

## **Introduction**

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## TABLE OF CONTENTS

### I. INTRODUCTION

A.	Purpose.....	1
B.	Legal Base.....	1
C.	Glossary.....	3
D.	Documentation.....	10
1.	Record Keeping.....	10
2.	Correspondence.....	10
3.	Narrative Recording.....	11
4.	Documentation and courts.....	11
5.	ISP Documentation Requirements for Children in Out-of-Home Care.....	11

## I. INTRODUCTION

Out-of-Home Care is defined as services for children in the Department's custody or planning responsibility who reside outside of their own home on a 24-hour basis in a relative's home, an approved foster family home or a licensed facility. Additionally, this can include children in the Department's custody who are placed in their own home. Services are determined through the individualized service planning process.

Historically the Department has used the term 'foster care' to include children in all placements. With the release of this policy, the term Out-of-Home Care includes all children placed outside of their own home in any type of setting and for whom the Department has planning and placement responsibility. This may include children in the Department's custody who are placed in their own homes through court concurrence. These policies have as a basis the right of children to have permanency in their lives whether living in their own home or a permanent alternative.

### A. Purpose

*Out-of-Home Care Policies and Procedures* is a framework for County Departments to provide services to the child who is in care, to the birth families and relatives and to foster parents/providers. Services include assuring placement appropriate to the needs of the child; counseling and rehabilitation service for the child, the parents and relatives of the child; services to the foster care provider; and planning for the child that is goal-directed and time limited. Other policies (*Individualized Service Plans, DHR Partnerships with Children Their Families and Providers*) provide child welfare staff with practice requirements, while *Out-of-Home Care Policies and Procedures* provides requirements specific to children in out-of-home care. Emphasis is placed on developing a permanent plan for a child upon entry into Out-of-Home Care. To the extent that the permanent plan is for a child to return home, emphasis is placed on building parental/caregiver protective capacities so that the child may safely return home.

### B. Legal Bases

The State Department of Human Resources is required, in accordance with the provisions of the Code of Alabama 1975 §38-2-6 (10) (14) to seek out and provide care and protection to dependent, neglected, and abused children. This includes completion of a comprehensive, both physical and mental, evaluation of each child, assessment of the family environment, and placement of such child in substitute care outside the child's own home when necessary.

The Social Security Act Title IV, Part E provides federal regulations and requirements regarding services to children in out-of-home care necessary to obtain federal funding for children. These federal regulations include, but are not limited to:

- making reasonable efforts to preserve and reunify families;
- determining if specified criminal acts preclude reasonable efforts being required;
- developing an individualized service plan (case plan) for each child in care;
- considering adult relatives as placement resources for children;
- providing foster care maintenance payments for eligible children;

- reporting of known or suspected child abuse, neglect or exploitation;
- establishing and maintaining standards for foster family homes and child care institutions;
- reviewing of standards and payments referred to above;
- determining that reasonable efforts shall assure that a child's health and safety are paramount;
- assuring that children have permanency hearings as prescribed; and
- planning concurrently for an alternative permanent living arrangement while pursuing a first plan of choice.
- termination of parental rights;
- performing criminal records checks of prospective adoptive and foster parents;
- providing medical insurance coverage (Medicaid) for eligible children; and
- training of prospective foster parents before children are placed in their home.

In addition to following federal and state statutes, Alabama has established goals and practice principles that promotes the safety and well-being of children and their families. Specifically related to permanency, the goals and principles are:

- The Department's "system of care" shall promote permanency in children's living situations;
- When the goal is that the child shall return home or be discharged to a family member, the Department's "system of care" shall seek to achieve this goal;
- When the goal of return home or discharge to family has been achieved, the Department's "system of care" shall seek to avoid reentry of the child into foster care;
- The Department's "system of care" shall make timely, competent decisions concerning whether and when children should return home;
- When a decision is made that a child should not return home, the Department shall seek a timely permanency hearing [Code of Alabama 1975 §12-15-312(e) and §12-15-315(a)(b)]; and
- When the determination is made that return home is not an alternative for the child, the Department's "system of care" shall vigorously seek a permanent living situation for the child.

