Placement of Children

Effective November 1, 2007
Revised March 1, 2009
Revised October 1, 2011
Revised May 03, 2013
Revised July 10, 2014
Revised January 21, 2015
Revised March 16, 2017
Revised October 2, 2017
Revised October 30, 2017
Revised August 17, 2020
Revised June 28, 2021
Revised August 5, 2021
Revised September 28, 2022
Revised April 17, 2023
Revised January 2, 2026
Revised April 1, 2026
Revised October 5, 2026

TABLE OF CONTENTS

II. PLACEMENT OF CHILDREN

A. Authority to Place 1

1. Voluntary Placement 1

2. Court-Authorized Placement 4

B. Preparation for Placement 4

1. Preparation of the Child 4

2. Preparation of the Parents 5

3. Preparation of the Out-of-home Care Provider 6

C. Placement Requirements 8

1. Close Proximity 9

a. Children Covered by Policy 9

b. Proximity of Placement Policy for Children Placed with Child Placing Agencies 9

c. Court Orders 9

d. Making Placements in Close Proximity to the Child's Home 10

e. Selecting a Placement 11

f. Selecting a Placement for a Child Who Requires Specialized Services 11

g. When Children May Be In Placements That Are Not In Close Proximity to Their Home 11

h. Contact With Family and Friends When Not Placed in Close Proximity to Home 12

2. Placing Siblings Together 12

a. Children Covered by These Policies 13

b. Sibling Placement Policy for Children Placed With Child Placing Agencies 13

c. Court Orders 13

d. Placing Siblings 13

e. Selection of a Placement for Siblings 14

f. When Siblings May Be Placed Apart 14

g. Application of Sibling Placement Policy to Siblings Separated for Long Periods in Out-of-Home Care Prior To Issuance of This Policy 16

h. Contact Among Siblings When Separated 16

D. Choosing the Least Restrictive Setting 16

1. Relative Care 17
   a. Kinship Care 17
2. Foster Family Homes 17
   a. Related Foster Care 18
   b. Foster Homes of DHR Employees 18
      i. County DHR Employees 18
      ii. State DHR Employees 19
      iii. DHR Employees As Relative Placements 19
      iv. DHR Employees As Respite Providers 19
      v. Payments to DHR Employees Approved as Foster Parents 19
   c. Foster Family Homes Serving as Maternity Homes 20
   d. Therapeutic Foster Care 20
   e. Therapeutic Foster Care with Enhanced Services 21
   f. Enhanced Foster Care 21
      i. Requirements for Use of Enhanced Foster Care 21
      ii. Required Training to be Provided by Administering Agency to Foster Parents 22
      iii. Necessary Support Services for the Enhanced Foster Parents to be provided by the Administering Agency 23
      iv. Responsibilities of County Departments of Human Resources 23
      v. Funding 24
   g. Provisional Foster Care Placements 24
   h. Unrelated Free Home 25
3. Child Care Institutions and Group Homes 25
   a. Group Homes 26
   b. Child Care Institutions 26
   c. Treatment Facilities 27
4. Shelter Care Facilities 27
5. Residential Facilities for Children and Youth 27
   a. Procedure for Placement 31
      i. Request for Application for Admission 32
      ii. Admission Agreement and/or Contract 32
      iii. Authorization to Place 33

iv. Child in the Custody of a Residential Facility 34
v. Special Educational Services for Exceptional Children Placed by DHR in Residential Settings 34
(1) Initial Placement In Facility Located Outside DHR County of Responsibility 35
(2) Change in Residential Placement of Special Education Child 35
(3) Written Notification to LEA of Placement 36
(4) Transmittal of Essential Information from One LEA to Another LEA 36
vi. Surgery or Other Medical Treatment 36
vii. ISP for Children in Residential Facilities 37
viii. Preparation and Placement 38
ix. Vacation Planning 38
b. Child Care Institution and Group Homes 39
i. Reporting of All Referrals on FACTS 39
ii. Selection of Facility Based on Needs of Child and Proximity of Natural Family 39
iii. Services During Placement 40
iv. CAN Reports on Child Care Institution and Group Homes 40
v. Child Care Institutions and Group Homes Title XX / Contract for Social Services 40
vi. In-State Residential Treatment Facilities under Contract 41
vii. Payment Procedure for Contract Facilities 42
viii. Out-of-State Residential Treatment Facilities For Emotionally Handicapped Children 43
c. Nursing Homes 44
(1) Medical Level of Care 45
(2) Payment of Nursing Home Care 46
d. Cerebral Palsy Centers and Residential Treatment Facilities 47
e. Inpatient Psychiatric Services 47
i. Referral and Admission 48
ii. Assessing The Need For Inpatient Services 48
(1) Behavioral Indicators 48

(2) Prior Services and Treatment Interventions 49
iii. Confirming the Need for Inpatient Services 50
iv. SDHR Consultation and Approval 51
v. Extensions 52
vi. Discharge 53
vii. Case Record and FACTS Documentation 54
E. Placement/Registration of Adjudicated Juvenile Sexual Offenders DHR Custody 54

II. PLACEMENT OF CHILDREN

Imminent Safety of children in their own home is paramount in the decision to place a child in out-of-home care. There must be documented lack of parental protective capacity in order to place a child in out-of-home care. Out-of-home care is needed because of breakdown in parental functioning in the area of protective capacity, or may be the result of problems relating to the development and/or behavior of the child.

Any separation of a child from his natural family is a traumatic experience, and must be seriously weighed against the safety risk of leaving children in their own home. It must be based on a sound evaluation of the safety threats in the child's own home. It is the responsibility of the County department to evaluate the total family situation and to determine if out-of-home care is the most appropriate plan.

Good child welfare practice dictates that the family unit be preserved. Permanency planning for children in out-of-home care is implemented through the individualized service planning process, and must be done for all children in out-of-home care. This planning must begin as soon as Department staff through the ISP process determines that out-of-home care is needed.

A. Authority to Place

When the decision is made that a child is in need of out-of-home care, the County Department must have either an Agreement for Foster Care (PSD-BFC-731), an order issued by the court giving the County Department the authority to plan for the child pending a court hearing, or an order giving temporary custody of the child to the County Department. A child may be placed in foster care when in the protective custody of the Department. Protective custody cannot exceed 72 hours. (Refer Child Protective Services Policies and Procedures, Legal Proceedings). Only under the above conditions can a County Department accept responsibility for a child and authorize payment. A copy of either the agreement for foster care or court order must be in the case record.

Exception to the requirement that the County Department have custody or an Agreement for Foster Care is made in the following situation:

Children who are in the custody of the Department of Youth Services or the Department of Mental Health and are being placed in a contract facility with the Department of Human Resources concurring in the plan and determining eligibility.

In addition to this exception, the Department does not determine eligibility, enter into an agreement for foster care, accept custody or concur in the plan for children in DYS group homes under Title XX contract since DYS determines eligibility for these facilities.

1. Voluntary Placement

The Agreement for Foster Care must be for a time period not to exceed 180 days. There must be a hearing before the expiration of the agreement if continued placement is required. When an FACTS alert is received 90 days prior to the expiration of the Agreement, the worker must file a motion or petition to bring the case before the court.

- If it is realistically expected that the child will return home **within 90 days** of the expiration of the Agreement, the Agreement may be

re-negotiated with court approval and documentation in the court order of reasonable efforts and best interests. The case could be brought before the court on a dependency petition under Code of Alabama 1975 section 12-15-71(a) (4). The court would determine that continued placement for a specified period of time is in the best interest of the child. The Agreement may not be extended beyond this period of time (total of 270 days maximum).

- If it is expected that the child can not go home within 90 days of the expiration of the first Agreement, it will be necessary to petition the court for custody of the child in order to extend the placement. Parents must be told this at the initial signing of the Agreement.

All children in care, regardless of how they entered care, must have judicial reviews every six months and permanency hearings every 12 months. Children who enter care on an Agreement for Foster Care must also be considered for termination of parental rights at the 12th month in care. If there is a compelling reason not to TPR, (See Section III, Permanency/Concurrent Planning E (2) (c) that reason must be approved by the court. If there is no compelling reason, a TPR petition must be filed by the end of the 12th month in care, even if the placement was initially made at the request of the parents. All children in care must be provided the opportunity for permanence.

Key points to remember when initiating an Agreement for Foster Care:

- If both parents hold custody, both must sign the Agreement.
- The parent holding legal custody of the child must sign the Agreement.
- The parents must be given a signed copy of the Agreement.
- The parent has the right at any time to request the child be returned home, as the Agreement is voluntary**. Never use an Agreement for Foster Care when there is any concern in returning the child to his/her parents due to safety issues.**
- The ISP and Agreement must state the purpose of the placement.
- The parents have responsibility for financial support. The amount must be included on the document.
- All children who remain in care on a voluntary basis must be brought before the court before the 180th day in care. The court must be petitioned in a timely manner in order to have the hearing before the 180th day. Parents must be told at the initial signing of the agreement that the case will be brought before the court if placement is required beyond 180 days. If the placement is terminated before the 180th day, the case will not have to go before the court.
- Counties that routinely negotiate Agreements for Foster Care for less than 180 days and then re-negotiate the Agreement will need to set manual FACTS alerts to track agreements for bringing the case before the court since FACTS will not calculate the

cumulative time of the Agreement. FACTS will, however, calculate the time for 6-month case reviews, 12-month permanency hearings, and 12 of 22 months hearings.

Since the implementation of P.L. 96-272, policy has required that all IV-E eligible children have, within 180 days of placement, a judicial determination by a court of competent jurisdiction that continued voluntary placement is in the best interest of the child in order to maintain IV-E eligibility. In order to assure that all children who enter care through a voluntary placement agreement receive a permanency hearing and relieve the courts' concern over jurisdiction, counties receive notification through FACTS worker action reports that a child has been in care six months under a voluntary placement agreement. These reports are generated 90 days prior to the expiration of the Agreement for Foster Care to allow the worker time to petition the court if necessary.

The decision to take a child into care through a voluntary agreement must be made through the ISP process. As in all foster care situations; it is necessary to consider in-home services where appropriate before accepting a child into care and all less restrictive alternatives.

Circumstances in which a voluntary placement may be appropriate:

- situations in which parents have a history of providing nurture and protection for their child but are temporarily unable to do so because of a family crisis such as a physical or emotional illness of one parent or family member, marital conflict, or the need for respite care for a handicapped child;
- in protective service situations where parents recognize their inability to provide adequate nurturing to their child and are willing to work with the Department in improving their situation;
- an unmarried mother who wishes to place her child for adoption and is mature enough to understand the meaning of a foster care agreement. The Department must still pursue custody, but this allows the child to be removed from the hospital prior to the Department petitioning the court.
- teens 18-20 years old re-entering care voluntarily; (Refer to Transitioning Children into Adulthood-Reentering the System Following the 18th Birthday section)
- for children requiring residential treatment who meet TANF/Title XX certification and/or income criteria and the ISP team concurs that the placement is the least restrictive alternative to meet the child's needs. The parents must be financially (based on their ability to pay) and emotionally supportive of the child. If treatment will require more than 180 days, the Department must seek custody.
- Situations in which a child of a child in out-of-home care who has a child but is temporarily unable to provide for the needs of the young child and wishes to place the child in out-of-home care is allowed; however, the child welfare worker must decide if the child is mature enough to understand the meaning of a foster care

agreement. In many circumstances, foster children with a foster child will not have protection capacities needed to parent their child. When this is determined to be the case a voluntary placement agreement would not be appropriate. The department should petition the court for custody.

2. Court-Authorized Placement

The Department should bring cases to the attention of the court by filing a petition in situations where a child is in need of protective judicial action. When the child is in immediate danger and parents do not or cannot provide the child with care and protection essential for his well-being, court action should be taken. (Refer to the "Social Worker Guide for Working with the Courts" located in the Appendix for detailed information on filing of dependency petitions).

The decision to petition the court should be made in the following circumstances:

- The child has been abandoned or deserted and needs the protection of the court.
- Conditions in the home are dangerous or detrimental to the child's immediate physical, mental, or emotional well-being and a workable safety plan can not be obtained.
- The child's custody status is not clear or is the subject of controversy to the extent that the child is obviously being harmed or is in threat of harm.
- A child is left with substitute caregivers beyond the agreed upon time – especially overnight, for several days, over weekends, and this constitutes a pattern of behavior for the parent.

B. Preparation for Placement

The preparation of the child for placement should be aimed at minimizing a child's trauma that accompanies separation. Parents should be helped to participate in the preparation of the child for placement because of the importance of avoiding the weakening of existing bonds between children and their families. However, the worker must be ready to prepare the child when the parents are unable or not available. The techniques used should be appropriate to the child's age, length and nature of his relationship with his parents, his ability to understand what is happening, and the circumstances necessitating placement.

1. Preparation of the Child

The worker is an important figure for the child in the placement process. In order to help the child understand the necessity for placement and reduce the trauma, it is first necessary that the worker convey to the child that he is a person who can be trusted. This can be accomplished as the worker involves the child in the planning and the step by step process of separation from his parents. It should never be assumed that because a child is young, passive, or non-verbal, that separation from his family is without trauma.

