

SECTION 1: DEPARTMENT OF CHILD SAFETY

The Department of Child Safety was created on May 29, 2014 by statute as a Department separate from the Department of Economic Security.

The Department of Child Safety was created to investigate reports of child abuse and neglect, and, when necessary, provide interventions to protect children alleged to be abused and neglected. Without compromising child safety, DCS coordinates services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services.

OUR VISION: Children thrive in family environments free from abuse and neglect.

OUR MISSION: Successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

DCS GUIDING PRINCIPLES

Our guiding core principles are:

Safety: All Arizona's children are safe and protected from harm.

Permanency: All Arizona's children live in safe, loving forever families.

Well-Being: All Arizona's children are given the opportunity to thrive through the support of strong families and their communities.

OUR VALUES CREATE THE DCS CULTURE THAT DRIVES OUR PROCESSES

Child-Centered: Children belong with families – their own when it is safe to do so and when it's not, with a safe, permanent family who can meet their unique needs and will maintain their supporting, meaningful connections to continue positive values, beliefs, and their cultural legacies.

Family-Focused: Families have the primary responsibility for raising their children and keeping them safe. Families are the experts regarding their own strengths and needs and will have a voice and decision-making role regarding decisions that affect them and their children.

Successful Engagement: Children, youth, and families are best served when child welfare staff respect the family, actively listen to them, and invite participation in decision-making to achieve positive outcomes.

Partnerships and Community: The entire community shares the responsibility of keeping children safe and protected from abuse and neglect.

Professional Environment and Workforce Excellence: Our professional competence will be demonstrated by an organization and workforce that proactively responds to the changing needs of communities and provides respectful treatment to families.

Cultural Responsiveness: DCS staff are responsible to be aware of and interact with families within the context of the family's own rules, traditions, history, beliefs, and culture.

Accountability and Transparency: The child welfare system holds itself accountable to the highest standards of practice at all levels within the organization. We are transparent and responsive to our children, youth, and families as well as our staff, partners, and communities within the limits of confidentiality.

The primary objective of DCS is to keep children safe within their own families. DCS works cooperatively with parents to make that happen. Department of Child Safety is a program that seeks to help families by strengthening the ability of parents, guardians or custodians to provide safe care for their children. The program tries to balance the legal rights of parents and the needs and rights of children to live in a physically and emotionally healthful situation. DCS is the state child welfare services agency responsible for the provision of child safety services; family foster care and kinship foster care services; services to promote the safety, permanence, and well-being of children; adoption promotion and support services; and health care services for children in out-of-home care.

PROGRAMS & SERVICES

The Central Office of the Department is located in Phoenix. DCS has Operations and Supports sections. Operations includes Prevention, Intake, Investigations and Office of Child Welfare Investigations (OCWI), Case management/Ongoing and Permanency. The Supports section includes Comprehensive Medical and Dental Program (CMDP), Office of Licensing and Regulation (OLR), Foster and Kinship Supports, and Payment Processing.

The Comprehensive Medical and Dental Program (CMDP) is the health plan for children in foster care. The Department of Child Safety manages Child Safety Services in Arizona’s fifteen counties. The fifteen counties are divided into five regions. The Central, Southwest, and Pima Regions encompass the state’s urban areas. The Northern and Southeast Regions are rural. Each region has a Program Administrator (PA), and Program Managers (PM) and DCS Program Supervisors who oversee the daily work of the DCS Specialists.

The counties within each region are:

Northwest	Coconino, Yavapai, Mohave, La Paz
Northeast	Navajo, Apache, Gila, Pinal, Graham, Greenlee
Maricopa West	
Maricopa East	
South	Yuma, Pima, Santa Cruz, Cochise

Each region provides:

- Investigation of reports of abuse and neglect,
- Case management,
- Permanency planning,
- In-home services (prevention and support)
- Out-of-home services, (foster care and adoptions)
- Independent living and young adult programs
- Contracted foster and adoptive home recruitment, study, training and supervision.