Alabama child welfare goals and principles also address individualized service planning, developing a comprehensive array of services to address children's and families' identified needs, and working toward the desired case outcome that children have safe, stable placements and permanent living situations.

Federal requirements, state statutes, and the Department's practice share a key set of principles which include, but are not limited to:

- children's safety and health are paramount and must guide child welfare practices related to the planning, delivery, and monitoring of services for children and families;
- foster care is a temporary setting, not a place for children to grow up; and
- permanency planning must begin early in the casework process and shall be expedited by the timely delivery of quality services.

### C. Glossary

**Acquired Immune Deficiency Syndrome (AIDS)** – AIDS is a medical condition characterized by neurological disease and/or a defect in the body's natural immunity against disease. AIDS, therefore, involves a breakdown of the immune system and an inability of the body to defend itself against unusual cancers or opportunistic infections which normally are either not found or which usually produce only mild symptoms. AIDS is caused by a virus known as Human Immunodeficiency Virus (HIV).

**Adult in Need of Protective Services** – A person age 18 or over whose behavior indicates that he/she is mentally incapable of adequately caring for him/herself and his/her interests without serious consequences to him/herself or others, or who, because of physical or mental impairment, is unable to protect him/herself from abuse, neglect, exploitation, sexual abuse or emotional abuse by others, and who has no guardian, relative, or other appropriate person able and willing to assume the kind and degree of protection and supervision required under the circumstances § 38-9-2 (2), Code of Alabama(1975).

**Adult Service Systems** – An array of federal, state, and community agencies available to assist adults.

**Advocacy** – The promotion of governmental and agency responsiveness to individual and family needs. Advocacy may be aimed at obtaining services, securing entitlements, and/or protecting rights. Advocacy may be provided by self-advocacy and consumer groups as well as by professional or legal organizations.

**Age-Appropriate Child** - A child age 10 and older (except a child with severe intellectual disabilities), or a child under age 10 who is intellectually capable of understanding and communicating ideas and opinions concerning the subject matter being discussed or considered.

**Ageing Out** – Exit from the system of care occurs on a youth's nineteenth or twenty-first birthday. These ages are based on Code of Alabama 1975 provisions related to the age of majority and juvenile court jurisdiction, respectively. Youth age out of the system at 19 when they are receiving on-going protective services in their own homes without a current court order in effect. All youth, without exception, exit care on their twenty-first birthday.

**AIDS-Related Complex (ARC)** – ARC is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has symptomatology that does not meet the definition of AIDS.

**Antecedent** – An event or any series of events ("reasons," "causes," or "prior learning") that contributes to a behavior's occurrence or frequency.

**Behavior Management** – Treatment interventions that teach or increase the frequency of desirable behaviors and/or modify or extinguish undesirable behaviors by (1) using reinforcers and/or punishments or (2) altering or controlling the environment and other events or conditions affecting behavior. These interventions include, but are not limited to, systematic behavior modification, social control by adults or peers, levels system, isolation, medication, seclusion, and restraint.

**Building Based Staff Support Team (BBSST)** – A process in the public schools of Alabama whereby a child must receive prereferral interventions prior to being referred for special education services. The BBSST will develop strategies aimed at helping a student to remain in the general school curriculum.

**Case Review Committee** – A subcommittee of the State Facilitation Team. The purpose of the Case Review Committee is to review individual cases referred by Local Facilitation Teams to develop plans and assist with funding.

**Child** – For purposes of providing services to children who are in the Department's care and for whom the Department has planning responsibility, the definition of a child is: an individual who is either of the following: (a) A person under the age of eighteen (18) years. (b). A person under the age of 19 who is in need of protective services and does not qualify for adult protective services under Chapter 9 of Title 38.