Certain procedures prior to placement can help the child's understanding of the reality of the situation necessitating placement and his acceptance of the plan. Frequent contacts where possible immediately prior to placement provide an opportunity for the child to become familiar with the worker and for the worker, the parents and the child to discuss the upcoming placement. A pre-placement visit to the new out-of-home care setting (i.e., foster home, group home, institution) or, if this is not possible, pictures, or a description of the new home setting and the people involved, can help a child with his fear of the unknown. Also, seeing that a child's personal belongings, clothes, toys, etc. accompany him at the time of the placement will contribute to his sense of security.

In emergency situations where the more in-depth pre-placement work with the child is not possible, the worker must at the time of placement begin to encourage the child to acknowledge and discuss his feelings. It is helpful for the worker to explain the reason for the changes in the child's life so that he will not develop unrealistic fantasies and assumptions about them. Providing the child with a description of the home setting where possible will help alleviate his fears.

While it is challenging to do pre-placement preparation, this allows the child to experience the beginning of separation to express his reactions to someone he trusts and who understands his anger, hurt, and fears, thus paving the way for his acceptance of the move and his subsequent adjustment in foster care in emergency situations.

2. Preparation of the Parents

When parents are respected as individuals in their own right with problems and needs of their own, they are more able to use the help offered by our agency and to involve themselves in working toward a resolution of the best plan for the child. This is respect and partnership, which are crucial to improved outcomes.

For some parents, this involvement will be minimal at best. However, even when this is the case, or when there seems little likelihood of the child's return, it is important to help the parents with their feelings about the separation, and to involve them in helping the child to the extent they are able. As the child is prepared for placement, the following are some very specific ways parents can assume responsibility for the child and be of help to him:

- sharing with the Department pertinent information about the child (personality, habits, likes and dislikes, etc.) so that the best foster home selection can be made and the child's adjustment thereby enhanced;
- Federal statutes require states to search out relatives as possible placement resources for children in the state's care. Counties should attempt to secure names, addresses and telephone numbers, relationships of the relatives for possible placement. The "Relative Resource Identification" forms (mother and father) located in the Appendix is useful tools to gather relative information from parents. If parents are reluctant to provide relative resources, the worker may engage the assistance of the parent's attorneys to help the parents to complete the "Relative Resource Identification." By encouraging parents to provide relatives' names, they can be

helped to be involved in planning for their children. In cases where there is no legal father, the "Paternity Worksheet" (located in the Appendix) is used to assist in identifying the alleged father.

- gathering of (or providing) clothing and toys for the child;
- sharing information about their own family (schedules for feedings, bath-time, family activities, etc.);
- providing medical data about the child: dates of shots, results and dates of physical exams, any health problems;
- making payment toward care, however small;
- planning for continued contact with the child through visits, letters, and cards for special occasions, etc.
- helping prepare the child for the move into placement – through time spent with him, comforting him and helping him with his feelings about the anticipated separation, and helping him understand some of the reasons why he cannot remain at home.

The last responsibility is by far the most important one parents have. The worker must assess the extent of the parents' willingness and ability to help the child prepare for placement. The parents' ability to give support, encouragement and direction to their child, regardless of the amount, indicates a parental strength in working to reunite the family.

Rights/Roles and Responsibilities of the birth family of a child in foster care is to be given the parents at the time their child enters foster care. The worker is to record in the case record that the Rights/Roles and Responsibilities was given and explained to parents.

Refer to the Rights/Roles and Responsibility of the birth family of a child in foster care located in Appendix section.

3. Preparation of the Out-of-Home Care Provider

Making successful out-of-home care placements involves the matching of children with foster parents/appropriate providers. Maintaining successful out-of-home care placements involves supplying providers with knowledge necessary to do their job. Foster parents and other foster care providers cannot fulfill their responsibility to foster children unless the workers give them information concerning the child and his/her family.

Refer to Foster Care Placement Information form (Foster Care Bill of Rights) located in the Appendix section.

Listed below are types of <u>essential information</u> that are to be shared with providers about the foster child and his family prior to the time of placement:

- Health and Education – Public Law 101-239, as amended by P. L. 109-239 requires the most recent information available regarding health and education records be given to the provider at the time of each placement. This information includes: 1) the names and

addresses of the child's health and education providers; 2) the child's grade level performance; 3) the child's school record; 4) a record of the child's immunizations; 5) known medical problems; 6) medications and 7) any other relevant health and education information concerning the child determined to be appropriate by the Department.

Other health and education information to be shared with providers may include: 1) child's eating and sleeping habits; 2) allergies; 3) school attendance or missed days due to illness; 4) whether the child has been or needs to be referred for evaluation for special education; 5) name of surrogate parent or whether the foster parent can serve as a surrogate parent; and 6) history of any discipline or behavior problems related to school attendance.

- Case Plan – The provider must be aware of the Department's plan for the child which includes such things as: 1) anticipated length of time child is expected to be in care; 2) the permanent plan for the child; 3) the visitation plan between the child, parents and other siblings and role of the provider in the visitation plan. Explore the provider's attitude regarding the visitation plan especially in areas of resistance. In most cases out-of-home care providers will not have been involved in ISP's, thus they must be made aware of the plans for the child. Advise the out-of-home provider they will be included in the future ISP's.
- Other Placement – If the child has been in placements other than with his birth family, the provider needs to be aware of this and the reason(s) for the move(s). Patterns of placement disruptions need to be explained.
- History of Trauma/Reasons of Placements – It is important to understand the nature of a child's trauma and his ability to respond to new caretakers. This includes the type of trauma that necessitates the current placement as well as the type of trauma, which caused the child to come into care originally. For example, being aware of the type and extent of abuse and/or neglect helps prepare the provider for predictable patterns of behavior a child might exhibit. A sexually abused child might exhibit fear of certain individuals whereas a neglected child might hoard food.
- Legal Status – The nature of the initial court hearing may be an indication of the length of time a child will be in care and whether there will be subsequent hearings. Foster parents need clarification regarding the legal status of the child and their role in working with the child within this framework. For example, foster parents are to assist the social worker in preparing the child for a court hearing, and may, at times, need to transport a child to the court hearing or even testify in court. Foster Parents should be provided with the name of the Guardian ad litem as soon as one is appointed.
- Behaviors – It is imperative that foster care providers be given practical information about a child's current behavior patterns as

well as past behaviors including special needs. Is the child shy or withdrawn, has temper tantrums, afraid, smokes, etc.? Is the child socially or emotionally under-developed? How does the child react under stress? Help foster parents set realistic expectations regarding the child's behavior at home, at school and in the community.

- Birth Family – Foster care providers are to be helped in recognizing and dealing with their own as well as the foster child's feelings about birth parents. The providers need to be aware of the composition of the birth family and the child's place in it, the visitation and contact plan with the birth family and possible reactions of the birth parents toward the foster parents.
- Significant Others – Significant others, such as teachers, ministers, extended family/relatives and friends, may impact greatly upon a child's life. Foster care providers are to be informed of these connections within the child's life and who can be expected to be of support to the child.
- Religious Preference – The child's and his/her family's choice of Religion is to be taken into consideration in a child's placement. The foster parents are to be told of the child's involvement in prior and present religious activities or organizations. Explore with the foster parents their feelings in accepting a child whose religious involvement is different from their own.

C. Placement Requirements

Placement goals of the system of care are (1) "enable children to live with their families; and when that cannot be achieved through provision of services, to live near their home" and (2) "siblings shall be placed together." These goals embody the philosophy under which the Department seeks to practice.

Children Covered by These Requirements:

Policies regarding "close proximity placement and sibling placement" apply to all children in the custody of the department who have been removed from their home and placed in out-of-home care (e.g., home of relatives, foster family home, therapeutic foster family home, group home, shelter home, child care institution, hospital or other residential facility). To comply with the best practice principles children in out-of-home care must be placed as close as possible to their home. Additionally, siblings in out-of-home care must be placed together. There are some exceptions to these two requirements. Item 1 and 2 below provide a detailed discussion of policy on "close proximity" of placements and policy on "siblings being placed together."

Placement Policy for Children Placed with Child Placing Agencies:

Any licensed child-placing agency that approves foster homes serving children in the custody or responsibility of the Department is to develop written policy regarding close proximity placements and sibling placement/sibling contacts. These agencies may adopt the policy developed by the Department regarding close proximity and sibling placement and contacts or develop their own policy as long as it is consistent with Department policy and provides children no less rights than is provided in DHR policy. The agency's close proximity and sibling placement policy is to be approved by State DHR, Family Services Division. The policies are to be explained by the agency in clear, understandable language to all children placed by DHR, the siblings of such children, their foster care providers and their parents. A copy of the policies is to be given to the foster care providers and to parents upon request. The child-placing agency may choose to apply these policies only to children placed by the Department.

1. Close Proximity Requirements

Children from Jefferson, Mobile, Montgomery, Madison, Houston, Tuscaloosa, Etowah, Calhoun, Walker, Lee, and Dallas counties shall be placed within their home county when removed from their homes. Children from other counties shall be placed within the region in which their home county is located. Exceptions to this principle are to be permitted only in exceptional circumstances with the written permission of the Director of the Division of Family Services or his/her designee.

a. Children Covered by Policy

This policy regarding close proximity applies to all children in the custody or responsibility of the department who have been removed from their home and placed in foster care {e.g., home of relatives (kinship care), foster family home, therapeutic foster family home, group home, shelter home, child care institution, hospital or other residential facility}.

b. Proximity of Placement Policy for Children Placed with Child Placing Agencies

Any licensed child-placing agency that approves foster homes serving children in the custody or responsibility of DHR is to develop written policy regarding proximity of placements. These agencies may adopt the policy developed by the Department or develop their own policy, as long as it is consistent with Department policy and provides children no less rights than are provided in DHR policy. The agency's proposed proximity policy is to be approved by State DHR Family Services. It is to be explained by the agency in clear, understandable language to all children placed by DHR and to their parents. A copy of the policy is to be given to parents upon request.

c. Court Orders

Court orders must be followed. Sometimes there will be an existing court order (often from a divorce proceeding) in place at the time a child enters care and an ISP is being developed for a child and family. The existing

order must be followed until modified or lifted. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal, or imposes requirements inconsistent with Alabama Child Welfare practice.

After an ISP has been developed, the court may order additional services, lift restrictions, or impose additional restrictions. These court orders must be followed. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal, or imposes requirements inconsistent with Alabama Child Welfare practice.

If the court refuses to modify or lift an order as requested, the county DHR will inform the Office of Foster Care in the Division of Family Services. If the Division concurs that the court order is inconsistent with Alabama Child Welfare practice, the Division will take appropriate action.

d. Making Placements in Close Proximity to the Child's Home

Children shall be placed in their own neighborhood or community in a placement that sustains the child's existing relationships with family, friends, teachers and neighbors. Such placements will permit children to remain in their same school. Placement in the neighborhood is preferred over placement in the community. Every effort must be made to develop resources in a child’s neighborhood or community.

If a child is not placed in his or her neighborhood or community, the child shall be placed within his or her home county in a placement that (a) permits frequent visiting between the child and his or her family, (b) permits parents to retain 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 or her home school, when permitted by school authorities. If assistance with school jurisdictional issues is needed, please call the Office of Child Welfare Consultation.

To implement this policy, DHR will aggressively recruit foster family and adoptive homes from the child's and family's array of relatives, friends, neighbors and others in the community, and DHR will support such homes as necessary. Services shall be provided to enable foster care providers to care for children in close proximity to home, including children with disabilities. Services that may be needed to sustain a placement close to home include: respite for foster families, in-home childcare and housekeeping, and individualized wraparound services for the child, the child's family and the foster family.

Aggressive recruitment and support of foster care providers committed to keeping children in close proximity to their home must be a component of each county department's plan for resource development and retention.

e. Selecting a Placement

The selection of a placement will be made in partnership with the family, age appropriate child, and the child and family planning team as part of the development or revision of a strengths and needs based ISP.

In an emergency situation (e.g., when a child is at imminent risk of serious harm and a placement must be made to protect the child before a child and family planning team can be convened), placement decisions will be made as part of the child's safety plan which will be developed by the DHR worker in partnership with the family and age appropriate child when possible. The child and family planning team will review placement decisions within 72 hours of placement (an ISP must be developed by a child and family planning team within 72 hours of placement). A child must be placed in close proximity to his or her home during the 72-hour period unless the child's need for safety cannot feasibly be met by such a placement.

Agreement regarding placement decisions will be reached with the family and age appropriate child unless the child's need for safety cannot be met in a placement agreeable to the child and family.

f. Selecting a Placement for a Child Who Requires Specialized Services

A child with a physical, emotional, or mental condition who requires specialized services shall be placed in close proximity to his or her home. Services must be provided to allow the child to be placed in the home of relatives (kinship care) or neighbors, a foster family home, a therapeutic foster family home, or an independent living placement that is in close proximity to home. Only when children cannot be maintained in such a setting with wraparound and other services, may consideration be given to referring the child to a residential facility to accomplish specific therapeutic objectives. In general, children admitted to residential facilities will have specific objectives to accomplish, and they will be placed in close proximity to their home in a family like setting or in independent living when they have accomplished those objectives.