REPORTING ABUSE AND NEGLECT

ARIZONA CHILD ABUSE HOTLINE INTAKE CENTER

The Hotline receives all concerns of suspected child abuse and neglect statewide. The Hotline is part of the Department of Child Safety (DCS). Concerns of abuse and neglect should be called in to the Hotline. The statewide toll free number is 1-888-SOS-CHILD (1-888-767-2445).

REPORTING SUSPECTED CHILD ABUSE

State law, specifically Arizona Revised Statute (ARS) § 13-3620, states that any person who reasonably believes that a minor is or has been the victim by a parent, guardian, custodian or adult member of household of inflicting or allowing the infliction of physical, sexual or emotional abuse, neglect, exploitation or abandonment must report the suspected child abuse. Suspected child abuse or neglect may be reported to the police, to the Department of Child Safety, or both. If the report concerns a person who is not the parent, guardian or custodian of the minor, the report is made to the police. In cases where the report is concerning a parent, guardian or custodian and the allegations are criminal conduct allegations, such as sex abuse, a call is made to DCS and the police. DCS will coordinate its investigations with law enforcement. Although DCS cooperates with the police, the focus of its assessment is different. DCS is responsible for protecting children while maintaining and stabilizing families, not arresting or prosecuting parents.

MANDATED REPORTERS OF SUSPECTED CHILD ABUSE

State law, specifically Arizona Revised Statute (ARS) § 13-3620 defines the following persons as mandated reporters:

- Any physician, physician’s assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
- Any peace officer, member of the clergy, priest or Christian Science practitioner.
- The parent, stepparent or guardian of the minor.
- School personnel or domestic violence victim advocates who develop the reasonable belief in the course of their employment.

- Any other person who has responsibility for the care or treatment of the minor. This includes Foster Caregivers.

A person making a report or providing information about a child is immune from civil or criminal liability unless such person has been charged with, or is suspected of, the abuse or neglect in question. Failure to report is at minimum a Class 1 misdemeanor.

Likewise, a person acting with malice who either knowingly or intentionally makes a false report of child abuse and neglect or who coerces another person to make a false report is guilty of a crime. A person who knowingly and intentionally falsely accuses another of maliciously making a false report of child abuse and neglect is also guilty of a crime.

A.R.S. §13-3620 changed the mandated reporter law to allow for the electronic submission of nonemergency reports regarding child abuse, neglect and abandonment. Non-emergency reports are those in which a child is not at immediate risk of abuse or neglect that could result in serious harm.

INVESTIGATING REPORTS OF ABUSE AND NEGLECT

DCS Specialists are responsible for applying protocols and using the Family Functioning Assessment (FFA) to assess the safety of children who are part of a report alleging child maltreatment. DCS Specialists document all relevant information gathered during the assessment. The assessment describes what is known about the family and documents how decisions were made about child safety and what level of intervention, if any, is required.

When a safety threat is identified and there is no in-home safety plan that can be put in place to keep the child safe, this could result in the removal of the child from their home and the child may be placed in foster care, sometimes called out-of-home placement. The DCS Specialist will work with the family to rule out all other alternatives before removing the child.

INTERVIEWING CHILDREN AND FAMILIES

The law requires the Department of Child Safety to investigate reports of suspected child abuse or neglect by a parent, guardian or custodian. To do this, the law allows DCS to talk to alleged victims and their siblings without parental permission. Often this occurs at school because it is a neutral environment. A DCS Specialist will visit the family home to discuss the report and to talk about the family situation. The DCS Specialist will talk to all children, parents, guardians or custodians and other adults living in the home but may also speak to family members or others who may provide information. It is hoped that the family will cooperate with the DCS Specialist since that will allow the family to clarify issues of concern and allow for a more accurate investigation. After gathering information, the DCS Specialist will complete a child and family (Family Functioning) assessment to determine whether the child is safe or unsafe and whether services are necessary to assist the family.

Parents and other individuals have the right to refuse to be interviewed by the DCS representative, to provide information and refuse services offered. However, DCS may proceed with the investigation and file a dependency petition in the juvenile court when it is necessary to protect a child.