Child is also defined for purposes of providing services as an individual who is in out of home care and has attained the age of 18 but has not attained the age of 21 and meets one of the following conditions:

- The child is completing secondary education or a program leading to an equivalent credential; or
- The child is enrolled in a post secondary or vocational education institution; or
- The child is participating in a program or activity designed to promote or remove barriers to employment; or
- The child is employed for at least 80 hours a month; or
- The child is incapable of doing any of the above described activities due to a medical condition which is supported by regular documentation in the individualized service plan.

**Note:** This is only applicable for children in the Department's custody at the time of their 18th birthday. If entering care on or after their 18th birthday, consultation with SDHR is required.

**Child and Family Planning Team** – This Team consists of individuals involved in planning and or delivery of services for a child and family. The team should include the parents, the age-appropriate child, others requested by the family or child, the DHR worker, the foster care provider and other service providers if any. The Team's work product is known as the individualized service plan (ISP).

**Child's Home** - The physical environment or location of the family unit in which the child resides or was residing with a caregiver in a significant relationship prior to removal or placement in DHR custody or care.

**Child Support** – Court-ordered support paid by a child's parent to the person/entity holding custody of the child.

**Close Proximity** – A child is placed in the same neighborhood, community, or if that is not feasible, the home county of a child.

**Community** – The area served by the school system where the child attends if that area includes the physical neighborhood where the child and his/her family live.

**Consequences** – An event following a behavior which is used in managing the behavior and teaching self-regulation

**County of Origin** - The County in which the child's home was located, at the time the child entered care.

**Crises** – Behavior management defines crises as a situation where seclusion, restraint, or medication is used to protect children from a behavior which could seriously harm the child, harm others or cause substantial property damage and an appropriate Qualified Child Care Professional (QCCP) is not available to examine the child and assess the child's physical and psychological condition.

**Crises Plan** – A plan developed in partnership with the age-appropriate child and the family to protect the child in the event a behavior is displayed which could harm the child, harm others or cause substantial property damage.

**Discipline** – The process of teaching a child healthy behaviors by responding to the behaviors in a manner that develops and promotes self-control and self-esteem.

**Eligible Youth** – Independent living eligible youth in Out-of-Home Care or in open protective service cases who are age fourteen (14) and older are eligible for independent living services. Also eligible are former foster care recipients between ages eighteen and twenty-one who request program services and who were in Out-of-Home Care at the age of eighteen. The funding to provide services is determined by current and past custody status.

**Emergency Situation** - A situation where the child is at imminent risk of serious harm and action to protect the child must be taken before a child and family planning team can be convened to develop an ISP or revise an existing ISP.

**Family** - A biological, adoptive or self-created unit of people residing together consisting of an adult(s) and child (ren) with the adult(s) performing duties of parenthood for the child (ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings, or others with significant attachments to the child living outside of the home are included in the definition of family.

**Fetal Alcohol Spectrum Disorder (FASD)** – FASD is an umbrella term used to describe the range of disabilities caused by prenatal exposure to alcohol. Prenatal exposure to alcohol is a leading cause of preventable birth defects. It is a life-long condition. A child with FASD becomes an adult with FASD. There is no cure for this syndrome and the damage is irreversible.

**Foster Care Disruption** – Unplanned circumstance in a foster care placement resulting in the need to remove a child from the current placement.

**Foster Parent** – A provider who meets the Minimum Standards for Foster Family Homes.

**Friend** – A person other than a family member with whom the child has a significant attachment. Friends include both adults and children, such as former foster parents and children from previous foster care placements.

**Health Insurance Portability and Accountability Act (HIPAA)** – HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law, which creates regulations to ensure that personal medical information shared with doctors, hospitals, and others who provide and pay for healthcare is protected. The HIPAA privacy rule does the following:

- Imposes new restrictions on the use and disclosure of personal health information;
- Gives clients greater access to their medical records, and
- Gives clients greater protection of the medical records.

**Human Immunodeficiency (HIV)** – HIV is the acronym for Human Immunodeficiency Virus. This is the current name for the virus that causes AIDS.

**HIV Positive** – This means that a blood test has indicated the presence of antibodies to the HIV virus. At some point the person has been exposed to the virus and the immune system has responded by producing antibodies. This condition does not inevitably begin a progression to ARC or AIDS, although it may. The virus can be transmitted through risky behavior of an individual.

