

|    |                                    |   |           |
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## 125 **300.2 Purpose**

126  
127 The Utah Department of Health & Human Services (DHHS), Division of Child and Family  
128 Services' Out-of-Home Care Program provides short-term, culturally responsive services for a  
129 child and family when the child cannot be safely maintained at home. The program is available  
130 statewide.

## 132 **300.3 Philosophy**

133  
134 Out-of-home care will be used only when there is no other alternative to provide for a child's  
135 well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child an  
136 environment where physical, emotional, medical, dental, developmental, educational, cultural,  
137 and mental health needs are assessed and addressed. Child and Family Services will diligently  
138 work to maintain familial connections through visitation and shared activities while a child is in  
139 out-of-home care, when appropriate. The parent of a child in out-of-home care is also afforded  
140 an opportunity to build on family strengths and learn essential skills to provide a safe, nurturing  
141 environment to which the child may return. Out-of-home care major objectives have been  
142 developed in accordance with federal and state laws including required time frames that reduce  
143 the amount of time a child spends in care and provisions for an appropriate, permanent home or  
144 other permanency option that is in the best interests of the child.

## 146 **300.4 Child and Family Services And Caseworker Expectations**

- 147
- 148 A. Facilitate a thorough functional assessment that defines the child and family's strengths  
149 and needs and provides the framework from which to access appropriate services.  
150 Evaluate progress toward goals and adjust plans and interventions accordingly.  
151
  - 152 B. Identify an out-of-home care caregiver, possibly kin, who will meet the child's needs and,  
153 together with the child's parents, design a transitional plan to optimize the child's  
154 adjustment and maintain familial connections through visitation and shared activities.  
155
  - 156 C. Engage and facilitate a Child and Family Team to support the child and family including  
157 the out-of-home care caregiver and familial or community resources.  
158
  - 159 D. Develop a concurrent Child and Family Plan at the time of entry into care, using the  
160 strengths and needs of the family to guide the services offered and the goals of  
161 permanency to be achieved.  
162

163 **300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And**  
164 **Questioning (LGBTQ) Youth**

165 Major objectives:

166 All children and youth, regardless of gender identity, gender expression, and/or sexual orientation  
167 (GI/GE/SO), need to feel safe in their surroundings in order for positive child and/or youth  
168 development outcomes to occur.

169  
170 Child and Family Team members will promote the positive development of all children and youth  
171 by demonstrating respect for all children and youth, reinforcing respect for differences,  
172 encouraging the development of healthy self-esteem, and helping all children and youth manage  
173 the stigma sometimes associated with difference.  
174

175  
176 Background Information

177 For most children and youth, the issue of understanding one’s sexuality and gender identity is  
178 often a time of great turmoil and stress. For lesbian, gay, bisexual, transgender, and questioning  
179 (LGBTQ) children and youth, particularly children and youth of color, this issue is even more  
180 difficult to navigate as they are faced with both internal (internalized homophobia) and external  
181 (from one’s environment) prejudices and discrimination.  
182

183 While exploring one’s sexuality and gender identity is a natural part of every young person’s  
184 development, LGBTQ and gender non-conforming children and youth face more challenges  
185 growing up in a predominately heterosexual society. According to the Child Welfare League of  
186 America (CWLA), LGBTQ children and youth are at a higher risk for emotional or physical  
187 abuse from their family members, failed out-of-home placements, and/or institutional neglect or  
188 abuse than their heterosexual counterparts. Psychologically, LGBTQ and gender non-  
189 conforming children and youth are at substantially greater risk than their heterosexual  
190 counterparts for suicide attempts, runaway behavior, homelessness, substance abuse, emotional  
191 and physical victimization, high-risk sexual behaviors, and pregnancy. In the school setting,  
192 LGBTQ and gender non-conforming children and youth are more likely to withdraw from or  
193 miss school due to fear, intimidation, or threats from other students. Because they experience a  
194 lack of safety, many LGBTQ and gender non-conforming children and youth are unlikely to  
195 reveal their sexual orientation or gender identity, particularly to people in perceived positions of  
196 authority (i.e., social service staff, family members, caregivers, teachers, church members, etc.).  
197 As a result of this lack of support, many LGBTQ and gender non-conforming youth confront a  
198 high level of isolation while navigating this developmental stage.  
199

200 Caseworkers will evaluate every child’s overall safety as it relates to their sexual orientation,  
201 gender identity, and gender expression in terms of placement, emotional and physical well-being,  
202 and potential of emotional abuse from current caregiver, especially those children who are  
203 LGBTQ. However, the sexual orientation, gender identity, or gender expression of a child or  
204 youth does not always necessitate the initiation of services or specialized consultation. It is  
205 important to recognize that although sexual orientation, gender identity, and gender expression  
206 are central facets of one’s personality, they are only one aspect of a child or youth’s identity, and

207 that sexual orientation, gender identity, and gender expression may not always be a factor in the  
208 youth's emotional or behavior concerns.

209

### 210 Sexual Orientation and Gender Identity Recognition

211 Staff will recognize that all children and youth explore their sexual orientation, gender identity,  
212 and gender expression. Since language associated with sexual orientation, gender identity, and  
213 gender expression varies greatly across communities, and pronouns may be fixed or fluid, staff  
214 will allow the child or youth to guide the process of choosing language with which they feel  
215 most comfortable while discussing their sexual orientation, gender identity, and gender  
216 expression. Staff will also recognize that this language may change over time, and affirm and  
217 support the child or youth in their process of identity formation and expression.

218

219 Additionally, staff will recognize that a child's sexual orientation, gender identity, and gender  
220 expression is an integral part of who they are and not a personal "choice" that can be changed or  
221 determined by others. Staff will not attempt to convince any child or youth to reject or modify  
222 their sexual orientation, gender identity, or gender expression. Staff are prohibited from  
223 imposing their personal and/or religious beliefs on children and their families, and will not allow  
224 those beliefs to impact the way individual needs of youth or families are met.

225

226 Guidelines such as these that use the terms "lesbian, gay, bisexual, transgender, and questioning"  
227 will be seen as a starting basis for engaging with children or youth in a way that utilizes  
228 respectful language and terminology. Staff will not use any disrespectful terms or language such  
229 as "homo" or "transvestite" or "he/she" or any other disempowering terms for LGBTQ or gender  
230 non-conforming children or youth. Since some terms may be acceptable and/or preferable to one  
231 person and offensive to another, staff will utilize best practices when working with children and  
232 youth. Staff will reflect/mirror the language and terminology employed by that child or family  
233 member (when appropriate) during a one-on-one interaction. Staff will help all children and  
234 family members use language that is respectful to all parties and will not cause harm in shared  
235 spaces.

236

237 Staff will recognize that while it is important to use the language chosen by the child or youth, a  
238 child or youth who is questioning their sexual orientation, gender identity, or gender expression  
239 may not know all the relevant terminology and will be encouraged to express themselves in  
240 whatever way they may choose.

241

242 Sexual orientation, gender identity, and gender expression are different identity constructs. If  
243 someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual  
244 because sexual orientation is separate from gender identity (see definitions). Furthermore, gender  
245 identity is very individual, and some transgender children or youth may identify as neither male-  
246 to-female nor female-to-male but simply as a boy or girl or as more gender fluid. Children and  
247 youth may also identify differently on different days, as they work through their identities. Child  
248 and Family Services staff will keep in mind that increasingly, many LGBTQ and gender non-  
249 conforming children and youth are choosing to embrace the identity of "genderqueer" as a term  
250 that is more inclusive of a range of identities.

251

252 Additionally, staff are required to use respectful, inclusive, and gender neutral language when  
253 referring to a child or youth’s sexual orientation, gender identity, and gender expression. For  
254 example, language such as “involved with someone” or “partner” as opposed to “boyfriend” and  
255 “girlfriend” will be used with all persons regardless of sexual orientation, gender identity, or  
256 gender expression

257

### 258 Definitions

259 **Bisexual** – Continuing emotional, romantic, and affectionate attraction to persons of the same  
260 and different genders.

261

262 **Cisgender** – Individuals whose gender identity and/or gender expression conforms to the  
263 characteristics traditionally associated with their assigned sex at birth. Not transgender.

264

265 **Gay** - A boy or man who has a continuing enduring emotional, romantic, and affectionate  
266 attraction for other boys or men.

267

268 **Gender Expression** - The manner by which an individual expresses their gender, through  
269 behavior, clothing, haircut, jewelry, voice, or body characteristics.

270

271 **Gender Identity** - An inner sense of being male, female, another gender, or in between. One’s  
272 gender identity may not align with the individual's assigned sex at birth.

273

274 **Gender Non-Conforming** – Having or being perceived to have gender characteristics and/or  
275 behaviors that do not conform to traditional or societal expectations. This can apply to lesbian,  
276 gay, bisexual, transgender, AND heterosexual children or youth.

277

278 **Genderqueer** – A term that is embraced as an option to the binary language of LGBTQ umbrella  
279 terms that offers an alternative to an LGBTQ youth who does not feel that the identity of gay or  
280 lesbian accurately describes them; and who is not bisexual. This term would fall under the  
281 umbrella of transgender identities.

282

283 **Intersex (or Intersexual)** – Refers to a person born with the full or partial sex organs of male  
284 and female, or with underdeveloped or ambiguous sex organs. About four percent of all births  
285 are Intersex to some degree. This term replaces hermaphrodite.

286

287 **Lesbian** - A girl or woman who has a continuing enduring emotional, romantic, and affectionate  
288 attraction for other girls or women.

289

290 **LGBTQ** – An acronym for Lesbian, Gay, Bisexual, Transgender and Questioning. This is an  
291 umbrella term that is inclusive of many identities.

292

293 **Queer** – An inclusive identity reclaimed by some people in the LGBTQ communities to describe  
294 sexual orientation and gender identity beyond the constraints of a binary gender system. Often  
295 used as an umbrella term. A term more commonly used and embraced by youth as inclusive of  
296 various identities.

297

298 **Questioning** – A person who is exploring their sexual and/or gender identity. A fairly common  
299 part of adolescent human development.

300  
301 **Sexual Orientation** – The scientifically accurate term for an individual's enduring emotional,  
302 romantic, sexual, or affectionate attraction to individuals of a particular gender. Sexual behavior  
303 and sexual orientation are distinct terms; the former only pertains to sexual activity whereas the  
304 latter refers to feelings and identity.

305  
306 **Straight/Heterosexual** – A person who has continuing enduring, emotional, romantic, and  
307 affectionate attraction to persons of the “opposite” gender. Not lesbian, gay, or bisexual.

308  
309 **Transgender** – Individuals whose gender identity and/or gender expression does not conform to  
310 the characteristics traditionally associated with their assigned sex at birth.

311  
312 **Transsexual** – A term for someone who transitions from one physical sex to another in order to  
313 bring their body more in line with their innate sense of their gender identity.

314  
315 Practice Guidelines

316 A. Confidentiality:

317 1. Staff will keep in mind that when a child or youth discloses their sexual  
318 orientation, gender identity, or gender expression it will be considered sensitive  
319 information and be kept confidential, given that such disclosure could pose great  
320 risk to the youth or child.

321 2. Staff will not disclose a child or youth’s sexual orientation, gender identity, or  
322 gender expression to other individuals or agencies, without the child or youth’s  
323 permission. If a child or youth grants permission to share information on their  
324 sexual orientation, gender identity, or gender expression, this information may  
325 also prove relevant to decisions regarding safety in a child or youth’s academic  
326 environment, educational services, reunification, and placement. Knowledge of  
327 this information may prove beneficial and can lead to the exploration of other  
328 issues, social supports, family awareness and response, and health guidance that  
329 would increase safety.

330 3. However, there might be a few circumstances under which such information  
331 sharing is necessary without first gaining the child or youth’s permission. For  
332 example, if a child or youth’s sexual orientation, gender identity, or gender  
333 expression is related to the abuse or neglect in their home, then the information  
334 will be disclosed by the caseworker to Intake, particularly information related to  
335 safety issues. However, to affirm a sense of safety and build trust, staff will also  
336 inform the child or youth with whom the information will be shared and why  
337 *before the information is shared*, whenever possible.

338  
339 B. Safety and Disclosure:

340 1. Staff will be aware that many LGBTQ children and youth, particularly those  
341 involved with the child welfare system, have had experiences of trauma (violence,  
342 sexual abuse, verbal harassment, etc.) related to their sexual orientation and  
343 gender identity, and staff will receive ongoing training specific to these unique



- 344 forms of trauma. LGBTQ and gender non-conforming youth are particularly  
345 susceptible to trauma, discrimination, and abuse. Staff will also be able to  
346 recognize signs of distress, support disclosure when appropriate, and follow  
347 appropriate protocols for reporting.
- 348 2. A child or youth may disclose their sexual orientation and/or gender identity to  
349 staff when, and if, they feel ready. This disclosure is more likely to occur for an  
350 LGBTQ child or youth if a safe environment and trusting relationship has been  
351 created for such a disclosure. There are some circumstances when it may be  
352 appropriate for staff to affirmatively try to provide an opportunity for youth to  
353 disclose that they are LGBTQ. For example, if a child or youth is subject to  
354 harassment in their foster placement, then staff will explore with the child if the  
355 harassment is related to their sexual orientation, gender identity, or gender  
356 expression. [See [Appendix B](#) - How to Create a Climate of Safety and Convey  
357 Support for Children and Youth for some contextual examples where this may  
358 apply.]
  - 359 3. All children and youth may request the use of a preferred name, and of the gender  
360 of which they identify if applicable rather than their legal name. Staff will ask  
361 children and youth what name they prefer and what pronoun to use. This will  
362 provide transgender and gender non-conforming youth with a safe means to let  
363 staff know of a preferred name and pronoun. [For an explanation of LGBTQ  
364 related terms, see the list of definitions above.]
  - 365 4. When a child or youth requests the use of a preferred name and/or preferred  
366 gender pronoun, staff will ask the youth which name (legal or preferred) and  
367 which pronouns they will use to refer to the youth in conversations with the  
368 youth's family, and in conversation with other service providers and/or the court.  
369 To ensure safety, staff will comply with the youth's request for preferred name  
370 and pronoun use in conversations with the above-mentioned parties. Finally, staff  
371 will periodically check in with the child or youth to see if it is still safe to use their  
372 preferred name and pronouns. For additional guidance on how to create safety for  
373 clients, see [Appendix B](#) - How to Create a Climate of Safety and Convey Support for  
374 Children and Youth.]
  - 375 6. During the life of the case, staff will be mindful that a child or youth may not  
376 want to tell their family about their sexual orientation, gender identity, or gender  
377 expression. If their identity was not a precipitant of the child or youth's removal  
378 from the home but does create a threat to safety, caseworkers will NOT disclose  
379 the child or youth's sexual orientation, gender identity, or gender expression to  
380 the family.
  - 381 7. If a child or youth discloses their sexual orientation, gender identity, or gender  
382 expression while in foster care, the child or youth will be offered the opportunity  
383 for services and information to support individual, family, and health issues. [See:  
384 [Appendix A](#) - Resources to Support LGBTQ Youth and Families.] Additionally,  
385 referrals to community service providers will be made when appropriate.
- 386
- 387 C. Services to Prevent Removal:
- 388 1. Staff will be familiar with the unique family dynamics that emerge for LGBTQ  
389 children and youth in general and LGBTQ children and youth involved with the

- 390 child welfare system. All staff will recognize that family responses to a child or  
391 youth's sexual orientation, gender identity, or gender expression may vary widely  
392 and interact with other aspects of that youth and families' identities, including  
393 race, class, gender, citizenship, etc.
- 394 2. Staff will help stabilize and create safety for LGBTQ and gender non-conforming  
395 youth in their homes to prevent out-of-home placement for reasons having to do  
396 with sexual orientation, gender identity, and gender expression whenever  
397 possible. Caseworkers working with an LGBTQ or gender non-conforming child  
398 or youth will identify and become familiar with community resources to support  
399 the sexual orientation, gender identity, and gender expression of the child or  
400 youth. This work includes providing LGBTQ and gender non-conforming  
401 children and youth specific community resources to the child or youth and  
402 families for support (e.g., a copy of community resources as listed in [Appendix A](#)  
403 - Resources to Support LGBTQ Youth and Families.)
  - 404 3. Staff will carefully consider the parent/caregiver's attitude towards the child or  
405 youth's sexual orientation, gender identity, gender expression and other related  
406 behaviors as contributing factors to a child or youth's safety and positive identity  
407 development throughout the life of the case when identifying possible threats of  
408 harm. This will be done on an ongoing basis and can be done by engaging  
409 parents/caregivers and educating the parents/caregivers that a continued  
410 relationship between the parent and youth with some level of acceptance and  
411 understanding is critical to the health of the youth.
  - 412 4. In some cases, children or youth having severe emotional reaction and/or  
413 behavioral concerns may require more intensive services, such as outpatient short-  
414 term counseling or psychotherapy. When a child, youth, or family member is  
415 having a more severe emotional reaction to the child or youth's sexual orientation,  
416 gender identity, or gender expression (e.g., persistent depression or anxiety,  
417 engaging in substance use or dangerous/high-risk behaviors, social withdrawal,  
418 risk of family rejection, placement disruption, etc.), more intensive services may  
419 be required, including, but not limited to, individual, group, or family therapy.  
420 [Refer to: subsection F.]  
421
- 422 D. Expectations for Out-of-Home Placement:
- 423 1. When a child or youth who identifies as LGBTQ or gender non-conforming enters  
424 foster care, staff will place them in a home that is safe and recognizes and meets  
425 their needs. Any out-of-home placement, whether it be with foster, adoptive, or  
426 birth parents, will affirm every child's sexual orientation, gender identity, or  
427 gender expression, treat them with respect and dignity, and work to ensure their  
428 overall well-being. Staff will also ensure that families who have a child or youth  
429 who discloses their sexual orientation, gender identity, or gender expression while  
430 in their care are providing an affirming home for that child or youth. All foster  
431 families will be given the support and training needed to provide optimal care for  
432 children and youth regardless of sexual orientation, gender identity, and gender  
433 expression.
  - 434 2. For cases where an LGBTQ or gender non-conforming youth is residing in a  
435 foster home, staff are expected to make sleeping arrangement decisions that will

- 436 ensure the safety of this youth as they would with any other youth. Decisions on  
437 bedrooms for all LGBTQ and gender non-conforming youth in foster homes will  
438 be based on the youth's individualized needs and will prioritize the youth's  
439 emotional and physical safety. Staff will take into account the child or youth's  
440 perception of where he or she will be most secure, as well as any  
441 recommendations from the child or youth's mental health care provider. The  
442 child or youth's well-being will be taken into consideration when making this  
443 decision. Therefore, it is important to include the child or youth in the decision-  
444 making process so as to avoid alienating them. Staff will not isolate any child or  
445 youth based on sexual orientation, gender identity, or gender expression.
- 446 3. All children and youth will be allowed to use private or individual bathroom stalls  
447 and be allowed to shower privately.
  - 448 4. For cases where a transgender youth is residing in a residential facility, every  
449 effort will be made so that transgender or gender non-conforming youth are  
450 housed in a residential facility that can provide individual sleeping quarters (one-  
451 person bedroom) to allow for privacy. Transgender or gender non-conforming  
452 children or youth will not automatically be housed according to their sex assigned  
453 at birth. As in a foster care setting, the agency will make housing decisions for  
454 transgender or gender non-conforming youth based on the child or youth's  
455 individualized needs and will prioritize the child or youth's emotional and  
456 physical safety. Staff will take into account the child or youth's perception of  
457 where they will be most secure, and remember to include the child or youth in the  
458 decision-making process so as to avoid alienating them. Staff may utilize  
459 regional clinical consultants when determining placement for gender non-  
460 conforming or transgender youth.
- 461
- 462 E. Personal Grooming and Clothing:
- 463 1. Grooming rules and restrictions, including rules regarding hair, make-up, and  
464 shaving, will be the same for all children and youth regardless of sexual  
465 orientation, gender identity, or gender expression. A child or youth will not be  
466 prevented from or disciplined for using a form of personal grooming because it  
467 does not match gender norms. All children and youth will be permitted to use  
468 approved forms of personal grooming consistent with or that affirms their gender  
469 identity.
  - 470 2. Children and youth may wear clothing consistent with their gender identity. All  
471 children and youth in out-of-home care will have safety parameters established  
472 regarding outer attire congruent with the occasion (such as swimwear) and will be  
473 age appropriate. Children and youth are able to wear undergarments of their  
474 choice. If there is a conflict between the child or youth and their caregiver  
475 regarding outer attire and/or undergarments, the caseworker will help resolve the  
476 issue.
- 477
- 478 F. Mental Health and Medical Considerations:
- 479 1. Most needs related to sexual orientation, gender identity, and gender expression  
480 for children and youth can best be met through caregiver and family support,  
481 community support, education groups, and/or peer counseling. The child or

- 482 youth's family and foster/adoptive family members may also need assistance in  
483 supporting the child or youth. When appropriate, caseworkers will assist families  
484 in identifying supportive resources and professionals in their area in order to help  
485 create adequate support systems in place for sexual orientation, gender identity,  
486 and gender expression, including transition to permanency. [See: [Appendix A](#) -  
487 Resources to Support LGBTQ Youth and Families.]
- 488 2. In accordance with accepted health care practices, which recognize that  
489 attempting to change a person's sexual orientation, gender identity, or gender  
490 expression is harmful, staff will NOT make referrals to mental health providers  
491 who attempt to change a child or youth's sexual orientation, gender identity, or  
492 gender expression through conversion, reparative, or regression therapy, or any  
493 other methods.
  - 494 3. All children and youth in out-of-home care will receive a comprehensive mental  
495 health screening. Children or youth who identify as LGBTQ or gender non-  
496 conforming who receive mental health services will be served by clinicians who  
497 are aware of the needs and best practices for those populations.
  - 498 4. For many transgender and gender non-conforming youth, puberty can be a time of  
499 crisis where the urgency of medical decisions is warranted. Children and youth  
500 who voice anxiety at the prospect of facing puberty outcomes that conflict with  
501 their gender identity will be referred to a psychiatrist who is aware of the needs  
502 and best practices for those populations for medication evaluation.
  - 503 5. If a child or youth enters out-of-home care and reports that a licensed medical  
504 provider in the community prescribed them hormones, this medication will be  
505 continued while the child or youth is in care. If hormone therapy is discontinued  
506 for a child or youth, the child or youth will continue to be monitored by medical  
507 and behavioral health staff in order to treat any symptoms that may occur as a  
508 result.  
509

510 **300.6 Resource Family Consultants (RFCs) – Role And**  
511 **Expectations**

512 Major objectives:

513 The purpose of this section is to define the role and expectations of a Resource Family Consultant  
514 (RFC). The region may have additional expectations of the RFC beyond those described here;  
515 however, these guidelines are the minimum requirements expected of an RFC. The RFC  
516 provides support for placements with resource families that are licensed through the DHHS,  
517 Office of Licensing (OL) for general foster care (LFC). This section does not pertain to support  
518 for resource homes which are certified through contract providers or resource homes that are  
519 licensed for a specific child (LSC). Under the conditions of the contract, contract providers are  
520 responsible to provide support to the homes they certify. Child and Family Services staff, who  
521 possess an LSC license, with an expertise in supporting kinship homes will provide the support  
522 for families.  
523

524  
525 Definitions

- 526 A. Resource Family Consultant (RFC) – An employee of Child and Family Services who is  
527 responsible for providing support for placements of children in out-of-home care with  
528 families that are licensed with a LFC license through the OL.  
529

530 Practice Guidelines

531 The following items describe the minimum role and expectations for the RFC.  
532

- 533 A. The RFC will be familiar with the procedures and requirements necessary for a family to  
534 become a licensed out-of-home care provider and sustain licensure. These requirements  
535 include basic licensing standards outlined by the OL, Background Screening  
536 Requirements, the Provider Code of Conduct, and the pre-service and ongoing training  
537 requirements.  
538
- 539 B. The RFC will assist licensed resource families with tracking their number of in-service  
540 training hours in order to assist them in acquiring the required number of in-service hours  
541 needed for re-licensure.  
542
- 543 C. The RFC will be familiar with the procedures outlined in Practice Guidelines [Section](#)  
544 [305](#), “Child and Family Services relationship with Out-of-Home Caregiver”, and [Section](#)  
545 [306](#), “Emergencies and Serious Situations.”  
546
- 547 D. Each RFC is responsible for becoming familiar with and forming a working relationship  
548 with the resource families assigned to them. The RFC will develop knowledge of the  
549 strengths and needs of each resource family in regards to caring for a child in the custody  
550 of Child and Family Services. The knowledge of the resource family will assist the RFC  
551 in facilitating a successful placement of a child in the custody of Child and Family  
552 Services with the resource family.  
553 1. The RFC is responsible for visiting newly licensed foster homes within 30 days or  
554 sooner of Child and Family Services receiving the home study, in order to

- 555 generally assess the type of child that the resource family may be successful with.  
556 Ideally, the visit should be conducted prior to the resource family having a child  
557 placed in their home.
- 558 2. The RFC is responsible for ongoing assessment of each resource family’s ability  
559 to care for a child in the custody of Child and Family Services. Any significant  
560 information that the RFC learns regarding the family’s ability to provide quality  
561 care for a child will be documented in the Provider notes in SAFE. The RFC will  
562 also assess how significant life changes that occur in a family, such as births,  
563 deaths, adoption, divorce, etc., may impact the family’s ability to continue to  
564 provide care for children in the custody of Child and Family Services.
- 565 3. The RFC is responsible for ensuring that they document any relevant information  
566 regarding the family they may learn from the OL and/or the Utah Foster Care  
567 regarding licensure, training, etc.
- 568 4. The RFC will provide any information that they become aware of to the OL that  
569 may be relevant to or may affect the licensure of the resource family.
- 570 5. Minimum standards of contact with the resource family:
- 571 a. Monthly Contact: At minimum, the RFC is required to have monthly  
572 contact with each resource family they oversee. This may include a phone  
573 call, email, letter, or face-to-face contact with the resource family.
- 574 b. Face-to-Face Home Visits: The RFC is required to conduct a visit in the  
575 home of each resource family they oversee a minimum of once every six  
576 months, being more attentive to the resource homes with current  
577 placements of children. The RFC will document a summary of the home  
578 visit in the Provider Module of SAFE.
- 579 (1) Exceptions for the six-month face-to-face home visit may be made  
580 for resource families that are not currently being utilized (are “on  
581 hold”) due to personal issues, a recent adoption, etc. If a family  
582 that is “on-hold” expresses that they want to resume taking  
583 placements, the RFC must make a face-to-face visit in the home  
584 prior to a child being placed there.
- 585 c. The RFC may determine that it is necessary to have more frequent contact  
586 with a resource family based on the specific needs and vulnerabilities of a  
587 child placed in the home, as well as the protective capacities of the  
588 resource family.
- 589 d. The region may require more than the minimum standards of contact  
590 between the RFC and the resource families they serve if a determination is  
591 made that the region has the resources and capacity for more frequent  
592 contact.
- 593
- 594 E. Using the knowledge they possess of the resource families, the RFC assists the  
595 caseworker in finding and facilitating a placement match for a child in the custody of  
596 Child and Family Services with a licensed resource home. The placement decision  
597 should take into account factors that are in the child’s best interest when making a  
598 placement decision, including but not limited to the skills of the foster parent; proximity  
599 to the home the child was removed from; the potential that the child may be placed with  
600 kin; the ability of the resource family to maintain siblings together; the proximity to the

- 601 child's home school; and the permanency goal, including enduring safety and  
602 permanency for the child.
- 603 1. When possible, it is best practice for the RFC to assist the caseworker in  
604 facilitating a pre-placement meeting regarding the specific needs of the child prior  
605 to placement of the child in the home.
  - 606 2. The RFC may assist the caseworker in providing information to the resource  
607 family regarding the child prior to the placement of the child in the home. The  
608 RFC will document providing the information to the resource family in the  
609 activity logs of the child's case in SAFE and will use the correct policy  
610 attachment when documenting that this step was completed.
- 611
- 612 F. The RFC will assist the caseworker in supporting and maintaining the placement of a  
613 child with a resource family. The RFC may also assist in preventing possible placement  
614 disruptions.
- 615 1. The RFC is responsible for knowing what resources are available to help support  
616 and maintain a child's placement in the home of a resource family, as well as how  
617 to help the resource family access those resources.
  - 618 2. The RFC may attend Child and Family Team Meetings, court, and home visits  
619 with the caseworker. The RFC may also assist with the process of preparing a  
620 family for adoption, if appropriate.
  - 621 3. The RFC will be included as an integral part of the Child and Family Team, when  
622 the need arises, in order to assist the team in understanding and/or planning for  
623 placement transitions and issues regarding permanency for the child.
  - 624 4. The RFC may assist the resource family in developing an understanding of Child  
625 and Family Services' procedures and Practice Guidelines, especially when the  
626 resource family has questions and/or concerns.
  - 627 5. The RFC may assist the resource family in finding a respite provider when  
628 needed.
  - 629 6. In the event that a related-parties' investigation is initiated regarding a resource  
630 family, the RFC may provide answers to general questions regarding policies and  
631 procedures and may listen to concerns the provider may have in order to provide  
632 empathy as they go through the investigative process. The RFC may not,  
633 however, provide any information to the provider regarding the specifics of the  
634 investigation. In addition, the RFC has an obligation to provide any information  
635 to the CPS investigator that they believe may be relevant to the investigation.
  - 636 7. The RFC assists the caseworker in ensuring that the health care requirements for  
637 the child are communicated to the resource family and may assist the caseworker  
638 in following up with the family to ensure that medical and mental health  
639 requirements for the child are completed in a timely manner.
  - 640 8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed  
641 on an annual basis, upon re-licensure of the resource family. As a part of this  
642 process, the RFC will obtain an email address from each resource family and will  
643 enter the email address into the provider window in SAFE.
- 644
- 645 G. The RFC is responsible for developing and maintaining appropriate and professional  
646 partnerships with community partners, especially when it relates to maintaining a child in

- 647 the home of an appropriate resource family and/or providing services to prevent  
648 placement disruption.
- 649
- 650 H. The RFC will attend, be prepared for, and actively participate in the placement committee  
651 when a resource family they are assigned to is presented as a potential match for a child  
652 needing placement.
- 653
- 654 I. The RFC will attend cluster meetings and other foster parents' activities when possible  
655 (at a minimum once a year) in order to build relationships with the families they serve,  
656 offer support to foster parents, answer questions, and understand issues faced by resource  
657 families.
- 658
- 659 J. The RFC will help resource families understand how to act in a professional manner at all  
660 times when representing themselves as a foster parent. This includes when they are  
661 interacting with others in the community as well as on social networking sites.
- 662

### 300.7 Normalcy For Children And Youth In Foster Care

663 Major objectives:

664 To provide employees and caregivers with information related to the need for foster children and  
665 youth to participate in activities that non-custody children experience as part of a healthy, normal  
666 childhood. These activities include recreation, extra-curricular school activities, sports, school  
667 club participation and other activities that promote healthy development. Participating in  
668 normalizing activities helps a survivor of trauma feel less like a victim and help promote healing  
669 and well-being.

670

671

672

673 Caregivers can make a decision, on behalf of a child or youth, regarding certain types of activities  
674 a youth may participate in by using a reasonable and prudent parenting standard, without  
675 receiving prior approval from Child and Family Services. This helps promote a normal parent-  
676 child relationship between the caregiver and the child.

677

678 **Applicable Laws**

679 Utah Code Ann. [§80-2-301](#). Division responsibilities.

680 Utah Code Ann. [§80-1-102](#). Juvenile Code Definitions.

681 Utah Code Ann. [§80-2-308](#). Division responsibilities -- Normalizing lives of children --  
682 Requirements for caregiver decision making.

683

684 Background of House Bill 346

- 685 A. Utah Code Ann. [§80-2-308](#) requires Child and Family Services to make efforts to  
686 normalize the life of a child in Child and Family Services' custody and to empower a  
687 caregiver to approve or disapprove a child's participation in activities based on the  
688 caregiver's own assessment using a reasonable and prudent parenting standard, without  
689 prior approval of Child and Family Services.
- 690



- 691 B. Utah Code Ann. [§80-2-308](#) requires Child and Family Services to verify that private  
692 agencies, providing out-of-home placement under contract with Child and Family  
693 Services, promote and protect the ability of a child to participate in age-appropriate  
694 activities.  
695
- 696 C. Utah Code Ann. [§80-2-308](#) provides that a caregiver is not liable for harm caused to a  
697 child in out-of-home placement, if the child participates in an activity approved by the  
698 caregiver, provided that the caregiver has acted in accordance with a reasonable and  
699 prudent parenting standard.  
700

### Definitions

- 702 A. Reasonable and Prudent Parenting: The standard characterized by careful and sensible  
703 parental decisions to maintain a child's health, safety, and best interest while at the  
704 same time encouraging the child's emotional and developmental growth.  
705
- 706 B. Activities: An extracurricular, enrichment, or social activity.  
707
- 708 C. Age-Appropriate: a type of activity that is generally accepted as suitable for a child of the  
709 same age or level of maturity, based on the development of cognitive, emotional,  
710 physical, and behavioral capacity that is typical for the child's age or age group.  
711

### Practice Guidelines

- 713 A. If a child in foster care desires to participate in an activity, the caregiver must use a  
714 reasonable and prudent parenting standard to determine if the activity requested is age  
715 appropriate. The caregiver will use the following items to guide their decision to approve  
716 or disapprove the activity:
- 717 1. The child's age, maturity, and developmental level to maintain the overall health  
718 and safety of the child;
  - 719 2. Potential risk factors and the appropriateness of the activity;
  - 720 3. The best interest of the child based on the caregiver's knowledge of the child;
  - 721 4. The importance of encouraging the child's emotional and developmental growth;
  - 722 5. The importance of providing the child with the most family-like living experience  
723 possible; and
  - 724 6. The behavioral history of the child and the child's ability to safely participate in  
725 the proposed activity.  
726
- 727 B. If the caregiver is unsure if the child should participate in the proposed activity, the  
728 caregiver will discuss the items listed above with the caseworker, and if needed, other  
729 members of the child and family team to determine if the child may participate in the  
730 activity.  
731
- 732 C. If the child feels they are being denied the ability to participate in normalizing activities,  
733 a Child and Family Team Meeting may be convened.  
734

- 735 D. The caregiver will inform the caseworker of activities where the child will be away from  
736 the caregiver overnight. Reasonable and prudent parenting standards will be followed.  
737 Overnight activities requested by the child are not considered respite.  
738
- 739 E. It is not necessary for a caregiver to seek permission from Child and Family Services  
740 each time a child participates in a routine activity. This would include any activities that  
741 the caregiver's family participates in on a regular basis, including but not limited to  
742 recreational sports, camping, hiking, biking, swimming, dance, art or music lessons, etc.  
743 If the activity has an inherent risk of bodily harm, injury, or death, the caregiver must  
744 inform the caseworker prior to the activity.  
745
- 746 F. For non-routine activities where bodily harm, injury, or death could occur, the caregiver  
747 will consult with the caseworker to assess using the reasonable and prudent parenting  
748 standard to determine if the activity is appropriate for the child to participate in. Some  
749 non-routine activities include but are not limited to:
- 750 1. Off-Highway Vehicle (OHV) or All-Terrain Vehicle (ATV).
  - 751 2. Water sports, including boating and white-water rafting.
  - 752 4. Horseback riding.
  - 753 5. Skiing, snowboarding, or snowmobiling
- 754
- 755 If the sponsor of a particular activity, such as an athletic league, requires informed  
756 consent forms, those forms must be completed prior to the child participating in the  
757 activity.  
758
- 759 G. Any time a child participates in an activity that has an inherent risk of bodily harm,  
760 injury, or death, every precaution must be taken to participate in the activity as safely as  
761 possible. This would include wearing DOT/Snell approved helmets when riding OHV's,  
762 completing OHV education (<http://stateparks.utah.gov/resources/ohv/education>) or  
763 personal watercraft or boating education  
764 (<http://stateparks.utah.gov/resources/boating/education>), wearing Coast Guard approved  
765 lifejackets, and completing hunter's education ([http://wildlife.utah.gov/hunter-  
766 education.html](http://wildlife.utah.gov/hunter-education.html)). It also includes following any applicable statute pertaining to minors  
767 operating OHV's, personal watercraft, or boats and firearms.  
768
- 769 H. For children placed in a group home or residential treatment setting, the provider will  
770 incorporate normalcy activities into their program. The activities will be in-line with the  
771 reasonable and prudent parenting standard and will help children with skills essential for  
772 positive development.
- 773 1. If the activity is routine for the program, but has an inherent risk of bodily harm,  
774 injury or death, the provider will notify the agency of the activity.
  - 775 2. If the activity is non-routine and the activity has an inherent risk of bodily harm,  
776 injury or death, the provider will consult with the caseworker to assess using the  
777 reasonable and prudent parenting standard to determine if the activity is  
778 appropriate for the child to participate in.  
779

- 780 I. If the activity has a cost associated with the participation in the activity, such as athletic  
781 leagues, school dances, lessons, or recreation education fees, the caregiver will contact  
782 Child and Family Services to determine if funds are available to pay for the activity.  
783 1. For children under 14 years of age, the caseworker will staff the funding request  
784 with their supervisor to determine what funds can be used to support the child in  
785 participating in the activity. These may include:  
786 a. Utah Foster Care’s Wishing Well Funds;  
787 b. Special Needs Miscellaneous; or  
788 c. Monthly Personal Needs Funds.  
789 2. If the youth is 14 years of age or older, the caseworker will also staff the funding  
790 request with the regional Transition to Adult Living coordinator to determine if  
791 the activity can be supported with Chafee funding.  
792

### 793 **300.8 Missing, Runaway, And Abducted Child During An Out-** 794 **of-Home Case – Human Trafficking**

795 Major objectives:

796 Children who are missing, have run away, or have been abducted from state’s custody are at  
797 an increased risk for exploitation and trauma due to having to meet their own needs in ways  
798 that may be unsafe. Every effort must be taken to find missing children and to prevent  
799 children from running or being abducted. It is imperative to locate children who are missing.  
800 Once located, the children should be assessed for human trafficking, and provided holistic  
801 services that meet their needs, including addressing any trauma that may have occurred during  
802 the missing, runaway, or abduction period.  
803

804 Children need to be placed in the least restrictive placement possible following a runaway  
805 episode while their needs are assessed. Children should only be placed in detention if they  
806 have committed a crime that requires a placement in a correctional facility. Running away is  
807 not a chargeable offense.  
808

809 Since 2012, there has been an increase in the awareness and prevalence of runaway and  
810 homeless children, particularly children involved in child welfare systems. Increased  
811 awareness includes the Commercial Sexual Exploitation of Children (CSEC), known as  
812 human trafficking. These guidelines are intended to help caseworkers incorporate best  
813 practices for working with runaway or missing children, homeless children, and children who  
814 are victims of CSEC.  
815

#### 816 **Applicable Laws**

817 Federal Law: 42 U.S.C. 671(a)(35)(B)

818 Federal Law: 22 U.S.C. 7102

819 Utah Code Ann. [§80-2-301](#). Division responsibilities.

820 Utah Code Ann. [§80-2a-202](#). Warrants and removal.

821 Utah Code Ann. [§80-2a-303](#). Child missing from division custody -- Placement after locating  
822 child.  
823

824 Utah Code Ann. [§76-5-307 to 310.1](#). Definitions and human trafficking for labor, sexual  
825 exploitation, and penalties.

