	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

## Selection of Placement

### INTRODUCTION


Children in the care or custody of the Department are placed in the home or facility available which is best able to meet their needs and to facilitate progress toward the case goal and objectives, using the philosophy of concurrent planning for all outcomes. Concurrent planning involves identifying and working toward a child's primary permanency goal (such as reunification with the birth family) while simultaneously identifying and working on an alternative plan as a secondary goal (such as adoption or guardianship with a relative). Concurrent planning shortens the time to achieve permanency, because progress has already been made toward the secondary goal if efforts toward the primary goal prove unsuccessful.

Effective implementation of concurrent planning requires comprehensive and early assessment of families, determining the need for out-of-home care and the need to place the child or youth with a resource family who can support family reunification and commit to providing an alternative permanent home if reunification is impossible.

The selection of the type and specific home or facility is based on state and federal statutes and regulations, on accepted social work practice in the field of child welfare, program policy of the Office of Child and Family Services, and the resources available to the Department of Health and Human Services.

### PHILOSOPHY

The child's placement in an out-of-home placement should be within the child's home community to reduce the sense of loss and separation experienced by the child and should be with family members whenever possible. Placement must be in the least restrictive (most family like) setting possible. The placement decision relies upon careful consideration of the prospective caregiver's ability to meet the child's specific needs and reflective of the concurrent goals of the child. Matching of the child's needs and the caregiver's ability to meet those needs is done through careful planning, involvement of the child to understand who they may identify, and team collaboration. The Department recognizes the importance of input from the child's parent, caseworker, most importantly the child, and other


	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

significant adults in the child’s life, who have the most relevant information about that child’s behavior, likes, dislikes, talents, strengths, reasons for placement, and permanency goals. Placement decisions are done consistent with concurrent planning to meet the goal of reunification or alternate permanency plan and are consistent with the Indian Child Welfare Act, and other cultural considerations.

**LEGAL BASE**

The following statutes and regulations apply to placement of children in the care and custody of the Department in substitute care living arrangements:

1. Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) - Section 475 (5)(A) of this federal statute requires that each child have "a case plan designed to achieve placement in the least restrictive (most family like) setting available and in close proximity to the parents' home consistent with the best interest and special needs of the child"
  
2. The Indian Child Welfare Act of 1978 (P.L. 95-608) - Section 105 of this federal statute mandates that Indian children as defined by the Act who are "accepted into foster care or pre-adoptive placement shall be placed in the least restrictive setting which most approximates a family and in which his special needs, if any, may be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child. In any foster care or pre-adoptive placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with -
  - i. A member of the Indian child's extended family;
  - ii. A foster home licensed, approved, or specified by the Indian child's tribe;
  - iii. An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
  - iv. An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.
  
3. Adoption and Safe Families Act of 1997 (P.L. 105-89) – This ACT sets forth that child safety, permanency and well-being are paramount in the provision of child welfare services. Most provisions of this Federal statute have been incorporated into Maine Statutes and/or agency policy.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

4. The federal Individuals with Disabilities Education Improvement Act of 2004 (20 USC 1400) requires that children be provided a free, appropriate, public education in the least restrictive alternative. The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

5. The state Child and Family Services and Child Protection Act (Title 22 MRSA, chapter 1071):

a. Requires the Department to care for a child ordered into its custody in licensed or approved family foster homes, in other residential child care facilities or in other living arrangements as appropriate to meet the child's individual needs. (Section 4061)


b. Requires that the Department to consider giving placement preference to an adult relative as long as the relative meets all relevant state standards. (Section 4062 (4))

c. Requires that if requested in writing by the parents of a child in the Department's custody to place that child in a foster family of the same general religious faith as they, the Department shall so place the child when a suitable family of that faith can be found. (Section 4063)

d. Requires the Department to provide the parents with prompt written notice of the child's residence and, when practicable, at least 7 days' advance written notice of a planned change of residence unless that notice would be detrimental to the best interests of the child (Section 4041(2)).

e. Requires the Department to notify the guardian ad litem, as described in Section 4005, of any change in the child's residence (Section 4041(3)).

f. Requires the parent to maintain reasonable contact with the child pursuant to a reunification plan, which includes making arrangements to visit the child at or

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

near his placement when the parent has left the area where the child has been placed. (Section 404I)

g. Prohibits the court from ordering that a child who has been ordered into the custody of the Department be placed with a parent. Nothing prevents the Department from placing a child in its custody in the home of a parent for a trial period (Section 4036(4)).