REMOVING A CHILD FROM THE HOME (TEMPORARY CUSTODY)

Arizona state law gives DCS the authority to protect and to aid children who are at risk in their own homes. Law enforcement officers and/or DCS Specialists may remove a child from the parents if a child is suffering or will imminently suffer abuse or neglect, or for a medical examination to determine if the child has been abused. These same laws provide safeguards for the rights of children and their parents. Parents whose children have been removed from the home are given either a Temporary Custody Notice (within six hours from the time the child was removed) or a copy of the court order placing the child in the temporary custody of DCS. If a dependency petition is filed, parents are notified of the date, time and location of the hearing when the court will review the temporary custody of their children.

In certain situations, the parent, guardian or custodian and DCS may agree to place a child in voluntary foster care as an alternative to a dependency petition. This service, limited to a 90-day period, is entered into only when families are willing and able to resolve problems within the allowed time frames. Written consent of the parents as well as the child, if age 12 or older, is required.

In reality, few of the children who are reported to Department are removed from their homes. In most situations where verified family problems exist, the families and DCS work together to resolve them. However, as noted above, under certain circumstances, the law allows a police officer or a DCS Specialist to temporarily remove a child for up to 72 hours (not including weekends and holidays) for protection while the investigation takes place. DCS must decide within that 72 hours whether to return the child to the parent's custody or if a dependency petition must be filed with the juvenile court. DCS must seek court authorization to take temporary custody of a child unless temporary custody is clearly necessary to protect the child because exigent circumstances exist. (These are situations where a child may suffer harm during the time it takes to obtain court authorization.)

Depending on the circumstances, DCS may also seek a court order to remove a child from the parent's custody by filing a dependency petition. If the juvenile court judge grants the order, the child will be removed until a hearing is held, which happens within 5-7 working days.

A child may be removed for up to 12 hours for a medical evaluation. If the DCS investigation shows that the child must remain out of the home for a longer period to protect him/her from harm, DCS arranges for safe, temporary care.

THE FINDINGS OF THE INVESTIGATION

After DCS completes an investigation, the parent, guardian or custodian involved will receive a letter stating whether or not the information found during the DCS investigation concludes there is reason to believe the allegations of abuse and/or neglect are true; this is referred to as either a "proposed substantiated" or "unsubstantiated" finding. If the finding is proposed substantiated, that means there is reason to believe the abuse/neglect did take place. An unsubstantiated finding means there was insufficient evidence to conclude the abuse or neglect took place. When the DCS Specialist is proposing a substantiated finding, the parent, guardian or custodian involved will also receive a letter explaining how an appeal of the decision may be requested. This letter will also inform the parent, guardian or custodian how they can request a copy of the DCS report which contains the information reported to DCS alleging abuse and/or neglect.

If an appeal hearing is requested, the Department of Child Safety (DCS), Protective Services Review Team (PSRT), will review all information and determine if there is enough evidence to agree with the decision made by DCS. If the PSRT disagrees with the decision made by DCS, the parent, guardian or custodian will be notified of this in writing and the allegation will not be substantiated.

If the PSRT agrees with the DCS decision, a hearing will be scheduled for the person with the Office of Administrative Hearings. At this hearing, an Administrative Law Judge will hear all the evidence and make a decision about the allegation and the finding.

DECIDING IF A DCS CASE WILL BE OPENED

After completing the investigation, DCS determines whether to close the case, or open a case for services. If a case will be opened for ongoing services, DCS decides whether or not to request juvenile court oversight. At every stage, DCS engages the child's family to the greatest extent possible in planning for interventions that minimize Department intrusion while ensuring the safety of the child.

When the investigation results in a determination that all children in the home are safe, DCS works with the family to identify areas where the family may need supports or services to strengthen the family in order to reduce the risk of future abuse or neglect. If the needed services are available in the community and DCS involvement is not necessary, an aftercare plan will be developed with the family and the case will be closed. If services are needed and DCS monitoring is required, a case will be opened for in-home services.