826 Utah Code Ann. [§76-10-1302](#). Prostitution.

827

## 828 Practice Guidelines

### 829 A. Definitions:

830 1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals  
831 buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment,  
832 harboring, transportation, provision, or obtaining of a person for the purposes of a  
833 commercial sex act. Children who are involved in the commercial sex industry  
834 are viewed as victims of severe forms of trafficking in persons, which is sex  
835 trafficking in which a commercial sex act is induced by force, fraud, or coercion,  
836 or in which the person induced to perform such an act has not attained 18 years of  
837 age. A commercial sex act is any sex act on account of which anything of value is  
838 given to or received by any person.

839 2. Runaway: A minor, other than an emancipated minor, who is absent from the  
840 home or lawfully prescribed residence of the parent or legal guardian of the minor  
841 without the permission of the parent or legal guardian.

842 3. Homeless: An individual who lacks housing.

843 4. Missing: Federal law (34 U.S.C. §11292) a “missing child” is “any individual less  
844 than 18 years of age whose whereabouts are unknown to such individual’s parent”  
845 or legal guardian. This broad definition includes “children who may have (1)  
846 been abducted by a non-family member; (2) wrongfully taken or retained by a  
847 person related to them; (3) wandered away from a safe environment and become  
848 lost; (4) been displaced by disaster; (5) run away from a home, foster home, or  
849 state care facility; or (6) otherwise gone missing for any reason at all.”

850 5. Abducted: Utah Code Ann. [§78b-16-102](#): “the wrongful removal or wrongful  
851 retention of a child.” For the purpose of this guideline, this term also includes  
852 Child Kidnapped in Utah Code [§76-5-301.1](#) and Kidnapping in Utah Code [§76-5-  
853 301](#).

854 6. Child Kidnapped: Utah Code Ann. [§76-5-301.1](#): “An actor commits child  
855 kidnapping if the actor intentionally or knowingly, without authority of law, and  
856 by any means and in any manner, seizes, confines, detains, or transports a child  
857 under the age of 14 without the consent of the victim's parent or guardian, or the  
858 consent of a person acting in loco parentis.”

859 7. Kidnapping: Utah Code Ann. [§76-5-301](#): “An actor commits kidnapping if the  
860 actor intentionally or knowingly, without authority of law, and against the will of  
861 the victim:

- 862 a. detains or restrains the victim for any substantial period of time;
- 863 b. detains or restrains the victim in circumstances exposing the victim to risk  
864 of bodily injury;
- 865 c. holds the victim in involuntary servitude;
- 866 d. detains or restrains a minor without the consent of the minor's parent or  
867 legal guardian or the consent of a person acting in loco parentis, if the  
868 minor is 14 years of age or older but younger than 18 years of age; or
- 869 e. moves the victim any substantial distance or across a state line.”

- 870  
871 B. Prevention of Children Running Away from Foster Care: Children in foster care run  
872 away for a variety of reasons. The most significant reasons include a search for safety,  
873 independence, and the least restrictive placement; conflict with their caregiver, including  
874 abuse and neglect and trying to escape an unpleasant situation; being asked to run with a  
875 peer or trying to find a sense of normalcy. Most often, it can be categorized as running to  
876 something/someone or running from something/someone.
- 877 1. To prevent the child from running, the caseworker will ask during each monthly  
878 home visit if the child has any concerns regarding the placement, including:
    - 879 a. Their relationship with the caregiver.
    - 880 b. If the child's needs are being met by the caregiver.
  - 881 2. If the child discloses there are issues with the placement, the caseworker will ask  
882 the child what solutions they have thought of to address the issues and what the  
883 caseworker can do to help improve the situation. If the child discloses that he or  
884 she has thought about running from the placement, the caseworker will address  
885 those issues with the child to problem solve by asking some of the following  
886 questions:
    - 887 a. What else can be done to improve things before you leave?
    - 888 b. What would make you stay in the placement?
    - 889 c. How will you survive?
    - 890 d. Is running away safe?
    - 891 e. Who can you talk to about the situation?
    - 892 f. Are you being realistic?
    - 893 g. Have you given this enough thought?
    - 894 h. What are your other options?
    - 895 i. Who will you call if you end up in trouble?
    - 896 j. What will happen when you return?
  - 897 3. When needed, a Child and Family Team Meeting will be convened to discuss the  
898 issues raised by the child and to develop solutions that will allow the child to  
899 remain safely in their placement. Possible strategies to help prevent the runaway  
900 behavior include, but are not limited to:
    - 901 a. Increased support system for the child.
    - 902 b. Involve child in case planning decisions, including placement decisions.
    - 903 c. Exploration of kinship as either placement options or informal supports.
    - 904 d. Provide the child with information for the National Runaway Safeline to  
905 call or live chat at 1-800-runaway or [www.1800runaway.org](http://www.1800runaway.org).
    - 906 e. Identify a safe place for the child to go if they run  
907 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).
    - 908 f. Provide child with the Child and Family Services Child Abuse Reporting  
909 Hotline (1-855-323-3237) to make a referral if they feel unsafe in their  
910 placement.
- 911
- 912 C. Response When a Child is Missing, has Run Away, or has been Abducted during an Out-  
913 Of-Home Services Case:
- 914 1. The caregiver must:

- 915 a. Immediately contact law enforcement agency where the child resides if the  
916 child is believed to have been abducted, and provide any necessary  
917 information to promote the safe return of the child.
- 918 b. Notify the caseworker immediately that the child is missing, has run away,  
919 or has been abducted. This includes the last time the child was seen, when  
920 the caregiver noticed they were missing, had run away, or had been  
921 abducted, and what they were wearing.
- 922 c. If it is outside normal business hours and unable to contact the  
923 caseworker, call Intake and report that the child is missing, has run away,  
924 or has been abducted. Intake will relay the information to the on-call  
925 worker and notify the assigned foster care caseworker and supervisor via  
926 email. The on-call worker will also relay the information to the assigned  
927 foster care caseworker or, if the assigned foster care caseworker is not  
928 available, to the on-call supervisor.
- 929 2. Upon receiving information from the caregiver, and based on the information  
930 obtained, the caseworker will determine if the child is missing, has run away, or  
931 has been abducted. The caseworker will verify if a police report has been filed  
932 and an Amber Alert had been issued.
- 933 3. The caseworker will immediately try to contact the child through a phone call or  
934 text. If the child responds, the caseworker will gather information regarding the  
935 safety and well-being of the child.
- 936 a. The caseworker will encourage the child to come back into care.
- 937 (1) This must be done with sensitivity to the child and their situation,  
938 as the child may have been running from an unsafe situation and  
939 may not trust Child and Family Services or the caseworker.
- 940 (2) If the child indicates that they were running from an unsafe  
941 situation, the caseworker will reassure the child, take steps to have  
942 the child safely return, and work with the Child and Family Team  
943 to arrange for an alternate placement.
- 944 b. The caseworker will document all contact between the child and the  
945 caseworker in SAFE.
- 946 4. If unable to reach the child, the following steps will be completed without delay:
- 947 a. The caseworker will notify parents or guardians that the child is missing,  
948 has run away, or has been abducted and will engage them to determine if  
949 the child has run to a parent or guardian. If parental rights have been  
950 terminated, do not disclose any information about the child or the child's  
951 placement to the parents, other than that you are seeking information about  
952 the child's whereabouts.
- 953 b. The caseworker will contact other members of the Child and Family Team  
954 to notify them that the child is missing, has run away, or has been  
955 abducted and to determine if they have any knowledge of the whereabouts  
956 and safety of the child.
- 957 c. The caseworker will notify the Assistant Attorney General (AAG) or on-  
958 call AAG that the child is missing, has run away, or has been abducted,  
959 and request a warrant in accordance with Utah Code [§80-2a-202\(6\)](#).

- 960 (1) The caseworker will request that the child be taken to the least  
961 restrictive placement (i.e., current or prior placement, juvenile  
962 receiving center, Christmas Box House) once the child is found.  
963 Children who have run away will not be placed in detention unless  
964 by law enforcement for delinquent acts. Running away is not a  
965 chargeable offense.
- 966 (2) The caseworker will also notify the GAL and child’s parent or  
967 guardian who has a right to parent-time with the child that a  
968 warrant has been issued.
- 969 (3) The caseworker will contact the BCI Support Team if the warrant  
970 is requested and/or approved after normal business hours and  
971 request that a critical care message be entered into the CARE  
972 system.
- 973 5. The caseworker will contact law enforcement to file a Missing Persons Report.  
974 The caseworker will also:
- 975 a. Obtain a copy of the police report from the law enforcement agency.  
976 b. Provide the agency with a copy of the warrant when received.  
977 c. Request that the child be placed on the National Crime Information Center  
978 (NCIC).
- 979 6. The caseworker will notify the region director, or designee, who will then notify  
980 the Child and Family Services director and public information officer that a child  
981 is missing, has run away, or has been abducted who is in the custody of Child and  
982 Family Services. The public information officer will determine if the media  
983 should be contacted to assist in locating and returning the child, after confirming  
984 that media notification will not interfere with a law enforcement investigation.
- 985 7. The caseworker will report the child is missing to the National Center for Missing  
986 and Exploited Children by going to <https://cmfc.missingkids.org/reportit> within  
987 24 hours of the caseworker receiving notification that the child is missing, has run  
988 away, or has been abducted. The caseworker will follow the directions online to  
989 create a user account. The caseworker will gather case information and relevant  
990 materials before starting the report process. Basic information the caseworker  
991 will be asked to provide:
- 992 a. Child’s full name;  
993 b. Child’s date of birth;  
994 c. Date child went missing;  
995 d. City and state from where child went missing;  
996 e. Guardian information including agency name, and telephone;  
997 f. Law enforcement information including agency name and telephone;  
998 g. A photo of the child;  
999 h. A description of the child’s physical features, such as:
- 1000 (1) height;  
1001 (2) weight;  
1002 (3) gender;  
1003 (4) ethnicity/race;  
1004 (5) eye color.
- 1005 i. Endangerment information, such as:

- 1006 (1) pregnancy status;
- 1007 (2) prescription medications;
- 1008 (3) suicidal tendencies;
- 1009 (4) vulnerability to being sex trafficked;
- 1010 (5) other health and risk factors;
- 1011 j. Circumstances surrounding the incident; and
- 1012 k. Description of any person who may be with the child.
- 1013 8. The caseworker will continue making attempts to contact the child through a
- 1014 variety of communication means, such as phone calls, texting, email, and social
- 1015 media at least weekly, until the child has been located or eight weeks from the
- 1016 time the child was reported as runaway, whichever is sooner, to assess if the child
- 1017 is safe and their needs are being met. All efforts to locate the child will be
- 1018 documented in SAFE.
- 1019 a. If the child responds to the outreach made by the caseworker, the
- 1020 caseworker will gather critical information regarding the safety and well-
- 1021 being of the child.
- 1022 b. The caseworker will encourage the child to come back into care. This
- 1023 must be done with sensitivity to the child and their situation, as the child
- 1024 may have been running from an unsafe situation and does not trust Child
- 1025 and Family Services or the caseworker.
- 1026 c. The caseworker will document all correspondence between the child and
- 1027 the caseworker in SAFE.
- 1028 9. The caseworker will continue to seek leads regarding the child's whereabouts
- 1029 through a variety of communication means with a parent, guardian, or other
- 1030 family or relational contacts. Any information gained will be provided to law
- 1031 enforcement to aid in finding the child.
- 1032 a. If the caseworker suspects the child has been abducted or is being
- 1033 harbored by anyone, and they refused to return the child to care, the
- 1034 caseworker will notify the individual that harboring a runaway is in
- 1035 violation of Utah Code Ann. [§80-5-601](#)) and will inform law enforcement.
- 1036 b. If it is during the school year, the caseworker will contact the school and
- 1037 request that they notify Child and Family Services if the child contacts or
- 1038 arrives at school.
- 1039 10. If a request for a ransom is received, the caseworker will notify the local FBI
- 1040 immediately with as much detail as possible from the requested source, such as
- 1041 letter, phone call, text, email, or social media message. (The FBI office:
- 1042 [fbi.gov/saltlakecity/](http://fbi.gov/saltlakecity/), FBI SLC 257 Towers Building, Suite 1200, 257 East 200
- 1043 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI web page for
- 1044 Crimes Against Children at <http://www.fbi.gov/hq/cid/cac/crimesmain.htm>.)
- 1045 11. After 24 hours, the caseworker will update the child's placement status/code in
- 1046 SAFE to CRW.
- 1047 12. The caseworker will staff the case with their regional administrative team to
- 1048 determine if the out-of-home caregiver should continue to be paid as outlined in
- 1049 Administrative Guidelines Section 060.8 while the child is missing, has run away,
- 1050 or has been abducted. The agreement to pay the out-of-home caregiver will not
- 1051 exceed 10 days.



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13. If the child is missing, has run away, or has been abducted for more than eight weeks, the caseworker will contact the law enforcement agency who took the initial report to give further information, including dental records, scars, marks and tattoos, jewelry type, blood type, and other identifiable features in the event that a deceased is discovered locally or nationwide.
  14. If the child is missing, has run away, or has been abducted for more than 12 weeks, the caseworker will staff the case with regional administration or designee to determine if the case should remain open or if a motion to close the case should be filed.
    - a. If a motion is filed requesting the case be closed, the motion must address what steps the caseworker has taken to find the child.
    - b. If the case is to remain open, the caseworker will make monthly attempts to locate the child. All attempts must be documented in SAFE.
  15. If the child engages in chronic runaway behavior (i.e., has run away more than three times a year or more than once in a 30-day period), the caseworker will assess with the Child and Family Team the reasons the child is running and implement strategies to address the behavior. This could include:
    - a. Assessing the placement to determine if the placement best meets the needs of the child. A higher or lower level of care will be considered if it better meets the needs of the child.
    - b. Determining if the child is running to something/someone such as family, peers, and/or intimate relationships. If the child is running to someone, the caseworker will consider making these relationships part of the Child and Family Team.
    - c. Assessing if there are issues at school that have an impact on the placement or contribute to the runaway behavior, such as bullying or other negative peer relationships or struggles with academic progress.
    - d. Addressing with the child’s treatment provider issues relating to the runaway behavior.
    - e. If necessary, conducting a professional staffing with the region permanency specialists.
  16. If the youth in foster care is over 18 years of age, the Child and Family Team will determine if the case should remain open. The team will consider:
    - a. Overall safety and supportive relationships.
    - b. Developmental level and ability to meet their own needs.
    - c. If the case should remain open, or if the foster care case should be closed and the youth released from care.
    - d. If it is determined that the child can safely meet their own needs, the caseworker will ask the AAG to file for an early review to close the case.
- D. Return to Care:
1. Once the child is located, the caseworker will determine the primary factors that caused or contributed to the child’s absence from care. The caseworker will select a placement for the child that accommodates the child’s needs and takes into consideration the factors and experiences that led to the child running from care. The child should only be placed in detention if the child has committed a

- 1098 crime that requires a placement in a correctional facility. Running away is not a  
1099 chargeable offense.
- 1100 2. A court may temporarily place a child in a detention facility, who is taken into  
1101 custody based upon a warrant issued under Utah Code Ann. [§80-6-202](#), if the  
1102 court finds that detention is the least restrictive placement available to ensure the  
1103 immediate safety of the child. A child placed in detention may not be held in  
1104 detention longer than is necessary for the caseworker to identify a less restrictive,  
1105 available, and appropriate placement for the child.
- 1106 3. The caseworker will remove the child from the National Center for Missing &  
1107 Exploited Children website (<https://cmfc.missingkids.org/reportit/>).
- 1108 4. The caseworker will complete a return of service if the warrant was served by law  
1109 enforcement or a caseworker and the child is found. A motion to vacate the  
1110 warrant will be filed when:
- 1111 a. The child returns to the placement voluntarily.
- 1112 b. The child appears at court.
- 1113 c. Court jurisdiction is terminated.
- 1114 d. The child in custody ages out of foster care.
- 1115 e. Custody has been terminated.
- 1116 f. A new eWarrant is needed due to an error in the first warrant after the  
1117 initial warrant had been approved by a judge.
- 1118 5. The caseworker will contact the original law enforcement agency (if known) to  
1119 have law enforcement remove the child from NCIC,
- 1120 6. The caseworker will assess if the child is a victim of trafficking. The caseworker  
1121 will conduct an interview with the child in a neutral location, after the child is safe  
1122 and their physical needs have been met. It is best if the interview can be  
1123 conducted at a CJC. If not, the caseworker will use the forensic interviewing  
1124 model when interviewing the child. The caseworker will assess for the items  
1125 listed below during the interview: “While your whereabouts were unknown:
- 1126 a, did someone control, supervise, or monitor your work/actions?”
- 1127 b. could you leave your job or work situation if you want to?”
- 1128 c. was your communication ever restricted or monitored?”
- 1129 d. were you able to access medical care?”
- 1130 e. were you ever allowed to leave the place you were living/working?”
- 1131 f. under what conditions?”
- 1132 g. was your movement outside of your residence/workplace ever monitored  
1133 or controlled?”
- 1134 h. what did you think would have happened if you left the situation?”
- 1135 i. was there ever a time when you wanted to leave, but felt that you could  
1136 not?”
- 1137 j. what do you think would have happened if you left without telling  
1138 anyone?”
- 1139 k. did you feel it was your only option to stay in the situation?”
- 1140 l. did anyone ever force you to do something physically or sexually that you  
1141 didn’t feel comfortable doing?”
- 1142 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,  
1143 punched, burned, etc.) by anyone?”

- 1144 n. were you ever sexually abused (sexual assault/unwanted touching, rape,  
1145 sexual exploitation, etc.) by anyone?”  
1146 o. did anyone ever introduce you to or provide you with drugs, alcohol or  
1147 medications?  
1148 Resources: “Screening Tool for Victims of Human Trafficking,” U.S. Department of  
1149 Health and Human Services,  
1150 [http://www.justice.gov/usao/ian/htrt/health\\_screen\\_questions.pdf](http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf).
- 1151 7. If during the interview, the child discloses that CSEC or other human trafficking  
1152 has occurred and the interview is not being recorded at a CJC, discontinue the  
1153 interview, explaining to the child the importance of the information they are  
1154 sharing and the need to change the venue for the interview. Schedule an interview  
1155 at the CJC.
- 1156 8. If the child reports that they may be victims of CSEC or other trafficking, the  
1157 caseworker will access the appropriate resources to address the CSEC. This is  
1158 including but is not limited to:
- 1159 a. Reporting to law enforcement within 24 hours that the child may be a  
1160 victim of CSEC and assist in the investigation.
- 1161 b. Accessing the appropriate mental health care, preferably a therapist that  
1162 specializes in treating victims of CSEC.
- 1163 c. Informing the caregiver that the child may be a trafficking victim and  
1164 providing resources that may aid the caregiver in caring for the child and  
1165 addressing trafficking concerns.
- 1166 (1) Provide the caregiver and the child with information for the  
1167 National Runaway Safeline to call or live chat at 1-800-runaway or  
1168 [www.1800runaway.org](http://www.1800runaway.org).
- 1169 (2) Identify a safe place for the child to go if they run  
1170 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).
- 1171 (3) Refer to <https://www.missingkids.org/> for information regarding  
1172 missing and exploited children.
- 1173 (4) Refer to 211 resources.
- 1174 9. The caseworker will keep parents up to date on treatment and services provided to  
1175 address trafficking concerns, unless parental rights have been terminated.
- 1176 10. Organize a Child and Family Team Meeting, if needed, to determine the need for  
1177 additional services or a change in placement.  
1178

**300.9 Foster Care Bill Of Rights**

Major objectives:

Children in foster care have the right to be treated with genuineness, empathy, and respect, as well as having the Practice Model Skills and Principles applied to their specific case while ensuring the children’s safety, permanency, and well-being needs are addressed while in foster care.

The State Youth Council was tasked with writing a Foster Care Bill of Rights that addresses what they feel is important to them while they are in care. This Bill of Rights pertains to all children in care, regardless of age. The Bill of Rights encompasses the Practice Model philosophy, as well as the skills and principles of Utah’s Practice Model.

**Applicable Laws**

Federal Act [HR4980](#), Preventing Sex Trafficking and Strengthening Families Act.  
Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. The Foster Care Bill of Rights is a document written by youth in foster care and foster care alumni that outlines the rights of a child in foster care. The Bill of Rights is as follows:
1. Be treated with respect regardless of age, race, culture, gender, sexual orientation, gender expression, religious beliefs, family relations, or family history.
  2. Live in a safe and healthy environment with adequate clothing, appropriate hygienic items, and sufficient food of nutritional value.
  3. Have access to adequate health care services, including mental health, physical health, and dental health, as well as the right to request medical appointments and consistent and quality medical attention.
  4. Attend our school of origin or an appropriate school and access to transportation to and from school (and/or employment and extracurricular activities, if applicable).
  5. Participate in or continue to participate in healthy and appropriate activities associated with school, culture, a religious organization, or within the community.
  6. Have access to vital documents (birth certificate, social security card, state identification card) before aging out of foster care, as well as access to services and resources regarding the transition to adulthood.
  7. Express our opinions, thoughts, needs, and feelings in a respectful, constructive manner.
  8. Actively participate in case planning and be informed of changes in our case, including participation in placement decisions.
  9. Be allowed to pack our own belongings in luggage or other suitable containers.
  10. Receive quality services that meet our specific needs in conjunction with a stable environment and the least amount of disruptions.
  11. Be informed of our rights and have an identified person or entity to contact when rights are violated, such as our Guardian ad Litem or Child Protection Ombud.

- 1224 12. Maintain healthy relationships with parents and siblings through frequent  
1225 visitation and contact.
- 1226 13. Have access to important adults, including caseworkers and legal representatives.
- 1227 14. Be informed of when our court hearings are and be able to attend those hearings.
- 1228
- 1229 B. The Utah Foster Care Bill of Rights can be found at  
1230 <https://powerdms.com/link/UTAHDHHS/document/?id=1307143>.
- 1231
- 1232 C. Children in out-of-home care will be informed of their rights while in foster care on a  
1233 level that is commensurate with their developmental level. For non-verbal children, the  
1234 Bill of Rights will be reviewed with the out-of-home caregiver.
- 1235 1. During the first 30 days that a child is in care, the caseworker will review the Bill  
1236 of Rights with the child.
- 1237 a. The caseworker will review the Bill of Rights during a Child and Family  
1238 Team Meeting so all parties involved in the case are aware of the rights of  
1239 the child, or
- 1240 b. The caseworker will review the Bill of Rights with the child during a  
1241 private conversation during a home visit.
- 1242 c. The caseworker will review the Bill of Rights with the out-of-home  
1243 caregiver and the child during ~~[a private conversation]~~the home visit when  
1244 the child is placed in ~~[their]~~a foster home~~[/]~~ or facility.
- 1245 d. ~~[The caseworker will document in SAFE that the Bill of Rights was~~  
1246 ~~reviewed with the child and the caregiver.]~~The caseworker will obtain the  
1247 signatures of the foster parent or provider and the child on the Bill of  
1248 Rights document.
- 1249 e. A copy of the Bill of Rights will be placed in the Home-to-Home Book,  
1250 and the caseworker will provide the child with a copy of the Bill of Rights.
- 1251 f. The caseworker will upload the signed copy of the Bill of Rights into  
1252 SAFE content manager and will document in the activity log for the visit  
1253 that the Bill of Rights was reviewed and signed.
- 1254
- 1255 2. Children will be able to access the Bill of Rights at any time through the Home-  
1256 to-Home Book or other mechanism used by the caregiver to keep records and  
1257 documents for the child.
- 1258 3. If the child requests a personal copy of the Bill of Rights, the caseworker will  
1259 deliver the document within one week of the request.
- 1260
- 1261 D. If a child feels their rights have been violated, the child must be given the same resources  
1262 to resolve the conflict as any other individual. This includes:
- 1263 1. A meeting with the caseworker and the supervisor.
- 1264 2. Contact information for the child's Guardian ad Litem.
- 1265 3. Contact information for the Child and Family Services constituent services  
1266 specialist at (801) 538-4100.
- 1267 4. Contact information for the Child Protection Ombuds at (801) 538-4589.
- 1268

### 300.10 Establishing Paternity

Major objectives:

Establishing paternity and providing parents with notice and opportunity to be heard in juvenile court cases is essential to timely permanency. Delays in locating a child’s father or establishing paternity for an alleged father can delay the establishment of permanency for the child. Establishing paternity of an alleged father can provide the child the benefit of knowing his or her heritage, expand the child’s network of supportive adults, and provide additional kinship placement options.

**Applicable Laws**

Utah Code Ann. [§78B-15-201](#). Establishment of parent-child relationship.

Utah Code Ann. [§78B-15-204](#). Presumption of paternity.

Utah Code Ann. [§78B-15-301](#). Declaration of Paternity.

Practice Guidelines

- A. The caseworker will staff the case with the AAG to determine if any of the following criteria are met to allege legal paternity in the verified petition. It is imperative to complete this process at the earliest possible point in the case. If evidence of legal paternity for the child is available, the caseworker will request that the AAG allege the legal paternity in the verified petition. The following are considered evidence of legal paternity:
  - 1. An un rebutted presumption that a man is the father. A man is legally presumed to be the father if:
    - a. He and the mother of the child were married to each other and the child was born during the marriage.
    - b. He and the mother of the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, declaration of invalidity or divorce, or after a decree of separation.
    - c. Before the birth of the child, he and the mother of the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage or within 300 days after its termination by death, annulment, declaration of invalidity, or divorce or after a decree of separation.
    - d. After the birth of the child, he and the mother of the child married each other in apparent compliance with law, whether or not the marriage is, or could be declared, invalid, he voluntarily asserted his paternity of the child, and there is no other presumptive father of the child, and:
      - (1) the assertion is in a record filed with the Office of Vital Records;
      - (2) he agreed to be and is named as the child's father on the child's birth certificate; or
      - (3) he promised in a record to support the child as his own
  - 2. An effective declaration of paternity by the man filed with Vital Records.
  - 3. An adjudication of the man’s paternity.
  - 4. Adoption of the child by the man.

- 1314 5. The man consented to assisted reproduction by a woman, which resulted in the  
1315 birth of the child.
- 1316 6. An adjudication confirming the man as a parent of a child born to a gestational  
1317 mother if the agreement was validated or is enforceable under other law.  
1318
- 1319 B. Genetic Testing: A genetic test showing a man is the father creates a presumption of  
1320 paternity. If the alleged father does not rebut the presumption through another test that  
1321 shows he is not the father, the judge can then use the genetic test to adjudicate a man as  
1322 the father. A paternity test is evidence that can establish a presumption. However, a  
1323 judge must still issue an order establishing paternity.  
1324
- 1325 C. The following assertions are not sufficient evidence of legal paternity
- 1326 1. The mother says the man is the father.  
1327 2. The man claims he is the father.  
1328 3. Everyone knows the man is the father.  
1329 4. The man lives with the mother and the child.  
1330 5. The man pays child support for the child.  
1331 6. The man's name is on the birth certificate (unless he has also complied with all  
1332 other requirements for establishing legal paternity, as described in section A(1)(d)  
1333 above).  
1334
- 1335 D. If legal paternity cannot be established by the evidence listed above, the caseworker will  
1336 ask the AAG for paternity to be established by adjudication in the juvenile court if the  
1337 following conditions are met:
- 1338 1. Establishing paternity is in the child's best interests; and  
1339 2. The man has a significant relationship with the child that should be legally  
1340 established. To establish that a significant relationship exists, the caseworker and  
1341 the AAG must gather evidence to document the significant relationship. The  
1342 evidence may include:
- 1343 a. Exercising parent time prior to Child and Family Services involvement.  
1344 b. Providing monetary and other support.  
1345 c. Communicating, acknowledging or celebrating special occasions.  
1346 d. Facilitating healthful relationship with extended family.  
1347 e. Engaging in other behaviors that demonstrate a normal, healthy parenting  
1348 relationship between the alleged father and the child.  
1349 f. Providing primary care for the child.  
1350 g. The child reports he or she considers the individual their father.  
1351 h. The child's behaviors toward the alleged father include but are not limited  
1352 to: recognizing or acknowledging the father, showing interest or affection  
1353 or expressing a desire to be with the father.
- 1354 3. The man has relatives who have a significant relationship with the child or could  
1355 be potentially supportive placements or provide legal permanency for the child.  
1356
- 1357 E. Paternity may still be established even if no relationship between the alleged father and  
1358 the child exists. Caseworkers will determine if it is in the best interest of the child that

- 1359 paternity be legally established. Caseworkers will need to establish one or more of the  
1360 following:
- 1361 1. No other father figure is available;
  - 1362 2. The alleged father's extended family (the biological family) is safe, appropriate,  
1363 and willing to care for the child;
  - 1364 3. The absence of a significant relationship is excusable (such as the mother was  
1365 hiding the child from the father); or
  - 1366 4. Child support from the father is important enough to justify establishing parental  
1367 rights, or other evidence that "this" child needs "this" father.  
1368
- 1369 F. Once Child and Family Services has determined it is in the best interests of a child to  
1370 establish paternity and sufficient evidence is documented to establish best interests, the  
1371 AAG will allege in the petition that the named man is the alleged father and that it is in  
1372 the child's best interests to require paternity be established even though legal paternity  
1373 has not been previously established.  
1374
- 1375 G. Once paternity is established, the caseworker will engage the father in the Child and  
1376 Family Team, assessments, case planning, and interventions. All requirements regarding  
1377 legal parents are applicable. This includes monthly contacts, visitation, and permanency  
1378 planning.  
1379



1380 **301 Preparation For Placement In Out-Of-Home Care**

1381

1382 **301.01 Opening A Foster Care Case**

1383

1384 Practice Guidelines

1385 A. The “earliest removal/custody date” is the foster care case start date. According to  
1386 Federal Regulations 1355.20, “A State may use a date such as the date the child is  
1387 physically removed from the home. This definition determines the date used in  
1388 calculating all time period requirements for the periodic reviews, permanency hearings,  
1389 termination of parental rights provisions, and for providing time-limited reunification  
1390 services. The definition has no relationship to establishing initial title IV-E eligibility.”

1391

1392 The earliest removal/custody date is the date that the child was initially removed from the  
1393 custody of their legal guardians by Child and Family Services (protective custody), the  
1394 court (temporary or adjudicated), or by voluntary written consent (voluntary custody). A  
1395 foster care case will not be opened on a CPS removal unless Child and Family Services is  
1396 granted temporary custody, adjudicated custody, or voluntary custody. If Child and  
1397 Family Services has protective custody as the result of a CPS removal and the child is  
1398 either returned home or temporary custody is granted to relatives at the shelter hearing, a  
1399 foster care case should not be opened in SAFE. However, if a removal is done during the  
1400 course of an In-Home Services case without a CPS case being opened to document the  
1401 removal, then an SCF case should be opened to document the custody and placements  
1402 during the removal time frame.

- 1403 1. Using the earliest removal/custody date as the start date, the foster care case  
1404 should be opened in SAFE by midnight of the second business day after  
1405 receiving:
- 1406 a. Court-ordered temporary custody after a CPS removal, usually granted at  
1407 the shelter hearing;
  - 1408 b. Court-ordered adjudicated custody; this is usually the date of the court  
1409 finding or direct order into custody;
  - 1410 c. Voluntary custody by a parent or legal guardian;
  - 1411 d. Protective custody taken during the course of an In-Home Services case  
1412 when there is no CPS case or other documentation of the removal.
- 1413 2. If there is an open case (such as CPS, PAT, PSS, PFP, etc.) at the time of the  
1414 earliest removal/custody date, then the current primary caseworker is responsible  
1415 for opening the foster care case in SAFE. If a foster care caseworker has not been  
1416 identified, the current primary caseworker will assign the foster care case to  
1417 himself or herself, pending case transfer. The current primary caseworker is  
1418 responsible for all foster care case action items and activities until a new primary  
1419 caseworker is identified and assigned to the foster care case.
- 1420

### 301.1 Engaging, Teaming, And Assessing

Major objectives:

The caseworker will engage the child and family to develop positive working relationships, partner with the child and family to create a Child and Family Team, work with the Child and Family Team to assess strengths and needs of the child and family, as well as plan for the child’s permanency and long-term view.

**Applicable Law**

Administrative Rule [R512-300](#). Out of Home Services.

Practice Guidelines

- A. The primary caseworker will initiate or update the Child and Family Assessment of the child and family within 45 days of removal.
  - 1. To begin assessment of needs, engage the child’s family, identify permanency-planning options, begin planning for placement and visitation, and establish the Child and Family Team. Engage the child in a manner consistent with the child’s developmental level to address concerns, explain the system process and the caseworker's role, and begin to discuss with the child issues of separation and loss.
  - 2. The use of genograms, ecomaps, timelines, and other assessment tools is recommended in gathering information.
  - 3. The type of assessment will be determined by the unique needs of the child and family, such as cultural considerations, special medical or mental health needs, and permanency goals.
- B. The primary caseworker will assist in identifying key Child and Family Team members. The primary caseworker will hold the initial Child and Family Team Meeting, continue building upon the Child and Family Assessment, and plan for subsequent meetings and planning sessions.
  - 1. Assist the family in identifying informal (family, friends, church affiliations, club affiliations, etc.) and formal supports (teachers, therapists, tutors, medical professionals, etc.) that may be part of the Child and Family Team.
  - 2. Contact the Assistant Attorney General and Guardian ad Litem to provide information and involve these partners in any planning that affects the interests of the child.
  - 3. Provide information gathered as part of the assessment to the Child and Family Team.
- C. For youth age 14 years and older, the youth must be an integral member of the Child and Family Team. Youth age 14 years and older will also contribute to developing the Child and Family Team.
  - 1. Youth age 14 years and older must be given the opportunity to invite two individuals to be members of their Child and Family Team. These members cannot be paid professionals or other service providers. The caseworker will

- 1465 engage the youth in determining who the youth would like to invite to the Child  
1466 and Family Team.
- 1467 2. If a youth chooses a minor to be a member of the Child and Family Team, the  
1468 caseworker has the discretion on whether to obtain a release of information from  
1469 the youth to seek permission from the invited minor's parent and/or guardian to  
1470 participate on the Child and Family Team. Regardless of whether there is a  
1471 release of information, the minor is held to the same confidentiality standards as  
1472 other members of the Child and Family Team.
- 1473 3. Any individuals identified by the youth to be members of the Child and Family  
1474 Team will need to be approved by the Child and Family Team prior to the  
1475 individual attending a Child and Family Team Meeting. The Child and Family  
1476 Team will make the determination by assessing if the individual will advocate for  
1477 the safety, permanency, and well-being of the child.
- 1478 4. When working with a youth age 14 years and older, support the youth to take the  
1479 lead role in the Child and Family Team. Consider the youth's developmental age,  
1480 increasing their role as a Child and Family Team leader as their skill level  
1481 increases.
- 1482
- 1483 D. Assessment is ongoing and service goals and plans are modified when indicated by  
1484 changing needs, circumstances, progress toward achievement of service goals, or the  
1485 wishes of the child, family, or Child and Family Team members.
- 1486 1. Continue to engage the child and family to gather all pertinent health, social,  
1487 educational, psychological, and cultural (religion, significant others, daily  
1488 schedule, and history) information and other specifics needed to thoroughly assess  
1489 the child and family's strengths and needs.
- 1490 2. Identify each child who is of American Indian decent by ensuring that  
1491 the child and family are specifically asked about this heritage. When this  
1492 determination is made, refer to [Section 705](#) Indian Child Welfare Act (ICWA),  
1493 and follow all requirements. Also, if the child is a member of the Navajo Nation  
1494 or Ute Tribe, comply with the intergovernmental agreements that the state of Utah  
1495 has with these Tribes.
- 1496 3. Determine if the child is a United States citizen or qualified alien. [See: [Section](#)  
1497 [303.10](#), Children in Foster Care Who Are Not U.S. Citizens.]
- 1498 4. When a youth is 14 years and older, the Casey Life Skills Assessment will be  
1499 used to help identify skills needed for their transition to adulthood.
- 1500
- 1501 E. The primary caseworker will complete the application and provide necessary supporting  
1502 documentation for Title IV-E and Medicaid eligibility determination. [See: [Section 303.9](#),  
1503 Federal Benefits And Eligibility.]
- 1504
- 1505 F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the  
1506 payee. If the child has a disability but is not receiving SSI, apply for benefits. If the  
1507 child has a deceased parent and is not receiving SSA survivor benefits, apply for benefits,  
1508 if eligible. [See: [Section 303.9](#), Federal Benefits And Eligibility.]
- 1509

- 1510 G. The primary caseworker will begin collecting information to be included in the Child’s  
1511 Placement Information Record (Home-to-Home Record). [See: [Section 303.3](#),  
1512 Maintaining The Home-To-Home Book.]  
1513
- 1514 H. At any time, the child’s family or other team members may request a Child and Family  
1515 Team meeting to discuss concerns, changes to the Child and Family Plan, visitation, or  
1516 the need for clinical interventions or conflict resolution.  
1517

### 1518 **301.2 Identifying Permanency Goals And Concurrent Planning**

1519 Major objectives:

1520 A child in out-of-home care will have a primary permanency goal and a concurrent plan  
1521 identified by the Child and Family Team and submitted to the court for approval. The primary  
1522 permanency goal will be reunification unless the court has authorized in accordance with state  
1523 statute that no reunification efforts will be offered. Concurrent planning involves working  
1524 towards reunification while at the same time establishing and implementing an alternative  
1525 permanency plan. Concurrent rather than sequential planning efforts help move children more  
1526 quickly from the uncertainty of out-of-home care to the security of a safe and stable permanent  
1527 family when they cannot safely be reunited with their parents.  
1528

1529 Permanency goals and concurrent planning include:

- 1530 A. Reunification.
- 1531 B. Adoption.
- 1532 C. Guardianship (Relative).
- 1533 D. Guardianship (Non-Relative).
- 1534 E. Individualized Permanency.
- 1535
- 1536
- 1537

#### 1538 **Applicable Laws**

- 1539 Utah Code Ann. [§80-1-102](#). Juvenile Code Definitions.
- 1540 Utah Code Ann. [§80-3-406](#). Permanency Plan – Reunification services.
- 1541 Utah Code Ann. [§80-3-409](#). Permanency hearing -- Final plan -- Petition for termination of  
1542 parental rights filed -- Hearing on termination of parental rights.
- 1543 Federal Regulations: 45 CFR 1356.21 (h)(3)(i), (ii), (iii).
- 1544

#### 1545 Practice Guidelines

- 1546 A. Key Factors of Permanency and Concurrent Planning:
  - 1547 1. Strengthens family functioning and prevents unnecessary out-of-home placements  
1548 when possible.
  - 1549 2. Provides the needed goal-oriented family support, educational, medical, and  
1550 therapeutic services aimed at timely decisions about family reunification.
  - 1551 3. When reunification is not possible, timely decisions about other permanent family  
1552 options for children in out-of-home care are made.