**A. TYPES OF CARE**

1. Family Foster Care

Parental care and supervision which is provided within a family setting in a private dwelling on a regular, 24-hour a day basis by qualified foster parent(s). The foster parents hold a license as a family foster home for children required by state law.

2. Therapeutic Family Foster Care

Family foster care utilizes the foster home setting and the foster parents as primary agents in improving the behavioral and emotional functioning of foster children


3. Relative Care

Family foster care provided to children in the care or custody of DHHS who are related by blood, marriage, or adoption to the caretakers. Relative placement is a preferred placement. (By Department of Health and Human Services policy, foster parent(s) caring for relatives who are in the care or custody of the Department of Health and Human Services must meet the licensing standards as a family foster home for children.)

4. Fictive Kin

Fictive Kin refers to individuals that are unrelated by birth, adoption, or marriage, who have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship. Fictive Kin may also be referred to as "alternate caregiver" in this section. Fictive Kin are also a preferred placement, but are not recorded as relative placement in MACWIS.

5. Group Home

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

Residential child care facility whose employees provide care and supervision of children and who may, but are not required to, provide either education or mental health treatment.

#### 6. Residential Treatment Center

Residential child care facility staff provide care and supervision of children as well as mental health treatment and education to children with emotional, intellectual, or behavioral handicaps. Placement is not to occur in a residential setting without a team review prior to placement. A child in the custody of the Department will not be placed in a group or residential program where there are more than 25 residents. While the total population of a facility or multi-program agency may exceed 25, placement will not be made in a program/cottage that exceeds 25 residents. Residential Treatment Centers must be fully licensed and meet and abide by the Standards for Residential Treatment as developed by the Department.


#### 7. Professional Parent Model

This type of care and treatment utilizes a professional parent model of community-based residential treatment. The "parents" are specially trained and/or experienced caretakers with a comprehensive system of supportive services and respite care built into the placement. Ongoing training and professional mental health support are an integral part of these services. Depending on the number of children placed, either one or both of the "parents" are employed as full time caregivers. This model utilizes a community mental health center or private, non-profit agency to administer, oversee and provide back-up and support for the professional homes under its auspices. (A P.E.T. recommendation may be required if there is a day treatment component.)

#### 8. Transitional Therapeutic Group Home

This is a small (2-4 bed) residential child care facility specifically designed for children transitioning from an in-patient hospital program into a community placement. The facility has a strong therapeutic component and education is provided primarily through day treatment programming. This is a 6-9 month transitional placement geared to stabilize behavior in preparation for a less restrictive, community-based placement.

#### 9. Semi-Independent Living

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

This is a living arrangement where no adult (other than the Department) has responsibility for the youth's daily care and supervision.

10. Intermediate Care Facility

These facilities provide health related care, supervision and services to individuals who do not require the hospital or skilled nursing care and treatment but do require care and services above the level of room and board. These facilities must meet the state licensing and federal certification requirements for Intermediate Care Facilities.

11. Intermediate Care Facilities for the Mentally Retarded

a. An ICF-MR nursing facility provides (under an agreement with the Department) licensed nurse supervision for at least 8 hours/day coordinated health treatment, rehabilitation and habilitation services for children both mental retardation or other related conditions in order to assist each individual to reach his/her maximum of functioning potential.

b. An ICF-MR group home provides a protective setting 24 hour non-nursing supervision of children with mental retardation or other related conditions to assure the coordination of habilitation, health and rehabilitation services in order to assist each individual to reach his/her maximum level of functioning potential.


