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29 **701 Administrative Hearings**

30
31 Philosophy

32 The goal and purpose of the Administrative Hearing process is to provide an avenue for
33 an alleged perpetrator to challenge the conclusion of the Child and Family Services
34 caseworker who has made a supported finding of one of the non-severe types of child
35 abuse or neglect. This opportunity is provided through an informal hearing before an
36 administrative law judge. This process is distinct from that used when a finding of
37 severe abuse or neglect is challenged.

38
39 **701.1 Right To Hearing For Alleged Perpetrators Of Non-Severe**
40 **Abuse And Neglect**

41
42 Major objectives:

43 Child and Family Services will advise individuals of their hearing rights and assist them
44 with the administrative hearing process.

45
46 **Applicable Law**

47 Utah Code Ann. [§62A-4a-1009](#). Notice and opportunity to challenge supported finding in
48 Management Information System – Right of judicial review.

49
50 Practice Guidelines

- 51 A. Hearing opportunity: When a Child and Family Services caseworker makes a
52 supported finding of non-severe abuse or neglect, the alleged perpetrator will be
53 informed of their right to challenge that finding before an administrative law
54 judge. The alleged perpetrator has responsibility to request the hearing from the
55 Department of Human Services, Office of Administrative Hearings.
- 56
57 B. Request for and Review of Documents: An alleged perpetrator has the right to
58 review documents related to the finding made by Child and Family Services prior
59 to a hearing. The documents will be provided only when a proper request is
60 made using processes established under the Government Records Access and
61 Management Act (GRAMA). All documents relevant to the caseworker's finding,
62 which can be released to the alleged perpetrator under GRAMA, will be prepared
63 and released sufficiently in advance of the hearing to allow the alleged
64 perpetrator to prepare for the hearing. The Child and Family Services
65 caseworker making the supported finding and his or her supervisor will assist in
66 the process of compiling and preparing the documents for release.
- 67
68 C. Internal Review of Findings: Upon receiving notice that a hearing has been
69 requested, the caseworker making the supported finding will review the case with
70 his or her supervisor or other person within their region designated to review

- 71 such findings. If the Child and Family Services caseworker believes upon
72 reviewing the case that the supported finding was reached in error, the
73 caseworker will ask that the record be changed prior to the hearing.
74
- 75 D. Caseworker participation and Administrative support: The Child and Family
76 Services caseworker who made the original finding will appear at a hearing to
77 provide testimony and information to the administrative law judge and the alleged
78 perpetrator as appropriate. A supervisor or administrator will appear with each
79 caseworker at every hearing.
80
- 81 E. Appeal of the administrative law judge decision: If after a hearing the Child and
82 Family Services caseworker believes the administrative law judge reached an
83 incorrect conclusion, the caseworker, through their supervisor will request an
84 appeal to the juvenile court. This request must be communicated to the Office of
85 the Attorney General, Child Protection Division within 10 days of the date the
86 administrative law judge signs the final order overturning the Child and Family
87 Services caseworker's finding.
88
- 89 F. Effect of court proceedings: If the same allegations that underlie the Child and
90 Family Services caseworker's conclusions have already been adjudicated in a
91 juvenile, district, or justice court, and the alleged perpetrator has been found to
92 be responsible for acts that constitute abuse, neglect, or dependency, Child and
93 Family Services will not provide a hearing to the alleged perpetrator. When
94 these circumstances exist the Child and Family Services caseworker and his or
95 her supervisor, through an Assistant Attorney General will request that the Office
96 of Administrative Hearings dismiss the hearing request. The Child and Family
97 Services caseworker will nevertheless appear at a hearing scheduled by the
98 administrative law judge unless the case is dismissed by the Office of
99 Administrative Hearings.
100
- 101 G. Stay of Office of Administrative Hearings proceedings: When a district, juvenile,
102 or justice court is considering allegations relating to abuse, neglect, or
103 dependency against a person who is the subject of a supported finding, and that
104 person has requested a hearing before an administrative law judge, Child and
105 Family Services may request a "stay" in the Office of Administrative Hearings
106 proceedings. This does not limit the alleged perpetrator's rights and allows for
107 the Office of Administrative Hearings to consider the Child and Family Services
108 caseworker's finding at a later time. Child and Family Services will not ask for a
109 stay in the Office of Administrative Hearings proceeding unless there is a court
110 case underway at the time the request for hearing is made. Once a decision is
111 made by a court, the Child and Family Services caseworker will ask to have the
112 stay lifted and to have the case move forward. Where appropriate, Child and
113 Family Services will use the findings made by the court to prove the accuracy of
114 the Child and Family Services caseworker's finding.

- 115
116 H. Standard for proving supported finding was appropriate: By statute, the standard
117 to be applied by the administrative law judge in reviewing the Child and Family
118 Services caseworker's conclusion is the same as that which is applied by the
119 caseworker when reaching a conclusion. That is, whether there is a reasonable
120 basis to conclude that abuse, neglect, or dependency occurred based on the
121 evidence known to or available to the Child and Family Services caseworker at
122 the time of the original finding.
123
- 124 I. The administrative law judge is required to make a separate finding regarding
125 every allegation of non-severe abuse, neglect, or dependency that the alleged
126 perpetrator challenges. Allegations of severe abuse will not be heard before an
127 administrative law judge. Allegations of non-severe abuse or neglect may be
128 heard together with allegations of severe abuse in the juvenile court.
129
- 130 J. If the case is appealed to juvenile court, the court will apply the same standard as
131 applied by the administrative law judge.
132
- 133 K. Whenever a caseworker receives a decision from the Office of Administrative
134 Hearings they should determine whether it has also been sent to the Child and
135 Family Services Administrative Hearing Tracker. If it has not they must forward a
136 copy to the tracker. The tracker will ensure that the changes to the information
137 system are made if the decision has been overturned.
138
- 139 L. Once a decision is made the caseworker should enter the information into the
140 SAFE system under the Hearings tab. If the decision changes the finding
141 originally entered in SAFE the Administrative Hearing Tracker will be responsible
142 for ensuring the change is made.
143
- 144 M. Child and Family Services caseworkers should be aware that the Office of
145 Administrative Hearings might dismiss a hearing request on certain allegations
146 but not on all allegations. This might happen when some of the claims but not
147 others have been decided by a court.
148
- 149 N. A stay in administrative proceedings should only be asked for or agreed to when
150 there is a court proceeding underway at the time the request for a hearing or a
151 stay of hearing is made. Child and Family Services caseworkers should ask for a
152 stay only when the court proceeding that is underway involves Child and Family
153 Services as a party. There is no requirement for Child and Family Services to
154 stay its proceedings while a criminal or delinquency proceeding moves forward.

155 **702 Child And Family Services Employees As Out-Of-Home**
156 **Caregivers**

157 Major objectives:

158 Child and Family Services employees may be licensed to provide out-of-home care for
159 Child and Family Services. Placement of a child with a Child and Family Services
160 employee must be in the best interest of the child. Child and Family Services staff will
161 not receive preferential consideration for placements.
162

163
164 **Applicable Law**

165 Administrative Rule [R501-12-6](#). Foster and Proctor Parent Requirements.
166

167 Practice Guidelines

- 168 A. A Child and Family Services employee wanting to apply to be an out-of-home
169 caregiver must:
- 170 1. Receive approval from the region director of the region in which the
171 caseworker is employed.
 - 172 2. Any conflict of interest matters must be addressed prior to approval of the
173 waiver.
 - 174 3. Submit a completed waiver request form to the Office of Licensing.
 - 175 4. The case will be staffed in another Child and Family Services region for
176 approval or denial of placement.
 - 177 5. If the Office of Licensing denies the waiver, an appeal process is available
178 through the Department of Human Services Deputy Director and/or the
179 Office of Administrative Hearings.
180

703 Interstate Compact On Placement Of Children

Major objectives:

Child and Family Services will adhere to the Interstate Compact on Placement of Children (ICPC). Children/youth in state custody who are placed out of state will receive comparable quality of services from Child and Family Services as a child/youth who is placed in state.

Applicable Law

Utah Code Ann. [§62-4a-701](#). Interstate Compact on Placement of Children -- Text.

Utah Code Ann. [§62-4a-702](#). Financial responsibility.

Utah Code Ann. [§62-4a-703](#). Division as public authority.

Utah Code Ann. [§62-4a-704](#). Director as authority.

Utah Code Ann. [§62-4a-705](#). Fulfillment of requirements.

Utah Code Ann. [§62-4a-706](#). Jurisdiction over delinquent children.

Utah Code Ann. [§62-4a-707](#). Executive -- Authority.

Utah Code Ann. [§62-4a-708](#). Existing authority for child placement continues.

Utah Code Ann. [§62-4a-709](#). Medical assistance identification.

703.1 Placement Of Foster Child Outside Of Utah – Interstate Placement

A. Practice Model applicability. Practice Model principles and case requirements for a foster or prospective adoptive child placed out of state are the same as for a child placed in Utah. Additional effort will be required to ensure that care and services received out of state are satisfactory for the child and to help the child achieve timely permanency. The Utah caseworker is responsible to maintain close contact with the child and family throughout the ICPC placement to ensure well-being (court jurisdiction maintained).

B. ICPC request for out-of-state placement. State law requires that the ICPC process must be completed before a child may be placed out of state. These steps are located in SAFE and are also listed in the ICPC state website at <http://www.hsdcds.utah.gov/icpc.htm>.

1. ICPC Forms – Available in SAFE or on the website at <http://dcfs.utah.gov/services/icpc/>, or see the ICPC Guidebook for help in completing forms.

a. 100A Interstate Compact Placement Request.

b. 100B Interstate Compact Report on Child's Placement Status.

c. Medical and Financial Plan.

d. Form 101 Sending State Priority Home Study Request.

e. Mandatory Court Language form ICPC3 (Regulation No. 7).

