 1. For children placed with contracted providers, the contract agency is responsible  
7070 for making arrangements for respite care and to comply with respite care  
7071 requirements outlined in their contract.
- 7072 2. Prior approval must be obtained from the caseworker or Resource Family  
7073 Consultant (RFC) when an out-of-home caregiver chooses to make arrangements  
7074 for respite care.
- 7075 3. The respite caregiver must meet the qualifications of a respite provider (outlined  
7076 below) in order to provide respite care for children in care.

7077  
7078 B. Respite care may be provided in the following ways:

- 7079 1. The temporary placement of a foster child with another licensed out-of-home  
7080 provider that is not the primary out-of-home caregiver for the child. The licensed  
7081 home must be pre-approved by the RFC. A placement made for respite purposes  
7082 is meant to be short term (12 days or less) with the intent that the child will return

- 7083 to the current foster home and does not count as a placement change for the child.  
7084 If an out-of-home caregiver requests respite care for a duration of time over 12  
7085 days (such as for a longer vacation or for other extenuating circumstances), the  
7086 request will be staffed with the RFC supervisor or other region designee and, if  
7087 approved, the approval will be documented in the activity logs for the case and  
7088 the provider notes. It must still be the intent that the child will return to the  
7089 current foster home for a respite placement over 12 days to be approved.
- 7090 2. Temporary placement of a foster child in a licensed facility, with the intent that  
7091 the child will return to the current foster home.
  - 7092 3. Overnight care in the home of the out-of-home caregiver by an individual  
7093 certified by Child and Family Services as an In-home Respite caregiver (see  
7094 requirements in paragraph F below).
  - 7095 4. Temporary care in the home of a state licensed child care provider. The licensed  
7096 daycare provider must be licensed through the Department of Health, Child Care  
7097 Licensing Program.
  - 7098 5. Child and Family Services Paid Respite Care: Respite providers that will be paid  
7099 by Child and Family Services will be opened under the RE code that corresponds  
7100 with the level of care that the child is currently placed at for payment.
  - 7101 6. If a licensed out-of-home caregiver will be used for respite care but is not  
7102 approved to provide the level of care that the child is placed at, then the case must  
7103 be staffed by the RFC or through another regionally approved process prior to the  
7104 respite occurring, in order to ensure that the provider has the skills necessary to  
7105 care for that child. If approved to provide respite, the staffing and approval must  
7106 be documented in the provider notes in SAFE and the required payment approvals  
7107 (under the corresponding RE codes) will be opened in order to pay the respite  
7108 provider the correct amount. The payment will be made using the One Time  
7109 Payment Form (Form 295).
  - 7110 7. Respite care not paid by Child and Family Services: Licensed out-of-home  
7111 providers may make arrangements to exchange children with another licensed  
7112 out-of-home caregiver for short periods of time for respite purposes after  
7113 obtaining approval from the RFC or the child's caseworker. An out-of-home  
7114 caregiver may directly pay for those services if they desire.
- 7115
- 7116 C. Accrual of Child and Family Services Paid Respite Days:
- 7117 1. All licensed out-of-home caregivers will receive one paid respite day per calendar  
7118 month for every month they have a child placed in the home. Out-of-home  
7119 caregivers must have at least one foster child/youth in their home for a period of  
7120 15 days during a calendar month to accrue one respite day.
  - 7121 2. Regardless of the number of children placed in the home, a maximum of 12  
7122 respite days can be accrued by a licensed out-of-home caregiver at any given  
7123 time. The accrued respite days do not expire and can be used at any time. After  
7124 accrued respite days have been used, the out-of-home caregiver must re-accrue  
7125 respite days through the process described in C.1.

- 7126 3. The RFC will document in the provider notes in SAFE the number of paid respite  
7127 days accrued and used by the out-of-home caregiver a minimum of once every six  
7128 months. The documentation will coincide with the required RFC face-to-face  
7129 home visits and at any other time the RFC deems necessary or appropriate.  
7130
- 7131 D. Extenuating Circumstances for Paid Respite: Though more than 12 days of respite can be  
7132 approved (see B1), the region director or designee must be consulted if the out-of-home  
7133 caregiver requests that more than 12 respite days be paid. The region director or designee  
7134 may approve more than 12 paid respite days in extenuating circumstances. It is up to the  
7135 region to staff these circumstances and ensure that the situation and approval of respite  
7136 are documented in the provider notes.  
7137
- 7138 E. Qualifications of a Respite Caregiver:
- 7139 1. A licensed foster home with openings, or a licensed respite care home/facility.  
7140 The licensed home is limited to the amount of children they are approved to  
7141 provide care for on their foster care license. The total number of children in their  
7142 home, including those they are providing respite for, may not exceed the amount  
7143 of children they are licensed for unless the home is granted a variance. The  
7144 licensed home must also be able to meet the child's needs.
- 7145 2. A state-licensed day care provider. The day care provider must be in compliance  
7146 with the ratios specified on their child care license.
- 7147 3. In-Home Respite provider. A respite caregiver who is qualified by Child and  
7148 Family Services to provide care in the out-of-home caregiver's home. An In-  
7149 Home Respite provider must meet the following requirements:
- 7150 a. Will be at least 18 years of age or older.  
7151 b. Will be approved by the RFC to provide respite in the home of the out-of-  
7152 home caregiver.  
7153 c. Will not be on probation, parole, or under indictment for a criminal  
7154 offense and will have not have a history of crimes against children, which  
7155 will be verified by background checks as described below in F.
- 7156 4. A respite provider is subject to the same confidentiality requirements as other  
7157 foster care providers and will keep verbal or written information shared with them  
7158 confidential.
- 7159 5. The out-of-home caregiver will provide the respite caregiver with medical and  
7160 other critical information about the child and specific instructions for the care and  
7161 supervision of the child on a completed Respite Care Fact Sheet (SAFE form PR  
7162 21). If the child is going to be with a respite caregiver for more than one day, the  
7163 out-of-home caregiver will also provide the respite caregiver with a copy of the  
7164 Medicaid card.  
7165
- 7166 F. Process for approving an In-Home Respite provider:
- 7167 1. The individual will complete an In-Home Respite provider packet (available in  
7168 SAFE) which includes the following:

- 7169 a. Office of Licensing Background screening application: The following  
7170 background screenings are required on an annual basis for all In-Home  
7171 Respite providers before being allowed unsupervised access to the child in  
7172 foster care:
- 7173 (1) Utah Criminal History Bureau of Criminal Identification (BCI): A  
7174 non- fingerprint-based Utah BCI criminal history check.
  - 7175 (2) Child and Adult Abuse and Neglect History Checks through SAFE  
7176 (LIS): SAFE background checks for child and adult abuse and  
7177 neglect must be approved.
  - 7178 (3) Federal Bureau of Investigation (FBI) Fingerprint-Based Criminal  
7179 History must be approved.
  - 7180 (4) Utah Juvenile Criminal History: A name-based check of the respite  
7181 provider's juvenile criminal history must be approved for the  
7182 respite provider.
- 7183 b. A Department of Human Services (DHS) Provider Code of Conduct must  
7184 be read and signed.
- 7185 c. An Out-of-home Caregiver Confidentiality Form must be read and signed.
- 7186 d. A Safety and Behavioral Intervention Fact Sheet must be read and signed.
- 7187 2. The RFC, out-of-home caregiver, or the prospective In-Home Respite provider  
7188 will provide the respite packet to the licensor assigned to the out-of-home  
7189 caregiver. Copies of the forms must be kept by the RFC. The Office of  
7190 Licensing (OL) licensor will provide the BCI form to the background screening  
7191 unit within OL to complete the background screening.
- 7192 3. Once the licensor indicates that the In-Home Respite provider has an approved  
7193 background screening application, the following must also be completed for each  
7194 child in out-of-home care, prior to the individual providing respite care:
- 7195 a. The RFC will conduct a further check of SAFE to determine if there is any  
7196 history of child abuse or neglect. If information is found in SAFE, the  
7197 RFC must staff the circumstances with a supervisor to determine whether  
7198 the individual may be approved for In-Home Respite care.
  - 7199 b. The out-of-home caregiver will fill out the Respite Care Fact Sheet (PR21)  
7200 and provide it to the In-Home Respite provider. The out-of-home  
7201 caregiver will inform the In-Home Respite provider where the Medicaid  
7202 card for each child is located.
  - 7203 c. When possible and if appropriate, the respite arrangements and all relevant  
7204 issues will be discussed in a Child and Family Team Meeting so that all  
7205 parties are aware of the arrangement.
- 7206
- 7207 G. Requesting Planned Respite:
- 7208 1. To facilitate continuity of care and minimize disruption for the child, whenever  
7209 possible respite care is to be planned in advance using providers known to the  
7210 child and family.
  - 7211 2. Each out-of-home caregiver for Child and Family Services will identify at least  
7212 two individuals who agree to provide respite when needed. The names should

- 7213 include at least one In-Home Respite provider. The names of the potential respite  
7214 providers will be provided to the RFC, who will then assist the out-of-home  
7215 caregiver in the process to obtain approval for any In-Home Respite provider.  
7216 The RFC will document the names of the respite providers in the SAFE provider  
7217 module notes for the out-of-home caregiver.
- 7218 3. The out-of-home caregiver may not place a child in respite care without first  
7219 informing the RFC and the child's caseworker at least 72 hours in advance and  
7220 receiving approval.
- 7221 4. If the out-of-home caregiver is unable to find a respite provider, they may contact  
7222 the RFC for assistance in finding a respite provider. The out-of-home caregiver  
7223 will request assistance from the RFC at least 72 hours in advance unless an  
7224 emergency situation exists (as described below in L).  
7225
- 7226 H. Responsibilities of Respite Providers:
- 7227 1. The respite provider will ensure that the child attends all necessary appointments  
7228 while in respite care such as school, visitation with parents, court, and medical  
7229 and mental health appointments.
- 7230 2. The respite provider will inform the primary out-of-home caregiver and the  
7231 caseworker of any issues or concerns relating to the child. If the child has a  
7232 medical or other emergency, the respite provider will contact the out-of-home  
7233 caregiver and the caseworker immediately.
- 7234 3. The respite provider will ensure that they have a copy of and have reviewed the  
7235 Respite Care Fact Sheet.
- 7236 4. The skills of the respite provider will match the needs of the child that is in their  
7237 care, including medical, transportation, and behavioral needs.  
7238
- 7239 I. Responsibilities of Child and Family Services:
- 7240 1. In situations where out-of-home caregivers are unable to identify their own respite  
7241 provider, the RFC will assist in identifying an appropriate respite option upon  
7242 receipt of a written or verbal request.
- 7243 2. The RFC will ensure that the respite caregiver is licensed or meets standards and  
7244 requirements as outlined above.
- 7245 3. It is best practice for the respite caregivers to be introduced to the child prior to  
7246 placing the child in respite. If respite is to take place outside the child's current  
7247 placement, then the child should be given the opportunity to take a tour of the  
7248 respite home and ask questions prior to the respite experience.
- 7249 4. The RFC will verify that the out-of-home caregiver provides instruction and  
7250 information to the respite caregiver.  
7251
- 7252 J. Responsibilities of the Out-Of-Home Caregiver:
- 7253 1. Obtain approval from the RFC and caseworker to utilize respite and/or inform  
7254 them of the respite plans. The out-of-home caregiver will provide written or  
7255 verbal notification to the RFC at least 72 hours in advance. Notification not  
7256 given at least 72 hours in advance may result in respite not being approved.

- 
- 7257 2. Provide the respite provider with the Respite Care Fact Sheet (PR21), including  
7258 ensuring that the respite provider has emergency contact information for the out-  
7259 of-home caregiver, caseworker, and any other relevant staff.
- 7260 3. Ensure that the caseworker has the contact information for the respite provider  
7261 and emergency contact information for the out-of-home caregiver.
- 7262 4. If utilizing an In-Home Respite provider, ensure that they have an approved BCI  
7263 prior to utilizing them for In-Home Respite.
- 7264 5 Provide a copy of the Medicaid card to the respite provider.  
7265
- 7266 K. Each Child and Family Services region is responsible to track the use of respite care and  
7267 expenditures.  
7268
- 7269 L. Emergency Care:
- 7270 1. At times, it may be necessary for the out-of-home caregiver to utilize emergency  
7271 care for a child placed in their home in order to enable the out-of-home caregiver  
7272 to respond to an urgent situation. In these situations, it is preferable for the  
7273 caregiver to utilize an identified and pre-approved respite or child care provider to  
7274 care for the children; however, it may not always be possible. Emergency care  
7275 may only be used in situations where there is a death, hospitalization, or serious  
7276 illness of the out-of-home caregiver or anyone in the caregiver's immediate  
7277 family; or when another child placed in the caregiver's home has attempted or  
7278 succeeded in seriously harming themselves or others.
- 7279 2. If one of the approved respite or child care providers is not available, emergency  
7280 care can be provided by anyone with whom the out-of-home caregiver feels the  
7281 child would be safe for a short period of time, until the emergency can be  
7282 mediated and/or the caregiver, caseworker, or RFC has the ability to make another  
7283 approved arrangement for the care of the child.
- 7284 3. If an out-of-home caregiver has to utilize emergency care, the caregiver will  
7285 contact the RFC **and caseworker to [and-]** inform them of the situation as soon as  
7286 possible and not longer than 24 hours after the child is placed in emergency care.  
7287 Upon receiving information that the child is in emergency care, the RFC is  
7288 responsible for ensuring that the caseworker is informed. The caseworker and  
7289 RFC will work together to ensure that the child is placed in an approved respite  
7290 placement.
- 7291 4. If the emergency occurs after normal business hours and the out-of-home  
7292 caregiver is not able to contact the RFC or caseworker, the out-of-home caregiver  
7293 will contact the Child Protective Services (CPS) Intake number and inform them  
7294 of where the child is placed. Intake will contact the regional designee when these  
7295 situations arise.
- 7296 5. In emergency situations, it is allowable for the out-of-home caregiver or Child  
7297 and Family Services to place with an out-of-home caregiver that may be over  
7298 capacity of their license. The RFC and/or caseworker will then ensure that the  
7299 child is placed in another allowable and approved respite placement by the end of  
7300 the next business day.

- 7301  
7302 M. Child Care and Incidental Care:  
7303 1. Child and Family Services does not pay for child care or incidental care for  
7304 children in an out-of-home placement. Out-of-home caregivers are responsible  
7305 for the cost of child care or incidental care for the children placed in their home.  
7306 2. In special circumstances and if funding is available, region directors may grant  
7307 approval to pay for child care and/or incidental care, when a written request is  
7308 made by the caseworker or the RFC.  
7309 3. As with respite care, out-of-home caregivers will provide specific instructions to  
7310 anyone providing incidental care or child care to a child in out-of-home care on  
7311 how to care for the child's specific needs prior to the child care or incidental care  
7312 being utilized. Sharing information regarding the child's needs is particularly  
7313 critical in cases where the foster child is medically fragile, on medication, or  
7314 experiencing behavioral or emotional problems that require special care and  
7315 supervision.  
7316 4. Incidental care: Out-of-home caregivers are responsible to ensure that children in  
7317 their care are always under proper supervision. The out-of-home caregiver must  
7318 use reasonable and prudent judgement to select individuals to provide incidental  
7319 care for the foster child. Those providing incidental care must be capable of  
7320 providing the care and supervision appropriate to the individual need of each child  
7321 in out-of-home care that they are providing incidental care for.  
7322 a. It is best practice to ensure that the RFC, ~~and~~ the child's caseworker, ~~and~~  
7323 ~~the Child and Family Team~~ are aware of and approve of incidental care  
7324 arrangements in advance of the care being provided.  
7325 b. Incidental care provided by a youth under the age of 18 years may be  
7326 approved on a case-by-case basis and should be discussed and approved at  
7327 minimum by the RFC and caseworker and, when possible, the Child and  
7328 Family Team.  
7329 c. It is best practice for the caseworker or RFC to assess whether an  
7330 individual approved to provide incidental care has the ability and skills to  
7331 care for the needs of the child.  
7332 5. Child Care:  
7333 a. Child care providers who are licensed through the Utah Department of  
7334 Health Child Care Licensing Program are approved to provide ongoing  
7335 child care to children in out-of-home care. The out-of-home caregiver,  
7336 caseworker, or RFC should verify that the license is current by asking to  
7337 review a copy of the child care provider's license.  
7338 b. Child care providers who are not licensed through the Department of  
7339 Health and who will be providing child care on a continual, regular basis  
7340 (such as when the foster parent is working) OR care for a child in out-of-  
7341 home care in excess of five hours a week, must have an approved  
7342 background check. When child care is being provided in a location other  
7343 than the licensed out-of-home caregiver's home, a home safety  
7344 walkthrough is required to ensure they can safely care for the child. The

- 7345 home safety walkthrough will be completed by the caseworker or RFC  
7346 using the KBS16 Limited Home Inspection form.
- 7347 c. The following requirements will be completed for a potential child care  
7348 provider for a licensed out-of-home caregiver (not licensed through the  
7349 Department of Health) by the Office of Licensing on an annual basis,  
7350 before the child care provider is allowed unsupervised access to the child  
7351 in out-of-home care:
- 7352 (1) Utah Criminal History BCI: A non-fingerprint-based Utah BCI  
7353 criminal history check.
  - 7354 (2) Child and Adult Abuse and Neglect History Checks through  
7355 SAFE: SAFE background checks for child and adult abuse and  
7356 neglect must be approved.
  - 7357 (3) FBI Fingerprint-Based Criminal History: An FBI fingerprint-  
7358 based criminal history check must also be approved.
  - 7359 (4) Utah Juvenile Criminal History: A name-based check of the respite  
7360 provider's juvenile criminal history must be approved for the  
7361 respite provider.
- 7362 d. Copies of the forms must be kept by the RFC. The Office of Licensing  
7363 licensor will provide the BCI form to the background screening unit  
7364 within the Office of Licensing to complete the background screening. The  
7365 RFC will document in the provider notes when a child care provider has  
7366 been approved.  
7367

7368 **305.3 Rights Of Out-Of-Home Caregivers**

7369 Major objectives:

7370 As described in Utah Code Ann. [§62A-4a-206](#), an out-of-home caregiver has a right to due  
7371 process when a decision is made to remove a child from an out-of-home care home if the out-of-  
7372 home caregiver disagrees with the decision, except:

- 7373
- 7374 A. If the child is being returned to the parent or legal guardian.
  - 7375
  - 7376 B. The child is removed for immediate placement in an approved adoptive home.
  - 7377
  - 7378 C. The child is placed with a relative as defined in Utah Code Ann. [§78A-6-307](#) who  
7379 obtained custody or asserted an interest in the child within the 120-day preference period  
7380 in Utah Code Ann. [§78A-6-307](#).
  - 7381
  - 7382 D. A Native American child placed in accordance with U.S. Code 25 Chapter 21 Subchapter  
7383 1915 Placement of Indian Children.
  - 7384
  - 7385

7386 **Applicable Law**

7387 Utah Code Ann. [§62A-4a-206](#). Process for removal of a child from foster family -- Procedural  
7388 due process.

7389 Administrative Rule [R512-31](#). Foster Parent Due Process.

7390

7391 **305.4 Confidentiality And The Use Of Foster Child Information  
7392 And Images In Social Networking Mediums And Public Forums**

7393 Major objectives:

7394 Child and Family Services and all out-of-home care providers will strive to maintain the  
7395 confidentiality of the families and children being served. Information regarding the  
7396 Department of Human Services (DHS) clients, including verbal and written information, as  
7397 well as images and digital information (such as digital photographs and video clips, etc.) is  
7398 confidential and will be safeguarded. This includes release of information in social  
7399 networking mediums and other public forums.

7400 Practice Guidelines

- 7401 A. Need for confidentiality: Confidentiality is essential when working with sensitive  
7402 information in the form of verbal communication, written communication, and the  
7403 general use of data. This adherence to confidentiality protects against identification,  
7404 exploitation, or embarrassment that could result from the release of information which  
7405 would identify individuals or families as having applied for or having received services  
7406 or assistance from Child and Family Services. Unauthorized release of information could  
7407 have a detrimental effect on the relationship with the child and/or family.

