

- 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

the constraints of available resources and when consistent with the needs of the child, DCS seeks to place a child:

- With minor siblings who are also in care, unless there is documented evidence that placement together is detrimental to one of the children.
- In close proximity to the parents' home; preferably within the child's own school district;
- In a setting that can promote stability for the child by minimizing placement moves.
- In the least restrictive placement that will meet his/her needs;
- With caregivers who can communicate in the child's language

The order of placement preference, unless otherwise dictated by the child's need is:

- a parent, a grandparent, adult siblings and members of the child's extended family; or with persons who have a significant relationship with the child;
- licensed foster home;
- therapeutic foster care;
- group home;
- therapeutic group home;
- residential treatment facility.

No placement will be denied or delayed on the basis of race, color or national origin of the Foster Caregiver or child. [Note: This is a federal requirement from the Multi-Ethnic Placement Act/Interethnic Placement Act (MEPA/IEPA)].

For American Indian children, the order for placement preference is according to the requirements of the Indian Child Welfare Act (ICWA) as follows:

- a member of the child's extended family;
- a foster home licensed, approved or specified by the child's tribe;
- an Indian foster home licensed or approved by an authorized non-Indian licensing authority;
- an institution approved by the Indian tribe, or operated by an Indian organization which has a program suitable to meet the Indian child's needs. (25 U.S.C.§1901 et seq.)

KINSHIP FOSTER CARE

Kinship foster care is placement of a child by DCS with relatives or persons who have a significant relationship with the child. A kinship caregiver must be at least 18 years of age. The caregiver and each adult in the home must have a criminal and DCS child abuse history clearance check. The caregiver's family is evaluated and approved by DCS as able to meet the health and safety needs of the child.

DCS shares with the kinship caregivers all known information about the child to enable the caregiver to meet the needs of the child and to assist the caregiver in carrying out the case plan.

DCS supports kinship caregivers who express a desire to become licensed Foster Caregivers. DCS provides information to all kinship caregivers about the following financial benefits:

- Foster care reimbursement only if they become licensed as family foster parents;
- Monthly personal and clothing allowance for the child, and
- Special payments that may be available for the child.

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires DCS to strive to identify and notify all adult relatives within 30 days of the child's removal. The notice gives the relatives the option to become the caregiver of the child.

Initially most kinship caregivers will be unlicensed. If they choose to become licensed foster parent, they will work with a licensing agency to complete the licensing process. While kinship caregivers are in the licensing process, DCS assists the kinship Foster Caregivers to apply for Temporary Assistance to Needy Families (TANF) for the children placed in their care through the DES, Family Assistance Administration (FAA). Once the kinship provider is licensed as a foster parent, the kinship Foster Caregivers is no longer eligible for TANF for the children placed in their care by DCS.

Kinship caregivers may also receive non-financial services including child care, parent aide, respite care, case management, family assessment, transportation, housing search and relocation, supportive intervention and

guidance counseling, emergency services, and additional services that DCS determines are necessary to meet the needs of the child and family.

Kinship Stipend:

The Kinship Foster Caregiver Stipend is a monthly payment of approximately \$75/month/per child. A Kinship Foster Caregiver includes a grandparent, any level of a great-grandparent, an aunt, an uncle, or any other adult relative (or non-related adult who has a significant relationship to a child) with whom the Department of Child Safety has placed a foster child. Kinship Foster Caregivers may become licensed as foster parents in order to receive additional financial and other supports to assist in providing 24/7 care for the child in their care.

All Kinship Foster Caregivers are eligible for this Stipend if they are not receiving a licensed foster home payment, or an adoption subsidy or guardianship subsidy payment for the child.

MEDICALLY COMPLEX/FRAGILE PLACEMENTS

This is a category of care specifically for children meeting specific criteria. Please discuss this with your DCS Specialist and licensing worker if you believe the child in your care is eligible. A medically complex child is a child with special health care needs as determined by the Department and includes children who have or are at risk for chronic physical, developmental or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. A child must have special needs in at least one (1) of the following categories to be assessed as Medically Complex: Substance Exposed/Premature Infant, Serious Medical Condition, or Substantial Developmental Delays.