2. Financial responsibility will always be primarily Utah's responsibility until the courts have terminated jurisdiction and the PSS/SCF case is closed,

- 224 even if the family is supporting the child's needs in the other state. The
225 financial and medical plan should be clearly outlined by the Utah
226 caseworker on the Financial/Medical Plan form found in SAFE (Form
227 ICPC4).
- 228 3. Placement cannot be made in the Receiving State (RS) until the Utah
229 ICPC has received approval. All correspondence, prior to placement,
230 must go through the ICPC channels.
231
- 232 C. Approval of placement requires the following:
- 233 1. Receipt of the RS' home study with a recommendation of placement from
234 the Utah ICPC.
- 235 2. Form 100A that has been signed by the RS' ICPC approving placement.
- 236 3. Documented completion of background checks necessary for the
237 requested home study.
- 238 4. Approval must come from a designated ICPC person who has been given
239 authority to act in this role.
240
- 241 D. Regulation No. 7, Priority Placement of a child (often referred to as Expedited)
242 requires the RS to complete the home study within 30 days.
- 243 1. Regulation No 7 is appropriate when the following criteria are met:
- 244 a. A child is under the age of two years; or
245 b. A child is in an emergency shelter; or
246 c. A child has spent a substantial amount of time in the home of the
247 parent or relative who is being proposed for placement.
- 248 2. A judge must order a Regulation No. 7 to be conducted, a copy of an
249 acceptable order can be found in SAFE ICPC3. This order must be
250 signed by the judge and submitted to the ICPC office along with the
251 Sending State Priority Home Study Request Form 101, also found in
252 SAFE.
- 253 3. The court will send its order to the Child and Family Services caseworker
254 within two business days. The Child and Family Services caseworker
255 then has three business days to send the ICPC packet to the designated
256 ICPC person. The ICPC person has two business days after receipt to
257 forward the packet to the RS. Overnight mail will be required to meet
258 priority deadlines.
- 259 4. Priority Placement of a child, Regulation No. 7 will not apply to any case
260 that is for licensed or approved foster family care or adoption.
- 261 5. Priority Placement of a child, Regulation No. 7 will not apply if the child is
262 already in the RS in violation of ICPC.
263
- 264 E. Consideration of placement of a child, out of state, with a biological parent
265 requires you to follow ICPC process. The only time this would not be necessary
266 is if the judge gives custody directly to the parent and Child and Family Services
267 jurisdiction is terminated.

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- F. A separate 100A must be submitted to the Utah ICPC office for each type of home study or placement requested. For example:
 - 1. A child is placed with a relative and they either want to become a licensed foster home or adopt the child. In either of these cases a new 100A and ICPC request must be made.
 - 2. A child is placed in a licensed foster home and they want to change to adoption, so a new 100A and ICPC request must be made.
 - 3. A child must be legally free to make an adoption request, and TPRs must be submitted with the request.

 - G. Providing a visit prior to placement could allow the child to build a relationship of trust with potential caregivers, and give caregivers the opportunity to engage with the child. If Child and Family Services wants to allow child visitation, prior to ICPC approval, the following steps must be completed:
 - 1. If an ICPC request is made during or prior to the visit, the caseworker must clearly identify the duration of the visit including specific dates of arrival and departure. If this is not done the visit will be considered a placement and not a visit.
 - 2. A local background screening must be done on the proposed family where the visit will be taking place. This includes local law enforcement and child abuse registry. The family could obtain and send copies of this document.
 - 3. The caseworker must obtain court approval.
 - 4. The above steps must be documented prior to the visit taking place.
 - 5. A visit is outlined as follows in ICPC Regulation No. 9:
 - a. The purpose is to provide the child with social/cultural experience for a short duration,
 - b. The visit can be no longer than 30 days,
 - c. The child cannot be enrolled in school, and
 - d. The intent cannot be to have the child at a visit until official ICPC approval is received.
 - 6. If a visit extends longer than 30 days it is considered a placement and is a violation of the ICPC guidelines.

 - H. If the child is an American Indian/Alaskan Native and thus covered by the Indian Child Welfare Act (ICWA), the child's tribe must be notified of the ICPC request. The ICWA law as outlined in Child and Family Services Practice Guidelines [Section 705](#) must be adhered to when considering an ICPC placement. The Utah caseworker will clearly indicate in the cover letter as well as the 100A that ICWA applies and what notification has been provided to the tribes, along with any resulting correspondence.

 - I. Provider requirements when considering placing a child outside of Utah:

- 311 1. Prior to making any kind of home study request, the caseworker is
312 responsible to engage with potential caregivers to assess their ability,
313 desire, and motivation to have a home study completed that may result in
314 a child being placed in their care. A copy of suggested questions can be
315 found in the ICPC Guidebook or in the Kinship Limited Home
316 Inspection/Safety Assessment Quick Reference as outlined in Safety
317 Questions for Kinship Caregivers.
- 318 2. Requirements for a Parent Home Study request:
- 319 a. The caseworker must submit the ICPC packet to the State Office.
320 All requirements for the ICPC packet are available in SAFE in the
321 ICPC document file named "The Seven Steps to ICPC".
- 322 b. The parent must pass a criminal and child abuse registry check in
323 the state they are living. Fingerprinting may be necessary if the
324 parent has lived outside the state of current residence within the
325 past five years or if there are indications of hits from other states
326 found during the local checks.
- 327 c. The parent is responsible for meeting the financial and medical
328 needs of the child. The parent does have the option of applying for
329 TANF assistance in the state in which they reside.
- 330 d. Custody of the child cannot be given to the parent until the ICPC is
331 approved and Child and Family Services has concurrence from the
332 RS.
- 333 e. The Utah caseworker is responsible upon receipt of the approved
334 home study to:
- 335 (1) Review the home study, which includes information on
336 criminal history and any recommendations.
- 337 (2) Determine if the approved placement will be used.
- 338 (a) If the child will be placed in the RS, submit form 100B
339 to ICPC confirming the placement. Form 100B will
340 initiate courtesy supervision in the RS.
- 341 (b) If it is determined that the approved placement will not
342 be used, submit form 100B to ICPC, terminating the
343 case.
- 344 3. Requirement for a Relative Home request:
- 345 a. The Utah caseworker must submit the ICPC packet to the State
346 Office. All requirements for the ICPC packet are available in SAFE
347 in the ICPC document file named "The Seven Steps to ICPC".
- 348 b. The relative must pass the Preliminary Placement Background
349 Screening or the RS' equivalent to the Utah Criminal Justice
350 Information System (UCJIS):
- 351 (1) UCJIS or equivalent is searched to determine if the applicant
352 has criminal convictions or patterns of arrests or convictions
353 within the RS that indicate a likely threat of harm to a child.

- 354 c. The relative must pass a Completed Background Screening –
355 Fingerprint Based Check:
356 (1) Fingerprint based FBI national criminal history records are
357 checked to determine if the applicant has criminal
358 convictions or patterns of convictions that indicate a likely
359 threat of harm to a child.
- 360 d. The RS will follow their state laws pertaining to Adam Walsh
361 requirements for relative placements. These laws may differ from
362 the laws currently established in Utah. The Utah caseworker is
363 responsible, upon receiving a home study, to determine if Adam
364 Walsh requirements were met.
- 365 e. The relative must pass the Preliminary Placement Background
366 Screening – RS' Child Abuse Registry: The Child Abuse Registry is
367 searched for the following:
368 (1) To determine if the applicant has findings of a severe type of
369 child abuse or neglect, or if other child welfare or domestic
370 violence case history or patterns of behavior may pose a
371 threat of harm to a child.
372 (2) To determine if the applicant has findings of adult abuse.
- 373 f. Any other requirements as expected by the RS.
- 374 g. The child may be placed with the relative as a Preliminary
375 Placement if the relative passes the above checks and placement
376 is approved by the RS. If the child is placed in a Preliminary
377 Placement, the Utah caseworker must move to license the relative
378 as a foster placement or determine if custody and guardianship will
379 be given to the relative.
380 (1) If the child is placed in a Preliminary Placement, the Utah
381 caseworker will submit a new ICPC 100A request for a foster
382 home study 90 days after placement of child, or
383 (2) Indicate that custody and guardianship will be granted to the
384 relative; this can only be done with the permission and
385 approval of the RS, or
386 (3) Indicate that the relative is going to adopt the child and
387 submit an ICPC 100A request for an adoption home study
388 90 days after placement of the child.
- 389 h. There is no payment made by Child and Family Services to a
390 relative home placement.
- 391 i. Utah is responsible for medical coverage of the child during
392 placement.
- 393 j. The Child and Family Services caseworker is responsible upon
394 receipt of the approved home study to:
395 (1) Review the home study, to include recommendations and
396 criminal history.

- 397 (2) Determine if the approved placement will be used; approval
398 by the RS does not mean placement must be made.
399 (a) If the child will be placed in the RS, submit form 100B
400 to ICPC confirming the placement. Form 100B will
401 initiate courtesy supervision in the RS.
402 (b) If it is determined that the approved placement will not
403 be used, submit form 100B to ICPC, terminating the
404 case.
- 405 4. Requirement for a Foster Care Home Study/licensure request:
406 a. The caseworker must submit the ICPC packet to the State Office.
407 All requirements for the ICPC packet are available in SAFE in the
408 ICPC document file named "The Seven Steps to ICPC".
409 b. The potential foster parent must pass the Adam Walsh
410 requirements, which include a full background screening with a
411 fingerprint based criminal background check, and a review of the
412 Child Abuse Registry. If the person has not resided in the same
413 state for the past five years, requests for a review of the Child
414 Abuse Registry need to be made to other states where the person
415 has resided.
416 c. Any other requirements as expected/outlined by the RS.
417 d. The Utah caseworker is responsible to obtain a copy of the license
418 (or the equivalent) that has been issued, in accordance with the
419 Adam Walsh requirements.
420 e. The Utah caseworker will need to obtain written documentation that
421 Adam Walsh requirements have been met. This documentation is
422 generally found in the home study.
423 f. In order for persons to be added as providers and to receive a Utah
424 foster care reimbursement, the above documentation must to be
425 given to the region eligibility worker.
426 g. The foster care reimbursement to the out-of-state provider is based
427 on the need of the child starting with the basic foster care rate.
428 Utah caseworkers will follow Practice Guidelines [Section 301.6](#) in
429 determining the level of care and reimbursement rate. This also
430 includes, but is not limited to, Placement Committee Approval. The
431 agreed upon amount will be sent to the RS, who must indicate their
432 agreement prior to the child being placed.
433
- 434 J. Exploring an out-of-state adoptive placement identified through a national
435 website listing such as the Adoption Exchange:
436 1. Requirements of Adoptive Home Study Request: These are the basic
437 steps for the caseworker in Utah to complete the interstate placement
438 process for a child being sent to a RS. Information on prospective family
439 in the other state:

- 440 a. A RS prospective adoptive family finds a child they may be
441 interested in adopting from a national website listing. The Adoption
442 Exchange is the Utah contracted provider that will accept calls from
443 and give information about children listed on the website.
- 444 b. Contact information regarding a RS prospective adoptive family,
445 who has a current home study, will be given to the identified Utah
446 child's caseworker. The Utah caseworker can talk directly with the
447 family about general considerations for the child and specific
448 qualities Utah's Child and Family Services is looking for in a family.
- 449 c. The Utah caseworker may request that a current home study be
450 sent for consideration.
- 451 d. When a RS prospective adoptive family is chosen for a Utah child,
452 the Utah caseworker will confirm that the home study includes all
453 background clearances required, both local clearances as well as
454 Adam Walsh Act requirements (i.e., FBI fingerprint based
455 background clearance and out-of-state child abuse registry
456 clearances).
- 457 e. When the chosen RS prospective adoptive family has met required
458 background clearances, the family is contacted to convey detailed
459 information about the child and address questions from the RS
460 prospective adoptive family.
- 461 f. If the RS prospective adoptive family wants to continue with the
462 adoption process after receiving detailed information about the
463 child, services for the child will be identified in the prospective
464 adoptive family's area.
- 465 g. The Utah caseworker will consult, verbally or through email, with
466 the Utah ICPC compact administrator, to learn about specific
467 requirements in the RS as each state's requirements vary.
- 468 h. The Utah caseworker will consult with the Adoption Subsidy
469 Committee to determine possible medical and financial assistance
470 including any subsidy amounts that may be available for the
471 prospective adoptive family. This will help address the financial
472 plan for the child in the ICPC packet.
- 473 i. As part of developing the financial and medical plan, consult with
474 Utah ICPC compact administrator to ensure medical assistance will
475 be in place for the child in the RS through the Interstate Compact
476 on Adoption and Medical Assistance (ICAMA).
- 477 j. The Utah caseworker will begin a conversation with the chosen
478 prospective adoptive family to further determine their commitment
479 to the child, assess needed supports, and begin to negotiate
480 Adoption Assistance.
- 481 k. The Utah caseworker will fill out application forms with
482 documentation for Adoption Assistance to present to the Adoption
483 Subsidy Committee.