- 1553 4. Views the child’s behavior and reactions to the separation as expression of LOSS  
1554 and GRIEF, rather than pathology; and avoids labeling them as “bad,” “troubled,”  
1555 “emotionally disturbed,” etc.
- 1556 5. Understands what stage the child is experiencing in the grief and loss continuum--  
1557 shock, denial, bargaining, anger, depression, and acceptance.
- 1558 6. Identifies those children who have the greatest likelihood of spending long  
1559 periods of their childhood in out-of-home care. Determines if intensive  
1560 reunification efforts would lead to faster decisions about return to family or  
1561 relatives or if a faster decision can be made about other permanent family options.  
1562
- 1563 B. Permanency Planning: All children require security, love, acceptance, connectedness, a  
1564 moral/spiritual framework, and lifetime families for their healthy growth and  
1565 development. All children also need stable families and supportive communities,  
1566 especially in the early years of life to form the secure attachments so vital to positive self-  
1567 esteem, meaningful relationships, positive school achievement, and success in the adult  
1568 world of family and work. For best practice, permanency for children implies  
1569 strengthening or finding families that can provide:
- 1570 1. Intent: While a permanent home or family may not be certain to last forever, it is  
1571 one that is intended to last indefinitely and offers the hope of lifetime connections  
1572 and support.
- 1573 2. Commitment and continuity in family relationships: A permanent family is meant  
1574 to survive geographic moves and the vicissitudes of life because it involves  
1575 commitment and sharing a common future--whether with the family of origin,  
1576 adopted family, or a guardianship family.
- 1577 3. Sense of “belonging” to a family: Evolved from commitment, continuity, and  
1578 social/legal status, is crucial to security and positive self-esteem, and paves the  
1579 way to healthy growth and development.
- 1580 4. Legal and social status: There is a need to legitimize a child’s place in a legally  
1581 permanent family; a family that offers a child a “definitive legal status” separate  
1582 from the child welfare system, protects his or her rights and interests, and  
1583 promotes a sense of belonging.  
1584
- 1585 C. Permanency Planning Outcomes:
- 1586 1. Children remain safely with their parents or relatives.
- 1587 2. Children are reunited safely with their parents or relatives.
- 1588 3. Children are safely adopted by relatives or other families.
- 1589 4. Children are placed with relatives or other families as legal guardians.
- 1590 5. Children are safely placed in an individualized planned permanent living  
1591 arrangement.
- 1592 a. This goal can only be selected if the child is 16 years old or older and  
1593 intensive, ongoing efforts to reunify the child with the child’s parent(s)  
1594 have been unsuccessful. All of the following conditions must be met  
1595 before choosing a goal of individualized permanency:
- 1596 (1) There have been intensive ongoing efforts to find a permanent  
1597 family, which have been unsuccessful. These efforts include, but  
1598 are not limited to:

- 1599 (a) Permanency Roundtables (*see*: [Section 303.17](#)),  
1600 (b) Wendy’s Wonderful Kids referral,  
1601 (c) Intensive search for kin relatives including CLEAR search  
1602 and notification, and  
1603 (2) The child prefers to have a permanency goal of individualized  
1604 permanency, and  
1605 (3) Child and Family Services has made efforts to normalize the life of  
1606 the child, and  
1607 (4) There is a compelling reason why reunification, guardianship with  
1608 a relative or non-relative, or adoption is not in the child’s best  
1609 interest.  
1610
- 1611 D. Concurrent Planning: Concurrent planning involves the parallel process of working  
1612 towards a primary permanency goal, such as reunification, while at the same time  
1613 actively establishing and implementing an alternative permanency plan. A concurrent  
1614 permanency goal is required if the primary permanency goal is reunification. When the  
1615 primary permanency goal is adoption or individualized permanency, the concurrent goal  
1616 may be the same as the primary goal if allowed by the judge. Best practice for concurrent  
1617 planning involves:
- 1618 1. Frequent parent/child visits from the moment a child is placed in out-of-home  
1619 care are encouraged unless restricted by the court.
  - 1620 2. Focused intensive services are provided with birth families, giving reunification  
1621 every chance to work.
  - 1622 3. Maintaining continuity in children’s family, sibling, cultural, and community  
1623 relationships.
  - 1624 4. Using the crisis of placement as a motivator to engage families in case planning  
1625 and to make behavioral changes.
  - 1626 5. Identifying relatives and Tribal resources that can be placement and permanency  
1627 resources early on in the case planning process.
  - 1628 6. Engaging families in culturally competent, early assessments, case planning, case  
1629 review, and decision-making about permanency options to meet children’s urgent  
1630 need for stability and continuity in their family relationships as well as services  
1631 needed to achieve permanency--reunification or the concurrent plan.
  - 1632 7. Holding Child and Family Team Meetings as they increase options and  
1633 partnerships for out-of-home caregivers, parents, extended family members, and  
1634 other significant family resources to be involved early on in formulating plans for  
1635 children as well as support timely case planning and decision making.
  - 1636 8. Respectfully using full disclosure with birth families, relatives, and out-of-home  
1637 caregivers throughout the life of the case.
  - 1638 9. Early on, informing birth families of the importance of their involvement and  
1639 actions in planning for the return of the child and also informing them of the legal  
1640 consequences should they not succeed in preparing for the child’s return home in  
1641 a timely manner.
  - 1642 10. Developing a network of out-of-home caregivers (relatives and non-relatives)  
1643 who are actively engaged in supporting family reunification efforts but are also

- 1644 willing to serve as a permanency resource for children who may not return to their  
1645 birth parents.
- 1646 11. Utilizing concurrent permanency planning to encourage the adults who care about  
1647 the child to become collaborators rather than adversaries as they care for and plan  
1648 where that child will grow up and the long-term view for the child.
- 1649 12. Collaborating with courts, attorneys, and service providers to better serve  
1650 children, youth, and families.
- 1651 13. Should reunification seem unlikely, determining when to pursue the concurrent  
1652 permanency plan such as adoption or guardianship when it is clear the parent(s)  
1653 cannot or will not care for their children.
- 1654
- 1655 E. Concurrent Planning Outcomes:
- 1656 1. To support the safety and well-being of children, youth, and families.
- 1657 2. To promote early permanency decisions for children in out-of-home care.
- 1658 3. To reduce the number of moves and relationship disruptions that children  
1659 experience in out-of-home care.
- 1660 4. To decrease children's length of stay in out-of-home care.
- 1661
- 1662 F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps  
1663 should be completed by the out-of-home care caseworker during the selection process of  
1664 a primary permanency goal and concurrent planning for a child in out-of-home care:
- 1665 1. Discuss with the Child and Family Team the long-term view for the child and  
1666 family.
- 1667 2. Assess the child's physical, emotional, social, and educational needs and how  
1668 these needs may be met in planning for the primary and concurrent permanency  
1669 goals.
- 1670 3. Discuss the primary goal selection in the context of a Child and Family Team  
1671 Meeting. The meeting should include the out-of-home caregiver if one has been  
1672 identified.
- 1673 4. The primary permanency goal will always be reunification unless the court has  
1674 authorized in accordance with state statute that no reunification efforts will be  
1675 offered.
- 1676 5. Select a concurrent goal by identifying the next best permanency goal for the  
1677 child.
- 1678 a. Assess the appropriateness of adoption as a concurrent goal. If adoption is  
1679 ruled out, document compelling or justifiable reasons not to terminate  
1680 parental rights and pursue adoption.
- 1681 b. Determine if guardianship (relative) or guardianship (non-relative) is the  
1682 next best permanency goal to the primary goal. Guardianship and legal  
1683 custody should not be selected if parental rights have been terminated.
- 1684 (1) Identify potential guardians who are fit and willing to be ongoing  
1685 caregivers for the child, and who will support the safety,  
1686 permanency, and well-being of the child.
- 1687 (2) Potential guardians may be either relatives or non-relatives. If the  
1688 potential guardian is a non-relative, the child must be currently  
1689 placed in their home or be a sibling of a child placed in the home.

- 1690 For relative placement, Kinship Practice Guidelines must be  
1691 followed prior to selecting guardianship as a primary goal.
- 1692 c. When adoption, guardianship (relative), and guardianship (non-relative)  
1693 have all been ruled out as concurrent goals, individualized permanency is  
1694 the only other permanency option.
- 1695 6. Discuss with out-of-home caregivers the long-term view for the child and their  
1696 ability and willingness to be an ongoing caregiver if the current primary  
1697 permanency goal is discontinued.
- 1698 7. Provide full disclosure of requirements and responsibilities of the out-of-home  
1699 caregivers and child’s parent(s) (see Full Disclosure section below).
- 1700 8. Once the primary goal and concurrent goal have been identified, collaborate with  
1701 the Assistant Attorney General, Guardian ad Litem, and court to ensure that they  
1702 are court ordered.
- 1703 9. Update the primary and concurrent goal on the Child and Family Assessment and  
1704 Child and Family Plan with input from the Child and Family Team. Update the  
1705 goals in SAFE.
- 1706 10. If reunification services are discontinued, the Child and Family Team will  
1707 determine if it is in the best interest of the child for the concurrent goal to become  
1708 the primary permanency goal.
- 1709 11. The Child and Family Team may select another goal for the child’s new  
1710 concurrent permanency goal if it is in the child’s best interest, but it is not  
1711 required. If the child’s new primary permanency goal is the best and only option  
1712 for this child, then selecting one permanency goal as the primary AND concurrent  
1713 goal is acceptable. For example, if individualized permanency is selected as the  
1714 new primary permanency goal because none of the other options are appropriate,  
1715 then it makes sense to select it as the concurrent goal as well.
- 1716 12. The team will identify factors that must be considered for transition planning if  
1717 the concurrent goal becomes the primary permanency goal.
- 1718 13. The team will discuss the appropriateness of the child maintaining a relationship  
1719 with parents if reunification efforts are discontinued and parental rights are not  
1720 terminated, including continuing visitation and residual parental rights.
- 1721 14. Once the new primary goal and concurrent goal have been identified, collaborate  
1722 with the Assistant Attorney General, Guardian ad Litem, and court to ensure that  
1723 they are court ordered.
- 1724 15. Update the new primary permanency and concurrent goal on the Child and Family  
1725 Assessment and Child and Family Plan with input from the Child and Family  
1726 Team. Update the goals in SAFE.
- 1727
- 1728 G. Reunification: The Child and Family Team will use the following criteria to determine  
1729 whether to make a recommendation to the court for reunification services:
- 1730 1. The risk factors that led to the placement were acute rather than chronic.
- 1731 2. The Child and Family Assessments (including factors such as the initial risk  
1732 assessment, level of informal and formal supports available to the family, and the  
1733 family history including past patterns of behavior) conclude that the parent  
1734 appears to possess or have the potential to develop the ability to ensure the child’s  
1735 safety and provide a nurturing environment.



- 1736 [3. The parent is committed to the child and indicates a desire to have the child  
1737 returned home.
- 1738 4. The child has a desire for reunification and is determined using age appropriate  
1739 assessments.
- 1740 5. Members of the Child and Family Team support a reunification plan.
- 1741 6. If the parent is no longer living with the individual who severely abused the  
1742 minor, reunification may be considered if the parent is able to implement a plan  
1743 that ensures the child's ongoing safety.
- 1744 7. Court requirements for ordering reasonable services to reunify if the parent is  
1745 incarcerated or institutionalized. The court is required by law to order  
1746 reunification services to an incarcerated or institutionalized parent unless it  
1747 determines that those services would be detrimental to the minor. In determining  
1748 detriment, the court must consider the following:
- 1749 a. The age of the child.
- 1750 b. The degree of parent-child bonding.
- 1751 c. The length of the sentence.
- 1752 d. The nature of the treatment.
- 1753 e. The nature of the crime or illness.
- 1754 f. The degree of detriment to the minor if services are not offered.
- 1755 g. For minors 10 years of age and older, the child's attitude towards  
1756 reunification services and any other appropriate factors.
- 1757 8. If Child and Family Services is recommending no reunification due to parent  
1758 mental illness of such magnitude that it renders the parent incapable of utilizing  
1759 reunification services, this recommendation will be based on competent evidence  
1760 from two medical or mental health professionals, who are not associates,  
1761 establishing that even with provision of services, the parent is not likely to be  
1762 capable of adequately caring for the child within 12 months from the day on  
1763 which the court finding is made.
- 1764 9. Child and Family Services will provide additional relevant facts, when available,  
1765 to assist the court in making a determination regarding the appropriateness of  
1766 reunification services such as:
- 1767 a. The parent's failure to respond to previous services or service plan.
- 1768 b. The child being abused while the parent was under the influence of drugs  
1769 or alcohol.
- 1770 c. Continuation of a chaotic, dysfunctional lifestyle.
- 1771 d. The parent's past history of violent behavior.
- 1772 e. The testimony of a competent professional (expert witness) that the  
1773 parent's behavior is unlikely to be successfully changed.
- 1774 f. The parent is the child's birth mother and the child has fetal alcohol  
1775 syndrome or was exposed to illegal or prescription drugs that were abused  
1776 by the child's mother while the child was in utero, if the child was taken  
1777 into custody for this reason, unless the mother agrees to enroll in, is  
1778 currently enrolled in, or has recently and successfully completed a  
1779 substance abuse treatment program approved by Child and Family  
1780 Services.

- 1781 10. As outlined in Utah Code Ann. [§80-3-406](#), timelines for reunification and  
1782 extensions of reunification services are as follows:  
1783 a. Reunification services may be granted for 12 months.  
1784 b. The juvenile court judge may grant up to two extensions for reunification  
1785 services. The extensions are for a maximum time period of 90 days each,  
1786 for a total of 180 days. In order to grant an extension, the judge must  
1787 make a finding that:  
1788 (1) The parent has substantially complied with the Child and Family  
1789 Plan.  
1790 (2) It is likely that the reunification will occur within the 90-day  
1791 period  
1792 (3) The extension is in the best interest of the child.  
1793 c. The court takes into consideration the status of the minor siblings of the  
1794 child.
- 1795 11. If the court does not order reunification services a permanency hearing will be  
1796 conducted within 30 days after the dispositional hearing, If reunification services  
1797 are terminated during the course of the case a permanency hearing will be  
1798 conducted the day on which the provision of reunification services end,. At that  
1799 hearing, an alternative permanency plan will be presented to the court.  
1800 a. If reunification services are not ordered, and the whereabouts of a parent  
1801 becomes known within six months of the out-of-home placement of the  
1802 minor, the court may order Child and Family Services to provide  
1803 reunification services. Statutory time frames for reunification (outlined in  
1804 10 above) still apply. Reunification services may be granted for 12  
1805 months, with a possible extension of three months if objectives that can be  
1806 achieved in the time frame are not sacrificed by the parent's absence.  
1807 b. When reunification efforts have ceased or are not appropriate, a primary  
1808 permanency goal of adoption, guardianship (relative), guardianship (non-  
1809 relative), or individualized permanency may be selected.
- 1810 12. The court may determine that efforts to reunify a child with the child's family are  
1811 not reasonable, based on individual circumstances, and that reunification services  
1812 need not be provided to a parent or other caregiver. The criteria will be used by  
1813 the Child and Family Team in determining whether to make a recommendation to  
1814 the court that reunification services not be offered.  
1815 a. The parent's whereabouts are unknown, based on a verified affidavit  
1816 indicating a reasonable diligent search has failed to locate the parent.  
1817 b. The parent is suffering from a mental illness of such magnitude that it  
1818 renders the parent incapable of utilizing services provided by Child and  
1819 Family Services. This will be assessed by a licensed mental health  
1820 professional.  
1821 c. The minor has been previously adjudicated as an abused child due to  
1822 physical or sexual abuse, and that following the adjudication, the child  
1823 was removed from the custody of his or her parent, was subsequently  
1824 returned home to the custody of that parent, and the minor is being  
1825 removed due to additional physical or sexual abuse.

- 1826 d. The parent has been convicted of causing the death of another child
- 1827 through neglect or abuse.
- 1828 e. The minor child is under the age of five and has suffered severe abuse by
- 1829 the parent or by persons known by the parent, if the parent knew or
- 1830 reasonably should have known that the person was abusing the minor.
- 1831 f. The minor has been adjudicated as an abused child as a result of severe
- 1832 abuse by the parent, and the court finds that it would not be beneficial to
- 1833 the child to pursue reunification services with the offending parent or
- 1834 caregiver.
- 1835 g. The child has been removed from home on at least two previous occasions
- 1836 and reunification services were offered or provided to the family at those
- 1837 times. It is a presumption under the law that reunification services are not
- 1838 appropriate and should not be ordered under these circumstances. In these
- 1839 cases, a permanency goal/plan other than reunification will be pursued.
- 1840 h. Any other circumstances that the court determines should preclude
- 1841 reunification efforts or services.
- 1842

### 301.3 Placement Requirements

Major objectives:

To provide safety and maintain family ties, the child will be placed in the least restrictive/most family-like placement that meets the child’s special needs, according to the following priorities:

- 1848 A. Placement with non-custodial parent.
- 1849
- 1850 B. Placement with siblings, unless there is a documented safety concern.
- 1851
- 1852 C. Placement with kin or extended family who are invested in preserving the child’s kinship
- 1853 ties.
- 1854
- 1855 D. Placement with a family who resides within reasonable proximity to the child’s family
- 1856 and community if the goal is reunification.
- 1857 1. “Reasonable proximity” includes placing the child within the neighborhood of the
- 1858 family home so that family contact, continued school placement, church
- 1859 involvement, and friendships may be maintained.
- 1860 2. Any placement beyond school district or county lines must be discussed with the
- 1861 Child and Family Team.
- 1862 3. If a placement in close proximity was not selected, document in the Child and
- 1863 Family Plan reasons why the chosen placement is in the best interests of the child.
- 1864

**Applicable Law**

Utah Code Ann. [§80-3-302](#). Shelter hearing -- Placement of a child.

### 1870 Practice Guidelines

- 1871 A. Every effort is made for the “first placement to be the best placement.”  
1872
- 1873 B. Kinship options are explored at the onset of the out-of-home intervention. [*See*: Kinship  
1874 Major objectives, [Section 500](#).]  
1875
- 1876 C. Every effort will be made to place siblings together in out-of-home care. Siblings are  
1877 required to be placed together unless contrary to the safety or well-being of any of the  
1878 siblings. Any issue that prevents siblings from being placed together must be  
1879 documented in SAFE. Siblings not placed together in out-of-home care must have  
1880 frequent visitation and/or other ongoing contact (at least monthly) unless there is a  
1881 documented safety or well-being issue that prevents the siblings from having visitation or  
1882 ongoing interaction.  
1883
- 1884 D. Decisions about where a child is placed will be made in the context of a Child and Family  
1885 Team and will include steps to facilitate the child’s transition to that placement.  
1886
- 1887 E. When assistance is needed in locating a placement, contact the local resource family  
1888 consultant, the placement screening committee, or the residential screening committee to  
1889 explore placement options.  
1890
- 1891 F. For an American Indian child for placement preferences, refer to [Section 705](#), ICWA  
1892 Major objectives.  
1893
- 1894 G. For children needing or in an out-of-state placement, refer to [Section 700](#), General  
1895 Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children  
1896 Major objectives.  
1897
- 1898 H. For children who are currently in a crisis placement, refer to [Section 700](#), General  
1899 Practice Guidelines--Section 704, Placement Of A Child In Protective Custody, Major  
1900 objectives.  
1901
- 1902 I. For parents requesting a voluntary placement for their child, refer to [Section 700](#), General  
1903 Practice Guidelines--Section 704.2, Voluntary Placement Major objectives.  
1904
- 1905 J. For information on emergency foster care placements, refer to [Section 700](#), General  
1906 Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives.  
1907
- 1908 K. Based on the level of care needed (i.e., basic, specialized, structured, or other), refer to  
1909 [Section 301.6](#), Basic, Specialized, And Structured Out-Of-Home Care Placement  
1910 Options.  
1911
- 1912 L. For children under the age of five years, screen for placement in a foster-adoptive home,  
1913 refer to [Section 301.5](#), Foster-Adoptive Placements.  
1914

- 1915 M. For children with more intensive needs than a family setting can provide, screen for  
1916 residential services. Each region will establish and maintain a utilization review  
1917 committee that consists of the contract specialist for the region, an administrative  
1918 representative, a clinical consultant, a budget specialist, and a placement expert. Other  
1919 members may be added to the committee at the discretion of the region. [See: [Section](#)  
1920 [301.13](#), Regional Screening Committee For Residential Care.]  
1921

## 301.4 Selecting An Out-Of-Home Caregiver

### Major objectives:

When choosing an out-of-home caregiver, the caseworker will provide relevant information about the child's permanency goal, family visitation schedule, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child. In addition, all of the following will apply:

- 1929 A. Keeping in mind the best interest of the child, an out-of-home caregiver will be selected  
1930 according to the caregiver's skills and abilities to meet the child's individual needs. When  
1931 appropriate, the caseworker may also take into account the caregiver's ability to support  
1932 reunification efforts while considering the option of becoming a permanent home for the  
1933 child if reunification is not achieved.
- 1934 B. Each placement will be staffed and will be made in accordance with placement  
1935 requirements.
- 1936 C. A child in the custody of Child and Family Services will be placed with an out-of-home  
1937 caregiver who is fully licensed. A child may be placed in a home that is licensed with a  
1938 90-day initial license only if the out-of-home caregiver is pursuing licensure as a  
1939 placement for that specific child.

### **Applicable Law**

1945 Utah Code Ann. [§80-2-301](#). Division responsibilities.

1946 Utah Code Ann. [§26B-2-128](#). Numerical limit of foster children in a foster home.

1947 Administrative Rule [R512-302-4](#). Out of Home Services, Responsibilities Pertaining to an Out of  
1948 Home Caregiver.

### Practice Guidelines

- 1951 A. The number of children that can be placed in the home of a licensed out-of-home  
1952 caregiver shall be within the capacity of the license granted to the caregiver by the OL  
1953 and/or in accordance with the definition of a foster home in Utah Code Ann. [§26B-2-101](#).  
1954
- 1955 B. When placing *a sibling group* into a foster home, capacity may be exceeded if:  
1956 1. no other foster children reside in the foster home;  
1957 2. only one other foster child resides in the foster home at the time of a sibling  
1958 group's placement into the foster home; or  
1959

- 1960 3. a sibling group re-enters foster care and is placed into the foster home where the  
1961 sibling group previously resided.  
1962
- 1963 C. When placing a child into a foster home, capacity may be exceeded:  
1964 1. to place a child into a foster home where a sibling of the child currently resides; or  
1965 2. to place a child in a foster home where the child previously resided.  
1966
- 1967 D. The out-of-home caregiver will be selected based on their willingness and ability to  
1968 implement the child's primary and concurrent plans, which may include willingness and  
1969 ability to adopt or take guardianship of the child if reunification is not possible.  
1970
- 1971 E. The out-of-home caregiver must be willing and able to interact with the child's family  
1972 and assist the child in maintaining and strengthening family connections.  
1973
- 1974 F. The out-of-home caregiver will be selected according to the caregiver's skills and  
1975 abilities to meet a child's individual immediate and long-term needs, including medical,  
1976 educational, mental health, social, behavioral, and emotional needs.  
1977
- 1978 G. The out-of-home caregiver will be selected based on their willingness and ability to keep  
1979 sibling groups together. If it is not possible to keep siblings together in the same home,  
1980 the out-of-home caregiver will need to communicate a willingness to help facilitate  
1981 frequent visitation and contact between the child and the siblings when appropriate.  
1982
- 1983 H. The out-of-home caregiver will be selected based on their willingness and ability to  
1984 respect and support the child's religious and cultural practices and, where practical,  
1985 appropriate, and where no denial or delay of placement will occur, are of the same  
1986 religious faith and cultural background as the child.  
1987
- 1988 I. The child will be placed with an out-of-home caregiver sensitive to the child's cultural  
1989 heritage and linguistic needs. At least one out-of-home caregiver in the home must  
1990 demonstrate effective communication in the language of the child placed in care.  
1991
- 1992 J. The out-of-home caregiver must be willing or able to learn to proactively respond to  
1993 challenges and conflicts associated with placement.  
1994
- 1995 K. If a child has been in out-of-home care previously and reenters protective custody, the  
1996 child's former out of-home caregiver will be notified if still licensed. (Relatives and other  
1997 kinship options will be given preference.) Child and Family Services will make a  
1998 determination of the former out of-home caregiver's willingness and ability to safely and  
1999 appropriately care for the child. If the former foster home is determined by Child and  
2000 Family Services to be appropriate, the former out of-home caregiver will be given a  
2001 preference over other out-of-home caregivers for placement of the child. [See: Utah Code  
2002 Ann. [§80-3-302.](#)]  
2003
- 2004 L. Prior to placement, detailed information about the child should be provided to the  
2005 prospective out-of-home caregiver from either the regional resource family consultant or

- 2006 out-of-home caseworker so they can make an informed decision regarding placement of  
2007 the child in their home. When relevant, the caseworker will encourage the out-of-home  
2008 caregiver to consult with other family members living in the home in making the  
2009 decision.
- 2010 1. Child and Family Services will provide relevant information regarding the child  
2011 and information regarding Child and Family Services procedures in order to  
2012 address the following issues:
    - 2013 a. Maintaining a child’s connections to their past, present, and future;
    - 2014 b. Giving first preference to a prospective adult relative caregiver and  
2015 assessing their capacity to serve as a temporary placement and a possible  
2016 permanent placement for a child;
    - 2017 c. Acknowledging a parent’s residual rights and responsibilities for their  
2018 child;
    - 2019 d. Explaining permanency planning timeframes as well as the range of  
2020 permanency planning options including primary and concurrent  
2021 permanency goals;
    - 2022 e. Discussing with the out-of-home caregiver their willingness to support and  
2023 assist with reunification efforts,
    - 2024 f. Discussing with the out-of-home caregiver their willingness to adopt or  
2025 take guardianship if the child is unable to reunify with their birth family,
    - 2026 g. Discussing with the out-of-home caregiver their willingness and ability to  
2027 keep the sibling group together; or if siblings not placed together,  
2028 discussing with the out-of-home caregiver the importance of facilitating  
2029 and allowing for frequent visitation and contact between siblings when  
2030 appropriate.
    - 2031 h. Explaining expectations the agency has for the out-of-home caregiver in  
2032 regards to the Child and Family Plan, Child and Family Team Meetings,  
2033 visitation, court, health and mental health appointment, etc.;
    - 2034 i. Maintaining the child’s needs, including connections to culture, family,  
2035 frequent contact through visitation with parents and siblings, continuity of  
2036 care as well as information about the child’s medical, dental, mental  
2037 health, educational, social, behavioral, and emotional needs;
    - 2038 j. Disclosing the reason for Child and Family Services intervention and out-  
2039 of-home care placement, such as threats and risks to the child’s safety and  
2040 how they can be addressed.
  - 2041 2. The Child and Family Services staff that provided the information to the caregiver  
2042 will document that the information has been provided to the caregiver in the  
2043 SAFE activity logs and will add the policy attachment “Placement – Child info  
2044 Given to caregiver prior to placement”.
- 2045
- 2046 M. Child and Family Services File Review Guidelines: Best practice is allowing the  
2047 prospective or current out-of-home caregiver an opportunity to review the child’s file  
2048 before making any long-term decisions regarding the care of a child. Licensed foster  
2049 parents are contracted by Child and Family Services as a provider to care for the child.  
2050 Thus, they may view any parts of the child’s file that help them understand the child and  
2051 the child’s background for purposes of parenting the child. The file may contain

2052 information that will help the family decide if they have the necessary skills and support  
2053 to meet the needs of a particular child in out-of-home care. Once a child is placed with  
2054 the out-of-home caregiver, the file also has important documents that the family may  
2055 want to copy if not in the Home-of-Home Book, for example immunization records and  
2056 school placement information.

2057  
2058 When a kinship provider is not a licensed foster parent, refer to Kinship Practice  
2059 Guidelines [Section 503.1 H](#) for guidelines regarding kinship caregivers reviewing the  
2060 information in the child's file.

2061  
2062 The following guidelines should be followed when a prospective out-of-home caregiver  
2063 reviews a child's Child and Family Services file:

- 2064 1. The caseworker should inform the out-of-home caregiver that the information in  
2065 the child's file is one way to help them determine whether or not they have the  
2066 resources and skills to meet the child's needs.
- 2067 2. The caseworker should inform the out-of-home caregiver that the information in  
2068 the file consists of subjective opinions made by the caseworker or therapist  
2069 written at one time in the child's life. Circumstances and the child's development  
2070 can change the way a child behaves and adjusts to current life situations. For  
2071 instance, the child may have received many different mental health diagnoses.  
2072 The mental health diagnoses in a child's file is affected by each therapist's  
2073 interpretation, the child's developmental stage, factors in the child's environment,  
2074 and different life circumstances.
- 2075 3. The confidentiality agreement must be signed by the out-of-home caregiver prior  
2076 to allowing them to review the file. [SAFE form DCFS02.]
- 2077 4. The caseworker should orient the prospective out-of-home caregiver to the  
2078 structure of the files and the location of information.
- 2079 5. The caseworker should counsel an out-of-home caregiver to consider specific  
2080 types of information, such as medical conditions, developmental delays,  
2081 disabilities, mental health diagnoses, placements and transfers, educational needs,  
2082 and other considerations for the child.
- 2083 6. The caseworker should advise the out-of-home caregiver to look for specific  
2084 information they need to parent the child and identify information to copy once a  
2085 child is placed in their home, if not found in the child's Home-to-Home Book.  
2086 [*Red italic script* identifies information to copy if not found in the child's Home-  
2087 to-Home Book.]
  - 2088 a. Medical Information: *Immunizations, all allergies including food*  
2089 *allergies, any disabilities and treatments, current medications and*  
2090 *implications of discontinuing medications, history of illnesses,* conditions  
2091 from abuse or neglect, *serious accidents, surgeries, past doctors, and*  
2092 *hospital of birth;*
  - 2093 b. Dental Information: Dental records, *past dentists,* and orthodontic work,  
2094 and *orthodontist;*
  - 2095 c. Educational Information: *Schools and grades, evaluations, special*  
2096 *education plans such as Individual Education Plans (IEP) or Student*



- 2097 *Education and Occupational Plans (SEOP), learning disabilities including*  
2098 *specific disability and tests results;*  
2099 d. Mental Health Information: *Current and prior therapists* and history of  
2100 treatment, diagnoses, and the current diagnosis; what the diagnosis means  
2101 in raising a child, what behaviors are connected with the diagnoses, and  
2102 how the consequences of these behaviors are the best way to deal with the  
2103 behaviors. The resource parent should be encouraged to talk directly with  
2104 the child’s mental health therapist when possible;  
2105 e. Family History: *Health Data Report from SAFE*, family situation, moves  
2106 or stability factors, abuse and neglect history, domestic violence, reason  
2107 for the child’s removal from their biological family, culture, *genogram*  
2108 *including the siblings (with their birth dates), timelines*. Family member’s  
2109 talents, hobbies and interests. *Family photos and letters, if available*.  
2110 f. Child’s Personal Information: Developmental history, when available.  
2111 Placement history including the child’s adaptation. Photos of the child, of  
2112 pets, of foster parents, or of other significant caregivers. The child’s art  
2113 work, creations, or projects. Stories about the child’s birth and early life.  
2114 Religious records such as baptismal, christening, Bar mitzvah, and  
2115 confirmation records. Activities such as scouts, sports, choir, etc.  
2116 Favorite foods, favorite toys or stories, names of friends, and other things  
2117 that may help the child feel more secure, such as chores and house rules or  
2118 bedtime routines.
- 2119 7. After the out-of-home caregiver has looked through the file, the caseworker  
2120 should talk with them about what they found. The caseworker may also give  
2121 them health and mental health diagnoses summary sheets, and answer questions  
2122 they may have.
- 2123 a. Helpful websites include:  
2124 (1) American Academy of Child & Adolescent Psychiatry:  
2125 [www.aacap.org](http://www.aacap.org);  
2126 (2) American Psychological Association: [www.apa.org](http://www.apa.org);  
2127 (3) American Academy of Pediatrics: [www.aap.org](http://www.aap.org);  
2128 (4) Internet Mental Health: [www.mentalhealth.com](http://www.mentalhealth.com);  
2129 (5) Substance Abuse and Mental Health Services Administration:  
2130 [www.samhsa.gov](http://www.samhsa.gov)  
2131
- 2132 b. The caseworker will respond to questions or concerns of the out-of-home  
2133 caregiver and give the family time to think about all they have learned.  
2134 c. The caseworker should also encourage the out-of-home caregiver to set  
2135 another appointment to talk and ask other questions;  
2136 d. The caseworker should help the out-of-home caregiver to understand the  
2137 importance of keeping the child’s information and history.  
2138
- 2139 N. The caseworker should encourage the out-of-home caregiver to review the child’s file  
2140 several times and especially after the child has been with the family for a couple of  
2141 months.

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### 301.5 Placement Of A Child In Out-of-Home Care In An Adoptive Home

Major objectives:

- A. A child in out-of-home care needs to be placed in a potential adoptive family when:
  - 1. The child enters protective custody under circumstances (listed below) that may allow an initial permanency goal of adoption.
  - 2. The child’s permanency goal changes to adoption and the child is not with the family who will be their permanent family.
  
- B. When a child enters protective custody, Child and Family Services will give preference to kinship for the initial placement of the child. If, after diligent search and engagement of kin, there are no kinship options available, preference will be in a resource home of a family that has already expressed a desire to adopt a child. When possible and if time permits, the child’s needs should be screened with the Adoption Committee. However, if time does not permit, the caseworker and/or RFC may place in a resource home without screening with the Adoption Committee. The home should be willing to keep the child while reunification is still in progress. If the child’s goal changes to adoption, the family that the child is placed with will be given first consideration for adoption. If the family does not desire to adopt the child, the child may remain there until another potential permanent placement can be located (kinship placement or another adoptive family). The resource family will then assist with the transition of the child to the adoptive and/or permanent home. (Please refer to Practice Guidelines Section 704 for more information regarding placement of a child in protective custody.)
  