These facilities must meet the appropriate state licensing and federal certification requirements.

12. Other facilities include:
- Emergency Shelter
  - Homeless Shelter
  - Special Purpose Schools
  - Independent living

**B. STANDARDS FOR SELECTION OF PLACEMENT**

1. Children deserve to be placed in family settings, with relatives, in their home communities, whenever possible, and while maintaining family and community connections:

Prior to any removal, children must be asked about where they believe they would feel safe to be sure all options are explored. Relative options should be the primary resource first explored when an out-of home placement is considered. A

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

Family Team Meeting is a preferred way to help identify relatives. Children in out-of-home placement deserve to have their need for family and community connections respected. OCFS requires placing (or returning) children in their home or school community or home DHHS district as best practice. Such placements facilitate reunification and better enable children to maintain family and community connections. If a child cannot be placed in his/her home or school community, the child should be placed within the home DHHS district (or 'border/neighboring' towns of adjacent district, if appropriate). The child's initial placement in an out-of-home placement relies upon careful consideration of the prospective caregiver's ability to meet the child's specific needs. Matching of the child's needs and the caregiver's ability to meet those needs requires not only careful planning, but also team collaboration. Utilizing information shared by the child's parent, the child, the caseworker, and other significant adults in the child's life, the team reviews information about the child's behavior, likes, dislikes, talents, strengths, reasons for placement, and permanency goals. Deliberate thought is given to which resource family could best meet this child's needs and facilitate the highest level of family and community connections and promotion of the concurrent permanency goals.


The placement decision and matching process for each individual child should be clearly documented in the child's narrative record. When a relative is not selected for placement there should be a justification documented in MACWIS for that decision.

The child's initial placement in out-of-home placement should be the only out-of-home placement experienced by the child as or until legal permanency is achieved. Additional changes in placement increase the risk that a child may experience further trauma due to additional losses and possible feelings of rejection.

a.) When a placement is made it is imperative that the placement is recorded in MACWIS by 4:30PM of the day in which the placement is done to ensure appropriate payments are made and to ensure no opportunity for a child's whereabouts to be unknown.

b.) When the worker is aware the placement is occurring arrangements must be made for a duty worker to make the placement in MACWIS if the caseworker is not returning to the office on the day of placement.

A child may be placed out-of-district only if there is no relative or community resource available. If the out-of-district resource is a regular family foster home, the foster parents may be called directly to assess their interest in the child but will be informed that this call is preliminary as the caseworkers of children

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4


currently placed in the home need to be consulted. If the out of district resource is a therapeutic foster family the agency will be contacted; the caseworker is not to call the agency foster family directly. If the agency states the family is a possible resource, the caseworker will then consult with the caseworkers of other children placed in the foster home. In the emergency placement, attempts will be made to contact the caseworkers of the other children placed in the home, however if not possible in the emergency time frame, these necessary contacts should occur as soon as possible after the placement is made. If the resource is a therapeutic foster home, the agency must always be contacted and approve the placement before it occurs. A child should be placed in a therapeutic foster home only when it has been determined that level is appropriate to the need of the child and coordination with APS Healthcare has occurred. District Program Administer approval is required from the receiving district for out-of-district placements.

If the child is placed out-of-district, the caseworker and supervisor will make a plan within two weeks, outlining how to bring the child back to his/her own home or school community (priority goal) or district (secondary goal) as soon as possible. This plan should include how connections to the child's home community currently are being maintained and what efforts are being made to locate/recruit a placement for the child. If the child is placed in a therapeutic foster home, this plan should be developed in consultation with the therapeutic agency staff. This plan will be e-mailed to the PA in the receiving district. It is recognized that a home may not be immediately available in the child's home or school community so the caseworker, in conjunction with their supervisor, will review this plan quarterly to ensure that work to place with child within their home community/district is continuing. If returning the child to their home or school community is not currently in the best interest of the child's permanency or well being these reasons will be documented in the placement section of the case plan. The plan will be forwarded to P.A. of child's district and P.A. of district where the child is currently placed.