Additional training is required to provide this service.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is a uniform law intended to standardize procedures to ensure suitable placement and supervision for children placed across state lines. It defines the responsibilities of the sending and the receiving state. The sending state is where the child currently lives. The receiving state is where the child may be placed. ICPC regulations apply when:

- A child in DCS custody is to be placed in another state with a parent or relative, or in a foster home, group care or residential facility;
- A child in foster care is to move to another state with his or her foster parents;
- A child is to be placed on a pre-adoptive basis in a home in another state; or
- A child in a pre-adoptive home is to move to another state with his or her prospective adoptive parents.

Placement of a child may not be made until the sending state's Compact Administrator has received written approval from the receiving state.

PLACEMENT PACKET

The DCS Specialist should provide the Foster Caregiver with a placement packet for each child placed, at the time of placement or within five days. A Placement Packet should include the following:

- Notice to Provider (Out-of Home Care, Educational & Medical) gives the information about the child and the child's family, care instructions, DCS and team contact information, visitation information and who is not allowed contact with the child. It also lists prior school and medical provider information and it:
 - Establishes the Foster Caregivers' right to obtain medical care for the child and to receive health care records and information about the child's health care condition and treatment. For a child eligible for CMDP health coverage, it confirms DCS is the responsible party for payment for medical services. If a child is ALTCS eligible, it includes enrollment verification information. It is used at medical appointments until you get the health identification card.
 - Informs the school that the child is in the care, custody and control of DCS and confirms the Foster Caregiver is the authorized caregiver for the child.
 - Reaffirms the Foster Caregiver's responsibility to maintain confidentiality of records and the child's whereabouts.
 - Confirms that the placement is temporary and that care and supervision of the child will be consistent with the Department of Child Safety Discipline Guidelines.
- Child Placement Summary Agreement gives name, and contact information for the DCS Specialist, DCS Program Supervisor, and providers working with the child. Other information is: visitation arrangements

and who can and not visit the child; parental and sibling information; medications and allergies; currently scheduled appointments; responsible party for transportation; next case plan staffing date; next Foster Care Review Board and Dependency Court Hearing date and if applicable, the next delinquency hearing, location and time. The Agreement has Foster Caregivers confirm that they have been advised of the child's legal status, payment rate, and current case plan goal; acknowledgement that the placement is temporary; and agree to abide by the conditions of the Foster Home Agreement. By signing the Agreement the Foster Caregiver acknowledges that he or she has read, understood and agreed to the placement terms.

It should also include:

- A Placement Packet Checklist (Information for Out-of-Home Providers): a listing of the forms and documents that are the responsibility of DCS Specialist to provide as they become available or updated. The checklist includes the Medical Summary Report from CHILDS, case plan, immunization records, copy of birth certificate, future hearing date notices, FCRB report, Notice of Rights for Children and Youth in Foster Care and, if applicable, Child Information Guide [See more information about these items below.] It also lists that forms below that are the responsibility of Foster Caregivers to complete.
- Child's Health and Medical Record blank: Used to keep a record of all medical and dental appointments, information resulting from the appointment and the provider's name.
- Allowance/Purchase Ledger blank: Used to document, with receipts, all purchases made for the child in care while in their care and all amounts received by the caregiver for purchases. The child signs (when age/developmentally appropriate) to acknowledge receipt the personal allowance.
- Child's Contact Record: Used to document visits, phone calls, letters, cards or gifts, and includes space for comments.
- Child Information Guide blank: Is completed by the caregiver upon the child's leaving their care. It documents information about daily care, behaviors, effective discipline techniques, school and interests. It has sections for younger and older children.
- Child's Basic Wardrobe Checklist and Property Inventory blank: Used to document the clothing and property at the placement and what is needed. It also documents the purchases. It can also be used to document the child's clothing and property when the child leaves a foster home.
- Significant Incident, blank: Used to document an incident defined as: unexplained marks or bruises, an accident involving injury or trauma, runaway/missing, unauthorized visit, behavior not witnessed before, significant information not previously known, death, police contact, damage or theft of property, and other unusual events as stated in the Foster Parent Licensing Requirements R21-6-326. Send or e-mail a copy to the DCS Specialist, your licensing agency, and the licensing authority (OLR). Keep one copy for your records.