- C. Permanency planning will continually be assessed by the caseworker and the Child and Family Team.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. When a child enters protective custody, if time permits, the caseworker will make efforts for the first placement of the child to be in the home of a resource family that is willing to adopt the child in circumstances where the child has a permanency goal other than reunification, due to one of the following reasons:
  - 1. The parent’s whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.
  - 2. The parent is suffering from a mental illness of such magnitude that it renders them incapable of utilizing services provided by Child and Family Services as assessed by a licensed mental health professional.
  - 3. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, and that following the adjudication, the child was removed from the custody of his or her parent, was subsequently returned home to the custody of

- 2187 that parent, and the minor is being removed due to additional physical or sexual  
2188 abuse.
- 2189 4. The parent has been convicted of causing the death of another child through  
2190 neglect or abuse.
- 2191 5. The minor child is under the age of five years and has suffered severe abuse by  
2192 the parent or by persons known by the parent if the parent knew or reasonably  
2193 should have known that the person was abusing the minor.
- 2194
- 2195 B. A child whose permanency goal changes to adoption and who is not with the family who  
2196 will be their permanent family is to be screened by the designated region Adoption  
2197 Committee for placement in an adoptive home.
- 2198 1. The protocol in Practice Guidelines [Section 401.7](#) Adoption Committee will be  
2199 followed when screening a child for an adoptive placement.
- 2200
- 2201 C. When the child’s permanency goal changes to adoption and the child is not with the  
2202 family who will be their permanent family, permanency planning will continually be  
2203 assessed and explored by the caseworker and the Child and Family Team. Child and  
2204 Family Services will work with the resource family to provide them with support and  
2205 services in order to maintain the child in the placement to minimize the number of  
2206 placement moves the child experiences. The resource family will then assist with the  
2207 transition of the child into the permanent home.
- 2208
- 2209 D. Following the screening and selection of the adoptive family, the caseworker and the  
2210 Child and Family Team will continue to assess the viability of the placement for  
2211 permanency.
- 2212

## 2213 **301.6 Basic (Level I), Specialized (Level II), And Structured** 2214 **(Level III) Out-Of-Home Care Placement Options**

2215  
2216 (This section has been replaced by [Section 310.](#))  
2217

## 2218 **301.7 Children With Specialized Health Care And** 2219 **Developmental Needs**

### 2220 Major objectives:

2221 A child’s specialized health care and developmental needs, as determined by a health care  
2222 provider, will be taken into account in the selection of an out-of-home caregiver. Specialized  
2223 health care and developmental needs include, but are not limited to, physical or developmental  
2224 disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV  
2225 positive. For a child whose disability cannot be adequately addressed in a traditional family  
2226 setting, services from both Child and Family Services and the Division of Services to People with  
2227 Disabilities (DSPD) may be explored.  
2228  
2229

2230 **Applicable Law**

2231 Utah Code Ann. [§80-2-301](#). Division responsibilities.

2232

2233 Practice Guidelines

2234 A. The following must be considered in placement selection:

- 2235 1. Access and availability to appropriate medical resources.
- 2236 2. Appropriate facilities in the home to meet the needs of the child.
- 2237 3. The skill level and nurturing ability of the out-of-home caregiver.
- 2238 4. A family composition that allows sufficient time to meet the needs of the child
- 2239 with specialized health care challenges.
- 2240 5. The ability to transport and coordinate with various agencies that may be serving
- 2241 the child and family.
- 2242 6. Adherence to the principle of normalization including placement in the least
- 2243 restrictive most appropriate placement within the community.
- 2244 7. Availability of education services specific to the child's needs.

2245

2246 B. The out-of-home caregiver and the child's parent will receive instruction from a

2247 qualified health care provider on the operation of any medical equipment required for a

2248 child's care.

2249

2250 C. The Child and Family Team will include medical, social work, and rehabilitation

2251 personnel who will coordinate a program of interventions designed to meet the child's

2252 needs.

2253

2254 D. The Child and Family Plan will:

- 2255 1. Address the child's current and anticipated medical and rehabilitative needs.
- 2256 2. Specify the child's condition and provide appropriate short-term and long-term
- 2257 medical and rehabilitation interventions.

2258

2259 **301.8 Children With Medically Fragile Or Medically Needy**

2260 **Conditions**

2261 Major objectives:

2262 A child who is medically fragile or medically needy, as determined by a physician, and the

2263 child's out-of-home caregiver will receive support and services in accordance to their needs.

2264

2265

2266 **Applicable Law**

2267 Utah Code Ann. [§80-2-301](#). Division responsibilities.

2268

2269 Practice Guidelines

2270 A. Children who are Medically Fragile or Medically Needy (MFC): Children who are

2271 Medically Fragile or Medically Needy and their out-of-home caregivers will receive

2272 support and services in accordance to their needs. The MFC code will be used for both

2273 Medically Fragile and Medically Needy children. This code could serve to enhance the

2274 foster care payment for the child's additional health care needs, as providers may receive

- 2275 an additional payment for children who are deemed Medically Needy or Medically  
2276 Fragile.  
2277
- 2278 B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a  
2279 guarantee that an additional payment will be deemed appropriate. This determination for  
2280 any additional payment for a Medically Needy or Medically Fragile child will need to be  
2281 determined within the context of the Child and Family Team.
- 2282 1. Medically Needy: This code can be used with Foster Care Levels II, III, and III  
2283 Step-Down. Medically Needy children are those who fall within category four of  
2284 the Health Status Outcome Measures. Medically Needy children may have an  
2285 acute illness or chronic condition that requires regular ongoing follow-up. This  
2286 can include substance abuse, pregnancy, and daily medications that are not  
2287 preventative.
  - 2288 2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III  
2289 Step-Down. Medically Fragile children are those who fall within category five of  
2290 the Health Status Outcome Measures. A Medically Fragile child has multiple  
2291 and/or debilitating condition(s) that require assistance with activities of daily  
2292 living, requires daily monitoring, or is at risk for developing an acute condition.
  - 2293 3. The child must have a diagnosis that meets the Medically Fragile or Medically  
2294 Needy criteria from a physician or from his/her medical records.
  - 2295 4. The Fostering Healthy Children Nurse will review Medically Fragile and  
2296 Medically Needy cases as part of the Health Status Outcome Measure (HSOM)  
2297 and document this in SAFE to determine the appropriateness of the MFC code.  
2298 HSOM category four medically needy are reviewed every four months, and  
2299 HSOM category five medically fragile are reviewed every two months. The nurse  
2300 will keep the out-of-home caseworkers informed of the child's MFC Code status.
  - 2301 5. The Child and Family Team for children who are Medically Fragile or Medically  
2302 Needy will include the caseworker, resource family consultant, Fostering Healthy  
2303 Children nurse, out-of-home caregiver, biological parents, and child. The Child  
2304 and Family Team may also include the medical practitioners and rehabilitation  
2305 therapists.
  - 2306 6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly  
2307 basis by the Child and Family Team or more frequently as needed. The  
2308 caseworker is responsible for coordinating the Child and Family Team Meetings.  
2309 A report on the child's condition should be included on the Out-of-Home Progress  
2310 Summary.
  - 2311 7. If the child meets the Medically Fragile or Medically Needy criteria, additional  
2312 monies can be added to the daily rate. The caseworker will ensure that if the child  
2313 meets either the Medically Fragile or Medically Needy criteria, that the MFC  
2314 code will be opened for services.
  - 2315 8. Designate in the meeting the person responsible for opening the MFC code. This  
2316 person will submit the MFC code for payment to the eligibility technician.
  - 2317 9. The resource family consultant or other designated staff will open the approval for  
2318 the MFC code on the PR07 screen and update the R198B for auditing purposes.  
2319

2320 **301.9 Children With Severe Mental Health Needs**

2321 Major objectives:

2322 Children under age 18 years with a formal DSM IV diagnosis that interferes with areas of daily  
2323 functioning and has existed or is likely to for one year or longer and requires intensive mental  
2324 health treatment will be evaluated by a regional committee for placement options. The Child and  
2325 Family Team will provide recommendations regarding the child’s needs. Assistance with  
2326 individualized Child and Family Plans may also be requested from the Division of Mental Health.  
2327 In extreme circumstances, when a child’s severe mental health needs cannot be met by an out-of-  
2328 home caregiver in the community, placement in the Utah State Hospital will be considered.  
2329

2330  
2331 **Applicable Law**

2332 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
2333

2334 Practice Guidelines

- 2335 A. The following factors must be considered in placing children with severe mental health  
2336 needs:
- 2337 1. The composition and skills of out-of-home caregivers if placement is being made  
2338 in a family setting.
  - 2339 2. The ability of the out-of-home caregivers to maintain both the child and others  
2340 safely.
  - 2341 3. The risks to the child and the community.
  - 2342 4. Access and availability of appropriate treatment.
  - 2343 5. Whether the placement is the least restrictive setting in which the child's needs  
2344 can be met.
- 2345
- 2346 B. If the child requires placement in the Utah State Hospital:
- 2347 1. Clearly document in the Child and Family Plan how the child or youth will  
2348 benefit from the placement in the State Hospital.
  - 2349 2. This placement option will only be considered for latency-age children and  
2350 adolescents.
  - 2351 3. Document the community mental health center involved in making the placement.  
2352

2353 **301.10 Children Who Are Sexually Reactive**

2354 Major objectives:

2355 For a child who exhibits inappropriate sexual behavior, usually as a result of sexual victimization,  
2356 a placement will be selected that meets the needs of the child and maintains safety in the home  
2357 and community.  
2358  
2359

2360 **Applicable Law**

2361 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
2362

2363 Practice Guidelines

- 2364 A. To facilitate appropriate placement, placement screening committees or the regional  
2365 screening committee will address the special treatment needs of the child and identify  
2366 potential placement problems and solutions. The Child and Family Team will provide  
2367 recommendations regarding the child's needs.  
2368
- 2369 B. Meetings may include professionals from the community that are providing services to  
2370 the child or could help assess the child's placement and treatment needs.  
2371
- 2372 C. The following factors will be considered in placing these children:  
2373 1. The child's treatment needs and the availability of resources.  
2374 2. The skill level of the out-of-home care provider.  
2375 3. The child's supervision needs.  
2376 4. The out-of-home caregiver's ability to appropriately manage this type of behavior.  
2377 5. Composition of the kin or out-of-home caregiver's family. Children who are  
2378 sexually reactive will not be placed with families who have younger or otherwise  
2379 vulnerable children.  
2380 6. Risks to the neighborhood and school.  
2381
- 2382 D. The caseworker must fully disclose all known information to the prospective out-of-home  
2383 caregiver of the child's known history as a victim and/or perpetrator prior to placement.  
2384 Additional information obtained at any time throughout the placement will also be  
2385 disclosed to the out-of-home caregiver.  
2386
- 2387 E. There may be situations where it is in the best interest of the child and the community for  
2388 placement to be outside of a family setting.  
2389
- 2390 F. Documentation must be in the child's case record as to the staffings on the case and the  
2391 appropriateness of the child's placement.  
2392

2393 **301.11 Youth In Out-Of-Home Care With Children**

2394 Major objectives:

2395 When a young woman in Child and Family Services custody is mother to a child, Child and  
2396 Family Services will only take custody of the young woman's child if there are concerns of  
2397 abuse, neglect, or dependency. If the mother plans to continue parenting, the child will remain in  
2398 the out-of-home placement with the mother.  
2399

2400

2401 **Applicable Law**

2402 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
2403

2404 Practice Guidelines

- 2405 A. Explore placement options with the Child and Family Team. If it is determined that the  
2406 foster youth is not able to remain in her current out-of-home placement with her child,  
2407 other alternatives such as teen mother programs may need to be explored.

- 2408
- 2409 B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the
- 2410 out-of-home caregiver will mentor appropriate parenting and household management
- 2411 skills.
- 2412
- 2413 C. The Child and Family Plan will reflect the type of mentoring needed by the mother
- 2414 (youth) in caring for her child.
- 2415
- 2416 D. Additional payments may be made for necessities needed for day-to day care and to cover
- 2417 room and board costs for the baby. If the foster youth is placed in a foster home, a
- 2418 supplemental daily payment may be made to the out-of-home caregiver to cover the
- 2419 baby’s room and board costs (using the BAB code). The Child and Family Team may
- 2420 recommend that the foster youth be given responsibility to use a portion of that payment
- 2421 for the baby’s needs.
- 2422
- 2423 If the foster youth is placed in an independent living placement, a supplemental daily
- 2424 payment may be made to the foster youth to cover the baby’s room and board costs
- 2425 (using the BAB code).
- 2426
- 2427 In addition, special needs of the foster youth’s child may be covered through relevant
- 2428 payment categories identified for foster children. Each payment on behalf of the child
- 2429 will be made under the foster youth’s name.
- 2430

### 301.12 Qualified Residential Treatment Program (QRTP)

2431 Major objectives:

2432 This section outlines the process for placing a child in a Qualified Residential Treatment Program

2433 (QRTP), means a program that has a trauma-informed treatment model that is designed to address

2434 the needs, including clinical needs as appropriate, of children with serious emotional or behavioral

2435 disorders or disturbances and, with respect to a child, is able to implement the treatment identified

2436 for the child by the assessment.

2437

2438

2439

#### 2440 **Applicable Law**

- 2441 Utah Code Ann. [§80-2-301](#). Division responsibilities.
- 2442 Utah Code Ann. [§80-3-501](#). Placement in a qualified residential treatment program -- Review
- 2443 hearings.
- 2444 Social Security Act Sections 472(k); 475(c), and 475A(c).
- 2445

#### 2446 Practice Guidelines

- 2447 A. Children who qualify to be screened for a residential placement will meet the following
- 2448 requirements:
- 2449 1. A Child and Family Team Meeting is held to:
- 2450 a. Review the most recent Utah Family and Children Engagement
- 2451 (UFACET) and update, if needed.



- 2452                    b.     Identify the child’s short- and long-term mental and behavioral health  
2453                    goals.  
2454                    c.     Identify the child’s strengths and needs.  
2455                    d.     Determine if the needs of the child can be met by the family of the child or  
2456                    in a foster family home. A shortage or lack of foster family homes is not  
2457                    an acceptable reason for determining that the needs of the child cannot be  
2458                    met in a foster family home.  
2459                    The child and family team will consist of all appropriate biological family  
2460                    members, relatives, and fictive kin of the child, as well as other formal and  
2461                    informal supports. This may include appropriate professionals who are a  
2462                    resource to the family of the child, such as teachers, medical or mental  
2463                    health providers who have treated the child, or clergy. In the case of a  
2464                    child age 14 or older, members of the team selected by the child shall also  
2465                    be included.  
2466
- 2467 B.     If the Child and Family Team is in agreement that the child cannot be placed with family  
2468                    or in a foster family home, then the caseworker will submit a request for the case to be  
2469                    reviewed by the region residential screening committee.  
2470
- 2471 C.     The residential screening committee will take into consideration the following  
2472                    information in determining if the child should be placed in a QRTP:  
2473                    1.     UFACET.  
2474                    2.     Child’s short- and long-term mental and behavioral health goals.  
2475                    3.     Child’s strengths and needs.  
2476                    4.     Permanency plan.  
2477                    5.     Family and youth voice.  
2478
- 2479 D.     If the residential screening committee determines a QRTP is the most effective,  
2480                    appropriate, and least-restrictive setting consistent with the child’s short- and long-term  
2481                    goals in their permanency plan, they will assist the caseworker in:  
2482                    1.     Finding the most appropriate residential placement. Best practice is to place the  
2483                    child in the residential facility AFTER the Qualified Individual Assessment is  
2484                    completed and the placement is recommended. The child can be placed BEFORE  
2485                    the assessment is completed, but only if the case has been staffed with the region  
2486                    designee and the Qualified Individual Assessor to get a preliminary idea if the  
2487                    placement will be recommended.  
2488                    2.     Submitting the request for a 30-day Qualified Individual Assessment to the Office  
2489                    of the DHHS Office of Quality and Design (OQD).  
2490                    3.     Setting a 90-day residential screening committee review.  
2491                    4.     Notifying the Assistant Attorney General (AAG) that the child will be placed in a  
2492                    residential placement and requesting a court hearing. The court hearing must be  
2493                    held within 60 days of the child being placed in a residential placement.  
2494
- 2495 E.     Qualified Individual Assessment

- 2496  
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2500  
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2506  
2507
1. The 30-day Qualified Individual Assessment will be completed by licensed clinicians or trained professionals in the OQD, as approved under a waiver by the Federal Children’s Bureau.
  2. The OQD assessor conducting the 30-day assessment will work with the family and the Child and Family Team to complete the assessment, in conjunction with the caseworker’s documentation in SAFE.
  3. UFACET is the evidence-based, validated, functional assessment tool utilized for conducting the Qualified Individual Assessment.
  4. The Protective Risk Assessment may be completed as the functional assessment tool for youth in the custody of or involved with juvenile justice in conjunction with or instead of the UFACET.
- 2508 F. The caseworker will assist the OQD assessor conducting the Qualified Individual  
2509 Assessment in gathering the information needed to complete the assessment. The  
2510 caseworker will document in the child’s case record the following items:
- 2511 1. The reasonable and good faith effort to identify and include all the individuals  
2512 described as being a part of the Child and Family Team.
  - 2513 2. All contact information for members of the family and the Child and Family  
2514 Team, as well as contact information for other family members and fictive kin  
2515 who are not a part of the Child and Family Team.
  - 2516 3. Document that meetings of the Child and Family Team, including meetings  
2517 associated with the 30-day assessment, are held at a time and place convenient for  
2518 the family.
  - 2519 4. If reunification is the goal, document evidence demonstrating that the parent of  
2520 the child provided input on the members of the Child and Family Team.
  - 2521 5. Evidence that the Qualified Individual Assessment is determined in conjunction  
2522 with the family, the child, and all Child and Family Team members.
  - 2523 6. The placement preferences of the family, the Child and Family Team, and the  
2524 child relative to the assessment that recognizes children should be placed with  
2525 their siblings unless there is a finding by the court that such placement is contrary  
2526 to their best interest.
  - 2527 7. If the placement preferences of the family, the child, and the Child and Family  
2528 Team are not the placement setting recommended by the OQD assessor  
2529 conducting the assessment, the reasons why the preferences of the Child and  
2530 Family Team and the child were not recommended.
- 2531
- 2532 G. If the OQD assessor determines that a child should not be placed in a foster family home,  
2533 the assessor shall specify in writing the reasons why the needs of the child cannot be met  
2534 by the family of the child or in a foster family home. A shortage or lack of foster family  
2535 homes is not an acceptable reason for determining that the needs of the child cannot be  
2536 met in a foster family home.
- 2537
- 2538 The OQD assessor shall also specify in writing why the recommended placement in a  
2539 QRTP is the setting that will provide the child with the most effective and appropriate  
2540 level of care in the least restrictive environment, and how that placement is consistent

- 2541 with the short- and long-term goals for the child, as specified in the permanency plan for  
2542 the child.
- 2543 1. The region designee and caseworker will receive the final assessment and do the  
2544 following:
- 2545 a. If the placement is “recommended” in the Qualified Individual  
2546 Assessment by the OQD assessor, the caseworker will share the report  
2547 with the Child and Family Team and discuss any considerations  
2548 mentioned in the report.
- 2549 b. If the placement is “not recommended” in the Qualified Individual  
2550 Assessment by the OQD assessor, the caseworker will notify the  
2551 residential screening committee and Child and Family Team  
2552 immediately.
- 2553 (1) The case will need to be staffed to determine if the child may  
2554 remain in the placement or be moved.
- 2555 (2) If the team decides to move the child, then the child must be  
2556 moved within 30 days.
- 2557 (3) If the team decides the child should remain in the placement, then  
2558 the region director or designee must approve it.
- 2559 c. Upload the assessment into SAFE into the content management folder:  
2560 Residential Treatment Documents and select the correct type:
- 2561 (1) QRTP Independent Report is Appropriate  
2562 (used if Qualified Individual Assessment recommends QRTP  
2563 placement); or
- 2564 (2) QRTP Independent Report is NOT Appropriate  
2565 (used if Qualified Individual Assessment does not recommend  
2566 QRTP placement).
- 2567 d. Create an activity log dated the SAME DATE as the signature date on the  
2568 assessment and attach one of the policy buttons:
- 2569 (1) 30 day QRTP is Appropriate  
2570 (used if Qualified Individual Assessment recommends QRTP  
2571 placement); or
- 2572 (2) 30 day QRTP is NOT Appropriate  
2573 (used if Qualified Individual Assessment does not recommend  
2574 QRTP placement).  
2575
- 2576 H. The caseworker will e-file a court report, residential treatment plan, and the Qualified  
2577 Individual Assessment to the court at least 10 days before the court hearing.  
2578
- 2579 I. The judge will determine if the child can safely be in a family-based setting, and if not, if  
2580 a QRTP is the most appropriate placement. The court review must occur no later than 60  
2581 days after placement. The court will review the court report, Qualified Individual  
2582 Assessment, and provider treatment recommendations, and must approve the placement  
2583 for IV-E payments to continue.  
2584
- 2585 The court will continue to make the determination at subsequent court hearings, which  
2586 are held at least once every six months. At each subsequent hearing, the court will make

- 2587 a determination if the placement is still appropriate. The court report and case record  
2588 will need to include the following items:
- 2589 1. Strengths of the child and what needs/services cannot be met in a family-based  
2590 setting.
  - 2591 2. Explanation of why a QRTP is the most appropriate and least restrictive  
2592 placement.
  - 2593 3. Explanation as to why the child cannot be placed in a family-based home.
  - 2594 4. Specific treatment or service needs that will be met for the child in the placement.
  - 2595 5. Length of time the child is expected to need the treatment in a QRTP.
  - 2596 6. Efforts being made to prepare the child to step down into a family based setting.  
2597
- 2598 J. The caseworker will attend the court hearing and review the assessments that support the  
2599 child being placed in a residential setting.
- 2600 1. If the court “approves” the placement, the caseworker will document the approval  
2601 in the case plan.
  - 2602 2. If the court “does not approve” the placement, the team will need to determine if  
2603 the child can remain in the placement or be moved to a more appropriate  
2604 placement. The child must be moved within 30 days in order to continue to  
2605 receive IV-E funding.  
2606
- 2607 K. A region-level status review will occur at minimum every 90 days. The region designee  
2608 will review the case and complete the DCFS Residential 90 Day Status Review  
2609 form. This form will be uploaded into SAFE into the content management folder:  
2610 Residential Treatment Documents.  
2611
- 2612 L. The region designee may staff complex situations with OQD. OQD will be able to assist  
2613 with DHHS level collaboration (high level staffings).  
2614
- 2615 M. If the child remains in the same placement setting for an extended length of time,  
2616 continued placement in the QRTP must be reviewed at the executive level.
- 2617 1. Child age 12 and under:
    - 2618 a. Six months consecutive or non-consecutive in same QRTP setting.
  - 2619 2. Child age 13 and older:
    - 2620 a. Twelve months consecutive in the same QRTP setting.
    - 2621 b. Eighteen months non-consecutive in the same QRTP setting  
2622
- 2623 N. The process for the executive level review consists of the following:
- 2624 1. A region designee will run a report in SAFE monthly to monitor which children  
2625 are due for an executive level review.
  - 2626 2. Sixty days before the time frame ends, the region designee will schedule a region  
2627 level status review and complete the DCFS Residential 90 Day Status Review  
2628 form.
  - 2629 3. Sixty days before the time frame ends, the caseworker will receive a SAFE  
2630 reminder: “QRTP extended stay review must be completed.”

- 2631 4. All the prior DCFS Residential 90 Day Status Review forms as well as any  
2632 current supporting documents (e.g. treatment plans) will be submitted to the  
2633 agency head for review.
- 2634 5. The paperwork for the executive review needs to be submitted no later than 30  
2635 days before the time frame ends.
- 2636 6. If the child can be stepped down and will be out of the QRTP before the  
2637 designated time frame, the executive review will be cancelled.
- 2638
- 2639 O. The caseworker will coordinate with the QRTP to develop a detailed discharge plan and  
2640 to determine what type of aftercare support is needed to transition the child to the next  
2641 placement. The QRTP is required to offer six months of aftercare, if the child is  
2642 transitioned into a family-based setting or return home. The placement is required at  
2643 minimum to make bi-weekly contact with the child and family the first three months and  
2644 then monthly contact for the following three months.
- 2645

### 2646 301.13 Regional Screening Committee For Residential Care

2647 Major objectives:

2648 If a child requires a screening for a change in placement level, the caseworker will present an  
2649 assessment of the child’s current strengths and needs to the regional screening committee.  
2650

2651

2652 **Applicable Law**

2653 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
2654

2655 Practice Guidelines

2656 The regional screening committee will:  
2657

- 2658 A. Review placement options available for the child.
- 2659
- 2660 B. Assess current budget and placement cap restrictions in the region.
- 2661
- 2662 C. Set the date for the next review. Reviews must occur at a minimum of every 90 days  
2663 while the child is in a high cost setting. Regions with a high number of children in  
2664 residential placements may have difficulty achieving this; however, it should be a priority  
2665 of the region to facilitate these reviews.
- 2666
- 2667 D. A provider will be selected on the basis of ability and willingness to include the family in  
2668 the service process, treatment, and discharge planning from the beginning.
- 2669
- 2670 E. The committee will complete the residential screening form and the purchase service  
2671 authorization at the conclusion of the screening.
- 2672

## 301.14 Transition To Approved Placement

Major objectives:

In order to minimize the risk of trauma or potential future crisis to children, a transition plan will be developed and implemented for all children moving into or between any type of placement. Prior to any placement, all children will be prepared for the move using developmentally appropriate intervention strategies.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. The child’s family must be informed whenever there is a need for the child to change or transition to a placement. Engage the family to determine the child’s needs and prepare them for the child’s move.
- B. Explain the reason for the move, the current situation, and what comes next in the process. Some of the following strategies may be helpful:
  - 1. Drawing pictures.
  - 2. Acting out the removal and subsequent move with small play figures.
  - 3. Creating a time line.

This type of preparation can range from a minimum of one hour for emergency removal situations to several weeks for more gradual transitions, dependent upon the child’s needs and situation.

- C. Identify and obtain familiar supports including people, toys, blankets, and other items, learning style, coping mechanisms, daily schedule, habits, likes/dislikes, social, emotional, cognitive (including school needs, fears, and successful parenting methods for both comforting and disciplining the child), physical (including acute or chronic medical conditions, nutritional requirements or restrictions, food preferences/dislikes, medications, immunizations, and allergies), and cultural information including religious preference. It is highly recommended that a familiar adult (a family member or friend where appropriate) and the caseworker assist with the move.
- D. Validate the child and family’s fears, reactions, and concerns.
- E. Plan the placement in accordance with placement requirements. [See: [Section 301](#), Preparation For Placement In Out-Of-Home Care.]
- F. To eliminate the child experiencing rejection, transition activities are never to be initiated as a “trial” attempt to place with a family. Transition activities are utilized when families have expressed a commitment to the child’s care prior to placement.

- 2717 G. It is best practice for children to have pre-placement visits to gradually orient them to the
- 2718 new home and caregivers. Pre-placement visits may include:
- 2719 1. A tour of the new home.
- 2720 2. Activities such as day visits, mutual activities, or overnight visits.
- 2721
- 2722 H. Prepare and/or update the Child’s Home-to-Home Book. [See: [Section 303.3](#),
- 2723 Maintaining The Home-To-Home Book.]
- 2724

### 2725 **301.15 Guardianship And Legal Custody With A Relative And**

### 2726 **Non-Relative**

2727 (This section has been moved to [Section 308.2](#).)

### 2728 **301.16 Obtaining Birth Certificates From The Office Of Vital**

### 2729 **Statistics For Children In Out-Of-Home Care**

2730 Major objectives:

2731 This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a

2732 birth certificate for a child in out-of-home care that needs that document to register for school or

2733 apply for and receive a State or Federal benefit or service.

2734 Practice Guidelines

- 2735 A. Process for obtaining a birth certificate from the Office of Vital Statistics:
- 2736 1. Region administration will identify senior assistant caseworkers or other
- 2737 designees responsible for submitting birth certificate applications for children in
- 2738 their region in an out-of-home placement and will disseminate that list to workers
- 2739 in their region.
- 2740 2. When a birth certificate for a child is needed, caseworkers will contact one of
- 2741 their regional representatives that have the responsibility to submit a request for a
- 2742 birth certificate to the Office of Vital Statistics and will provide all information
- 2743 needed on the application form.
- 2744 3. The designated worker responsible for applying for birth certificates will
- 2745 document all information provided by the caseworker on the Child and Family
- 2746 Services birth certificate request template supplied by the Office of Vital Statistics
- 2747 and will submit the completed form to Office of Vital Statistics at
- 2748 DCFSbirthreq@utah.gov. The Office of Vital Statistics uses that form to search
- 2749 for and print the required birth certificate and mails an official copy of the birth
- 2750 certificate to the individual in the region that submitted the request.
- 2751 4. Once the region designee receives the birth certificate, that individual will provide
- 2752 the original or a copy to the child’s caseworker.
- 2753 5. The caseworker or designee will be responsible for documenting when a birth
- 2754 certificate application has been made, when a birth certificate has been received,
- 2755 and for placing the child’s birth certificate in the child’s case file once it is
- 2756
- 2757
- 2758
- 2759

2760 received.

2761

2762 B. Payment for birth certificates to the Office of Vital Statistics: Each month the Office of  
2763 Vital Statistics issues an invoice to the Child and Family Services state office that lists  
2764 the names of all children for whom a birth certificate was issued, the region that made the  
2765 request, and the cost associated for each birth certificate. The Child and Family Services  
2766 state office budget and accounting manager will submit a single payment to the Office of  
2767 Vital Statistics for all birth certificates issued during the month and will transfer costs for  
2768 each birth certificate to the region that made the request.

2769

### 2770 **301.17 Child Placement With Parent In A Licensed Family- 2771 Based Residential Substance Use Treatment Program**

2772

2773 Major objectives:

2774 Family-based residential substance use treatment programs are highly effective in supporting  
2775 parent-child bonding and reducing parent substance use relapses. A foster child may be placed  
2776 with a parent in a licensed family-based residential substance use treatment program while the  
2777 child remains in foster care. A foster care maintenance payment may be made for the child.  
2778 In addition to providing substance use disorder treatment, the program will provide parenting  
2779 skills training, parenting education, and individual and family counseling under an organizational  
2780 structure and trauma framework that involves understanding, recognizing, and responding to the  
2781 effects of trauma and will use a trauma-informed approach and trauma-specific interventions to  
2782 address the consequences of trauma and facilitate healing.

2783

2784

2785 **Applicable Law**

2786 [Title VII of Public Law 115-123](#) (Family First Prevention Services Act) Subtitle A. Part I Sec.

2787 50712

2788

2789 **Practice Guidelines**

2790 A. The Child and Family Team will determine if placement of the child with the parent in a  
2791 licensed family-based residential substance use treatment program is appropriate.

2792

2793 B. The recommendation for placing the child in the licensed family-based residential  
2794 substance use treatment program will be specified in the child's case plan prior to the  
2795 placement start date.

2796 1. The recommendation for placement will be documented in the Child Placement  
2797 Record portion of the child's case plan in SAFE.

2798 2. The caseworker will enter the date, prior to placement, that the Child and Family  
2799 Team decided that placement of the child with a parent in a licensed family-based  
2800 residential substance use treatment program is the plan.

2801

2802 C. The DCP placement code is used for this service. This code requires the child to remain  
2803 in foster care to be eligible for the foster care maintenance payment.

2804



- 2805 D. The Child and Family Team will carefully plan for key transitions, such as the parent and  
2806 child leaving the facility or legal custody being returned to the parent. The team will  
2807 consider how the child's needs will continue to be met if custody of the child is returned  
2808 to the parent while still in the residential treatment program, which requires the child's  
2809 maintenance payment to be discontinued. Post maintenance payment support could  
2810 include TANF or some other source of ongoing family income.  
2811

2812 **302 Planning And Interventions**

2813

2814 **302.1 Child And Family Plans**

2815

2816 Major objectives:

2817

A. The Child and Family Team will create a plan based on the assessment of the child and family’s strengths and needs, which will enable them to work toward their goals. The Child and Family Team will also oversee progress towards completion of the plan and provide input into adaptations needed in the plan.

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B. The initial plan will be developed and finalized no later than 45 days after a child’s removal from the home or placement in Child and Family Services custody, whichever occurs first. A plan is finalized on the date that it is finalized in SAFE.

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2825

C. In every case, a concurrent plan will be in place from the inception of the out-of-home care intervention to ensure a permanent family for the child within a timely framework.

2826

2827

2828

2829 **Applicable Law**

2830

Utah Code Ann. [§80-3-307](#). Child and family plan developed by division -- Parent-time and relative visitation.

2831

2832

2833 Practice Guidelines

2834

A. To facilitate permanency, the Child and Family Plan will include:

2835

1. The current strengths and Protective Factors of the child and family, as well as the threats to safety need to be addressed. In addition, a primary permanency goal and concurrent goal to provide the child with a permanent home within 12 months of the date of removal.

2836

2837

2838

2. If the goal is reunification, the plan will specify a projected return home date and a description of steps and services offered to the parent to achieve reunification.

2839

2840

3. Description of the type of placement appropriate for the child’s special needs and best interests, in the least restrictive setting available and in close proximity to the parents, when the goal is reunification. If the child with a goal of reunification has been placed a substantial distance from the parents, the plan will describe reasons why the placement is in the best interests of the child.

2841

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4. If the goal is not reunification, the plan will include steps to finalize the placement, including child-specific recruitment efforts if the goal is adoption.

2845

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2847

5. Safety agreement, if needed.

2848

6. Plan for crisis, if needed.

2849

7. Plan for next age-appropriate transition.

2850

8. A plan for transition from foster care to independent living, if a child is 14 years or older. TAL services will be available to youth ages 14 and older.

2851

2852

9. Plan to assure the child receives safe and proper care including the provision of medical, dental, mental health, educational, recreational, or other specialized services and resources.

2853

2854

2855

- 2856 a. If a child is placed in residential treatment and has medical or mental  
2857 health issues that need to be addressed, the Child and Family Plan will  
2858 include a specialized assessment of the medical and mental health needs of  
2859 the child.
- 2860 b. If parental rights have not been terminated, the parents retain the right to  
2861 seek a separate medical or mental health diagnosis of their child from a  
2862 licensed practitioner of their choice.
- 2863 10. A visitation plan for the child, parents, and siblings, and grandparents if it is in the  
2864 child's best interest.
- 2865 11. Steps for monitoring the placement and providing support to the out-of-home  
2866 caregiver, including plan for visitation of the child and support to the caregiver  
2867 when placed out of state.
- 2868 12. Methods by which the child's significant relationships can be maintained  
2869 regardless of the permanency goals.
- 2870
- 2871 B. Child and Family Services will make substantial efforts to develop the Child and Family  
2872 Plan with which the child's parents agree. If the parents do not agree with the Child and  
2873 Family Plan, Child and Family Services will strive to resolve the disagreement with the  
2874 parents. If the disagreement is not resolved, Child and Family Services will inform the  
2875 court of the disagreement.
- 2876
- 2877 C. Parent/child involvement in the development of the Child and Family Plan. Child and  
2878 Family Team Meetings and/or monthly interviews between the caseworker and parent  
2879 may provide the parent with the opportunity to provide input into the development of the  
2880 plan. Child and Family Team Meetings or private interviews between the child and the  
2881 caseworker or other team members may provide opportunities for the child to contribute  
2882 to planning.
- 2883 1. All parents will have the opportunity to participate in the development of the  
2884 Child and Family Plan.
- 2885 2. For the purpose of planning, parent is defined as:
- 2886 a. The legally recognized birth mother regardless of physical custody or  
2887 current level of involvement in the child's life.
- 2888 b. The legally recognized father regardless of physical custody or current  
2889 level of involvement in the child's life.
- 2890 c. The legally recognized adoptive mother and/or father.
- 2891 d. The legally recognized guardian.
- 2892 e. The caregiver with whom the child was living with at the time Child and  
2893 Family Services became involved AND with whom the child may remain  
2894 or be reunited. This may include relative caregivers and non-relative  
2895 caregivers such as stepparents.
- 2896 f. A stepparent who is living in the home where the child was residing and  
2897 will be returned.
- 2898 g. The substitute caregiver(s) that has been identified as the person(s) who  
2899 will be imminently providing enduring permanency for the child;
- 2900 3. Exceptions for parental involvement include:
- 2901 a. The parent is deceased.

- 2902            b.      Parental rights are terminated.
- 2903            c.      Parent’s active or passive refusal to participate.
- 2904            (1)     Active Refusal: Parent expresses verbally or in writing that they
- 2905                       are not interested in participating in the development of the plan. In
- 2906                       this case, the caseworker must verify with the parent that they still
- 2907                       decline participation before every new plan is finalized.
- 2908            (2)     Passive Refusal: Parent indicates a passive refusal to participate in
- 2909                       the plan development through their actions or inactions, such as
- 2910                       failing to keep appointments or returning messages. In this case,
- 2911                       the caseworker must make at least two attempts to contact the
- 2912                       parent face-to-face, by phone, or by correspondence every time a
- 2913                       new plan is developed to provide them opportunity to participate in
- 2914                       the development of the plan.
- 2915            (3)     The caseworker will document the dates and efforts to involve the
- 2916                       parent, methods of interaction between the caseworker and the
- 2917                       parent, and the parent’s expressed desire.
- 2918            d.      The parents’ whereabouts are unknown despite concerted efforts to locate
- 2919                       them. Concerted efforts means a monthly attempt at locating the parent
- 2920                       using one of the following:
- 2921            (1)     Interviews with Child and Family Team members.
- 2922            (2)     Interviews with extended family.
- 2923            (3)     Interviews with the child.
- 2924            (4)     Checking allied agency records (Department of Workforce
- 2925                       Services, Office of Recovery Services, law enforcement, etc.).
- 2926            (5)     On-line person locator searches.
- 2927            (6)     Other sources not listed here that the caseworker or the team
- 2928                       becomes aware of.
- 2929            e.      Parental involvement in the planning process is detrimental to the safety or
- 2930                       best interest of the child and is supported by court order or clinical
- 2931                       recommendation.
- 2932            4.      All children listed on the plan who are developmentally appropriate will have the
- 2933                       opportunity to participate in the development of the plan to the degree that they
- 2934                       are capable of contributing to the plan.
- 2935            a.      A developmentally appropriate child means they have the ability to
- 2936                       understand and offer relevant contributions to the plan or express
- 2937                       preferential considerations within the selection of services or objectives.
- 2938                       As a general guideline, children who are elementary school aged are
- 2939                       regarded as being capable of contributing to the plan to some extent unless
- 2940                       otherwise developmentally incapable.
- 2941            b.      Contributions offered by the child will be considered by the team and
- 2942                       included in the plan based on the Child and Family Team’s determination
- 2943                       of the appropriateness of the request.
- 2944            5.      The child’s court appointed Guardian ad Litem will be involved in the
- 2945                       development of a child’s Child and Family Plan. The Guardian ad Litem will be
- 2946                       invited to any Child and Family Team Meeting held to develop, review, or modify
- 2947                       the Child and Family Plan.