Only if no residential facility will be available in the child's home county, may the child may be referred to a residential facility outside the county. Only then if the facility meets the child's needs for therapy and ongoing access to his or her family, as well as the family's need for participation in the child's treatment.

g. When Children May Be In Placements That Are Not In Close Proximity to Their Home

Children may be placed out of close proximity to their home only under the following circumstances:

1. The placement will provide greater access to the child's family (for example, an out-of-county placement would be closer or more accessible to the child's home), or

2. The placement is in the home of a relative and offers the best potential for preserving family ties, or

3. A placement in close proximity to home would pose a significant threat to the safety of the child or others, even if services were provided, or

4. The placement is necessary to keep siblings together, and will permit adequate contact between the children and their family, or

5. The placement is necessary to attainment of the child's permanency goal (for example, the plan is foster parent adoption and the foster parents move out of county), or

6. The placement is necessary to afford the child with a physical, emotional, or mental condition access to specialized services in order to accomplish specific therapeutic objectives, and said services cannot feasibly be made available in close proximity to the child's home. The placement must meet the child's therapeutic needs, his or her need for ongoing access to family, and the family's need for participation in the child's treatment.

A placement based on exception 6 above must be approved by the Office of Child Welfare Intake or, in his/her absence, by the Director of the Division of Family Services. The child and family planning team requests approval for an exception, along with sufficient information (including the child's ISP, the name and description of the proposed placement, and the rationale for recommending the exception) to permit the Child Welfare Intake or Division Director to make an informed decision.

The Quality Assurance system will collect data regarding the extent and basis for placements made pursuant to exceptions 1-5 above.

h. Contact With Family and Friends When Not Placed in Close Proximity to Home

We are required to support the well-being of our children, part of which is maintaining family contacts. When a child is not placed in close proximity to home, visiting and telephone and mail communication with family and friends will be intensified to provide as much contact as possible, including normalized activities between the child and family.

2. Placing Siblings Together

"Siblings shall be placed together. DHR may promulgate a policy, acceptable to both parties, identifying circumstances in which exceptions to this principle may be permitted." For a definition of "sibling" refer to Out of Home Introduction Section C Glossary.

a. Children Covered by These Policies:

This policy regarding sibling placement applies to all children in the custody of the department who have been removed from their home and placed in foster care {e.g., home of relatives, foster family home, therapeutic foster family home, group home, shelter home, child care institution, hospital or other residential facility}.

b. Sibling Placement Policy for Children Placed With Child Placing Agencies:

Any licensed child-placing agency that approves foster homes serving children in the custody or responsibility of the Department is to develop written policy regarding sibling placement and sibling contacts. These agencies may adopt the policy developed by the Department regarding sibling placement and contacts or develop their own policy as long as it is consistent with Department policy and provides children no less rights than is provided in DHR policy. The agency's sibling placement policy is to be approved by the State DHR Family Services. It is to be explained by the agency in clear, understandable language to all children placed by DHR, the siblings of such children, their foster care providers and their parents. A copy of the policy is to be given to the foster care providers and to parents upon request.

The child-placing agency may choose to apply this policy only to children placed by the Department.

c. Court Orders:

Court orders must be followed. Sometimes there will be an existing court order (often from a divorce proceeding) in place at the time an ISP is being developed for a child and family. The existing order must be followed until modified or lifted. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal, or imposes requirements inconsistent with Alabama Child Welfare practice.

Sometimes, after an ISP has been developed, the court will order additional services, lift restrictions, or impose additional restrictions. These court orders must be followed. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal, or imposes requirements inconsistent with Alabama Child Welfare practice.

If the court refuses to modify or lift an order as requested, the county DHR will inform the Office of Permanency in the Division of Family Services. If the Division concurs that the court order is inconsistent with Alabama Child Welfare practice, the Division will take appropriate action.

d. Placing Siblings:

Siblings in out-of-home care shall be placed together in the most family-like, least restrictive setting. This is true of siblings removed from home at the same time and siblings removed from home at different times. Sibling bonds are fundamental and must be supported.

Siblings may not be separated simply because no placement is available for a sibling group or because one or more siblings have a physical, emotional, or mental disability.

Each county department will aggressively recruit foster family and adoptive homes from the child's and family's array of relatives, friends, neighbors and others in the community, and the department will support such homes as necessary. Services shall be provided to enable foster care providers to care for all members of a sibling group, including children with disabilities. Services that may be needed to sustain a sibling placement include respite for foster families, enhanced foster care, and individualized wraparound services for the child, the child's family and the foster family.

Aggressive recruitment and support of foster care providers committed to minimizing siblings' losses by keeping them together must be a component of each county department's plan for resource development and retention.

e. Selection of a Placement for Siblings:

In an emergency situation (e.g. when a child is at imminent risk of serious harm and a placement must be made to protect a child before the child and family planning team can be convened), placement decisions will be made as part of the child's safety plan which will be developed by the DHR worker in partnership with the family and age appropriate child when possible. The child and family planning team will review placement decisions within 72 hours of placement (an ISP must be developed by a child and family planning team within 72 hours of placement). Siblings must be placed together during the 72 hours unless their need for safety cannot feasibly be met if they are placed together. When a change in placement occurs or is indicated, whenever possible, the selection of a placement will be made in partnership with the family, age appropriate child, and the child and family planning team as part of the development or revision of a strengths and needs based ISP when possible.

Agreement regarding placement decisions will be reached with the family and age appropriate child unless the child's need for safety cannot be met in a placement agreeable to the child and family.

f. When Siblings May Be Placed Apart:

Siblings may be placed apart only under the following circumstance.

A sibling has needs that can only be met in a placement that separates him or her from other siblings. This sibling may be placed apart from the

others. The separate placement may last only as long as necessary to meet the unique needs that required separation.

The following are circumstances that may require siblings to be separated in order to meet the unique needs of a sibling.

- A sibling becomes a significant threat to the safety of another sibling that cannot be controlled if the siblings are placed together.
- A sibling becomes a significant threat to the safety of another person in the placement and the risk to that person cannot be controlled if the sibling remains. If movement of the entire sibling group is determined not to be in their overall best interest, the sibling presenting the threat will be moved.
- A sibling with a physical, emotional, or mental condition requires specialized services in order to accomplish specific therapeutic objectives. The sibling may be placed apart from other siblings for the length of time necessary to meet the need requiring separate placement. That a sibling has a physical, emotional or mental condition which requires specialized services does not by itself warrant removing the sibling from his or her home or separating that sibling from the others. A sibling with a physical, emotional, or mental condition which requires specialized services may not be placed outside his or her home or apart from siblings unless (i) individualized wraparound and other services cannot be developed to maintain the sibling at home or in the same placement with his or her siblings and (ii) a specific alternate placement is required to meet the sibling's needs.
- Siblings may be separated when necessary to permit their placement with relatives who live near the home of the siblings or with neighbors. Thus, a large sibling group may be placed in two related homes near their family home, if necessary to place them in close proximity to their family.
- Siblings may be separated as a result of a court ordered commitment resulting in admission of a sibling into detention, DYS, a DMH/ID institution, or a psychiatric hospital. The other siblings need not be placed with the sibling being admitted to detention, DYS, a DMH/ID institution or a psychiatric hospital.
- Siblings may be placed apart if they have been raised in separate families, and the placement would provide them greater contact with their families.

NOTE: A significant age difference between siblings does not by itself justify separating them. Thus, two children ages 14 and 15 with a

younger sister age 4 must be placed together unless one of the circumstances above applies.

g. Application of Sibling Placement Policy to Siblings Separated for Long Periods in Out-of-Home Care:

ISPs will be developed for all children in placement (in either family-like settings or residential facilities), including those who have been long separated from their siblings. The child and family planning team will consider whether these siblings should be placed together. A child who has long been separated shall be placed together with his or her siblings unless moving the child will jeopardize his or her opportunity for achieving permanency goals.

When deciding whether one or more siblings are to be moved, due consideration shall be given to the following:

- the preference of the children and their family;
- the attachments of the siblings to each other, family and community;
- the children's permanency goals; and
- the strengths of the children's existing placements, including the attachment of the children to their current provider and the willingness of current providers to aggressively maintain frequent and meaningful contact (including overnight visiting) among the siblings while they are separated.

h. Contact Among Siblings When Separated:

Whenever siblings are separated (e.g., in an emergency situation, per an ISP), the siblings shall be placed in close proximity to each other unless one of the exceptions previously mentioned applies.

When siblings are separated, there shall be sufficient visiting and phone and mail communication to permit frequent contact among the entire sibling group (at least weekly visits together designed around normalized activities, and daily contact with other siblings), unless such contact is restricted in accordance with policy on visiting and phone and mail communication.

D. Choosing the Least Restrictive Setting

When out-of-home care becomes necessary, children should be placed in the least restrictive setting possible. This means the most family-like setting that can provide the environment and services needed to serve the child's best interest and special needs. Relative placement should always be given first consideration after which foster family care, group home care, and institutional care, are to be considered in that order. If the Department places children in foster family homes/unrelated homes, group homes and child care institutions; these placement resources are required to be in approved/licensed status except as otherwise ordered by a court of law.

If the placement requires a psychological evaluation, the Department requires all psychological evaluations be completed/interpreted by a psychiatrist or a PhD psychologist. A trained/certified licensed technician or a licensed certified counselor may perform the diagnostic testing. However, if a diagnosis is needed the psychiatrist or PhD psychologist must make the diagnosis. This ensures that children and families are professionally evaluated and meets Medicaid standards.

1. Relative Care

Relative care is a situation in which an adult relative, such as a grandparent, aunt, uncle, or other relative, provides a home for a child who cannot live with his or her parents. When a child is in a Relative Care placement type, this means that the department holds custody and planning responsibility for the child. However, no board payment is paid in this situation. (See related foster care) As a rule, the relative will apply for TANF and SOBRA Medicaid for the child.

A home evaluation and Clearance of the Central Registry must be completed prior to the child being placed in relative care.

a. Kinship Care

Funds for Kinship care maybe utilized to facilitate placement. A TANF worker in your county can assist you with applying for kinship funds.

2. Foster Family Homes

The Child Care Act of 1971, Title 38, Chapter 7, Code of Alabama 1975, (Acts 1971, 3rd Ex. Sess., No. 174, p. 4423, Section 1-17) defines a “foster family home” as a child care facility in a residence of a family where the family receives a child or children, whether related or unrelated to the family as the term “related” is defined in this section, for the for the purpose of providing family care or therapeutic family care and training or transitional living program services on a full-time basis. The types of foster family homes are defined as follows:

- Traditional foster family home. A child care facility in a residence of a family as that term is defined in Section 12-15-301 (14), for the purpose of providing family care and training on a full-time basis.

- Related Foster family home. A foster family home wherein the family is 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, grandniece, grandnephew, or a stepparent.

- Free home. A foster family home, whether related or not related as defined in Section 12-15-301 (14), which does not receive payment for the care of a child or children and which may or not receive the child or children for the purpose of adoption.

- Therapeutic foster family home. A child care facility in a residence of a family where the family receives a child or children for the purpose of providing therapeutic family care and training on a full-time basis

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a. Related Foster Care

Relatives may be approved to provide out-of-home care for children who are in the custody of the department. However, the related foster care home must meet the Minimum Standards for Foster Family Homes including completion of MAPP. The Department's child welfare program considers relative as 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 grand parent, great aunt, great uncle, great-great grand parent, niece, nephew, grand niece, grand nephew or a step-parent.

b. Foster Homes of DHR Employees

DHR employees may be foster parents under certain conditions. Advisory opinions from the State Ethics Commission, AO2001-07 and clarified by AO2005-27, set forth the conditions under which DHR employees may be approved foster parents. The following policy reflects the opinions of the Commission:

i. County DHR Employees

County DHR employees may be approved as foster parents in a county other than the county in which they are employed. DHR employees are prohibited from being a foster parent for their county of employment because they would be interacting directly with the Department with which they are employed and have access to confidential information, thereby, creating a conflict of interest. An employee's position in a county is not a consideration but the inherent interaction with their employer creates conflict of interest. The only exception to a DHR employee serving as a foster parent for their county of employment would be if the foster care placement is approved and otherwise overseen by a County DHR office other than the employing county. This may occur in rare situations. DHR employees may be approved as foster parents by child placing agencies but may not accept children from the county in which they are employed because to do so would involve the "inherent interaction with their employer."

County DHR employees may serve as foster parents to children who are their relatives under a fact-specific, case-by-case review. The Individualized Service Planning team must determine that placement with the relative/DHR employee is the most appropriate one for the child. The county of employment shall request that an adjoining county department complete the foster home study and approve the home. The adjoining county is credited with the

foster home resource case. Should a county have such a case, the county should notify the court to obtain concurrence with the placement plan.