- 7408 1. The DHS Code of Ethics, which all DHS employees and out-of-home care  
7409 providers are required to review and sign in order to provide services, requires  
7410 ethical behavior and protection of the confidentiality of clients. (DHS Code of  
7411 Ethics can be found in the DHS Policies located at <http://www.hspolicy.utah.gov>.)  
7412
- 7413 B. Use of information and images of a client in social networking mediums or other public  
7414 forums:
- 7415 1. Social networking mediums and other public forums include, but are not limited  
7416 to blogs; email; Facebook, MySpace, and other social networking sites; letters and  
7417 newsletters; video clips; etc.
- 7418 2. Out-of-home care providers, such as foster parents, proctor parents, and contract  
7419 agency staff may use images and other general information regarding the child in  
7420 public forums when the following protocol is followed:
- 7421 a. If a parent retains parental rights in regards to the child, any form of  
7422 written parental permission will be obtained prior to any images or  
7423 information regarding the child client being used in social networking  
7424 mediums or other public forums. If the parent's whereabouts are  
7425 unknown, contact with the parent cannot be made, or if parent does not  
7426 retain parental rights, approval to use images or other information  
7427 regarding the child in a social networking or other public forum will be  
7428 sought from the caseworker and should also be discussed with members of  
7429 the Child and Family Team.
- 7430 b. Permission to use the child's information and/or image must also be  
7431 obtained from the child, if the client is over the age of eight years and has  
7432 the capacity to understand what they are agreeing to.
- 7433 c. Permission from the child, parent, and/or caseworker will be documented  
7434 in the SAFE activity logs and/or the Child and Family Team Meeting  
7435 minutes.
- 7436 d. When parental permission is obtained and/or the decision is made to allow  
7437 the out-of-home care provider to use information or images in a public  
7438 forum, the information or images will only use client's first names and  
7439 will NOT identify them as a DHS client or foster child.
- 7440 e. In accordance with the DHS Code of Ethics, out-of-home care providers  
7441 will use caution in public forums and will refer to the child as a child  
7442 currently living with them or with whom they are working with. Only  
7443 general information regarding the child may be shared. No information  
7444 may be shared that is case specific or that informs other parties with  
7445 regard to DHS involvement or the child's treatment issues or history.  
7446

7447 **305.5 Process For Approving, Limiting, Or Denying Licensed**  
7448 **Out-Of-Home Caregivers For Placement**

7449 Major objectives:

7450 Families are licensed for foster care through the Utah Department of Human Services, Office of  
7451 Licensing (OL). Child and Family Services subsequently receives and reviews the information  
7452 regarding the family from OL. However, at times OL may license a family for foster care that  
7453 Child and Family Services, through the authority given to Child and Family Services as a child  
7454 placing agency, may decide not to utilize for placement of a child in foster care. Child and  
7455 Family Services will have a process in place for approving or denying a foster family for  
7456 placement of a child and informing a licensed resource family when Child and Family Services  
7457 makes a decision not to utilize them as a placement for children in foster care.  
7458

7459  
7460 **Applicable Law**

7461 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

7462  
7463 Practice Guidelines

- 7464 A. The identified committee in the region that reviews home studies will review each home  
7465 study provided by OL, and any other detailed information regarding the foster family. As  
7466 a result of the review, the region committee will determine if the foster family is  
7467 approved to receive placements, if the foster family is denied for placements, or if more  
7468 information is needed from the foster family.  
7469
- 7470 B. Approved families: If the foster family is approved for placement, the committee (or  
7471 region designee) will send a letter to the foster family to let them know that they are  
7472 approved for placement. They will also give them the name of their assigned Resource  
7473 Family Consultant (RFC) and identify the role of the RFC, including a phone number the  
7474 foster family may call. The letter will also inform the foster family that the RFC will be  
7475 contacting them to schedule a time to visit.  
7476
- 7477 C. When Child and Family Services determines through the region committee not to use a  
7478 foster family who is licensed for placement of a child in foster care:
- 7479 1. The RFC will record the Placement Status in the provider record of the foster  
7480 family in SAFE as being “On-Hold – Agency decision”.
  - 7481 2. The region committee will provide their concerns in writing to the RFC or other  
7482 designated region staff. The concerns will include any steps a foster family may  
7483 take in order remedy concerns.
  - 7484 3. Two designated region staff members will meet with the foster family and review  
7485 the concerns outlined by the region committee, including whether the concerns  
7486 can be resolved.
  - 7487 4. The region designees will take clarifying information and/or steps that the foster  
7488 family has taken to remedy concerns back to the region home study committee.

- 7489 5. If the foster family has been able to remedy the concerns to the satisfaction of the  
7490 region committee, the region committee will approve the foster family to receive  
7491 placements and the RFC will document the action taken and the committee  
7492 decision in the Provider notes in SAFE. The RFC will also change the Placement  
7493 status in SAFE to “No restrictions” and follow the process outlined in ‘B’ above.  
7494 6. If the foster family is unable or unwilling to remedy the concerns, a formal,  
7495 written letter will be sent to the foster family explaining that Child and Family  
7496 Services will not be placing with them. The letter must include language that  
7497 states that although they are licensed to provide foster care in Utah, the region  
7498 committee has decided that significant enough concerns exist that Child and  
7499 Family Services will not be placing with the family at this time.  
7500 7. If at any time after the letter is sent to the foster family informing them that Child  
7501 and Family Services will not be placing with them, Child and Family Services  
7502 would like to re-evaluate the foster family for the placement of a child in foster  
7503 care, the information leading to the decision to place the foster family “on hold”  
7504 will be reviewed by the Child and Family Services region director, who will make  
7505 the decision on whether the “on-hold” decision will be overturned. Only the  
7506 Child and Family Services region director may then edit or change the placement  
7507 status in SAFE.  
7508  
7509 D. A family that has been denied for placement of a child in foster care in one region will be  
7510 denied in all Child and Family Services regions.  
7511  
7512 E. The RFC will include documentation about why the family was denied for placement,  
7513 along with a copy of the denial letter in the Provider module in SAFE in the Provider  
7514 notes.  
7515  
7516 F. The RFC may also assess a foster family and decide to limit the types of placement that a  
7517 licensed out-of-home caregiver may receive, such as respite care only or adoption only,  
7518 or to limit the number of children that can be placed with a caregiver. The decision to  
7519 place a limit on a foster family must be staffed and approved with a supervisor. Child  
7520 and Family Services will send a letter to the foster family to inform them that the decision  
7521 has been made to limit the types of placements and/or number of children that the foster  
7522 family may receive. The foster parent may request to meet with the RFC and supervisor  
7523 to discuss the rationale for the limitation. If requested, the RFC and supervisor will meet  
7524 with the foster parent within 14 business days and will assist the foster parent in  
7525 understanding whether any steps can be made to address the concerns that led to the  
7526 limitation.  
7527  
7528 G. A licensed out-of-home caregiver may contact the RFC and request that their home be  
7529 placed “on hold” or “limited” due to family circumstances, because they have recently  
7530 adopted, or due to out-of-home caregiver concerns. The RFC has two weeks from the  
7531 time the licensed out-of-home caregiver contacts them to record the licensed out-of-home  
7532 caregiver request in SAFE. [See: Administrative Guidelines [Section 080.4.](#)]

- 7533 1. If the Placement Status is “on hold” or “limited” due to a foster family’s own  
7534 request, they may contact the RFC at any time and request that the status be  
7535 changed back to “no restrictions”.
- 7536 2. Within two weeks of the request, the RFC will assess the foster family’s situation  
7537 and make a determination if the change is appropriate. If the RFC determines that  
7538 the foster family may take further placements, they will create a new placement  
7539 status of “no restrictions” in SAFE.  
7540
- 7541 H. If the foster family is approved for placements without limits, the RFC will ensure that  
7542 the Placement Status for the foster family in SAFE is recorded as “No Restrictions”.  
7543
- 7544 I. If concerns arise regarding a foster family that has been previously approved by the  
7545 region committee for placement of a child, and the RFC or other Child and Family  
7546 Services staff determine that the concerns may be significant enough to preclude the  
7547 foster family from receiving further placements, the RFC that oversees the home, a  
7548 supervisor, or other Child and Family Services administrator will record the Placement  
7549 Status in the provider record of the foster family in SAFE as being “On-Hold – Agency  
7550 decision”. The RFC will then staff the concerns with the region committee that reviews  
7551 home studies.
- 7552 1. Caseworkers and/or other Child and Family Services staff that have identified  
7553 concerns with the foster family will be invited by the committee to provide input  
7554 regarding their concerns in person, by phone, or in writing if they desire.
- 7555 2. The region committee will consider the information presented and will determine  
7556 whether the foster family is still approved to receive children into the home for  
7557 placement.
- 7558 3. If the region committee determines that the foster family is not approved, Child  
7559 and Family Services will follow the steps outlined in ‘C’ above.
- 7560 4. If a region places a child in a different region and subsequently identifies  
7561 concerns with the foster family and would like the foster family to be reviewed by  
7562 the region committee, the Associate Region Director (ARD) of that region will  
7563 communicate the concerns about the foster family to the ARD of the region where  
7564 the foster family resides. The ARD where the foster family resides will then  
7565 ensure that the concerns are communicated to the RFC that oversees the foster  
7566 family. The RFC will follow through with the process of having the foster family  
7567 reviewed by the region committee.  
7568
- 7569 J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to  
7570 a certain type of placement, the RFC or designated region staff must choose the following  
7571 indicator in SAFE on the “Placement Status” indicator that applies:
- 7572 1. For “on hold” the RFC will select 1) Agency Decision, 2) Foster Parent Request,  
7573 or 3) Recently Adopted.
- 7574 2. For “limited”, the RFC will select 1) Respite only, 2) Adoption only, 3) Foster  
7575 only.  
7576

- 7577 K. The RFC will ensure that an accurate history of the placement status is kept in SAFE, and  
7578 that there is only one active placement status per licensed out-of-home caregiver. If the  
7579 placement status must change, the RFC will add an end date to the current placement  
7580 status and create a new placement status.  
7581

## 7582 **305.6 Release Of Home Studies For The Purpose Of Adoption**

### 7583 Major objectives:

7584 At times, Child and Family Services will receive a request from an out-of-home caregiver to  
7585 provide their home study to another agency or state for the purposes of adoption. Home studies  
7586 that are completed by the Office of Licensing (OL) or by Child and Family Services require a  
7587 significant amount of time and resources to complete. These guidelines are to clarify the  
7588 circumstances under which a home study may be released.  
7589

### 7591 **Applicable Law**

7592 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7593

### 7594 Practice Guidelines

- 7595 A. When a request is received by Child and Family Services staff from an out-of-home  
7596 caregiver to provide their home study, which was completed by Child and Family  
7597 Services or OL, to an agency for the purpose of adoption, the following steps shall be  
7598 completed:
- 7599 1. The Resource Family Consultant (RFC) will determine whether the family  
7600 requesting the home study release is in good standing by reviewing the placement  
7601 status in SAFE and the provider logs.
    - 7602 a. If the documentation in SAFE regarding the placement status reflects “On-  
7603 Hold – Agency Decision,” the home study shall not be released.
    - 7604 b. If the documentation in SAFE regarding the placement status reflects that  
7605 the home is on-hold for any other reason OR if the placement status  
7606 reflects that the home is limited to “respite only” or “foster only”, the RFC  
7607 will inform the caregiver that the hold or limitation shall be remedied prior  
7608 to the home study being released to another agency.
  - 7609 2. The RFC will remind caregivers of the following statement in the Foster Care  
7610 Agreement, which they are required to sign on an annual basis: “To not utilize  
7611 the home study provided through the OL licensing process for any purpose other  
7612 than to adopt a child from a public child welfare system, unless the DCFS region  
7613 where they reside provides a written exception.”
  - 7614 3. The RFC will discuss with the out-of-home caregiver the purpose of the home  
7615 study release and determine what agency the caregiver wants the home study to  
7616 be sent to.
    - 7617 a. If the caregiver is requesting the home study for the purpose of adopting a  
7618 child from a public child welfare system or for placement of a child in  
7619 their home to whom they are related, Child and Family Services may

- 
- 7620 release the home study to the designated agencies (i.e., to adopt children  
7621 from foster care, whether in state or out-of-state, or to have a kin child  
7622 placed with them).
- 7623 b. If the caregiver is requesting the home study for the purposes of a private  
7624 adoption, the RFC will staff the request with their supervisor and/or other  
7625 region designee to determine if the family has made good faith efforts to  
7626 be a resource for placement of children in foster care, for a minimum of  
7627 one year. Other exceptions will be approved by the region director or  
7628 designee in writing and documented in the Provider logs.
- 7629 c. Requests will be staffed on a case-by-case basis. Requests will not be  
7630 denied because of circumstances beyond the control of the caregivers,  
7631 such as kinship placements, court orders, permanency considerations, and  
7632 other extenuating circumstances.
- 7633 d. The RFC will assess with the caregivers whether the caregivers want to  
7634 continue to be a placement resource for Utah children in foster care.
- 7635 e. If after review the region makes a determination not to release the home  
7636 study, they will provide the caregiver with written documentation of the  
7637 decision.
- 7638
- 7639 B. When approved, Child and Family Services will release up to three home studies per  
7640 month per caregiver.  
7641

## 7642 **306 Emergencies And Serious Situations**

### 7643 Major objectives:

7644 Serious and potentially dangerous situations require an appropriate and timely response to protect  
7645 children and ensure the safety of all parties involved.  
7646

### 7647 **Applicable Law**

7648 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7649

### 7650 Practice Guidelines

7651 The caseworker will take the following actions for all emergency or serious situations:  
7652

- 7653
- 7654 A. Notify and staff the situation with the supervisor and regional administration.
  - 7655
  - 7656 B. Notify parents/guardians of the situation immediately.
  - 7657
  - 7658 D. Notify Constituent Services at the state office regarding the situation as soon as possible
  - 7659
  - 7660 E. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as
  - 7661 possible.
  - 7662
  - 7663 F. If calls from the media are received, refer them to the Public Relations Officer for the
  - 7664 Department. The caseworker will not give information about the situation to the press.
  - 7665
  - 7666 G. Advise out-of-home caregivers that they may also refer the media to the Public Relation's
  - 7667 Officer for the Department.
  - 7668
  - 7669 H. Record all details of the emergency situation and action taken in the child's case record to
  - 7670 meet best practice standards and reduce liability.  
7671

## 7672 **306.1 Pregnancy Of Youth In Out-Of-Home Care**

### 7673 Major objectives:

7674 If a youth in out-of-home care becomes pregnant while in out-of-home care, Child and Family  
7675 Services will coordinate and facilitate all necessary medical care, counseling, and services. This  
7676 includes services to youth who are the mother or father of an unborn child. [See: [Section 303.5](#),  
7677 Health Care.]  
7678

### 7679 **Applicable Law**

7680 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7681

## 7682 **306.2 Immediate Removal Of A Child From A Placement**

### 7683 Major objectives:

7684 When there is a need to immediately remove a child from an out-of-home placement, in  
7685 emergency situations, if there is reasonable basis to believe that the child is in danger or that there  
7686 is substantial threat of danger to the health or welfare of the child, notification to the out-of-home  
7687 caregiver may occur after removal of the child ([R512-31-3](#)). [See: [Section 700](#), General Practice  
7688 Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and [Section](#)  
7689 [305.3](#), Rights Of Out-Of-Home Caregivers.]  
7690

### 7691 **Applicable Law**

7692 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7693

### 7694 Practice Guidelines

7695 A. Notification will be provided through personal communication on the day of removal.  
7696

7697 B. The Notice of Agency Action will be sent by certified mail, return receipt requested,  
7698 within three working days of removal of the child.  
7699  
7700

## 7701 **306.3 Allegations Of Abuse Against Out-Of-Home Caregiver**

### 7702 Major objectives:

7703 Reports of abuse against an out-of-home caregiver, or an employee of Child and Family Services,  
7704 will be investigated thoroughly by a contracted agency to ensure that no conflict of interest exists  
7705 between the caregiver and Child and Family Services. [See: [Section 700](#), General Practice  
7706 Guidelines--Section 701.1, Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse  
7707 And Neglect.]  
7708

### 7709 **Applicable Law**

7710 Utah Code Ann. [§62A-4a-202.6](#). Child protective services investigators within attorney general's  
7711 office -- Authority.  
7712  
7713

## 7714 **306.4 Death Or Serious Illness Of A Parent Or Sibling Of A 7715 Child In Out-Of-Home Care**

### 7716 Major objectives:

7717 In the event of a death or serious illness or injury of a parent, sibling, extended family member, or  
7718 close friend of a child in out-of-home care, the caseworker will notify immediately in person the  
7719 out-of-home caregiver and child of these events.  
7720

### 7721 **Applicable Law**

7722 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
7723

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Practice Guidelines

- A. The caseworker will consult with the out-of-home caregiver and the child's family to plan how the information will be shared with the child. The contact will always be made in person. If the child has a therapist, it may be helpful to have the therapist assist with the situation.
- B. The caseworker will offer support to the out-of-home caregiver and child to assist with grief and loss issues.
- C. The caseworker will arrange counseling for the child as appropriate.

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

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

**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

Practice Guidelines

- A. Notify the supervisor, regional and state administration, Assistant Attorney General, Constituent Services representative, juvenile court judge, and the Guardian ad Litem.
- B. Immediately notify the parents/guardian in person.
- C. The parents/guardians will be contacted and requested to arrange the funeral and, if possible, to pay the burial expenses. If the parents' whereabouts are unknown, parental rights have been terminated, or parents are unable to financially provide for the burial, then other resources will be contacted (i.e., relatives, church, insurance, community, or county). The county their parents reside in may provide cremation or burial free of charge if the parents are indigent.
- D. If funds are not available from resources as listed above, the burial expense will come from the regional foster care budget. Consult with the supervisor and regional administrators regarding expenses.
- E. Contact Crime Victim Reparation if the death is a result of abuse or violence. The burial expenses may be paid for from the State of Utah Office of Crime Reparation. A police report will have been filed within seven days of the occurrence. Claim forms can be obtained at the Office of Crime Victims Reparation.

- 7767  
7768 F. Child and Family Services staff will attend the funeral whenever possible.  
7769  
7770 G. Notify the Fatality Review Coordinator within three days of the death. Complete the  
7771 Deceased Client Report form and send it to the Fatality Review Coordinator.  
7772  
7773 H. Contact the physician to determine the cause of death.  
7774  
7775 I. Notify police to investigate the foster care home/facility if the cause of death seems  
7776 suspicious or other factors such as the child's age, health, and mental conditions played a  
7777 role in the child's death, or the circumstances surrounding the death are suspicious.  
7778  
7779 J. Notify the Office of Recovery Services using the appropriate form.  
7780  
7781 K. Notify Social Security Administration, Veterans' Administration, or other source of  
7782 entitlement benefits.  
7783  
7784 L. Obtain a copy of the death certificate and place in the child's case record and close the  
7785 case. The case must have a QA form completed prior to closure.  
7786  
7787 M. Acknowledge the need for ongoing support to the family, out-of-home caregivers, and  
7788 caseworkers. Seek assistance from other resources as needed. Child and Family Services  
7789 employees may seek assistance from the following: region administration, clinical  
7790 consultants, resource family consultants, and the Employee Assistance Program.  
7791

## 7792 **306.6 Children In Out-Of-Home Care On Runaway Status**

7793  
7794 (This section has been replaced by [Section 300.8](#).)  
7795

## 7796 **306.7 Law Enforcement Interviews Of Children In State 7797 Custody**

### 7798 Major objectives:

7799 Requests for interviews by law enforcement of children in the custody of Child and Family  
7800 Services will be referred to the Guardian ad Litem (GAL) assigned to the child. If there is no  
7801 GAL appointed for the child, the caseworker will refer the request to region administration.  
7802  
7803  
7804

### 7805 **Applicable Law**

7806 Utah Code Ann. [§62A-4a-415](#). Law enforcement interviews of children in state custody.  
7807

7808 Practice Guidelines

- 7809 A. The caseworker or other Child and Family Services staff is prohibited by Utah statute  
7810 from providing consent when law enforcement identifies the need to interview a child in  
7811 the custody of Child and Family Services.
- 7812 1. If a GAL is appointed for the child, the caseworker will contact the GAL and  
7813 notify him or her that law enforcement has requested an interview with the child.  
7814 The GAL will ask for the following information:
- 7815 a. Name of the child.  
7816 b. Name, agency, and phone number(s) of the requesting officer.  
7817 c. Brief reason why the interview is being requested. It is important to  
7818 explain if the client is being viewed as a victim or a perpetrator. If a  
7819 victim, be prepared to give information on the alleged perpetrator  
7820 including if they are an adult or child.  
7821 d. How soon the anticipated interview is to take place.
- 7822 2. Once the GAL is notified, he or she will be the point of contact for law  
7823 enforcement.  
7824
- 7825 B. If there is no GAL appointed for the child, the caseworker will contact region  
7826 administration for instructions.  
7827
- 7828 C. Region administration must keep the child's best interest a priority. If there is concern  
7829 that the interview is not in the child's best interest, the request should be denied. The  
7830 following information is important to remember:
- 7831 1. If the child is believed to be the perpetrator, a public defender must be secured as  
7832 quickly as possible. Until the public defender can be appointed and meet with the  
7833 child, the request for the interview should be denied.
- 7834 2. If the child is believed to be the victim of an adult perpetrator and law  
7835 enforcement is attempting to set up a CJC interview, this type of request can  
7836 normally be granted.
- 7837 3. If there are both victim and perpetrator issues, or more than one child is involved  
7838 (whether or not both they are in state's custody), the request for an interview  
7839 should be denied and a public defender requested.
- 7840 4. A limited consent for an interview may also be given by region administration,  
7841 and law enforcement will be instructed that if the victim interview turns into a  
7842 perpetrator interview, the consent for the interview is withdrawn and the interview  
7843 must be stopped.  
7844

## 306.8 Dually Involved Youth

### Major objectives:

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

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

### Practice Guidelines

- A. When the youth in custody has been cited for delinquency, a Juvenile Court probation officer will contact the Child and Family Services caseworker.
- B. A "preliminary inquiry" (PI) will be set. The PI is a meeting set by the probation officer to explain the court process and assess the risk of the youth to re-offend. The Child and Family Services caseworker and youth are required to attend. The biological parents should be encouraged to attend. Anyone from the Child and Family Team may be invited to attend including, but not limited to foster parents, Guardian ad Litem, or anyone else deemed appropriate by the Child and Family Services caseworker. The PI will result in the decision to either handle the charge non-judicially or to have the youth appear before the judge for an arraignment.
  1. Diversion (Non Judicial):
    - a. If the delinquency offense is diverted and not sent directly to court, the Child and Family Services caseworker and probation officer will outline sanctions such as classes, community service hours, etc. for the youth to complete in a non-judicial diversion agreement. This is called Diversion. If a caseworker is not offered Diversion for the youth, the caseworker can contact the probation worker to ask about this option. Diversion is offered in every court district. The probation officer will determine if the youth qualifies for Diversion.
    - b. The Child and Family Services caseworker is responsible for ensuring the youth's compliance with the non-judicial diversion agreement.
    - c. At the next child welfare review hearing, the Child and Family Services caseworker will report that the youth received a delinquency offense, what decisions were made regarding the youth, and progress made on the diversion agreement.
    - d. If the youth completes the diversion process, the delinquency offense will not be reflected as an adjudication on the youth's juvenile record.