**Interstate Compact on the Placement of Children (ICPC)** - ICPC provides guidelines to ensure protection and services to children who are placed across state lines for Out-of-Home Care or adoption. The compact is a uniform law enacted by all fifty (50) states, the District of Columbia, and the U. S. Virgin Islands.

**Individual Education Program (IEP)** – The IEP is a written document that is developed for each public-school child who is eligible for special education. The IEP is designed to meet the child's unique educational needs. The IEP is created through a team effort and reviewed at least once a year.

**Incentives** – An item or money used to motivate youth to learn/practice a skill or work on improving any area in their lives that will lead to independence (e.g., education, attending IL teen group, job search).

**Individual Service Plan (ISP)** – The case plan which is created in partnership with the members of the child and family planning team. It includes:

- identification of the child(ren) and family's strengths and needs;
- goals the child(ren) and family work towards to reach the desired case outcome; and
- steps to be taken by individual child and family planning team members to authorize and deliver services, and to measure progress toward goals.

**Institution** – A psychiatric hospital, a psychiatric ward of a general hospital, and facility operated by DMH or DYS, or a detention facility. It does not include a childcare institution, group home, group foster home, or foster family home (including a therapeutic foster home) or other similar placement.



**Independent Living** – An alternative living arrangement whereby youth live in community-based housing rather than in Out-of-Home Care. Ideally, this allows youth the opportunity to continue the decreased care and supervision so they will ultimately be responsible for their own care and will ultimately be prepared to live on their own in the same location when DHR no longer holds custody.

**Independent Living Program (ILP)** – The program established by the Foster Care Independence Act of 1999, (Chafee Independence Program) that provides states with funding and increased flexibility to help eligible youth transition to independent living.

**Independent Living Services (ILS)** – Services provided to eligible youth to assist them in the transition from the dependency of childhood to living independently as an adult.

**Isolation** – Isolation must be used only in rare circumstances. It applies to children placed in residential and/or treatment settings and must be used as a last resort as a behavior management and treatment method. The physical placement of a child in an unlocked room for a time-limited period including:

- isolation of a child in an unlocked room other than the child’s own room; or
- isolation of a child age 10 or over in his/her own room for more than two hours; or
- isolation of a child under age 10 in his/her own room for more than one hour; or
- repeated confinement of a child in his/her room or any other room (including time-set) that subjects the child to lengthy social isolation. (This does not refer to social isolation when a child is briefly denied interaction with others in the child’s environment as a treatment intervention (e.g. conversation and activity with the child are not allowed).

**Life Skills** – A range of skills that need to be developed or enhanced to move youth toward adulthood and allow them to act effectively in social roles and environments. Skills fall into two major categories, tangible or “hard” skills and intangible or “soft” skills.

Tangible skills are the basic skills that provide youth with the ability to:

- manage one’s own basic needs for food, shelter, health care, and clothing;
- obtain and maintain a job to provide income;
- obtain and maintain shelter; and

Intangible skills are the interpersonal skills related to:

- effective communication, decision-making, and problem-solving;
- the personal attributes of self-esteem;
- the youth’s ability to maintain self-control, confront anger, manage past losses, develop relationships; and
- the assumption of responsibility for one’s own actions.

**Living Independently** – Youth who are discharged from the system of care and are responsible for their own care and support. These youth may be (1) living in a home of their own, (2) sharing a home with friends, or (3) living in a home with family or relatives.

**Local Facilitation Team** – A county team composed of representatives of the member agencies. The purpose is to assess 1) referrals of children for acceptance by the team and 2) to develop individualized service plans to meet the needs of each child accepted by the team. Local teams shall include additional individuals (e.g., parents, foster parents and service providers) to ensure that case planning is in accordance with Alabama’s practice and DHR’s Individualized Service Plans and DHR Partnerships with Children, their Families and Providers policies.