A county DHR employee may serve as a substitute for an approved foster parent (AO2005-26). Minimum Standards for Foster Family Homes requires that the prospective foster parent's substitute must adhere to the requirements for substitutes a described in the Minimum Standards for Foster Family Homes. In addition, a DHR employee wishing to serve as a foster parent's substitute must meet and maintain the following two conditions:

- The DHR employee wishing to be a substitute for a foster parent cannot be involved in the selection of foster care providers for children; and
- The DHR employee wishing to be a substitute for a foster parent has no opportunity to accrue personal gain.

ii. State DHR Employees

State DHR employees may participate in the foster parent program in their county of residence as all interaction/approval, etc. is done at the local level. A State DHR employee participating in the foster parent program in his or her county of residence would not conflict with, or be in violation of Advisory Opinion No. 2001-07 as the State DHR is not involved in approving/overseeing the foster family home/parent. State DHR employees cannot use their position as a State DHR employee, nor may they use confidential information obtained in the course of their employment with State DHR to influence or affect their being approved as a foster care provider.

iii. DHR Employees As Relative Placements

County or State DHR employees may serve as foster care providers to children who are their relatives under a fact-specific, case by case review.

iv. DHR Employees As Respite Providers

County DHR employees cannot be approved as respite providers for foster parents in the county in which they are employed. They cannot accept children from the county in which they are employed. Procedures are in place for approving respite care providers. (See Section XII, Foster Parent Support)

v. Payments to DHR Employees Approved as Foster Parents

Foster care maintenance payments are made to DHR employees approved as foster parents in the same manner as any other

foster parent. Such payments are made through the FACTS monthly placement validation process and initiated by the county placing the child.

Please see the Therapeutic Foster Care Manual for additional requirements of a Department of Human Resources Employee becoming a TFC parent.

c. Foster Family Homes Serving as Maternity Homes

In addition to meeting the Minimum Standards for Foster Homes, homes serving as maternity centers must be appropriate for minor pregnant girls who are in need of foster care services. Special consideration is given to location of medical resources, available space, foster parents' acceptance of minor pregnant girls, diets, education, etc.

Only pregnant girls may be in foster family homes approved to serve pregnant girls.

d. Therapeutic Foster Care

Therapeutic Foster Care (TFC) exists to serve children and youth whose special emotional needs lead to behaviors, that in the absence of such programs, they would be at risk of placement into restrictive settings, e.g. hospitals, psychiatric centers, correctional facilities, or residential treatment programs. A child/youth entering into TFC must have a Diagnostic Statistical Manual (DSM) diagnosis within the last twenty-four (24) months and require the treatment and structure offered through a TFC program. The diagnosis must have accompanied behaviors, that would require treatment and structure from the TFC foster parents and program before a child/youth would be a candidate for TFC placement. The accompanied behaviors/symptoms would be few, if any, in excess of those symptoms required to meet the diagnostic criteria. The intensity of the behaviors is distressing but manageable, and the symptoms result in minor or mild impairment in family, social or educational settings.

There are two levels of TFC services. All children who meet the criteria for TFC will enter at the Comprehensive TFC level. Children in TFC placements will be assessed at nine months from admission by the Multi-dimensional Assessment Tool (MAT) to determine their continued need for TFC services. Step-down TFC is appropriate when a reduced level of service needs is identified through the MAT. This level is identified for children who no longer need comprehensive TFC services but may require more services than offered in a traditional foster home setting. For step-down procedures refer to the **Therapeutic Foster Care Manual** Core Services section.
Before a county DHR office may place a child under the age of six (6) in a TFC home, the Office of Foster Care at State DHR must concur in writing with the placement decision.

Refer to **Therapeutic Foster Care Manual** for further information. The manual is located on the web-site.

e. Therapeutic Foster Care with Enhanced Services

Refer to the **Therapeutic Foster Care Manual** TFC with Enhanced Services Section. These placements require State DHR-Division of Resource Management (DRM), State DHR- Family Services Office of Foster Care and State DHR- Field Administration.

f. Enhanced Foster Care

The Enhanced Foster Care program has been developed as a resource to assist counties with the placement of large sibling groups within their counties. This program is not intended to shift any case management responsibilities for children in the enhanced foster care placements from the county DHR staff to the CPA staff. It is intended to provide a mechanism for support to foster parents, who are willing to accept large sibling groups into their homes, where without this support; separate placements for siblings would be required.

Guidelines have been developed for the use of Enhanced Foster Care. These guidelines are to be used to assist Child Placing Agencies in the development and administration of Enhanced Foster Care programs within the counties. Due to the complex training and support needs of the enhanced foster parent, the program may be developed and administered by Child Placing Agencies **only**. The Division of Resource Management administers the Enhanced Foster Care program at SDHR.

i. Requirements for Use of Enhanced Foster Care

- The placement must be for a sibling group of four (4) or more. This number may be a combination of children who receive therapeutic foster care services and traditional foster care services. For example, if there is a sibling group of four, and one of the children in the home is in therapeutic foster care, the other three may be eligible as enhanced

foster care. In this case, the foster home must have received the appropriate training as a TFC provider as well as the training for Enhanced Foster Care.

- The Enhanced Foster Home must meet The Minimum Standards for Foster Family Homes, which allows for the placement of sibling groups of more than six (6).
- One foster parent **must** be at home at all times in order to provide the required supervision and care necessary for a large number of children. If all children are school age, a parent must be available for school conferences, doctor visits, emergencies, etc. This does not preclude both parents' working, as long as their shifts do not coincide. A one-parent foster home where the foster parent works outside the home may not be considered as an Enhanced Foster Care provider as there must be one parent in the home at all times to meet the considerable needs of a large sibling group.
- Foster parents in the enhanced program must have completed Model Approach To Partnerships In Parenting Foundations and Safety or Deciding Together.

ii. Required Training to be Provided by Administering Agency to Foster Parents

The following issues should be addressed in a training setting with each foster parent:

- Recognizing the individuality of each child and his strengths and needs in the large family setting
- Child development
- Managing daily activities of a large family
- Sibling rivalry and its implications
- Conflict resolution
- Time management
- Other training based on the identified, individual needs of the family

Training must be completed prior to placement of the sibling group. Additionally, **each** foster parent will be required to receive fifteen (15) hours of training per year in addition to the fifteen (15) hours that is required per the **Minimum Standards for Foster**

Family homes annually after being approved. The administering agency must provide documentation, which is to be kept in the foster parents' files, certifying the training that is received by each foster parent.

iii. Necessary Support Services for the Enhanced Foster Parents to be provided by the Administering Agency

Ongoing supervision of the foster home will be provided by the administering agency to ensure that the placement of the sibling group is with a patient, loving foster parent, who is willing to make a long-term commitment to work with the special challenges created by a large sibling group. The administering agency will notify the county department if a disruption in placement is possible so a team solution from the county department, the agency, foster parent(s), family members and other ISP team members can be planned.

Home visits will be made by staff of the administering agency based upon the needs of the foster family identified in the ISP. These visits will be of a minimum of 30 minutes per child on a bi-weekly basis. Although the time spent in the home is based upon the number of children in the home, activities provided by the administering agency will be centered on support services for **the foster parent(s)**.

Caseload management must be provided that is based upon the formula that a case manager can serve no more than the number of families that provide foster care for 24 children.

iv. Responsibilities of County Departments of Human Resources

The county departments shall provide supervision and case management of the foster children in the enhanced foster care placement.

Child welfare workers from the county department shall be responsible for conducting ISP's for the children in care per policy, including the arrangement of services and Medicaid Rehab claiming.

The county department child welfare workers will be responsible for educational advocacy for the children in the enhanced foster care placement.

The county department child welfare workers will be responsible for the arrangement of visitation among family members and will be responsible for assistance with transportation, when necessary.

The county department will be responsible for the payment of services to be paid the provider of the enhanced foster care placement.

v. Funding

Payments may be made to the administering agency from the placing county's flex funds at the rate of $25.00 per day per child. Of the $25.00 amount, the administering agency will pay the foster parent(s) $12.50 per day per child as an enhanced foster care payment. The remainder shall be used by the administering agency in the administration of the program, including the implementation of required training and support services. Additionally, the foster parents will receive regular foster care board payments for each child in placement.

g. Provisional Foster Care Placements

Standards have been developed to provide guidance and standards in locating, assessing and provisionally approving a foster home for children who must be immediately removed from their own home due to an emergency situation or from their foster care placement due to a disruption in the home. These standards are developed in accordance with Alabama Law § 38-7-5, Code of Alabama 1975, amended 1996 which states,

…when a child is taken into the Department's foster care or custody on an emergency basis, or when there is a disruption or imminent disruption in a current foster care placement requiring placement elsewhere, and a prospective foster home is available, the Department or child placing agency may conduct a preliminary inspection of the home and issue a provisional approval of the home. The provisional approval shall continue in effect for no more than six months and is nonrenewable. A provisional approval may be denied or revoked by the Department at any time for failure to meet minimum standards set by the Department or for any reason set forth in § 38-7-8.

The intent of provisional approval is to provide a method to expedite the temporary approval of a foster care resource in an emergency situation, when the resource is in close proximity to the child's own home, is known to the child and/or his family and can provide a safe environment for the child while reducing the trauma the child might experience if placed with strangers.

Provisional foster homes cannot be used to provide a means to circumvent or negate current licensing standards for approving foster homes. Provisional foster homes are to be used in emergency situations and conditions described above. Criteria for approval of provisional foster homes are located in the Appendix section. Child Welfare staff approving

foster family homes must refer to this for the process of approving provisional foster homes.

NOTE: Therapeutic foster homes cannot be provisionally approved.

h. Unrelated Free Home

While rare, a free home is a foster family home which does not receive payment for the care of unrelated children. The home may or may not receive the child or children for the purpose of adoption. The free home is subject to the same rules and regulations regarding care of children, standards of home, etc. as the boarding homes. (Refer to Minimum Standards for Foster Family Homes; Principles, Regulations, Procedures, 1974, Revised 2007.)

If applicants come to the agency expressing an interest in providing this type of care, the County Department will assess their motivation and abilities using the guidelines of the regular Foster Home Study. When the free home comes to the attention of the County Department after placement has already been affected, the County Department must determine the suitability of the arrangement. These resources would only be utilized only in the following situation: for children who have no continuing relationship with their own family but cannot be placed for adoption. The relationship between the foster parents and the County Departments must be such that the arrangement will permit the Department to carry out its full continuing responsibility for the child's welfare and in doing so not adversely affect the child's case.

Approval for free homes shall remain in effect until notice of disapproval is given or until the free home voluntarily withdraws.

3. Child Care Institutions and Group Homes

The Child Care Act of 1991, Title 38, Chapter 7, Code of Alabama 1975, [(Acts 1971, 3rd Ex. Sess., No. 174, p. 4423 Sections 1-17) (Section 3 was amended by Act No. 81-310, Acts of Alabama. Of 1981)] provides the State Department of Human Resources with the legal responsibility to license all private institutions and group homes serving dependent and neglected children. Under this law, group homes are facilities which care for at least seven but not more than ten children. Child care institutions are facilities which provide care for more than ten children. (Minimum Standards for Residential Child Care Facilities)

The County Departments are provided a listing of currently licensed childcare institutions and group homes by SDHR Family Services. The current list of Residential providers will be maintained on the online Residential Resource Directory in the Department's web page, www.dhr.state.al.us. For the specific services offered by these institutions and group homes, refer to this on line Residential Resource Directory.

Child care institutions or group homes should be utilized only for children who cannot be cared for in their own homes and whose needs can best be met by

group living. Such a group living situation provides more structure than a foster boarding home, but can be a barrier to contact with family and child.

Children for whom group care or institutional care is usually an appropriate resource:

a. Group Homes

- children who have lived in an institution and need to be moved gradually into community living in preparation for return to their own home or a “halfway home”;
- children who are nearing the age of independence but still are under general guidance of responsible adults and can benefit from transitional living services;
- children who need to live in close proximity to medical, psychiatric, or other specialized services;
- children who need shelter care or assessment care pending a case work-up and evaluation to determine the appropriate type of placement, or who need an intermediate placement prior to placement in foster care or institutional care;

  children who have received maximum benefit from an institutional program, for whom continued institutional care would be contrary to continued emotional development; and
- children who refer themselves by running away from home, or who for other reasons have not been referred through a social agency, for whom a return home is not feasible.

b. Child Care Institutions

- children who have been subjected to repeated separation, rejection, and other deprivations so that they need the underlying security and continuity of an institution;
- children who are distrustful of authority and need an opportunity to learn gradually to trust adults;
- children who have not learned to function adequately in social and community living, whose personal habits may be unacceptable in a family or small group setting, or in society;
- children whose identification with, and attachment to, their own families is too strong to allow them to form a close relationship with foster parents;
- children whose parents cannot allow their children to form close relationships with foster parents;
- children who cannot form close relationships with others, and require the relatively diluted emotional relationships which are possible only in an institution;

- children who have been so deprived of affection that their demands for attention and affection would be unreasonable upon foster parents; who do not require a continuous relationship with one individual, but do require daily contact with a variety of people who can meet the needs of children; and
- enhanced foster care should be considered first for children for whom large family living should be kept intact.

c. Treatment Facilities

- children with severe physical problems which require specialized services, for which medical fragile homes are not equipped;
- the child with emotional problems so disturbing that he requires the special protection and control of a regulated environment coupled with casework and/or psychiatric treatment; and
- some children with intellectual disabilities who require residential educational facilities for special care and/or training.