- 7888 e. If the youth fails to follow through with the non-judicial diversion  
7889 agreement, the Child and Family Services caseworker will communicate  
7890 with the probation officer about the non-compliance. The probation officer  
7891 may file a petition with the youth's judge, causing the delinquent offense  
7892 to be heard by the court.
- 7893 f. Examples of delinquency offenses that could be eligible for Diversion  
7894 depending on prior charges may be smoking, a first alcohol ticket, simple  
7895 assault, disorderly conduct, shoplifting, etc.
- 7896 2. Appearance Before the Judge (Judicial):
- 7897 a. If the youth must appear before the judge on a delinquent offense, the  
7898 Child and Family Services caseworker and probation officer will  
7899 collaborate on recommendations to the court regarding community service  
7900 hours, restitution, placement of youth, etc.
- 7901 b. If the judge finds the allegation to be true, it will appear as an adjudication  
7902 on the child's juvenile record. The child will not be eligible for Diversion.
- 7903 c. The Child and Family Services caseworker will continue to be responsible  
7904 to address abuse, neglect, and safety issues.
- 7905 d. The probation officer will make recommendations regarding  
7906 accountability for the juvenile's delinquent offense.
- 7907 e. The Child and Family Services caseworker and probation officer will  
7908 follow progress of compliance with court orders and both will report  
7909 progress to the judge at each review hearing.
- 7910
- 7911 C. Child and Family Services caseworkers should ensure that the probation officer is part of  
7912 the Child and Family Team.
- 7913
- 7914 D. Child and Family Services' involvement can be terminated once child welfare issues have  
7915 been resolved and prior to completion of delinquency sanctions. The probation/intake  
7916 officer will follow through with compliance on delinquency matters once Child and  
7917 Family Services has terminated their case.
- 7918
- 7919 E. The delinquency portion of the case can be terminated once all delinquency sanctions  
7920 have been completed and prior to resolution of child welfare issues. The Child and  
7921 Family Services caseworker will continue to follow compliance with the child welfare  
7922 service plan and court orders once the delinquency case has been closed.
- 7923
- 7924 F. Court jurisdiction is only terminated when all delinquency and child welfare matters are  
7925 concluded.
- 7926

7927 **306.9 Notification Related To Student Safety**

7928 Major objectives:

7929 Pursuant to Utah Code Ann. [§53A-11a-203](#), a school must notify a parent or guardian when a  
7930 student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-  
7931 bullying, harassment, hazing, or retaliation.  
7932

7933

7934 **Applicable Law**

7935 Utah Code Ann. [§53A-11a-203](#). Parental notification of certain incidents and threats required.  
7936

7937 Practice Guidelines

7938 Caseworkers will refer to [Section 303.4](#) Educational Services when the caseworker is notified  
7939 by a school or foster parent that a child they are working with has threatened to commit suicide  
7940 and/or the child is involved in an incident of bullying, cyber-bullying, harassment, hazing, or  
7941 retaliation.  
7942

## 7943 **307 Court And Case Reviews**

### 7944 Major objectives:

7945 Child and Family Services will seek to ensure that each child in out-of-home care has timely and  
7946 effective case reviews and that the case review process:

- 7947
- 7948 A. Expedites permanency for children placed in out-of-home care.
  - 7949
  - 7950 B. Assures that the permanency goal, Child and Family Plan, and services are appropriate.
  - 7951
  - 7952 C. Promotes accountability of the parties involved in the treatment planning process.
  - 7953
  - 7954 D. Monitors the care for children in out-of-home care.
  - 7955
  - 7956

### 7957 **Applicable Law**

7958 Utah Code Ann. [§78A-6-305](#). Opportunity for a child to testify or address the court.

7959 Utah Code Ann. [§78A-6-306](#). Shelter hearing.

7960 Utah Code Ann. [§78A-6-309](#). Pretrial and adjudication hearing -- Time deadlines.

7961 Utah Code Ann. [§78A-6-311](#). Adjudication -- Dispositional hearing -- Time deadlines.

7962 Utah Code Ann. [§78A-6-312](#). Dispositional hearing -- Reunification services -- Exceptions.

7963 Utah Code Ann. [§78A-6-315](#). Periodic review hearings.

7964 [See also: CPS Major objectives [Section 205.6](#).]

### 7965 Practice Guidelines

7966 A. Reunification timeframes and services will incorporate the requirements of the court  
7967 order and be documented in the family services plan.

7968 B. Child and Family Services Responsibilities for Case Reviews:

- 7969 1. Court Reviews: The caseworker will ensure that a court review has been  
7970 scheduled. If a court review has not been scheduled, contact the Assistant  
7971 Attorney General.
- 7972 2. Seek input from Child and Family Team members prior to preparation for every  
7973 review.
- 7974 3. The caseworker will develop a court report, outlining the current situation,  
7975 progress towards the permanency goal, and recommendations in regards to the  
7976 future direction of the case. The court report will be signed by both the  
7977 caseworker and supervisor and will be provided to the court via e-filing 10  
7978 working days prior to the court review.
  - 7979 a. In regards to placement, if the child is of sufficient maturity to state where  
7980 they want to be placed and Child and Family Services has made a  
7981 placement decision that differs from the child's express wishes, the  
7982

- 7986 caseworker is required to explain in writing in the court report the reasons  
7987 why the placement decision made by Child and Family Services differs  
7988 from the child's wishes.
- 7989 b. Assistant Attorney General, Parental Defense, and Guardian ad Litem will  
7990 have access to the court report once the report has been e-filed.
- 7991 c. If a party in the case does not have access to the online court system  
7992 (CARES), the caseworker will distribute the court report.
- 7993 4. Keep the court updated with the names and addresses of members of the Child  
7994 and Family Team who need to be in attendance.
- 7995 5. Encourage members of the Child and Family Team to attend the review. If a team  
7996 member cannot attend, he/she may participate by written correspondence or by  
7997 telephone.
- 7998 a. The caseworker is responsible to invite the child's out-of-home caregiver  
7999 to each post-adjudication hearing. If the caregiver cannot attend in person,  
8000 but would like to participate by phone, the caseworker will make  
8001 arrangements with the court.
- 8002 6. The child will be present at any post adjudication hearing unless the court  
8003 determines that:
- 8004 a. Requiring the child to be present at the hearing would be detrimental to  
8005 the child, or is impractical; or
- 8006 b. The child is not sufficiently mature to articulate the child's wishes in  
8007 relation to the hearing.
- 8008 7. If a youth age 14 years or older desires an opportunity to address the court or  
8009 testify at a shelter, post adjudication, or permanency hearing, they will be allowed  
8010 to do so. The youth will also be permitted to testify specifically regarding their  
8011 placement or permanency wishes.
- 8012 a. Utah Code Ann. [§78A-6-307](#) and [§78A-6-314](#) requires the court to give  
8013 the youth's desires added weight, but not be the single controlling factor in  
8014 a hearing. The statutes also state that if the court findings differ from  
8015 where the youth wishes to be placed, the court findings will explain why  
8016 the court's decision differs from the youth's wishes.
- 8017 8. A child shall be represented at each hearing by the Guardian ad Litem appointed  
8018 to the child's case by the court.
- 8019 a. Only the Guardian ad Litem can request that the court make a finding  
8020 regarding any possible detriment to the child; whether it is impractical for  
8021 the child to attend, or the child is not sufficiently mature to articulate their  
8022 wishes in relation to the hearing.
- 8023 (1) The caseworker will correspond with the child's Guardian ad  
8024 Litem to determine whether the Guardian ad Litem will request the  
8025 court to make a finding to excuse the child based on subparagraph  
8026 6.
- 8027 (2) If the Guardian ad Litem will not be requesting that the child be  
8028 excused from the hearing, the caseworker will arrange for the child  
8029 to attend the hearing.

- 8030 9. Child and Family Services will be responsible for ensuring that the orders from  
8031 court reviews are implemented and the Child and Family Team is updated.  
8032

### 8033 307.1 Voluntary Relinquishment

8034 Major objectives:

8035 When it is determined to not be in the child's best interest to be reunified with his/her parents,  
8036 Child and Family Services will explore with the parents the option of voluntary relinquishment.  
8037  
8038  
8039

#### 8040 **Applicable Law**

8041 Utah Code Ann. [§78A-6-514](#). Voluntary relinquishment -- Irrevocable.  
8042

#### 8043 Practice Guidelines

##### 8044 A. Voluntary Relinquishment

- 8045 1. The caseworker should provide information to the parents regarding the voluntary  
8046 relinquishment process. However, the parents should be referred to their attorney  
8047 for legal questions regarding the petition.  
8048 2. If the child is Native American, refer to General Major objectives and the Indian  
8049 Child Welfare Act.  
8050 3. An adoption cannot take place unless both parents' rights have been terminated.  
8051 4. If one parent decides to relinquish his/her parental rights, the caseworker must  
8052 notify the other parent and discuss permanency options for the child with that  
8053 parent before any relinquishment can be done. If the whereabouts of the other  
8054 parent is unknown, the caseworker will contact the Assistant Attorney General to  
8055 arrange to publish a notification for the missing parent.  
8056 5. If the parent relinquishing her parental rights is an unmarried woman, the  
8057 caseworker must contact the following agencies to attempt to locate the father of  
8058 the child:  
8059 a. Bureau of Health Statistics and Vital Records to find out if the father has  
8060 registered and has claimed paternity rights;  
8061 b. The Office of Recovery Services to find out if there is a record of a father  
8062 paying child support and claiming paternity through the Office of  
8063 Recovery Services;  
8064 c. Federal Parent Locator Service to search for the absent parent;  
8065 d. The Assistant Attorney General to consult on termination of parental  
8066 rights of the missing parent.  
8067

##### 8068 B. Preparing for the court hearing for voluntary relinquishments:

- 8069 1. A petition must be filed with the court to initiate termination proceedings. The  
8070 caseworker, Assistant Attorney General, Guardian ad Litem, or other legal  
8071 counsel may assist in the preparation of the petition. The caseworker should

- 8072 discuss the relinquishment with the Assistant Attorney General and request that a  
8073 petition be filed with the court and a hearing be scheduled in a timely manner.  
8074 2. Under Utah Code Ann. [§78A-6-514](#), voluntary relinquishments or consent for  
8075 termination of parental rights will be signed or confirmed under oath before a  
8076 judge of any court that has jurisdiction over proceedings for termination of  
8077 parental rights.
- 8078 3. The court will certify that the person executing the consent or relinquishment has  
8079 read and understands the consent or relinquishment and has signed it freely and  
8080 voluntarily.
- 8081 4. A voluntary relinquishment or consent for termination of parental rights is  
8082 effective when it is signed by the parent and approved by the court and may not  
8083 be revoked.
- 8084 5. Before the court can grant a voluntary relinquishment of parental rights, the court  
8085 must find that the termination is in the best interest of the child.  
8086
- 8087 C. Child and Family Services will ensure that the rights of the father to a child born outside  
8088 of marriage are considered prior to the relinquishment of all parental rights.
- 8089 1. A person who is the father or claims to be the father of a child born outside of  
8090 marriage must file a notice of his claim of paternity and of his willingness and  
8091 intent to support the child with the state registrar of vital statistics at the  
8092 Department of Health. This notice must be filed prior to the time the child is  
8093 relinquished to a licensed child placing agency or prior to the filing of a petition  
8094 by a person with whom the mother has placed the child for adoption.
- 8095 2. Any putative father who fails to file his notice of paternity is barred from  
8096 thereafter bringing or maintaining any action to assert any interest in the child  
8097 unless he proves by clear and convincing evidence that: it was not possible for  
8098 him to file a notice of paternity within the period of time specified above, his  
8099 failure to file a notice was through no fault of his own, and he filed a notice of  
8100 paternity within 10 days after it became possible for him to file a notice.
- 8101 3. Except as provided above, failure to file a timely notice of paternity will be  
8102 deemed to be a waiver and surrender of any right to notice of any hearing in any  
8103 judicial proceeding for adoption of the child and the consent of that person to the  
8104 adoption of the child is not required.
- 8105 4. If there is no showing that a putative father has consented to or waived his rights  
8106 regarding the proposed adoption, it will be necessary to file a certificate from the  
8107 Department of Health, signed by the state registrar of vital statistics, stating that a  
8108 diligent search has been made of the registry of notices from putative fathers and  
8109 that no filing has been found pertaining to the father of the child in question. This  
8110 certificate must be filed prior to the entering of a final decree of adoption.
- 8111 5. When a child is conceived or born during a marriage, termination of the parental  
8112 rights of the married woman's husband must be obtained even if he is not the  
8113 biological father of the child, before the child is legally available for adoption.  
8114 This can be accomplished by the voluntary relinquishment of his parental rights or  
8115 by court action that results in the court terminating his parental rights.

- 8116 6. If the putative father cannot be located, the caseworker will contact the Assistant  
8117 Attorney General and discuss further attempts to locate the father, which can  
8118 include publishing in the local newspaper.  
8119

## 8120 307.2 Termination Of Parental Rights

### 8121 Major objectives:

8122 A petition for termination of parental rights will be filed when the parameters of state statute are  
8123 met, when compelling reasons exist that the child may not be safely returned home, when a child  
8124 is not being cared for by kin, and when reunification services have been adequately provided.  
8125  
8126  
8127

### 8128 **Applicable Law**

8129 Utah Code Ann. [§78A-6-507](#). Grounds for termination of parental rights -- Findings regarding  
8130 reasonable efforts.  
8131

### 8132 Practice Guidelines

- 8133 A. In calculating when to file a petition for the termination of parental rights, the caseworker  
8134 will:
- 8135 1. Calculate the 15 out of the most recent 22-month period from the date the child  
8136 was removed.
  - 8137 2. Include periods of time in care if there have been multiple entrances and exits into  
8138 out-of-home care.
  - 8139 3. Will not include trial home visits or runaway episodes in calculating the 15  
8140 months in out-of-home care.  
8141
- 8142 B. This requirement only applies once for a specific child if Child and Family Services does  
8143 not file a petition because an exception to this requirement applies.  
8144
- 8145 C. The caseworker will discuss termination of parental rights with the Assistant Attorney  
8146 General and request a petition be filed with the court and a hearing date be set. The  
8147 petition will include all necessary legal information related to the case along with the  
8148 reasons for termination of parental rights, which are:
- 8149 1. The child has been abandoned by the parent or parents.
  - 8150 2. The parent or parents have neglected or abused the child.
  - 8151 3. The parent or parents are unfit or incompetent.
  - 8152 4. The child is being cared for in an out-of-home placement under the supervision of  
8153 the court and/or Child and Family Services and Child and Family Services or  
8154 another responsible agency has made diligent efforts to provide appropriate  
8155 services and the parent has substantially neglected, willfully refused, or has been  
8156 unable or unwilling to remedy the circumstances that caused the child to be in an  
8157 out-of-home placement, and there is a substantial likelihood that the parent will  
8158 not be capable of exercising proper and effective parental care in the near future.

- 8159 5. Failure of parental adjustment as defined in Utah Code Ann. [§78A-6-502](#), that  
8160 parent or parents are unable or unwilling within a reasonable time to substantially  
8161 correct the circumstances, conduct, or conditions that led to placement of their  
8162 child outside the home, notwithstanding reasonable and appropriate efforts made  
8163 by Child and Family Services to return the child to that home.
- 8164 6. That only token efforts have been made by the parent or parents to support or  
8165 communicate with the child, prevent neglect of the child, to eliminate the risk of  
8166 serious physical, mental, or emotional abuse of the child, or to avoid being an  
8167 unfit parent.
- 8168 7. The parent or parents have voluntarily relinquished their parental rights to the  
8169 child and the court finds that relinquishment is in the child's best interest.
- 8170 8. The parent or parents, after a period of trial during which the child was returned to  
8171 live in his/her own home, substantially and continuously or repeatedly refused or  
8172 failed to give the child proper parental care or protection.
- 8173 9. The terms and conditions of safe relinquishment of a newborn child have been  
8174 complied with pursuant to Utah Code Ann. [§62A-4a-802](#), safe relinquishment of a  
8175 newborn child.
- 8176 10. As referenced in Utah Code Ann. [§78A-6-504](#), any interested party including an  
8177 out-of-home caregiver may file a petition of the parent-child relationship with  
8178 regard to a child. The Assistant Attorney General will file a petition for  
8179 termination of parental rights under this part on behalf of Child and Family  
8180 Services.
- 8181
- 8182 D. In order to be appropriately prepare for the court hearing to terminate parental rights, the  
8183 caseworker should:
- 8184 1. Determine that permanent termination of parental rights is in the child's best  
8185 interest and that there is evidence on which to file the petition. The caseworker  
8186 should facilitate a Child and Family Team Meeting to assist in the decision-  
8187 making process and permanency planning.
- 8188 2. The caseworker will review the case with the Assistant Attorney General to  
8189 determine if the case meets the legal grounds for termination.
- 8190 3. If it is determined that there are sufficient grounds under the law for terminating  
8191 parental rights and it is in the child's best interest, the caseworker will request that  
8192 the Assistant Attorney General prepare a petition to terminate the parental rights  
8193 and file the petition with the court.
- 8194 4. The caseworker will assist the Assistant Attorney General's office in collecting  
8195 and presenting the evidence to the juvenile court judge as defined in above.
- 8196 5. The caseworker will collect the names and addresses of witnesses and the  
8197 allegations to which the witnesses can and will testify to. This may include  
8198 therapists, out-of-home caregivers, medical providers, school personnel, etc. This  
8199 information will be given to the Assistant Attorney General. Examples of needed  
8200 information include: medical and/or psychological information regarding the  
8201 parents and/or child, police reports, documentation of efforts and services to  
8202 rehabilitate the parents and to facilitate a reunion with the child, the physical,

- 8203 mental, or emotional condition of the child and his or her desires regarding  
8204 termination of parental rights, the effort the parents have made to adjust their  
8205 circumstances, conduct, or conditions to make it in the child's best interest to  
8206 return the child home, contact/visits between parents and child, emotional ties  
8207 between the child and parents, the child's ties with the out-of-home care provider,  
8208 etc.
- 8209
- 8210 E. Termination of parental rights may be ordered by the court only after a hearing is held  
8211 specifically on the question of terminating the rights of the parents. The grounds for  
8212 termination of parental rights include (*see*: Utah Code Ann. [§78A-6-508](#)):
- 8213 1. In determining whether a parent or parents have abandoned a child there must be  
8214 evidence that:
- 8215 a. The parent or parents had legal custody of the child but surrendered  
8216 physical custody and for a period of six months have not manifested a firm  
8217 intention to resume physical custody or to make arrangements for the care  
8218 of the child.
- 8219 b. The parent or parents failed to communicate with the child by mail,  
8220 telephone, or otherwise for six months.
- 8221 c. The parent or parents have failed to show the normal interest of a natural  
8222 parent without just cause.
- 8223 d. The parent or parents have abandoned an infant, as described in Utah  
8224 Code Ann. [§78A-6-316](#).
- 8225 2. Determining whether a parent or parents are unfit or have neglected a child, the  
8226 court will consider but is not limited to the following,
- 8227 a. Emotional illness, mental illness, or mental deficiency of the parent that  
8228 renders him/her unable to care for the immediate and continuing physical  
8229 or emotional needs of the child for extended periods of time.
- 8230 b. Conduct toward a child of a physically, emotionally, or sexually cruel or  
8231 abuse nature.
- 8232 c. Habitual or excessive use of intoxicating liquors, controlled substances, or  
8233 dangerous drugs that render the parents unable to care for the child.
- 8234 d. Repeated or continuous failure to provide the child with adequate food,  
8235 clothing, shelter, education, or other care necessary for his/her physical,  
8236 mental, and emotional health and development by parents who are capable  
8237 of providing that care. However, a parent who is legitimately practicing  
8238 his/her religious beliefs does not provide specified medical treatment for  
8239 child is not for that reason alone a negligent or unfit parent.
- 8240 e. With regard to a child who is in the custody of Child and Family Services,  
8241 if the parent is incarcerated as a result of conviction of a felony and the  
8242 sentence is of such length that the child will be deprived of a normal home  
8243 for more than one year.
- 8244 f. Evidence of a conviction of a felony, if the facts of the crime are of such a  
8245 nature as to indicate the unfitness of the parents to provide adequate care