DCS should provide the following reports, forms and items at the time of placement, if available, or within five working days of placement. These reports and forms will take time to develop and acquire when a child initially enters out-of-home care. They are:

- Medical Summary Report.
- A copy of the case plan
- Copy of the child's immunization record;
- Copy of the child's birth certificate;
- Medical ID card (CMDP)
- Copy of any minute entry setting a future dependency or delinquency hearing involving the child;
- Copy of the most recent Foster Care Review Board report, if the initial review has been held.
- Notice of Rights for Children and Youth in Foster Care
- Child Information Guide completed by a prior caregiver, if applicable.
- DCS should share with the provider at the time of placement, if available, or within five working days of receipt, all information which will assist in providing care for the child, including:
 - Special needs and health/dental conditions;
 - Behavioral and mental health concerns and any diagnosed conditions;
 - Visitation plans;
 - Planned appointments and other agency involvement;

- Previous placement information;
- Cultural practices and religious involvement;
- Sexual orientation/gender identity;
- Food and activity preferences;
- Educational history and needs;
- Extracurricular activities; and
- History of abuse or neglect that may affect the child’s behavior or needs.

* Placement packets should be continuously updated as a record of the child’s life events, well-being, accomplishments, needs, etc. The packet is intended to “follow” the child should he/she move into another living arrangement prior to returning home or moving into another permanent living arrangement (including adoption/guardianship).

NORMAL EXPECTATIONS IN THE FIRST MONTH OF PLACEMENT

The Foster Caregiver is to:

- Participate in planning to maintain the child in the school of origin (the school the child was enrolled in at the time they entered the foster home) unless it is determined that it is in the child’s best interests to be enrolled into a new school. (See Best Interests Determination/Transportation Plan)
- If enrolling in a new school, enroll the child as soon as possible or within 5 days (schools may not delay enrollment due to a lack of “paperwork” or other items, such as uniforms, that are normally required for enrollment.
- Select a primary care practitioner (PCP) and dentist for the child and give the information to CMDP
- Have the child seen by the PCP within 30 days
- Have the child seen by a dentist within 30 days
- Practice the emergency evacuation plan within 72 hours of placement (if age appropriate). See section on Emergency Evacuation Plan on page 68.
- Create your contact list as soon as possible
- Find out from the DCS Specialist the date, time and location of the following: family/sibling visitation; medical/dental appointments previously scheduled; any behavioral health medication reviews and counseling appointments, Court and Foster Care Review Board Hearings; case plan staffing; and Child and Family Team Meeting (CFT).
- Contact local WIC agency about new or existing enrollment, and obtaining food benefits (for children under the age of 5).

DCS Specialist is required to:

- Provide you with the Notice To Provider, Medical and Educational information at the time of placement
- Call you within 24 hours of placement
- Visit you within 10 days of placement
- Give the child the Notice of Rights of Children and Youth in Foster Care

Your Agency Licensing Worker is required to visit you within 7 days of placement.

The Regional Behavioral Health Authority (RBHA) should conduct a behavioral health assessment within 7 days, if this is the first out-of-home placement for the child.

ANSWERS FOR NEWLY PLACED CHILDREN

Removal from their family is very traumatic for a child. A well planned transitional move from one foster home to another foster home or other living arrangement is equally traumatic. The child experiences a sense of loss, fear and confusion. Awareness of these emotions and providing a safe way for the child to talk about these emotions can minimize the trauma. Here are some tips for providing simple information and starting a conversation to make a child feel comfortable the first day/night of placement.

- Have a conversation as to what the child would like to call you.
- Have a conversation about rules and expectations for the home. Think about what the youth can have a say in, also consider what rules and expectations they have for you.