4. Shelter Care Facilities

Shelter care facilities provide emergency shelter care for children and adolescents for up to 30 days. Children placed in shelter care facilities may be dependent, neglected, abused or separated from their families due to emergency and crisis situations. Necessary social, medical, dental, education, recreational and maintenance services are provided in a protective environment and in accordance with the individual needs of a child.

Do not refer children and youth who are delinquent, severely emotionally or physically ill or who have severe intellectual disability, as shelters will not accept them.

Shelter care is short-term care. It should be used only in rare circumstances when more appropriate placement types are not available on an emergency basis. The use of shelter and other temporary placements for children or will ensure that child or youth will have access to a full array of needed services while in the temporary placement and the placement will most likely be the only placement the child will need during his or her stay in out-of-home care.

Payment to facilities for shelter care is made through the FACTS system.

5. Residential Facilities for Children and Youth

Before the County Department can consider a specific residential facility as a resource for a child, a thorough assessment of a child's situation and needs should be completed to be reasonably certain that a particular type will best

serve his needs. As in foster family care, the parents should be encouraged and assisted to participate in planning for the child and be made aware of the various resources available. An adequate diagnosis and treatment plan can then be made to match the child's needs with the program that can best meet his/her needs.

There are several types of residential care. These include: basic residential care, moderate residential care, intensive residential care, crisis stabilization program, transitional and independent living, and mothers and infants residential care. The definitions of each residential type is as follows:

Basic Residential Care is a congregate care setting, which provides room, board, and a basic array of services for a child with an occasional emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school, and/or community setting in other than a residential environment. This basic type of placement should be limited to children whose needs cannot be met in their own home or traditional foster care.

Children eligible for this level program may be abused, neglected, or exploited and may exhibit the occasional behavioral and/or emotional problems, which range from acting out to withdrawal. Children in this level are basically in good health, although some may require medical attention for minor health conditions. At this level, children typically:

1. Have behavior which is under control and does not require constant adult supervision
2. Have peer relations that are generally positive
3. Are generally compliant with staff and respond favorably to nurturing, structured programs
4. Do not pose a safety risk to the community or other children in the facility.

Moderate Residential Care is a congregate care setting, which provides room, board and an array of services for a child with moderate emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school and/or community setting in other than a residential environment. This moderate type of placement should be limited to children whose needs cannot be met in their own home, traditional foster home, therapeutic foster care home, basic residential care, or children who have reached their treatment goals in a more restrictive setting and are ready to be "stepped down".

Children eligible for this level program must have a Diagnostic & Statistical Manual, (DSM) diagnosis by a psychological or psychiatric evaluation completed within the past twenty-four months, and have associated behaviors and symptoms of the diagnosis. The intensity of the behaviors the child is currently experiencing should cause moderate impairment in the educational, social interaction and/or daily living areas of the child's life. During the referral process a Multi-dimensional Assessment Tool (MAT will be completed. The assessment

must recommend placement in a moderate care facility. Children may have current or past substance abuse needs and may have successfully completed an Alcohol and Drug Treatment Program. Children may be delinquent, have some runaway behavior, display manipulative behaviors, have difficulty maintaining self-control, display poor self-esteem, have difficulty in securing and maintaining close relationships with others, be habitually truant from school and have difficulty in accepting authority. Children with a history of sexual offenses are eligible if they have successfully completed a sex offender treatment program and/or have been deemed not to pose a serious risk by a recognized sex offender treatment professional.

These children have not responded successfully to less restrictive interventions or have been denied admission or discharged from less restrictive placements because of their emotional or behavioral problems. The behavior of these children is not well controlled without consistent adult supervision. Some children may be in need of psychotropic medication. Children in this level of placement are basically healthy however; routine attention for minor health problems or for monitoring medication may be required.

At this level, children typically:

1. Have need of behavioral treatment to be able to function in school, home, or the community because of multiple problems
2. Have not responded successfully to less intensive treatment and/or have been denied admission or discharged from various placements due to behavioral disruptions.
3. Have behavior that is not well controlled without consistent adult supervision or use of psychotropic medications; basic structure and nurturance are not sufficient without treatment.

Intensive Residential Care is a congregate care setting, which provides room, and an array of services for a child with serious and/or chronic emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school and community setting outside of a residential environment. Intensive placement services are for children with a DSM diagnosis requiring active treatment which means implementation of a professionally developed and supervised individual plan of care for individuals who have been prior approved and certified by an independent team as meeting medical necessity for this level of care. The facility must be certified to participate in Medicare/Medicaid programs, be in compliance with Title VI and VII, seclusion and restraint requirements of 42 CFR, Part 483, staffing and medical record requirements and have an approved utilization review plan. Intensive residential placements should be limited to children whose needs cannot be met in their own home, traditional foster home, therapeutic foster care home, basic or moderate residential care, or children whose treatment goals cannot be met in a less restrictive setting.

Children eligible for this program level must have a Diagnostic & Statistical Manual, (DSM) diagnosis and be identified by a mental health professional as having serious emotional and/or behavioral problems and be in need of treatment. The number of behaviors is substantially in excess of those require to make the diagnosis and the intensity of the behaviors is seriously distressing and unmanageable, and the symptoms markedly interfere with social, family and community/educational functioning.

These children may be delinquent, chronic runaways, display poor self-esteem, and have difficulty in accepting authority. Children with significant substance abuse needs, which require intensive treatment, are also eligible. These children may be diagnosed as autistic or display autistic-like behaviors. These children may present with bizarre behaviors, have diminished ability to think clearly, be paranoid and have trouble concentrating.

This population may exhibit significant disruptive behaviors such as persistent or unpredictable aggression, and moderate to serious risk of causing harm to themselves or others.

These children have not responded successfully to less intensive interventions, or have been denied admission or been discharged from various placements because of their emotional and behavioral problems. There is a need for constant adult supervision and intense treatment, which could include the use of psychotropic medication. This is a population at high risk of hospitalization or institutionalization because of the pervasive nature of their problems. Although usually in good health, these children may require medical attention for health problems or for monitoring medications.

Ineligible children are actively homicidal, actively suicidal, or those children who have a psychosis not controlled with medication. Youth who have displayed major acts of violence or aggression such as rape, arson, and assault with deadly weapon, murder, and attempted murder within the past six (6) months are also ineligible for the program.

NOTE: Prior to making a referral to facilities categorized as "Intensive" three steps must have occurred: (1) the ISP team must have assessed and recommended the placement; (2) County child welfare staff must obtain approval from the Office of Child Welfare Intake; and (3) obtain a completed Certificate of Need.

Crisis Stabilization Program is a congregate care or alternative setting, which provides room, board and a basic array of services in a temporary setting. These programs must meet the minimum requirements for shelters as defined by the Minimum Standards for Residential Child Care Facilities or for foster homes as defined in the Minimum Standards for Child Placing Agencies. Crisis stabilization services are to be used in rare circumstances when more permanent, planned placement services are not feasible due to extenuating circumstances, e.g. the late hour of the day, unknown family history or support, etc.

Children or youth referred to this program must be new entries into foster care where the specific placement needs of the children are not known. The child must have no current psychological evaluation (within the past twenty-four months) that provides a DSM diagnosis. During a child or youth's placement in a crisis stabilization program, he or she must receive the full array of services that are needed during the placement. Placements in the program shall be for only as long as needed to defuse a crisis situation and/or until a more permanent placement can be identified. Crisis stabilization placements shall not exceed 60 days. During the 60-day placement, the county DHR office shall be responsible for the scheduling of a psychological evaluation and Multi-dimensional Assessment Tool (MAT) assessment. Any additional time needed beyond the 60 days must be approved by the Resource Management Division. Discharge planning must begin at the time of placement.

Transitional Living environment is an alternative living arrangement that provides foster youth (ages 17-21) with opportunities to practice independent living skills in a variety of congregate settings with decreasing degrees of care and supervision.

Independent Living environment is an alternative living arrangement whereby youth live in community-based housing rather than in a foster home or a group home setting. This living arrangement allows the youth the opportunity to continue the decreased care and supervision needed so that the youth will ultimately be responsible for his/her own care and be prepared to live on his/her own in the same location, when the Department no longer holds custody.

Mothers and Infants Residential care setting is a group living arrangement for pregnant teens, which allows the young mother and her infant to remain in the placement after the birth of her child. The program assists with care for the infant during the hours that the young mother is developing her skills in parenting and preparing for independent living. A mothers and Infants program must meet the portion of the *Minimum Standards for Residential Child Care Facilities* that refers to maternity programs.

Out of Home Placement Procedures

a. Procedures for Placement

The Office of Foster Care, must give approval for children entering acute psychiatric placements, out-of-state placements and out-of-county placements for those counties requiring that children be placed in their own county.

The Residential Placement Intake Protocol is designed to provide guidance on and concurrence with the placement of children into certain programs. The procedures described in this protocol address the following areas:

- Residential and/or therapeutic foster care placements when an emergency contract slot is needed;

- Residential and/or therapeutic foster care placements when there are no contract slots available and the county wants to use flex funds for payments;
- Completion of a Multi-dimensional Assessment Tool (MAT) when a child needs either a TFC placement or placement in a moderate residential facility.

The protocol has been established to maximize the use of contract services and to allow for the individual tailoring of services to meet the needs of families and children. These procedures should ensure maximization of federal funds to meet the increasing needs of families and children served by the Department. The Division of Resource Management provides guidance on and concurrence of residential placements by county staff during regular work hours. If a placement is needed after normal hours on an emergency basis, the request must be made to the Residential Placement Intake Unit within the Division of Resource Management the following workday. The intake Protocol and the Placement Request – Residential Placement Intake Protocol are to be used when requesting placement services. These are available through iDHR and can be accessed from the Foster Care Policy link; and the Placement Request (DHR-FCS-2188) can be accessed from the Foster Care Forms and Instructions link.

i. Request for Application for Admission

Each facility has intake procedures that must be followed. The request for consideration of a child should be made in writing. This should be accomplished by a brief statement of the situation necessitating placement with identifying information about the child, including name, birthdate, grade placement, health status, and social adjustment along with the anticipated length of placement needed. This information would not be as detailed as the social summary which will later be submitted. Some placement types will require a formal DSM V diagnosis, if the child has one. For Intensive programs, a Certificate of Need will also be required.

If the facility staff decides to consider the child, they will furnish the worker with the necessary admission forms, medical examination forms and request whatever additional information is needed.

The facility requires a social summary regarding the child and his family as part of the application. Retain a copy of this assessment in the case record.

ii. Admission Agreement and/or Contract

When the admission process has progressed to such a point as to indicate the placement is likely to materialize, an agreement as to details regarding interchange of information, reports, financial

arrangements, clothing, medical care, visiting in family and unrelated homes, custody, plans regarding pre-placement visiting, and placement should be formulated.

Some facilities require the family or agency retaining custody of the child to sign agreements which specify how certain need of the child will be met. When the County Department holds legal custody, County Department is only authorized to sign the DHR-FCS 823 County Child Placement Authorization Agreement. A copy of the court order awarding temporary custody to the County Department and any subsequent court order pertaining to specific permissions must be attached to and made a part of the Agreement. The County Child Placement Authorization Agreement includes consent of the County Department for only emergency medical, surgical, dental and hospital services, treatment, and care; annual medical and dental examinations; and for permission to participate in recreational, social and educational activities offered or approved by the child care facility and taking place within the State. Any release of information about any child must be considered on an individual basis by the County Department. No "hold harmless" agreements, which contain statements that the provider is exempt from responsibility or liability for a child placed in their programs, shall be signed by DHR staff. If such agreements are held to be mandatory before placement, the Division of Resource Management should be contacted.

On receipt of any agreement and/or contract concerning medical care of the child's participation in activities from a child care institution or a group home, other than the DHR-FCS-823, send to SDHR's Family Services the agreement and/or contract and a copy of the court order granting custody of the child to the County Department, or the Agreement for Foster Care, PSD-BFC-731. A DHR-OCG 724 Purchase of Service Authorization must be completed on all children being placed in a contract slot at a facility with which the department has a contractual arrangement. On procedures for placing children in placements where contract slots are not available refer to Residential Placement Intake Procedures located in the Appendix section.

iii. Authorization to Place

When the ISP team recommends that a child is in need of placement in a residential facility, the County Department must have either an Agreement For Foster Care, PSD-BFC-731, an order issued by the court giving the County Department the right to plan for the child pending a court hearing, or an order giving the County Department temporary custody of the child. The County Department must not seek custody of a child only for the purpose of placing a child in a treatment facility and making payment.

iv. Child in the Custody of a Residential Facility

If the County Department holds custody of a child in a residential facility, the County Department retains the responsibility for planning for the child. The facility retains certain responsibility for the child while the child is in the facility and close cooperation between the County Department and facility is essential.