- 2948 a. Caseworkers will continue to schedule Child and Family Team Meetings  
2949 around the needs of the child and family and will invite the Guardian ad  
2950 Litem.  
2951 b. It is not required that the Guardian ad Litem be in attendance in order to  
2952 hold the Child and Family Team Meeting.  
2953 6. Other parties may be involved in the development of the Child and Family Plan,  
2954 as determined appropriate by the Child and Family Team. Child and Family  
2955 Services may not prohibit others, such as the parent's attorney, from being  
2956 involved in the development of the plan. Utah Code Ann. [§80-3-307](#) allows  
2957 parties and their legal counsel to participate in the development of the plan if their  
2958 participation is otherwise permitted by law. Before prohibiting anyone from  
2959 participating in the development of a Child and Family Plan, the caseworker will  
2960 staff the situation with an Assistant Attorney General to see if this is permissible.  
2961
- 2962 D. Upon finalization of the Child and Family Plan, both the caseworker and supervisor will  
2963 sign the plan. The caseworker will obtain signatures from the parents, child, and out-of-  
2964 home caregiver. If any party refuses to sign the plan, reasons will be documented in the  
2965 activity logs of the case file. Once all signatures have been obtained, copies of the plan  
2966 will be sent to the Juvenile Court, Assistant Attorney General, Guardian ad Litem, legal  
2967 counsel for the parents, parents, child, and out-of-home caregiver.  
2968
- 2969 E. Concurrent permanency planning ensures that the child and family are prepared for both  
2970 the child's primary and secondary permanency goals. Every Child and Family Plan must  
2971 include a primary and secondary goal.  
2972
- 2973 F. Tracking and adapting the Child and Family Plan/team review/progress summaries:  
2974 1. With input from Child and Family Team members, the plan will be reviewed to  
2975 track progress made and progress will be reported at least every 90 days.  
2976 a. The progress summary will outline the current situation and progress  
2977 towards the permanency goal.  
2978 b. The progress summary will be signed by both the caseworker and  
2979 supervisor and will be submitted to the Juvenile Court, Assistant Attorney  
2980 General, Guardian ad Litem, legal counsel for the parents, parents, and  
2981 out-of-home caregiver.  
2982 2. The plan will be adapted:  
2983 a. When the team identifies that new steps are needed to make progress.  
2984 b. When the team identifies a new need.  
2985 c. When needs are met.  
2986 d. When there is a significant change with the child and family, including a  
2987 placement change.  
2988 e. At least every six months from date of removal.  
2989

2990 **302.2 Purposeful Visiting With The Child, Out-Of-Home**  
2991 **Caregivers, And Parents**

2992 Major objectives:

2993 Regular visiting with a child enables the out-of-home caseworker to assess how well a child's  
2994 placement is meeting their needs for safety, permanency, and well-being. The out-of-home  
2995 caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable,  
2996 nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well  
2997 they will be able to promote safety, permanency, and well-being for their children. The out-of-  
2998 home caseworker will visit with the child, out-of-home caregivers, and parents no less than once  
2999 every month.  
3000

3001 **Applicable Law**

3002 Utah Code Ann. [§80-2-301](#). Division responsibilities.

3003 Practice Guidelines

3004 A. Out-of-home caseworker visits help assure safety, permanency, and well-being. Using  
3005 face-to-face visits with children, out-of-home caregivers, and parents provides out-of-  
3006 home caseworkers an opportunity to deepen the helping relationship. Findings from the  
3007 Child and Family Services Review (CFSR) found that there is a significant positive  
3008 relationship between out-of-home caseworker visits with children and a number of other  
3009 indicators for safety, permanency, and well-being. These indicators include:

- 3010 1. Providing services to protect children in the home.
- 3011 2. Preventing removal.
- 3012 3. Managing the risk of harm to children.
- 3013 4. Establishing permanency goals.
- 3014 5. Achieving reunification, guardianship, and permanent placement with relatives.
- 3015 6. Achieving the goal of other planned living arrangements.
- 3016 7. Placement with siblings.
- 3017 8. Preserving children's connections while in out-of-home care.
- 3018 9. Maintaining the child's relationship with parents.
- 3019 10. Assessing needs and providing services to children and families.
- 3020 11. Involving children and parents in case planning.
- 3021 12. Visiting with parents.
- 3022 13. Meeting the educational needs of the child.
- 3023 14. Meeting the physical health needs of the child.
- 3024 15. Meeting the mental health needs of the child.

3025 B. Caseworker contact with the child: The caseworker will visit with the child. Visit is  
3026 defined as a face-to-face meeting between the child and the caseworker and must include  
3027 the following elements:

- 3028 1. Frequency - visits must occur as frequently as the conditions of the case require  
3029 and no less frequently than at least monthly.
- 3030 2. Location - the environment of the location of the visits must be conducive to open  
3031 and honest conversation. At least one monthly caseworker contact with the child  
3032  
3033  
3034

- 3035 must take place in the out-of-home placement. The interview between the  
3036 caseworker and the child must be conducted away from the parent or substitute  
3037 caregiver unless the child refuses or exhibits anxiety. Siblings may be  
3038 interviewed together or separately, depending on the comfort level of the children  
3039 or if there are safety considerations.
- 3040 3. Duration - the length of the visit must be of sufficient duration to address key  
3041 issues.
  - 3042 4. Quality discussion - the content of the interview should focus on key issues  
3043 pertinent to safety (including threats of harm, child vulnerabilities, and protective  
3044 capacities of the caregiver), permanency, and well-being, as well as promotes the  
3045 achievement of case goals. When the child is nonverbal or unable to  
3046 communicate, the caseworker will document that the child is nonverbal and  
3047 instead report observations regarding the child's appearance pertaining to physical  
3048 well-being.
  - 3049 5. In working with an older youth, empower the youth by helping them to address  
3050 their desires or needs. This enables the youth to have an opportunity to practice  
3051 skills necessary for adulthood. It is also important to include youth as active  
3052 members of the team. Youth should be included in all decisions that affect their  
3053 lives. These will help to make it more likely that the youth's needs will be met  
3054 and that they will be able to establish positive relationships.
  - 3055 6. As needed, the out-of-home caseworker and other members of the Child and  
3056 Family Team develop the specifics of the visitation plan as well as to decide who  
3057 will make additional visits and contacts with the child. Document this in the  
3058 Child and Family Plan.
  - 3059 7. If the child is placed outside the state, the out-of-home caseworker will have at  
3060 least one telephone conversation per month with the child (if the child is verbal)  
3061 and with the child's out-of-home caregiver. In addition, the out-of-home  
3062 caseworker will request through the Interstate Compact Placement Agreement  
3063 that a courtesy caseworker have a monthly face-to-face visit with the child and  
3064 provide a written report of the visit to the Utah out-of-home caseworker each  
3065 quarter.  
3066
- 3067 C. Caseworker contact with the out-of-home caregiver: The caseworker will visit with the  
3068 out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will  
3069 help to establish and maintain a working relationship.
- 3070 1. At a minimum, the caseworker will conduct one monthly face-to-face contact  
3071 with the substitute caregiver with whom the child is living. The caseworker will  
3072 assess with the substitute caregiver the safety (including threats of harm, child  
3073 vulnerabilities, and protective capacities of the caregiver), permanency, and well-  
3074 being needs of the child and the substitute caregiver's needs as it pertains to the  
3075 child's needs.
  - 3076 2. Reviewing on a quarterly basis with the out-of-home caregiver the child's Home-  
3077 to-Home Book. (See [Section 303.3](#) Maintaining The Home-To-Home Book.)  
3078

- 3079 D. Monthly caseworker contact with the child’s parents: The caseworker will have regular  
3080 contact with each parent to assess safety, permanency, and well-being of the children and  
3081 to promote achievement of case goals.
- 3082 1. For the purpose of monthly caseworker contact with parent, parent is defined as:  
3083 a. The legally recognized birth mother regardless of physical custody or  
3084 current level of involvement in the child’s life.  
3085 b. The legally recognized father regardless of physical custody or current  
3086 level of involvement in the child’s life.  
3087 c. The legally recognized adoptive mother and/or father.  
3088 d. The legally recognized guardian.  
3089 e. The caregiver with whom the child was living with at the time Child and  
3090 Family Services became involved AND with whom the child may be  
3091 reunited. This may include relative caregivers and non-relative caregivers  
3092 such as stepparents.  
3093 f. The substitute caregiver(s) that has been identified as the person(s) who  
3094 will be imminently providing enduring permanency for the child.
- 3095 2. Contact is defined as a face-to-face meeting between the parent and the  
3096 caseworker and must include the following elements:  
3097 a. Frequency - visits must occur at least monthly.  
3098 b. Location - the environment of the location of the visits must be conducive  
3099 to open and honest conversation.  
3100 c. Duration - the length of the visit must be of sufficient duration to address  
3101 key issues.  
3102 d. Quality discussion - the content of the interview should focus on issues  
3103 pertinent to case planning, service delivery, and goal achievement.
- 3104 3. Exceptions for caseworker contact with parent include:  
3105 a. The parent is deceased.  
3106 b. Parental rights are terminated.  
3107 c. Parent’s active or passive refusal to participate.  
3108 (1) Active Refusal: Parent expresses verbally or in writing that they  
3109 are not interested in having monthly contact with the caseworker.  
3110 In this case, the caseworker must periodically verify with the  
3111 parent that they still decline contact. Periodic means that the  
3112 caseworker attempts to make some type of contact whether it be  
3113 face-to-face, phone, or correspondence with the parent at a  
3114 minimum of a quarterly basis if reunification is the goal. If  
3115 reunification has been terminated but parental rights are still in  
3116 place, periodic contact means every six months.  
3117 (2) Passive Refusal: Parent indicates a passive refusal to have monthly  
3118 contact with the worker through their actions or inactions, such as  
3119 failing to keep appointments or returning messages. In this case,  
3120 the caseworker must make at least two attempts a month to contact  
3121 the parent face-to-face, by phone or correspondence, while  
3122 reunification services are provided to that parent. When  
3123 reunification is terminated but parental rights are still in place,



- 3124 periodic attempts to contact the parent may be reduced to every six  
3125 months.
- 3126 (3) The caseworker will document the dates and efforts to contact the  
3127 parent, methods of interaction between the caseworker and the  
3128 parent, and the parent’s expressed desire or actions/inactions.
- 3129 d. The parents’ whereabouts are unknown despite concerted efforts to locate  
3130 them. Concerted efforts means a monthly attempt at locating the parent  
3131 using one of the following:
- 3132 (1) Interviews with Child and Family Team members.  
3133 (2) Interviews with extended family.  
3134 (3) Interviews with the child.  
3135 (4) Checking allied agency records (Department of Workforce  
3136 Services, Office of Recovery Services, law enforcement, etc.).  
3137 (5) On-line person locator searches.  
3138 (6) Other sources not listed here that the caseworker or the team  
3139 becomes aware of.
- 3140 e. Parental involvement in the planning process is detrimental to the safety or  
3141 best interest of the child and is supported by court order or clinical  
3142 recommendation.
- 3143 f. When the parent resides out of the county, face-to-face contact may be  
3144 replaced by other means of contact such as BY phone or correspondence.  
3145
- 3146 E. Monthly Home Visit: The caseworker will check on the residence where the child is  
3147 living and observe and document the general conditions pertaining to threats of harm,  
3148 child vulnerabilities, and protective capacities of the caregivers. The caseworker will not  
3149 enter a home for the purpose of a visit without a caregiver present, unless the child’s  
3150 caregiver has granted permission. This approval should be documented. The caseworker  
3151 may enter the family’s home in an emergency without a caregiver’s permission.  
3152
- 3153 F. The outcomes of out-of-home caseworker visitation include:
- 3154 1. Assessing safety, permanency, well-being, strengths, and needs. A series of  
3155 developmentally appropriate checklists and questions developed by the National  
3156 Resource Center for Family-Centered Practice and Permanency Planning  
3157 (NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-  
3158 home caregivers, or parents during their face-to-face visits. (To view these  
3159 checklists and questions, go to  
3160 [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/caseworker-](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-visiting.html)  
3161 [visiting.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-visiting.html)).
- 3162 2. Addressing and planning for any immediate needs and concerns.
- 3163 3. Reviewing progress and completion of steps of the Child and Family Plan,  
3164 including the identified permanency goal for the child, out-of-home caregivers, or  
3165 parents.
- 3166 4. Planning toward the child’s permanency goal, concurrent plan, and long-term  
3167 view.
- 3168 5. Identifying any challenges and developing solutions.

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6. Providing an opportunity for the child, out-of-home caregivers, or parents to share events, successes, feelings, and issues such as those related to the family and child’s education, health, behavior (including separation, grief, and loss), relationships, and any items of special interest or concern for the child.
  7. Engaging the child, out-of-home caregivers, or parents in an active dialogue that promotes the change process. It may be useful to use solution-focused questions.
  8. Providing information about resources and linking necessary supports and services for the child, out-of-home caregivers, or parents. Assisting the parents in attaining needed resources (i.e., securing housing, transportation, etc.).  
Examining other issues related to the delivery of services to identify and remove or reduce barriers to the attainment of those services.
  9. Discussing and monitoring current appointments and issues pertaining to the child such as medical, dental, mental health, school, culture, court, and parent and sibling visitation.
  10. Providing opportunities for the child, out-of-home caregivers, and parents to make choices about next steps.
  11. Making suggested changes and modifications to the Child and Family Plan in partnership with the team.
- G. In addition to the monthly visit, the out-of-home caseworker will be available to provide ongoing counsel to address any immediate concerns or issues that the child, out-of-home caregivers, or parents may have.

3192 **303 Services And Interventions**

3193 Major objectives:

3194 Determination of interventions and service modalities will be matched to the assessed needs of  
3195 the family. Only interventions deemed as best practice and approved by Child and Family  
3196 Services will be utilized.

3197  
3198 In order to provide services to promote successful reunification or other permanency options for  
3199 the child, the family will be seen as the center of case management and Child and Family  
3200 Planning. Services will be delivered according to the individualized assessed needs of the family  
3201 as early in the intervention process as possible.  
3202  
3203

3204 **303.1 Visitation With Familial Connections**

3205 Major objectives:

3206 Purposeful and frequent visitation with parents and siblings is a child’s right, not a privilege or  
3207 something to be earned or denied based on behavior of the child or the parent. Children also have  
3208 the right to communicate with other family members, their attorney, physician, clergy, and others  
3209 except where documented to be clinically contraindicated. Intensive efforts will be made to  
3210 engage biological parents in continuing contacts with their child, through visitation and  
3211 supplemented with telephone calls and written correspondence unless contraindicated by court  
3212 order for the child’s safety or best interests.  
3213

3214  
3215 **Applicable Law**

3216 Utah Code Ann. [§80-1-102](#). Definitions.

3217 Utah Code Ann. [§80-2-301](#). Division responsibilities.

3218  
3219 Practice Guidelines

3220 A. Visitation plans between the child, parent, and siblings will be individualized to meet the  
3221 needs of the family. Visitation plans will be facilitated by joint planning between the  
3222 members of the Child and Family Team. Visits will occur as often as possible with once  
3223 per week as the general guideline. Frequent visitation and contact between siblings not  
3224 placed together in out-of-home care is required unless there is a safety or well-being issue  
3225 that prevents the siblings from having visitation or ongoing interaction.

3226 1. Visitation between siblings who have been separated by adoption or foster care  
3227 placement may occur if it is the best interest of the child and the caseworker has  
3228 obtained consent from the parent, guardian, or adoptive parents to have their child  
3229 participate in visitation with the sibling who they have been separated from.

3230 a. Example: Two children are in foster care, but have been placed with  
3231 separate families. One family adopts, the other has not. The caseworker  
3232 will need to gain the consent of the adoptive family for sibling visitation to  
3233 continue.

3234 b. Example: A child is placed in foster care and the child’s siblings remain in  
3235 the home the child was removed from. The caseworker will need to gain  
3236 the consent of the parent/guardian for sibling visitation to occur.

- 3237  
3238 B. The Child and Family Team will consider and approve visitation and/or other forms of  
3239 contact with relatives for children in state custody if it is determined that contact will be  
3240 in the best interest of the child, there are no safety concerns, and allowing contact would  
3241 not compete with or undermine reunification goals. [See: Kinship Practice Guidelines  
3242 Section 502.3a and Out-of-Home Care Practice Guidelines [Section 300.7.](#)]  
3243  
3244 C. Visitation with parents, siblings, and grandparents will occur in the most natural setting,  
3245 such as family’s home, library, church, or community center, neighborhood park,  
3246 shopping center, etc.  
3247  
3248 D. Supervised visits will only occur in situations where safety or emotional well-being of the  
3249 child is in question and will be conducted by caseworkers, kin or out-of-home caregivers,  
3250 trained assistants, or other qualified individuals.  
3251  
3252 E. Visitation plans with parents, siblings, and grandparents will be outlined in the Child and  
3253 Family Plan and specific arrangements will be made between the parents and out-of-  
3254 home caregivers, with consultation by the Child and Family Team, and may include  
3255 suggested locations, dates, times, and individuals responsible to transport and attend.  
3256  
3257 F. In situations where distance or other circumstances present difficulty for the family,  
3258 alternative transportation arrangements will be explored with the team, such as bus, light-  
3259 rail, or meeting at the half-way point between locations. If, after creative exploration of  
3260 all options by the Child and Family Team, weekly visits are still not feasible, schedule  
3261 longer visits as frequently as possible, with other means of communication encouraged  
3262 between visits.  
3263  
3264 G. Kin or out-of-home caregivers may only censor or monitor a child’s mail or phone calls  
3265 by court order.  
3266  
3267 H. Contacts with family for children placed out-of-state:  
3268 1. A child who is placed out-of-state in out-of-home care may make two trips home  
3269 a year at the state's expense. The region may make exceptions to this in  
3270 emergencies, such as the serious illness or death of a parent or family member. If  
3271 the parent has moved out-of-state and the permanency goal is to return the child to  
3272 the parent, the child may also make two trips per year to visit the parent at the  
3273 state's expense if the parent cannot afford to purchase the necessary tickets.  
3274 2. Children who are placed out-of-state or out of the area will be encouraged to  
3275 maintain written and telephone contact with their parents as negotiated by the  
3276 Child and Family Team.  
3277

## 303.2 Caseworker Visitation With The Child

(This section has been replaced with [Section 302.2.](#))

### 303.3 Maintaining The Home-To-Home Book

Major objectives:

The child’s Home-to-Home Book will be initially created by the caseworker and maintained by the out-of-home caregiver to preserve vital information about the child’s events and activities during the time the child spent in care and relevant information contained therein to be shared with appropriate health care and educational providers during visits to ensure continuity of care.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. The child’s Home-to-Home Book will contain all information about the child while in out-of-home care, including:
  - 1. Names and addresses of providers, an inventory of belongings, a behavior checklist, information about the child’s needs and habits, visitation information, and a section for the safe-keeping of mementos and photographs.
  - 2. Health history, current health status, medications, immunization record, copies of medical reports, and names and addresses of health care providers.
  - 3. School records, including school name and address, preschool information as well as educational information, the names of teachers and counselors familiar with the child, the child’s grade level performance, and special education needs.
  - 4. Records and contact persons from any other public and private health, mental health, or social service agencies that have worked with the child.
  - 5. Past mental health problems and special needs of the child.
  - 6. Documentation and receipts for any items or services purchased for the child while in out-of-home care.
  - 7. Name, address, and phone number of the child’s Guardian ad Litem and the Guardian’s ad Litem role in protecting the child’s interest. Out-of-home caregivers are encouraged to contact the child’s Guardian ad Litem with any concerns that the child’s needs are not being met.
- B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to serve as a history while the child is in care. At time of each placement, new forms are generated to serve as updates, but do not replace existing forms and information.
- C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-home caregiver at the time of placement. If not, the caseworker will deliver and review the record with the out-of-home caregiver no later than 10 working days from date of placement.
- D. The caseworker will explain to the out-of-home care provider during the review of the Home-to-Home Book that medical care must be obtained only from an approved Medicaid provider, which means that if an HMO is designated on the child’s card, the health care provider must participate in that HMO.

- 3327
- 3328 E. The out-of-home caregiver must take health care history information from the Home-to-
- 3329 Home Book to health care visits to assure continuity of care and prevent unnecessary
- 3330 duplication of medical care (such as immunizations).
- 3331
- 3332 F. The out-of-home caregiver is to keep current records of the child’s vital information and
- 3333 important events in the Home-to-Home Book.
- 3334
- 3335 G. The caseworker will review the Home-to-Home Book at least quarterly with the out-of-
- 3336 home caregiver and the child, when appropriate, to discuss the child’s school progress,
- 3337 medical needs, use of clothing allowance and other special needs payments, and other
- 3338 issues related to the placement.
- 3339
- 3340 H. Upon case closure, the caseworker will retrieve the Home-to-Home Binder from the out-
- 3341 of-home caregiver and do the following:
- 3342 1. Give the items contained in the mementos and photograph packets to the parent, if
- 3343 the child is returned home, or to the permanent placement provider.
- 3344 2. Remove any forms or information contained in the remaining packets and place in
- 3345 the green out-of-home binder, to be archived upon case closure.
- 3346 3. Place the emptied Home-to-Home binder and packets into the designated area for
- 3347 reuse.
- 3348

### 303.4 Educational Services

Major objectives:

The caseworker will make every effort to ensure that all children placed in out-of-home care receive appropriate educational services consistent with their needs. Child and Family Services staff will work with the Child and Family Team to help the child achieve his or her full educational potential. Child and Family Services will ensure that children in out-of-home care have educational stability, when possible and appropriate. The guide for "[Educating Youth in State Care](#)" contains information regarding frequently asked questions.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.  
Utah Code Ann. [§53G-6-402](#). Open enrollment options -- Procedures -- Processing fee -- Continuing enrollment.

Practice Guidelines

- 3365 A. If a child in the custody of Child and Family Services has attained the minimum age for
- 3366 school attendance, the caseworker will ensure that the child is enrolled in school on a
- 3367 full-time basis. Educational information, including the child’s educational placement,
- 3368 will be documented in SAFE on the Education Tab by the caseworker.
- 3369 1. If the child has a medical condition and is incapable of attending school on a full-
- 3370 time basis, the caseworker will document the condition in SAFE in the comments
- 3371 section of the Education tab. The caseworker will also document in the comments

- 3372 section of the Education tab any alternate arrangements made to provide  
3373 educational services for a child unable to attend school full time.
- 3374 2. Educational information for a child unable to attend school on a full-time basis  
3375 will be updated in the in the comments section of the Education tab in SAFE  
3376 when a Child and Family Plan is updated or as changes in the child's medical  
3377 condition or educational placement occur.  
3378
- 3379 B. When a child is placed in the custody of Child and Family Services, and whenever a child  
3380 changes placement, efforts will be made to maintain the child's enrollment at their  
3381 existing school. If safety, transportation, and other issues can be adequately addressed, a  
3382 child should remain in their existing school in order to allow consistency in their  
3383 education. The process for determining the child's educational placement is as follows:
- 3384 1. The caseworker will assess any safety concerns that exist and determine if the  
3385 child can safely remain in the school where they were originally enrolled when  
3386 they came into custody. Any safety concerns regarding the educational placement  
3387 will, at a minimum, be documented in the Child and Family Assessment and in  
3388 the comments section of the Education tab in SAFE.
- 3389 2. While assessing whether the child may remain in their school placement, the  
3390 caseworker will gather and take into account input from educational staff and  
3391 Child and Family Team members.
- 3392 3. Utah Code Ann. [§53G-6-402](#) allows the child in state custody to remain in the  
3393 school they were enrolled in prior to coming into custody, and whenever a child  
3394 changes placement. The caseworker and Child and Family Team will determine  
3395 whether it is in the best interest of the child to remain in the school they are  
3396 currently enrolled in and will consider proximity to the school when making  
3397 placement decisions. If it is in the child's best interest, the caseworker will give  
3398 significant consideration to placements that will facilitate the child to continue to  
3399 attend the school they were enrolled in when the child entered custody.
- 3400 4. If the child remains in the school they were enrolled in when they entered  
3401 custody, the caseworker will inform the school that the child has entered state  
3402 custody and will work with educational staff to ensure that any safety concerns  
3403 are addressed.
- 3404 a. If there is a protective order or no-contact order in place for the child  
3405 against any individual, the caseworker will provide a copy of the order to  
3406 the school.
- 3407 5. When a child in Child and Family Services custody must be transferred to a new  
3408 school, the caseworker will do the following:
- 3409 a. Make every effort to cause the least disruption with the child's education  
3410 (e.g., waiting until the end of a semester or year to move a child from the  
3411 school).
- 3412 b. Document in the Education tab in SAFE why it was not in the best interest  
3413 of the child to remain in the school they were enrolled in at the time they  
3414 came into custody.
- 3415 c. Consult with staff at the former school about how to minimize disruptions  
3416 of the child's education.
- 3417 d. Inform the new school that the child in state custody will be enrolled.

- 3418 (1) Within three school days of a child’s placement in foster care or in  
3419 a new out-of-home placement, the caseworker or caregiver will  
3420 enroll the child in school.
- 3421 e. Obtain and complete all fee waiver forms from the school and authorize  
3422 payment of school fees not waived; and will refer the child to the Youth in  
3423 Custody (YIC) program and will fill out the necessary forms to enroll the  
3424 child. This is required if a YIC program exists. If a child is in a school  
3425 district that does not have an applicable YIC program, the caseworker or  
3426 out-of-home caregiver will refer the child to the appropriate school  
3427 principal or staff for assessment of educational needs.
- 3428 (1) The caseworker, out-of-home caregiver, and the child will meet  
3429 with the YIC program staff and/or school administration from the  
3430 new school. Other members of the Child and Family Team may be  
3431 included in this process.
- 3432 f. Ensure that the new school specifically requests special education records  
3433 from the former school. Special education records are not transmitted to  
3434 the receiving school with the general educational file unless specifically  
3435 requested. (Special education records are kept in a separate location than  
3436 other general education records.)
- 3437 g. Provide copies of any educational records they have to the new school  
3438 when a child is changing schools to facilitate the immediate enrollment of  
3439 a child into the appropriate academic placement.
- 3440
- 3441 C. The caseworker will gather any available educational information and provide it to the  
3442 out-of-home caregivers for placement in the Home-to-Home Book within ten days from  
3443 the date of placement.
- 3444
- 3445 D. At any time during the child's placement, if any member of the Child and Family Team  
3446 has reason to suspect that the child may have a disability requiring special education  
3447 services, the child will be referred for assessment for specialized services.
- 3448
- 3449 E. The caseworker will maintain contact with educational staff to monitor the child’s  
3450 ongoing educational status, including grades, attendance, and credits toward graduation.  
3451 Educational staff or input will be included in Child and Family Team Meetings when  
3452 appropriate.
- 3453
- 3454 F. In order to cause the least amount of disruption to the child’s education, caseworkers and  
3455 other Child and Family Services’ staff will make active efforts to minimize school  
3456 interruptions and should avoid taking the child out of school for visits and appointments.  
3457 Appointments will be made after school hours when at all possible. When court hearings  
3458 require a child to be present for the hearing, caseworkers and/or foster parents will make  
3459 arrangements with the school beforehand to obtain school work and assignments for the  
3460 time the child will be excused.
- 3461
- 3462 G. It is always allowable for CPS caseworkers to take a child out of class for the purposes of  
3463 conducting an interview regarding an allegation of abuse or neglect.



- 3464  
3465 H. Pursuant to Utah Code Ann. [§53G-9-604](#), a school must notify a parent or guardian when  
3466 a student threatens to commit suicide and/or a student is involved in an incident of  
3467 bullying, cyber-bullying, harassment, hazing, or retaliation  
3468 1. When a school notifies a caseworker that a child in out-of-home care was  
3469 involved in one of the above types of incidents, the caseworker will:  
3470 a. Notify the parent or guardian if parental rights have not been terminated  
3471 and the parent’s whereabouts are known.  
3472 b. Notify the foster parent and other relevant members of the Child and  
3473 Family Team (such as the therapist, treatment providers, etc.).  
3474 c. Request a written report from the school regarding the incident  
3475 d. Notify and staff the situation with the supervisor.  
3476 e. If region protocol directs, notify designated regional administrative staff.  
3477 f. Notify the Guardian ad Litem and Assistant Attorney General of the  
3478 situation as soon as possible.  
3479 g. Record all known details of the emergency situation and action taken in  
3480 the SAFE activity logs.  
3481 2. If an out-of-home caregiver receives notification from a school that the child was  
3482 involved in one of the above incidents, the out-of-home caregiver will notify the  
3483 caseworker by phone or email within 24 business hours.  
3484 a. Upon receiving notification that the child was involved in one of the above  
3485 incidents, the caseworker will ensure that they complete the steps listed in  
3486 subsection 1 above.  
3487

3488 **303.5 Health Care**

3489 Major objectives:  
3490 All children placed in out-of-home care will receive health care services according to the  
3491 requirements of Child and Family Services whether they are Medicaid eligible or not. The  
3492 Child and Family Services caseworker will notify parents of any medical, dental, or mental  
3493 health needs or appointments for their child.  
3494

3495  
3496 **Applicable Law**  
3497 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
3498

3499 Practice Guidelines  
3500 The following health care services will be provided:  
3501

- 3502 A. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by a  
3503 health care provider within 24 hours.  
3504  
3505 B. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever  
3506 occurs first, the child will receive:  
3507 1. Well Child CHEC (Child Health Evaluation and Care) exam.

- 3508 a. If the child has been seen by a physician within 30 days prior to removal  
3509 or court-ordered custody and additional concerns are identified, the child  
3510 should be seen again within 30 days after removal or court-ordered  
3511 custody.
- 3512 b. A Well Child CHEC should be scheduled with the child's Primary Care  
3513 Physician (PCP).
- 3514 c. If a child does not have a PCP, the RN assigned to the case should be  
3515 consulted with to identify a provider that is on the child's insurance plan
- 3516 d. If the PCP does not have an available appointment within 30 days, a  
3517 provider that accepts the child's health insurance plan should see the child  
3518 and the report should be forwarded to the PCP.
- 3519 e. For children under the age of two years, the Periodicity Schedule will be  
3520 followed. The Periodicity Schedule is:
- 3521 (1) Birth.
- 3522 (2) Two weeks of age.
- 3523 (3) Two months of age.
- 3524 (4) Four months of age.
- 3525 (5) Six months of age.
- 3526 (6) Nine months of age.
- 3527 (7) Twelve months of age.
- 3528 (8) Fifteen months of age.
- 3529 (9) Eighteen months of age.
- 3530 (10) Twenty-four months of age.
- 3531 (11) Annually after 24 months of age.
- 3532
- 3533 C. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever  
3534 occurs first, the child will receive:
- 3535 1. Dental exam:
- 3536 a. Required for children three years of age and older.
- 3537 b. Children under age three will be followed by their PCP and referred to a  
3538 dentist with any identified problems.
- 3539 c. If the child has been seen by a dental provider or PCP if under age three  
3540 within 30 days prior to removal or court-ordered custody and additional  
3541 concerns are identified, the child should be seen again within 30 days after  
3542 removal or court-ordered custody.
- 3543 2. Mental Health Assessment:
- 3544 a. Children five years of age and older will receive a mental health  
3545 assessment.
- 3546 b. If the child has been seen by a mental health provider within 30 days prior  
3547 to removal or court-ordered custody and additional concerns are identified,  
3548 the child should be seen again within 30 days after removal or court-  
3549 ordered custody.
- 3550
- 3551 D. Developmental and Social Emotional Assessment:
- 3552 1. PCPs will follow developmental progress for infants.

- 3553 2. For children 4 months to 5 years of age who are removed or court-ordered into  
3554 custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages  
3555 Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the  
3556 foster parent for completion based on the child's current age and the following  
3557 schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60  
3558 months.
- 3559 3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-SE  
3560 will be used in determining the need for further developmental/mental health  
3561 assessment.
- 3562 a. The ASQ and ASQ-SE will be completed with the child by the current  
3563 out-of-home caregiver. Upon completion, the questionnaires are sent back  
3564 to the FHC Program staff to be scored.
- 3565 b. If a child scores below the recommended level, FHC staff will coordinate  
3566 a referral for Early Intervention within 30 days of the return of the  
3567 questionnaire.
- 3568 4. Children ages 37 months to 60 months (3 years and one month to 5 years): The  
3569 ASQ and ASQ-SE will be used in determining the need for further mental health  
3570 assessment.
- 3571 a. The ASQ and ASQ-SE will be completed with the child by the current  
3572 out-of-home caregiver. Upon completion, the questionnaires are sent back  
3573 to the FHC Program staff to be scored.
- 3574 b. If a child scores below the recommended level, FHC staff will coordinate  
3575 a referral to the local school district or mental health care provider where  
3576 the child resides within 30 days of the return of the questionnaire.  
3577
- 3578 E. Immunizations and Vaccinations: All children in out-of-home care will receive  
3579 immunizations and vaccinations as recommended by the Center for Disease Control  
3580 (CDC).
- 3581 1. Those children behind the recommended CDC schedule of immunizations and  
3582 vaccinations when entering out-of-home care will be caught up as recommended  
3583 by their PCP.
- 3584 2. Families who have medical or religious beliefs that exempt them from  
3585 immunizations or vaccinations will have this information documented in the  
3586 Health screen and activity log in SAFE.  
3587
- 3588 F. Medical, Dental, and Mental Health Referrals: Referral and follow-up appointments will  
3589 be completed within 90 days from the receipt of the health visit report (HVR) or as  
3590 otherwise specified by the referring and/or treating health care professional.  
3591
- 3592 G. Second Opinions for Health Care: Children requiring specialized medical services may  
3593 receive a second opinion from a provider that specializes in the area of need.  
3594
- 3595 H. Concerns that Arise Prior to the Scheduled Exams:  
3596 1. A child with medical, dental, or mental health concerns that arise prior to the  
3597 required scheduled exams will be immediately referred to the appropriate health  
3598 care professional.

- 3599 2. The referral will be documented in the activity logs in SAFE. Concerns may  
3600 include uncontrollable behavior, sleep disturbances, suicide ideation/thoughts,  
3601 harming self or others, enuresis/encopresis, illness, fever, aches/pains, vomiting,  
3602 diarrhea, bleeding, etc.
- 3603 3. PCPs of children entering custody with chronic medical conditions such as  
3604 epilepsy, diabetes, respiratory, metabolic conditions, congenital anomalies, etc.  
3605 will be notified of their current custody status. Communication will originate with  
3606 the caseworker and will include the regional FHC staff.  
3607
- 3608 I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:  
3609 1. The caseworker will use the assessment tool provided by Child and Family  
3610 Services to assess if unresolved traumatic experiences are making it difficult for  
3611 the child to function in daily life. The current assessment tool[s] used to assess  
3612 for trauma adjustment symptoms is the Utah Family and Child Engagement Tool.  
3613 2. If the caseworker identifies on the assessment that the child’s daily functioning is  
3614 being adversely affected by unresolved issues of trauma, the caseworker will  
3615 provide the information to a mental health professional for further assessment and  
3616 treatment of the child. If the child is currently receiving mental health treatment,  
3617 the caseworker will provide the information to the mental health professional  
3618 working with the child.  
3619
- 3620 J. For Youth Temporarily Placed in Detention Facilities: The initial or annual Well Child  
3621 CHEC must be completed within 30 days of release, if not completed while in detention.  
3622
- 3623 K. Re-entry into Out-of-Home Care: When a child re-enters custody or returns from  
3624 runaway status, a Well Child CHEC must be completed within 30 days. Unless there are  
3625 health and safety concerns identified, the dental exam and mental health assessment can  
3626 be waived if one was completed within the past year while in out-of-home care.  
3627 1. If it has been less than one year since completion of the dental exam or mental  
3628 health assessment, the next exams will be prompted in SAFE as an annual  
3629 occurrence from the last completed date.  
3630 2. If it has been over one year since completion of the dental or mental health exams,  
3631 an exam must be completed within 30 days. Prompting for the next annual exams  
3632 will begin in SAFE from the removal or court-ordered custody date, whichever  
3633 occurs first.  
3634
- 3635 L. Annually: While in out-of-home care, all children will receive an annual Well Child  
3636 CHEC according to the Periodicity Schedule, dental exam, and mental health assessment  
3637 or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will  
3638 be completed within 30 days of the annual due date.  
3639
- 3640 M. Psychotropic Medication Overview Panel:  
3641 1. Pursuant to Utah Code Ann. [§80-2-503.5](#), Child and Family Services is required  
3642 to establish and operate a psychotropic medication oversight panel for children in  
3643 foster care to ensure that foster children are being prescribed psychotropic  
3644 medication consistent with their needs.