- 484 I. The Adoption Assistance Agreement should remain in draft status
485 and NOT signed or implemented until the placement has been
486 approved through ICPC.
487 m. Formal ICPC process overview: In the ICPC request, both states'
488 requirements will be addressed. As part of ICPC, identified
489 services will be requested, and medical and financial supports for
490 the child will be determined.
491 (1) The Utah caseworker will prepare and send the completed
492 ICPC packet to the Utah ICPC compact administrator. If any
493 documents are missing, the Utah caseworker will be
494 contacted.
495 (2) Form 100A is required for each child being placed – The
496 Utah caseworker will prepare the Form 100A to formally
497 request the placement of a child in the RS.
498 (3) Form 100A will define whether the adoption will be finalized
499 in Utah or in the RS. The Utah caseworker will consult with
500 a Utah Assistant Attorney General (AAG) to determine which
501 state will finalize the adoption.
502 (4) Required documentation to be assembled for ICPC packet
503 (found on "The Seven Easy Steps to ICPC" in SAFE as
504 ICPC Form 2):
505 (a) Home study including BCI and Child Abuse/Neglect
506 clearances required by the prospective adoptive
507 parents' state of residence as well as the Adam
508 Walsh Act.
509 (b) Documentation or statement regarding Native
510 American heritage and compliance with ICWA, if
511 applicable.
512 (c) Proof of IV-E eligibility, if applicable.
513 (5) The Utah caseworker will pull (ask your support people to
514 help with this):
515 (a) Non-Identifying Background for both mother and
516 father.
517 (b) Mental health assessment.
518 (c) Dental and medical forms.
519 (d) Most current Child and Family Plan.
520 (e) Two progress summaries.
521 (f) Child and Family Assessment.
522 (g) All educational information.
523 (h) Birth certificate.
524 (i) Social Security card.
525 (j) Signed court order verifying that Child and Family
526 Services has custody and jurisdiction or requesting
527 the ICPC.

- 528 (k) Court Order Terminating Parental Rights.
529 (6) The Utah caseworker will complete the medical/financial
530 plan document found in SAFE. The Financial/Medical Plan
531 should include the adoption subsidy outline and ICAMA.
532 (7) The Utah caseworker will prepare a cover letter telling the
533 other state:
534 (a) Contact information: name, address, phone, fax,
535 email.
536 (b) Reason for ICPC request.
537 (c) Why the child entered care in Utah and a brief
538 summary of the medical, psychological, and
539 educational needs of the child, specifically highlighting
540 the child's special needs.
541 (d) Whether or not the child is IV-E eligible.
542 (e) Financial responsibility will be Utah's through
543 Adoption Assistance.
544 (f) Anything else that is pertinent to the successful
545 placement of the child.
546 (8) The Utah caseworker will make three complete copies of the
547 ICPC packet.
548 (9) The Utah caseworker will fill out Form 100A in its entirety,
549 including all required signatures for each child. Form 100A
550 can be found in SAFE. Five copies will be required.
551 (10) The Utah caseworker will submit the complete ICPC packet
552 with cover letter and form 100A to the Utah ICPC compact
553 administrator for processing and delivery to the RS ICPC
554 compact administrator.
555 (11) The Utah ICPC transmittal will request a response from the
556 RS ICPC upon receipt and ask to be notified if there is any
557 missing information.
558 (12) Most states will follow-up with the Utah ICPC compact
559 administrator within two weeks to determine if the packet is
560 complete and/or if further information is needed.
561 (13) Utah's ICPC compact administrator will check the status of
562 ICPC request if there is no response from the RS after a
563 two-week time period.
564 (14) The Utah ICPC compact administrator will notify the
565 caseworker of the RS' decision to approve or deny the
566 placement.
567 n. If placement is denied, the child cannot be placed.
568 o. If placement is approved:
569 (1) The Utah caseworker will confirm with the Utah ICPC
570 compact administrator that the process for the ICAMA has

- 571 been completed by the RS to ensure receipt of Medicaid for
572 the child, if appropriate.
- 573 (2) The Utah caseworker will confirm with the prospective
574 adoptive family that they understand the financial and
575 medical plan and resources/supports, which may include IV-
576 E or state-funded Adoption Assistance or foster care
577 payments, Medicaid, and/or private insurance.
- 578 (3) The Utah caseworker will communicate with the prospective
579 adoptive family to ensure all special
580 medical/educational/psychological services are in place.
- 581 (4) The Utah caseworker will establish with the prospective
582 adoptive family how visits and other transition plans will be
583 carried out to maximize the child's adjustment to his/her new
584 family and environment.
- 585 (5) The Utah caseworker will arrange with prospective adoptive
586 parents how and when they will review the child's case file
587 and sign the Disclosure of Information form, sign the
588 Adoption Placement Agreement, and review and sign the
589 Adoption Assistance Agreement.
- 590 p. Placing the child with the family:
- 591 (1) The Utah caseworker will submit the completed Form 100B
592 to the Utah ICPC compact administrator to notify the RS
593 ICPC compact administrator of the child's placement and to
594 initiate supervision services.
- 595 (2) The RS ICPC compact administrator will arrange for the RS
596 caseworker to supervise the placement and submit the
597 agreed upon reports.
- 598 (3) The Utah caseworker will communicate with the RS
599 caseworker regarding required documentation about the
600 child and family adjustment, the child's safety, progress
601 regarding health, mental health education, and other
602 services as needed to satisfy Utah. ICPC requires monthly
603 in-home visits and quarterly reports.
- 604 (4) The Utah caseworker will follow-up with the RS supervising
605 agency, as needed, to ensure that required ongoing
606 supports and services are appropriate and will be available
607 after finalization.
- 608 (5) The Utah caseworker is responsible to provide information
609 and technical assistance to the prospective adoptive family
610 and the RS caseworker, as needed, to ensure that
611 finalization occurs properly and expeditiously.
- 612 (6) At the time the adoptive family finalizes the adoption, the
613 Utah caseworker will send form 100B, which will be
614 forwarded to the RS ICPC Compact Administrator

- 615 terminating the ICPC case. The Final Adoption Decree is
616 required to close the ICPC case, thus the Utah caseworker
617 will send a copy, upon receipt, to the Utah ICPC Compact
618 Administrator.
619
- 620 K. Exploring an out-of-state adoptive placement:
- 621 1. The caseworker must submit the ICPC packet to the State Office. All
622 requirements for the ICPC packet are available in SAFE in the ICPC
623 document file named "The Seven Steps to ICPC".
- 624 2. Copy of the signed court orders, ordering Termination of Parental Rights
625 or Parental Relinquishments must be included.
- 626 3. Any other requirements as expected/required by the RS. These
627 requirements will need to be reviewed on a case-by-case basis as each
628 state has its own adoption laws. It will be beneficial to all team members if
629 as much information as possible is obtained prior to the ICPC request
630 being made.
- 631 4. In most cases, if parental rights to a child have been terminated, Utah
632 recommends that the ICPC request be for a foster home study and
633 licensure of the proposed caretakers prior to the adoption request. Once
634 the family has become licensed a new 100A request for the adoption must
635 be submitted. (Note: This will allow any financial or medical issues, such
636 as IV-E eligibility, to be addressed prior to the finalization). Other
637 financial/medical options include TANF for relative support (such as Utah's
638 specified relative grant) or an upfront adoption subsidy (if approved by
639 committee.)
- 640 5. See the adoptions checklist to ensure that all necessary documentation is
641 included, specifically the non-identifying background on biological parents,
642 ICWA statement, and a Termination of Parental Rights signed by the
643 judge.
644
- 645 L. Deciding to make the out-of-state placement:
- 646 1. The RS will provide Utah with the results of the home study and
647 background screening and will indicate whether or not the placement is
648 recommended. The approved designated ICPC person will review the
649 home study and assess that all Utah requirements have been met. If
650 there are questions or concerns regarding the approval, the Utah
651 caseworker must have approval from the supervisor and the region
652 director prior to placement being made.
- 653 2. The Utah caseworker is responsible for reviewing the home study and any
654 recommendations made by the RS as well as concerns or
655 recommendations from the Utah compact administrator to determine if the
656 placement is in the best interests of the child. The Utah caseworker has
657 six months to make the placement in the approved ICPC home as the
658 home study expires after six months if placement is not made. If the Utah

- 659 caseworker still wants to consider the proposed placement after six
660 months, a new ICPC request is required.
- 661 3. According to the Safe and Timely Act, the Utah caseworker has 14 days to
662 decide if the placement is in the best interest of the child after receiving
663 the completed home study and approval from the RS. The Utah
664 caseworker will submit an intent to use the placement to the designated
665 ICPC person within the 14-day timeframe.
- 666 4. Form 100B in SAFE must be completed and submitted through the
667 regional ICPC coordinator when the decision is made to place the child
668 out of state and to request supervision of the child by the RS. This form
669 serves as notification to the RS of the action being taken to place the child
670 and must be submitted at the time of placement. If this form is not
671 submitted, courtesy supervision will not take place in the RS and it may be
672 considered an illegal placement.
- 673 5. If a decision is made not to place the child in a state after making a
674 request for a home study, or after receiving the home study and approval
675 from another state, the Utah caseworker must submit form 100B from
676 SAFE to the regional ICPC coordinator to close the ICPC case.
- 677 6. Utah will retain jurisdiction over the child for a sufficient duration, generally
678 about six months, to determine all matters in relation to the custody,
679 supervision, care, treatment, and disposition of the child which it would
680 have had if the child had remained in a placement in Utah. Termination of
681 jurisdiction can be done only with concurrence of the appropriate authority
682 in the RS. (See state law on Retention of Jurisdiction for full details.)
683
- 684 M. Health Care Coverage/Medicaid:
- 685 1. Availability of Medicaid coverage for a child that is placed out of state is
686 contingent upon a child's Title IV-E eligibility status.
- 687 a. If a child is Title IV-E eligible and reimbursable and Utah is making
688 a foster care payment to the out-of-state provider, the state in which
689 the child is placed will issue a Medicaid card. The Utah caseworker
690 will request this Medicaid in the cover letter and in the
691 Financial/Medical Plan.
- 692 b. If a child is not Title IV-E eligible and reimbursable, Utah is
693 responsible for the child's health care coverage. If Utah is making a
694 foster care payment to the out-of-state provider, then Utah
695 Medicaid can remain open. An out-of-state health care provider
696 has the option to enroll as a Utah Medicaid provider, if a willing
697 provider can be located. If the child's health care needs cannot be
698 met with Utah Medicaid, the Utah caseworker may work with the
699 Fostering Healthy Children nurse to explore coordinating with an
700 out-of-state health provider to bill for health care using the MI706
701 process.