Throughout this process the caseworker should ensure the child is kept informed of the case progress toward return home or other goal changes in a way the child can understand. The adults responsible for the child should consider what they would want to know and understand if they were the child.

If adherence to this policy would do harm to children, exceptions can be made with P.A. approval in both the sending and receiving district. Other exceptions to this policy are placement with kin and placement with siblings. Placing with kin and placing with siblings are priorities, which take precedence over placement in the child's home community. In these situations the plan stating how the child will be moved back to their home community does not need to be completed.



	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

Children moving from a residential/group care setting to a foster home will still need the approval of the PA in the receiving district. However, in this situation the plan is to place the child in a family setting therefore the plan to move the child back to his/her home community does not need to be developed. Consideration should be given to the child's permanent plan.


At the time of placement the caseworker must review the Placement Agreement with the foster parent or relative provider, which includes information on MaineCare, board rates, expectations of the resource family and the department, corporal punishment statement, and medical provider information, educational plan and needs and other health issues as necessary. A copy of the child's health and education records should be supplied to the foster parent at the time of placement . If this is an emergency placement the Placement Agreement must be completed within 72 hours. The child is to be seen by a medical provider within 72 hours of placement for initial entry into care health screen, if this is a new placement in care.

Once the child is placed in a carefully chosen placement, the caseworker continues through regular contact and consultation with the child to assess progress made toward meeting the needs of the child, and to identify any areas in which the child or resource family may need increased support. For any new placement a face to face contact is required within the first two weeks of placement, with a phone call within one week if a visit is not made in that week.

Recognizing that the addition of a new member affects all members of the resource family, it is imperative the caseworker is alert to any subtle cues that the child or other family members may need additional support to help with the adjustment to changed family composition and dynamics. This includes following up promptly on any phone calls or other forms of contact initiated by the child or other family members to the caseworker in which any degree of anxiety, hesitation, or frustration is expressed . Prompt responses to seemingly inconsequential situations can prevent circumstances or emotions escalating to the point when a placement disruption may occur.

## **2. Exceptions to children being placed in a family setting.**

- a. A Pupil Evaluation Team (P.E.T.) recommends placement in a residential treatment center and this placement is approved by the Department of Education,
- b. A court sentences the child to a correctional institution as a juvenile offender, or orders placement in a specific type of facility,

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

c. The Office of Medical Services certifies the child as needing care in an Intermediate or Skilled Care Facility,

e. The child is a class member in the AMHI Consent Decree (resident at the Augusta Mental Health Institute on or after 1/1/88) and the Individualized Support Plan for the child includes another placement plan.

f. When there are no foster homes available. (Emergency placements only)

### 3. Cultural/Spiritual Considerations.


Placement is to be made with consideration of families where cultural, ethnic, and religious practices will be continued, valued, and advanced. If the foster family selected is not of the same ethnic heritage or general religious faith as the child, the foster family is expected to accept the child's differences and to facilitate the child's participation in his religious and ethnic community. The foster family may not impose their religious beliefs on the child.

4. Children will not be moved to a new foster home solely to be close to a parent who moved after the child's entry into care or custody. When parents move, they have responsibility to maintain reasonable contact with visits. A FTM should be used to develop a plan for contact and to identify any supports the family may need to maintain contact.

### 5. Out-of-State Placements

a. Out-of-state placements in family settings require ICPC approval .

For children placed out-of-state under ICPC supervision, visits are not necessary if the are conducted by the supervising agency monthly, with the majority of visits in the home, in conformity with federal and DHHS policy guidelines and timely written reports are required . Caseworkers with children in foster placement out of state must have at least one substantive phone conversation with the child monthly. The child must also have one face-to-face contact with a Maine OCFS caseworker at least once every 90 days. For children in out-of-state adoptive or permanency guardianship placements and for children placed out-of-state, with a plan to grant custody to another party, the supervising agency will conduct monthly visits, the majority in the home and include alone time with the child and the Maine OCFS caseworker will make one face-to-face contact with child once every 90 days with a final visit prior to adoption finalization or a court decision resulting in a change of custody.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

b. Out-of-state or distant in-state residential treatment centers, juvenile corrections facilities and other distant placements monthly contact by OCFS staff continues to be required.