- Help the child feel safe by telling him/her about your family and the neighborhood.
- Explain and show the child where he/she will sleep and, if applicable, who shares the room.
- Give the child a tour of the home and consider putting signs on the doors of rooms such as the child's bedroom, bathroom, laundry etc. until the child is comfortable with where everything is located.
- Talk with the child about household routines including meals, bath and bedtime, phone, TV, computer and other electronics usage, etc.
- Tell the child if he/she is hungry what is OK to eat. Have healthy snacks easily accessible. Can the child go into the refrigerator?
- Explain where the bathroom is and that a light will be left on so the child will be able to find it easily. Inform the child what towels and washcloths to use as well as personal care and other sanitary needs items.
- Ask if the child would like help putting his/her things away and where to put their belongings.
- Ask about favorite foods, physical activities, toys, clothing and music.
- Confirm the child has the telephone number of their DCS Specialist and reassure the child that he/she can call at any time.

Ask the DCS Specialist:

- When can the child call their parents, siblings, friends, and others?
- When will the first family visit occur? [Note: Research tells us that children who visit with their parents regularly are much less traumatized than children who go for long periods without seeing their family.]

DCS SPECIALIST'S VISITS WITH THE CHILD

The DCS Specialist's ongoing supervision of children in care is to ensure the safety, permanency and well-being of the child and to promote the achievement of the permanency goal. The assigned DCS Specialist has a face-to-face visit with the child and the foster caregiver at least once a month. The visit is usually in the foster home. The DCS Specialist must spend part of every visit alone with the children who are verbal and able to communicate with the specialist. Any of these visits can be unannounced.

DCS Investigators, DCS Specialists, Supervisors, or an authorized representative must have access to the child even when arriving unannounced. DCS staff must identify themselves, show photo identification and state the reason they are there. Remember, they are there to ensure the health, safety and well-being of the child while respecting your rights as a caregiver. The vast majority of DCS visits will be prearranged at a convenient time for you and the child.

Whenever possible, the DCS Specialist will talk with the child alone and in a safe and neutral setting. It is not unusual for the DCS Specialist to take the child out of the home for some one-on-one time or social interaction.

Children in care receive a copy of the Notice of Rights for Children and Youth in Foster Care. It lists their rights and gives contact information. The notice states:

A. A CHILD IN FOSTER CARE HAS THE FOLLOWING RIGHTS:

1. To appropriate care and treatment in the least restrictive setting available that can meet the child's needs according to the best judgment of the foster parent.
2. To live in a safe, healthy and comfortable placement where the child can receive reasonable protection from harm and appropriate privacy for personal needs and where the child is treated with respect.
3. To know why the child is in foster care and what will happen to the child and to the child's family, including siblings, and case plans.
4. Whenever possible, to be placed with a foster family that can accommodate the child's communication needs.
5. To be disciplined in a manner that is appropriate to the child's level of maturity.
6. To attend community, school and religious services and activities of the child's choice to the extent that it is appropriate for the child, as planned and discussed with the child's placement worker and caseworker and based on caregiver ability if transportation is available through a responsible party.
7. To go to school and receive an education that fits the child's age and individual needs.
8. To training in personal care, hygiene and grooming.
9. To clothing that fits comfortably and is adequate to protect the child against natural elements such as rain, snow, wind, cold and sun.

10. To have personal possessions at home, that are not offensive to the foster family and to acquire additional possessions within reasonable limits, as planned and discussed with the child's foster parent, placement worker and caseworker, and based on caregiver ability.
11. To personal space, in the foster home preferably, in the child's bedroom for storing clothing and belongings.
12. To a variety of healthy foods in well-balanced portions that are appropriate for the child's age.
13. To comply with any approved visitation plan, and to have any restrictions explained to the child in a manner and level of details deemed age appropriate by the foster parent in agreement with the caseworker and documented in the child's record.
14. If the child is six years of age or older, to receive contact information for the child's caseworker, attorney or advocate and to speak with them in private if necessary.
15. To participate in age appropriate child's service planning and permanency planning meetings and to be given a copy or summary of each service plan and service plan review. The child may request someone to participate on the child's behalf or to support the child in this participation.
16. To attend the child's court hearing and speak to the judge.
17. To have the child's records and personal information kept private and discussed only when it is about the child's care except the foster parent shall have full access to the records to determine if the child will be successful in the home. During the foster placement, if the foster parent requests to view the record upon experiencing problems with the child's adjustment, the full record shall be made available for viewing by the foster parent.
18. To be free of unnecessary or excessive medication.
19. To receive emotional, mental health or chemical dependency treatment separately from adults who are receiving services, as planned and discussed with the child's placement worker and caseworker, as is financially reasonable for the foster parent.
20. To report a violation of personal rights specified in this section without fear of punishment, interference, coercion or retaliation, except that an appropriate level of punishment may be applied if the child is proven to have maliciously or wrongfully accused the foster parent.
21. To be informed in writing of the name, address, telephone number and purpose of the Arizona protection and advocacy system for disability assistance.
22. To understand and have a copy of the rights listed in this section.