- 702 c. The Utah caseworker will talk with the regional eligibility worker
703 about questions concerning Title IV-E or Medicaid eligibility for a
704 child being placed out of state.
- 705 d. If the intent is for the kinship/relative placement to obtain TANF or a
706 specified relative grant, it is the Utah caseworker's responsibility to
707 provide copies of the court order pertaining to the placement of the
708 child with this kin, a copy of the child's birth certificate, Social
709 Security Number, and any other documents as required by the
710 other state. In some cases, Medicaid is attached when TANF is
711 approved for kinship placement. The Utah caseworker may want to
712 check with the RS' Medicaid eligibility office to make this
713 determination.
- 714 e. If the permanency goal is adoption, the placement may qualify for
715 an adoption subsidy. If placement is made and a subsidy is paid to
716 the placement, the child may qualify for ICAMA.
- 717
- 718 N. Courtesy Caseworker Visitation and Reporting: When Utah has decided to place
719 a child after approval and review, the Utah caseworker will need to arrange for
720 supervision by the RS by submitting form 100B to the appropriate region ICPC
721 coordinator. If form 100B is not submitted, courtesy supervision will not be
722 provided by the RS and will not take place.
- 723 1. Utah will request that the RS make monthly face-to-face visits with the
724 child and send a written report of the contact to Utah on a quarterly basis.
725 [See: Purposeful Visits Practice Guidelines, [Section 302.2](#).]
- 726 2. When submitting form 100B, the Utah caseworker will include any
727 visitation plans or limitations as it pertains to the biological parents or other
728 parties that the placement will be expected to adhere to. The Utah
729 caseworker will also provide court orders with any specific orders in
730 regards to this, if appropriate.
- 731 3. The Utah caseworker will talk with the child (if verbal) and out-of-state
732 provider by phone on a monthly basis, in accordance with Purposeful
733 Visitation Practice Guidelines, [Section 302.2](#).
- 734 4. The Utah caseworker will invite the courtesy supervision worker to
735 participate in any Child and Family Team meetings by phone and provide
736 a copy of the Child and Family Plan so that the courtesy supervision
737 worker is aware of the permanency goals and expectations. When
738 changes are made to the plan or when a new plan is developed, a copy
739 should be sent to the courtesy supervision worker.
- 740 5. Utah has both the authority and the responsibility to determine all matters
741 in relation to the custody, supervision, care, treatment, and disposition of
742 the child, the same as if the child had remained in a placement in the state
743 of Utah.
- 744

745 **703.2 Child In Custody Of Another State To Be Placed In Utah –**
746 **Interstate Placement**
747

- 748 A. Before a child from another state may be placed in Utah, the sending state must
749 complete the ICPC requirements and request a study be done on a proposed
750 placement. The home will be assessed for safety and suitability by a designated
751 Utah caseworker. This request is made by the sending state's ICPC compact
752 administrator and must come through the Utah ICPC compact administrator for
753 assignment. A child from another state may be placed in a foster family, with a
754 parent, or in a kinship placement that has been approved for placement through
755 a home study and criminal background screening completed by Child and Family
756 Services. A child may also be placed in a licensed residential treatment center or
757 group home; in this case a home study may not be required.
758
- 759 B. Timeframe for home study. A home study requested by a sending state (both
760 licensing and kinship) should be completed and provided within 60 days of the
761 date on the Utah ICPC transmittal. If the report cannot be completed within this
762 timeframe, the Utah caseworker will notify the Utah ICPC compact administrator.
763 The home study will be sent to the region ICPC coordinator who will forward to
764 the Utah ICPC compact administrator, who will then forward it to the sending
765 state.
- 766 1. Utah cannot grant final approval for the placement until the results of the
767 background screening has been completed and the results have been
768 approved.
 - 769 2. If the proposed caregiver has not responded within 60 days, the Utah
770 caseworker will contact the region ICPC coordinator or ICPC compact
771 administrator to staff case closure. If it is determined that the case will be
772 closed, the Utah caseworker will send a report documenting the attempts
773 to contact. This can be submitted through email or other correspondence.
774
- 775 C. Provider requirements when considering placing a child inside of Utah: The
776 sending state will specify what type of home study they are requesting be
777 completed by the Utah caseworker (the home study type will be indicated on the
778 100A and ICPC transmittal). The Utah caseworker will follow all Utah kinship
779 requirements when conducting the home study.
- 780 1. Requirements for a Parent Home Study request:
 - 781 a. The parent must pass criminal and child abuse registry checks in
782 the state of Utah. Fingerprinting may be necessary if concerns are
783 found during the local checks.
 - 784 b. The parent is responsible for meeting the financial and medical
785 needs of the child. The parent does have the option of applying for
786 TANF.

- 787 c. Custody of the child cannot be given to the parent until Utah gives
788 concurrence to the sending state.
- 789 d. The Child and Family Services caseworker is responsible upon
790 completion of the requested home study to submit all documents to
791 the region ICPC coordinator. The region ICPC coordinator will
792 forward these to the Utah ICPC compact administrator.
- 793 e. Include a copy of the home study along with the child-specific home
794 study form (SAFE KBS10), the background results, and all
795 recommendations and conditions of placement.
- 796 2. Requirement for a Relative Home request: The relative, and all persons
797 18 years and older residing in the home, must pass the Preliminary
798 Placement Background Screening and the UCJIS, and must meet all
799 Adam Walsh Requirements:
- 800 a. UCJIS is searched to determine if the applicant has criminal
801 convictions or patterns of arrests or convictions within Utah that
802 indicate a likely threat of harm to a child.
- 803 b. The relative must pass a Completed Background Screening –
804 Fingerprint Based Check:
- 805 (1) Fingerprint based FBI national criminal history records are
806 checked to determine if the applicant has criminal
807 convictions or patterns of convictions that indicate a likely
808 threat of harm to a child.
- 809 c. The relative must pass the Preliminary Placement Background
810 Screening – Utah Child Abuse Registry (SAFE): The Child Abuse
811 Registry is searched for the following:
- 812 (1) To determine if the applicant has findings of a severe type of
813 child abuse or neglect, or if there are other child welfare or
814 domestic violence case histories that show patterns of
815 behavior that may pose a threat of harm to a child.
- 816 (2) To determine if the applicant has findings of adult abuse.
- 817 d. Any other requirements as requested by the sending state.
- 818 e. If the sending state requests a kinship home study without a foster
819 care license, the report can be completed and submitted to the
820 sending state; however, the Utah caseworker completing the home
821 study should indicate in the report to the sending state that this
822 family would not qualify for a Utah foster care maintenance
823 payment based on Utah policies and would not qualify for foster
824 care Medicaid in Utah. If the sending state is going to pay a foster
825 care maintenance payment to the kin, the home must meet
826 licensing requirements. (Note: If the family will be seeking a
827 specified relative grant under TANF, the child may qualify for
828 Medicaid under that program.)

- 829 f. Under ICPC law the sending state retains legal and financial
830 responsibility for the child; however, the relative can apply for TANF
831 to help with financial and medical needs of the child.
832 g. The Utah caseworker is responsible, upon completion of the
833 requested home study, to submit all documents to the region ICPC
834 coordinator. The region ICPC coordinator will forward these to the
835 Utah ICPC compact administrator.
836 h. The Utah caseworker will include a copy of the home study along
837 with the child-specific home study form (SAFE KBS10), the
838 background results and all recommendations, conditions of
839 placement, and indication that the Adam Walsh requirements were
840 met.
- 841 3. Requirement for a Foster Care Home Study/licensure request:
842 a. A home study for a family home that is going to be licensed as a
843 foster parent must meet the requirements of the Office of Licensing.
844 A probationary license can satisfy this requirement if training is still
845 pending for the family before a full licensure can be granted.
846 b. If a Foster Care Home Study is being requested, the Utah ICPC
847 compact administrator will verify if the sending state is planning to
848 make a Title IV-E foster care payment to the family for the child.
849 The family must be licensed for foster care by the Office of
850 Licensing if a Title IV-E foster care payment is planned. There may
851 be cases when a child is not IV-E eligible, but the family may be
852 licensed and receive a foster care payment from the sending state,
853 and the child will not qualify for Utah foster care Medicaid. The
854 sending state will be responsible for all medical needs of the child.
855 If there is no response from the proposed caregiver to the Office of
856 Licensing within 60 days, the request should be denied.
857 c. The potential foster parent must pass the Adam Walsh
858 requirements including a full background screening and a Finger
859 Print Based criminal background check.
860 d. Review of Child Abuse Registry (SAFE), including any requests
861 that need to be made to other states if they have not resided in the
862 same state for five years.
863 e. The Utah caseworker will need to provide written documentation
864 that the Adam Walsh requirements have been met. This
865 documentation is generally found in the home study.
866 f. The Utah caseworker is responsible, upon completion of the
867 requested home study, to submit all documents to the region ICPC
868 coordinator. The region ICPC coordinator will forward these to the
869 Utah ICPC compact administrator.
- 870 4. Requirements of Adoption Home Study Request:
871 a. Copy of the signed court orders ordering the termination of parental
872 rights or parental relinquishments.