**Member Agencies** – Those agencies listed in the Code of Alabama, 1975, §12-15-1 (19), whose representatives compose the multiple needs child state and local facilitation teams. The agencies are the Department of Human Resources, Department of Youth Services, the Department of Public Health, juvenile court probation services and the Department of Mental Health.

**Neighborhood** – The physical area in which the home is located.

**Out-of-Home Provider** – A provider of Out-of-Home Care for a child in any of the following settings: the home of relatives, a foster family home, a therapeutic foster family home, a group home, a shelter home, a child care institution, a hospital or another residential facility.

**Parent** - A father or mother, an individual appointed as legal custodian or guardian or an individual acting as a father or mother. This may include, but is not limited to, a relative rearing a child for an absent family member, a godparent assuming a parent’s role when the parent is deceased, etc.

**Permanency/Concurrent Goals**– The permanency/concurrent goal is the desired outcome or permanent plan for a child that the ISP is designed to achieve. Permanency goals are determined in partnership with age-appropriate children and their family during the ISP process. Permanency goals listed in the order in which they are to be considered for children in out-of-home care are:

1. Return to Parent (Reunification);
2. Permanent Relative Placement with Transfer of Custody to the Relative;
3. Permanent Relative Placement with DHR Retaining Custody;
4. Adoption by Current Foster Parents;
5. Adoption with No Identified Resource;
6. Kinship Guardianship

**Placement in Close Proximity to Home** – A placement that permits the child to remain in his or her neighborhood or community and attend his or her same school, or if that is not feasible, a placement in the child’s home county that (a) permits frequent visiting between the child and his or her family; (b) permits parents to retain a level of a parenting responsibility sufficient to sustain a strong relationship with the child and to support attainment of the permanency goal; and (c) permits the child to remain in his home school, when permitted by school authorities.

**Positive Youth Development** – A coordinated, progressive series of activities and experiences which help youth to become socially, morally, emotionally, physically, and cognitively competent.

**Protection of the Child** – The means of (1) preventing conduct that would place the child’s safety at risk; (2) preventing conduct that would substantially inhibit the attainment of the goals of the safety plan or the permanency goal of the ISP; and (3) preventing the child from being subjected to intimidation regarding investigative statements or court testimony.

**Provider** – Any individual, agency, or organization that utilizes behavior management interventions while serving children in the custody and/or planning responsibility of the Department of Human Resources.

**Provisionally Approval Foster Home** – A statutorily set approval status for foster family homes in which a foster family home may be approved in an emergency situation for a specific child or sibling group in the custody/planning responsibility of the Department. The provisional foster home should be in close proximity to the child’s home. Provisional approval can only be given to a foster family home for a six (6) months period and cannot be renewed. After six months, the foster family home must come into full compliance with Minimum Standards for Foster Family Homes.

**Psychotropic Medication** – Drugs prescribed for their effect on mood, thought, or behavior excluding non-psychotropic drugs such as those prescribed for physical conditions (e.g., antibiotics, insulin).

**Punishment** – Taking away something desirable or adding something undesirable to cause a decrease in the occurrence of a behavior.

**Qualified Professional** - (see Provider Manual for Rehabilitative Services)

- A physician licensed under Alabama law to practice medicine;
- A master’s level psychologist or a psychological technician licensed under Alabama law;
- A master’s level professional counselor licensed under Alabama law;
- A master’s level social worker (non-DHR employee) licensed under Alabama law who has specialized training in psychiatric care; or
- A registered nurse who has completed a master’s degree in psychiatric nursing.

**Reinforcer** – A response, such as a praise or a tangible reward, that strengthens a desired behavior. Reinforcers can also involve taking away something undesirable (e.g. room restriction) to increase the likelihood of appropriate behavior.

**Relative** – Statutorily defined, a relative is “an individual who is legally related to the child by blood, marriage, or adoption within the fourth degree of kinship, including only a brother, sister, uncle, aunt, first cousin, grandparent, great-grandparent, great aunt, great uncle, great-great grandparent, niece, nephew, great niece, great nephew, or a stepparent.