B. A CHILD IN FOSTER CARE WHO IS AT LEAST SIXTEEN YEARS OF AGE HAS THE FOLLOWING RIGHTS:

1. To attend preparation for adult living classes and activities as appropriate to the child's case plan, as is financially reasonable for the foster parent.
2. To a transition plan that includes career planning and assistance with enrolling in an educational or vocational job training program.
3. To be informed of educational opportunities before the child leaves foster care.
4. To assistance in obtaining an independent residency when the child is too old to remain in foster care from the child's caseworker, attorney or advocate.
5. To request a court hearing for a court to determine if the child has the capacity to consent to medical care that is directly related to an illness, disease, deformity or other physical malady.
6. To receive help with obtaining a driver license, social security number, birth certificate or state identification card, except that the foster parent shall have discretion to determine if the child is responsible and mature enough to become a licensed driver.
7. To receive necessary personal information within thirty days after leaving foster care, including the child's birth certificate, immunization records and information contained in the child's education portfolio and health passport.

C. THIS SECTION DOES NOT ESTABLISH ANY LEGALLY ENFORCEABLE RIGHT OR CAUSE OF ACTION ON BEHALF OF ANY PERSON.

FOSTER HOME TRANSITION CONFERENCE

Parents and all interested parties shall be notified if a change in placement is considered. A Placement Stabilization TDM will be held. If the TDM results in a decision to move the child from the home of a licensed foster parent and the licensed foster parent disagrees with the plan to move the child from the home, the DCS Specialist will inform the foster parent that he/she has 24 hours to request a Foster Home Transition Conference to review the reasons for the change of placement. A Foster Home Transition Conference is not an option when the change of placement is to:

- Protect the child from harm or risk of harm;
- Place the child in a permanent placement;
- Reunite the child with siblings;
- Place the child in a least restrictive setting or in a therapeutic setting; or
- Place the child in accordance with Indian Child Welfare Act (ICWA).

The change of placement will be made only after completion of the Foster Home Transition process unless removal is necessary to protect the child from harm or risk of harm.

The DCS Specialist, the DCS Specialist's supervisor, the licensed foster parent, and two members of the Foster Care Review Board, at minimum, shall participate in the Foster Home Transition Conference. A child age 12 or older may participate, if appropriate. DCS must hold the Foster Home Transition Conference within 72 hours after the licensed foster parent notifies DCS of his/her disagreement with the change of placement. Weekends and holidays are excluded from the 72 hours.

The child will remain in the foster home if the majority of the Foster Home Transition Conference participants disagree with the plan to move the child. If the majority of the Foster Home Transition Conference participants agree with the plan to move the child and the foster parent continues to disagree, DCS shall advise the foster parent of the Conflict Resolution Conference process. The child will remain in the foster home pending a final decision and DCS will expedite the process to make the final decision.

OVERCAPACITY OF A LICENSED FOSTER HOME

A.R.S. §8-514 (A) permits DCS to place a child in excess of the number of children allowed and identified in the foster parent's license, if the Department reasonably believes the foster home has the ability to safely handle additional children and if there are no outstanding concerns, deficiencies, reports, or investigations regarding the foster home and if the child meets one of the following criteria:

- The child is part of a sibling group that currently resides in the foster home;
- The child is part of a sibling group that is being considered for placement in the foster home but because of the maximum child limit, would otherwise have to be separated;
- The child previously resided in the foster home; or
- The child is a kinship placement for the foster home.

The child cannot be placed without the approval of DCS staff and an amendment to the foster home license. The overcapacity policy is not authorized for use after-hours, weekends or holidays. This law applies only to foster homes licensed under Title 21, Chapter 6 by OLR.