- 873 b. Any other requirements as requested by the sending state. These
874 requirements will need to be reviewed on a case-by-case basis as
875 each state has its own adoption laws.
876 c. If a foster home study has been completed, this study will fulfill the
877 requirement for an adoption home study. If a foster home study
878 has not been completed, an adoption home study will need to be
879 done.
880 d. The Utah caseworker will review the adoption placement with the
881 region adoption committee; provide documentation of the results of
882 that review. This review will include consideration of the adoption
883 subsidy that will be provided by the sending state, as well as if the
884 child will be eligible for ICAMA.
885 e. The Utah caseworker is responsible, upon completion of the
886 requested home study, to submit all documents to the region ICPC
887 coordinator. The region ICPC coordinator will forward these to the
888 Utah ICPC compact administrator.
889
- 890 D. Courtesy supervision provided to children from other state.
- 891 1. Practice Model Applicability. A Utah caseworker designated as a courtesy
892 caseworker for a foster child placed in Utah from another state should
893 follow basic Practice Model principles and requirements to support the
894 child's safety, permanency, and well-being goals. The sending state will
895 provide a copy of the case plan and assessment information. The Utah
896 caseworker should work with the child and foster family to develop a Child
897 and Family Team to support the placement and coordinate with the
898 sending state. The Child and Family Team will address the need for
899 respite care and other services and supports necessary to provide for the
900 child's safety and well-being and to help the child achieve timely
901 permanency.
- 902 2. Utah cannot provide courtesy supervision for children who have been
903 placed in an ICPC approved home unless the sending state has provided
904 form 100B, confirming that placement has been made. Form 100B will be
905 sent from the Utah ICPC compact administrator to the region ICPC
906 coordinator and assigned as determined by the region.
907
- 908 E. Caseworker visitation and reporting: Face-to-face visits will be provided monthly,
909 and a written report will be provided on a quarterly basis (refer to Purposeful
910 Visitation Practice Guidelines [Section 302.2](#)). These reports will be sent to the
911 Utah ICPC to be forwarded to the sending state. The Utah caseworker will
912 submit a copy of the quarterly report to the region ICPC coordinator, who will
913 forward it to the Utah ICPC compact administrator. The Utah caseworker may
914 also provide a copy to the sending state's local worker. It is important that all
915 correspondence be routed through ICPC compact administrators.
916

- 917 The sending state is required by ICPC guidelines to maintain jurisdiction
918 throughout the time the child is in the approved placement. Generally,
919 supervision services will last four to six months but may be longer depending on
920 the permanency goals of child. During this time, the sending state is responsible
921 for the legal and financial support of the child. The sending agency has the both
922 the authority and the responsibility to determine all matters in relationship to the
923 “custody, supervision, care, treatment, and disposition of the child”, just as the
924 sending agency would have “if the child had remained in the sending agency
925 state.” (APHSAs Guide to the Interstate Compact for Placement of Children.)
- 926 1. Utah must provide courtesy supervision until the sending state’s
927 jurisdiction terminates. The sending state must have the agreement of
928 Utah in order to close the ICPC case. Courtesy supervision ends when
929 the child is returned to the sending state, the adoption finalizes, or
930 permanent custody/guardianship is given to a relative or parent. In some
931 cases the sending state may obtain court jurisdiction (PSS) when
932 temporary custody and guardianship of the child is given to a relative or
933 parent. In such instances, the case will remain open until the sending
934 state’s jurisdiction terminates.
 - 935 2. The Utah caseworker can recommend that the case be closed when it is
936 felt that the family is stable and is no longer in need of supervision
937 services. This can be done by submitting a written report to the region
938 ICPC coordinator.
 - 939 3. The Utah caseworker will adhere to the case plan provided by the sending
940 state as it pertains to the needs of the child. This may include visitation,
941 obtaining counseling, school enrollment, and other resources as outlined
942 in the plan.
943

944 **704 Placement Of A Child In Protective Custody**

945

946 **Applicable Law**

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

949

950 Practice Guidelines

951 A. When children are placed in protective custody, caseworkers will immediately
952 work with the staff designated by the region, such as resource family consultants
953 and/or kinship specialists, to find a placement for the child within 24 hours or
954 removal. The caseworker will also consult with the family and/or available or
955 potential Child and Family Team Members at removal regarding potential
956 placement options. The placement decision is subject to the best interest of the
957 child.

958

959 B. The best interest of the child will be taken into account when considering
960 preference for placement. The child's needs should be considered, such as the
961 following (these are in no particular order, rather they should be considered in the
962 context of each case and situation):

963 1. Safety factors in regards to the potential placement, including the threats
964 of harm to the child, the protective capacity of the caregiver, and the
965 child's vulnerabilities.

966 2. Reasonable proximity to the child's home.

967 3. Potential benefit of placing siblings together.

968 4. Educational needs, including proximity to the child's school and child's
969 need for maintaining connections to school.

970 5. Needs specific to the child's age, including developmental progress.

971 6. Cultural factors, language, and religion specific to the child.

972 7. Existing relationship between a kinship caregiver and the child.

973 8. Health and mental health needs.

974 9. Potential for ongoing care or permanency with the kinship caregiver to
975 prevent unnecessary changes in placement.

976

977 C. The following order of preference applies to placement of a child in the custody of
978 Child and Family Services, and is subject to the child's best interest:

979 1. A noncustodial parent of the child.

980 2. A relative of the child.

981 3. A friend designated by the custodial parent or guardian of the child or an
982 extended family member of the child, if licensed as a foster parent or if the
983 friend obtains a child specific license. The custodial parent or guardian
984 may only designate one friend as a potential Preliminary Placement,
985 unless Child and Family Services otherwise agrees. A foster parent who

- 986 has formerly adopted a sibling of the child may be considered as a kinship
987 placement.
- 988 4. A former foster placement if still licensed, and if applicable.
989 5. Other licensed family resource home.
990 6. "Crisis placements," such as Christmas Box House, Family Support
991 Centers, or resource families who will take the child on a temporary basis
992 while another placement is being explored. Using these facilities or crisis
993 placements for longer than 24 hours will be the last consideration, in order
994 to reduce the trauma experienced by the child as a result of multiple
995 moves. (Please refer to Practice Guidelines [Section 704.1](#) regarding
996 Crisis placements.)
- 997 7. An eligible Indian child must be placed within the foster placement
998 preferences established by ICWA:
999 a. A noncustodial parent of the child.
1000 b. Member of the child's extended family, according to the tribe's
1001 customary definition of extended family (25 U.S.C. §1903(2)).
1002 c. Foster home licensed, approved, or specified by the Indian child's
1003 tribe.
1004 d. Indian foster home licensed or approved by an authorized non-
1005 Indian.
1006 e. An institution for children approved by an Indian tribe or operated
1007 by an Indian organization that has a program suitable to meet the
1008 child's needs.
1009 f. If none of the above is possible, the child may be placed in a non-
1010 Indian foster home or other appropriate out of home placement.
- 1011
- 1012 D. The caseworker will follow the protocol outlined in Practice Guidelines [Section](#)
1013 [502](#), Kinship services – Preliminary Placement in order to investigate if there is a
1014 non-custodial parent or other relatives available that would be able to have the
1015 child placed in the home.
1016
- 1017 E. If Child and Family Services is unable to locate a placement for the child with a
1018 non-custodial parent or in a kinship home, then the child may be placed in a
1019 home with a licensed resource family. If the child is not placed with a
1020 noncustodial parent, a relative, or a designated friend, as defined in statute and
1021 guidelines, the caseworker will send an email to his or her supervisor explaining
1022 why a different placement was in the child's best interest, and will copy and paste
1023 this email into the activity logs.
- 1024 F. Each region will implement a process that will allow caseworkers to match
1025 children who have been removed with appropriate resource homes.
1026 Caseworkers should also refer to Practice Guidelines [Section 301.4](#) for further
1027 considerations when selecting an out-of-home caregiver.
- 1028 1. If a child has been in foster care previously and reenters protective
1029 custody, the child's former foster parents will be notified if still licensed.

- 1030 Child and Family Services will make a determination of the former foster
1031 parent's willingness and ability to safely and appropriately care for the
1032 child. If the former foster home is determined by Child and Family
1033 Services to be appropriate, the former foster parent will be given a
1034 preference over other foster parents for placement of the child.
- 1035 2. In order to minimize the number of placement moves for a child, Child and
1036 Family Services should attempt to locate a resource family that is willing to
1037 have the child remain with them while the case progresses and the
1038 permanency plan for the child is being worked on. Permanency planning
1039 will continually be assessed and explored by the caseworker and the Child
1040 and Family Team. Child and Family Services will work with the resource
1041 family to provide them with support and services in order to maintain the
1042 child in the placement and to minimize the number of placement moves
1043 that the child experiences.
- 1044 3. The resource family should not be pressured to make a decision on
1045 whether they are willing to adopt the child when the child is first placed in
1046 the home.
- 1047 4. Upon placement of the child in a resource home, the caseworker will
1048 include the resource family in the Child and Family Team and ensure that
1049 they understand the permanency goal and concurrent plan for the child.
1050 Child and Family Services will keep the resource family informed of
1051 progress towards reunification, other potential placement options for the
1052 child (including kinship), and imminent changes in the long-term view
1053 and/or permanency goals.
- 1054 5. Taking into account the permanency needs of the child, Child and Family
1055 Services may give preference for the initial placement of the child to be in
1056 a resource home of a family that has already expressed a desire to adopt
1057 a child. However, if a home that has expressed a desire to adopt is
1058 unable to be located at the initiation of a case, the child may be placed in
1059 a resource home that is willing to keep the child while reunification is still
1060 in progress and/or until another potential permanent placement can be
1061 located (kinship placement or another adoptive family). The resource
1062 family will then assist with the transition of the child to the permanent
1063 home.
- 1064 6. The caseworker should use sensitivity when approaching the subject of
1065 adoption with a kinship or resource family and should allow the family an
1066 opportunity to get to know the child, understand the child's issues, and
1067 explore how adopting the child would affect their family. Keeping in mind
1068 the urgent permanency needs of the child, the caseworker will continually
1069 assess the resource family's desire to provide permanency to the child
1070 and will have ongoing discussions with the resource family to assess the
1071 situation. When a family that the child is placed with states that they will
1072 not adopt the child, the child does not have to be moved immediately;
1073 however, the caseworker will take immediate steps to initiate the process

- 1074 to locate another permanent placement for the child. In the event that
1075 reunification is not successful, no kinship placement options are located,
1076 and the resource family does not desire to adopt the child, the caseworker
1077 will maintain the child in the home of the resource family until another
1078 appropriate permanent family is located. The resource family will then
1079 assist with the transition of the child into the permanent home.
- 1080 7. If Child and Family Services is unable to immediately locate a resource
1081 family that is willing to provide care for the child, a “crisis placement” may
1082 be used for the child. Crises placements are a last resort and should be
1083 use sparingly and only after all other placement options have been
1084 explored. (Refer to Practice Guidelines [Section 704.1](#) for definitions and
1085 guidelines related to crisis placements.)
1086
- 1087 **G.** The Child and Family Services caseworker will make reasonable efforts to obtain
1088 information essential to the safety and well being of the child and provide the
1089 information to the out-of-home caregivers within 24 hours of placement. Either
1090 the regional resource family consultant or the caseworker may provide the
1091 information so the out-of-home caregiver can make an informed decision
1092 regarding the care of the child. Form CPS23 is used for removals as a result of
1093 a CPS case (see Practice Guidelines [Section 205.2](#)), and may be used to gather
1094 the information and provide it to the caregiver for children who come into
1095 protective custody through other means.
- 1096 1. The Child and Family Services staff that provided the information to the
1097 caregiver will document that the information has been provided to the
1098 caregiver in the SAFE activity logs and will add the policy attachment
1099 “Placement – Child info Given to caregiver prior to placement”.
- 1100 2. Caseworkers should refer to Practice Guidelines [Section 301.4](#) for further
1101 guidance on the type of information that should be provided to the out-of-
1102 home caregiver as well as information on allowing the out-of-home
1103 caregiver to review the child’s case file.
1104
- 1105 **H.** The Child and Family Services caseworker will visit the child in the placement by
1106 midnight of the second day after the date of removal from the child’s
1107 parents/guardians to assess the child’s adjustment to the placement and the
1108 child’s well-being. Following the visit, a Child and Family Services caseworker
1109 will continue to visit the child in the placement once per week for the first four
1110 weeks that the child is in care.
1111
- 1112 **I.** Once the ongoing caseworker has been assigned, that caseworker will be
1113 responsible to complete the weekly visits for the first four weeks that the child is
1114 in care. After the first four weeks, the caseworker will follow Practice Guidelines
1115 [Section 302.2](#) regarding “Purposeful visiting with a child, out-of-home caregivers,
1116 and parents” while the child is still in care.
1117