**Residential Provider** – A foster care provider other than a foster parent, including a provider delivering care in any of the following licensed or license-exempt settings: group home, child-placing agency, child care institution, DYS facility, DMH facility.

**Restraint** – Restraints must be used in rare circumstances and never for punishment/discipline. Restraining is limiting or restricting a child’s freedom of movement or use of the limbs.

- **Mechanical Restraint** – Restricting a child’s freedom of movement or use of limbs or body by applying devices such as cuffs, ties, nets, tubes, bags, straps, head gear, etc.
- **Physical Restraint** – Restricting a child’s freedom of movement by physically holding the child for an extended period of time or repeatedly over time.

**Reward** – A response given to acknowledge and support desired behavior. Examples are social rewards (e.g., smiles, hugs), material rewards (e.g., money, ice cream cone) and activity rewards (e.g., going to the park, playing ball with a friend).

**Safety** - Protection from neglect, physical injury, emotional or sex-related abuse.

**Safety Plan** - A plan for immediately protecting a child in an emergency situation, developed in partnership with the family and the age appropriate child when possible.

**Seclusion** – Seclusion shall be used in rare circumstances. The isolation of a child in a locked seclusion room, a locked time-out room, or any other locked room or place of confinement.

**Service Providers** - Individuals, families, agencies, or organizations that provide or could provide a service or services to children and families.

**Siblings** – A full, or half, biological or adopted brother or sister. Siblings have a biological or adoptive relationship. Since the Department is a title IV-B and title IV-E agency, a sibling means an individual who is considered by state law to be a sibling or who would be considered a sibling under state law if it were not for a disruption in parental rights such as termination of parental rights or death of parent(s). Therefore, in planning for a child in the Department’s care/custody, children can maintain sibling status if parental rights of either sibling’s parent have been disrupted. Stepbrothers and stepsisters cannot be considered siblings, as there is no biological or adoptive relationship; however, situations may exist in which planning for stepbrothers and stepsisters may coincide. (Social Security Act §475(12)).

**State Facilitation Team** – A state team composed of representatives of the member agencies whose purpose is to develop and implement state interagency plans for multiple needs children and to develop guidelines, procedures and resources for services to meet the needs of multiple needs children.

**Support System** – A dependable network of reliable and responsible individuals who can provide youth with a sense of belonging, membership, safety, approval, and continued adult guidance as needed.

**Transitional Living** – An alternative living arrangement that provides foster youth (ages 17 through 20) with opportunities to practice independent living skills in a variety of on-campus settings with decreasing degrees of care and supervision.

**Trial Home Visit** – Independent living defines a trial home visit as a placement lasting no longer than six months (unless court ordered for a longer period of time) in which the youth physically resides with parent(s) or non licensed relatives and DHR retains legal custody. If the visit exceeds six months and the court has not authorized the longer visit, ILP funds may not be used for the youth’s IL activities. The trial home visit that involves an out-of-state resource must coordinate through the ICPC Office at SDHR.

**U. S. Department of Health and Human Services (HHS)** – The federal agency that provides funding for the Chafee Independence Program. (AKA Independent Living Program)

**Youth Advisory Council (YAC)** – The council established to provide a forum for teens to participate in planning their IL programs and activities. It is also a tool to allow them an opportunity to develop leadership and decision making skills. Youth Advisory Councils are formed at county, regional, and state levels. County staff facilitates County Youth Advisory Councils. State staff facilitates regional and State Councils.

#### D. Documentation

Documentation is the manner in which the Department justifies any actions taken by the Department or services provided to children and families. It involves entering into the case record and FACTS any dates and events that are important to the actions taken by the Department in providing services or making decisions about a case. Proper documentation helps to clarify the worker's thinking, facilitates appropriate decision-making, and enables the

material in the record to be clearly understood when shared with others. The value of proper documentation in working with natural parents is to build a record of casework action and parental behavior that will support the child's return home, or if the evidence does not support the child's return home, provide legally admissible evidence that will support filing a petition for termination of parental rights. If termination of parental rights is not sought, the narrative section of the case record must document and support a compelling reason not to do so.