- 8246 to the extent necessary for the child's physical, mental, or emotional  
8247 health and development
- 8248 g. Evidence of a history of violent behavior.
- 8249 h. The parent intentionally, knowingly, or recklessly causes the death of  
8250 another parent of the child, without legal justification. [See: Utah Code  
8251 Ann. [§78A-6-508.](#)]
- 8252 3. If a child has been placed in the custody of Child and Family Services and the  
8253 parent or parents fail to comply substantially with the terms and conditions of a  
8254 plan within six months after the date the child was placed or the plan was  
8255 commenced, whichever occurs later. That failure to comply is evidence of failure  
8256 of parental adjustment.
- 8257 4. The following circumstances constitute evidence of unfitness:
- 8258 a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due  
8259 to known or substantiated abuse or neglect by the parent or parents.
- 8260 b. Conviction of a crime, if the facts surrounding the crime are of such a  
8261 nature as to indicate the unfitness of the parent to provide adequate care to  
8262 the extent necessary for the child's physical, emotional, mental, health,  
8263 and development.
- 8264 c. A single incident of life threatening or gravely disabling injury to or  
8265 disfigurement of the child.
- 8266 d. The parent has committed, aided, abetted, attempted, conspired, or  
8267 solicited to commit murder or manslaughter of a child or child abuse  
8268 homicide.
- 8269 F. At the conclusion of the hearing in which the court orders termination of the parent/child  
8270 relationship, the court will order that a review hearing be held within 90 days following  
8271 the date of termination if the child has not been placed in a permanent adoptive home. At  
8272 that review hearing, Child and Family Services or the individual vested with custody of  
8273 the child will report to the court regarding the plan for permanent placement for the child.  
8274 The Guardian ad Litem will also submit to the court a written report with  
8275 recommendations, based on an independent investigation, for disposition meeting the best  
8276 interest of the child. The court may order Child and Family Services or individual vested  
8277 with custody of the child to report, at appropriate intervals, on the status of the child until  
8278 the plan for a permanent placement of the child has been accomplished. [See: Utah Code  
8279 Ann. [§78A-6-512.](#)]
- 8280

## 8281 **307.2a Exceptions And Compelling Reasons Not To Terminate** 8282 **Parental Rights**

### 8283 Major objectives:

8284 When a child has been placed in out-of-home care for 15 of the most recent 22 months, the Child  
8285 and Family Team will determine whether or not it is in the child's best interest for parental rights  
8286 to be terminated. If it is not in the best interest of the child, the team will determine the exception  
8287 or "compelling reason" that makes termination of parental rights contrary to the best interests of  
8288 the child. The caseworker must document in the case plan the exact nature of the circumstances  
8289 that make termination of parental rights not in the child's best interest.  
8290

### 8293 **Applicable Law**

8294 Utah Code Ann. [§78A-6-507](#). Grounds for termination of parental rights -- Findings regarding  
8295 reasonable efforts.

8296 Utah Code Ann. [§62A-4a-203.5](#). Mandatory petition for termination of parental rights.

8297 Utah Code Ann. [§78A-6-316](#). Mandatory petition for termination of parental rights.  
8298

### 8299 Practice Guidelines

- 8300 A. In calculating when to file a motion not to terminate parental rights, the caseworker will:  
8301 1. Calculate 15 months out of the most recent 22-month period from the date the  
8302 child was removed.  
8303 2. Include periods of time in care if there have been multiple entrances and exits into  
8304 out-of-home care.  
8305 3. Not include trial home visits or runaway episodes in calculating the 15 months in  
8306 out-of-home care.  
8307
- 8308 B. Upon calculating the 15 months out of the most recent 22 months, the caseworker will  
8309 coordinate with the Child and Family Team to determine whether or not it is in the  
8310 child's best interest for parental rights to be terminated. If the team determines that it is  
8311 contrary to the child's best interest, the team will identify the exception or "compelling  
8312 reason" to justify not terminating parental rights.  
8313
- 8314 C. Once the Child and Family Team identifies the exception or "compelling reason," the  
8315 caseworker will discuss not terminating parental rights with the Assistant Attorney  
8316 General. The Assistant Attorney General will follow through with notifying the court as  
8317 well as addressing all necessary legal proceedings related to the case.  
8318
- 8319 D. According to [§62A-4a-203.5](#) and [§78A-6-316](#), Child and Family Services is not required  
8320 to file a petition for termination of parental rights if:  
8321 1. The child is being cared for by a relative.

- 8322 2. The court has previously determined that Child and Family Services has not  
8323 provided, within the time period specified in the Child and Family Plan, services  
8324 that had been determined to be necessary for the safe return home of the child.  
8325 3. Documented in the Child and Family Plan is a “compelling reason” for  
8326 determining that filing a motion for termination of parental rights is not in the  
8327 child’s best interest; and the Child and Family Plan is made available for the court  
8328 to review. The “compelling reason” may be one of the following, but is not  
8329 limited to:  
8330 Adoption is not the appropriate permanency goal for the child,  
8331 Child is 12 or older and objects to being adopted,  
8332 a. An older adolescent who has requested staying in the system and  
8333 participating in the Transition to Adult Living Services Program.  
8334 b. The child has severe emotional or behavioral problems or a serious  
8335 medical condition, and reunification remains an appropriate goal.  
8336 c. The parent is terminally ill, does not want parental rights terminated, and  
8337 has designated the child’s present caregiver, with the caregiver’s  
8338 agreement, as the child’s permanent caregiver.  
8339 d. The child is an unaccompanied refugee minor as defined in 45 Code of  
8340 Federal Regulations 400.11, which is a child who is not yet 18 years of  
8341 age who entered the United States unaccompanied by and not destined to a  
8342 parent or a close adult relative who is willing and able to care for the child  
8343 or an adult with a clear and court-verifiable claim to custody of the child  
8344 and who has no parents in the United States.  
8345 e. Insufficient grounds exist for termination of parental rights.  
8346 f. There are international legal obligations or compelling foreign policy  
8347 reasons that would preclude termination of parental rights, such as the  
8348 foreign country in which the parents are citizens does not support  
8349 termination of parental rights.  
8350 g. If the child is an Indian child under the Indian Child Welfare Act (ICWA),  
8351 and the child’s tribe is opposed to adoption and has another permanency  
8352 plan for the child (in accordance with ICWA).  
8353 h. Other compelling reasons documented for determining that filing for  
8354 termination of parental rights is not in the child’s best interest.  
8355  
8356 E. Since the child is not able to safely return home and adoption is not a permanency option  
8357 at this time due to the fact that parental rights are not being terminated, the Child and  
8358 Family Team will determine the next best permanency and concurrent plan for the child,  
8359 such as guardianship with a relative, guardianship with a non-relative, or individualized  
8360 permanency. Even though parental rights have not been terminated, continue to explore  
8361 and support positive connections for the child that will endure, and continue to keep them  
8362 connected to their past, present, and future.  
8363  
8364 F. In order to appropriately prepare for the court hearing to not terminate parental rights, the  
8365 caseworker should:

- 8366 1. Determine that terminating parental rights is not in the child's best interest and  
8367 that there is evidence on which to file the motion.  
8368 2. Facilitate a Child and Family Team Meeting to assist in the decision-making  
8369 process and permanency planning.  
8370 3. Review the case with the Assistant Attorney General to determine if the case  
8371 meets the legal grounds to not terminate parental rights. The caseworker will also  
8372 inform the Assistant Attorney General of the child's permanency and concurrent  
8373 plan. If it is determined that there are sufficient grounds under the law for not  
8374 terminating parental rights and it is in the child's best interest, the caseworker will  
8375 request that the Assistant Attorney General prepare a motion and file it with the  
8376 court to not terminate parental rights as well as to change the child's permanency  
8377 and concurrent plan.  
8378 4. Assist the Assistant Attorney General in collecting and presenting the evidence to  
8379 the juvenile court judge as defined in above.  
8380  
8381 G. After the court has ordered that termination of parental rights is not in the child's best  
8382 interest, the caseworker must document in the Child and Family Plan the exception or  
8383 "compelling reason" as well as the exact nature of the circumstances that make  
8384 termination of parental rights not in the child's best interest  
8385  
8386 H. Once the court has approved the child's new permanency and concurrent plan, the  
8387 caseworker will update the Child and Family Plan in SAFE to reflect the new goals and  
8388 permanency planning.  
8389

### 307.3 Appeal For Termination Of Parental Rights

8390  
8391 Major objectives:

8392 Child and Family Services will not give approval to finalize an adoption until the period to appeal  
8393 the termination of parental rights has expired.  
8394

8395  
8396 **Applicable Law**

8397 Parents have 15 days from the date of final judgment and order to file an appeal to the  
8398 termination of their parental rights. (Rule [4] 52, Rules of Appellate Procedure.)  
8399

8400 Practice Guidelines

- 8401 A. During the appeal period, the child may be placed in a foster/adoptive placement and  
8402 remain in that placement.  
8403  
8404 B. The appeal process can take over one year. Parents do not retain residual parental rights  
8405 while the case is on appeal unless the juvenile court stays the decision terminating  
8406 parental rights.  
8407

- 8408 C. Child and Family Services, through the Assistant Attorney General or the Guardian ad  
8409 Litem, has the authority to petition the juvenile court to restrict parents' residual rights  
8410 during the time the termination decision is being appealed. The residual rights includes  
8411 visitation.  
8412

### 8413 **307.4 Request For A New Hearing**

8414 Major objectives:

8415 A caseworker or some other person may request a new hearing as specified in Utah Code Ann.  
8416 [§78A-6-1108](#).  
8417

8418

8419 **Applicable Law**

8420 Utah Code Ann. [§78A-6-1108](#). New hearings authorized -- Grounds and procedure.  
8421

8422 Practice Guidelines

- 8423 A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter,  
8424 or any adult affected by a decree in a child's proceeding under this chapter may at any  
8425 time petition the court for a new hearing on the grounds that new evidence that was not  
8426 known and could not, with due diligence, have been made available at the original  
8427 hearing and which might affect the decree, has been discovered.  
8428
- 8429 B. This request will be made by a Child and Family Services caseworker only after  
8430 consultation with an Assistant Attorney General.  
8431

### 8432 **307.5 Petition To Restore Parental Rights**

8433 Major objectives:

- 8434 A. To provide a permanent, safe living arrangement for a child who has been placed in the  
8435 custody of Child and Family Services or the Department of Human Services by court  
8436 order for whom restoration of parental rights is a viable option.  
8437
- 8438 B. To create or recreate an enduring and self-sustaining relationship for the child with their  
8439 biological family, when safe and appropriate.  
8440
- 8441 C. To normalize and stabilize family life for the child.  
8442
- 8443 D. To transfer legal responsibility for the child from Child and Family Services to the  
8444 child's former parent(s) when it is safe and in the best interests of the child.  
8445
- 8446 E. To provide for a thorough assessment of the viability of restoration of parental rights.  
8447  
8448

8449 **Applicable Law**

8450 Utah Code Ann. [§78A-6-1403](#). Petition to restore parental rights – Duties of the division.

8451

8452 **Guiding Principles**

8453 A parent may have their parental rights restored in one of two ways: Either by the child who is  
8454 12 years of age or older, or an authorized representative acting on behalf of a child of any age; or  
8455 by the request of the former parent.

8456

8457 A. A child's need for a normal family life in a permanent home, and for positive, nurturing  
8458 family relationships is usually best met by the child's natural parents.

8459

8460 B. If, 24 months after termination of parental rights, a child is still in out-of-home care and  
8461 there is no prospective adoptive placement; or, if an adoption fails and the child returns to  
8462 out-of-home care, the child or a representative for the child may file for restoration of  
8463 parental rights.

8464

8465 **Practice Guidelines**

8466 A. Utah statute states that a child who is 12 years of age or older, or an authorized  
8467 representative acting on behalf of a child of any age, may file a petition to restore  
8468 parental rights if:

- 8469 1. Twenty-four months have passed since the court ordered termination of the  
8470 parent-child legal relationship; and  
8471 2. The child has not been adopted and is not in an adoptive placement, or is unlikely  
8472 to be adopted before the child is 18 years of age.  
8473 3. The child was previously adopted following a termination of a parent-child legal  
8474 relationship, but the adoption failed and the child was returned to the custody of  
8475 Child and Family Services.

8476

8477 B. When any child in the custody of Child and Family Services fits the criteria above, the  
8478 caseworker will notify and inform the child that they are eligible to petition the court for  
8479 restoration of parental rights.

8480 1. The caseworker will work with the Child and Family Team to decide how and  
8481 when to discuss the option of restoring parental rights with the child. If the  
8482 parent's whereabouts are known and the parent can be located, the parent will be  
8483 invited to participate in the discussion with the Child and Family Team.

- 8484 2. The Child and Family Team will assess the following:  
8485 a. Can the former parent be located through the kinship locator process?  
8486 b. What significant changes have occurred in the former parent's  
8487 circumstances and/or behavior since the termination of parental rights?  
8488 c. What is the willingness of the former parent to resume contact with the  
8489 child and have parental rights restored?  
8490 d. What is the former parent's ability to be involved in the life of the child  
8491 and accept physical custody of and responsibility for the child?

- 8492 e. What are the child's feelings and thoughts about restoration of parental  
8493 rights?  
8494 f. Any other information the caseworker or Child and Family Team  
8495 considers appropriate and determinative, such as the extended family  
8496 support for the former parent and the extent to which the former parent has  
8497 rehabilitated from the behavior that resulted in the termination of parental  
8498 rights.  
8499

- 8500 C. A former parent who remedies the circumstances that resulted in the termination of the  
8501 former parent's rights and who is capable of exercising proper and effective parental care  
8502 will notify the region director or designee. The region director or designee will staff the  
8503 case with the current caseworker to determine if the current caseworker should be the  
8504 person to assess whether or not the parent has met the criteria for the restoration of  
8505 parental rights. Once the decision has been made regarding who will complete the  
8506 assessment, the caseworker will assess the following information:  
8507 1. Twenty-four months have passed since the court-ordered termination of the  
8508 parent-child legal relationship.  
8509 2. The child has not been adopted and is not in an adoptive placement, or is unlikely  
8510 to be adopted before the child is 18 years of age.  
8511 3. The child was previously adopted following a termination of a parent-child legal  
8512 relationship, but the adoption failed and the child was returned to the custody of  
8513 Child and Family Services.  
8514

8515 If the above criteria have been met, the caseworker will open an IHS case and asses the  
8516 following information:

- 8517 1. What significant changes have occurred in the former parent's circumstances  
8518 and/or behavior since the termination of parental rights?  
8519 2. What is the willingness of the former parent to resume contact with the child and  
8520 have parental rights restored?  
8521 3. Does the former parent have the ability to be involved in the life of the child and  
8522 accept physical custody of and responsibility for the child?  
8523 4. What are the child's feelings and thoughts about restoration of parental rights?  
8524 5. Any other information the caseworker or Child and Family Team considers  
8525 appropriate and determinative, such as the extended family support for the former  
8526 parent and the extent to which the former parent has rehabilitated from the  
8527 behavior that resulted in the termination of parental rights.  
8528

8529 After the assessment, the caseworker will staff the case with the region director or  
8530 designee, as well as the Child and Family Team, to determine if filing for a petition for a  
8531 restoration of parental rights is in the best interest of the child. Once that determination is  
8532 made, a full home study will be completed on the parent who desires to have their  
8533 parental rights restored. Once the home study is completed, the caseworker will consult

- 8534 with the Assistant Attorney General (AAG) to file the petition for the restoration of  
8535 parental rights.  
8536
- 8537 D. After Child and Family Services receives or is served with a petition to restore parental  
8538 rights, filed by a child or an authorized representative, or when the Child and Family  
8539 Team have determined that filing a petition for the restoration of parental rights is in the  
8540 best interest of the child, the caseworker will consult with the AAG to file the petition.  
8541
- 8542 E. After Child and Family Services receives or is served with a petition to restore parental  
8543 rights, filed by a child or an authorized representative, the caseworker will:  
8544 1. Contact the Assistant Attorney General (AAG) assigned to the case to notify them  
8545 that Child and Family Services has received a petition to restore parental rights.  
8546 2. Use existing processes to locate the former parent if the former parent's  
8547 whereabouts are not known. This will include web searches, social media, former  
8548 contact information, and asking other known family members for the contact  
8549 information of the parent. The effort to locate the parent must constitute a  
8550 diligent effort.  
8551 3. If the former parent is found, notify the former parent of the legal effects of  
8552 restoration of parental rights and the time and date of the hearing on the petition.  
8553
- 8554 F. The court will set a hearing on the petition at least 30 days but no more than 60 days after  
8555 the day on which the petition was filed with the court.  
8556 1. Before the hearing, the caseworker may submit a confidential report to the court  
8557 containing the following information:  
8558 a. Material changes in circumstances since the termination of parental rights;  
8559 b. Summary of the reasons why parental rights were terminated;  
8560 c. The date on which parental rights were terminated;  
8561 d. The willingness of the former parent to resume contact with the child and  
8562 have parental rights restored;  
8563 e. The ability of the former parent to be involved in the life of the child and  
8564 accept physical custody of, and responsibility for, the child; and  
8565 f. Any other information the caseworker or Child and Family Team  
8566 considers appropriate and determinative such as the extended family  
8567 support for the former parent and the extent to which the former parent has  
8568 rehabilitated from the behavior that resulted in the termination of parental  
8569 rights.  
8570
- 8571 G. The hearing for the restoration of parental rights may have one or more of the following  
8572 results:  
8573 1. Continue status quo.  
8574 a. The caseworker will continue to search for other permanency options for  
8575 the child.

- 8576           2.       Allow contact between the former parent and the child and describe conditions  
8577           under which contact may take place.  
8578           a.       The caseworker will facilitate the contact pursuant to the court order and  
8579           monitor the effect of contact between the child and the former parent. The  
8580           caseworker, in consultation with the Child and Family Team, will provide  
8581           a report to the court with recommendations as to whether the contact  
8582           should continue and increase in frequency and duration, or whether the  
8583           contact should discontinue.
- 8584           3.       Order that the child be placed with the former parent in a temporary custody and  
8585           guardianship relationship to be reevaluated six months from the day on which the  
8586           child is placed.  
8587           a.       The caseworker will open a PSS case and provide services to the family to  
8588           assist in achieving permanency and will provide court reports evaluating  
8589           the family's progress.
- 8590           4.       Restore parental rights to the parent.  
8591           a.       The caseworker will close the out-of-home care case.