- 1118 J. The Child and Family Services caseworker will offer the parents a visit with the
1119 child within three working days of removal, if appropriate.
1120
- 1121 K. The caseworker will ensure that any immediate medical needs for a child brought
1122 into protective custody are addressed. A physical, dental, and mental health
1123 evaluation will each be completed within 30 working days from the time the child
1124 is placed in protective custody.
1125
- 1126 L. The ongoing case will be opened in accordance with the timelines outlined in
1127 Practice Guideline [Section 301.01](#) "Opening a Foster Care Case".
1128
- 1129 M. The placement information for each child will be documented in SAFE by
1130 midnight of the second business day after the removal or change in placement.
1131

704.1 Crisis Placements

Major objectives:

When a child enters protective custody, Child and Family Services will minimize the use of "crisis placements" while other placement options are explored. Using any crisis placement for longer than 24 hours will be the last consideration, in order to reduce the trauma experienced by the child as a result of multiple moves. Placing a child in a crisis placement in a "congregate care" setting is a placement of last resort, when all other placement options have been exhausted or when there are extenuating circumstances.

Practice Guidelines

Using a crisis placement is acceptable for less than 24 hours while the caseworker explores placement options. The caseworker should take measures to explain to the child in an age appropriate manner (if the child's mental capacity permits) that the placement is temporary.

- 1148 A. A "crisis placement" is a placement that is willing to keep the child for a
1149 temporary, short term basis, and there is an understanding that Child and Family
1150 Services is actively working towards moving the child to a kinship placement,
1151 another resource family, or another type of placement appropriate for the child's
1152 needs. It does not include group or therapeutic settings whose purpose is to
1153 provide assessment and/or treatment for mental health or delinquency issues. A
1154 child placed in a crisis placement will have at least one unavoidable placement
1155 move. Examples of crisis placements include Christmas Box House, Family
1156 Support Centers, or resource families who will take the child on a temporary,
1157 short term basis while other placements options are sought.
- 1158 1. A "congregate care" setting is a facility that provides temporary, 24 hour
1159 care to a child by trained, rotating staff. A congregate care facility

-
- 1160 generally combines living quarters with centralized dining services, shared
1161 living spaces, and access to social and recreational activities.
- 1162 2. Children aged zero to five will be placed directly into a family home setting
1163 unless:
- 1164 a. There are extenuating circumstances, such as they are part of a
1165 sibling group, and it is determined by the caseworker or regionally
1166 designated personnel that keeping them together outweighs the
1167 benefit of single caregiver placement. Extenuating circumstances
1168 will be documented in activity logs and approved by regionally
1169 designated personnel.
- 1170 3. The caseworker should make every effort so that the child will not remain
1171 in a crisis placement for more than 14 days. The Child and Family
1172 Services caseworker will coordinate with staff designated by the region,
1173 such as resource family consultants, to locate a placement appropriate for
1174 the child's needs if the child is placed in a crisis placement.
- 1175 4. If a placement has not been found within 14 days, the Child and Family
1176 Services caseworker will review the child's case weekly with the
1177 designated regional Placement Screening Committee.
- 1178 5. For children that are initially placed in congregate care settings, there will
1179 be daily efforts made to find a placement for the child. Child and Family
1180 Services will implement a specific high-level administrative review process
1181 in each region for children placed in congregate care that includes review
1182 of all children placed in congregate care at placement and weekly
1183 thereafter.
- 1184 6. Efforts to find a placement for the child will be documented in the SAFE
1185 activity logs.
1186

704.2 Voluntary Placements

Major objectives:

The parents or guardian of a child may request that Child and Family Services place their child in a voluntary temporary out-of-home placement, or a Child and Family Services caseworker may offer a voluntary temporary out-of-home placement. A voluntary out-of-home placement will only be used when the parents or guardian can have unrestricted access to the child without presenting a risk to the health, safety, or well-being of the child.

All voluntary foster care placements will be reviewed every 45 days with the Shelter Placement Screening Committee. A child needing to remain in a voluntary out-of-home placement beyond 180 days may only do so through a court order that finds that continued placement is in the best interest of the child.

Applicable Law

Utah Code Ann. [§62A-4a-106](#). Services provided by division.

Practice Guidelines

- A. Ensure that the parent or guardian has explored all possible options for placement of the child with relatives, friends, neighbors, etc. prior to initiating a placement through Child and Family Services.
- B. Before a child is accepted for foster care placement on a voluntary basis, the parents or guardians must express a willingness to involve themselves in a time-limited child and family plan. The parents, child, and caseworker will develop a plan (typically 45 days) to resolve the crisis and return the child home within that time period.
- C. Parents will be notified prior to the placement that they are required to pay child support to the Office of Recovery Services while the child is in the voluntary out-of-home placement to help defray costs of the child's care.
- D. A written voluntary placement agreement must be in place at the time a child enters care and specifies, at a minimum, the legal status of the child and the rights and obligations of the parents, the child, and Child and Family Services while the child is in placement. The time period that the agreement is in effect for 45 days.
- E. The family must provide documentation of medical coverage and understand that they are responsible for the medical costs. The parents must also provide all information necessary to make a Title IV-E and Medicaid eligibility determination for the child while in the voluntary out-of-home placement.

- 1229
1230 F. The family must provide the child's current medical provider of the child's current
1231 health and immunization status, or arrange for the child to have a CHEC screen
1232 to insure the child's health needs are current while in the voluntary out-of-home
1233 placement.
1234
1235 G. At any time, parents may terminate the voluntary placement and have their child
1236 return home.
1237
1238 H. Payment for initial clothing or other special items will be based upon the parents'
1239 ability to pay. These items may be paid by Child and Family Services at the
1240 discretion of the supervisor and region director (or designee) and based on the
1241 needs of the child.
1242
1243 I. In situations where the crisis is not resolved and it appears the child will require
1244 ongoing foster care, the caseworker will petition the court for temporary custody.
1245 If the child needs to remain in out-of-home care for longer than 180 days, the
1246 caseworker may petition the court for custody prior to the end of the voluntary
1247 placement period.
1248

704.3 Domestic Violence Shelters

1249
1250 Major objectives:

1251 Shelter services are offered to all persons meeting the definition of co-habitant who
1252 either voluntarily or through a court order seek domestic violence services.
1253

1254 The Child and Family Services caseworker may coordinate and link domestic violence
1255 victims with emergency shelter placements and services.
1256

1257 **Applicable Law**

1258 Utah Code Ann. [§62A-4a-106](#). Services provided by division.
1259

1260 Practice Guidelines

1261 Victim and Dependent Services:
1262

- 1263 A. Emergency Shelter: A 24-hour shelter care facility that provides supervision for
1264 families.
1265
1266 B. Crisis Counseling Services will be made available to a domestic violence victim
1267 and dependents upon request
1268
1269 C. Alternate Crisis Housing: May be in motels, community shelters, or other
1270 comparable facilities. *Refer to Domestic Violence Principles 600 Guidelines for
1271 victim and dependant services and alternative crisis housing.

- 1272
1273 D. If the placement in a domestic violence shelter is made by the Child and Family
1274 Services caseworker as an alternative to removing the children from the parent
1275 or guardian's custody, a child and family team meeting will be coordinated within
1276 three working days. (This meeting will include domestic violence shelter staff.)
1277
1278 E. Shelter staff will provide information to the Child and Family Services caseworker
1279 when the family plans to leave the shelter facility.
1280

1281 **704.4 Emergency Foster Care Placements**

1282 Major objectives:

1283 When a child is removed from a foster care placement, the Child and Family Services
1284 caseworker may place a child in a temporary emergency foster placement. Shelter
1285 homes or facilities may be utilized.
1286

1287 Emergency Foster Care Placements must be staffed with supervisors.
1288
1289

1290 **Applicable Law**

1291 Utah Code Ann. [§62A-4a-106](#). Services provided by division.
1292

1293 Practice Guidelines

- 1294 A. Emergency foster care placements may be used:
1295 1. When the Child and Family Services caseworker has made the
1296 determination that the child's out-of-home placement may be unsafe and
1297 removal is necessary.
1298 2. When a more permanent placement cannot be identified.
1299 3. When determined to be in the best interest of the child.
1300
1301 B. When emergency foster care placements are initiated, notification needs to be
1302 provided to:
1303 1. The parents.
1304 2. The Assistant Attorney General.
1305 3. The Guardian ad Litem.
1306 4. To Juvenile Court.
1307
1308 C. Following an emergency foster care placement, a child and family team meeting
1309 will be convened within three working days.
1310
1311 D. The Child and Family Services caseworker will visit the child in the temporary
1312 placement within 48 hours.
1313

1314 **705** **Indian Child Welfare Act**
1315
1316 (See [Section 705.](#))
1317

706 Drug Testing Protocol

Major objectives:

The purpose of this protocol is to provide guidance for caseworkers who need to drug test their clients. It covers the purpose of drug tests, the referral process, talking to clients about drug testing, choosing test types and frequency, how to address no-shows, positive and diluted tests; it also addresses testing of youth, collaboration with other agencies, and obtaining DOPL reports on clients. Drug testing can be a helpful monitoring tool when used sensibly, but cannot be used alone to determine whether children are safe.

Practice Guidelines

The following protocol may differ depending on the client's participation in drug court. If a client is participating in a drug court program, the protocol of that program must be followed. Otherwise, the following applies.

A. Purpose.

1. Drug testing in child welfare is used to help facilitate decision making with families. It can be used to detect substance use during an investigation, monitor treatment compliance, or as a deterrent.
2. Drug testing should not be the only means used to determine the existence or absence of a substance abuse disorder or to monitor treatment compliance. In addition, drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect or making decisions about the disposition of a case. Drug tests alone shall not be used to determine whether children are safe.

3.