In rare situations, a facility may wish to assume legal custody of a child being admitted, the facility is responsible for filing a petition in court and providing ongoing services to the child. The ISP team should be involved in this process. The County may furnish information to the facility only with consent of the family.

If the County Department is contacted by the facility about a change in the custody status of a child currently residing in the facility, the County Department will bring the case to the attention of the judge of the court who issued the original order of custody. The County Department should notify the facility of the Department's intent to consider with the facility the plan to be made on behalf of the child. If the court issuing the original order determines that a change of custody is indicated, the County Department should notify the facility that the court will accept a petition.

The facility desiring custody of a child in its care should be made aware prior to a change of custody that the department will no longer be responsible for planning or making board payments for the child to the child care facility if the Department is relieved of custody.

v. Special Educational Services for Exceptional Children Placed by DHR in Residential Settings

There are children in the Department's care, custody or planning responsibility whose living arrangements are provided in residential facilities and who receive special education services. These services may be provided through either local education agencies (LEAs) in the local public schools or private education programs located within the residential setting. State and Federal laws require the State Department of Education (SDE) to provide a free and appropriate public education to all exceptional children. SDE provides funding to residential programs for their in-house educational programs, including educational services to exceptional children. One of the prerequisites for the SDE to pay educational expenses for exceptional students is the development of an appropriate Individual Education Program (IEP) with the LEA. The child's social worker, birth family, etc. should participate in the IEP.

NOTE: SDE considers legal residence as the county in which the child actually resides, i. e. the county in which the residential facility is located. Therefore, in order to coordinate services, the LEA with which child welfare staff will work to coordinate educational services will be the LEA of the county in which the facility is located.

(1) Initial Placement In Facility Located Outside DHR County of Responsibility

As soon as it is known that an exceptional child in out-of-home care will need to be placed into a residential program located outside the county, the child welfare worker should contact the Special Education Coordinator of the receiving LEA. SDE's website, www.alsde.edu, maintains a list of special education coordinators, (enter "coordinator" in "search" box and scroll to Coordinator List). The contact should be made prior to placing the child in an out of county facility in order to determine if an IEP conference is needed. In situations involving immediate or quick placement of a child into an out of county facility, the child welfare worker should contact the Special Education Coordinator of the receiving LEA to determine if an IEP conference needs to be expedited. Generally, an IEP from one school system will be accepted by a receiving school system until the receiving school system can have a conference to update the IEP.

(2) Change in Residential Placement of Special Education Child

As soon as the need for a change of residential placement for an exceptional school age child in DHR custody becomes known, the child welfare worker in the county having planning responsibility will notify the Special Education Coordinator of the LEA where the current placement facility is located. The child welfare worker will request that the child's records be transferred to the receiving LEA. The IEP will follow the child.

(3) Written Notification to LEA of Placement

The child welfare worker in the county with planning responsibility will notify in writing the Special Education Coordinator for the LEA in which the child will be placed by submitting the original of the letter informing that LEA of the child's placement in the facility located in the LEA area. (See Forms Section for sample letter).

(4) Transmittal of Essential Information from One LEA to Another LEA

In order to facilitate the transmittal of essential data to LEAs on the exceptional child having his/her residential placement changed, use the sample letter in the Forms Section. The letter is to be completed on county letterhead and used to notify all parties of such changes. The completed letter is sent to the appropriate persons on all children from who the Department has planning responsibility.

If the Department does not have custody of the child, the worker may help the parent or legal guardian request the school system to forward education information to the appropriate LEA. If the child is being placed on a boarding home agreement, the parent must request educational material be forwarded to the LEA where the facility is located. The county worker may still complete the letter and indicate that other information is forthcoming.

vi. Surgery or Other Medical Treatment for children in Residential Facilities

The County Department's responsibility for the authorization of surgery or other medical treatment will depend upon the content of the court order. Content should be developed with the local DHR attorney, if local protocol allows. The court may prefer any one of the following three ways whereby surgery or other medical treatment is authorized.

- The court order granting temporary custody of the child to the County Department may authorize the County Department, by and through its Director, or other employee officially designated by the said Director, to give consent for surgery or other medical treatment.
- The court may grant temporary custody of the child to the County Department specifically authorizing the County Department to place the child in an institution/group home/treatment facility and may

authorize the institution/group home/treatment facility by and through its director or other employee officially designated by the said director to give consent for surgery or other medical treatment.

- The court may grant temporary custody to the County Department authorizing the County Department to give consent for surgery or other medical treatment with further authorization to delegate to the institution/group home/treatment facility the authority to give consent for emergency surgery or other emergency medical treatment recommended or prescribed by a licensed physician or surgeon.

There will be some cases where the court order gives the County Department temporary custody but does not specify who is authorized to give consent for surgery or other medical treatment. In these cases, the County Department must do one of the following: (a) obtain a court order authorizing consent by the County Department; or (b) have the parents give the consent.

Prior to applying the above-described procedure on "Surgery or Other Medical Treatment", the County Department should discuss them with the judge of the juvenile court and arrive at a mutual understanding as to the County Department's responsibility. This prior clarification through discussion with the judge is particularly important regarding cases where the custody order does not specify the person or agency authorized to consent for surgery or other medical treatment.

vii. ISP for Children in Residential Facilities

The ISP process should be understood clearly in the beginning between the County Department and the residential facility, especially in working with the family and child. Children in out-of-home placements must be seen by their DHR social worker monthly in the place in which they live. Children also benefit from worker visits and support in other settings. Refer to the Caseworker Visitation section for detailed discussion on narrative entries and documentation of visits. There will need to be periodic conferences between the County Department and residential facility personnel to discuss progress being made and to formulate further plans.

When a child is placed in a facility, work with the parents should be directed toward helping them to understand the program and procedure of the facility and their relationship to it. When a child

will not be returning to his home because of a severe handicap, work with the parents should be directed toward helping them deal with their feelings surrounding the child's condition, and encouraging their important role in development of the plan for the child.

viii. Preparation and Placement

Since placement in a residential facility is usually only for school age children, the child is old enough to be aware and participate in much of the planning for his admission. His parents and/or worker should help him understand why this is necessary. If the child has no close relationship with his parents and has been in foster family home, the foster parents may be helpful.

As in all out-of-home placements, preparation with the child and his family will vary, depending on the child's age, needs, circumstances necessitating placement, etc.

Since residential facility placement involves working with the older child who has more awareness of his and his family's situation, opportunities must be found for him to verbalize feelings. Parents must also be given this opportunity and encouraged to help make the transition for the child as comfortable as possible.

The worker should make arrangements for the child and his family to visit the facility before admission. They should be informed about the physical facilities, campus activities, living arrangements, etc. prior to the visit. The worker if needed should accompany the child and his parents. After the visit, the child should return to familiar surroundings and be given an opportunity to express his feelings, both positive and negative. Sometimes more than one pre-placement visit may be necessary.

The date of the placement will be set by the facility. Placement should be planned when the regular houseparents are on duty. The child should be taken to the facility by the worker who has established a relationship with him and who has had the responsibility for planning.

Placement is traumatic but can be easier for the child if he is permitted to bring as many of his personal possessions as possible such as toys, clothing, etc. The worker should allow enough time on the day of placement so that the child can feel as comfortable as possible in his new setting before the worker leaves. The worker will encourage and facilitate visits with the child, family and former foster parents.

ix. Vacation Planning

The County Department has responsibility for vacation planning for children in facilities who are in the legal custody of the

Department and for children whom the County Department has assumed responsibility for planning. Resources for vacation planning include related homes and foster family boarding homes. If visits are made in foster family homes and cost is involved, board payments are to be made in the usual manner.

The County Department is responsible for communication with the facility concerning vacation plans. When children want to visit in an unrelated home, prior evaluation and approval of the home by the County Department must be secured by the facility.

b. Child Care Institution and Group Homes

A child can be referred to, placed, or provided services by the Department only in child care institutions or group homes which are licensed or approved according to law and licensing standards and are in compliance with Title VI of the Civil Rights Act of 1964. All facilities must be licensed by the Department of Human Resources or the Department of Mental Health (except for Outdoor Therapeutic/Wilderness Programs, which are licensed by the Department of Youth Services) or accredited by a national accrediting association, such as JCAHO, COA or CARF. An updated version of the Online Residential Resource Directory is maintained on the DHR web-site, www.dhr.alabama.gov.

If an institution or group home is licensed, in compliance with Title VI of the Civil Rights Act of 1964 and the services of an institution or group home are appropriate to meet the needs of the child, then the worker may proceed with an application in the child's behalf.

If a parent or guardian having custody wishes to plan for a child in an institution or group home which does not meet both of the above requirements, the County Department of Human Resources shall not make a referral to such facility nor in any way participate in the placement in such facility.

i. Reporting of All Referrals on FACTS

Any child referred to a childcare institution or group home by the County Department in the form of an inquiry or referral must be documented in FACTS through the placement module. Refer to the FACTS Roadmap for instructions. (Document Residential Placement Referral)

ii. Selection of Facility Based on Needs of Child and Proximity of Natural Family

The selection of the appropriate institution or group home must be based on the needs of the child in relation to the program offered by the various institutions or group homes. (Refer to the definitions located in the Residential Facility for Children and Youth section item number 9) The distance from the child's home

should not be so far that family visiting is impossible if visiting is part of the plan.

iii. Services During Placement

Placement should be viewed as a temporary plan with a foreseeable termination since the shared goal of DHR and most institutions and group homes is for every child to return to family life in the community. Indefinite plans or prolonged periods of institutional care or group home care resulting from lack of adequate planning or lack of casework with parents, are not considered acceptable practice.

Each institution type is bound contractually to provide needed services as identified in the ISP. Services that are referred by each services type will be delineated in its core services. The worker should continue to maintain a relationship with the child through frequent correspondence, contact with the institution or group home, and visits.

iv. CAN Reports on Child Care Institution and Group Homes

If, during any contacts with the child care institution or group home, the worker notes any concern about the operational procedures of the facility or quality of care being provided to children, the concern(s) should be immediately reported to the Division of Resource Management/SDHR. (Refer to Child Protective Services Policies and Procedures, Out-of-Home Protocol, for procedures for reporting and investigating allegations or abuse/neglect in a child-care facility.)

v. Child Care Institutions and Group Homes Title XX / Contract for Social Services

There are some childcare institutions with whom the Department contracts for the social services component of the program. An example is Brantwood – The Children's Home. To identify these facilities, refer to the Resource Directory of Residential Facilities for Children and Youth located on the web site, www.dhr.alabama.gov click on community providers, licensing & resource development and residential resource directory.

The County Department worker must determine Title XX eligibility for children entering these facilities as for children entering residential treatment programs.

For children who have private earmarked funds, (RSDI, VA, Child Support, etc.), the income must first be applied to pay the child's board. The child's monthly income in excess of the board payment is to be used to reimburse the Department for contract costs.

The same procedure will be used for reimbursement for cost of Title XX social services as is used for children in residential treatment facilities.

vi. In-State Residential Treatment Facilities under Contract

There are some group homes, child care institutions, facilities certified by the State Department of Mental Health and facilities licensed by the State Department of Human Resources that provide services to children with exceptional needs. These facilities provide intensive treatment for children with mild to severe behavioral and emotional problems who cannot be treated on an outpatient basis. (Refer to the Residential Facilities for Children and Youth section item number 9)

There are a group of facilities which are under contract with the Department to provide Residential Treatment for Individuals with Exceptional Needs. Some of these provide services to CHINS with acting out behavior and others provide services for children and youth with marked emotional disturbances.

The County Department must have adequate documentation, including ISP team recommendation that residential treatment is needed prior to contacting a treatment facility for placement. The information necessary for documenting need is: social summary (dated); report of psychiatric and/or psychological evaluation which includes Diagnostic and Evaluation information relating to current problems and IQ testing and a recommendation for residential services; school records; and medical. This information will assist the ISP team in the selection of an appropriate resource from the Resource Directory of Residential Facilities for Children and Youth. Once the ISP team selects an appropriate residential facility, a referral must be completed to that facility and the referral process of the facility is to be followed.

Commonly expected information:

- Current ISP;
- Specific reason for referral and need for placement;
- Social summary (dated);
- All psychiatric and psychological reports;
- School records;
- Most current medical, immunization record; and
- Custody status or boarding home agreement copy of Court Order if Department holds custody.

After the selection of the facility is made, the worker must register or update FACTS showing child placed, coordinate with facility the visitation of the resource to be used following treatment, and review monthly program reports.

vii. Payment Procedure for Contract Facilities

For payment for a child receiving residential care, complete a service authorization form, PSD-OSS-724, and send to the child care facility under contract. The service authorized is Residential Care Services for Individuals with Exceptional Needs, No. 350.