6. Placement in an Unlicensed Foster Home is only allowed when:

A. A relative is identified and immediate placement is recommended.

B. A child places himself in an unlicensed home and that placement is being considered,

C. A previous relationship exists between a child and an unlicensed family with indications that it would be in the child's best interest to be placed in that home,


When considering placing a child or a child has placed him/herself in an unlicensed placement, the following procedures are required:

a. The caseworker will document in the child's record:

- The nature of the relationship and how it meets the child's needs and goals.
- Other placement resources tried that identified an appropriate licensed placement is not available,
- That the child selected his/her own placement which meets the wishes of the child and is in the child's best interest.
- That, because of a previous relationship, the placement is considered to be in the child's best interest.

b. The caseworker will assure that the proposed family is not known to child protective services, or if previously known, that there are no unresolved protective or child care issues.


c. The caseworker will assure that Financial Resource Specialist knows immediately that the child is in an unlicensed home.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

- d. The caseworker will provide the caregivers with information on the application process for licensing, provide an application packet and inform the district Resource Unit about the family for follow-up
- e. Prior to placement or within three days after a child places him/herself, the caseworker will complete a preliminary assessment to determine that the child's basic needs will be met by the family and that the child will not be in a unsafe situation. In an emergency situation the caseworker will do an initial assessment within two working days. The assessment will be documented and a copy given to the Resource Unit to facilitate the licensing process.

The preliminary assessment will include:

- An interview with the caregiver(s) to determine there is a reasonable expectation that they are mature and can exercise good judgment,
  - Observation of the physical facility to determine that there are no obvious dangers to health and/or safety, and
  - Observation of provisions for the child to determine that he will have meals, a bed, reasonable privacy, and a place to keep his belongings.
  - The preliminary assessment should include a SBI criminal background check, DMV and CPS history checks.
  - Results of the preliminary assessment will be documented in the case record, and it must be approved by the casework supervisor within 5 days.
- f. A completed, signed application for a foster or adoptive care license prior to placement, or within three working days of an emergency placement should be obtained by the worker or Resource Unit and the foster home study will be completed within 60 days of the placement.
  - g. The written foster home study will be completed within 60 days of the placement.
  - h. If the assessment, the criminal records report, the home study, or other source of information reveals that the placement is detrimental to the child or that the child is at risk in the home a plan will be made with the youth in a Family Team Meeting setting to identify either how to address the safety concern or where not possible, transition to a safer placement.


	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 4	Page 13

i. When a child has placed himself/herself in an unlicensed placement, and when any of the following conditions exist:

- The unlicensed caregiver refuses to apply for a license,
- The home under consideration cannot meet licensing standards,
- The child refuses to leave an unlicensed home, or
- The child rejects all appropriate placements offered,

Then, the following procedures will be carried out:

- The caseworker will assess and document the extent to which the placement is appropriate or inappropriate. If the child is believed to be in jeopardy, the caseworker will discuss the circumstances with the Supervisor and with the Program Administrator. If a child has placed himself in an unlicensed home, and if the results of the caseworker's assessment reveal that the placement is detrimental to the child's safety, a plan will be made with the youth in a Family Team Meeting setting to transition to a safer placement.
- If the child continues to refuse to move from the unlicensed placement, and if it is believed that the child is in jeopardy, the caseworker will consult with his/her supervisor and with the AAG to discuss options available to attempt to persuade the youth to accept appropriate placement.
- If the adolescent refuses to be moved from an unlicensed placement which can not meet the standards, and when the caseworker is unable to persuade the adolescent to move to an approved placement, the caseworker will:
  1. Within one week, notify the adolescent orally and in writing that the placement is not approved, and
  2. That no payment will be authorized.
  3. Within one week, give written notification to the unlicensed caregiver that the placement is not approved.
  4. Within one month from the date of the written notification, if the child has not accepted alternative placement, then the caseworker, after consulting with the supervisor and AAG, will follow the procedure set forth in Section VI, Subsection A, seeking a judicial review to request that the Court make a finding that the Department has offered all possible services and the child has refused an appropriate placement and to request

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

that the Court make an appropriate disposition for this situation to determine if custody should be remain with the department.