B. Evaluation for Drug Testing.

1. In order to decide if and what drug tests are needed for a client, a good assessment of the client's current and past substance abuse is necessary. This may include:
 - a. A formal substance abuse assessment performed by a qualified outside provider.
 - b. A review of the CPS investigation including any initial drug tests performed by CPS.
 - c. Third party reports.
 - d. Caseworker's direct observations and conversations with the client.
 - e. Caseworker's continuous efforts in engaging the client and building a trusting relationship with the client to obtain more accurate information about the client's drug use (though some people initially are in denial of their drug use and guarded against government intervention). Completing a

1360 time-line with a client can be a way for them to open up
1361 about their drug history.
1362

1363 C. Discussing Drug Testing with Clients.

- 1364 1. The caseworker advises the client of the purpose of the drug testing
1365 before testing begins, which is to assist in case planning and to monitor
1366 progress if substance abuse treatment services are warranted. The client
1367 needs to understand the consequences of positive and negative drug test
1368 results, as well as the consequences of the client's refusal to undergo
1369 testing or failing to call in to the drug testing provider.
- 1370 2. If the children are living at home (in-home case/trial home placement), the
1371 caseworker should discuss a relapse plan with the parent that addresses
1372 the children's safety and care.
- 1373 3. The caseworker needs to discuss the client's use of medications, including
1374 prescribed and over-the-counter medications they are currently using and
1375 for what condition, and explain that some medications will show up
1376 positive in drug tests. The caseworker shall make a copy of the client's
1377 prescriptions and ask them to sign a release so that they can talk to their
1378 prescribing doctor. If the client is participating in drug court, the
1379 caseworker needs to go over the drug court requirements, in particular
1380 when the court forbids the use of any medications.
- 1381 4. Prior to sending clients to drug test, the caseworker will review with the
1382 client the Drug Testing Agreement for DCFS Client form, which explains
1383 client rights and responsibilities, drug testing requirements and potential
1384 consequences of test results. The caseworker will go over the drug
1385 testing procedure, including call-in number and other check-in methods,
1386 testing locations, and hours of operation, along with the need to bring
1387 identification to every test. The client and the caseworker will both sign
1388 the form. The client will get a copy of the form, and the original will be
1389 kept in the case file. If the client refuses, the caseworker will document
1390 the refusal in SAFE. CPS caseworkers are advised to keep blank forms
1391 (SAFE Form DCFS44) with them when visiting clients, in order to have it
1392 available when requesting a client to drug test.
- 1393 5. In addition, the caseworker will ask the client to sign a release so that
1394 Child and Family Services can share the drug testing results with partner
1395 agencies (probation, treatment, courts).
1396

1397 D. Referral Process.

- 1398 1. The caseworker will complete a SAFE drug test referral form, which is
1399 automatically sent to their regional drug testing coordinator. Within 24
1400 hours (during a workweek), the regional drug testing coordinator will
1401 review the form, obtain any additional information if necessary, enter the
1402 referral on the contracted drug testing provider's website, and inform the
1403 caseworker that their client is setup to start drug testing. Drug tests are

- 1404 subject to regional approval and must be re-approved at a specified
1405 interval.
- 1406 2. If the client needs to drug test before the required 24 hours, the
1407 caseworker shall call their regional drug testing coordinator immediately.
1408 The regional drug testing coordinator will then process the request as
1409 soon as possible.
- 1410 3. Caseworkers shall not enter any referrals directly into the drug testing
1411 provider's website.
- 1412 4. The regional drug testing coordinator shall help guide the caseworker's
1413 decision on the type of drug tests to perform and the frequency of tests
1414 (see Determining Frequency below). The regional drug testing
1415 coordinator shall also serve as the point of contact in each region/office for
1416 the contracted drug testing provider and for any drug testing related
1417 questions.
- 1418
- 1419 E. Child Protective Services – Initial Drug Test.
- 1420 1. One-time drug testing may be needed to determine if someone is abusing
1421 substances. The preferred test types are:
- 1422 a. Broad-panel, which is a test that can detect a wide range of
1423 substances.
- 1424 b. ETG, spice, bath salts, and oxycodone tests are single
1425 substance tests that can be added to a 5- or broad-panel
1426 test, when indicated.
- 1427 c. Hair testing, which is a 5-panel test (does not include
1428 benzodiazepines and oxycodone) can provide information
1429 regarding past drug use (up to three months). There are,
1430 however, a number of limitations that need to be taken into
1431 consideration when using hair testing (see section G.
1432 Determining Which Drugs to Test For). The federal
1433 government has not developed testing standards for hair
1434 testing, which is why hair is not a preferred testing specimen.
1435
- 1436 F. Determining Frequency.
- 1437 1. After initial drug testing occurs, a randomized ongoing drug testing
1438 schedule may be indicated to provide evidence of success for parents,
1439 monitor compliance, and evaluate progress of treatment.
- 1440 2. Testing frequency should be based on the individual's circumstances and
1441 the purpose of the test. When determining the testing frequency,
1442 caseworkers need to consider the following:
- 1443 a. The treatment provider's recommendations, if client is in
1444 treatment.
- 1445 b. The substance(s) the client is known to have abused or is
1446 suspected of abusing. Some substances have a longer
1447 detection window, such as THC (Marijuana): 1-7 days for

- 1448 light use, 10 days to 6 weeks for heavy use; or
1449 Benzodiazepines (Sedative Hypnotics, for example: Xanax):
1450 3 days to 6 weeks. This means that a lower frequency can
1451 be used. Some substances, such as amphetamines (2-4
1452 days) have a shorter detection window and may require a
1453 higher frequency.
- 1454 c. The purpose of the test: Investigatory/Assessment: One-time
1455 or occasional testing (not on a schedule); Compliance /
1456 Court-ordered testing / Treatment Progress: Random testing
1457 (no more than 3 times per week) with decreasing frequency,
1458 based on client status; Deterrent: Random testing, 1-2 times
1459 per month.
- 1460 d. Whether children reside with the person being tested or have
1461 unsupervised visits with that person: During In-Home
1462 Services cases, use the findings of the SDM risk
1463 assessment and reassessments as a guide. For example, if
1464 the family is assessed at a “very high risk level” and the risks
1465 are related to the parent’s substance abuse problem, then a
1466 higher frequency is indicated.
- 1467 e. Special circumstances and transitions: For example, if a
1468 partner/spouse is moving in with the client being tested, if
1469 children move back home, if the client is changing jobs, etc.,
1470 it may be indicated to increase the frequency for a while or
1471 increase other forms of monitoring.
- 1472 f. If reports from treatment providers or third parties indicate a
1473 possible relapse, or the client misses several appointments
1474 in a row, then increasing the frequency may be necessary.
- 1475 g. Regional drug testing guidelines also need to be considered.
- 1476 3. The Department of Human Services does not support random drug testing
1477 more than three times a week.
- 1478 4. Frequency must be reassessed when the referral expires (every 90 days).
1479 Factors to consider include client’s everyday functioning; ability to hold a
1480 job, attend visits, maintain a household, and attend treatment/therapy;
1481 client’s test results and calling compliance, etc. If the client has been
1482 testing free of illicit substances during this time, the testing frequency
1483 should be decreased, unless the above-mentioned
1484 circumstances/transitions require otherwise.
- 1485 5. Caseworkers who suspect that a client is under the influence of drugs or
1486 seems to smell of alcohol during a visit can request the client to go test the
1487 same day or by the next morning, in order to assess whether the client is
1488 or is not using drugs/alcohol. In that case, the caseworker needs to move
1489 the online random testing schedule to the desired day.
- 1490
1491 G. Determining Which Drugs to Test For.

- 1492 1. Based on the client's substance abuse assessment and/or their initial drug
1493 test results, the caseworker shall determine which substances the client
1494 may be prone to use. The caseworker then selects the drug test(s)
1495 depending on the client's choice of substances, in compliance with
1496 regional approval process.
- 1497 2. Child and Family Services prefers the testing methodology for which the
1498 federal government (SAMHSA and Department of Transportation) has
1499 developed standards. For this reason, urine and saliva are the preferred
1500 testing specimens. The limitations of testing hair, sweat, meconium, or
1501 other specimens shall be communicated along with the results.
- 1502 3. Hair testing can provide information regarding past drug use (up to three
1503 months). There are, however, a number of limitations that need to be
1504 taken into consideration when using hair testing. These include:
- 1505 a. Cannot detect recent drug use (7–10 days).
 - 1506 b. Difficult to detect low-level use (e.g., single-use episode).
 - 1507 c. Difficult to interpret results (inability to determine the quantity
1508 used, the time frame of usage, etc.).
 - 1509 d. It is a 5-panel test (does not include benzodiazepines and
1510 oxycodone).
 - 1511 e. Possibility of environmental contamination.
 - 1512 f. Can be impacted by hair treatment and hair length.
 - 1513 g. May be biased with hair color (dark hair contains more of
1514 some basic drugs [cocaine, methamphetamine, opioids] due
1515 to enhanced binding to melanin in hair).
 - 1516 h. Costly.
- 1517 Furthermore, the federal government has not developed testing standards
1518 for hair testing, which is why hair is not a preferred testing specimen.
1519
- 1520 H. Confirmation of Positive Test Results.
- 1521 1. All positive drug tests will be confirmed by a SAMHSA certified laboratory
1522 using gas chromatography-mass spectrometry (GC/MS) technology. (This
1523 is currently done automatically by the contracted testing provider.)
1524
- 1525 I. Obtaining Results/Reporting to the Court.
- 1526 1. It is the caseworker's responsibility to access the contracted drug testing
1527 provider's website frequently to check their clients' test results and call-in
1528 compliance (at least weekly). If the final results are not yet posted, the
1529 caseworker needs to go back to the website.
- 1530 2. Caseworkers need to print out the clients' test results and calling
1531 compliance before court hearings to submit to the attorneys. Attorneys
1532 need to see the actual printout, not a summary of the results in the court
1533 report.
- 1534 3. If the client requests their drug test results and the client is involved in a
1535 juvenile court case, the caseworker shall check with the assigned