## 8592 **308 Transitions From Child and Family Services Custody**

### 8593 Major objectives:

8594 The Child and Family Team will determine what plan for transition is in the child's best interest.  
8595 The transition from Child and Family Services custody will seek to ensure that:

- 8596
- 8597 A. The child will be in a safe and appropriate environment that will endure until the child
  - 8598 reaches maturity.
  - 8599
  - 8600 B. The child and his/her caregivers will have access to services and resources that will
  - 8601 sustain permanency.
  - 8602
  - 8603 C. The child has connections to their past, present, and future.
  - 8604
  - 8605

## 8606 **308.1 Trial Home Placement And Return Of The Child**

### 8607 **Home**

### 8608 Major objectives:

8609 When a child and family's safety needs have been met in that the original reasons and risks have  
8610 been reduced or eliminated, the child can return home.  
8611

### 8612 **Applicable Law**

8613 Utah Code Ann. [§62A-4a-105](#) Division responsibilities.

8614 Utah Code Ann. [§78A-6-308.5](#) Outstanding arrest warrant check before return of custody.  
8615

### 8616 Practice Guidelines

- 8617
- 8618 A. Facilitate a Child and Family Team Meeting to review the Child and Family Plan to
  - 8619 ensure that the child and family's safety needs have been successfully met in that the
  - 8620 original placement reasons and risks have been reduced or eliminated in order for the
  - 8621 child to be safely returned home.
  - 8622
  - 8623 B. Consider the recommendations of the Child and Family Team. The objection of any one
  - 8624 person should not automatically prevent the child from being returned home.
  - 8625
  - 8626 C. Complete a risk assessment to help determine if the child can be safely returned home. A
  - 8627 risk assessment is required only if the child is being returned to the same home removed
  - 8628 from.
  - 8629
  - 8630 D. Update the UFACET. Ensure that the Visitation section of the UFACET reflects scores
  - 8631 that would support a trial home placement, or return home.
  - 8632
  - 8633 E. Give consideration to the child's feelings and desires.
  - 8634

- 8635 F. Contact the Assistant Attorney General and determine whether a review hearing is  
8636 needed prior to the child's return home. If a review hearing is needed, request that the  
8637 Assistant Attorney General contact the juvenile court for a date. If a review hearing is  
8638 not needed, request the Assistant Attorney General to notify the juvenile in accordance  
8639 with the original court order that the child is returning home.  
8640
- 8641 G. Based on the determinations of the court, facilitate a Child and Family Team Meeting to  
8642 discuss the transitions, return home plan, and the recommendations prior to the child  
8643 being returned home.  
8644
- 8645 H. Provide reasonable notice, at least two weeks (unless otherwise ordered by the court), of  
8646 the date child will be returning home to all pertinent parties such as child, parents,  
8647 Guardian ad Litem, foster care provider, school staff, and therapists so all parties can be  
8648 adequately prepared for the return home. Also inform the Department of Workforce  
8649 Services and the Office of Recovery Services.  
8650
- 8651 I. Notify the regional eligibility caseworker of the plan to return the child home at least two  
8652 weeks prior to the return home. Provide the eligibility caseworker with information from  
8653 the parents required to determine if the child can continue Medicaid coverage after the  
8654 return home and in time for case transfer to BES or DWS.  
8655
- 8656 J. Child and Family Services is required by Utah Code Ann. [§78A-6-308.5](#) to conduct a  
8657 felony warrant check through the National Crime Information Center (NCIC) prior to  
8658 recommending that a child be returned to a parent or guardian. This includes when Child  
8659 and Family Services is recommending a child be returned to a guardian that we have  
8660 removed from or a noncustodial or non-offending parent. If Child and Family Services  
8661 will be recommending that the child be returned to a parent or guardian at the court  
8662 hearing, the following process will need to be complete 14 days before the  
8663 recommendation is provided to the court:
- 8664 1. The Child and Family Services caseworker will complete and submit the "DCFS  
8665 Parent/Guardian Felony Warrant Check Request" form as soon as the  
8666 determination is made to provide the recommendation to the court to return the  
8667 child to a parent/guardian. The form may be found at  
8668 [https://docs.google.com/forms/d/e/1FAIpQLScXndX7K\\_nnREa9M5F0rAWBPWkawNOIHYGcpONOl1ZMqrWKfQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLScXndX7K_nnREa9M5F0rAWBPWkawNOIHYGcpONOl1ZMqrWKfQ/viewform?usp=sf_link).  
8669
  - 8670 2. The Background Screening Coordinator at the Child and Family Services state  
8671 office will complete the felony warrant check. The results will be emailed to both  
8672 the Assistant Attorney General (AAG) and the caseworker assigned to the case.  
8673 The AAG will file the results with the court.  
8674
- 8675 K. Prior to and when the child is returned home, the Child and Family Services caseworker  
8676 will provide services directed at assisting the child and family with the transition back  
8677 into the home. During this time, the caseworker should contact school personnel,

- 8678 therapists, day care providers, etc. who have knowledge and/or contact with the child to  
8679 ensure no further abuse or neglect is occurring.
- 8680 1. If it is determined that the child and family require more intensive services to  
8681 ensure successful reunification, intensive family reunification services (PFR) may  
8682 be utilized.
- 8683 2. Once the child is returned home and it is determined that the child and family is  
8684 still in need of services and supervision, in-home services will be provided based  
8685 on the needs of the family. The services may be either by court order (PSS) or on  
8686 a voluntary basis (PSC). The caseworker will either provide these services  
8687 him/herself or refer the family to the in-home program to arrange for follow-up  
8688 services.
- 8689 3. Refer to In-Home Services Major objectives, [Section 102](#).
- 8690
- 8691 1. A child may be returned home for a trial home visit for up to 90 days. Within 90 days of  
8692 the child's return home and if the child is safe in the home, the caseworker will file a  
8693 motion with the juvenile court to terminate the agency's legal custody of the child.  
8694

8695 **308.2 Identifying Custody and Guardianship With A Relative**  
8696 **And Non-Relative As The Permanency Goal**  
8697

8698 (This section was previously numbered 301.15.)

8699 Guiding principles:  
8700

- 8701 A. Protection and safety of a child are always the first priorities. Services are provided in the  
8702 context of the Practice Model and the Child and Family Team, and are child-centered and  
8703 family-focused.
- 8704 B. Child and Family Services seeks this permanency option **only if other permanency**  
8705 **goals, including a return to the parents or adoption**, are determined not to be in the  
8706 child's best interest.  
8707
- 8708 C. Child and Family Services supports permanency for children and recognizes that in a few  
8709 situations neither family reunification nor termination of parental rights and adoption best  
8710 serve the permanency needs of the child.  
8711

8712 Major objectives:  
8713

8714 The purpose of custody and guardianship with a relative or non-relative is:

- 8715 A. To provide a permanent, safe living arrangement for a child who has been placed in the  
8716 custody of Child and Family Services or the Department of Human Services and for  
8717 whom return home or adoption is not a legal option.  
8718
- 8719 B. To create an enduring and self-sustaining relationship for the child.  
8720
- 8721 C. To normalize and stabilize family life for the child.  
8722
- 8723 D. To transfer legal responsibility for the child from the state to an out-of-home caregiver  
8724 who is either a licensed caregiver or a relative, empowering the caregiver to completely  
8725 assume the role of parent and make important decisions on the child's behalf.  
8726
- 8727 E. To minimize the level of involvement with Child and Family Services for the child and  
8728 caregiver.  
8729

8730  
8731  
8732 **Applicable Law**

- 8733 A. Section 475(5)(C) of the Social Security Act allows for legal guardianship and placement  
8734 with a fit and willing relative among the permanency options for foster children who are  
8735 unable to be reunified with their families.  
8736

- 8737 B. Utah Code Ann. [§78A-6-105](#) defines guardianship and legal custody and associated  
8738 authority and responsibility.  
8739
- 8740 C. Utah Code Ann. [§62A-4a-105](#) authorizes Child and Family Services to make  
8741 expenditures necessary for the care and protection of children who are abused, neglected,  
8742 dependent, runaway, or ungovernable.  
8743

8744 Practice Guidelines

- 8745 A. When guardianship is being considered as the primary permanency goal for a child,  
8746 adoption must be ruled out. The caseworker will staff the child with the regional  
8747 Adoption Team.
- 8748 1. To determine if there are no grounds to terminate parental rights.
  - 8749 2. To determine if ongoing contact and relationship with the parents is best for the  
8750 child.
  - 8751 3. To determine if the child and prospective guardians understand the differences  
8752 between adoption and guardianship in terms of financial supports, available  
8753 services, and legal ramifications in the child's adult years.
  - 8754 4. For children whose parents' rights have been terminated or voluntarily  
8755 relinquished, guardianship is rarely an appropriate permanency goal.
  - 8756 5. Children with high needs, including those who qualify for disabilities such as SSI,  
8757 may not be appropriate for a permanency goal of guardianship because there are  
8758 limited or no services available after case closure. They will not qualify for out-  
8759 of-home treatment services or DSPD services.
  - 8760 6. If adoption is ruled out, document compelling or justifiable reasons not to  
8761 terminate parental rights and pursue adoption.
  - 8762 7. Region director approval will be required to pursue a permanency goal of  
8763 guardianship for children whose parents' rights have been terminated or  
8764 voluntarily relinquished or for children with high needs and will require services  
8765 after case closure.  
8766
- 8767 B. Guardianship and Legal Custody.
- 8768 1. Guardianship is the transfer of legal responsibility for a minor child from the state  
8769 to a licensed out-of-home caregiver who is a non-relative caregiver or to a relative  
8770 caregiver who may or may not be a licensed out-of-home caregiver until the child  
8771 reaches the age of 18 years.
  - 8772 2. Guardianship involves the legal assumption of authority for another individual to  
8773 consent to marriage, to enlist in the armed forces, and to consent and authorize  
8774 major medical, surgical, or psychiatric treatment; and to legal custody, if legal  
8775 custody is not vested in another person, agency, or institution [Utah Code Ann.  
8776 [§78A-6-105](#)].
  - 8777 3. Legal custody means a relationship embodying the following rights and duties:  
8778 a. The right to physical custody of the minor;  
8779 b. The right and duty to protect, train, and discipline the minor;

- 8780 c. The duty to provide the minor with food, clothing, shelter, education, and  
8781 ordinary medical care;
- 8782 d. The right to determine where and with whom the minor will live; and  
8783 e. The right, in an emergency, to authorize surgery or other extraordinary  
8784 care [Utah Code Ann. [§78A-6-105](#)].
- 8785 4. The guardian is responsible for ensuring that parents have an opportunity to visit  
8786 their children in accordance with the court order.  
8787
- 8788 C. Residual Rights of Natural Parents. The residual rights of the natural parents remain in  
8789 effect unless restricted by the court when custody and guardianship is granted to an out-  
8790 of-home caregiver. Residual parental rights include:
- 8791 1. Responsibility for support.  
8792 2. The right to consent to adoption.  
8793 3. The right to determine the child's religious affiliation.  
8794 4. The right to reasonable visitation.  
8795
- 8796 D. Guardianship and Legal Custody as a Permanency Option.
- 8797 1. There are two types of guardianship permanency goals:  
8798 a. Guardianship with a Non-Relative;  
8799 b. Guardianship with a Relative.
- 8800 2. These permanency options may be selected as concurrent permanency goals or  
8801 primary permanency goals. [See: [Section 301.2](#), Identifying Permanency Goals  
8802 And Concurrent Planning.]
- 8803 3. It is not necessary for a prospective guardian to be identified when selecting  
8804 guardianship as a primary or concurrent goal.
- 8805 a. When selecting this goal the Child and Family Plan must support this goal,  
8806 including but not limited to steps to finding, contacting, and involving a  
8807 prospective guardian to support the transition and placement of the child  
8808 with the prospective guardian until the court grants permanent  
8809 guardianship.  
8810
- 8811 E. Guardianship as a Primary Goal. The following steps should be completed by the  
8812 permanency caseworker during the selection process while choosing guardianship as a  
8813 primary goal for a child in foster care:
- 8814 1. Discuss guardianship as a primary goal in the context of a Child and Family Team  
8815 Meeting. If available, include the regional guardianship subsidy caseworker as a  
8816 participant in the planning process.
- 8817 2. Assess the child's physical, emotional, social, and educational needs and how  
8818 these needs may be met if under the care of a guardian, including specific sources  
8819 of support, such as:
- 8820 a. Availability of financial support for the child (such as Supplemental  
8821 Security Income, Social Security benefits, or other benefits), as well as the  
8822 prospective guardian resources, specified relative payment (if a qualifying  
8823 relative), or guardianship subsidy for non-relatives.

- 8824                    b.        Ability to address health care needs through health care coverage, such as  
8825                               the guardian's insurance or Medicaid, if the child qualifies.  
8826                    c.        Need for ongoing services from Child and Family Services or the  
8827                               Department of Human Services..  
8828                    d.        Child's citizenship and legal residency status, and if an undocumented  
8829                               alien, how the child's medical needs can be met without Medicaid  
8830                               coverage.  
8831
- 8832    F.        Identifying Prospective Guardian.
- 8833            1.        When selecting guardianship as the primary permanency goal, the caseworker  
8834                       will explore potential caregivers to become legal guardians. The child does not  
8835                       need to be in the prospective guardian's home prior to selecting this goal.  
8836            2.        Identify prospective guardians who are fit and willing to be ongoing caregivers  
8837                       for the child, and who will support the safety, permanency, and well-being of the  
8838                       child. Prospective guardians may be either relatives or non-relatives. If the  
8839                       prospective guardian is a non-relative, they must be licensed out-of-home  
8840                       caregivers or willing to become licensed. For relative placement, Kinship  
8841                       Practice Guidelines [Section 500](#) must be followed.  
8842            3.        Ensure that the identified caregiver or relative are able to meet the qualifying  
8843                       factors to become a guardian (see Section C, Guardianship Qualifying Factors)  
8844                       and that long-term placement with the caregiver or relative is in the child's best  
8845                       interest.  
8846            4.        Obtain commitment of the prospective caregiver to become guardian of the child  
8847                       and provide for the child's long-term needs.  
8848            5.        Discuss the appropriateness of the child maintaining a relationship with parents  
8849                       despite discontinuation of reunification efforts, including continuing visitation  
8850                       and residual parental rights.  
8851            6.        Discuss with the prospective guardian the long-term view for the child.  
8852            7.        Provide information about the child, responsibilities of guardianship, and the  
8853                       residual rights of the child's parents to the prospective guardian and child's  
8854                       parent(s).  
8855            8.        Ensure that the guardian understands the guardianship agreement.  
8856            9.        If the child is not currently with the prospective guardian, prepare a transition plan  
8857                       with the Child and Family Team, including parental visitation, safety planning,  
8858                       and identification of community resources available to support the needs of the  
8859                       child and guardian. Ensure that the regional guardianship subsidy worker is  
8860                       invited to participate in the team planning process.  
8861
- 8862    G.        Legal Guardianship Qualifying Factors.
- 8863            1.        General Qualifying Factors. Legal guardianship can be granted if the following  
8864                       qualifying factors are met. These factors apply to both relatives and non-relatives  
8865                       who are seeking legal guardianship.  
8866                       a.        The child cannot safely return home. This requirement is met if the court  
8867                                  determines that reunification with the child's parents is not possible or

- 8868 appropriate and the Child and Family Team and regional screening  
8869 committee agree that adoption is not an appropriate plan for the child,  
8870 including informing the prospective guardian of the limited services  
8871 available through guardianship.
- 8872 b. There are insufficient legal grounds to terminate the parents' rights or the  
8873 parent and child have a significant bond but the parent is unable to provide  
8874 ongoing care for the child (such as, but not limited to, an emotional,  
8875 mental, or physical disability) and the child's current caregiver has  
8876 committed to raising the child to the age of majority and to facilitate  
8877 visitation with the parent.
- 8878 c. There are compelling reasons why the child cannot be adopted, such as  
8879 when the child's Tribe has exclusive jurisdiction or the Tribe has chosen to  
8880 intervene in the adoption proceedings. Under ICWA, a Tribe has the right  
8881 to determine the child's permanency, for this reason the Tribe has the  
8882 authority to approve guardianship with the current caregiver.
- 8883 d. If the child is age 14 years or over, the child consents to the guardianship;  
8884 or, if the child does not consent, just cause as to why the guardian should  
8885 be appointed.
- 8886 e. The prospective guardian must:
- 8887 (1) Be able to maintain a stable relationship with the child.  
8888 (2) Have a strong commitment to providing a safe and stable home for  
8889 the child on a long-term basis.  
8890 (3) Have a means of financial support and connections to community  
8891 resources.  
8892 (4) Be able to care for the child without Child and Family Services  
8893 supervision.
- 8894 2. Non-Relative Qualifying Factors. In addition to general qualifying factors, the  
8895 following apply to non-relatives who are seeking guardianship. In order for  
8896 guardianship to be granted:
- 8897 a. The prospective guardian is a licensed out-of-home caregiver.  
8898 b. The child has lived for at least six months in the home of the prospective  
8899 guardian before the court can grant legal guardianship. The region  
8900 director or designee may waive the six-month placement requirement for  
8901 sibling groups if at least one sibling has been in the home for six months  
8902 and the prospective guardian meets all other eligibility criteria.
- 8903 c. A Child and Family Team has formally assessed the placement and found  
8904 that continuation with the caregiver is in the child's best interest and  
8905 supports the safety, permanency, and well-being of the child.
- 8906 d. Child and Family Services has no concerns with the care the child has  
8907 received in the home.
- 8908 e. The child has a stable and positive relationship with the prospective  
8909 guardian.
- 8910 3. Relative Qualifying Factors. In addition to general qualifying factors, the  
8911 following apply for relative guardianship:

- 8912 a. The child's prospective guardian is a relative who meets the relationship  
8913 requirements of the Department of Workforce Services Policy 223  
8914 Household Composition - Specified Relative Program, effective June 1,  
8915 2005, which currently includes:
- 8916 (1) Grandfather or grandmother;
  - 8917 (2) Brother or sister;
  - 8918 (3) Uncle or aunt;
  - 8919 (4) First cousin;
  - 8920 (5) First cousin once removed (a first cousin's child);
  - 8921 (6) Nephew or niece;
  - 8922 (7) Persons of preceding generations as designated by prefixes of  
8923 grand-, great-, great-great, or great-great-great;
  - 8924 (8) Spouses of any relative mentioned above even if the marriage has  
8925 been terminated;
  - 8926 (9) Persons that meet any of the above mentioned relationships by  
8927 means of a step relationship;
  - 8928 (10) Relatives that meet one of these relationships by legal adoption;
- 8929 b. If not licensed as an out-of-home caregiver, the relative has completed  
8930 kinship screening, including a home study and background checks, in  
8931 accordance with Kinship Practice Guidelines, [Section 500](#).
- 8932 c. In order to be considered for a guardianship subsidy, the prospective  
8933 relative guardian must be a licensed out-of-home caregiver and  
8934 demonstrate that they cannot qualify for a Specified Relative Grant. The  
8935 caseworker must be provided with a copy of a denial letter from the  
8936 Department of Workforce Services or written proof that the relationship  
8937 requirements do not apply (such as through relevant birth certificates).
- 8938 (1) Approval from the regional guardianship screening committee and  
8939 regional administration is required in making this determination.
  - 8940 (2) If a relative guardian is found to be receiving both a Specified  
8941 Relative Grant and guardianship subsidy for the same child, the  
8942 caseworker will notify the Department of Workforce Services and  
8943 appropriate actions may be taken for repayment.
- 8944
- 8945 H. Preparing for the Court to Grant Guardianship.
- 8946 1. Provide an explanation to the parents of their responsibility to continue payment  
8947 for the child's care until the child reaches the age of 18 years. The Office of  
8948 Recovery Services will continue to collect these child support payments until all  
8949 obligations are met.
  - 8950 2. Notify the parents that for tax purposes, their child is considered a dependent of  
8951 the guardian.
  - 8952 3. Notify the regional eligibility worker of the pending foster care case closure and if  
8953 guardianship with a relative subsidy is planned.
    - 8954 a. If subsidy is planned, obtain a Medicaid review form (61MR) from the  
8955 eligibility worker. Have the prospective guardian complete the form 30

- 8956 days prior to custody and guardianship being transferred to the guardian.  
8957 Give the completed form to the eligibility worker.
- 8958 b. If no subsidy is planned and the prospective relative guardian will be  
8959 seeking a Specified Relative payment, refer them to the local Department  
8960 of Workforce Services office to apply for the Specified Relative Grant and  
8961 Medicaid.  
8962
- 8963 I. Guardianship as a Concurrent Goal. The following steps should be completed by the  
8964 permanency caseworker when choosing guardianship as a concurrent goal for a child in  
8965 foster care:
- 8966 1. Discuss guardianship as a concurrent goal in the context of a Child and Family  
8967 Team Meeting.
- 8968 a. Assess the child's physical, emotional, social, and educational needs and  
8969 how these needs may be met if under the care of a guardian.
- 8970 b. Consider the appropriateness of the child maintaining a relationship with  
8971 parents if reunification efforts are discontinued.
- 8972 c. Assess the appropriateness of adoption as a concurrent goal. If adoption is  
8973 ruled out, document compelling or justifiable reasons not to terminate  
8974 parental rights and pursue adoption.
- 8975 d. Determine if guardianship is the next best permanency goal to the primary  
8976 goal.
- 8977 e. Identify prospective guardians who are fit and willing to be ongoing  
8978 caregivers for the child, and who will support the safety, permanency, and  
8979 well-being of the child. Prospective guardians can be either relatives or  
8980 non-relatives. If the prospective guardian is a non-relative, they must be  
8981 licensed out-of-home caregivers or be willing to become licensed.
- 8982 f. Discuss with prospective guardians the long-term view for the child and  
8983 ability and willingness to be an ongoing caregiver if the current primary  
8984 permanency goal is discontinued.
- 8985 g. Provide full disclosure of requirements and responsibilities of  
8986 guardianship to the prospective guardians and child's parents, including  
8987 continuation of parental visitation and residual parental rights.
- 8988 h. Identify factors that must be considered for transition planning if the  
8989 concurrent goal becomes the primary goal.  
8990
- 8991 J. Court Orders. Once approved by the regional guardianship subsidy screening committee,  
8992 the caseworker will request an Assistant Attorney General to file a petitioner with the  
8993 juvenile court to:
- 8994 1. Terminate Child and Family Services custody.  
8995 2. Grant permanent custody and guardianship to the new guardian.  
8996 3. Address the child's visitation with the parents.  
8997
- 8998 K. Post-Guardianship Placement Social Supports and Services.