### **C. SUPERVISION OF OUT-OF-HOME PLACEMENTS**

#### **1. Monthly Contact Required**

Children being placed in out-of-home settings are experiencing tremendous upheaval in their lives. Child Welfare staff has an obligation to assist children in managing and understanding transition and uncertainty. To provide appropriate support to the child and the caregiver throughout the placement process, it is important to regularly visit children in their foster homes. Also, more frequent and timely face to face contact can prevent emerging concerns/problems/needs from becoming a crisis in the future. Frequent contact will further the concurrent permanency goals. Monthly contact is the minimum standard, with the majority of visits conducted in the child's placement.

These guidelines are offered to assist staff in their planning for providing support to children in out-of-home settings and their caregivers.


The purpose of ongoing routine and meaningful contact is to:

- a. Ensure the well-being, permanency and safety of the child.
- b. Facilitate and evaluate the placement adjustment of the child and the caregivers.
- c. Identify any problems/issues that could negatively impact the placement now or in the future and resolve them if possible and appropriate.
- d. Identify and evaluate service/treatment needs and outcomes.

#### **Recommended Procedures**

##### **I. Pre-Placement Information Gathering**

Safe, stable, nurturing placements that can meet the concurrent permanency needs of the child require that the caseworker gather as much information about the children and prospective caregivers as possible in order to increase the likelihood that the child and caregivers will be able to establish a positive relationship and that the child's needs will be met. Whenever practical, the home study on a prospective placement resource will be read prior to the actual

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

placement. When it is not possible to accomplish the above, the caseworker will read the home study within 10 days of the placement. If the study is not available in the caseworker's District or on MACWIS, a request for a copy of the study will be made by the District where the paper copy of the study is located, to be sent inter office mail.

At minimum the caseworker will:

- Seek information from the placement caseworker, and/or the licensing worker and/or the licensing supervisor both in the caseworker's District and in other Districts related to a prospective caregiver's strengths, challenges and preferences related to the child in need of placement.
- Look at the placement history of the caregiver to see why children have left their home in the past.


## II. Required Frequency of Placement Visits by Caseworker

2. New placement requirements: Best practice calls for children and their caretakers to be regularly visited in the new placement settings as follows:

- a. Visit at least once within the first 2 weeks of the placement. The caseworker should have at least one telephone contact with the child and caregiver within the first week of placement if unable to visit during the first week.
- b. Visit 4 weeks after the placement. There should be at least one telephone contact between the first and second visit.
- c. Visit once per month thereafter, in the child's environment the majority of visits, and providing alone time with the child. Monthly contact with the caregiver is required. Monthly contact with in-state youth in V-9 status is required. Monthly phone contact with youth in V-9 status who are placed out of state is required and face-to-face contact is required every 90 days with exceptions to the 90 day contact being approved by the supervisor and documented in MACWIS for out-of-state placements.

### Purposeful Face to Face Contact

With the goal of improving outcomes for Maine families and children, the caseworker must make at least one purposeful face-to-face contact with the child, the majority of visits should occur in the child's home each month and visits should afford the child alone time with the worker. Monthly contact is required

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

with the parents in reunification cases. Contact should include direct interaction with the foster parent or caregiver to exchange information about the child, evaluate safety needs and monitor service delivery as appropriate. The monthly plan for how contact will occur will take into consideration the wishes of the child and the family. In order to ensure that the child's educational process is not interrupted the child's school day (classes, lunch, recess, study halls, etc.) is not to be disrupted, with the exception of emergency situations. Frequent contact with parents has will positively influence their children's placement stability.