- 1536 Assistant Attorney General before releasing a copy of the test results to
1537 the client.
1538
- 1539 J. Test Results.
- 1540 1. Dilute test results, as well as no-shows, should trigger fact-finding. They
1541 alone should not result in the removal of children from their home.
1542 Actions/sanctions may be indicated before considering the removal of the
1543 child/children. Children should only be removed on the basis of a safety
1544 assessment. If the client has a medical reason for the dilute test result,
1545 like being diabetic or prediabetic, and the medical reason is verified by a
1546 doctor, the dilute may be acceptable (need to look at the creatinine levels
1547 and the specific gravity to determine if the dilution is caused by this. The
1548 contracted drug testing provider can help with this). If the fact-finding
1549 indicates that the dilutes and no-shows are the results of a relapse AND
1550 the safety assessment indicates that the children are unsafe at home, a
1551 removal may be indicated.
- 1552 2. When a client receives a positive drug test result, the caseworker shall:
- 1553 a. Discuss the results in a timely manner with the client, giving
1554 the client the opportunity to explain the results:
- 1555 (1) Is the substance found in the sample the result of a
1556 valid prescription? (-> check the prescription.)
- 1557 (2) Is it part of the client's medication-assisted drug
1558 treatment, such as methadone or suboxone?
- 1559 (3) Is the client admitting to the drug use? If not, do they
1560 have a possible explanation for the result?
- 1561 b. Contact the drug treatment provider and get a report if the
1562 client is in drug treatment.
- 1563 c. Share the test result together with the caseworker's findings
1564 with the court.
- 1565 d. Request an Order to Show Cause with the court, if the
1566 positive/dilute test results or no-show pattern do not have a
1567 valid reason.
- 1568 e. If the client has custody of the children or unsupervised
1569 visits, the caseworker must assess the children's safety and
1570 take necessary actions to protect them. As mentioned
1571 above, children are not removed based on a positive test,
1572 but on the basis of a safety assessment and staffing the
1573 situation with other key team members. THE REMOVAL OF
1574 A CHILD OR SUSPENSION OF VISITS TO PUNISH A
1575 PARENT FOR A POSITIVE TEST RESULT IS NOT
1576 ACCEPTABLE.
- 1577 3. It is important that caseworkers (and the court) understand that relapse is
1578 part of a drug addict's recovery process. A relapse does not necessarily
1579 mean that the client is failing their recovery; it may be a hiccup in their

- 1580 road to recovery. It is important for caseworkers to work closely with the
1581 client and the treatment providers to figure out how to help the client get
1582 back on track. If the client is unable or unwilling to resume their treatment
1583 or cooperate with Child and Family Services on a recovery plan, the team
1584 needs to re-evaluate the goals set for this case.
1585
- 1586 K. Drug Testing Children/Youth.
- 1587 1. Children receiving services from Child and Family Services may be asked
1588 to submit to drug tests, if deemed necessary. As with adults, it is important
1589 to consider the impact of drug testing on children before deciding to refer
1590 them to test. Is drug testing necessary or are there other ways to obtain
1591 evidence, to monitor, or to deter?
- 1592 2. There are two main purposes for drug testing children:
- 1593 a. When a child is suspected of using drugs themselves; and
1594 b. When a child may have been exposed to drugs by a third
1595 party (usually their parents). For this latter purpose, a hair
1596 test is usually performed, which provides a longer detection
1597 window.
- 1598 3. As with adults, it is important for the caseworker to discuss the purpose
1599 and consequences of drug testing with children and explain the collection
1600 process. The child's age and cognitive abilities need to be taken into
1601 consideration when deciding what to say. Children often have questions
1602 they need to ask. This may help reduce anxiety that children feel in
1603 anticipation of these tests.
- 1604 4. While the urinalysis sample collection for adults is by default observed by
1605 a third party, the collection will NOT be observed for children under 18
1606 years of age, unless requested by the caseworker. Many children
1607 receiving services from Child and Family Services have been victims of
1608 abuse; being observed by a stranger while having to produce a urine
1609 sample can be traumatizing. Therefore, it was decided to leave out the
1610 observation when testing children. However, if caseworkers suspect that
1611 the youth could be tampering with the sample, they can specify that this
1612 youth must be observed during the collection on the Drug Testing Referral
1613 form (comment section).
- 1614 5. Children must show a valid ID when going to test. A school ID is accepted.
1615 If no ID is available, the caseworker or caregiver can vouch for the identity
1616 of the child.
- 1617 6. Children in the custody of Child and Family Services do not need the
1618 parents' consent to be tested. The parents, however, must be informed of
1619 the drug testing results. If there are valid reasons to not share the results
1620 with the parents, the caseworker shall discuss the reasons with the
1621 supervisor and document them in the file.

- 1622 7. Drug testing shall not be used as a punishment by out-of-home caregivers
1623 or caseworkers. Drug testing should not be the foster parent's decision
1624 and requires caseworker approval.
1625
- 1626 L. Coordination and Collaboration.
- 1627 1. If clients are testing for other agencies or programs, the caseworker needs
1628 to coordinate with these agencies/programs to try to avoid duplicate
1629 testing. These agencies may include probation, drug court (juvenile or
1630 felony drug court), and drug treatment providers. It is a waste of tax
1631 dollars and a burden on the client to perform duplicative drug tests.
- 1632 2. The caseworker shall request the client to sign a release in advance to
1633 allow agencies to share drug test results and avoid duplicate testing. The
1634 caseworker needs to contact these agencies and service providers to
1635 discuss how to best manage drug testing and sharing of results. It is in
1636 everyone's best interest to collaborate closely among agencies to help a
1637 client's recovery from addiction.
1638
- 1639 M. Obtaining a Utah Controlled Substance Database Report from DOPL.
- 1640 1. Caseworkers who suspect their client of misusing prescription medications
1641 can request a Utah Controlled Substance Database report from DOPL,
1642 which shows this person's prescription history and can help identify
1643 potential cases of drug over-utilization and misuse of controlled
1644 substances. DOPL reports are an effective tool to help determine whether
1645 this person is "doctor shopping" and going to more than one pharmacy,
1646 which would be a sign of prescription medication abuse and possible
1647 addiction.
- 1648 2. The caseworker shall ask the client to sign the form "AUTHORIZATION
1649 TO RELEASE INFORMATION FROM UTAH'S CONTROLLED
1650 SUBSTANCE DATABASE PROGRAM", have it notarized, and mail it to
1651 DOPL. If the client refuses to sign the release discuss options with the
1652 Attorney General's office. Utah Code Ann. [§58-37f-302\(2\)](#) prohibits
1653 database information from being accessed by "discovery, subpoena, or
1654 similar compulsory process", which means that a client cannot be forced
1655 or ordered to release this data.
- 1656 3. The caseworker may also want to accompany the client to the DOPL
1657 office to obtain a report (the DOPL office located in Salt Lake City).
- 1658 4. Confidentiality is critical. The client's DOPL report cannot be shared with
1659 anybody, except with the AAG and GAL if their names are included on the
1660 release. DOPL reports and copies of it cannot be given to therapists,
1661 treatment providers, or other attorneys, and it cannot be attached to court
1662 reports, given to the court, given to the parents, used in mental health or
1663 substance abuse assessments, distributed in discovery or GRAMA
1664 requests, or used as an exhibit at a hearing or trial.
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- 1666 N. Medication-Assisted Drug Treatment.
1667 1. The Department of Human Services supports the use of medication-
1668 assisted drug treatment (such as Methadone, Suboxone, and Vivitrol).
1669 The Department of Human Services does not approve blanket bans on
1670 medication-assisted drug treatments.

- 1671 **707 Placement Prevention/Disruption Funds (Special Needs**
- 1672 **Funding)**
- 1673
- 1674 (See [Section 707.](#))
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708 Suicide Screening

Major objectives:

To appropriately determine children or youth who are at risk for suicide and connect them and their family to needed resources.

Practice Guidelines

A. Child Protective Services

1. A CPS caseworker will use the Columbia Suicide Severity Rating Scale (C-SSRS) during the initial contact with a victim when concerns regarding suicide have been identified in the referral, are indicated by any person associated with the victim, or the victim expresses thoughts of suicide or has suicidal ideations.
2. The CPS caseworker will use the C-SSRS at any point during a case if there is any new information or circumstances that would suggest a screener is needed.
3. The CPS caseworker may use the C-SSRS whenever the circumstances may indicate it is appropriate, such as the child has a history of depression or has experienced a recent loss or other traumatic event.
4. If the C-SSRS screener is used, the CPS caseworker will inform the parents of the results and action needed. If upon completion of the C-SSRS the CPS caseworker determines the child cannot be left alone, further action is warranted.]

B. In-Home Services

- [1. If there are known concerns about suicidal ideation or other indications of concern, the caseworker will talk with the parents. If the caseworker believes it is needed, the caseworker will complete the screener and engage the parents regarding the results and action needed. The information from a completed C-SSRS will be included in the UFACET.

C. Foster Care

1. If there are known concerns about suicidal ideation or other indications of concern, the caseworker will complete the C-SSRS screener. The C-SSRS will be used if the mental health assessment will not be completed within 30 days of entry into foster care. Information from the C-SSRS will be included in the UFACET and updated as part of the UFACET updates. The C-SSRS can be administered anytime the caseworker deems it appropriate.

- 1717 **D. Documentation**
- 1718 1. The completed C-SSRS will be imported into SAFE and saved in Content
- 1719 Manager in the child's case record.
- 1720 2. The caseworker will save the C-SSRS with the label "Suicide Screener"
- 1721 available in the drop-down menu in Content Manager.
- 1722
- 1723 **E. Resources and Intervention**
- 1724 1. The caseworker will use the flow chart to determine the level of
- 1725 intervention needed to assure safety of the child following the use of the
- 1726 C-SSRS. The caseworker will make referrals and discuss results with
- 1727 caregivers as necessary.]
- 1728
- 1729 **A. Child Protective Services**
- 1730 1. During the child interview, the Youth Suicide Screener will be completed
- 1731 on every child victim age ten or older. The CPS caseworker will follow the
- 1732 prompts of the screener and contact parents/guardians or other
- 1733 emergency services when indicated.
- 1734 2. If the CJC has already completed a trauma screener with the child, the
- 1735 CPS caseworker does not need to complete another screener, but should
- 1736 obtain a copy or a verbal summary of the results. If the CJC cannot share
- 1737 the information, the CPS caseworker will need to complete the Youth
- 1738 Suicide Screener.
- 1739 3. All screeners completed by the CPS caseworker or CJC will be uploaded
- 1740 into the Suicide Screener file category of Content Manager in SAFE. If the
- 1741 information has been shared verbally by the CJC, the CPS caseworker will
- 1742 fill out the Youth Suicide Screener to match the information provided by
- 1743 the CJC.
- 1744
- 1745 **B. In-Home Services or Foster Care**
- 1746 1. The Youth Suicide Screener will be completed for every foster youth or in-
- 1747 home youth age 10 or older, during the following situations:
- 1748 a. The 1st weekly home visit by the foster care caseworker, or first
- 1749 home visit by the in-home caseworker.
- 1750 b. Every time a UFACET is completed.
- 1751 c. Anytime there is a concern the child may be experiencing suicidal
- 1752 ideations.
- 1753 (1) If the child is in therapy, the caseworker will contact the
- 1754 therapist as well as complete the screener with the child.
- 1755 The caseworker will request that the therapist assess the
- 1756 situation and ensure appropriate services are in place.
- 1757 2. All screeners completed by the caseworker or CJC will be uploaded into
- 1758 the Suicide Screener file category of Content Manager in SAFE. If the
- 1759 information has been shared verbally by the CJC, the caseworker will fill

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out the Youth Suicide Screener to match the information provided by the
CJC.