- 8999 1. Each region will designate a caseworker who will respond to requests for  
9000 information and assistance and will provide crisis intervention for guardians.  
9001 2. Child and Family Services may provide voluntary home-based or youth advocate  
9002 services to help maintain the guardianship placement, within available region  
9003 resources designated for this purpose.  
9004 3. Child and Family Services may work with the Assistant Attorney General to  
9005 request a petition for court-ordered services when appropriate.  
9006

### 308.2a Guardianship Assistance With A Non-Relative

9007  
9008 Major objectives:

- 9009 A. Non-relative guardians may be eligible to receive state-funded guardianship assistance.  
9010 These guidelines apply to non-relative guardians.  
9011  
9012 B. Relatives who are granted permanent guardianship may apply for the Specified Relative  
9013 Grant and Medicaid through the Department of Workforce Services. [*Refer to: [Section](#)*  
9014 [500.](#)]  
9015  
9016 C. Relatives who do not qualify for the Specified Relative Grant may be eligible to receive  
9017 the state-funded guardianship assistance as described in these guidelines.  
9018  
9019

9020 **Applicable Law**

- 9021 A. Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement  
9022 with a fit and willing relative among appropriate permanency options for foster children  
9023 who are unable to be reunified with their families.  
9024  
9025 B. Utah Code Ann. [§78A-6-105](#) defines guardianship and legal custody and associated  
9026 authority and responsibility.  
9027  
9028 C. Utah Code Ann. [§62A-4a-105](#) authorizes Child and Family Services to make  
9029 expenditures necessary for the care and protection of children who are abused, neglected,  
9030 dependent, runaway, or ungovernable.  
9031

9032 Practice Guidelines

9033 A Guardianship Subsidy

- 9034 1. Availability/Scope/Duration  
9035 a. Guardianship subsidies are available to meet the care and maintenance  
9036 needs for children in out-of-home care:  
9037 (1) For whom guardianship has been determined as the most  
9038 appropriate primary goal;  
9039 (2) Who do not otherwise have adequate resources available for their  
9040 care and maintenance;

- 
- 9041 (3) Who meet the qualifying factors described in Section 3B, Non-  
9042 Relative Qualifying Factors; and  
9043 (4) Who cannot qualify to receive a Specified Relative grant from the  
9044 Department of Workforce Services as described in Section 3C-4,  
9045 Relative Qualifying Factors.  
9046 b. Guardianship subsidies are available through the month in which the child  
9047 reaches age 18 years.  
9048 c. Each region may establish a limit to the number of eligible children who  
9049 may receive guardianship subsidies.  
9050 d. Guardianship subsidies are subject to the availability of state funds  
9051 designated for this purpose.  
9052 2. Regional Guardianship Subsidy Screening Committee:  
9053 a. Each region will establish at least one regional guardianship subsidy  
9054 screening committee. This committee may be combined with another  
9055 appropriate committee, such as the adoption subsidy committee or  
9056 placement committee.  
9057 b. The regional guardianship subsidy screening committee will be comprised  
9058 of at least five members, and a minimum of three members must be  
9059 present for making decisions regarding a guardianship subsidy. Decisions  
9060 will be made by consensus.  
9061 c. Members of the committee may include the following:  
9062 (1) Chairperson;  
9063 (2) Clinical consultant or casework supervisor;  
9064 (3) Regional budget officer or fiscal representative;  
9065 (4) Resource Family Consultant;  
9066 (5) Allied agency representative from agencies, such as a community  
9067 mental health center, fostering healthy children nurse, or other  
9068 agencies within the department;  
9069 (6) Regional administrator or other staff with relevant responsibilities;  
9070 and  
9071 (7) Adoptive or out-of-home caregiver or guardian.  
9072 d. The regional guardianship subsidy screening committee is responsible to:  
9073 (1) Verify that a child qualifies for a guardianship subsidy;  
9074 (2) Approve the level of need and amount of monthly subsidy for  
9075 initial requests, changes, and renewals;  
9076 (3) Document committee decisions; and  
9077 (4) Coordinate supportive services to prevent disruptions and preserve  
9078 permanency.  
9079  
9080 B. Medicaid Coverage.  
9081 1. The caseworker is responsible to notify the eligibility caseworker that  
9082 guardianship is the child's permanency plan and the approximate date for custody  
9083 to be terminated. This will help ensure that Medicaid coverage can continue

- 9084 without interruption for an eligible child. The caseworker will also let the  
9085 eligibility caseworker know if a guardianship subsidy is planned for the child.  
9086 2. The eligibility worker will provide the permanency caseworker with a Medicaid  
9087 review form (61MR) to be completed prior to termination of Child and Family  
9088 Services custody.  
9089 3. The caseworker will work with the prospective guardian to complete the review  
9090 form within 30 days prior to guardianship being granted by the court. The  
9091 guardian's name and address must be specified on the form. Income and asset  
9092 information of the child will be reported on the form. (Guardian income and  
9093 assets are not required.)  
9094 4. The caseworker is responsible to provide the eligibility caseworker with the  
9095 following information soon after the court has granted custody and guardianship  
9096 but before the SCF case is closed in SAFE:  
9097 a. Completed Medicaid review form.  
9098 b. Copy of Guardianship Subsidy Agreement (if applicable).  
9099 c. Copy of court order terminating DHS/DCFS custody.  
9100 5. The eligibility worker will review the child's Medicaid eligibility and take the  
9101 appropriate action based on the instruction received by the State IV-E Medicaid  
9102 Eligibility Specialist.  
9103  
9104 C. Unearned Income and Guardianship Subsidies.  
9105 1. Unearned Income and Guardianship: Unearned income sources must be  
9106 considered when determining if a guardianship subsidy is appropriate for a child  
9107 and in determining the amount of the subsidy. The most common types of federal  
9108 unearned income received by children in out-of-home care are Supplemental  
9109 Security Income and Social Security Dependent benefits. The Social Security  
9110 Administration administers both of these income sources.  
9111 2. Supplemental Security Income Benefits for Children (SSI): SSI benefits are  
9112 payable to blind or disabled children under 18 years of age who have limited or  
9113 no income and assets/resources or who come from homes with limited or no  
9114 income and assets/resources. The Social Security Administration conducts a  
9115 review when an individual reaches 18 years of age to determine if benefits may  
9116 continue into adulthood. SSI will generally continue for a child when in the care  
9117 of a guardian. However, SSI income will be reduced if other income becomes  
9118 available to the child, including a guardianship subsidy. A guardianship subsidy  
9119 is not recommended for an SSI recipient because the subsidy will result in the  
9120 reduction or loss of SSI income (which might have continued to be available  
9121 when the child reaches adulthood).  
9122 3. Social Security Dependents Benefits (SSD – *may also be referred to as SSA*):  
9123 Social Security benefits may be paid to a dependent child under age 18 years  
9124 through the Retirement, Survivors and Disability Insurance Program based upon  
9125 the work record of a child's parent. For example, a child may receive these  
9126 dependent benefits as a result of a parent's disability or death. Benefits may be  
9127 extended beyond age 18 years for full-time students. Social Security benefits

- 9128 will generally continue for a child when in the care of a guardian and will not be  
9129 reduced by other earnings, including a guardianship subsidy. The amount of  
9130 Social Security benefits must be taken into account when determining the amount  
9131 of a guardianship subsidy.
- 9132 4. Other Sources: Children in out-of-home care may also receive other sources of  
9133 unearned income, such as Veteran's benefits, Railroad Retirement benefits, Tribal  
9134 benefits, or insurance settlement funds. The caseworker should contact the  
9135 benefit source prior to termination of state custody to determine the impact on  
9136 receipt and amount of the benefit if the child enters into custody and guardianship  
9137 of a caregiver. Any benefits that will continue in guardianship should be taken  
9138 into account when determining the amount of a guardianship subsidy.  
9139
- 9140 D. Determining Guardianship Subsidy Amounts.
- 9141 1. The regional screening committee will determine the subsidy amount by  
9142 considering the special needs of the child and the circumstances of the guardian  
9143 family. The caseworker presents to the committee information regarding the  
9144 special needs of the child, the guardian family income and expenses, and/or the  
9145 guardian family's special circumstances (Forms OH60 and OH61).
- 9146 2. The following factors must be considered when determining the amount of the  
9147 monthly subsidy to be granted: All sources of financial support for the child  
9148 including Supplemental Security Income, Social Security benefits, and other  
9149 benefits. (The subsidy committee may require verification of financial support.)  
9150 If a child is receiving benefit income and the income can continue after  
9151 guardianship is granted, this amount will be deducted from the guardianship  
9152 subsidy amount. The guardianship subsidy should not replace other available  
9153 income (such as Supplemental Security Income).
- 9154 3. The guardianship subsidy will not exceed the levels indicated below, and may be  
9155 less based on the ongoing needs of the child and the needs of the guardians.
- 9156 a. Guardianship Level I: Guardianship Level I is for a child who may have  
9157 mild to moderate medical needs or medically needy, psychological,  
9158 emotional, or behavioral problems, and who requires parental supervision  
9159 and care. The amount of guardianship subsidy for a child whose needs are  
9160 within Level I may be any amount up to the lowest basic foster care rate.
- 9161 b. Guardianship Level II: Guardianship Level II is for a child who may be  
9162 physically disabled, developmentally delayed, medically needy or  
9163 medically fragile, or have a serious emotional disorder (SED). The  
9164 amount of the guardianship subsidy may range from the lowest basic  
9165 foster care rate to the lowest specialized foster care rate.
- 9166 c. Children who are receiving the structured foster care rate in foster care or  
9167 who are in a group or residential setting are considered for the  
9168 Guardianship Level II rate.
- 9169 (1) Children who may qualify for Guardianship Level II will be staffed  
9170 with a clinical consultant or other region designee to assess  
9171 whether a guardian can meet the child's needs with community

- 9172 services and without Child and Family Services interventions after  
9173 case closure.
- 9174 (2) The staffing will be documented and included in the guardianship  
9175 assistance file.
- 9176 d. Guardianship subsidies may not exceed the Guardianship Level II rate.  
9177 e. Guardianship subsidies are funded with state general funds within regional  
9178 foster care budgets. A region has the discretion to limit the number of  
9179 guardianship subsidies or reduce guardianship subsidy rates based on the  
9180 availability of funds.  
9181
- 9182 E. Guardianship Subsidy Agreement.
- 9183 1. A Guardianship Subsidy Agreement specifies the terms for financial support for  
9184 the child's basic needs.
- 9185 2. A guardianship subsidy caseworker will complete the Guardianship Subsidy  
9186 Agreement (GA03).
- 9187 3. The effective date of the initial agreement is the date of the court order granting  
9188 guardianship.
- 9189 4. A Guardianship Subsidy Agreement must:
- 9190 a. Be signed by the guardian and Child and Family Services prior to any  
9191 payments being made.
- 9192 b. Identify the reason a subsidy is needed.
- 9193 c. List the amount of the monthly payment.
- 9194 d. Identify dates the agreement is in effect.
- 9195 e. Identify responsibilities of the guardian.
- 9196 f. Identify under what circumstances the agreement may be amended or  
9197 terminated and the time period for agreement reviews.
- 9198 g. Include a provision for a reduction or termination in the amount of the  
9199 guardianship subsidy in the event a legislative or executive branch action  
9200 affects the Child and Family Services' budget or expenditure authority,  
9201 making it necessary for Child and Family Services to reduce or terminate  
9202 Guardianship Subsidies or if a regional office determines that reduction is  
9203 necessary due to regional budget constraints.
- 9204 h. Include a provision for assignment of benefits to the Office of Recovery  
9205 Services in accordance with the Office of Recovery Services requirements.
- 9206 i. Include a provision for repayment of any financial entitlement made by  
9207 DHS/Child and Family Services to the guardian that were incorrectly paid.  
9208
- 9209 F. Notification Regarding Changes.
- 9210 1. The guardian must notify Child and Family Services if:
- 9211 a. There is no longer a need for a guardianship subsidy.
- 9212 b. The guardian is no longer legally responsible for the support of the child.
- 9213 c. The guardian is no longer providing any financial support to the child or is  
9214 providing reduced financial support for the child.
- 9215 d. The child no longer resides with the guardian.

- 9216 e. The guardian has a change in address.  
9217 f. The child has run away.  
9218 g. The guardian is planning to move out of state.  
9219
- 9220 G. Reviews.
- 9221 1. A guardianship subsidy caseworker will review each guardianship subsidy  
9222 agreement annually. The family situation, child's needs, and amount of the  
9223 guardianship subsidy payment may be considered.
- 9224 2. The guardian must complete the Guardianship Subsidy Re-certification form  
9225 provided by Child and Family Services to verify that the guardian continues to  
9226 support the child. If the re-certification is not received after adequate notice, the  
9227 guardianship subsidy may be delayed or face possible termination.
- 9228 3. Renewals and Re-certifications:
- 9229 a. Renewals: In order for guardianship assistance payments to continue, this  
9230 Agreement will be renewed at intervals of up to three years until the  
9231 child's 18th birthday.
- 9232 b. Renewal Procedure: DHS/Child and Family Services will provide written  
9233 notification to the guardians before the next renewal date and will supply  
9234 the guardian with the appropriate forms.
- 9235 c. Amendment Prior to Next Renewal Date: The parties (DHS/Child and  
9236 Family Services and the guardian) may negotiate the terms of a new  
9237 agreement at any time. In order to be effective, all new agreements will be  
9238 in writing, on a form approved by DHS/Child and Family Services, and  
9239 signed by the parties. Oral modifications or agreements will bind neither  
9240 DHS/Child and Family Services nor the guardian.
- 9241 d. Re-certification: In order for guardianship assistance payments to  
9242 continue, the guardian must re-certify annually by completing and  
9243 submitting the Annual Guardianship Subsidy Re-certification form  
9244 (GA04) to DHS/Child and Family Services.  
9245
- 9246 I. Changing the Amount of the Guardianship Subsidy.
- 9247 1. The amount of a guardianship subsidy does not automatically increase  
9248 when there is a foster care rate change or as the child ages.
- 9249 2. A guardian may request a guardianship subsidy review when seeking an  
9250 increase in the guardianship subsidy amount, not to exceed the maximum  
9251 amount allowable for the child's level of need. The guardian must  
9252 complete the Request for Subsidy Increase Form to provide  
9253 documentation to justify the request (Form GA05).
- 9254 3. The request must be reviewed and approved by the Regional Guardianship  
9255 Subsidy Screening Committee. If approved, a new guardian subsidy  
9256 agreement will be completed.
- 9257 4. Child and Family Services must provide written notice of agency action  
9258 by certified mail at least 30 days in advance if a guardianship subsidy rate  
9259 is going to be reduced.

- 9260  
9261 H. Appeals/Fair Hearings.  
9262 1. The guardian may appeal a DHS/Child and Family Services decision to deny,  
9263 reduce, or terminate a child's guardianship subsidy awarded through the  
9264 guardianship subsidy agreement by filing a written request for an Administrative  
9265 Hearing with the DHS Office of Administrative Hearings (OAH). The hearing  
9266 request must be filed within 10 working days of receiving the DHS/Child and  
9267 Family Services decision in writing. For further instructions regarding  
9268 Administrative Hearings, contact OAH. [See Utah Administrative Rule 497-100,  
9269 Adjudicative Proceedings.)  
9270 2. Child and Family Services will send by certified mail a written Notice of Agency  
9271 Action when a decision is made to deny, reduce, or terminate a guardianship  
9272 subsidy. The notice will also include information about how to request a fair  
9273 hearing  
9274 3. A fair hearings officer from OAH may overturn a Child and Family Services  
9275 decision to deny, reduce, or terminate a child's guardianship subsidy when the  
9276 following apply:  
9277 a. Child and Family Services incorrectly determined that the qualifying  
9278 factors were not met;  
9279 b. Child and Family Services incorrectly determined the appropriate  
9280 guardianship subsidy level for the child;  
9281 c. Child and Family Services terminated the subsidy without an applicable  
9282 termination reason existing.  
9283  
9284 I. Termination.  
9285 1. A guardianship subsidy agreement will be terminated if any of the following  
9286 circumstances occur:  
9287 a. The terms of the agreement are concluded.  
9288 b. The guardian requests termination.  
9289 c. The child reaches age 18 years.  
9290 d. The child dies.  
9291 e. The guardian parent dies (in a two-parent family if both guardian parents  
9292 die).  
9293 f. The guardian parent's legal responsibility for the child ceases.  
9294 g. DHS/Child and Family Services determines that the child is no longer  
9295 receiving financial support from the guardian parent.  
9296 h. The child marries.  
9297 i. The child enters the military.  
9298 j. The child is adopted.  
9299 k. The child is placed in foster care.  
9300 l. DHS/Child and Family Services determines that funding restrictions  
9301 prevent continuation of subsidies for all guardians.

- 9302 2. A guardianship subsidy payment may be terminated or suspended, as appropriate,  
9303 if any of the following occur. The decision to terminate or suspend must be made  
9304 by the regional guardianship subsidy screening committee.  
9305 a. The child is incarcerated for more than 30 days.  
9306 b. The child is out of the home for more than a 30-day period or is no longer  
9307 living in the home.  
9308 c. The guardian fails to return the annual certification or to complete the  
9309 renewed guardianship subsidy agreement within five working days of the  
9310 renewal date.  
9311 d. There is a supported finding of child abuse or neglect against the guardian.  
9312
- 9313 J. Closure of the Foster Care (SCF) Case When Termination is for Guardianship Without a  
9314 Guardianship Subsidy. The caseworker will close the SCF case following normal SAFE  
9315 procedures using the closure wizard. The caseworker does not need to enter the guardian  
9316 or parent as a placement in the foster care case. After the court has terminated Child and  
9317 Family Services custody, no other placements are entered in SAFE.  
9318
- 9319 K. Foster Care Case Record Transition and Process for Guardianship (With Guardianship  
9320 Subsidy Case).  
9321 1. Guardianship Subsidy Screening Committee  
9322 1. Schedule a Guardianship Subsidy Screening Committee meeting.  
9323 b. Complete Form GA01 - Guardianship Subsidy Program Application.  
9324 c. Prepare Form GA02 - Guardianship Subsidy Screening/Approval Form.  
9325 d. Attend the Guardianship Subsidy Screening Committee meeting.  
9326 e. Complete form GA02 - Guardianship Subsidy Screening/ Approval Form  
9327 at the committee meeting.  
9328 2. Attend the court hearing granting custody to the guardian.  
9329 a. Enter an Activity Record in SAFE detailing the outcome of the hearing;  
9330 b. Navigate to the child's current placement record (Placement Window);  
9331 select the Permanency Tab and enter the Guardianship Date.  
9332 3. Open a GAM Case in SAFE.  
9333 a. Create a GAM Case through the Case Creation module (utilize the SCF  
9334 case number as the prior case id). Designate a caseworker or technician to  
9335 track the case, make the monthly payments to the guardian, and keep the  
9336 information updated on the case.  
9337 b. Complete the GAM Setup Wizard by navigating to the General Tab of the  
9338 Case Window and selecting the Case Setup Wizard button.  
9339 c. Create the Guardianship Agreement Form - Form GA03 in the GAM case.  
9340 d. Mail/deliver agreement for signatures.  
9341 4. Close Foster Care Case (SCF). Do not enter the guardian or parent as a placement  
9342 in the foster care case when closing the case in SAFE. After the court has  
9343 terminated Child and Family Services custody, no other placements are entered in  
9344 the foster care case.