#### **D. SUBSEQUENT PLACEMENTS**

When the caseworker observes and documents a circumstance, which without team intervention, could potentially lead to disruption of placement, the caseworker applies all reasonable efforts to maintain the current placement, unless a move is warranted due to the child being unsafe in the placement. Prompt steps are taken to increase the level of support to the family to help alleviate stress. Unless an exception is granted by the Children's Services supervisor, the first step toward positive intervention is convening a Family Team Meeting. The purpose of the Family Team Meeting is to promptly recognize that a problem exists which could potentially intensify in degree to the point a disruption in placement becomes inevitable. To reduce this risk, the Family Team Meeting members strategize about what types of support can be offered to the child and family to assist with stabilizing the situation, by helping the family and child relationship continue to develop positively as they adapt to one another's needs and expectations.

When in exceptional situations, it appears a change in placement is inevitable, the change is well-planned and the child is adequately prepared for the transition. As in any initial placement, matching of the child's needs and the caregiver's ability to meet those needs is done through careful planning and team collaboration. The Department recognizes the importance of input from the child's parent, caseworker, the child who is age 6 and older, where age appropriate, and other significant adults in the child's life, who have the most relevant information about the child's behavior, likes, dislikes, talents, strengths, reasons for placement, and concurrent permanency goals.

The transition planning period is no shorter than 14 days, during which time a review of the child's adjustment to the current home takes place, and problem areas which may re-surface as issues in the subsequent placement are identified. Once again, careful deliberation and planning goes into choosing an appropriate caregiver who can meet the multiple needs of this child. It is important the child play an active role in the choice of caregiver, as the child is in



	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<i>Effective Date</i> August 8, 2008		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 4	Page 17

the best position to articulate the characteristics of a family which would best meet his or her needs and desires.

The prospective caregiver is thoroughly informed of the child's needs and concurrent permanency goals and is made aware of the issues which contributed to the first placement disrupting. The caseworker, caregiver, and other team members, including the child, if age-appropriate, discuss what problems they may anticipate as the child and family members adjust to one another. Plans are made for how to communicate quickly on any issues that may require re-convening a Family Team Meeting.


Planning for the next placement move involves helping the child discuss feelings about living in and leaving the current home, as well as discussing feelings about moving to a new home. The child has, in all but exceptional circumstances, the opportunity to participate in a pre-placement visit in the new home. Any exception to the 14 day transition planning period and/or to the pre-placement visit occurring may be made only with consent of the Children's Services Supervisor.

Placement changes include those which are viewed as positive, leading towards permanency outcomes, such as moving children from residential placements to less restrictive placements; or such as reuniting siblings; or placements with relatives or fictive kin. As with placement changes precipitated by unresolved issues, these positive placement changes also require careful planning and preparation of the child and resource family.


Recognizing the extreme importance of placement stability and the necessity for careful planning around any precipitous changes in placement, Child Welfare caseworkers are required to follow careful procedures to minimize trauma experienced by the child while living in an out-of-home placement.

**PROCEDURE:**

1. Placement changes are made only after all alternatives for supporting the current placement have been identified, considered, and if possible utilized. This includes the convening of a Family Team Meeting to explore supports to put into place to help maintain the current placement. The only exception to this is when continuation of a placement is not in the best interests of a child's safety, well-being, and permanency. The exception to convening the FTM and to putting supports in place to maintain the placement requires approval by the Children's Services Supervisor.


	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<i>Effective Date</i> August 8, 2008		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 4	Page 18