When the investigation results in a determination that a child in the home is unsafe, DCS will open a case for services. DCS will work with the family to implement a safety plan. In some cases, juvenile court oversight will be necessary, and DCS will file a dependency petition. Note: The DCS publishes a semi-annual report for the periods ending June 30 and December 31 of each year related to child welfare data and services entitled Semi-Annual Child Welfare Report. These reports are published 90 days after the end of the reporting periods (September 30 and March 31) These reports are located on the DCS website at <https://www.dcs.az.gov>

FAMILY-CENTERED PRACTICE

Family-centered practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve the best outcomes. Family is defined broadly to include birth, blended, kinship, and foster and adoptive families. Family-centered practice includes a range of strategies, including advocating for improved conditions for families, supporting them, stabilizing those in crisis, reunifying those who are separated, building new families, and connecting families to the resources that will sustain them in the future.

Family-centered practice is based upon these core values:

- The best place for children to grow up is in families.
- Providing services that engage, involve, strengthen, and support families is the most effective approach to ensuring children's safety, permanency, and well-being.

Family-centered practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers. Families are active decision-makers in selecting services for themselves and their

children. Family and child assessment is strengths-based and solution-focused. Services are community-based and build upon informal supports and resources.

TEAM DECISION MAKING (TDM)

A TDM meeting is a strength-based decision making process involving DCS, the family, the child when age appropriate, family supports, community members, partnering agencies, and may include tribal representatives. The purpose of a TDM meeting is to discuss safety concerns, strengths in the family/child that may help keep the child safe, protective capacities which reduce safety threats, and placement decisions for the child. If the child is in out-of-home care, the discussion will include how the child and family will be supported while the child is in foster care. TDMs will be held when a child has been removed; when the decision at the end of the investigation is that the child is unsafe; for placement disruption prevention; when a permanency goal may change; when a child is going to reunify with the parents; and when a youth is reaching the age of majority.

A TDM related to a potential placement disruption will include a decision regarding the cause of potential placement disruption and a plan to determine if services can preserve the placement; a decision regarding respite or short-term placement and a plan to transition the youth back to the original placement. If the placement cannot be preserved and a new placement type is identified, a transition plan will be developed in the TDM meeting.

A TDM related to a youth reaching the age of majority will include decisions and planning for a youth to remain in foster care under a Voluntary Foster Care Agreement, and supports for the youth to make a successful transition to adulthood, including a plan for discharge when the youth exits foster care (at age 18 or older).

SAFE AZ MODEL

SAFE AZ is a clearly defined decision-making process used to make the right safety decision for every child and to have the best outcomes for every family.

SAFE AZ engages parents, children/youth, and caregivers as partners in assessment and planning to strengthen families. Parents, children/youth, and caregivers are all encouraged to be actively involved in identifying their needs, strengths, goals, and services. Safety assessment and case planning occur on an ongoing basis at case plan staffings, court hearings, Team Decision Making meetings, and every interaction with the parents, children/youth, and caregivers.

A safety plan is a written arrangement between the parent, guardian, and/or custodian; the responsible adult(s) who will take action to control danger threats; and the Department. The safety plan establishes how impending danger threats to child safety will be controlled. The safety plan describes safety actions that must be taken in order to control anticipated danger and prevent harm to the child.

Safety plans are not the same as case plans. Safety plans describe actions intended to control danger threats and may contain safety services to support those actions. Case plans include services and supports designed to effect long-term behavioral change by enhancing parental protective capacities to eliminate the need for a safety plan.

“Conditions for return” describe the circumstances and behaviors that must exist in order for a child to safely reunify with his or her parents. When a child is in out-of-home care, the DCS Specialist will develop the conditions for return, and provide them in writing to the parents, children/youth, and caregivers. Conditions for return are not the same as the parents’ treatment goals or services. Sometimes, other responsible adults (such as relatives and others in the family’s community) can keep the child safe in the home while the parents continue to participate in treatment services. The safety plan identifies actions to be taken by responsible adults to keep the children safe all the time. When the conditions for return are met and the family is ready for the children to transition home, an in-home safety plan may be developed. DCS will not recommend court case dismissal until there is no further need for a safety plan and court oversight.