- 
- 9345 a. Navigate to the General Tab of the SCF Case Window; select the Case  
9346 Closure Wizard button.
- 9347 b. Enter Closure Reason = Custody/Guardianship to Foster Parent.  
9348 c. Enter Case End Date = [Date Custody granted to Foster Parent].  
9349 d. Complete Closure Wizard.
- 9350 5. Create Provider Record/Provider Approval in SAFE. Most providers will already  
9351 be opened as a licensed provider in SAFE. If they are not, the following steps  
9352 must be done:
- 9353 a. Fax a "Request for 9-character Provider Record Creation" to BCM along  
9354 with a copy of the provider's social security card.
- 9355 b. Once BCM creates the provider record in SAFE, they will notify the office  
9356 to create provider approvals.
- 9357 c. SAFE provider tech will need to go to PR07 and open the provider  
9358 approval. Form GA03, attachment A will have the start/end dates along  
9359 with the rate that the provider needs to be open. If there is more than one  
9360 child, with more than one rate, open the approval for the highest rate.
- 9361 e. The provider information will download nightly into SAFE. PSAs can be  
9362 open in the GAM case the following day.
- 9363 6. Create Purchase Service Authorization in SAFE.
- 9364 a. Navigate to the Purchase Service Authorization Window in SAFE (GAM  
9365 case context).
- 9366 b. Enter the following information:
- 9367 (1) Provider ID.  
9368 (2) Start Date.  
9369 (3) Service = GAR.  
9370 (4) Kind = Month.  
9371 (5) Units = 1.  
9372 (6) Rate = [amount determined in agreement].
- 9373 7. Payment Process.
- 9374 a. Once the provider approval and PSA has been opened in SAFE, the direct  
9375 checks for the GAR payment will start the following month.
- 9376 b. A handwritten 520 will need to be filled out for the first month if the start  
9377 date was after the 1st. The rate for the first month will need to be pro-  
9378 rated (i.e., if the foster care payment ends on the 20th, the GAR payment  
9379 will start the 21st).
- 9380 c. Take the provider monthly approval rate and divide by number of days in  
9381 that particular month. Then times this rate by the number of days that  
9382 need to be paid for remainder of the month. (Providers do not have to sign  
9383 these handwritten 520's for GAR payments for the first month of service.)
- 9384 d. The automatic check run for GAR will be on the 1st of each month.  
9385 Exceptions to this rule will be if the 1st is a Wednesday (day of regular  
9386 check run), or a Saturday/Sunday. If the 1st falls on a Wednesday, the  
9387 check run will be the next day. If it falls on a weekend, the check run will

- 9388 be on the following Monday. If there are any check runs that fall on a  
9389 holiday Monday, they will run on Tuesday.
- 9390 e. If a provider approval has ended and the client authorization is still open, a  
9391 direct check will not be issued to the provider. The agreement/approval  
9392 needs to be updated before any payments can be issued.
- 9393 8. Create Guardianship Subsidy File in the Child's Name.
- 9394 a. Create a new file using approved subsidy tabs. If provider is getting  
9395 custody and guardianship of a sibling group, all names can be added and  
9396 maintained in the same guardianship file.
- 9397 b. Copies of GA01 (Guardianship Program Application), and GA02  
9398 (Guardianship Screening/Approval Form) will be placed in both the foster  
9399 care file and the guardianship subsidy file. If copies of the birth certificate  
9400 and social security card are available from the family file, copies should  
9401 be placed in the guardianship subsidy file also.
- 9402 c. Forms GA03 (Guardianship Subsidy Agreement) and GA04 (Annual  
9403 Recertification Letter), along with any other correspondence, will be  
9404 maintained in the guardianship subsidy file.
- 9405 9. Annual Guardianship Subsidy Re-certification Letter.
- 9406 a. Mail Form GA04 - Annual Guardianship Subsidy Re-certification Letter  
9407 60 days or more prior to the end date of the agreement.
- 9408 b. Request that the GAR provider complete and return the re-certification  
9409 letter 30 days prior to the end date of the agreement.
- 9410 c. Upon receipt of the re-certification letter, enter an Activity Record in  
9411 SAFE.
- 9412 d. Extend GAR provider approval in SAFE (do not create a new GAR line  
9413 unless the rate is changing).
- 9414 e. If a provider fails to return the re-certification letter 30 days prior to the  
9415 end date of the agreement, mail out a final 30-day notice. This notice will  
9416 notify them that their case will be closed in 30 days if the re-certification  
9417 letter is not received. If after the final 30-day notice the re-certification  
9418 letter is not received, close the PSA to stop the GAR direct checks from  
9419 running.
- 9420
- 9421 L. Closure of a Guardianship Subsidy Case.
- 9422 1. Navigate to the General Tab of the GAM Case Window; Select the Case Closure  
9423 Wizard Button.
- 9424 a. Enter appropriate Closure Reason based on the child's situation. Select  
9425 the closure reason value that most closely applies.
- 9426 2. Complete Closure Wizard.
- 9427 3. At closure of the GAM case, the hardcopy of the guardianship subsidy file will be  
9428 closed and archived according the retention for guardianship subsidies.  
9429

### 9430 **308.3 Transition To Adoptions And Adoption Finalization**

#### 9431 Major objectives:

9432 If the child's permanency goal is adoption and the child is not already in the adoptive home,  
9433 Child and Family Services will make intensive efforts to place the child with an adoptive family.  
9434 [See: [Section 400](#), Adoption, subsections 401.3 through 401.9.]  
9435

#### 9436 **Applicable Law**

9437 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
9438  
9439

### 9440 **308.3a Contact Between Adopted Child And Birth Family** 9441 **Members**

#### 9442 Philosophy:

9443 Help children stay connected with birth family members after adoption to help relieve loss,  
9444 cultivate a pride in their heritage, and answer questions about family histories of medical and  
9445 mental health conditions.  
9446

#### 9447 Major objectives:

9448 Child and Family Services will help children who are adopted benefit from contact with birth  
9449 family members when all parties agree it is safe and appropriate. Contact with birth family  
9450 members may help a child:  
9451

- 9452 A. Relieve grief and loss. Children have often lost connections with birth family members  
9453 through being in out-of-home care and further lose connections after they are adopted.  
9454 B. Cultivate pride in their biological heritage to develop self-worth and good self- esteem.  
9455 Contact with appropriate birth family members can help an adopted child understand  
9456 their biological heritage.  
9457  
9458 C. Explain things like their genetic traits and possible inherited medical and mental health  
9459 conditions.  
9460  
9461

#### 9462 **Applicable Laws**

9463 Utah Code Ann. [§62A-4a-205.6](#). Adoptive Placement Time Frames.

9465 Utah Code Ann. [§78B-6-146](#). Post Adoption Contact Agreement.  
9466

#### 9467 Practice Guidelines

9468 [See: Practice Guidelines [Section 401.8a](#).]  
9469

### 9470 **308.4 Transition To Independent Living**

9471

9472 (This section has been replaced by [Section 303.7](#).)

9473

### 9474 **308.5 Transfer To Other Agencies**

9475

Major objectives:

9476

9477

9478

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

9479

#### 9480 **Applicable Law**

9481

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

9482

#### 9483 Practice Guidelines

9484

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

9485

9486

9487

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

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9493

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

9494

9495

9496

9497

9498

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

9499

9500

### 9500 **308.6 Termination Of Out-Of-Home Services**

9501

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

9502

9503

9504

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9506

#### 9506 **Applicable Law**

9507

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

9508

#### 9509 Practice Guidelines

9510

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

9511

9512

9513

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

9514

- 9515  
9516 B. Update the Functional Assessment.  
9517  
9518 C. If parental rights have not been terminated, notify the parents, in writing, that the case is  
9519 being closed. A copy of the letter should be sent to the Guardian ad Litem.  
9520  
9521 D. Notify the Office of Recovery Services with a closure date.  
9522  
9523 E. Notify the regional eligibility caseworker for reassessment or referral of Medicaid  
9524 eligibility.  
9525  
9526 F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social  
9527 Security Administration or other entitlement source in writing of the change in payee and  
9528 notify the business office at the regional office to close out the child's trust fund.  
9529  
9530 G. Write a termination summary addressing the original risk factors, achievement of the  
9531 service plan goals and the reason for closing the case, etc.  
9532  
9533 H. Complete the closure wizard on SAFE.  
9534  
9535 I. The case must have a copy of the court order terminating Child and Family Services  
9536 custody and involvement in the record before the case can be closed.  
9537  
9538 J. The case should be reviewed by the caseworker's supervisor and a QA review completed  
9539 and put in the record to ensure all documentation is complete on the case before it is  
9540 closed.  
9541  
9542 K. If the child is from another state, refer to [Section 703](#) Interstate Compact On The  
9543 Placement Of Children.  
9544

### 308.7 Foster Youth Petitioning The Court For Release From Child and Family Services Custody

Major objectives:

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

#### **Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

9557 Practice Guidelines

- 9558 A. If a minor over the age of 18 years requests to be released from the custody of Child and  
9559 Family Services, the caseworker will inform the minor of the process.
- 9560 1. The minor may petition the juvenile court to be released from the custody of  
9561 Child and Family Services if the minor came into custody based on grounds of  
9562 abuse, neglect, or dependency.
- 9563 2. The minor is responsible to file the petition, which must include:  
9564 a. A statement from the parent or guardian if rights are not terminated,  
9565 agreeing that a release from custody should occur, and  
9566 b. Both the child and the parents' signature on the petition.  
9567
- 9568 B. Prior to the review of the minor's petition by the court, the caseworker will provide the  
9569 following information, if applicable, to the court to assist the court in determining if it is  
9570 appropriate to grant the release from custody:
- 9571 1. That the minor does not pose an imminent threat to self or others. This includes,  
9572 but is not limited to:
- 9573 a. Substance abuse issues.  
9574 b. Threat of homelessness or human trafficking.  
9575 c. Mental health impairment.  
9576 d. Ability to live independently as an adult, including work and education.  
9577 e. Disability.  
9578 f. Threat of exploitation due to disability.  
9579
- 9580 C. If the court grants the petition, the minor may petition the court to re-enter Child and  
9581 Family Services custody within 90 days of the original petition being granted. If the  
9582 court does grant the petition to have the minor re-enter Child and Family Services  
9583 custody, the caseworker will:
- 9584 1. An SCF case will be opened on the date the court granted the petition to re-enter  
9585 Child and Family Services custody.
- 9586 2. Determine if the minor should be considered for an Independent Living  
9587 Placement (ILP) (*see*: [Section 303.7](#)). If it is determined the minor should be  
9588 placed in an ILP, the caseworker will follow [Section 303.7](#).
- 9589 3. If the minor is assessed to need a higher level of care, the caseworker will staff  
9590 the case with the regional contract manager to determine if there are placements  
9591 available that can serve a minor over the age of 18.
- 9592 4. The caseworker will assess for possible kinship connections, as well as other  
9593 permanent connections following [Section 301.2](#) to determine appropriate  
9594 permanency goals for the minor.  
9595

9596 **309 Peer Parent Services**

9597 Major objectives:

9598 Peer Parent services may be appropriate for families who have parenting or household  
9599 management challenges. Peer Parent services are also appropriate for families who are at risk of  
9600 having their children removed (as a preventative measure) or whose children have been removed.  
9601 Families will be assigned a peer parent who is a specially trained individual, who may be a  
9602 licensed out-of-home caregiver or an individual from the community, to work intensively with  
9603 the parents to provide information; to teach and provide an opportunity to practice positive  
9604 parenting and household management skills; and to model the skills.

9606 Peer Parent services are not designed to ensure safety of the children in the home or to monitor  
9607 the family's compliance with court orders or Child and Family Services requirements.  
9608

9610 **Applicable Law**

9611 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

9612 Practice Guidelines

- 9613 A. Eligibility requirements for families to be referred by a caseworker to Peer Parent  
9614 services are:  
9615 1. Families or caregivers in need of extra help or support in order to maintain the  
9616 child in the home.  
9617 2. Families whose child has been removed from the home due to insufficient  
9618 parenting skills.  
9619
- 9620 B. The role and responsibilities of the peer parent is:  
9621 1. To teach parenting skills by engaging the parent and the child in interactive  
9622 experiences.  
9623 2. To teach and model household management skills needed by the parent.  
9624 3. To fully document all sessions as they work with the family.  
9625 4. To submit documentation to both the peer parent area coordinator and the  
9626 caseworker on a monthly basis.  
9627
- 9628 C. All peer parents will use a skills-based curriculum approved by Child and Family  
9629 Services as a basis for working with the family. The peer parent may supplement the  
9630 curriculum, when needed, with other materials approved by the peer parent area  
9631 coordinator.  
9632
- 9633 D. A manual, and/or other materials used by the peer parent when working with the family,  
9634 will remain with the family as a resource when peer parenting has ended.  
9635
- 9636 E. Accessing, Initiating, and Terminating Peer Parent services:  
9637

- 
- 9638 1. The caseworker will staff all referrals to Peer Parent services with the peer parent  
9639 area coordinator, who will determine if the referral is appropriate for Peer Parent  
9640 services.
- 9641 2. Peer Parent services will not be provided simultaneously with homemaker, family  
9642 preservation, or parent advocate services.
- 9643 3. The caseworker will include Peer Parent services in the Child and Family Plan.
- 9644 4. Peer Parent services will begin with an initial meeting between the peer parent,  
9645 caseworker, and parent to clarify expectations and the skills to be addressed, and  
9646 to formally include Peer Parent services in the Child and Family Plan.
- 9647 5. The caseworker will ensure that correct service codes are entered into SAFE in  
9648 order to provide the requisite compensation to the peer parent.
- 9649 6. The caseworker will assist the potential peer parent and/or the peer parent area  
9650 coordinator in completing other forms required in order to initiate services.
- 9651 7. The caseworker will ensure that the service codes are closed in a timely manner  
9652 upon completion or termination of Peer Parent services.  
9653
- 9654 F. Time Requirements and Limitations: Peer parents will engage the parent in hands-on,  
9655 practical parenting opportunities for a minimum of 20 hours per month with a maximum  
9656 or 40 hours per month. Peer Parent services are not to exceed 120 days unless staffed for  
9657 an exception. Exceptions to this time frame include court orders or approval from the  
9658 region director.  
9659
- 9660 G. Payment code:
- 9661 1. The payment code of PPO will be used when Peer Parent services are initiated on  
9662 a case where the child is currently in state custody. The PPI code is utilized when  
9663 the child remains in the custody of the parent or guardian and Peer Parent services  
9664 are being offered.
- 9665 2. Peer Parent services will be opened with the parent or guardian identified as the  
9666 primary client (not the child). In most cases only one parent may be opened for  
9667 the service.
- 9668 3. The peer parent will receive a standard reimbursement rate. In order for the  
9669 payment to be processed, Child and Family Services must receive completed  
9670 documentation for total hours billed and a signed form 520 from the peer parent  
9671 who is providing the services. Documentation must be received prior to the  
9672 payment being issued.  
9673
- 9674 H. Peer Parent Program Staff:
- 9675 1. Peer parents are specially trained individuals, who may be licensed out-of-home  
9676 caregivers or an individual from the community, who work intensively with the  
9677 parents to provide information, to teach and provide an opportunity to practice  
9678 positive parenting and household management skills, and to model the skills.

- 
- 9679 2. Peer parent area coordinators administer the Peer Parent services in the regions.  
9680 The peer parent area coordinators recruit, train, supervise, and assist individual  
9681 peer parents.  
9682 3. A program administrator from the State Office is assigned to manage Peer Parent  
9683 services statewide and inform the peer parent area coordinators of Practice  
9684 Guidelines and procedures of Child and Family Services pertaining to Peer Parent  
9685 services.  
9686
- I. Requirements for being a peer parent:
- 9687 1. Peer parents will be certified by Child and Family Services to provide Peer Parent  
9688 services.  
9689  
9690 2. Peer parents will have completed basic peer parent training delivered by the peer  
9691 parent area coordinator and maintain a working knowledge of the competencies  
9692 outlined in the current Peer Parenting Manual.  
9693 3. Peer parents will be current with their required advanced training hours delivered  
9694 by the peer parent area coordinator.  
9695 4. Peer parents must show an understanding of the major objectives and procedures  
9696 of Child and Family Services.  
9697
- J. Peer Parents Certification:
- 9698 1. Peer parents may be licensed Child and Family Services out-of-home caregivers  
9699 who have received training and certification specific to providing Peer Parent  
9700 services.  
9701  
9702 2. Peer parents may also be individuals from the community that are not licensed  
9703 out-of-home caregivers, but who have gone through the peer parent training and  
9704 certification process and are approved to provide Peer Parent services by the  
9705 region director.  
9706 3. The peer parent area coordinator will facilitate the certification process by  
9707 documenting that the prospective peer parent has:  
9708 a. Passed the background screening process,  
9709 b. Completed the necessary training, and  
9710 c. Gained an understanding of Child and Family Services processes.  
9711 4. The peer parent area coordinator will notify the region of all certified peer parents  
9712 and their status as either licensed out-of-home care providers or certified peer  
9713 parents.  
9714
- K. Role of the Peer Parent Area Coordinators: The peer parent area coordinator will:
- 9715 1. Recruit and train peer parents throughout the region as needed.  
9716  
9717 2. Receive referrals from caseworkers for Peer Parent services, make a  
9718 determination of the appropriateness of the family for services, and assign a peer  
9719 parent to the family.  
9720 3. Meet quarterly with Child and Family Services staff, throughout the region they  
9721 serve, to assess the needs of the region in regards to Peer Parent services and to  
9722 educate staff regarding the Peer Parent services.

- 
- 9723 4. Assess the Peer Parent services in the region they serve and make needed  
9724 improvements and changes.
- 9725 5. Attend statewide meetings in regards to the Peer Parent services, coordinate with  
9726 the program administrator assigned to Peer Parent services, and prepare program  
9727 utilization reports as requested by Child and Family Services.  
9728
- 9729 L. Role of the program administrator assigned to Peer Parent services:
- 9730 1. The program administrator will manage and evaluate the Peer Parent services.  
9731 The program administrator works to improve the Peer Parent services and ensure  
9732 that the program is being implemented effectively in the regions.
- 9733 2. The program administrator manages Peer Parent services statewide and informs  
9734 the peer parent area coordinators of Practice Guidelines and procedures in regards  
9735 to Peer Parent Services.
- 9736 3. The program administrator will assist the peer parent area coordinators, region  
9737 directors, and Child and Family Services staff as needed.  
9738

9739 **310 Levels Of Care Evaluation Model**

9740 Major objectives:

9741 A child will be placed in a placement consistent with the child's needs, first taking into  
9742 consideration preference of placement found in Practice Guidelines [Section 700](#). The type of out-  
9743 of-home placement for the child, either the initial placement or change in placement, will be  
9744 determined within the context of the Child and Family Team. Placement level decisions will be  
9745 made based upon the needs, strengths, and best interests of the child according to the following  
9746 criteria (these are in no particular order, rather they should be considered in the context of each  
9747 case and situation):

- 9749 A. Safety factors in regards to the potential placement, including the threats of harm to the  
9750 child or that the child poses to others, the protective capacities of the caregiver, and the  
9751 child's vulnerabilities.
- 9752 B. Reasonable proximity to the child's home.
- 9753 C. Placing siblings together unless there is a safety concern.
- 9754 D. Educational needs, including proximity to the child's school and child's need for  
9755 maintaining connections to school.
- 9756 E. Needs specific to the child's age, including developmental level.
- 9757 F. Cultural factors, language, and religion specific to the child.
- 9758 G. Existing relationships between the child and a caregiver or other significant individuals in  
9759 the child's life.
- 9760 H. Health and mental health needs.
- 9761 I. Potential for ongoing care or permanency with the caregiver to prevent unnecessary  
9762 changes in placement.

9773 **Applicable Law**

9774 Utah Code Ann. [§62A-4a-105](#). Division responsibilities.

9776

9777 Practice Guidelines

9778 General Philosophy:

9779 Child and Family Services has the responsibility to determine the least restrictive and most  
9780 appropriate placement based on the child's needs. The placement provides for the safety of the  
9781 child and others, as well as assists in maintaining the child's connections with their family. For  
9782 children who are unable to return home, the placement will have the capacity to prepare a child  
9783 for another planned permanent relationship and/or provide for connections to relationships that  
9784 will endure through adulthood.

9785

9786 A. The Levels of Care Evaluation Model promotes the belief that children should live in  
9787 family settings, not in a treatment program.

9788

9789 B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the  
9790 needs of children while keeping safety, permanency, and well-being at the forefront  
9791 throughout the decision-making processes used by the Child and Family Team.

9792

9793 C. The Levels of Care Evaluation Model is designed to identify the level of care,  
9794 supervision, and services that a child requires and NOT identify a specific placement.

9795

9796 D. Services will be outcome driven and provided in the most cost effective manner within  
9797 available resources.

9798

9799 Levels of Care - General Description:

9800 A. The Levels of Care Evaluation Model is based on a continuum of care with seven levels  
9801 of care. As the levels of care progress, each level is designed to provide more intensive  
9802 services and supervision than the prior level of care.

9803

9804 B. The first three levels (Level I, Level II, and Level III) are most frequently provided in  
9805 foster family homes licensed by the Department of Human Services (DHS), Office of  
9806 Licensing (OL). Occasionally these services are provided to children in proctor homes,  
9807 such as when foster family homes are not available or when siblings of a child in proctor  
9808 care are placed together.

9809 1. Level I is family-based care that provides safe, adequate, standard parental  
9810 supervision and care. Children in this level of care may have mild to moderate  
9811 medical or mental health treatment needs and mild behavioral problems.

9812 2. Level II is family-based care that provides a safe environment with adequate  
9813 parental supervision that may be slightly or moderately more intense than that of a  
9814 child in Level I care. Children at this level may be physically disabled,  
9815 developmentally delayed, medically needy or medically fragile, or have a serious  
9816 emotional disorder (SED), and may require outpatient treatment services more  
9817 frequently than once a week, such as day treatment and/or special education  
9818 services.