2. Documentation must exist (in the FTM minutes, Child Plan, or narrative log) of the efforts made and of the supports in place to maintain the placement, as well as the rationale for justifying that a change in placement, if needed, is in the best interest of the child.
3. When a request is made by the child, parent, caregiver, guardian ad litem, or other significant team member to remove a child from the current placement, the caseworker must assess the possibility of ameliorating the problematic circumstances in a timely and comprehensive manner. The caseworker convenes a Family Team Meeting to assist with exploring alternatives to moving the child which can instead improve the stability of the current placement.
4. When the team's best efforts to maintain the placement are not successful and a placement change is imminent, and when parental rights are intact, the caseworker provides timely notice to the birth parent and other siblings in care of the planned move of the child to a new placement. In most cases, the birth parent will be aware of the change in placement through his/her participation in the Family Team Meeting which must precede a change in placement. In all situations where possible the Guardian ad litem should be a participant in the Family Team Meeting. When that is not possible, their opinion on the move should be sought and considered prior to the move.
5. A fourteen day period of time must exist, in all but exceptional cases, between the decision made by the team that a change in placement is necessary and the time when the child actually moves. This fourteen day period of time allows all involved parties to be fully apprised of the need and rationale for the placement change.
6. The fourteen day period also allows the caseworker and other supportive adults to help the child process feelings related to the move to a new placement. With the help of the caseworker, the child has the opportunity to inform and say good-bye to those with whom s/he may no longer have close daily contact. The caseworker helps the child think of ways in which s/he may continue to have some form of contact with friends and significant others with whom s/he interacted while living in the current out-of-home placement.
7. The caseworker arranges for a pre-placement visit of the child to the new resource placement. This visit takes place routinely in all but exceptional

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<i>Effective Date</i> August 8, 2008		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 4	Page 19

circumstances, which must have the approval by the Children’s Services Supervisor.

8. If the child’s placement change results in a change in health care providers, the caseworker or caregiver locates appropriate providers near the new placement. There is communication with the previous medical provider(s) to inform them of the move and to address any ongoing medical issues that need attention. The caseworker transfers the child’s portable health record to the new care providers. The caseworker assists the new caregivers in meeting their responsibilities relating to the child’s health care needs.
  
9. If the change in a child’s placement requires the child to be enrolled in a new school, the caseworker follows the guidelines set forth in V.K-3, School Transfer Policy and Practice for Children in Care. This includes the caseworker requesting the sending school to transfer the child’s records promptly to the receiving school. The caseworker ensures a child with special education needs is assigned a surrogate parent to advocate for educational needs of the child being met.
  
10. The caseworker or caregiver makes every effort to assist the child in visiting the new school prior to beginning attendance at the new school. The caseworker works with school staff to arrange to have someone help the student acclimate to the new school during the first few days of attendance. Similarly, the caseworker assists the child by ensuring the child has the opportunity to say good-bye to friends and teachers in the previous school and has information on methods to maintain contact with friends and other meaningful individuals from the school. The child’s education records should be shared with the new placement resource.
  
11. When the foster child move from one resource home to another placement, it is important the departure not cause further trauma to the child. The caseworker should work with the child or youth and with resource family members to help them agree upon ways to continue contact where it is in the best interest of the child. It is important for the child to hear affirmation that the resource family saw positive value in the child residing in the home. The child will benefit from hearing from the resource family that they wish the child well as the child moves to the new placement. The child should be given photos or mementos which can be added to the Life Book as a reminder of the child’s stay in this home.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>		<i>Effective Date</i> August 8, 2008	
	<b>Services to Children in Substitute Care</b>		Section 3	Subsection 4

12. The caseworker maintains an up-to-date record in MACWIS of the child's current placement.

a. At anytime there is a change in placement it is imperative that the change is recorded in MACWIS by 4:30PM of the day in which the placement change is made to assure appropriate payments are made and to assure no opportunity for a child's whereabouts to be unknown.

b. If the worker is aware the change is occurring the placement change can be made prior to going out, otherwise arrangements must be made for a duty worker to make the placement change if the caseworker is not returning to the office.

13. A FTM should be held within 45 days of the new placement to assess progress made toward meeting the needs of the child, and to identify any areas in which the child or resource family may need increased support. Recognizing that the addition of a new member affects all members of the resource family, it is imperative the caseworker is alert to any subtle cues that the child or other family members may need additional support to help with the adjustment to changed family composition and dynamics.

14. Should a child/youth be leaving custody their health and education records are supplied to the child at no cost, regardless if leaving is due to reunification, adoption, or attaining the age of majority.