PERMANENCY PLANNING

DETERMINING A PERMANENCY GOAL

In selecting the permanency goal for the child, the department seeks to maintain and support the child’s relationship to his or her biological parents, extended family members and other individuals with whom the child has an emotional attachment. The initial permanency goal for children in out-ofhome care is usually family reunification. The preference order of permanency goals is:

- Remain with Family
- Family Reunification

- Adoption (when in a child’s best interests)
- Permanent Guardianship (when in a child’s best interests)
- Another Planned Permanent Living Arrangement (APPLA-only available to youth age 16 and older, when in their best interests).

THE FAMILY CENTERED CASE PLAN

A case plan is required for every child and family receiving ongoing services from DCS, consistent with the requirements of federal and state law. The case plan is a document that identifies what behavioral changes required from the parent and/or the child to address the safety threats and risk factors that caused the child to be removed from the home and/or prevent the child from living safely at home without DCS involvement. The case plan identifies the permanency goal for the child, services/supports to be provided to achieve the behavioral changes, persons responsible, and planned date of review. The case plan also must include what services/supports will be provided to assure the child’s health, behavior, educational, and preparation for adulthood needs. The case plan is written and developed with the family. The DCS Specialist must provide parents with a copy of the case plan. This case plan or “proposed case plan” must be included in the report that is submitted to the court at the time of the Preliminary Protective Hearing.

A case plan staffing is a meeting held with parents and others who are providing services to the family to develop or review the case plan. At the first staffing, the initial case plan is developed. Parents are encouraged and expected to be involved in this planning process. Staffings also provide an opportunity for all participants to discuss progress, exchange ideas and suggestions, and to work together cooperatively to resolve family problems. Regular staffings are scheduled at least every six months to discuss case progress.

The family-centered case plan includes the following components:

- Permanency Goal for the child, and expected date of achievement. The permanency goals are remain with family, reunification, adoption, permanent guardianship and another planned permanent living arrangement (see below for more information). A concurrent permanency plan will be initiated when a child is unlikely to reunify with their parent within 12 months of the child’s initial removal, or within 6 months if the child was under the age of three years old at removal;
- Behavioral Change Goals for the parents. The behavioral change goal statements are included in the written case plan and describe the behaviors that will be observed when the diminished caregiver protective capacities have been enhanced. The desired behavioral changes indicate the positive behaviors or conditions that will result from the change. Protective capacities are personal emotional, behavioral, and cognitive characteristics that contribute to a parent’s ability to ensure the safety of his or her children. Services for parents focus on enhancing specific parent protective capacities.
- The Case Plan specifying the kinds of services and supports that will be offered to the family in order to achieve the permanency goal. The services and supports are to be tailored to meet the specific needs (including cultural considerations) of the family;
- The Out-of-Home Care Plan including the available information as follows:
 - the child’s special needs;
 - the name and address of the child’s school,
 - the child’s educational status including child’s grade level, academic performance, special education services if applicable, attendance and any other relevant education information;
 - how the placement type meets those needs;
 - services provided to the child;
 - services provided to the caregiver to help them meet the child’s needs;
 - actions the DCS Specialist will take to ensure safety in the out-of-home setting;
 - when applicable, tasks and services to achieve a concurrent permanency goal or a permanency goal other than family reunification; and
 - for any child placed substantially distant from the parent’s home or out-of-state, the reason the placement is in the best interest of the child.
- The Health Care Plan, specifying for each child, the most recent information available regarding the child’s health status including:
 - name and address of the child’s healthcare providers;

- the child's immunizations;
- the child's known medical problems;
- the child's known medication;
- any other relevant health information; and
- actions to assure the child's health needs are met.
- Contact and Visitation Plan, specifying for every child in out-of-home care the plan for frequent and consistent visitation between the child and the child's parents, siblings, family members, other relatives, friends, and any former foster parents/family, especially those with whom the child has developed a strong attachment; and
- Specific documentation of how the family and other team members actively participated in the development of the plan.