- 3645 2. The review panel shall be comprised, at minimum, of an Advanced Practice  
3646 Registered Nurse (APRN) and a child psychiatrist. Other individuals may be  
3647 added to the panel as resources permit and when Child and Family Services  
3648 determines it to be necessary.
- 3649 3. The children shall be referred to the oversight panel by the Fostering Healthy  
3650 Children nurse. The oversight panel shall monitor foster children that meet the  
3651 following criteria:
- 3652 (a) Six years old or younger who are being prescribed one or more  
3653 psychotropic medications; and
- 3654 (b) Seven years old or older who are being prescribed two or more  
3655 psychotropic medications.
- 3656 4. The oversight panel may request information and/or records related to the foster  
3657 child's health care history, including psychotropic medication history and mental  
3658 and behavioral health history, from the foster child's current or past caseworker;  
3659 the foster child; the foster parents; the natural parents, and/or the foster child's  
3660 current or past health care provider. The caseworker and/or nurse shall assist in  
3661 obtaining the information and records requested by the oversight panel and  
3662 provide it to the oversight panel within 15 working days of the request.
- 3663 5. The caseworker may also provide any additional information regarding the child  
3664 that may provide insight or inform the oversight panel in making a determination  
3665 regarding whether the psychotropic medication is consistent with the child's  
3666 needs.
- 3667 6. The oversight panel may make recommendations to the foster child's health  
3668 care providers concerning the foster child's psychotropic medication or the foster  
3669 child's mental or behavioral health.
- 3670 7. After discussing the recommendations with the current health care provider, the  
3671 oversight panel shall provide a copy of the written recommendations to the nurse,  
3672 who will inform the foster child's caseworker, out-of-home caregiver, and other  
3673 relevant team members of the recommendations.
- 3674 8. The oversight panel will also establish a procedure, such as a "help" telephone  
3675 number, that a current health care provider may access when they need assistance  
3676 for prescribing medication to children in foster care.
- 3677
- 3678 N. Working with Youth: When working with youth and when appropriate, encourage them  
3679 to make their own health care appointments and become active participants in learning  
3680 about their health care services and needs.
- 3681
- 3682 O. Including parents/guardians in child's health treatment:
- 3683 1. Caseworkers will make reasonable measures to notify a parent/guardian of any  
3684 non-emergency health treatment or care scheduled for a child. Reasonable  
3685 measures include notifying the parent/guardian of scheduled health care  
3686 appointments a minimum of 24 hours prior to the health care appointment through  
3687 phone call, text message, email, written letter, or face-to-face contact. Out-of-  
3688 home caregivers may also assist the caseworker in providing notification to the  
3689 parent/guardian of medical appointments. If there are no legal restrictions  
3690 regarding contact between the parent/guardian and the child due to safety issues,

- 3691 the parent/guardian will be invited to attend all health care appointments for the  
3692 child.
- 3693 2. The caseworker will document in the SAFE activity logs the method that was  
3694 used to inform the parent/guardian of the health care appointments.
- 3695 3. Health care decisions will be discussed with the parent during health care  
3696 appointments and/or in Child and Family Team Meetings, in order for the  
3697 caseworker to include the parent/guardian as fully as possible in making health  
3698 care decisions for the child.
- 3699 a. The caseworker will defer to the parent/guardian's reasonable and  
3700 informed decisions regarding the child's health care to the extent that the  
3701 child's health and well-being are not unreasonably compromised by the  
3702 parent/guardian's decision.
- 3703 b. If a caseworker feels that the decision made by the parent/guardian  
3704 compromises the child's health or well-being, the caseworker will provide  
3705 the information to the court, along with the recommendation from the  
3706 child's health care provider, and ask that the court make a decision  
3707 regarding how to proceed with the child's health care.
- 3708 4. The caseworker will notify the parent/guardian of a child within five business  
3709 days after a child in the custody of Child and Family Services receives emergency  
3710 health care or treatment. This includes when the child is sick or injured.  
3711

### 303.5.1 Signing Consent For Medical Procedures

Major objectives:

The purpose of this section is to describe who can sign consent on medical forms for children placed in out-of-home care. The individual designated to sign consent depends on whether Child and Family Services has custody only or has custody and guardianship of the child. In all cases, parents who retain parental rights should be included in medical decisions for a child in out-of-home care unless doing so would constitute a threat of harm to the child or a court order that indicates otherwise. When possible, caseworkers should share information regarding the medical, dental, and mental health needs of the child with the parents and members of the Child and Family Team prior to any procedures being completed.

- A. When a child is placed in out-of-home care, the court either grants Child and Family Services both legal custody and guardianship of a child, or grants Child and Family Services legal custody while the parent retains guardianship. Legal custody includes the right to consent to ordinary medical care and the right, in an emergency, to authorize surgery or other extraordinary care. If Child and Family Services is granted legal custody while the parent retains guardianship, guardianship entitles parents to consent to major medical, surgical, or psychiatric treatment.
- B. At times the court grants Child and Family Services custody and guardianship of a child, which means a parent does not retain the right to consent to major medical, surgical, or psychiatric treatment while their child is placed in out-of-home care. That authority is vested in Child and Family Services as guardian of the child.
- C. If there has been a termination of parental rights (TPR), the parent does not retain any parental rights.

For further information regarding parental rights, refer to the definitions found in Utah Code Ann. [§80-1-102](#).

Practice Guidelines

- A. Regular medical/dental/mental health procedures: A caseworker or out-of-home caregiver can sign consent forms giving permission for a child in out-of-home care to be seen by a medical provider for regular medical, dental, mental health assessments, screenings, check-ups, testing, or follow-ups.
- B. Major Medical, Surgical, Psychiatric Treatment, or Psychotropic Medication: Some medical procedures carry risks of complications and even death. The following are considered to be major medical, surgical, or psychiatric treatment: administration of general anesthesia; IV sedation with any type of treatment; Electroconvulsive therapy (ECT); inpatient hospitalization for any reason; or an involuntary commitment of a child. Caseworkers should consult with the child’s medical, dental, or mental health provider recommending the treatment, as well as the Fostering Healthy Children nurse team member for clarification of whether a recommended treatment meets these criteria. If a

- 3757 child is being prescribed psychotropic medication, it shall be in consultation with the  
3758 Child and Family Team and include documentation of informed consent.  
3759
- 3760 C. For questions regarding the guardianship status of a child placed in out-of-home care,  
3761 caseworkers will refer to the court order that places the child in Child and Family  
3762 Services custody or consult the Assistant Attorney General assigned to the case.
- 3763 1. A parent that retains guardianship: If a parent retains guardianship, the parent  
3764 must consent to major medical, surgical, and psychiatric treatment. The parent  
3765 should be asked to sign consent if the child requires any of the major medical,  
3766 surgical, or psychiatric treatments defined above.
  - 3767 2. If custody and guardianship has been granted to Child and Family Services: It is  
3768 not legally required for the parent to give consent for major medical, surgical, or  
3769 psychiatric treatment (even in instances when parental rights have not been  
3770 terminated). For these types of situations, a Child and Family Services caseworker  
3771 is the most appropriate person to sign consent. However, it is an expectation and  
3772 best practice that caseworkers will discuss necessary medical procedures with the  
3773 parents prior to treatment, when possible. In most cases this should be done  
3774 within the context of a Child and Family Team Meeting. If a parent objects to  
3775 the proposed medical treatment, the caseworker should consult with the Assistant  
3776 Attorney General.
  - 3777 3. If a parent's rights have been terminated: Child and Family Services is not  
3778 required to gain parental consent for major medical, surgical, or psychiatric  
3779 treatment. The caseworker may sign the consent form OR they may consult with  
3780 the Assistant Attorney General and have the procedure court ordered.
  - 3781 4. Parent refuses to sign: If it is recommended that the child needs a major medical,  
3782 surgical, or psychiatric treatment, and the parent refuses to sign the consent form,  
3783 the caseworker is to consult the Assistant Attorney General. Depending on the  
3784 type of treatment required, it may be determined that there is a need to have the  
3785 major medical, surgical, or psychiatric treatment court ordered.
  - 3786 5. Emergency situations: In emergency type situations, Child and Family Services is  
3787 not required to gain parental consent for major medical, surgical, or psychiatric  
3788 procedures. Utah state statute clarifies that whoever has legal custody has the  
3789 right, in an emergency, to authorize surgery or other extraordinary care.  
3790 However, when parental rights remain in place and time permits, it is best practice  
3791 for Child and Family Services to attempt to inform the parent prior to the  
3792 procedure regardless of who has guardianship.
    - 3793 a. During regular business hours, when a child requires medical attention  
3794 which includes a major medical, surgical, or psychiatric treatment, and a  
3795 parent retains guardianship, the Child and Family Services caseworker or  
3796 other appropriate Child and Family Services staff member should be  
3797 contacted and should attempt to locate the parents to sign consent. If the  
3798 child's parents cannot be located in time to sign and give consent, the  
3799 caseworker will attempt to contact the Assistant Attorney General and  
3800 request that the procedure be court ordered.
    - 3801 b. If time does not allow for the parent to sign or for the procedure to be  
3802 court ordered due to the urgency of the child's medical needs, the



- 3803 caseworker will need to sign consent and inform the child’s parents,  
3804 Assistant Attorney General, Guardian ad Litem, and judge as soon as  
3805 possible.
- 3806 c. Although very rare, if time does not allow for the caseworker or other  
3807 Child and Family Services staff to appear to sign consent for the major  
3808 medical, surgical, or psychiatric treatment due to the seriousness of the  
3809 emergency, Child and Family Services may give verbal consent for the  
3810 treatment and permission for the out-of-home caregiver to sign consent.
- 3811 d. In regards to an emergency during after-hours, weekends, or holidays, if  
3812 the Child and Family Services caseworker is not able to be contacted by  
3813 the out-of-home caregiver to sign consent, the out-of-home caregiver will  
3814 contact Intake to locate the primary caseworker or the on-call worker for  
3815 their area. If unable to locate the primary caseworker, the Child and  
3816 Family Services on-call worker will be asked to appear and sign consent  
3817 for the major medical, surgical, or psychiatric treatment. If time does not  
3818 allow for the Child and Family Services on-call worker to sign consent,  
3819 the Child and Family Services on-call worker may give verbal consent and  
3820 permission for the out-of-home caregiver to sign consent. The out-of-  
3821 home caregiver is to inform the caseworker of the emergency as well as  
3822 who signed consent (Child and Family Services on-call worker or out-of-  
3823 home caregiver), as soon as possible. The caseworker will inform the  
3824 child’s parents, Assistant Attorney General, Guardian ad Litem, and judge  
3825 about the emergency as soon as possible.
- 3826 e. In all cases, if it is necessary in an emergency for the out-of-home  
3827 caregiver to sign consent for major medical, surgical, or psychiatric  
3828 treatment, the out-of-home caregiver will only sign consent after receiving  
3829 verbal consent from the primary caseworker or the Child and Family  
3830 Services on-call worker. The primary caseworker will then have the  
3831 responsibility to inform the child’s parents, the Assistant Attorney  
3832 General, Guardian ad Litem, and judge as soon as possible.
- 3833 6. If a child in out-of-home care has been recommended to participate in any  
3834 research trials or protocols, the caseworker will refer to Administrative Guidelines  
3835 [Section 080.7](#) for the correct protocol.  
3836

### 303.6 Specific Medical Services

Major objectives:

When children in foster care have specific medical needs such as substance abuse, HIV (Human Immunodeficiency Virus) or STI (Sexually Transmitted Infections) testing, family planning including birth control methods, sex education, prenatal care, pregnancy, education on caring for a child, abortion, and life sustaining medical treatment, Child and Family Services will ensure that these needs are met.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

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## Practice Guidelines

### A. Substance Abuse Interventions:

1. The Child and Family Services caseworker may refer the child for a one-time drug test if there is “reasonable belief” that the foster child is using inappropriate or illegal substances. The Child and Family Services caseworker will refer the child for a substance abuse treatment assessment if the child is not already involved in substance abuse treatment.
2. When referring the child for a substance abuse assessment or drug test, the caseworker should consult with the child’s health care provider to ensure that the cause for concern is not being caused by another medical or mental health diagnosis.
3. If substance abuse treatment is recommended, the caseworker will ensure that treatment recommendations are followed and will amend the Child and Family Plan to include this treatment.
4. The drug testing may not be continued on a regular or random basis without a court order.
5. A drug test should never be used as punishment.
6. An out-of-home caregiver must request the caseworker’s permission prior to taking a child for drug testing.
7. The results of all substance abuse assessments and drug tests will be kept confidential.

### B. HIV, STIs, and other Communicable Diseases: When the caseworker has “reasonable belief” that a foster child may be infected with HIV, STI, or another communicable disease, the caseworker will immediately consult with the child’s health care provider and seek the necessary medical testing and medical treatment.

1. The Child and Family Services caseworker will ensure the confidentiality of the medical testing results. Random HIV or STI testing is prohibited.
2. Standards for consultation with a health care provider to determine for HIV or STI testing:
  - a. An infant born to a mother with unknown risk and serological status.
  - b. The child has a history of risky behaviors, symptoms, or physical findings that suggest HIV, STI, or another communicable disease such as:
    - (1) Unprotected sexual contact;
    - (2) Multiple sexual partners;
    - (3) IV drug use .
  - c. The child has symptoms or physical findings as determined by health care providers that may suggest HIV, STI, or another communicable disease.
  - d. The child has a parent or sibling who is HIV-infected or has a STI or communicable disease and is at an increased risk of HIV, STI, or another communicable disease infection.
  - e. The child has a current or past sexual partner who is HIV-infected, has an STI or another communicable disease, or is at increased risk for HIV, STI, or other communicable disease infection.
  - f. The child has a history of sexual abuse or a history of STI.

- 3894 3. Standards for minors taken into custody for committing a sexual offense:  
3895 a. HIV testing may be conducted on a minor who is taken into custody after  
3896 having been adjudicated to have violated state law prohibiting a sexual  
3897 offense under Title 76, Chapter 5, Part 4, Sexual Offenses, upon the  
3898 request of the victim or the parent or guardian of a minor victim.  
3899 b. HIV tests may not be performed on a sexual offender younger than 14  
3900 years of age without the consent of the court. [*See*: Utah Code Ann. [§80-](#)  
3901 [6-608.](#)]
- 3902 4. If testing is indicated or recommended by a health care professional, the Child and  
3903 Family Services caseworker will consent and sign for the testing. An out-of-  
3904 home caregiver is not allowed to sign for HIV testing unless recommended by a  
3905 health care provider.
- 3906 5. If the out-of-home caseworker cannot provide written consent, consent will be  
3907 given by the caseworker’s supervisor or other Child and Family Services  
3908 administrator that has knowledge of the child’s medical history.
- 3909 6. When the caseworker becomes aware of an HIV, STI, or other communicable  
3910 disease infected foster child, the out-of-home caregiver will be informed. It will  
3911 be the caregiver’s responsibility to receive appropriate education from a health  
3912 care provider or the local health department. The Child and Family Services  
3913 caseworker should amend the Child and Family Plan to include the following:  
3914 a. Measures needed to protect the child, siblings, foster family, and other  
3915 contacts they may have.  
3916 b. Education for the out-of-home caregiver on care of a child with HIV, STI,  
3917 or another communicable disease.
- 3918 7. The Child and Family Services caseworker and out-of-home caregiver will not  
3919 disclose information regarding the child’s HIV, STI, or other communicable  
3920 disease testing or treatment to any third party other than the child’s medical or  
3921 dental provider if the HIV test is positive.  
3922
- 3923 C. Family Planning [*see*: Utah Code Ann. [§76-7-322](#), [§76-7-323](#), [§76-7-324](#), and [§76-7-](#)  
3924 [325](#)]:
- 3925 1. All persons caring for children in the custody of Child and Family Services will  
3926 follow the general Practice Guidelines and established Utah Codes when dealing  
3927 with issues of family planning. These codes state that, “no agency of the state or  
3928 its political subdivisions will approve any application for funds of the state or its  
3929 political subdivisions to support, directly or indirectly, any organization or health  
3930 care provider that provides contraceptive or abortion services to an unmarried  
3931 minor without the prior written consent of the minor’s parent or guardian.”
- 3932 2. Utah Code also states that in the area of sex education, “instruction will stress  
3933 importance of abstinence from all sexual activity before marriage and fidelity  
3934 after marriage as methods for preventing certain communicable diseases.” This  
3935 education is applicable to grades 8 through 12. Child and Family Services  
3936 provides sex education through its Independent Living, Basic Life Skills Class.
- 3937 3. Where the issues of prenatal care and caring for a child is concerned, the Child  
3938 and Family Services caseworker has many community resources to link the client

- 3939 with in order to receive this education. [See: [Section 306.1](#), Foster Youth  
3940 Pregnancy.]
- 3941 4. Caseworkers will not offer personal information or opinions to the client on  
3942 family planning, birth control, sexual activity, or personal choice where any of  
3943 these matters are concerned. The caseworker will refer the client to the  
3944 appropriate community agency to receive education and information on family  
3945 planning.
- 3946 5. For certain types of birth control, Medicaid will cover the costs.
- 3947 6. An out-of-home caregiver or caseworker cannot force a child to get on birth  
3948 control, but should encourage a youth who is sexually active to receive the proper  
3949 education about their choices.

3950

3951 D. Pregnancy of Youth in Out-of-Home Care:

- 3952 1. Verify the pregnancy.
- 3953 2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.
- 3954 3. Coordinate a Child and Family Team Meeting to develop a plan to support and  
3955 counsel the youth in all possible options. The Child and Family Team will:
- 3956 a. Develop a plan regarding prenatal appointments and the birth of the baby.
- 3957 b. Collect and provide a list of community programs (such as “Baby Your  
3958 Baby”) for information and resources.
- 3959 c. Arrange for the youth to seek counseling to allow her the opportunity to  
3960 explore options such as adoption, parenting the child herself, or other  
3961 alternatives.
- 3962 d. Encourage the youth to remain in school. If the youth is unable to remain  
3963 in a regular school program, assist her in enrolling in an alternative school  
3964 program.
- 3965 e. If appropriate, contact a teen home/teen mom program as a potential  
3966 placement or for resources, review placement needs for possible teen  
3967 mother programs (refer to services to child, placement requirements, youth  
3968 in Out-of-Home Care with children).
- 3969 4. Notify the region eligibility caseworker of the pregnancy so that the unborn child  
3970 can be added to the youth’s Medicaid card, if eligible.

- 3971
- 3972 E. Abortion: A minor can choose whether to seek consent from a parent or guardian or to  
3973 bypass that consent and try to get a court order. In addition, a minor is not required to  
3974 seek or obtain parental or guardian consent if the minor is pregnant as a result of incest to  
3975 which the parent or guardian was a party; or the parent or guardian has abused the minor.

3976

3977 If the youth is pregnant and requests an abortion, the caseworker will do the following:

- 3978 1. Seek legal guidance from the AAG to understand the current law.
- 3979 2. May convene a Child and Family Team Meeting once Child and Family Services  
3980 has determined whether the parents abused the minor and whether the pregnancy  
3981 is a result of incest, and to discuss the minor’s request with the minor’s health  
3982 care provider, Guardian ad Litem, and therapist.

- 3983 3. The minor’s parent or guardian will not be invited or notified to attend the Child  
3984 and Family Team Meeting if the following circumstances described in Utah Code  
3985 Ann. [§76-7-304](#) exist:
- 3986 a. the minor is pregnant as a result of incest to which the parent or guardian  
3987 was a party;
- 3988 b. the parent or guardian has abused the minor; or
- 3989 c. the minor wants to bypass parental consent and seek a court order.
- 3990 4. The caseworker will not provide counseling or health information, or give consent  
3991 to an abortion without a court order. However, the caseworker will assist in  
3992 arranging these services.
- 3993 5. Child and Family Services will not make any payments for an abortion.
- 3994 6. The out-of-home caregivers are not authorized to make any decisions or provide  
3995 consent to an abortion procedure for a child in out-of-home care.
- 3996 7. If the abortion meets the standards of state law, the procedure can only be  
3997 reimbursed by Medicaid. It is the responsibility of the health care provider to  
3998 counsel the minor concerning all aspects of pregnancy and the decision to have or  
3999 not to have an abortion.
- 4000 8. In addition to the other requirements of this statute, a physician may not perform  
4001 an abortion on a minor unless:
- 4002 a. the physician obtains the informed written consent of a parent or guardian  
4003 of the minor, in accordance with Utah Code Ann. [§76-7-305](#) and [§76-7-  
4004 305.5](#);
- 4005 b. the minor is granted the right, by court order, to consent to the abortion  
4006 without obtaining consent from a parent or guardian; or
- 4007 c. a medical condition exists that, on the basis of the physician's good faith  
4008 clinical judgment, so complicates the medical condition of a pregnant  
4009 minor as to necessitate the abortion of her pregnancy to avert:
- 4010 (i) the minor's death; or
- 4011 (ii) a serious risk of substantial and irreversible impairment of a major  
4012 bodily function of the minor, and there is not sufficient time to  
4013 obtain the consent in the manner chosen by the minor before it is  
4014 necessary to terminate the minor's pregnancy in order to avert the  
4015 minor's death or impairment.
- 4016 d. A minor who wants to have an abortion may choose to seek:
- 4017 (i) consent from the minor's parent or guardian; or
- 4018 (ii) a court order.
- 4019 e. The statute does not require the minor to seek or obtain consent from the  
4020 minor's parent or guardian if the circumstances described in Utah Code  
4021 Ann. [§76-7-304](#) exist.
- 4022 f. If a minor does not obtain the consent of the minor's parent or guardian,  
4023 the minor may file a petition with the juvenile court to obtain a court  
4024 order.
- 4025
- 4026 F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home  
4027 Care is Terminally Ill: Upon the recommendations of the primary care provider and/or  
4028 health care professional, and after a Child and Family Team meeting, a caseworker may

- 4029 only consent to withholding or withdrawing any LSMT interventions with consent from  
4030 the child's parent(s), with residual rights, and consent from the Guardian ad Litem, or  
4031 when a court order has been issued for withholding or withdrawing medical  
4032 interventions. LSMT includes all medical interventions that can be utilized to prolong  
4033 the life of the patient: Removal from life support, do not resuscitate orders, CPR,  
4034 mechanical ventilation, and therapeutic drugs.
- 4035 1. When a child has been diagnosed by the child's physician and documented in the  
4036 child's medical records, and the child's physician or health care provider has  
4037 recommended or is recommending forgoing LSMT, the caseworker will  
4038 coordinate a Child and Family Team Meeting to devise a plan of action.
  - 4039 2. The parent(s) or immediate family members should make any decision regarding  
4040 whether or not to donate organs. Child and Family Services will not make  
4041 decisions regarding organ donation.
  - 4042 3. Foregoing LSMT can occur even when homicide charges are pending, if there is  
4043 sufficient medical evidence that the child is brain dead. The child's caseworker  
4044 should inform the police of the decision to forego LSMT.
  - 4045 4. The decision to forego LSMT can be changed by the legal guardian of the child  
4046 and should be reviewed when medical assessments suggest an improved  
4047 prognosis for the child.
  - 4048 5. If the child has two legal parents both must agree to forgo LSMT.
  - 4049 6. The Guardian ad Litem may not make the final decision to forgo LSMT unless:  
4050 (a) the child has no other legal guardian; and (b) the Guardian ad Litem has  
4051 specific authorization from the court to forgo LSMT.
  - 4052 7. The child's caseworker will formulate or amend the child's service plan to include  
4053 the following, if needed:
    - 4054 a. Education for the family in regards to grief and loss issues.
    - 4055 b. Arrangements for funeral service.
    - 4056 c. Autopsy, medical evaluation, or fatality review as needed.
    - 4057 d. Out-of-home caregivers, legal parent, sibling, and religious support.
  - 4058 8. The caseworker should request a copy of the child's medical records including the  
4059 documented decision reached to forgo LSMT for the child.  
4060

## 303.7 Transition to Adult Living

### Major objectives:

“Youth who exit out-of-home care will live successfully as adults” is the vision of Child and Family Services. Youth will be able to build and maintain healthy relationships. Permanent relationships are paramount in achieving success for youth. Transition to Adult Living (TAL) services will be provided to youth 14 years and older to meet the challenges of transitioning to adulthood in accordance with Federal Chafee Foster Care Independence Program requirements [42 USC 677 (b)(2)].

TAL services are to be provided to all youth in Child and Family Services custody who are 14 years and older in accordance to an assessment of their individual strengths and needs. Youth will be offered TAL services regardless of permanency goal.

### **Applicable Law**

TAL services, which includes the Education and Training Voucher Program (ETV), is authorized by the John H. Chafee Foster Care Independence Program, 42 USC 677 (1999), incorporated by reference.

The National Youth in Transition Database (NYTD) is authorized by Public Law 106-16 9 section 477 of the John H. Chafee Foster Care Independence Program. The NYTD law requires states to collect information on transition to adult living services paid for or provided by the state agency. Additionally, it requires states to survey a sample of youth in foster care at age 17 regarding their status and then to survey them again at 19 and 21 regarding their outcomes at those ages. The data collected is then de-identified and transmitted to the Children’s Bureau twice per year.

Utah Administrative [Rule 512-305](#), Out of Home Services, Transition to Adult Living Services provides a detailed overview.

Utah Administrative [Rule 512-306](#), Transition to Adult Living Services, Education and Training Voucher Program provides a detailed overview.

### Practice Guidelines

TAL services are implemented with all youth age 14 years and older in the custody of Child and Family Services as a way to prepare the youth with the skills necessary to transition to adulthood. It is also possible to provide TAL services to other youth that are involved with Child and Family Services but may not be in custody. This includes youth being served through In-Home Services. However, youth receiving In-Home Services are not eligible to receive funds through the John H. Chafee Foster Care Independence Program. TAL services build on the youth’s individual strengths and assists the youth to develop personal assets in order to help them acquire the motivation and the means to be successful throughout their lives.

TAL services are not to be used as a substitute for Permanency Planning (see Practice Guidelines [Section 301.2](#) Identifying Permanency Goals and Concurrent Planning, and Practice Guidelines

4106 [Section 302.1](#) Child and Family Plan). Child and Family Services has an obligation to focus on  
4107 attaining permanency for youth through reunification with their family, adoption, or  
4108 guardianship while also assisting in the youth’s development of age appropriate skills that will  
4109 facilitate the transition from adolescence to adulthood. Permanency planning, which includes  
4110 helping the youth find and make enduring connections, should be a primary concern of the  
4111 caseworker.

4112  
4113 TAL services are provided in addition to permanency planning, and are meant to help expand the  
4114 youth’s supports and services to include the Child and Family Team’s innovative approaches that  
4115 help prepare youth for adult responsibilities. TAL services help the youth gain the knowledge  
4116 they need to become invested in their future and help the youth to understand the array of  
4117 supports and services available to assist them in making a smooth transition to adulthood.

4118  
4119 TAL is a continuum of services that generally begin while youth are in care and continue after  
4120 the youth exits care. While in care youth prepare for self-sufficiency and begin to operationalize  
4121 the skills they have been learning. After youth exit care, DCFS provides resources that support  
4122 youth in the areas of information and referral, personal support during transition, help  
4123 establishing and maintaining personal living arrangements, providing peer-support opportunities,  
4124 and temporary financial assistance.

4125  
4126 Each region will provide leadership opportunities for youth participating in the TAL program.  
4127 Regional Youth Advisory Councils will be an avenue that provides training and skills  
4128 development for youth in care to ensure that they learn self-determination and self-advocacy  
4129 skills. The regional councils will provide an opportunity for youth to evaluate and examine the  
4130 implementation and impact of its regional programs and services. The regional councils will  
4131 provide youth representation for the State Youth Advisory Council. As representatives, youth  
4132 can be the voice between the system and foster care youth by educating, supporting, and  
4133 advocating for change. Councils are an avenue that should empower youth in providing input  
4134 into the policies and procedures for out-of-home care; to provide meaningful leadership training  
4135 and experiences for Council members; and to empower Council members who, in turn, can  
4136 empower children who have experienced out-of-home care.

4137  
4138 Child and Family Team/Caseworker Responsibility – Caseworkers will follow the guidelines  
4139 found in [Section 301.1](#) when developing the Child and Family Team. Preparing youth for a  
4140 successful transition to adulthood is a team effort. The Child and Family Team must consider  
4141 the youth’s goals and the youth must be a contributing member of the Child and Family Team.  
4142 Working with the Child and Family Team to develop resources and promote the youth’s  
4143 successes is critical. For all youth being offered TAL services, the Child and Family Plan must  
4144 reflect the focus areas that are being targeted for youth.

### 4145 303.7.1 Transition to Adult Living Services

4146 TAL services are provided to youth ages 14 years and older until the youth is released from  
4147 custody. These services are for youth who are currently in an out-of-home placement and are  
4148 also sometimes offered to other youth who are involved with Child and Family Services but are  
4149 not in out-of-home care. Chafee-funded services are only available to youth who have been in  
4150 out-of-home care after the age of 14 years.  
4151



4152

4153 The TAL portion of the Child and Family Plan must be finalized in SAFE for all youth age 14  
4154 years and over in Child and Family Services custody. TAL UFACET is an assessment that is  
4155 completed by the youth as well as members of the Child and Family Team. The TAL UFACET  
4156 helps identify the domains the youth needs to concentrate on as the youth transitions to  
4157 adulthood. The results of the TAL UFACET are used to assist the caseworker and the Child and  
4158 Family Team in planning for the services the youth needs and are incorporated into the TAL  
4159 focus areas of the Child and Family Plan. These TAL focus areas are:

4160

4161 A. Work/Career Planning and Education:

4162 TAL UFACET NYTD

4163 Service Areas: Academic Support, Post-Secondary Educational Supports, Career  
4164 Preparation

4165

4166 Includes the following skills and services: making short and long term employment,  
4167 vocational, and/or educational goals including goals for post-secondary education);  
4168 decision making skills; study habits and skills; searching for and maintaining  
4169 employment; applying for a job; creating a resume; completing a job application;  
4170 interviewing for a job and following-up; job shadowing and/or coaching; receiving job  
4171 referrals; using career resource libraries; understanding basic workplace technology;  
4172 understanding employee wages, benefits, and rights; knowing how to change jobs;  
4173 knowing the rights and protections in place for employees; appropriate communication  
4174 skills and other workplace values (timeliness and appearance, etc.); understanding  
4175 authority and customer relationships; academic supports and counseling; preparation for a  
4176 GED, including assistance in applying for or studying for a GED exam; test preparation  
4177 for SAT or ACT; tutoring; help with homework; literacy training; help accessing  
4178 educational resources; counseling about college; information about financial aid and  
4179 scholarships; help completing college or loan applications; or tutoring while in college.

4180

4181 B. Housing & Money Management:

4182 TAL UFACET Domain: Housing & Money Management

4183 NYTD Service Areas: Budget & Financial Management, Housing Education / Home  
4184 Management Training

4185

4186 Includes the following skills and services: finding and maintaining appropriate housing;  
4187 filling out a rental application and acquiring a lease; handling security deposits and  
4188 utilities; understanding tenants' rights and responsibilities; handling landlord complaints;  
4189 transportation issues; accessing community resources; healthy beliefs about money;  
4190 understanding the benefits of saving; understanding income tax and preparing tax forms;  
4191 understanding banking and credit; how to create a budgeting/spending plan; opening and  
4192 using a checking and savings account; balancing a checkbook; developing consumer  
4193 awareness and smart shopping skills; accessing information about credit, loans and taxes;  
4194 and how income effects spending.

4195

4196 C. Home Life/Daily Living:

4197 TAL UFACET Domains: Daily Living

- 4198 NYTD Service Areas: Housing Education / Home Management Training  
4199  
4200 Includes the following skills and services: meal and menu planning; grocery shopping;  
4201 home clean up and storage; home management; home safety; legal issues; properly using  
4202 kitchen equipment and other home appliances; proper clothing care; basic home  
4203 maintenance and repairs; how to handle emergency situations; keeping a healthy and safe  
4204 home; safe and proper food preparation; laundry; housekeeping; and living cooperatively.  
4205  
4206 D. Self-Care/Health Education:  
4207 TAL UFACET Domain: Self Care  
4208 NYTD Service Areas: Health Education / Risk Prevention  
4209  
4210 Includes the following skills and services: personal hygiene; nutrition; health, dental, and  
4211 mental health issues; understanding the effects and consequences of alcohol, drug, and  
4212 tobacco use; substance avoidance and intervention; understanding issues regarding  
4213 sexuality; pregnancy prevention and family planning; education regarding HIV, AIDS,  
4214 and other sexually transmitted diseases, including their prevention; fitness and exercise;  
4215 basic first aid; and medical and dental care benefits and insurance.  
4216  
4217 E. Communication/Social Relationships/Family & Marriage:  
4218 TAL UFACET Domains: Communication and Relationships; Permanency  
4219 NYTD Service Areas: Family Support / Health Marriage Education  
4220  
4221 Includes the following skills and services: developing self-esteem; knowing and  
4222 understanding personal strengths and needs; understanding the benefits of ethical, caring,  
4223 respectful behavior; clearly communicating in different settings; safely using electronic  
4224 communication; being appropriately assertive; anger management; conflict management  
4225 and resolution; developing and using a support system; maintaining appropriate and  
4226 healthy friendships and relationships; having cultural awareness; appropriate etiquette;  
4227 parenting and marriage issues; childcare skills; teen parenting; responsible fatherhood;  
4228 domestic and family violence prevention; and proper social communication.  
4229  
4230 303.7.2 Process for Providing TAL Services  
4231 A. TAL Assessment and Plan:  
4232 1. The caseworker ensures that the youth and caregiver will complete an assessment,  
4233 utilizing the TAL UFACET, to identify the strengths and needs of youth who  
4234 reach the age for TAL services. This assessment should be incorporated into the  
4235 youth’s plan and is part of the Child and Family Assessment. This assessment  
4236 will be reviewed and updated in the Child and Family Team Meeting. The  
4237 caseworker may invite a TAL caseworker or the regional TAL coordinator to be  
4238 part of the assessment process and Child and Family Team.  
4239 2. Foster youth need opportunities to participate in decisions about their lives and to  
4240 be active members of the team of caring adults who help develop the youth’s TAL  
4241 plan. The Child and Family Team works in collaboration with the youth at age 14  
4242 following [Section 301.1](#). Once a youth turns 16 years old and when

- 4243 developmentally appropriate, the Child and Family Team is led and facilitated by  
4244 the youth with support and guidance of the Child and Family Team.
- 4245 3. The Child and Family Team uses the results of the TAL UFACET to develop with  
4246 the youth a plan for skills development that will be incorporated on the TAL  
4247 portion of the Child and Family Plan. The plan will be specific and  
4248 individualized for the youth according to their age and developmental level.  
4249 Services will also incorporate normal activities appropriate to the youth's age.  
4250 The TAL services identified for the youth will be incorporated into the Child and  
4251 Family Plan within 30 days of the youth's 14th birthday. When a youth 14 years  
4252 of age or older enters out-of-home care, the TAL UFACET will be completed by  
4253 the youth and the Child and Family Team within 90 days.
- 4254 4. The Child and Family Team and the youth will complete the TAL UFACET 45  
4255 days before or after the youth's birthday, beginning at age 14 and completed  
4256 annually.
- 4257 5. The Child and Family Team will place emphasis on completing educational goals  
4258 and discuss the availability of ETV funding when the youth meets eligibility  
4259 requirements.
- 4260 6. To prepare youth for their transition from out-of-home care, all youth will receive  
4261 a continuum of training and services as identified through the Child and Family  
4262 Team. These services will include classroom work, work in the foster home,  
4263 work in the school system, work with the therapist and in the mental health area,  
4264 building of supports, and connections to community-based resources and  
4265 programs.
- 4266 7. Any youth who turns 17 years old while in out-of-home care or enters care within  
4267 45 days following their 17th birthday will complete a survey for the National  
4268 Youth in Transition Database (NYTD).
- 4269 a. Thirty days prior to the youth's 17th birthday, the caseworker will receive  
4270 a prompt in SAFE notifying them that the survey will need to be  
4271 completed between the youth's 17th birthday and within 45 days  
4272 following the youth's 17th birthday.
- 4273 b. The caseworker must ensure that the youth completes the survey. The  
4274 caseworker must enter the survey into SAFE within 45 days following the  
4275 youth's 17th birthday. At this time the caseworker should inform the  
4276 youth that they will be surveyed at 19 and 21 years of age to gather  
4277 information regarding how they are doing and to keep Child and Family  
4278 Services informed of their contact information.
- 4279 c. The NYTD survey can be found on the Person tab in SAFE.
- 4280 8. The caseworker will ensure that contact information for the youth is kept updated  
4281 in SAFE annually while the youth is still in care. Contact information is  
4282 necessary as follow-up surveys will be administered to these youth at the age of  
4283 19 and 21 years. If the caseworker obtains updated contact information after the  
4284 youth leaves care this must also be updated in SAFE and should include:
- 4285 a. Phone number.
- 4286 b. Email.
- 4287 c. Social Media accounts.
- 4288 d. Connections that are connected to the youth.