For payment for a child receiving specialized foster family care through a child placing agency that provides therapeutic foster care, award the board payment through the FACTS payment system. In addition, complete a service authorization form, PSD-OSS-724, and authorize Foster Care for Children service, No. 040.

Children placed in a childcare facility under contract may be eligible for Medicaid. This must be explored by the child welfare worker.

Each month the contract facilities will submit their invoices to SDHR Division of Resource Management. Along with the invoice a list of children who have received residential services in the facility during the month must be attached. The list will include the child's name, eligibility category, DHR case number, county authorizing the service and social service units provided per child. From this list, SDHR Finance will send each County Department a list of children from that county. This list will include instructions to reimburse the State Department of Human Resources from the child's private income the amount paid in board by SDHR.

As the child's monthly income will in most cases not be sufficient to cover the total cost, then partial reimbursement will be made to SDHR from the funds available. This reimbursement should not exceed the child's income for the given month. If the county advises SDHR Finance that the child has no income, SDHR will pay the costs of placement without any reimbursement.

The monthly statement from SDHR Finance will include each child and the cost of care paid by SDHR. The County will indicate on the listing the amount being reimbursed for each child to SDHR Finance. County finance officer may send the list and one check for the total amount of all payments submitted. The County will retain the original statement and send the duplicate back with their local funds check. Your local county finance officer can provide guidance as needed.

As the list of children will be sent to the counties subsequent to any receipt of monies for the children, continue to deposit a child's

income in your local funds account earmarked for the particular child.

viii. Out-of-State Residential Treatment Facilities Placement Protocol

Some children have a diagnosis of emotional and/or physical problems of such serious nature that the foster care resources licensed or approved by the Department are not equipped to meet their needs. As it is the duty of the Department to serve these children and as the facilities in Alabama are not always equipped to do so, resources outside the State are sometimes required. Because of the gravity of these children's problems these cases often require consultation from other state agencies such as the Department of Mental Health, are universally high cost, and resources may be outside of the State. Prior approval for out-of-state placements must be secured from the Office of Foster Care at SDHR. Approval for placement in an out-of-state residential treatment facility will be given only for children placed by court order in the temporary or permanent custody of the Department with the exception of children placed through Multi-Needs.

For approval for placement of a child in an out-of-state residential treatment facility, the County Department must submit the following information with the request to the Family Services Division at FamilyServices,PlacementAssistance:

Current ISP;

- a summary of the situation;
- identifying information regarding the child;
- reason for placement;
- medical and/or psychological evaluations;
- amount and source of income available to the child;
- the proposed facility treatment to be provided by the facility and the cost. Before any facility can be used, it will be necessary for the State Department of Human Resources to clear with the respective out-of-state Department regarding licensure or certification and compliance with Title VI of the Civil Rights Act of 1964. The Division of Equal Employment Opportunity and Compliance will determine [such compliance.];
- anticipated length of time care will be needed;
- copy of court order placing child in custody of the Department;

- efforts made to locate a resource within the state to meet the needs of the child.

All appropriate resources within the state must be explored before approval will be given for referral to an out-of-state facility. Following approval from SDHR's Family Services to proceed with the plan for residential treatment, the County Department should contact the appropriate facility for application for admission. Out-of-state residential treatment resources have varying types of admission procedures: therefore, the County Department should contact the facility directly for specific information regarding admission procedures.

If the child can be accepted for admission, details regarding family, exchange of information, reports, financial arrangements, clothing, medical care, family visiting, visiting in unrelated homes, custody, plans regarding pre-placement visiting, and placement should be discussed with the facility. Each institution has its own policies regarding these points and the worker should be aware of these policies. The worker should secure enough information about the institution to adequately prepare the child and his parents for the experience. Once contact has been made to the facility, contact should be made to the Interstate Compact Office with SDHR for direction on referral to placement. (Refer to Interstate/Intercountry Services to Children Policy & Procedures, Section VI, Interstate Placement in Group Homes and Child Care Institutions.)

The residential treatment facility will bill the County Department. The County Department approves the invoice and forwards invoice for payment. Children in Alabama who are eligible for SSI are also eligible for Alabama Medicaid coverage. When a foster child is placed in an out-of-state residential treatment facility, notify the local Social Security representative that the County Department retains custody and planning responsibility and wishes to remain payee for the child's SSI benefits which are applied to child's cost of care.

c. Nursing Homes

It is the goal of the Department to maintain children with exceptional health care needs in home settings with supports being provided. There are some children in out-of-home care with severe physical health conditions that require skilled nursing care that can only be provided in a nursing home. For these children, a nursing home or cerebral palsy center will need to be located. Alabama has two pediatric nursing homes; Father Purcell Memorial Exceptional Children's Center and Montgomery Specialty Center, both located in Montgomery. Other nursing homes may accept children and the child welfare worker will need to contact nursing home facilities within the county, followed by bordering counties and then statewide. The State Department of Public Health's website

www.adph.org\fastfind\providerservices\facility has a nursing home directory.

After the ISP team has determined that nursing home care is the most appropriate placement for a child and there is a recommendation by a physician that a child requires nursing home care, the child welfare worker should begin to contact nursing homes located in the county. Because few nursing homes accept children, it may be necessary to locate a nursing home in border county. The requirements for placing within close proximity of a child's family should be followed. When this is not feasible, it should be documented.

After the ISP team has determined that nursing home care is necessary and a resource has been located, there are two areas that will need to be explored, medical level of care and Medicaid payment for nursing home/institutionalized care.

(1) Medical Level of Care

Alabama Medicaid has delegated the process of determining the medical level of care an individual requires to registered nurses located in each nursing home facility. A professional nurse evaluates the medical need of a child based on ten criteria/services and whether the child requires on regular bases two of the ten specific services. These criteria/services are

- Administration of a potent and dangerous injectable medication and intravenous medication and solutions on a daily bases or administration of routine oral medications, eye drops, or ointment.
- Restorative nursing procedures (such as gait training and bowel and bladder training) in the case of residents who are determined to have restorative potential and can benefit from the training on a daily basis per physician's orders.
- Nasopharyngeal aspiration required for the maintenance of a clear airway.
- Maintenance of tracheotomy, gastrostomy, colostomy, ileostomy, and other tubes indwelling in body cavities as an adjunct to active treatment for rehabilitation of disease for which the stoma was created.
- Administration of tube feedings by naso-gastric tube.
- Care of extensive decubitus ulcers or other widespread skin disorders.
- Observation of unstable medical conditions* required on a regular and continuing basis that can

only be provided by or under the direction of a registered nurse (need supporting documentation).

- Use of oxygen on a regular or continuing basis.
- Application of dressing involving prescription medications and aseptic techniques and/or changing of dressing in noninfected, postoperative or chronic conditions per physician's orders.
- Comatose resident receiving routine medical treatment.

*To meet the criteria of "unstable medical condition" Alabama Medicaid applies the Medicare definition of "chronic stable state." In general a person is considered to have a chronic condition when it has persisted for over six months and there have been no significant changes in the past 30-60 days.

The Omnibus Budget Reconciliation Act of 1996 (OBRA) required Medicaid to do a mental health pre-admission evaluation that can effect Medicaid reimbursement. As a result of the OBRA requirements, Alabama Medicaid requires a Level I pre-admission screening. This is coordinated by the social service area of the nursing home and is performed by the Alabama Department of Mental Health. Results of the Level I Pre-Admission Screening will determine whether a Level II evaluation is needed. In addition, a screening prior to admission is required to assure that the child is free from communicable disease. This is coordinated by the nursing home as part of the admission process.

(2) Payment of Nursing Home Care

It is expected that most children in the Department's care who require and meet the criteria for nursing home care will already be receiving Supplemental Security Income (SSI) and have Medicaid through the SSI. If a child is receiving SSI, the Social Security Administration must be contacted to request that the Medicaid be changed to "nursing home/institutionalized Medicaid. The SSI monthly benefits will be decreased to $30.00. The nursing home will generally require the $30.00 per month to pay for incidentals such as laundry not covered by Medicaid.

If a child is not receiving SSI, the child welfare worker should apply for SSI. The child welfare worker should contact the local Social Security Administration (SSA) and set an appointment for the SSA to call back and take the application by phone. The representative payee application can also be taken at that time.

If a child has Medicaid under any category other than SSI or does not have Medicaid, it is necessary for the child welfare worker to apply for Nursing Home/Institutionalized Medicaid at the District Medicaid office serving the county of the nursing home.

Application can be obtained at the website for Alabama Medicaid, www.medicaid.alabama.gov. Click on apply for Medicaid, Elderly and Disabled Programs/Nursing Home Care to obtain the Application/Redetermination for Elderly and Disabled Programs. The application can be printed, completed and mailed to the appropriate District Medicaid Office. A physician's referral will need to accompany the application certifying the need for nursing home care.

Income limitation for Nursing Home/Institutionalized Medicaid is 300% of the SSI income level. The resource limit is $2000.

d. Cerebral Palsy Centers and Residential Treatment Facilities

Application for SSI benefits should be made for children in cerebral palsy treatment centers and residential care facilities serving physically and mentally disabled, emotionally disturbed children in the same manner as for other children in foster care. These children may be eligible for SSI benefits if SSA is able to determine the level of care received and/or they meet other criteria for eligibility.

Alabama has one cerebral palsy center, Mulherin Custodial Home in Mobile. The total amount of available income, including SSI, received for a child in a cerebral palsy center or residential treatment facility should be applied to the monthly cost-of-care bills received from the facility. In addition to Mulherin Custodial Home, the county should locate a local resource to serve the cerebral palsy child.

e. Inpatient Psychiatric Services

This policy provides DHR staff with procedures to follow when assessing a child's need for inpatient psychiatric services (diagnosis, evaluation, and treatment), and when appropriate, the subsequent admission to and discharge from the hospital setting. The individualized service planning (ISP) process shall be utilized in conjunction with these procedures when assessing need and planning the delivery of services to children for whom the Department has custody or planning responsibility.

NOTE: Diagnostic and evaluative services provided at Alabama DMH Adolescent Unit at UAB Hospital require the concurrence of, and commitment to, the State Department of Mental Health prior to admission. This policy is not intended to provide guidance in these situations even though the assessment process noted in II, A. should be similar. Contact SDHR Office of Foster Care for guidance when these services are being considered.

The "system of care" shall not initiate or consent to the placement of a child in an institution or other facility operated by DMH or by DYS unless the placement is the least restrictive, most normalized placement appropriate to the strengths and needs of the child.

The "system of care" shall forbid summary discharges from placements. DHR shall promulgate a policy acceptable to both parties that describes steps that must be taken prior to a child's discharge from a placement. The policy may permit in exceptional circumstances the placement of a child in a temporary, emergency setting without prior notice to DHR.

i. Referral and Admission

The ISP process is utilized to identify strengths and needs of children and their families, identify steps and services to address the needs, and determine the least restrictive environment in which the children's needs can be met. The ISP team shall be fully involved when assessing the need for, and appropriateness of, inpatient services even though the child welfare worker, supervisor, and / or program supervisor have primary responsibility for completing the referral and admission process.

The referral and admission process includes:

- assessing a child's need for inpatient services;
- confirming the need with a qualified professional; and
- obtaining SDHR consultation and approval for service delivery.

ii. Assessing The Need For Inpatient Services

Inpatient services shall only be considered when a child cannot be safely evaluated and/or treated on an outpatient basis or in a less restrictive setting. When supportive services will enable a child to be served on an outpatient basis or in a less restrictive setting, and the provision of these services shall always be considered prior to inpatient referral. An example could be authorizing basic living skills for behavioral aides to assist children to manage their behaviors.

ISP team members shall assess information gathered from the following areas when considering the need for inpatient services:

(1) Behavioral Indicators

A description of the current behaviors exhibited by the child shall be obtained with attention given to the following:

- Child is a danger to self or others

  Describe any threats, attempts or specific plans the child has made to inflict harm on self or others, and if there are any lethal means at the child's disposal to inflict such harm. Any prior history of harm to self or others needs to be included.

- Child displays out of control behavior(s)

  List the behavior(s) that cannot be controlled (e.g., fire setting, violent temper tantrums, sexual acting out) and describe them specifically. Include information about the frequency, duration, level of intensity, and possible events precipitating the behavior(s).

- Child takes prescription medication to control behavior(s)

  List any medication(s) prescribed to control the child's behavior or affect including dosage, how administered, benefits, and any side effects on the child. Determine if there is a responsible parent/caregiver administering the medication, and if there is an indication of any use of non-prescription or illegal drugs. If the child appears to need a medication evaluation, determine if the evaluation can be accessed on an outpatient basis with or without the benefit of supportive services.

- Child experiences delusions or hallucinations

  If the child describes visual, tactile or auditory hallucinations or is frightened by fantasies, the situation is considered urgent. An outpatient evaluation by a qualified professional should be arranged immediately since it is sometimes difficult to differentiate between children's fantasies and true hallucinations.