##### 1. Record Keeping

Since intensive work with parents toward return home of the child tends to generate a great deal of activity, (e.g., visits between parents and child, telephone calls and visits between parents and worker, contacts with other agencies) it is important for workers to maintain a record of the details involved.

##### 2. Correspondence

A copy of all correspondence is to be maintained in the case file, including appointment letters and return receipt requested registry cards (when trying to locate, or obtain response from a parent or other person in the case; staple the registry card to copy of letter). It is important to confirm in writing to parents the substance of telephone calls or interviews with them about case planning. Such letters are especially good documentation to have when ISP steps are not working, are not feasible, or parents refuse to cooperate. On occasion, such letters can be attached to court reports as documentation. Arrange correspondence in chronological order with the most recent communication on top.

##### 3. Narrative Recording

The narrative section of the family's case record captures the family's history with the department. It allows child welfare staff to document information gathered and to justify actions taken by the child welfare worker. The narrative recording should be arranged in chronological order with the most recent entry at the end of the narrative. The purpose of the narrative is to enable the worker to elaborate as needed on individualization of the client and document the workers' ongoing professional opinions. **Narrative recording should be concise, pertinent, and entered into the case file in a timely manner (30 calendar days but no later than 45 calendar days).** Dates and events should be clearly connected, particularly in summary recording. Language should be used that is

specific, concrete, descriptive and with examples, where appropriate. Verbatim quotes from the child or family or from collateral contacts may be used when they are important in the case. Collateral quotes may aid in the disposition of the case, particularly when the case goes to court. Avoid generalities, such as “successful or unsuccessful visit” in parent/child visitation. All appointments made with parents should be recorded, including whether or not they were kept, and if not, the reason. The worker’s impressions, opinions, etc. shall be included, and must be labeled as such. The ISP is to be clearly stated and so labeled initially, at six months reevaluations, or when changed.

Include at the close of each entry the date of the entry is made, and the caseworker’s name. After proofing the narrative entry, the child welfare worker must initial or sign at the end of the entry beside his/her typed name.

#### 4. Documentation and Courts

An integral part of working with children in Out-of-Home Care and their families is work with the juvenile/family court. From the decision to petition for custody, to seeking child support, to making permanent plans for a child, the Department will be involved with the court. The Out-of-Home Care Policies and Procedures references work with the courts in several sections as it applies to each section. A “Social Worker Guide to Working with the Courts,” a tool to assist child welfare staff to work with the court, is located in the Appendix and should be reviewed by child welfare staff. Court reports are an important part of the case record documentation and should be complete, factual, and concise. Case records should be well documented, since they are admissible as evidence in court in the event they are subpoenaed. A well-documented case record is invaluable to the worker who must prepare a case for court and/or testify. Every case should be viewed from the beginning, however unlikely, as a potential termination of parental rights case with documentation that supports a court petition to terminate parental rights.

#### 5. Individualized Service Planning (ISP) Documentation Requirements for Children in Out-of-Home Care

The Social Security Act, Title IV, Part E, Section 475 (5) sets forth the requirement that each child in Out-of-Home Care will have a case plan designed to achieve permanency. The ISP (DHR-FCS-2117) and the Addendum for Children in Out-of-Home Care (DHR-FCS-2118) serves as the case plan to meet federal as well as state statutory requirements. *Individualized Service Plan Policy* applies to children in Out-of-Home Care.

The Addendum for Children in Out-of-Home Care (DHR-FCS-2118) was developed to capture and document information on children placed in Out-of-Home Care pursuant to a court order granting DHR custody or an Agreement for Foster Care (PSD-BFC-731). The Addendum for Children in Out-of-Home Care must be completed on each child who enters Out-of-Home Care within ten (10) days of that child’s removal from home. The completed form must be reviewed and approved by the worker’s supervisor. The Addendum must be reviewed after all ISP team meetings and updated when information captured on the form has changed. Refer to *Individualized Service Plan Policy, Forms and Instructions*, for a detailed discussion of the Addendum for Children in Out-of-Home Care.