4289 9. The Child and Family Plan will include all TAL services identified for the youth  
4290 age 14 years and older in custody. If a youth enters out-of-home care after their  
4291 14th birthday, services should be built upon annually as the team continues to  
4292 work toward permanency through reunification, guardianship, or adoption. The  
4293 continuum of training and services are identified by the Child and Family Team,  
4294 based upon the needs of the youth, and should include additional services. The  
4295 following services, dependent upon age and developmental level, will be offered,  
4296 but not limited to:

4297  
4298 **Age 14:**

- 4299 a. Re-visit family search for family connections.
- 4300 b. Explore significant safe and healthy relationships for youth such as family,  
4301 school counselor, family friend, neighbors, mentors, and others as  
4302 identified by the youth. This can be completed by using the “Permanency  
4303 Pact” with the youth. The Permanency Pact can be found here:  
4304 [https://www.fosterclub.com/sites/default/files/Permanency%20Pact\\_0.pdf](https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf)
- 4305 c. Initial completion of the TAL UFACET Assessment.
- 4306 d. Obtain a birth certificate.
- 4307 e. TAL plan will focus on skills needed based on results from the TAL  
4308 UFACET Assessment that are developmentally appropriate for the youth.
- 4309 f. If the youth is more than one year behind academically, make a referral to  
4310 the Workforce Innovation and Opportunity Act (WIOA) program for  
4311 services. Referral forms can be found here:  
4312 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).
- 4313 e. Review credit reports received from Credit Reporting Agency with the  
4314 youth to determine accuracy of report. If inaccurate, contact the State  
4315 Office to resolve any discrepancy.
- 4316 f. Begin Milestone workshops and review the Milestone Guideline with the  
4317 youth and region transitional coordinator.
- 4318 g. Review Permanency with youth.
- 4319 h. Update contacts in SAFE.
  - 4320 (1) Phone number.
  - 4321 (2) Email.
  - 4322 (3) Social Media accounts.
  - 4323 (4) Connections that are connected to the youth.

4324  
4325 **Age 15:**

- 4326 a. Re-visit family search for family connections.
- 4327 b. Explore significant safe and healthy relationships for youth such as family,  
4328 school counselor, family friend, neighbors, mentors, and others as  
4329 identified by the youth. This can be completed by using the “Permanency  
4330 Pact” with the youth. The Permanency Pact can be found here: [https://www.fosterclub.com/sites/default/files/Permanency%20Pact\\_0.pdf](https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf)
- 4331 c. TAL UFACET.
- 4332 d. TAL plan will focus on skills needed based on results from the TAL  
4333 UFACETs Assessment that are developmentally appropriate for the youth.  
4334

- 4335 i. Develop a plan for earning and saving money. Consider opening a  
4336 savings/checking account if there is an appropriate co-signer  
4337 identified.  
4338 ii. If the youth is more than one year behind academically, make  
4339 referral to the DWS WIOA program for services. Referral forms  
4340 can be found here: [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
4341 e. Review credit reports received from Credit Reporting Agency with the  
4342 youth to determine accuracy of report. If inaccurate, contact the State  
4343 Office to resolve any discrepancy.  
4344

## Age 16:

- 4346 a. Re-visit family search for family connections.  
4347 b. Explore significant safe and healthy relationships for youth such as family,  
4348 school counselor, family friend, neighbors, mentors, and others as  
4349 identified by youth. This can be completed by using the “Permanency  
4350 Pact” with the youth. The Permanency Pact can be found here:  
4351 [https://www.fosterclub.com/sites/default/files/Permanency%20Pact\\_0.pdf](https://www.fosterclub.com/sites/default/files/Permanency%20Pact_0.pdf)  
4352 At least five personal connections will be identified.  
4353 c. Be current with school credits and prepare for high school graduation, or  
4354 have an alternate plan in place for GED or vocational training.  
4355 d. Youth planning post-secondary education should be preparing for and  
4356 completing testing such as ACT, SAT, ASVAB, etc.  
4357 e. TAL UFACET Assessment.  
4358 f. Make a referral to the WIOA program for services for education and  
4359 employment supports. Youth may access job search resources available  
4360 through DWS. WIOA referral forms can be found here:  
4361 [https://jobs.utah.gov/services/360\\_3.pdf](https://jobs.utah.gov/services/360_3.pdf).  
4362 g. Explore employment opportunities and get a part-time job, if appropriate.  
4363 h. Sign up for and complete drivers’ education and receive driver license as  
4364 per [Section 303.14](#)  
4365 i. Obtain a state identification card if youth cannot get a driver license.  
4366 j. Youth begin to facilitate Child and Family Team Meetings per [Section](#)  
4367 [301.1](#).  
4368 k. Put name on waiting list at Housing Authority, if appropriate.  
4369 l. Review credit report received from Credit Reporting Agency with the  
4370 youth to determine accuracy of report. If inaccurate, contact the State  
4371 Office to resolve any discrepancy.  
4372 m. Review Permanency with child.  
4373 n. Update contacts in SAFE.  
4374 (1) Phone number.  
4375 (2) Email.  
4376 (3) Social Media accounts  
4377 (4) Connections that are connected to the youth.  
4378

## Age 17:

- 4379 a. Re-visit family search for family connections.  
4380

- 4381 b. Explore significant safe and healthy relationships for youth such as family,  
4382 school counselor, family friend, neighbors, mentors, and others as  
4383 identified by the youth.  
4384 c. Continue to be current with school credits and prepare to graduate or have  
4385 an alternate plan in place for GED or vocational training.  
4386 d. TAL UFACET Assessment.  
4387 e. Six months prior to 18th birthday, if a youth has not completed drivers'  
4388 education classes, they will receive the opportunity to enroll in a course.  
4389 It is the youth's responsibility to complete the course requirements  
4390 successfully. Youth must have the opportunity to obtain their driver  
4391 license prior to exiting care if it is developmentally appropriate.  
4392 f. Youth should begin making applications for school, training, Pell grants,  
4393 and ETV.  
4394 g. Refer youth to DWS for enrollment in WIOA during the semester they are  
4395 expected to complete their high school graduation requirements or GED.  
4396 This will pave the way for the youth to receive ETV to support their post-  
4397 secondary education goals or access WIOA Youth services for  
4398 employment supports. Referral for DWS WIOA/ETV can be found here:  
4399 <https://jobs.utah.gov/services/360-etv.pdf>, with instructions on how to  
4400 complete the WIOA form here: <https://jobs.utah.gov/services/360-etvi.pdf>.  
4401 h. Assist youth in making connections to a health provider and insure youth  
4402 are connected to their local mental health authority. Make sure the youth  
4403 are enrolled in their aftercare Medicaid program.  
4404 i. Review credit report received from Credit Reporting Agency with the  
4405 youth to determine accuracy of report. If inaccurate, contact the State  
4406 Office to resolve any discrepancy.  
4407 j. Review permanency with the youth.  
4408 k. Update contacts in SAFE.  
4409 (1) Phone number.  
4410 (2) Email.  
4411 (3) Social Media accounts.  
4412 (4) Connections that are connected to the youth.

### **Prior to Exiting:**

- 4414 a. The caseworker and the youth will convene a Child and Family Team  
4415 Meeting to develop a plan for transitioning the youth from state custody as  
4416 soon as the Child and Family Team determines the youth is exiting care.  
4417 The exit plan will include personal connections, continuing support  
4418 services, housing, health insurance, vocational and educational goals,  
4419 workforce supports, and employment. The Child and Family Team will  
4420 update this plan at least every 90 days until the youth is released from  
4421 custody.  
4422 (1) Refer youth to DWS for enrollment in WIOA Youth during the  
4423 semester they are expected to complete their high school  
4424 graduation requirements or GED. This will pave the way for the  
4425

- 4426 youth to receive ETV to support their post-secondary education  
4427 goals or access WIOA Youth services for employment supports.  
4428 b. The Child and Family Plan will be updated in SAFE to reflect the long-  
4429 term view with specific timeframes, objectives, and steps to be taken to  
4430 successfully transition the youth out of state custody.  
4431 c. Caseworkers are responsible for carrying out the following tasks to help  
4432 the youth prepare to exit out of foster care:  
4433 (1) Ensure that each youth meets with a nurse to learn skills of self-  
4434 management regarding their individualized health care needs,  
4435 medication management, and use of the Medicaid card and how to  
4436 access medical, dental, and mental health services. In addition, the  
4437 nurse will provide information and education about the importance  
4438 of having a health care power of attorney or health care proxy. If  
4439 desired, the nurse can provide the youth with assistance in  
4440 executing the document.  
4441 (2) Assist a youth who turns 18 years old while in foster care who is  
4442 receiving Medicaid to complete the Medicaid review and provide  
4443 necessary supporting documentation to the regional eligibility  
4444 caseworker so that Medicaid coverage can continue uninterrupted.  
4445 (3) Ensure that each youth has important documents, including an  
4446 official birth certificate, Social Security card, driver license or  
4447 other state-issued identification card, and “Proof of Foster Care  
4448 Status” letter (SAFE Form TAL02) that can be used to verify  
4449 eligibility for benefits such as Medicaid or FAFSA.  
4450 (4) If the youth is existing foster care by reason of having attained the  
4451 age of majority, give the youth a copy of the youth’s health and  
4452 education records at no cost.  
4453 (5) Explain services available to the youth after leaving care and help  
4454 ensure that the youth understands how to access these services.  
4455 Each youth should know about the Youth Services website  
4456 (<https://dcfs.utah.gov/services/youth-services/>) and how to find  
4457 contact information for the Transition to Adult Living  
4458 coordinators.  
4459 (6) Provide information to the youth on the National Youth in  
4460 Transition Data Base and incentives available to youth for  
4461 completing surveys after leaving care. This includes that we will  
4462 be surveying them at 19 and 21 years of age for the purposes of  
4463 seeing how they are doing and gathering information that may  
4464 assist us in improving outcomes for future foster children  
4465 transitioning to adulthood.  
4466 (7) Gather information from the youth on the best ways to keep in  
4467 touch with them. This could be through keeping their address and  
4468 phone number updated with Child and Family Services, identifying  
4469 social network sites used by the youth, and obtaining email  
4470 addresses. Update contact information in SAFE.

- 4471 e. If a youth is in care past their 18<sup>th</sup> birthday, caseworkers will assist the  
4472 youth in obtaining his or her free credit report by visiting the website  
4473 <https://www.annualcreditreport.com/cra/index.jsp>.  
4474 f. Caseworkers will assist youth in filling out all needed information  
4475 required by the Credit Reporting Agency (CRA) to obtain the credit  
4476 report.  
4477 g. If the returned credit report has fraudulent activity the following steps are  
4478 necessary to resolve the discrepancy:  
4479 (1) Assist the youth in contacting the CRA that issued the report.  
4480 Inform the CRA the accounts were created when the youth was a  
4481 minor.  
4482 (2) Assist the youth in contacting every company where an account is  
4483 fraudulently opened or misused. Explain the accounts were  
4484 established when the youth was a minor. Assist the youth in  
4485 asking the company to close the account. Assist the youth in  
4486 asking for a letter from the company stating the account is closed.  
4487 (3) If necessary, assist the youth in filing a report with the Federal  
4488 Trade Commission (FTC) by visiting [www.ftc.gov](http://www.ftc.gov) or calling 1-  
4489 877-IDTHEFT (1-877-438-4338). Print a copy of the report. This  
4490 is called an Identify Theft Affidavit.  
4491 (4) If necessary, assist the youth in filing a police report. Be sure to  
4492 include the Identity Theft Affidavit.  
4493 (5) Assist the youth in submitting copies of all of the information to  
4494 the CRA if necessary to resolve the discrepancy.  
4495 (6) Document in the SAFE activity logs that the report was requested  
4496 and received. Also document any steps that were taken to clear the  
4497 youth's credit if needed.  
4498 h. Any youth 18 years of age or older can refuse to participate in the process  
4499 of getting their credit report. This must be documented in the activity  
4500 logs.  
4501  
4502 B. Milestone Training: Each youth who turns 16 years old is eligible for the Milestone  
4503 Class offered through Child and Family Services. Individual caseworkers refer these  
4504 youth to regional TAL coordinators. The youth will be screened by the TAL coordinator,  
4505 upon the approval of the Child and Family Team, to assess for admission to the Milestone  
4506 Classes. TAL coordinators s may use Chafee funds to pay for dinner and/or refreshments  
4507 for the youth if the class is held for two or more hours.  
4508 1. The training that a youth can receive and that will be taught in the Milestone  
4509 Classes must include training in daily living skills, training in budgeting and  
4510 financial management skills, substance abuse prevention, and preventive health  
4511 activities (including smoking avoidance, nutrition education, and pregnancy  
4512 prevention). Based on the results from the TAL UFACET TOOL, the following  
4513 standards may be included, but not be limited to:  
4514 a. Participate in activities that help increase their self-awareness and values,  
4515 and use rational decision-making or problem-solving processes to set and  
4516 implement goals.



- 4517                    b.        Understand sources of income and the relationship between income and  
4518                                   career preparation and career decisions to reach financial goals.  
4519                    c.        Identify effective social skills including communication in interpersonal  
4520                                   relationships and ways to develop meaningful relationships for support,  
4521                                   resiliency, in the family unit, and for effective crisis planning.  
4522                    d.        Identify consumer rights and responsibilities, and identify effective  
4523                                   practices for purchasing consumer goods and services.  
4524                    e.        Understand the functions and purposes of responsible dating.  
4525                    f.        Discuss the purposes, uses, and costs of credit, insurance, and risk  
4526                                   management.  
4527                    g.        Identify the aspects and importance of marriage preparation, and identify  
4528                                   behaviors that strengthen marital and family relationships.  
4529                    h.        Understand taxes, saving, investing, and retirement planning.  
4530                    i.        Identify the various skills and responsibilities of parenting.  
4531                    j.        Understand rights and responsibilities associated with community living as  
4532                                   well as resources available in the community.  
4533                    k.        Understand and demonstrate skills needed for independent living. When  
4534                                   the class involves teaching meal preparation, the TAL coordinator may  
4535                                   use Chafee funds to purchase the food to be cooked in class.  
4536                    l.        Understand proper health and mental health awareness and maintenance.  
4537                                   Ensure that youth receiving TAL services and/or ETVs and those who are  
4538                                   aging out of out-of-home care have information and education about the  
4539                                   importance of having a health care power of attorney or health care proxy  
4540                                   and to provide the youth with the option to execute such a document.  
4541                    m.        Demonstrate basic technology skills and explain educational resources  
4542                                   available.
- 4543                    2.        Youth in out-of-home care who complete the Milestone Class will be entitled to  
4544                                   receive an incentive for participation in Milestone classes.    This is Code SIL.  
4545
- 4546    C.        Transitional Living Needs: Transitional Living Needs may be supported through  
4547                                   transitional support funds (TLN) and will be individualized to cover unique needs and  
4548                                   focus on short and long-term needs that will assist a youth to become a successful adult.  
4549                                   Funds will assist eligible youth in the following four areas: 1) Education, Training,  
4550                                   Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3)  
4551                                   Transportation; and 4) Housing. These funds are designed to work in conjunction with  
4552                                   the youth’s TAL plan. The definition of how these funds are used is broad in scope, and  
4553                                   is meant to assist youth in becoming successful adults. Examples of appropriate use of  
4554                                   these funds include, but are not limited to:
- 4555                    1.        Education, Training, Career Exploration – field trips, college visits, job uniforms,  
4556                                   work tools, incentives, graduation expenses, clothing for jobs, trainings, job  
4557                                   coaching, tutors, and ACT/SAT testing.  
4558                    2.        Physical, Mental Health, and Emotional Support – Pregnancy prevention  
4559                                   (excluding abortion), nutrition education, extracurricular classes, mentoring  
4560                                   expenses, preventative health activities, smoking cessation, physical fitness, and  
4561                                   family visits.

- 4562 3. Transportation – drivers’ education, driver license fees, bus passes, taxi fees,  
4563 reasonable automotive repairs, matching funds for car insurance paid for by a  
4564 youth, or participation with a youth in their purchase of a car up to \$1,000 based  
4565 on the region budget.
- 4566 4. Housing – risk sharing with landlords, deposits, household furnishings such as  
4567 linens, dishes, appliances, or supplies, and household repairs.  
4568

4569 **TLN funds may not be used for any costs that would normally be paid for as part of**  
4570 **the foster care maintenance payment, including room and board. This includes**  
4571 **costs for shelter and food such as rent, groceries, utilities, etc.** If emergency rent  
4572 payments are needed, process them using special needs funds.  
4573

4574 Youth who are in custody and over 14 years of age are eligible for these funds. Needs  
4575 are identified by the youth, caseworker, family team meetings, or the TAL coordinator.  
4576 A “Request for TLN Funds” is completed and turned in to the TAL coordinator for  
4577 approval. Transitional living needs are met through the TLN payment code.  
4578

4579 D. TAL Placement:

- 4580 1. A TAL placement may be used as an alternative to out-of-home care when it is  
4581 determined that such a placement is in the best interest of the youth. This  
4582 recommendation will be presented to the Child and Family Team, who will work  
4583 to ensure that this type of placement is appropriate and that the following are met:
  - 4584 a. The youth is at least 16 years of age.
  - 4585 b. The placement has been approved by the region director or designee.
  - 4586 c. An assessment has been completed by the caseworker and reviewed in the  
4587 Child and Family Team addressing the appropriateness of the placement,  
4588 taking into consideration the youth’s:
    - 4589 (1) Community and informal supports, including family and out-of-  
4590 home caregiver.
    - 4591 (2) Progress in educational and vocational pursuits.
    - 4592 (3) Medical condition.
    - 4593 (4) Demonstrated progress in TAL skills.
    - 4594 (5) History of substance abuse and risk of future use.
    - 4595 (6) Criminal record and risks posed to society.
    - 4596 (7) Mental health stability.
  - 4597 d. The youth should provide documentation that demonstrates an ability to  
4598 maintain stable employment. The youth has taken the housing life skills  
4599 classes and can demonstrate they understand what they need to gain and  
4600 maintain housing.
  - 4601 e. A referral to DWS has been made to begin preparation for employment or  
4602 educational services provided through the ETV program once eligible.
  - 4603 f. SAFE will need to be updated to identify the ILP placement.
- 4604 2. The appropriate types of living arrangements for youth in this situation include:
  - 4605 a. Living with kin.
  - 4606 b. Living with former out-of-home caregivers while paying rent.
  - 4607 c. Living in the community with roommates of the same sex.

- 4608 d. Living alone.
- 4609 e. Living in a group facility, YWCA, boarding house, or dorm.
- 4610 f. Living with an adult who has passed a background check or the placement
- 4611 was assessed and approved by the region director or designee.
- 4612 3. The caseworker and the youth will complete a contract outlining the
- 4613 responsibilities and expectations of such a placement, which may include:
- 4614 a. Contact with the caseworker.
- 4615 b. An emergency and safety plan.
- 4616 c. Plan for education and employment that includes follow-up with DWS.
- 4617 d. Plan for use of state funding and payments.
- 4618 e. Progress toward self-sufficiency.
- 4619 f. Staying within a budget.
- 4620 4. While in a TAL placement, the Child and Family Service caseworker will visit
- 4621 with the child a minimum of two times a month or otherwise as deemed
- 4622 appropriate by the Child and Family Team. The Child and Family Services
- 4623 caseworker will make arrangements for the TAL stipends to be paid to the youth
- 4624 and will mentor the youth to ensure that an account is established at a credit union
- 4625 or bank and that these funds are being used as required.
- 4626 5. In order for youth to receive payments, they must be opened as a provider. One-
- 4627 Time Payment (OTP) forms are used when paying for SIL, ILP (N), and TLN
- 4628 services. 520's will print and be sent on the 28th of every month for youth who
- 4629 are open as providers and who have an ILP placement open to them in SAFE.
- 4630
- 4631 E. Codes: The codes that are used for youth under age 18 in the TAL program are as
- 4632 follows:
- 4633 1. The case will remain open in SAFE as SCF.
- 4634 2. The ILP "D" payment code will be used when a youth is the same as the basic
- 4635 transitional living apartment. This payment is the same as the basic foster care
- 4636 rate relevant to the child's age. Funds are from the foster care budget. Eligibility
- 4637 code for this payment is FB.
- 4638 3. ILP "N" (need) is used to set up an apartment (i.e., gas/electric deposits, buying
- 4639 items to furnish apartment, etc.).
- 4640 4. The SIL payment code is used to pay for incentives for completing the Milestone
- 4641 Class and is a non-maintenance code. SIL may be used with any placement code.
- 4642 Eligibility code for this payment will be IL.
- 4643 5. The TLN payment code is used to pay for transitional support funds that will
- 4644 assist eligible youth in the following four areas: 1) Education, Training, Career
- 4645 Exploration; 2) Physical, Mental Health, and Emotional Support; 3)
- 4646 Transportation; and 4) Housing. These transitional support funds will be
- 4647 individualized to cover unique needs and will focus on short and long-term needs
- 4648 that will assist a youth to become a successful adult. (TNV is used if paying
- 4649 directly to a vendor, and TNC is used if being paid through Reliacard.)
- 4650

## 4651 303.7.4 Youth Who Exit Care

4652 Upon leaving state's custody, many youth struggle to make the transition to adulthood. Time-

4653 limited support may be provided to youth who meet the eligibility requirements and need

4654 temporary assistance. This assistance can be provided to youth who exit care through support,  
4655 financial aid, or Milestone Classes and is for housing, counseling, employment, education, and  
4656 other appropriate support and services to complement their own efforts to achieve self-  
4657 sufficiency and to assure that participants recognize and accept their personal responsibility for  
4658 preparing for and then making the transition from adolescence to adulthood.  
4659

4660 A. Assistance for Former Foster Youth

- 4661 1. Youth may receive services if they have exited care and are not yet 23 years old,  
4662 and the youth:
- 4663 a. Exited foster care at age 18, or
  - 4664 b. Adopted at age 16 years or older, or obtained legal guardianship.
- 4665 2. Payments can be made directly to the youth or to providers as needed. In order  
4666 for youth to receive payments, they must be opened as a provider. One-Time  
4667 Payment forms are used when paying for SIL, ILP (N), TLP, or TLR services.  
4668 520's will print and be sent every month to youth still in care who are open as  
4669 providers and have an ILP placement open in SAFE.
- 4670 3. Codes: The codes that are used for youth are as follows:
- 4671 a. The case will be opened in SAFE as CIS.
  - 4672 b. The payment code that will be used to make payments to this youth is TLP  
4673 for expenses other than room and board costs. **[(TLA is used if paying  
4674 directly to a vendor, and TLC is used if being paid through Reliacard.)]**
  - 4675 c. The payment code TLR will be used for rent or housing assistance or other  
4676 room and board costs. **[(TLV is used if paying directly to a vendor, and  
4677 TRC is used if being paid through Reliacard.)]**
  - 4678 d. All other means of support have been explored and are utilized in concert  
4679 with these payments and services.
  - 4680 e. There is a yearly maximum payment of \$5,000.
- 4681

4682 B. Education Training Vouchers Program (ETV): The purpose of ETV is to assist youth in  
4683 foster care or who have exited foster care to obtain further education to support the  
4684 transition to self-sufficiency in adulthood. ETV provides financial resources for  
4685 postsecondary education and vocational training necessary to obtain employment or to  
4686 support the individual's employment goals.

- 4687 1. A referral is made to the Department of Workforce Services (DWS) to enroll the  
4688 youth in the Utah WIOA (Work Force Innovative Opportunities Act). If the  
4689 referral is made within the semester that the youth will graduate from high school  
4690 or complete a GED, this allows ETV funding to be available once the youth  
4691 becomes eligible. Caseworkers and TAL coordinators, through Milestone  
4692 Classes and the use of the TAL plan, will work with the youth to develop a viable  
4693 plan for the youth to transition into adulthood through educational or employment  
4694 goals. Administrative Rule R512-306 gives a detailed description of the scope of  
4695 the ETV program.
- 4696 2. Eligibility for ETV funding is:
- 4697 a. Age requirements:
    - 4698 (1) An individual currently in foster care age 14-21, or

- 4699 (2) An individual who reached 18 years of age while in foster care, but
- 4700 has exited foster care and who has not yet attained 26 years of age,
- 4701 or
- 4702 (3) An individual adopted from foster care or obtained legal
- 4703 guardianship after attaining 16 years of age and who has not yet
- 4704 attained 26 years of age;
- 4705 b. Have an individual educational assessment and individual education plan
- 4706 completed by Child and Family Services or their designee;
- 4707 c. Submit a completed application for the ETV program;
- 4708 d. Be accepted to a qualified college, university, or vocational program;
- 4709 e. Apply for and accept available financial aid from other sources before
- 4710 obtaining funding from the ETV program;
- 4711 f. Enroll as a student in the college, university, or vocational program; and
- 4712 g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent
- 4713 as determined by the educational institution.
- 4714

## C. Human Trafficking Screening

- 4715 1. When working with a former foster youth, the caseworker should screen for risk
- 4716 of human trafficking. (See Definitions in Practice Guidelines Section 300.8.)
- 4717
- 4718 2. The caseworker should discuss items that are risks or indicators of human
- 4719 trafficking, particularly if the former foster youth has been homeless or financially
- 4720 vulnerable. For example, screening questions may include:
- 4721 “While you were homeless or otherwise in a vulnerable position:
- 4722 a. did someone control, supervisor, or monitor your work/actions?”
- 4723 b. could you leave your job or work situation if you want to?”
- 4724 c. was your communication ever restricted or monitored?”
- 4725 d. were you able to access medical care?”
- 4726 e. were you ever allowed to leave the place you were living/working?”
- 4727 f. under what conditions?”
- 4728 g. was your movement outside of your residence/workplace ever monitored
- 4729 or controlled?”
- 4730 h. what did you think would have happened if you left the situation?”
- 4731 i. was there ever a time when you wanted to leave, but felt that you could
- 4732 not?”
- 4733 j. what do you think would have happened if you left without telling
- 4734 anyone?”
- 4735 k. did you feel it was your only option to stay in the situation?”
- 4736 l. did anyone ever force you to do something physically or sexually that you
- 4737 didn’t feel comfortable doing?”
- 4738 m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,
- 4739 punched, burned, etc.) by anyone?”
- 4740 n. were you ever sexually abused (sexual assault/unwanted touching, rape,
- 4741 sexual exploitation, etc.) by anyone?”
- 4742 o. did anyone ever introduce you to or provide you with drugs, alcohol, or
- 4743 medications?”

- 4744 Resources: “Screening Tool for Victims of Human Trafficking,” U.S. Department  
4745 of Health and Human Services,  
4746 [http://www.justice.gov/usao/ian/htrt/health\\_screen\\_questions.pdf](http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf).  
4747 3. If the young adult reports that they may be victims of human trafficking, the  
4748 caseworker will assist them to access the appropriate resources to address their  
4749 needs. This may include:  
4750 a. Reporting to law enforcement that the young adult may be a victim of  
4751 human trafficking and assisting in the investigation.  
4752 b. Accessing the appropriate mental health care, preferably providing a  
4753 therapist that specializes in treating victims of human trafficking.  
4754 c. Provide the youth with information for the National Runaway Safeline to  
4755 call or live chat at 1-800-runaway or [www.1800runaway.org](http://www.1800runaway.org).  
4756 d. Identify a safe place for the youth to go if they run  
4757 ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).  
4758 e. Refer to <https://www.missingkids.org/> for information regarding missing  
4759 and exploited children.  
4760 f. Refer to 211 resources.  
4761

### 303.7a Youth Access To Technology

4762  
4763 Major objectives:

- 4764 A. Youth in Child and Family Services’ custody will be provided the opportunity to have  
4765 access to technology. This includes access to the internet, and Wi-Fi. This can also include  
4766 appropriate use of smart phones, tablets, and other wireless devices. For youth who do not  
4767 have access to technology in their placement, they will be offered opportunities to use  
4768 technology through use of publicly accessible computers in a public library, school, or other  
4769 locations.  
4770  
4771 B. Youth in Child and Family Services’ custody will not be restricted access to technology for  
4772 educational use such as accessing school postings of assignments, research, news,  
4773 information, and knowledge sources that may be related to homework assignments.  
4774  
4775 C. Use of technology is a privilege. Violations of this privilege may result in consequences  
4776 approved by the Child and Family Team and could include a loss of or limits to technology.  
4777  
4778  
4779

4780 Practice Guidelines

- 4781 A. Roles and Responsibilities:  
4782 1. Youth in the custody of Child and Family Services will be allowed (with  
4783 appropriate supervision) access to technology and will be taught to use it  
4784 responsibly.  
4785 2. Youth must be responsible for his or her own actions, online and otherwise, if the  
4786 youth is provided access to technology. This includes following all state and  
4787 federal laws governing the sharing of information.

- 4788 3. The Child and Family Team will develop, at a minimum, an understanding of the  
4789 benefits and challenges of technology most used by youth, including social  
4790 networks, email, and texting. This also includes internet safety and protecting  
4791 personal information.
- 4792 4. The Child and Family Team will designate a responsible and knowledgeable adult  
4793 to discuss internet safety with the youth and assess the youth's ability to use  
4794 technology in a responsible manner.
- 4795 5. The level of supervision for using technology is based on a youth's age, maturity,  
4796 and trustworthiness. Supervision of a youth's online use may fall to many  
4797 members of the Child and Family Team including teachers and caseworkers, and  
4798 primary responsibility rests with the out-of-home caregiver.
- 4799 6. Rules for a particular youth will not be based on the actions of another youth or  
4800 group of youth. Each youth is to be viewed as an individual and not barred from  
4801 technology based on the inappropriate actions of others.
- 4802 7. Caseworkers will check in with out-of-home caregivers and refer them to training  
4803 on internet safety if needed. Below are links to well-known authoritative guides  
4804 with advice for safety on the Internet:
- 4805 a. <http://www.microsoft.com/protect/parents/childsafety/age.aspx>  
4806 b. <http://www.safetynet.aap.org>  
4807 c. <http://www.wiredsafety.org>  
4808
- 4809 B. Internet Usage Agreement for Out-of-Home Caregivers:
- 4810 1. Out-of-home caregivers are encouraged to use a written technology usage  
4811 agreement with youth to establish safe boundaries for the use of the Internet. A  
4812 sample agreement is available at  
4813 <http://www.protectkids.com/parentsafety/pledge.htm>.
- 4814 2. A copy of the usage agreement will be kept in the Home-to-Home Book and be  
4815 accessible to the caseworker.  
4816
- 4817 C. Electronic Communication:
- 4818 1. Youth 14 years of age and older will be permitted to have an email address. This  
4819 will allow for completion of the Casey Life Skills Assessment and NYTD surveys  
4820 by the youth but is not limited to this purpose. If there is ever a concern about  
4821 safety, appropriate supervision needs to be implemented.
- 4822 2. Electronic communication sent to and received from a caseworker, TAL service  
4823 provider, GAL, CASA, or therapist is private and will only be read by the youth.
- 4824 3. An adult approved to screen the youth's private electronic communication needs  
4825 to be decided by the Child and Family Team. Youth in custody have a reasonable  
4826 expectation of privacy. In instances where there is reasonable cause to suspect  
4827 misuse or inappropriate activity, a youth's electronic communication will be  
4828 checked by the designated adult.
- 4829 4. Caseworkers will encourage youth who have a likelihood of being in care on their  
4830 17<sup>th</sup> birthday to share their email address with the caseworker so the caseworker  
4831 can post it in SAFE. This will allow for direct access to the youth for the NYTD  
4832 surveys.  
4833

- 4834 D. Social Networks:
- 4835 1. Youth who are involved in social networking sites (SNS) such as Facebook,
- 4836 Twitter, MySpace, etc. will be advised to set privacy settings to private or semi-
- 4837 private to protect against interaction with strangers.
- 4838 2. If there is ever a concern about safety, appropriate supervision needs to be
- 4839 implemented. Caregivers and caseworkers may make a condition of use of a
- 4840 social networking site to have the youth provide access to them, allowing access
- 4841 to view photos, messages, videos, and other activities.
- 4842 3. Caseworkers who connect with a youth through a social networking site must
- 4843 maintain professional boundaries.
- 4844

4845 **303.8 Placement Prevention/Disruption Fund (Special Needs**

4846 **Funding)**

4847 Major objectives:

4848 Child and Family Services will maintain a placement prevention/disruption fund for the purpose

4849 of assisting families in meeting immediate financial needs, when meeting those needs will

4850 directly contribute to the goal of maintaining children in their homes.

4851

4852

4853 **Applicable Law**

4854 Utah Code Ann. [§80-2-301](#). Division responsibilities.

4855

4856 Practice Guidelines

4857 Request for and approval of funding

4858

4859 These processes apply in both emergency and non-emergency situations. The nature of a need

4860 and the urgency of a request should be specified when a request is made.

4861

- 4862 A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an
- 4863 eligible service for the program.
- 4864
- 4865 B. The case manager completes the payment authorization form prescribed by Child and
- 4866 Family Services and obtains the supervisory approval.
- 4867
- 4868 C. The supervisor obtains approval from the program manager.
- 4869
- 4870 D. The program manager obtains approval from the region director or designee.
- 4871
- 4872 E. The program manager may issue a check directly to the vendor of services. Checks will
- 4873 not be issued to the family.
- 4874
- 4875 F. The program manager forwards a copy of the payment authorization to the Child and
- 4876 Family Services Finance Office.
- 4877



4878 G. The program manager will conduct a monthly reconciliation of the fund according to the  
4879 fiscal Practice Guidelines approved by the Child and Family Services Finance Office.  
4880

4881 Identifying need and eligibility for funding:  
4882

4883 A. Caseworkers may intervene when necessary to prevent removal or placement disruption  
4884 to provide “allowable” services when the cost does not exceed \$500.  
4885

4886 B. Child and Family Services will consider requests for fund expenditures defined as  
4887 “allowable.” Other expenses will be considered on an individual basis.  
4888

4889 C. “Allowable services” include the following:

- 4890 1. Rent.
- 4891 2. Housing deposit.
- 4892 3. Utility deposit.
- 4893 4. Utility bills.
- 4894 5. Automobile repairs.
- 4895 6. Gasoline.
- 4896 7. Food.
- 4897 8. Clothing.
- 4898 9. Child care supplies.
- 4899 10. Household supplies.
- 4900 11. Child day care.
- 4901 12. Homemaker services.
- 4902 13. Language interpreters.
- 4903 14. Psychotherapy for child and parents.
- 4904 15. Psychological testing/drug screening for child/parents.
- 4905 16. Educational fees.
- 4906 17. Doctor visits and/or prescription drugs.
- 4907 18. Transportation for educational or medical services.
- 4908 19. Special short-term counseling or treatment not otherwise available through  
4909 current contracts.

4910  
4911 Payment for other services must be approved by the region director prior to the  
4912 expenditure.  
4913

### 4914 Service Delivery Guidelines

4915 Generally, caseworkers will be expected to access current contracted sources for child and family  
4916 needs. When it is determined a need exists for a continuing service that is not available on  
4917 current Child and Family Services contracts, the caseworker and their supervisor will consult  
4918 with the regional contract specialist to develop the resource.  
4919

4920 A. Immediate need for supplies or services can be obtained by accessing the funding  
4921 available to the regions for the appropriations or activities listed below.  
4922

- 4923 B. When a contract is available for continuing needs, the source of funding for the contract  
4924 will be determined by the region director and the Administrative Services manager.  
4925
- 4926 C. Funding is available to regions for special needs payments from the identified funding  
4927 sources for the identified needs and activities:
- 4928 1. **KHD -- In home services**  
4929 **PIHS – In home services**  
4930 Can be used for any special need determined by the caseworker and/or the region  
4931 director to stabilize a family in their home or to eliminate the need for a child to  
4932 be brought into Child and Family Services custody.
- 4933 2. **KHH – Minor grants**  
4934 **PFPR – Family Reunification**  
4935 Can be used for special needs to assist in reunification of a child with parents and  
4936 to provide for child and/or family treatment needs.
- 4937 3. **PFPP – Family Preservation**  
4938 Can be used for special needs required to maintain the family structure and to  
4939 keep a child with their family.
- 4940 4. **KHL – Special Needs**  
4941 Can be used for funding for transportation, medical services not covered by  
4942 Medicaid, or any other needs not otherwise available through established  
4943 contracted sources for children in the custody of Child and Family Services.  
4944

### Data Collection and Fund Accounting Processes

- 4945
- 4946 A. Each region is responsible for obtaining service data and submitting monthly fiscal  
4947 information to the Child and Family Services Director of Finance. Service and financial  
4948 data must be submitted in the standard format approved by the Child and Family Services  
4949 Director of Finance.  
4950
- 4951 B. Each region will submit a plan for the system delivery of placement prevention/disruption  
4952 funds. The plan must be approved by the Child and Family Services Director of Finance.  
4953 The funds will be distributed through a special account based on a local population-  
4954 served formula. The funds will be disbursed through a special account with local warrant  
4955 capability.  
4956
- 4957 C. The Child and Family Services Director of Finance will oversee disbursement of the  
4958 funds.  
4959

### 303.9 Federal Benefits And Eligibility

Major objectives:

The caseworker will be responsible to identify and secure financial resources or benefits for which a child in the custody of Child and Family Services may qualify. This includes, but is not limited to, Title IV-E, Medicaid, Supplemental Security Income (SSI), Social Security (SSA), private health insurance, and tribal or private trust funds. These resources will be used to help support the child’s care before state general funds are used, to the extent allowable by law.

Child and Family Services will be responsible to determine Title IV-E eligibility for foster children in accordance with federal law and regulations and the state’s Title IV-A plan that was in effect on July 16, 1996, as specified in the Child and Family Services’ Title IV-E Eligibility Manual. The Division of Integrated Healthcare delegates responsibility to Child and Family Services to determine Medicaid eligibility for most foster children in accordance with established Medicaid major objectives.