DCS encourages the following persons to participate the case planning process: parents, children age 12 and older, out-of-home care providers and when appropriate, extended family members, the behavioral health team, and any other safe adult who is important to the child/youth.

CONCURRENT PERMANENCY PLANNING

Concurrent permanency planning occurs for all children in care with a permanency goal of family reunification where the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal.

ADOPTION

It is a legal process that makes the child a member of the adoptive family as if the child had been born to the family. Adoptive parents are certified by the court in the county of their residence. When an adoptive family is selected for a child or children, the ability of the family to meet the child's safety, social, emotional, physical and mental health needs governs the selection. No single factor is the sole determining factor in the selection of a family.

Before selecting an adoptive family, the placement needs of a child of the child are assessed. They are:

- Characteristics of the child: age, gender, religion, primary language, physical, emotional, social and educational needs,
- Child's history: past placements, ties to current or past caregivers, experience with bonding and attachment,
- Child's relationships: relatives, siblings, foster parents or other significant adults,
- Parent's preferences regarding placement, except the parent's preference regarding race, color or national origin is not be considered); and
- Child's preference regarding placement.

The factors considered in selecting an adoptive home, in no order of preference, include, but are not limited to:

- The prospective adoptive family's ability to meet the child's needs and the ability to financially provide for the child.
- Placement with the child's siblings.
- An established relationship between the child and the prospective adoptive family including placement with a grandparent or another member of the child's extended family which includes a person or foster parent who has a significant relationship with the child.
- The marital status, length and stability of the marital relationship of the prospective adoptive parents.
- The wishes of the child.
- The wishes of the child's birth parents unless the rights of the parent have been terminated or the court has established a case plan of severance and adoption.
- The availability of relatives, the child's current or former foster parents or other significant persons to provide support to the prospective adoptive family and child.

If all relevant factors are equal and the choice is between a married man and woman certified to adopt and a single adult certified to adopt, placement preference shall be with a married man and woman. The department shall make reasonable efforts to place a child with the child's siblings. If that is not possible, to select a family

who will maintain visitation or other ongoing contact between the child and the child's siblings, unless a court determines this would be contrary to the child's or a sibling's safety or well-being.

For the selection of adoptive parent(s), the order of preference for Non-American Indian children is:

- grandparent;
- kinship care with another member of the child's extended family, including a person who has a significant relationship with the child;
- non-relatives with no prior relationship to the child.

A meeting to share non-identifying information is held with the prospective adoptive family prior to meeting the child. All non-identifying information including health and genetic history on the child and non-identifying information on the birth parents and members of the birth family is presented in writing to the prospective adoptive parent(s). The information shared will also include: the child's history, his or her physical, emotional, social and educational needs, and the birth parents' wishes regarding sharing of identifying information. The department will assist the prospective adoptive family in consulting with other professionals who have worked with the child and identifying community resources to provide support for the child and family.

PERMANENT GUARDIANSHIP

Permanent guardianship is one way to provide permanency to a child. It may be the permanency goal when 1) guardianship is in the child's best interest, family reunification is not possible and the potential for adoption is not optimistic at the time, or 2) termination of parental rights is not in the child's best interest. Guardianship by relatives usually has priority over non-relatives. The Juvenile Court grants this form of guardianship. The guardian has the power and responsibilities of a parent to:

- Authorize medical or other professional care, treatment or advice.
- Enroll the child in school.
- Determine where the child will reside.
- Consent to social or recreational activities

The permanent guardianship may be rescinded if there is a significant change of circumstances including the child's parent is able and willing to properly care for the child; or the child's guardian is not able to properly care for the child.