(2) Prior Services and Treatment Interventions

The following information shall be obtained on prior inpatient **and** outpatient services when assessing the current need for inpatient services:

- hospital, facility, or service provider's name;
- treating physician or service provider's qualification (e.g., psychiatrist, psychologist);
- referral reason;

- service(s) provided including length, frequency, and outcome;
- medication(s) prescribed;
- recommendations upon hospital discharge or termination of service(s); and
- the extent to which the recommendations have been followed, modified, or strengthened to address the child's current needs.

iii. Confirming The Need For Inpatient Services

Once the ISP team has determined that the child is unable to be served in a less restrictive setting and that inpatient services appear to be needed, that need must be confirmed by a qualified professional (refer to definition in glossary) **prior to contact** with SDHR for placement approval. The qualified professional shall not be on staff at the hospital setting where inpatient services will be sought. A Medicaid form entitled "Certification of Need for Services" should be completed. This is a Medicaid form and may be downloaded from the Medicaid web site: www.medicaid.state.al.us.

The qualified professional shall personally assess the child, and as appropriate, the family members and other caregivers. The professional shall provide information regarding:

- specific needs related to exhibited behaviors;
- risk of harm to self or others;
- diagnosis;
- clear evidence that the child's needs cannot be met on an outpatient basis or in a less restrictive setting with supportive services being provided; and
- determination that services require an inpatient setting and the anticipated length of the hospital stay.

Confirmation by the qualified professional may be provided in an ISP meeting, a case staffing with the professional and other appropriate child and family planning team members in attendance or it may be provided to the child and family planning team in writing. **The child welfare worker is responsible for informing the qualified professional of the available service array and the Department's responsibility to develop needed services. The worker shall also explore with the qualified professional whether a less restrictive environment exists in**

which the child's needs may be met. When ISP meetings are held and the qualified professional is unable to attend, the professional's input must be included and may be provided by conference call or through a written report of the findings.

When a child is receiving outpatient services or services in a less restrictive setting, continuity of care is an important factor for achieving desired outcomes. If a service provider recommends inpatient services and the ISP team is not in agreement, a second opinion may be sought. If deemed necessary, the second opinion shall be provided by a qualified professional not on staff at the hospital where services will be sought. The worker is responsible for contacting that professional to obtain confirmation that inpatient services are necessary.

iv. SDHR Consultation And Approval

Inpatient psychiatric services require SDHR approval prior to the child's admission. The SDHR consultant having responsibility for providing consultation and approval for child welfare services shall be contacted during the assessment process to assist the ISP team in determining both the need for, and appropriateness of, inpatient services, and shall be contacted once the qualified professional has confirmed the need for inpatient services.

The DHR-FSD-1829, Referral and Approval for Inpatient Psychiatric Services, and the following procedure shall be utilized for obtaining approval from the SDHR consultant.

Section I of the DHR-FSD-1829 is to be completed by the child's worker and signed by the appropriate supervisor. In addition, a certificate of need for service form must also be completed. This is a Medicaid form and may be downloaded from the Alabama Medicaid Agency website: www.medicaid.state.al.us.

The supervisor will contact the SDHR Office of Child Welfare Intake to provide notification that inpatient services appear to be needed and that a qualified professional has confirmed that need. Copies of the completed 1829, current ISP and/or social summary, and the qualified professional's assessment findings are then faxed to the consultant for review. The consultant and county staff will discuss the information gathered during the assessment and confirmation phases. Although verbal approval may be granted for a maximum of fourteen (14) days when inpatient services are deemed appropriate, crisis stabilization may occur more quickly (e.g., during a 24 to 48 hour or one (1) week hospital stay), and appropriate discharge planning shall facilitate the child's move to a less restrictive setting upon stabilization.

Once placement approval has been received, county staff will locate a hospital where the child can receive and be admitted for

the needed inpatient services. Initial efforts must be made with hospitals which accept Medicaid.

When a hospital is located and placement arranged, county staff shall notify the SDHR consultant of the hospital name and admission date.

The consultant will send the county written confirmation of the approval (see sample letter in form section).

The county supervisor will complete Section II of the 1829, and within three (3) days of the child's admission, mail the second copy to the consultant.

Exception - Children frequently provide verbal and/or non-verbal cues which indicate increased behavioral/emotional needs. When these needs are appropriately addressed on a timely basis, the frequency of situations reaching a crisis level and requiring after hours or weekend hospitalizations can be decreased.

County management staff shall monitor the number of after-hours and weekend hospitalizations which occur and shall assess the precipitating factors to determine if children's needs are being appropriately addressed.

When it is necessary to hospitalize a child for inpatient psychiatric services on the weekend or after office hours, the supervisor must notify the SDHR consultant of the child's hospitalization on the next working day. DHR-FSD-1829 will be completed per instructions.

v. Extensions

When inpatient services are needed beyond 14 days, extensions are considered on a case-by-case basis. Information required for extensions includes:

- child's current status;
- a description of the progress made during hospitalization;
- barriers which are impeding progress toward discharge;
- supportive services offered and delivered to address the barriers;
- a description of efforts made to develop supportive services which will facilitate the child's safe placement in a less restrictive setting; and
- documentation supporting the need for an extension (i.e., treating physician or therapist's

- statement), estimated length of the extension, and if a second (2nd) opinion is considered necessary.

It is the county supervisor's responsibility to telephone the SDHR consultant granting prior approval, provide the necessary information to request an extension, and document the approval in Section III of the 1829.

vi. Discharge

Discharge planning shall begin immediately upon a child's admission to the hospital and continue throughout inpatient service delivery. The ISP team shall partner with hospital staff responsible for the planning and delivery of services and make every effort to hold an ISP meeting at the time of the child's admission in order to be involved in the development of the hospital's treatment plan.

The child's family, out-of-home caregiver (if applicable), the child welfare worker, and other appropriate ISP team members shall participate in hospital staffings and partner to:

- advocate for and monitor service delivery to determine that the child is receiving the needed services;
- know of all medication(s) prescribed and administered, their benefits, and any side effects upon the child;
- be involved in planning for the child's step down to a less restrictive environment;
- secure copies of the medical records and discharge summary to facilitate; and
- coordination of aftercare services.

The ISP team must consider the type and extent of services being delivered, the child's progress (or lack thereof), and the qualified professional's recommendations for stepping the child down to a less restrictive environment where needs can be met. The ISP shall address the inpatient services provided to meet the child's needs, identify the most appropriate and least restrictive placement setting to meet those needs, and the steps to be taken by the ISP team members prior to and at the time of the child's discharge.

Section IV of the DHR-FSD-1829 is completed and submitted with a copy of the discharge summary to the SDHR consultant no later than three (3) working days after a child's discharge from the hospital. If the discharge summary is not available within this time frame, it must be submitted to the consultant upon receipt.

vii. Case Record And FACTS Documentation for Children in Psychiatric Hospitals

All information gathered to support the need for hospitalization must be maintained in the case record. The ISP shall document the need for inpatient services and the subsequent placement, and DHR-FSD-1829 is used to document referral and admission information related to a child's hospitalization for inpatient services.

FACTS must be kept current by entering Placement of Psychiatric Hospital. Document placement service type (Placement/psychiatric Hospital-CW.) QA reports and samples for QA reviews are drawn from FACTS data so it is essential this data be kept current and accurate. For example, when board payments continue to a foster home because the plan is for a child to return to the home after release from an inpatient psychiatric placement, the worker must update FACTS to reflect admission to and discharge from the hospital.

An accurate control system of all children placed in hospitals for psychiatric services must be maintained locally. This system must include, at a minimum, the child's name, the hospital name, admission date, discharge date, and the placement type into which the child was discharged. A sample psychiatric hospitalization log utilizing an Excel spreadsheet is located in the forms section of this policy.

County departments receive a copy of two (2) reports, FC085 and FC055 available on Business Object Enterprises (BOE). FC085 reports a count of children by placement type, including the number in psychiatric hospitals, and FC055 identifies the children. These reports can be utilized to supplement or confirm the data maintained in the psychiatric hospitalization log.

Counties have the option of using the 1829 to provide information to the individual designated to maintain the county's psychiatric hospitalization log.

E. Placement/Registration of Adjudicated Juvenile Sexual Offenders In DHR Custody

The Alabama Sex Offender Registration and Community Notification Act, Alabama Act No. 2011-640, became effective July 1, 2011. It repeals and replaces Code of Alabama 1975 (§ 15-20-1 through 15-20-38). Many of the changes in the new law directly affect DHR child welfare programs (e.g. Foster Care, Adoption, etc.).

Act No.2011-640 is applicable to juvenile sexual offenders. A juvenile sex offender is defined in § 15-20-21 (7) as an individual adjudicated delinquent of a criminal sex offense.

A juvenile sex offender age fourteen (14) or older (but has not yet reached the age of eighteen) at the time of the sex offense, and is adjudicated delinquent on or after July 1, 2011 for any of the sex offenses listed below (see 1-7), is subject to registration for life. If adjudicated delinquent prior to July 1, 2011 for any of the sex offenses listed below, the juvenile sex offender shall be subject to registration for ten (10) years from the date of last release. Failure to provide registration information is a Class C Felony. The sex offenses subject to registration are as follows:

1. rape in the first degree (§ 13A-6-61);
2. sodomy in the first degree (§ 13A-6-63);
3. sexual abuse in the first degree (§ 13A-6-66);
4. sexual torture (§ 13A-6-65.1);
5. any offense committed in any other jurisdiction which, if it had been committed in this state under the current provisions of law, would constitute an offense listed in subdivisions (1) to (4) above;
6. any offense committed in this state or any other jurisdiction, compatible to or more severe than aggravated sexual abuse as described in 18 U.S.C. § 2241 (a) or (b); and
7. any attempt or conspiracy to commit any one of the offenses listed in subdivisions (1) to (6) above.

8. As custodian of adjudicated juvenile sexual offenders in foster care, DHR is subject to requirements that govern registration and residence/employment of adjudicated juvenile sexual offenders set forth in Act No. 2011-640. These requirements are applicable to any adjudicated juvenile sexual offender in DHR custody.

1. Residence/Employment

An adjudicated juvenile sex offender is prohibited from:

- establishing a residence or establishing other living accommodations, or applying for, accepting or maintaining employment (vocation or volunteer) within 2,000 feet of a school, or child care facility. A child care facility includes both DHR licensed and approved facilities including foster parents as well as statutory exempt facilities like church day care programs;
- applying for, accepting or maintaining employment/vocation/volunteer within 500 feet of a playground/park/athletic field/facility/business where principal purpose is to care/educate/entertain children; and
- during the time that the offender is subject to registration, the juvenile sex offender shall not apply for, accept or maintain employment/vocation/volunteer for any employment or vocation at any school/child care facility or other businesses that provide care or services to children. A child care facility includes both DHR licensed

and approved facilities (including foster parents) and statutory exempt programs such as a church daycare facility.

Note: An adjudicated juvenile sex offender is prohibited from changing his/her name unless it is due to a change in marital status/religion.

2. Registration

Failure to provide registration information is a Class C Felony. Child welfare staff has the following responsibilities when an adjudicated juvenile sex offender in DHR custody enters foster care:

- must register the adjudicated juvenile sexual offender with law enforcement immediately in each county in which the juvenile sex offender resides or intends to reside.

- must notify law enforcement "immediately" if the residence, including moves between foster homes, or custody of an adjudicated juvenile sex offender in DHR legal custody changes. "Immediately" means within three (3)" business days. **It is a class C Felony for a parent/custodian/guardian to fail to report changes of address to law enforcement.**

- must appear with an adjudicated juvenile sexual offender in DHR custody, required to register for life, to verify all required registration information during the birth month of the juvenile sex offender and every three (3) months thereafter with the local law enforcement in each county of residence unless the juvenile sex offender has been relieved from registration requirements.

- must appear with an adjudicated juvenile sex offender in DHR custody, required to register for ten (10) years, to verify all required information during the birth month of the juvenile sex offender and every year thereafter with local law enforcement in each county of residence unless the juvenile sex offender has been relieved from registration requirements.

DHR shall be relieved of registration of adjudicated juvenile sexual offenders in the department's custody when:

- upon a change in custody of the adjudicated juvenile sexual offender from the Department to a different parent/custodian/guardian (resulting in a change of residence). Child welfare staff shall immediately notify law enforcement of the custody change in each county of residence. The parent/custodian/guardian who assumes custody shall at that point be responsible for updating law enforcement when any required registration information changes; and

- the adjudicated juvenile sexual offender in DHR custody reaches the age of majority and thereby becomes responsible for registration requirements. The age of majority is designated as 19 years [Code of Alabama 1975 § 26-1-1 (a)].

  Note: Child welfare staff shall contact SDHR Legal for an opinion on DHR responsibility, if any, for registration of an adjudicated juvenile sexual offender in DHR custody beyond the age of majority (e.g., foster child over the age of nineteen but under the age of 21).

No existing state laws, shall preclude DHR staff from disclosing any information requested by a responsible agency, a law enforcement officer, a criminal justice agency, the Office of Attorney General, or a prosecuting attorney for purposes of administering, implementing, or enforcing Act No. 2011 -640.