9819 3. Level III is family-based care that provides intensive treatment services and  
9820 constant supervision in a family living environment by a well-trained,

- 9821 experienced out-of-home care provider. Children at this level may have severe  
9822 behavioral, emotional, or medical problems that can still be managed in a foster  
9823 home. Level III care is for children who are unable to be successful in placements  
9824 with a lower level of services and supervision. Children in Level III care have  
9825 behaviors, medical concerns, or other needs that could generally be improved by  
9826 working with skilled, experienced out-of-home care providers that have  
9827 completed advanced training through the Utah Foster Care and have demonstrated  
9828 skills in working with the issues. A Level III placement is a safe intervention  
9829 phase to help stabilize and improve the behavior of a child ages eight to 18 years  
9830 and to teach them skills to help them form healthy relationships and achieve goals  
9831 congruent with their age and developmental level.
- 9832 a. Level III care is based on the needs of the child, not the level of training  
9833 the out-of-home care provider has received.
- 9834 b. The out-of-home care provider may be required to participate in  
9835 supplemental training to learn how to deal with the specific needs and  
9836 behaviors of a child assessed for Level III placement. Level III placement  
9837 may also include a specific, individualized plan (which may be  
9838 incorporated into the Child and Family Plan) tailored to improving  
9839 problematic behaviors of the child and/or meeting the child's specific  
9840 needs.
- 9841 c. Screening for placement in Level III:
- 9842 (1) A child who is recommended for a Level III placement will be  
9843 screened by the Placement Screening Committee or equivalent  
9844 committee in the region to determine if a Level III placement is the  
9845 most appropriate placement for meeting the child's needs.
- 9846 (a) The region director or designee is required to approve  
9847 placing a child under the age of eight years in a Level III  
9848 placement.
- 9849 (2) Level III is to assist in preparing the child for transition into a  
9850 permanent family setting, such as returning the child home;  
9851 adoption; custody and guardianship to kin or with an out-of-home  
9852 care provider; or another planned, permanent living arrangement.
- 9853 d. Requirements for prospective Level III out-of-home care providers: Out-  
9854 of-home care providers must meet the following requirements before they  
9855 can be approved to provide Level III care:
- 9856 (1) A minimum of six months experience as an out-of-home care  
9857 provider OR the Resource Family Consultant (RFC) or other  
9858 designated regional staff determines that the family has the skills  
9859 and abilities to successfully parent a child placed in their care that  
9860 would qualify as a child that requires a Level III placement;
- 9861 (2) One parent available in the home full-time when the child is  
9862 present;

- 9863 (3) Complete the training designated by Child and Family Services  
9864 through the Utah Foster Care for Level III out-of-home care  
9865 providers;  
9866 (4) Successful demonstration of the skills taught in the training;  
9867 (5) Successful completion of an evaluation by the RFC or other staff  
9868 designated by the region at the end of a six-month probationary  
9869 period;  
9870 (6) Completion of any additional requirements as outlined by the  
9871 region.
- 9872 e. The RFC or other staff designated by the region will monitor the out-of-  
9873 home care provider to assess their ability to provide Level III care. A  
9874 formal, written evaluation of the out-of-home care provider's abilities will  
9875 be completed annually and documented in SAFE or in the out-of-home  
9876 care provider's file in order to determine that they are able to provide care  
9877 and structure at an appropriate level for the child placed in their home.
- 9878 g. If needed, the RFC or other designated regional staff will identify or  
9879 provide additional training and/or assistance to the family to help the out-  
9880 of-home care provider in meeting the specific needs of the child placed in  
9881 their home.  
9882
- 9883 C. Children with severe emotional or behavioral difficulties that cannot be managed in  
9884 traditional family settings because of a need for more intensive supervision and treatment  
9885 may be placed in higher levels of care through contracts with licensed providers.
- 9886 1. Level IV is proctor family care through a private licensed child-placing agency.  
9887 The proctor agency generally has access to highly skilled caregivers as well as a  
9888 variety of wraparound services needed for the higher, intensive needs of the child.  
9889 It also includes Transition to Adult Living services in a supervised apartment  
9890 setting.
- 9891 2. Level V is residential support or residential treatment, generally for children with  
9892 moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.
- 9893 3. Level VI is residential treatment for children with high level treatment and  
9894 supervision needs, generally requiring 1:4 staff to client ratio with awake night  
9895 staff. This is the highest level of care before institutional care at a psychiatric or  
9896 acute care hospital.
- 9897 4. Level VII is institutional care at a psychiatric or acute care hospital, such as the  
9898 Utah State Hospital.  
9899
- 9900 D. Categories of primary treatment needs for Levels IV, V, and VI: Children entering a  
9901 higher level of care provided by a contract provider (Levels IV, V, or VI) will have  
9902 behavioral concerns. These levels are based on the intensity of supervision required by  
9903 direct care staff and/or proctor parents. It is what is behind the behaviors that will  
9904 indicate primary treatment needs of the child.  
9905

- 9906 Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five  
9907 categories of service that are designed to address specific treatment needs of a child. For  
9908 children entering higher levels of care, an assessment and determination must be made  
9909 regarding which treatment category is appropriate for the child.
- 9910 1. Sexual Behaviors: Children who have sexual behaviors that have not been  
9911 managed while living with their families or while living in lower levels of care.
  - 9912 2. Mental Health: Children whose negative behaviors are a result of a mental illness  
9913 (such as seriously emotionally disturbed, bipolar disorder, major depression,  
9914 PTSD, etc.).
  - 9915 3. Substance Dependent: Children who have been diagnosed as being substance  
9916 dependent through a psychological or substance abuse assessment.
  - 9917 4. Behavioral Disorders: Children whose presenting problems are behavioral in  
9918 nature such as non-compliance, acts of physical aggression, property offending, or  
9919 substance abuse. Children placed in this category have been ruled out of the  
9920 sexual behavior, mental health, and substance dependent treatment categories.
  - 9921 5. Individual Residential Treatment for Severe Needs (IRTS): Children with a  
9922 combination of cognitive impairments or other significant physical disabilities  
9923 AND severe emotional or behavioral disorders that cannot be served in the other  
9924 treatment categories due to their intensive needs. Children placed in the IRTS  
9925 category require a more intensive staff to client ratio from 1:1 to a maximum of  
9926 1:3 client ratio and other intensive services, which are based on the individual  
9927 needs of the child. The treatment plan for a child placed in this category is highly  
9928 individualized and based on the child's needs.
    - 9929 a. The IRTS category is a 24-hour individual residential program. Highly  
9930 trained staff provide an intensely structured environment, general  
9931 guidance, supervision, behavior management, and other rehabilitation  
9932 services designed to improve the child's condition or prevent further  
9933 regression so that services of this intensity will no longer be needed. The  
9934 program has the capacity to significantly increase or decrease the intensity  
9935 of services and supervision for the child, depending on their needs,  
9936 without a change in the placement setting. There are two types of IRTS  
9937 placements:
      - 9938 (1) Community living residential support: This service is available to  
9939 those persons who live alone or with roommates in an apartment-  
9940 like setting based on an individualized staff to client ratio ranging  
9941 from 1:1 to 1:3. This is a residential service designed to assist the  
9942 child to gain and/or maintain skills to live as independently as  
9943 possible and fully participate in a community setting. The type,  
9944 frequency, and amount of required support in these settings are  
9945 based on the individual client's needs.
      - 9946 (2) Professional parent home: A family home-like setting for one  
9947 child with IRTS qualifying needs. This service provides  
9948 individualized habilitation, supervision, training, and assistance in  
9949 a certified private home for no more than one child client at a time.

- 9950 This service includes daily supports to maintain individual health  
9951 and safety, and assistance with activities of daily life.
- 9952 b. Requirements for IRTS professional parent homes:
- 9953 (1) The provider will place no more than one child client in the home  
9954 of a professional parent.
- 9955 (2) The provider will ensure there is no more than one child client in  
9956 the professional parent home who is unrelated to the professional  
9957 parents, including the child client who is being served.
- 9958 (3) One professional parent will be in the home at all times when the  
9959 child client is in the home, or the caseworker will need to approve  
9960 other agency staff to provide supervision. A professional parent  
9961 will be available for immediate contact when the child client is not  
9962 in the home.

9963

9964 E. General Requirements for all treatment providers in Levels IV, V, and VI:

- 9965 1. No Mixing of Treatment Populations: Child populations in different treatment  
9966 categories may not be mixed in the same residential facility or proctor home.  
9967 Providers will have residential programs that specifically target the population  
9968 they are working with. In addition, low supervision need children generally  
9969 should not mix with moderate to high-risk children, unless they are stepping down  
9970 and the caseworker and Child and Family Team make a determination that  
9971 placement of the children together is safe and appropriate.
- 9972 2. Gender Considerations: Male and female children need to be housed and treated  
9973 separately. There may be an exception granted in family-based placements for  
9974 siblings or for a child in custody who has a child of their own. It is also expected  
9975 that any program working with female clients, even where there is a mixed gender  
9976 population in the program, will implement gender-responsive best practices.  
9977 Training and guidance will be given to providers regarding gender responsive  
9978 practices.
- 9979 3. Multiple Diagnoses: For children with multiple diagnoses, the diagnosis of  
9980 greatest concern will dictate the treatment needs and, ultimately, the placement  
9981 (though the provider will still be required to address all of the treatment needs).
- 9982 4. Changes in Placement: Before a provider requests to change a child's placement,  
9983 the provider must first attempt to stabilize the placement through adjusting  
9984 treatment and wrap services based on the child's variable needs.
- 9985 5. Requirement for Written Authorization: The provider must obtain written  
9986 authorization from the caseworker prior to providing services or increasing  
9987 services for a child.

9988

9989 Process for Making Placement Decisions:

- 9990 A. Child and Family Assessment (CFA): Caseworkers will complete a CFA on each child  
9991 in order to assist in making an appropriate determination for the level of care the child  
9992 will be placed in. The CFA will include a Levels of Care Evaluation.

- 9993 1. CFA: The CFA is developed through a process of teaming and assessing each  
9994 child in Child and Family Services custody. Information available from formal  
9995 assessments (health, mental health, psychiatric, school, etc.) and informal  
9996 assessments (client interviews, family history, etc.) is brought together and  
9997 synthesized into the CFA. Through the Child and Family Team process, the  
9998 caseworker completes the CFA by gathering information about the child in the  
9999 following areas:
- 10000 a. Threats of harm that can affect the safety of the child;  
10001 b. Placement and treatment history;  
10002 c. Child's family history, including the family's strengths, concerns, and  
10003 protective capacities;  
10004 d. Child's strengths, motivations, and interests;  
10005 e. Health issues/concerns, including medication history;  
10006 f. Developmental and educational levels;  
10007 g. Behavioral/emotional concerns about the child, including those that pose a  
10008 risk to self and others;  
10009 h. Mental health issues and history, including psychotropic medication;  
10010 i. History of delinquent behavior;  
10011 j. Permanency goal, including enduring relationships that can provide safety  
10012 and permanence.  
10013
- 10014 B. Levels of Care Evaluation tool: Caseworkers will use input and information from the  
10015 Child and Family Team and from other known assessments to complete a Levels of Care  
10016 Evaluation on every child to determine the appropriate level of care and services needed  
10017 to promote stabilization for the child. The Levels of Care Evaluation will inform the  
10018 CFA. Children will be placed in the level and category of treatment and supervision that  
10019 is best suited to meet individualized needs based on the conclusions drawn in the CFA  
10020 and the Levels of Care Evaluation tool.
- 10021 1. The Child and Adolescent Needs and Strengths (CANS) assessment will serve as  
10022 the Levels of Care Evaluation tool for children in the custody of Child and Family  
10023 Services. The CANS assessment is meant to be completed using information that  
10024 is contributed by the members of the Child and Family Team. The result of the  
10025 CANS assessment is a recommendation for a level of care, as well as a  
10026 recommended treatment category for Levels IV, V, and VI.
- 10027 2. The CANS assessment results may be superseded by recommendations of other  
10028 assessments (such as a NOJOS assessment or Mental Health Assessment) or by  
10029 the decision of the Child and Family Team or the Placement Screening  
10030 Committee when determining the appropriate level of care for the child.
- 10031 3. When a decision is made to place a child at a level of care that differs from the  
10032 recommendation of the CANS assessment, the rationale for the placement  
10033 decision will be documented in the SAFE database in the CFA.  
10034
- 10035 C. When the placement recommendation indicates the need for a Level III placement and  
10036 above, the caseworker will take the completed CANS assessment and the CFA, and will

10037 present the information to the region Placement Screening Committee. The Placement  
10038 Screening Committee will ask clarifying questions and assist the caseworker in refining  
10039 the evaluation in order to determine an appropriate recommendation for a level of care for  
10040 the child. The placement will be within the least restrictive environment for the shortest,  
10041 appropriate duration to help the child achieve the outcomes defined for that child and to  
10042 help the child progress towards enduring safety and permanency in a family setting.

10043  
10044 Ongoing Assessment of Progress:

10045 In order to assess for progress, the caseworker will hold regular reviews to determine whether the  
10046 child is making progress and/or needs to remain at the current level of care. The review should  
10047 include the completion of a new CANS assessment, review of other assessments that have been  
10048 completed since the last review, input from the Child and Family Team, and any other relevant  
10049 case information.

- 10050
- 10051 A. For placements at Level I, II, and III, reviews will be conducted a minimum of every six  
10052 months or more frequently as needed.
- 10053
- 10054 B. For each child placed at a Level IV or higher, reviews will be conducted a minimum of  
10055 every three months or more frequently as needed.
- 10056
- 10057 C. For children in Level III placements and above, these reviews must be done with the  
10058 region Placement Screening Committee.
- 10059 1. Review of Level III placement: The review process of a Level III placement will  
10060 follow the region protocol, but at a minimum will be staffed with the supervisor  
10061 and the caseworker.
- 10062 2. For all placements, the review will include input from the Child and Family Team  
10063 members regarding the effectiveness and appropriateness of the placement, and  
10064 should address the child's underlying needs, strengths, behaviors, progress toward  
10065 goals, permanency, long-term view, and barriers to progress. A new Level of  
10066 Care Evaluation tool (the CANS) should also be completed as a part of the  
10067 review.
- 10068 3 If the child has been in a Level III or higher placement for 12 months or longer  
10069 without making significant progress, the Child and Family Team will determine:
- 10070 a. Whether the child may need to be screened by the Placement Screening  
10071 Committee or equivalent placement committee in the region for a higher  
10072 level of care;
- 10073 b. Whether the child may be in need of additional supports or wrap-around  
10074 services, or their behavior goals may need to be re-defined.
- 10075 4 If after 12 months it is determined that the child would benefit from continuation  
10076 in their current placement, the caseworker will document this information on the  
10077 CFA and forward the information to the Placement Screening Committee.
- 10078

- 10079 D. Stepping a child down will be based on the stabilization and improvement of the child's  
10080 behaviors and conditions as based upon the CANS. This decision will be a collaborative  
10081 decision by the Child and Family Team and/or the Placement Screening Committee.  
10082
- 10083 E. Children who are placed in Level III and Level IV family-based care may be stepped  
10084 down in intensity of wrap services provided while remaining in the same family  
10085 placement to allow for stability.  
10086
- 10087 F. If at all possible, children who are assessed for needing a higher level of care will remain  
10088 in their current placement with increased intensity of services.  
10089

10090 **311 Research Involving Children In Child And Family**  
10091 **Services Custody**

10092 Major objectives:

10093 Child and Family Services will cooperate with bona fide research by providing information on or  
10094 allowing recruitment of children in the custody of Child and Family Services as long as the  
10095 research is approved in accordance with the standards and procedures of the Department of  
10096 Human Services Institutional Review Board, which may be found on their website at  
10097 <http://www.hs.utah.gov/irb/index.htm>.

10098  
10099 **Applicable Law**

10100 FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46.

10101 Utah Code Ann. [§52-4 et seq.](#) Open and Public Meetings.

10102 Utah Code Ann. [§53A-13-301](#). Application of State and Federal Law to the Administration and  
10103 Operation of Public Schools.

10104 Utah Code Ann. [§63G-2 et seq.](#) GRAMA.

10105 Utah Code Ann. [§62A-3-302](#). Purpose of Adult Protective Services Program.

10106 Utah Code Ann. [§62A-4a-403](#). Reporting Requirements.

10107  
10108 **Practice Guidelines**

10109 A. When a researcher proposes a research study that involves children in Child and Family  
10110 Services custody, the following steps must be taken to grant informed consent prior to the  
10111 researcher being given any confidential information or having contact with clients or their  
10112 private data. Federal regulations define “research” as “*a systematic investigation,*  
10113 *including research development, testing, and evaluation, designed to develop or*  
10114 *contribute to generalizable knowledge.*” This may include, but is not limited to,  
10115 accessing individual client records, interviewing the child or others about the child,  
10116 observing the child, or treating a child as part of the research study.

- 10117 1. The Child and Family Services research representative to the Department of  
10118 Human Services Institutional Review Board (DHS IRB) must review and approve  
10119 the research. The Child and Family Services research representative will consult  
10120 with the division director and/or region directors when the research impacts  
10121 regional workload or is of greater than minimal risk. Risk level is determined by  
10122 the DHS IRB or the research representative. Minimal risk means that the  
10123 probability and magnitude of harm or discomfort anticipated in the research are  
10124 not greater in and of themselves than those ordinarily encountered in daily life or  
10125 during the performance of routine physical or psychological examinations or tests.  
10126 The review will consist of evaluating whether or not the research is in the best  
10127 interests of Child and Family Services and its clients (including the children), the  
10128 researcher has made adequate provision for obtaining all required informed  
10129 consents and informed assents, the research protocols and procedures are  
10130 designed to ensure confidentiality, respect, and ethical treatment during the  
10131 researcher’s gathering of the data, storage, retrieval of the data, and publication of

- 10132 the data, the research study involves no more than minimal risk to subjects or the  
10133 direct benefits to the subjects outweigh the risks, the research methodology is  
10134 sufficiently sound to yield results that offer a potential benefit to the Department  
10135 or Child and Family Services, and the research protocol protects individual  
10136 privacy rights and complies with the Department's Vision and Mission  
10137 Statements, the Department Code of Ethics, and any applicable rules or statutes,  
10138 including Utah Code Annotated [§63G-2-202](#). Approval will be documented on  
10139 the Division Level Approval of Research Form (see [Section 311](#)--Foster Children  
10140 Research Involvement - Caseworker Consent Form).
- 10141 2. The DHS IRB must review and approve the research in accordance with  
10142 Department of Human Services policy "Protecting the Rights of Human Research  
10143 Subjects Policy and Procedures", FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45  
10144 CFR 46; Utah Code Annotated [§52-4 et seq](#) Open and Public Meetings; Utah  
10145 Code Annotated [§53A-13-301](#) Application of State and Federal Law to the  
10146 Administration and Operation of Public Schools; Utah Code Annotated [§63G-2 et](#)  
10147 [seq](#) GRAMA; Utah Code Annotated [§62A-3-302](#) Purpose  
10148 of Adult Protective Services Program; Utah Code Annotated [§62A-4a-403](#)  
10149 Reporting Requirements.
- 10150 3. Informed consent for children in Child and Family Services custody (unless  
10151 written consent has been waived by the DHS IRB):
- 10152 a. The Child and Family Services caseworker for the child will consult with  
10153 the foster parents (adoptive parents in research with adoptive children) and  
10154 may contact therapists, school personnel, and others who work closely  
10155 with the child to determine if the child will be available and ready to  
10156 participate in the proposed research, and to consider if there are any  
10157 concerns about the child participating in the research. If it is decided that  
10158 the child can participate, the caseworker must sign the informed consent  
10159 and document on the "Foster Children Research Involvement –  
10160 Caseworker Consent Form" who they consulted prior to deciding to give  
10161 consent.
- 10162 b. If the research is greater than minimal risk and the child is under 18 years  
10163 of age and the goal of the child is 'Return Home' or 'Custody to Relative  
10164 Guardian' or if parental rights have not been terminated, the parents or  
10165 relatives must be consulted and give their permission for the child to  
10166 participate. If they give their permission they must also sign the informed  
10167 consent form. If they do not give their consent the child cannot participate  
10168 in the research.
- 10169 c. If the child has the maturity to understand the implications of participating  
10170 in research, they must be consulted about their potential participation. It  
10171 must be explained that participation is voluntary, if they do not assent it  
10172 will not in any way affect services they or their families receive from  
10173 Child and Family Services, and if they do assent they can withdraw from  
10174 the research project at any time without penalty. Evaluation of the child's  
10175 level of maturity is done by the Child and Family Services caseworker

- 10176 after consultation with foster or adoptive parents and other appropriate  
10177 collateral contacts (i.e., education representatives, a therapist, caretaker,  
10178 etc.). If the child (younger than 18 years of age) agrees to participate, he  
10179 or she must sign an informed assent form. If the child is 18 years or older  
10180 they must sign the informed consent form. If the child does not agree they  
10181 cannot participate in the research.
- 10182 d. If the research is greater than minimal risk, the office of the Guardian ad  
10183 Litem (GAL) must be contacted. The GAL representing the child must be  
10184 given a description of the research project. If the GAL expresses concerns  
10185 regarding the child's participation in the research, the child cannot  
10186 participate. The GAL may be contacted via phone or certified mail. They  
10187 need to be provided the anticipated start date for the research. They also  
10188 need to be provided a date by which response is required so that they can  
10189 express any concerns they have prior to then. The GAL must be given at  
10190 least 10 days to review and respond to the research proposal. Contact with  
10191 the GAL must be documented for each child.
- 10192 e. Copies of consent forms, assent forms, and the "Foster Children Research  
10193 Involvement – Caseworker Consent Form" will then be sent to the Child  
10194 and Family Services research representative to be stored with the research  
10195 proposal.
- 10196
- 10197 B. Once these steps have been completed and if proper consent and assent have been given,  
10198 the Child and Family Services research representative may release information to the  
10199 researcher or the caseworkers may allow participation of foster children and the  
10200 researcher may proceed with their research project.  
10201