DIFFERENCE BETWEEN ADOPTION AND GUARDIANSHIP

In an adoption, the adoptive parents are the legal parents. The birth parents' rights have been permanently legally terminated. The adoptive parent makes all decisions concerning the child. The adoptive parent has the final say about contact and visitation with the birth family. In a permanent guardianship, birth parents' rights are suspended – ending their right to make day-to-day decisions for a child. Permanent guardians have the right to: physical custody of the child; make everyday decisions; make decisions about health issues, both major and minor; make decisions about where the child will live; and decisions about school. The guardian has the final say about contact and visitation (unless the court has entered orders about contact).

FOSTER PARENT ADOPTIONS

Licensed foster parents may be considered as the adoptive family for a legally free child in their home. The following are some of the considerations the department makes in selecting the adoptive family:

- Will the family offer the child a positive connection to his/her heritage and to extended family members?
- What kind of relationship does the family have with the child's biological parent(s) and how will this relationship impact the placement?
- To what extent can this family meet the child's physical, social and emotional needs?
- Is there any background information which would adversely affect the person's ability to provide a safe, nurturing environment for the child?
- How long has the child had a relationship with the family?
- What is the attachment between the child and family?
- To what extent might removing the child from this family cause emotional harm?
- Does the family have the capacity to claim the child and view the relationship as permanent?
- If applicable, to what extent will the family cooperate with future sibling and/or relative contact?

- If applicable, is the family going to continue with foster parenting after the adoption is final, and what is the potential impact for the adopted child?

INDEPENDENT LIVING SERVICES PROGRAM

This DCS sponsored program offers an array of services that prepare young adults for attaining independence and self-sufficiency in the community. All youth in out of home care who are age 14 and older will have a preparation for adulthood plan (also known as an Independent Living plan) to help prepare them for adulthood. The program assists youth by providing services including:

- Participation in the Arizona Young Adult Program specialized DCS case management (where available);
- Independent living skills training;
- Education and Training Voucher (ETV) and other funding for post-secondary educational/vocational pursuits (which is available under certain conditions until the age of 23);
- Independent Living Subsidy;
- Voluntary continued out-of-home care for young adults 18 through 20;
- Re-entry into DCS supervised services after exiting care at age 18 or older, and
- Other activities such as local youth advisory boards, youth conferences, etc.

All young adults who are in the custody of the department and in an approved out-of-home placement (i.e., ILSP, group care, foster home, relative placement, unlicensed relative or non-relative placement) when they turn 18 are assisted to create a plan to remain in continued out-of-home care under the supervision of the department during the period of the Voluntary Agreement. This includes youth who are dually adjudicated (dependent and delinquent) and released from a secure setting prior to or on their 18th birthday. (This may not include youth who are not legal residents of Arizona.)

Youth transitioning to adulthood also receive a credit report and assistance in interpreting the results as well as resolving any inaccuracies found in the report. Speak with the DCS Specialist for more information as to options and programs available to youth turning 18 years of age and becoming adults or see <https://www.dcs.az.gov>

More details about the program can be found in the DCS Policy and Procedure Manual on the internet at: <https://www.dcs.az.gov>

For more information about other DCS programs and services go to: <https://www.dcs.az.gov>.

SECTION 2: PLACEMENTS

CHILDREN IN OUT-OF-HOME CARE

Arizona's children needing temporary and permanent families are teenagers, toddlers, and infants. Some of the children do have special behavioral and medical needs. The Department also seeks to place sibling groups together whenever possible.

The Child Welfare Reporting Requirements Semi-Annual Report provides extensive information about the children in care including the number of children:

- By age and ethnicity;
- By case plan goal and placement type;
- By length of time in care;
- By legal status;
- Leaving out-of-home care by reason;
- With case plan goal of adoption; and
- With a finalized adoption.

These reports can be located on the website at <https://www.dcs.az.gov> main menu find the Child Welfare Report link.

SELECTION OF AN OUT-OF-HOME CARE PROVIDER

All out of home placements in licensed homes are made through the Centralized Placement Unit that operates statewide. DCS seeks to place every child who requires out-of-home care in a placement that addresses his or her unique needs. No single factor shall be the sole determining factor in the selection of a placement. Within