The caseworker will be responsible to become payee for a foster child who receives SSI benefits as a result of the child’s own disability or SSA benefits from the death or disability of the child’s parent and to perform payee duties in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

The regional trust account custodian will be responsible to process and maintain client trust account records in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

A. Title IV-E and Medicaid Eligibility Determination.

1. An initial Title IV-E and Medicaid eligibility determination must be completed for every child in foster care by a Child and Family Services eligibility worker, and must be reviewed annually. An eligibility determination should also be completed for children removed from home for which medical services were provided while in protective custody, even if the child does not remain in custody after the shelter hearing.
2. Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E/Medicaid Information Form for Foster Child. Extension of the application time frame may be justified by circumstances outside of the caseworker’s control (such as delay in verification of citizenship from the INS, inability to locate parents to obtain income and asset information, or need for out-of-state birth certificate).

- 5004 3. The caseworker is responsible to ensure that the eligibility worker receives  
5005 necessary supporting documentation required to complete the application and  
5006 review process, such as warrant for removal, petition for removal, initial removal  
5007 court order and subsequent orders with “reasonable efforts to prevent removal” or  
5008 “reasonable efforts to finalize the permanency plan language,” verification of  
5009 parent income and assets, deprivation in removal home, and completed annual  
5010 review forms.
- 5011 4. The caseworker is responsible to notify the eligibility worker of changes that may  
5012 affect a child’s ongoing eligibility for Title IV-E or Medicaid benefits, such as  
5013 changes in placement, change in parental marital status or household composition  
5014 in the removal home, incarceration of a parent, increase in child income or assets  
5015 including amount in the child’s trust account for which the caseworker is payee,  
5016 runaway, return home, or trial home placement, and custody end.  
5017
- 5018 B. Title IV-E Benefits.
- 5019 1. When a child is determined “Title IV-E eligible,” the federal government will  
5020 reimburse a portion of the agency’s administrative and training costs applicable to  
5021 that child. When a child is also “Title IV-E reimbursable,” the federal  
5022 government will reimburse a portion of costs for foster care maintenance  
5023 payments while the child is placed in a qualified, licensed foster family home,  
5024 group home, or residential facility.
- 5025 2. Foster care maintenance payments for a child in foster care may cover the costs of  
5026 food, clothing, shelter, daily supervision, school supplies, a child’s personal  
5027 incidentals, liability insurance with respect to the child, and reasonable travel to  
5028 the child’s home for visitation with family or other caretakers. In the case of  
5029 group homes or residential facilities, it may also include the reasonable costs of  
5030 administration and operation required to provide for the normal maintenance  
5031 needs for the child.
- 5032 3. Foster care maintenance payments made on behalf of a youth placed in foster  
5033 care, who is the parent of a child in the same foster home or facility, may also  
5034 include supplemental funding to cover costs incurred on behalf of the foster  
5035 youth’s child who resides in the same placement. If the foster youth is Title IV-E  
5036 eligible and reimbursable, the child’s supplemental payment will come from Title  
5037 IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child’s  
5038 supplemental payment will come from state general funds or another allowable  
5039 funding source. The Child and Family Team must determine if it is in the best  
5040 interests of the foster youth to cover the child’s expenses with supplemental  
5041 maintenance payments and whether payments will be paid to the foster youth or  
5042 foster care provider. Supplemental funding for costs for the foster youth’s child  
5043 are paid for through the daily reimbursement code of BAB, which pays at the  
5044 basic foster care rate. This code is opened under the name of the foster youth  
5045 (mother). Any special needs costs required for the foster youth’s child are also  
5046 paid under the foster youth.
- 5047 4. Title IV-E funds will be utilized for allowable expenses for an eligible and  
5048 reimbursable foster child prior to state general funds or funds from other federal  
5049 grants when the child is placed in a qualified, licensed foster home, group home,

5050 or residential facility. Title IV-E claims will be reduced by revenue collected  
5051 from cost of care payments from a child’s trust account or from child support  
5052 collections.  
5053

5054 C. Medicaid Benefits and Coverage for Health Care Needs through Custody Medical  
5055 Program.

- 5056 1. The caseworker is responsible to notify the eligibility worker as soon as a child is  
5057 placed in protective custody so that the eligibility worker can ensure that the  
5058 child’s health care needs can be covered immediately.
- 5059 2. The eligibility worker will first determine if the child entered care with Medicaid  
5060 coverage. If so, documentation of Medicaid eligibility will be provided to the  
5061 caseworker and foster care provider to be taken with the foster child to any  
5062 medical, dental, or mental health appointments. If the child is not Medicaid  
5063 eligible, the eligibility worker will generate a Custody Medical Program to  
5064 establish a payment process for medical expenses through the Division of  
5065 Integrated Healthcare eligibility can be determined. Normally, the Custody  
5066 Medical Program will be authorized for 30 days. The eligibility worker will  
5067 provide documentation of Custody Medical eligibility, and this verification must  
5068 be taken with the foster child to any medical, dental, or mental health  
5069 appointments.
- 5070 3. The Medicaid State Plan specifies covered medical, dental, and mental health  
5071 services for children in foster care. In most areas of Utah, medical needs of a  
5072 foster child must be provided through a designated Health Maintenance  
5073 Organization (HMO). The caseworker must ensure that the foster care provider  
5074 understands the need to have the child’s medical services addressed by a provider  
5075 within the designated HMO and of the importance of taking the child’s health  
5076 history information to all health care appointments.
- 5077 4. If a Medicaid eligible child needs health care services not normally covered  
5078 through Medicaid, the foster care provider or caseworker should coordinate with  
5079 the regional fostering healthy children nurse to request a review through the  
5080 health care provider and Division of Integrated Healthcare, Health Program  
5081 Representative to see if the service can be covered through Medicaid under CHEC  
5082 (Utah’s version of the EPSDT program). Through CHEC, medical service needs  
5083 for children under the age of 21 years that have been diagnosed by a qualified  
5084 provider should be able to be covered by Medicaid.
- 5085 5. If it is not possible to get the needed non-Medicaid service covered under CHEC,  
5086 the regional fostering health children nurse will prepare a Prior Authorization for  
5087 the needed service. If the costs for the service will exceed \$500, the region  
5088 director must approve the Prior Authorization.
- 5089 6. If a foster child receives medical services that are not covered by Medicaid, or  
5090 that are provided outside of an HMO or without required pre-authorization, and  
5091 there is no Prior Authorization from the regional fostering health children nurse,  
5092 the caseworker is responsible to obtain region director authorization for the  
5093 expense. Either the eligibility worker may issue a Custody Medical Program or  
5094 the nurse may approve a Prior Authorization. This will be decided on a case-by-  
5095 case basis, as approved by the region director.

- 5096 7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a  
5097 child not meeting citizenship requirements, the eligibility worker will authorize a  
5098 Custody Medical Program for six months. The Custody Medical Program can be  
5099 extended for an additional six months, throughout the custody episode to ensure  
5100 continuous health care coverage. If a child loses Medicaid eligibility after  
5101 entering foster care, such as a child on a trial home placement, the regional  
5102 fostering healthy children nurse staff will prepare Prior Authorization for specific  
5103 medical needs if the child does not have another resource to cover the costs, such  
5104 as a client trust account or private health insurance.
- 5105 8. A child leaving a placement that receives a foster care maintenance payment, such  
5106 as a trial home placement, no longer qualifies for Foster Care Medicaid, but may  
5107 qualify for another Medicaid program. The Child and Family Team should plan  
5108 for coverage for the child’s health care needs prior to placement changes that  
5109 affect Medicaid eligibility, including communicating with the eligibility worker  
5110 early so that necessary information may be obtained from the parents to determine  
5111 ongoing eligibility for Medicaid and so that the case may be transferred to  
5112 eligibility staff in the Department of Workforce Services if the child’s eligibility  
5113 can continue.
- 5114
- 5115 D. DHHS has established a separation of duties between the Title IV-E/Medicaid program  
5116 manager and the Title IV-E/Medicaid Eligibility worker.
- 5117 1. The **DHHS eligibility supervisor/lead** (program manager) access has the authority  
5118 to approve and revoke eligibility worker access to both the SAFE & eREP. They  
5119 are responsible for reviewing weekly system audit reports. This includes the  
5120 Surname report, Trace report, and After Hours report which are accessed through  
5121 Cognos. They initiate incident response when inappropriate or unusual activity is  
5122 detected.
- 5123 **\*Surname Report –**
- 5124 The Surname Report is used to identify employees who work on customers' cases  
5125 with matching Surnames. Like all exception reports, this report is not necessarily  
5126 an indication of system or resource misuse; however, it can identify potential  
5127 problems or trends. The calculations made in this report consider the problem  
5128 arising from employees with more common last names, as well as those who  
5129 share uncommon last names. An eligibility specialist who shares a surname with  
5130 a customer of the case they own is excluded from being identified in this  
5131 exception report. Any team members sharing a surname with cases associated  
5132 with their teams are also excluded.
- 5133 **\*Trace Report – Team Content – Shared – ER-M-MP 105 eREP Trace Report**
- 5134 The Trace Report is used to track the activity of staff in eREP and to review  
5135 specific activity during any given time period.
- 5136 **\*After Hours Report – Team Content – Eligibility – Security/Exceptions – ER-M-MP**  
5137 **125 After Hours Report**
- 5138 The After Hours Report is used to identify eREP usage after normal business  
5139 hours. The report allows the user to prompt for a date range and show all users  
5140 that logged into eREP before 6:30 am, stayed logged into eREP after 6:30 pm on  
5141 normal business days, or logged into eREP on non-business days. Workers are

5142 ranked into low (1-4), medium (5-9), and high (10+) incident levels. Workers will  
5143 also be rated by their time in eREP: low (0-30 minutes), medium (31 minutes - 59  
5144 minutes), and high (1+ hours). This report is not necessarily an indication of  
5145 resource misuse; however, it can identify potential problems. The login time  
5146 shows either the beginning time logged in prior to the threshold or the first time  
5147 after hours the user changed screens in eREP. It does not necessarily indicate  
5148 actually logging in to eREP. Similarly, the log out time shows either the last  
5149 screen changes in eREP prior to the normal workday hours or the actual time the  
5150 user logged out at the end of the day.

5151 2. The **DHHS eligibility worker** access provides the ability to perform all functions  
5152 required to determine Title IV-E eligibility, Foster Care Medicaid, and Subsidized  
5153 Adoption Medicaid eligibility.

5154 3. The **SAFE Helpdesk staff** have CustomerDirectExtSysHelpDesk of “read only”  
5155 access to eREP for the purpose of managing the Customer Directory and  
5156 managing a workflow process to maintain interface functions between SAFE and  
5157 eREP.

5158

### 5159 E. Foster Children with SSI or SSA Income

5160 1. When a child enters foster care, the caseworker must ask the child’s parent or  
5161 caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result  
5162 of the child’s own disability. SSA may be received due to the death or disability  
5163 of the child’s parent.)

5164 2. The caseworker should also ask the parents about other sources of support  
5165 designated for the child that could assist with the child’s care such as Veteran’s  
5166 benefits, Railroad benefits, Indian Trust funds, insurance funds including health  
5167 insurance coverage, or other private trust funds.

5168 3. The caseworker is responsible to apply for benefits for a child who may qualify  
5169 but is not receiving them. If a child is disabled, application should be made for  
5170 SSI benefits. If a child’s parent is deceased or disabled, application should be  
5171 made for SSA-dependent child benefits. Application is made through the Social  
5172 Security Administration.

5173 4. The caseworker is responsible to apply for the DHHS to become representative  
5174 payee for a foster child receiving SSI or SSA benefits. Payee application forms  
5175 are available through the local Social Security Office and may also be available in  
5176 the local Child and Family Services office. The caseworker should also apply for  
5177 the Department to become payee for other regular benefit payments.

5178 5. If a foster child is receiving services from both the Division of Services for People  
5179 with Disabilities (DSPD) and the Division of Child and Family Services, the  
5180 Child and Family Services caseworker will apply for the DHHS to be the  
5181 representative payee for the child. The DSPD provider will not be the payee  
5182 (even though that is normal DSPD practice). In circumstances in which DSPD is  
5183 paying for the treatment portion of the placement through Medicaid, such as  
5184 under a Medicaid waiver, Child and Family Services must establish a process to  
5185 pay for room, board, and special needs costs to the DSPD provider. The standard  
5186 practice will be for the out-of-home caseworker to authorize the full SSI payment  
5187 to go to the DSPD provider. The DSPD provider will be required to use the

5188 child's SSI funds in accordance with DSPD major objectives for use of child's  
5189 SSI. The provider will document use of all funds in the Home-to-Home record,  
5190 which the caseworker will review quarterly. When the annual report to the Social  
5191 Security Administration is required to document use of the child's SSI, the  
5192 caseworker will obtain the information for the report from the DSPD provider. If  
5193 circumstances in which the out-of-home caseworker determines that it is not  
5194 appropriate to forward SSI funding to the DSPD provider, an individual provider  
5195 contract will be established to pay for room, board, and special needs. The  
5196 caseworker will then authorize Child and Family Services to be reimbursed for  
5197 cost of care payments from the child's trust account on a monthly basis.  
5198

5199 F. Caseworker Responsibility when Representative Payee for SSI or SSA Recipient

- 5200 1. The caseworker is responsible to provide the regional trust account custodian with  
5201 a written request to establish a new client trust account, on a form provided by the  
5202 custodian, and a copy of the letter of approval of benefits from the granting  
5203 agency, such as the Social Security Administration.
- 5204 2. The caseworker is responsible to oversee use of funds in the child's client trust  
5205 account and to request and authorize any payments made from the account on a  
5206 form provided by the custodian. Caseworkers may not request payments from a  
5207 child's client trust account exceeding the amount of funds available in the  
5208 account.
- 5209 3. The caseworker will follow Department client trust account major objectives and  
5210 Practice Guidelines and Child and Family Services fiscal client trust account  
5211 Practice Guidelines in requesting and authorizing payments from the trust  
5212 account.
- 5213 4. Funds from the account may be used only for the child's support while in Child  
5214 and Family Services custody and for the child's personal needs and incidentals.  
5215 The caseworker is responsible to request and authorize payments each month  
5216 using the following precedence: (1) SSI payment to DSPD provider, when  
5217 required; (2) payment for spend-down for Medicaid, if regional eligibility worker  
5218 had indicated it is required and the child's medical expenses are in excess of the  
5219 spend-down amount; or if spend-down is not justified and child is not Medicaid  
5220 eligible, payment for the child's medical expenses; (3) personal needs funds of  
5221 \$35, maintained in the account until needed; (4) payment for cost of care for costs  
5222 specified in fiscal client trust account Practice Guidelines; and (5) any remaining  
5223 funds to be maintained in the account for additional client needs allowable by the  
5224 funding source and recommended by the Child and Family Team. The region  
5225 director or designee will approve in advance any expense from a client trust  
5226 account exceeding \$500, other than payment for a DSPD provider, medical bill,  
5227 Medicaid spend-down, or cost of care payment.
- 5228 5. The caseworker is responsible to review the client's trust account monthly to  
5229 ensure that the balance stays within limits for federal benefits. The child loses  
5230 Medicaid eligibility for any month in which the balance exceeds \$2,000. When  
5231 Medicaid eligibility is lost, in addition to cost of care, any medical costs or other  
5232 special needs or incidentals for the child must be paid from the client trust account  
5233 until the balance is below \$2,000.



- 5234 6. If casework responsibility or court jurisdiction is being transferred for the foster  
5235 child, it is the responsibility of the sending office to ensure that the benefits are  
5236 transferred. A change of address for payee must be submitted to the appropriate  
5237 agency (e.g., Social Security Administration, Veteran’s Administration) notifying  
5238 the agency of the address to which future checks should be mailed. In addition,  
5239 funds and records from the existing account must be sent to the new region as  
5240 specified in fiscal client trust account Practice Guidelines.  
5241
- 5242 G. Trust Account Custodian Responsibility.
- 5243 1. The regional trust account custodian will open a new client trust account in the  
5244 Department Trust Accounting System when necessary documentation is received  
5245 from the caseworker.
- 5246 2. The custodian will maintain all trust account records and issue checks in  
5247 accordance with Department client trust account major objectives and Practice  
5248 Guidelines and Child and Family Services client trust account fiscal Practice  
5249 Guidelines.
- 5250 3. The custodian will provide a monthly report on each foster child’s client trust  
5251 account to the caseworker that is protective payee and to the eligibility worker.  
5252

5253 **303.10 Children In Foster Care Who Are Not U.S. Citizens**

5254 Major objectives:  
5255 Child and Family Services will seek to meet the support and health care needs of children in  
5256 foster care and state custody regardless of their citizenship status.  
5257

5258 **Applicable Law**

- 5259 A. The citizenship status of a child in foster care may affect the child’s eligibility for federal  
5260 benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.  
5261
- 5262 B. A child who is born outside of the United States (U.S.) to parents who are not U.S.  
5263 citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien  
5264 requirements in order to receive federal benefits.  
5265
- 5266 C. For certain immigration categories, a child must have lived in the U.S. for five years  
5267 before qualifying for Medicaid. Health care needs for a child with a five-year waiting  
5268 period for Medicaid must be covered through MI706 authorization until the five-year  
5269 requirement is met.  
5270
- 5271 D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who  
5272 entered the U.S. under an immigration category that does not meet qualified alien  
5273 requirements, or who entered this country as an undocumented immigrant cannot qualify  
5274 for federal benefits, including Medicaid, while in foster care or upon adoption, unless  
5275 lawfully admitted to this country under a qualified alien, lawful permanent resident  
5276 category.  
5277  
5278

- 5279 E. A child is a citizen if:  
5280 1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands,  
5281 Northern Mariana Islands, American Samoa, or Swain’s Islands.  
5282 2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S.  
5283 citizen.  
5284 3. A child is naturalized through the INS after an adoption, or who met qualified  
5285 alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent  
5286 after February 27, 2001.  
5287  
5288 F. U.S. citizenship can be verified by such records as a birth certificate, hospital records,  
5289 church records, or tribal records.  
5290

### Practice Guidelines

- 5291 A. Citizenship of the child is a factor that must be considered in the eligibility determination  
5292 process.  
5293  
5294 B. The caseworker is responsible to verify a foster child’s citizenship upon entry into foster  
5295 care.  
5296  
5297 C. The regional eligibility caseworker will verify if the child meets qualified alien  
5298 requirements based upon immigration documentation from Immigration and  
5299 Naturalization Services provided by the caseworker.  
5300  
5301 D. Health care needs must be covered through MI706 authorization for these children while  
5302 in foster care.  
5303  
5304 E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of  
5305 immigration documentation from the child’s parents or caretakers and to provide it to the  
5306 regional eligibility caseworker. The following information is needed:  
5307 1. Copy of both sides of INS Form I-94 (often called green card).  
5308 2. Documentation of date of entry into the U.S.  
5309  
5310 F. For issues pertaining to immigration other than verification of qualified alien status by  
5311 regional eligibility caseworkers, contact the Immigration and Naturalization Service.  
5312  
5313

### 303.11 Facilitating Out-Of-State Travel For A Foster Child

**Major objectives:**

During the time the child is in the custody of the state, Child and Family Services has limited authority to act for the child and provide approval for travel. Under some circumstances, Child and Family Services must obtain approval from the DHHS before the child travels.

Out-of-state travel is one such instance. Child and Family Services will support appropriate out-of-state travel for children in out-of-home placements with out-of-home caregivers for vacation, visiting relatives, or other social, enrichment, or extra-curricular activities.

Under some circumstances, Child and Family Services must obtain approval from the DHHS executive director or designee before the child travels (i.e., international travel with costs incurred to the state).

**Applicable Law**

Utah Code Ann. [§80-1-102](#). Juvenile Code definitions.

**Practice Guidelines**

- A. Every child in foster care traveling out of state or out of the country requires form F15 (Out of State Travel) to be completed and approved in advance. The caseworker will work with the regional travel coordinators to complete the form on behalf of the youth. Upon region director or the designee approval, the regional travel coordinator will submit the form and any backup documents to the state office for approval.
  - 1. The FI5 will be approved by the division director or assistant director as delegated and division budget officer for travel requests with costs incurred.
  - 2. The FI5 will be approved by the division director or assistant director as delegated for travel requests with zero costs.
  - 3. International travel of a client, with cost to the state, will also require the approval of the DHHS executive director or designee in addition to division-level approval.
  - 4. International travel of a client, with no cost to the state, does not require DHHS executive director or designee approval.
- B. When a child is visiting in another state, the caseworker will update the placement code to OSV (out-of-state visit). Out-of-state visits will last no longer than 30 days.
- C. The caseworker will inform the child’s parents, if parental rights are intact, that their child will be traveling out of the state. Parental permission is not required for the child to be able to travel.
- D. The out-of-home caregiver will take the child’s Medicaid card when taking the child out of state to ensure that any urgent medical needs can be met. The out-of-home caregiver should also take an adequate supply of any medications the child needs and the phone numbers for the child’s regular or primary care physician.

- 5359  
5360 E. The caseworker will inform the out-of-home caregiver that if the child has an emergency  
5361 medical need while outside of Utah, the out-of-home caregiver will obtain treatment  
5362 immediately from a qualified health care provider. Follow Medicaid and HMO rules to  
5363 notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after  
5364 the child received the treatment.  
5365
- 5366 F. The caseworker will inform the out-of-home caregiver that if the child has a non-  
5367 emergency medical need while outside of Utah, the out-of-home caregiver will follow  
5368 Medicaid and HMO rules to obtain prior authorization for the service from the HMO  
5369 and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid in  
5370 order for Medicaid to cover the costs.  
5371
- 5372 G. The out-of-home caregiver may request assistance from the Fostering Healthy Children  
5373 nurse to complete the prior authorization process and identify an appropriate health care  
5374 provider.  
5375
- 5376 H. The caseworker will inform the out-of-home caregiver that the child will not be taken  
5377 outside of Utah for medical treatment unless the specific treatment has been approved by  
5378 Medicaid and arranged for by the Fostering Healthy Children nurse.  
5379
- 5380 I. For children who travel outside of the country, the caseworker will follow the same  
5381 procedure for children who are only traveling outside of the state. The caseworker will  
5382 also follow the same processes to ensure the child has medical coverage while traveling  
5383 abroad.  
5384
- 5385 J. If a child travels outside of the country, the caseworker or caregiver will also determine if  
5386 a passport, additional immunizations, or other documentation (e.g., Travel Visa) is  
5387 needed for the child to travel safely. This can be done by visiting  
5388 <http://travel.state.gov/content/travel/english.html> for all up-to-date information regarding  
5389 travel requirements to foreign countries. Child and Family Services requires international  
5390 travel insurance coverage for children in the custody of Child and Family Services.  
5391

## 303.12 Transportation

Major objectives:

Children in Child and Family Services custody will be transported in safe, insured vehicles with seat belts and car seats.

### Applicable Law

- 5398 Utah Code Ann. [§41-6a-1802](#). Definitions.  
5399  
5400 Utah Code Ann. [§41-6a-1803](#). Driver and passengers -- Seat belt or child restraint device  
5401 required.  
5402

5403 Practice Guidelines

5404 If an out-of-home care provider does not have an appropriate restraint device for a child given  
5405 their age, one may be loaned to them. They may not be allowed to transport a child in the  
5406 custody of Child and Family Services without an appropriate restraint device.

5407  
5408 Before a Child and Family Services caseworker transports a child in a vehicle, they must ensure  
5409 that the proper restraint device is in the vehicle and is installed correctly.

5410

5411 **303.12a Transporting Youth – Safety Of Caseworker And Youth**

5412

5413 Major objectives:

5414 To provide guidelines to employees who need to arrange transportation for youth that may  
5415 display behavior that could result in injury to the caseworker or the youth.

5416

5417 Background Information

5418 Caseworkers may be called upon to transport youth for a variety of reasons. Some episodes of  
5419 transportation may require more caution than other episodes. Transportation has been divided  
5420 into three categories to assist caseworkers in determining when it might be appropriate to utilize  
5421 the support of another caseworker or a caged Juvenile Justice Services (JJS) state vehicle for the  
5422 transport of a youth. The Child and Family Team will assist with making these decisions.

5423

5424 Practice Guidelines

5425 A. STANDARD TRANSPORTATION – A situation in which a caseworker transports a  
5426 youth to visits, medical appointments, or other routine occurrences.

5427

5428 There will be many situations in which a caseworker feels comfortable and appropriate in  
5429 transporting a youth. When doing so, a caseworker will assure the following:

5430 1. That the vehicle is insured and safe to drive (use a state vehicle and avoid the use  
5431 of personal vehicles if possible).

5432 2. That the youth is properly restrained in a safety device appropriate for the age of  
5433 the youth. In addition, appropriate child locks will be utilized.

5434 3. That the youth is not allowed to sit behind the caseworker who is driving the  
5435 vehicle.

5436 4. That a supervisor or colleague knows where you are going and when you will  
5437 return as a safety precaution.

5438 5. That you take another caseworker with you if you feel it is appropriate or  
5439 necessary for any reason.

5440

5441 B. TRANSPORTATION TO A PROGRAM – A situation in which a youth is being  
5442 transported to a facility or program.

5443

5444 The caseworker should first contact the program to request the program transport the  
5445 youth if this service/resource is available.

5446

5447 If a caseworker must transport the youth, it is best practice for two  
5448 caseworkers/employees to transport the youth when the youth is going to a facility;  
5449 however, the caseworker should use their discretion. Assuming the youth does not  
5450 display behaviors associated with a high risk transportation need, the caseworker will  
5451 consider utilizing another person to complete the transport.

- 5452 1. The caseworker will review the case thoroughly prior to the transport and be  
5453 aware of any potential triggers that may cause the youth to display volatile or  
5454 aggressive behavior toward him or herself or others.
- 5455 2. The caseworker will assure that the vehicle is insured and safe to drive (use a state  
5456 vehicle and avoid the use of personal vehicles if possible).
- 5457 3. Two caseworkers will transport the child; one caseworker will drive and one  
5458 caseworker will sit in the backseat with the youth. The youth will not be allowed  
5459 to sit behind the caseworker who is driving the vehicle.
- 5460 4. The youth will be properly restrained in a safety device appropriate for the age of  
5461 the youth. In addition, appropriate child locks will be utilized.
- 5462 5. Neither the youth nor the caseworkers will use a cell phone to make phone calls  
5463 or texts while driving unless an emergency situation arises.

5464  
5465 C. **HIGH RISK TRANSPORTATION** – A situation in which a caseworker or youth may be  
5466 at risk of displaying behaviors associated with a high risk transportation need.

5467  
5468 A situation for high risk transportation may be identified if the youth exhibits any of the  
5469 following behaviors:

- 5470 1. Current assaultive behavior, assaultive history, serious aggression toward self or  
5471 others, past history of jumping from a vehicle in motion, a suicide attempt, serious  
5472 and current self-mutilization, homicidal thoughts or behavior, current psychosis,  
5473 serious inability to regulate emotions, serious anti-social behavior, current verbal  
5474 or physical threats of harm to self or caseworker, or other similar and serious  
5475 behaviors.

5476  
5477 Hint: If the youth rates a 3 on the CANS on any of the following items, the youth  
5478 most likely meets the criteria to utilize a caged JJS state vehicle:

- 5479 a. Suicide risk;
- 5480 b. Self-mutilization;
- 5481 c. Other self-harm;
- 5482 d. Danger to others;
- 5483 e. Judgment decision-making (make decisions that put them in dangerous  
5484 situations);
- 5485 f. Psychosis;
- 5486 g. Oppositional (threat of physical harm to others);
- 5487 h. Conduct (serious crime, aggression, anti-social child, or community at  
5488 risk);
- 5489 i. Anger control.

5490  
5491 The process for requesting assistance with a high risk transportation is as follows:

- 5492 1. Call the facility that you are taking the youth to and ask if they can transport the  
5493 youth for you. If they are unable to do so, move to step 2.  
5494 2. Staff the case with the region clinical consultant and review all possible  
5495 transportation options. The clinical consultant will determine if a caged JJS state  
5496 vehicle is the only safe option. If a caged JJS vehicle is necessary, then complete  
5497 the following steps to request one:  
5498 (1) The clinical consultant will send an email to Mike Butkovich, Program  
5499 Director, Office of Correctional Programs, Utah Division of Juvenile  
5500 Justice Service at [mbutkovi@utah.gov](mailto:mbutkovi@utah.gov) and include the caseworker in the  
5501 email. The email should include the pick-up and drop-off time needed for  
5502 the vehicle and the current location of the child.  
5503 (2) The JJS Program Director will respond to both the clinical consultant and  
5504 caseworker with the availability and location of the vehicle.  
5505 (3) The caseworker will pick up and drop off the vehicle at the assigned  
5506 locations. If a vehicle is no longer needed, the caseworker will notify the  
5507 JJS Program Director immediately.  
5508  
5509 D. If a JJS caged vehicle is not available, contact the region director for potential use of  
5510 further professional transport services.  
5511

### 303.13 Courtesy Worker And Region-To-Region Case Transfers

Major objectives:

Region-to-region placements will be planned to minimize transition difficulties and prevent a disruption of services.

#### **Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

#### Practice Guidelines

- 5521 A. Courtesy Supervision:  
5522 1. To request courtesy supervision, the caseworker will email the initial request to  
5523 the sending region's associate region director.  
5524 2. Attach the completed Courtesy Supervision Request Form. Include a brief  
5525 description of history on the case and the current situation along with other  
5526 information requested on the form.  
5527 3. The sending region's associate region director will forward the request to the  
5528 appropriate associate region director in the prospective receiving region for  
5529 approval.  
5530 4. The receiving region's associate region director will notify the sending region's  
5531 associate region director of the decision to accept the request for courtesy  
5532 supervision and provide the name of the courtesy caseworker and supervisor.  
5533 5. The primary caseworker will contact the courtesy caseworker within five working  
5534 days to provide case information. If the courtesy caseworker needs additional  
5535 information, the courtesy caseworker may contact the primary caseworker.  
5536

- 5537 6. The primary caseworker will add the courtesy caseworker to the case on SAFE.  
5538 7. As soon as the case has been assigned to the courtesy caseworker, the primary  
5539 caseworker will arrange for a Child and Family Team Meeting. Both the primary  
5540 caseworker and courtesy caseworker will be present at the Child and Family  
5541 Team Meeting. At this meeting the primary and courtesy caseworker's visitation  
5542 plan with the child will be arranged. The roles of the primary and courtesy  
5543 caseworker will also be discussed. [See: [Section 303.2](#), Caseworker Visitation  
5544 With The Child.]  
5545 8. Throughout the duration of the case, the primary and courtesy caseworker will be  
5546 present at all Child and Family Team Meetings that may be held.  
5547 9. The primary caseworker is responsible for contacting on a monthly basis the  
5548 courtesy caseworker and out-of-home caregiver as well as other professional  
5549 members of the Child and Family Team, such as the child's mental health  
5550 therapist and educators.  
5551  
5552 B. Region-to-Region Case Transfers:  
5553 1. The caseworker will email the initial request to the sending region's associate  
5554 region director.  
5555 2. Attach the completed Case Transfer Request Form. Include a brief description of  
5556 history on the case and the current situation along with other information  
5557 requested on the form.  
5558 3. The sending region's associate region director will forward the request to the  
5559 appropriate associate region director in the prospective receiving region for  
5560 approval.  
5561 4. The receiving region's associate region director will notify the sending region's  
5562 associate region director of the decision to accept the request for case transfer and  
5563 provide the name of the caseworker and supervisor.  
5564 5. A face-to-face transfer meeting between the two caseworkers and their  
5565 supervisors will be conducted on all case transfers  
5566 6. To assist with a smooth transition from region to region, a Child and Family  
5567 Team meeting will be conducted on all case transfers. The sending caseworker is  
5568 responsible for arranging this meeting.  
5569 7. If possible, the new caseworker will attend the last Child and Family Team  
5570 Meeting in the sending region to become acquainted with the existing team.  
5571 8. The caseworker will notify the eligibility caseworker of the transfer in advance to  
5572 ensure continuous Medicaid coverage of the child, if eligible.  
5573 9. Within 30 days of the case being transferred to the new region, the new  
5574 caseworker will arrange for a Child and Family Team Meeting, including any new  
5575 team members.  
5576 10. The case will be reviewed via the qualitative assurance process (QA) on the  
5577 Internet just before the transfer meeting and a printed copy of the QA form  
5578 included with the case file. The hard file will be ready to hand off at the transfer  
5579 meeting. The sending caseworker is responsible for all case activities until the  
5580 transfer is completed and all signatures are in place.  
5581 11. The sending region is responsible for ensuring that all work is completed and up-  
5582 to-date prior to the case transfer.



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### 303.14 Youth Obtaining A Driver License

Major objectives:

- A. Youth in Child and Family Services’ custody should be provided the opportunity to complete driver education and obtain a driver license.
  
- B. Foster parents who are willing to sign a youth’s application for a learner permit and driver license may be reimbursed for the additional cost incurred on their automobile insurance when they provide insurance coverage for the youth.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.  
Utah Code Ann. [§80-2-307](#). Division reimbursement of motor vehicle insurance coverage for foster child.

Practice Guidelines

- A. Overview and Preparation
  - 1. Youth in the custody of Child and Family Services should have an opportunity to complete driver education training while in foster care.
  - 2. Obtaining a driver license may be an objective of the Child and Family Plan that has been developed for the youth with Transition to Adult Living (TAL) Services.
    - a. Youth may be enrolled in driver education at their local high school when they have reached 15 years of age or older. A parent’s signature is not required for a youth to participate in a driver education course.
    - b. Youth, after the age of 17 years and 6 months, should be encouraged to take driver education whether or not they have an adult willing to authorize a learner permit or driver license or have appropriate insurance coverage.
    - c. Youth who attend a driver education course in public high schools are eligible for a school fee waiver.
    - d. A private driving school may be used for youth who are unable to attend driver education at the local high school due to scheduling conflicts, lack of availability of classes, or other reasons. Special Needs Funds or Chafee Funds (TLN or TLP) can be used to pay for the driver education course (\$250.00 maximum).
  
- B. Learner Permit
  - 1. Caseworkers are **not** authorized to sign for a learner permit.
  - 2. To obtain a learner permit, a parent, foster parent, or responsible adult’s signature is required for a youth to obtain a driver license. A parent, foster parent, or responsible adult who is willing to assume the liability of a minor driver and provide for motor vehicle insurance for the youth may sign the minor’s application for a driver license. Foster parents need to provide Form Letter TR01:

- 5627 Placement Verification and Medical Authorization Letter when signing for the  
5628 driver license.
- 5629 3. A learner permit allows the youth to drive with a licensed adult and receive the 40  
5630 hours of practice driving required for a license. When a parent or responsible  
5631 adult signs the application for the learner permit, they are assuming joint liability  
5632 with the youth for damages resulting from the youth driving a motor vehicle.  
5633 Those under 18 years of age will be limited to driving with a licensed parent, legal  
5634 guardian, driving instructor, or the adult who signed the application for the learner  
5635 permit sitting in the passenger seat.
- 5636 4. When applying for the learner permit, the youth will need to have their Social  
5637 Security card plus two acceptable types of proof of residency. A \$15.00 fee is  
5638 required to obtain the learner permit from the Department of Motor Vehicle  
5639 (DMV), and the learner permit is only valid for one year.
- 5640 5. Utah requires an applicant 17 years of age or younger to have the learner permit  
5641 for six months before applying for a driver license. The six-month learner permit  
5642 holding requirement does not apply to an applicant who is age 18 years or older at  
5643 the time of application for the learner permit.  
5644
- 5645 C. Driver License
- 5646 1. Caseworkers are **not** authorized to sign for a driver license.
- 5647 2. To obtain a driver license, a parent, foster parent, or responsible adult's signature  
5648 is required for a youth to obtain a driver license. A parent or responsible adult  
5649 who is willing to assume the liability of a minor driver and provide for motor  
5650 vehicle insurance for the youth may sign the minor's application for a driver  
5651 license. Foster parents need to provide Form Letter TR01: Placement Verification  
5652 and Medical Authorization Letter when signing for the driver license.
- 5653 3. Youth, after the age of 17 years and 6 months, and after completion of a driver  
5654 education course, may obtain a driver license without a parent's signature when  
5655 they turn age 18 years old. They will need to provide their own auto insurance.
- 5656 4. Youth can practice taking the driver license test on the Internet. The 22 questions  
5657 are typical of the questions asked when obtaining a driver license. The practice  
5658 test can be found on the following website: [http://www.dmv.org/practice-permit-  
5659 test.php](http://www.dmv.org/practice-permit-test.php).
- 5660 5. The caseworker will coordinate with the foster parent or responsible adult to  
5661 develop a parent-teen driving contract. The contract can help outline key driving  
5662 responsibilities, decide on the consequences associated when those  
5663 responsibilities are not met, and define the Child and Family Team's role in  
5664 helping the youth succeed. There are several insurance websites that have driving  
5665 contracts; examples can be found on the following websites:
- 5666 a. Allstate Parent-Teen Contract at: [www.allstateteendriver.com/contract](http://www.allstateteendriver.com/contract)
- 5667 b. AAA Parent-Teen Driving Agreement at:  
5668 [www.aaexchange.com/assets/files/2007214956500.parent\\_teencontract.p  
5669 df](http://www.aaexchange.com/assets/files/2007214956500.parent_teencontract.pdf)
- 5670 c. Safer Child Driving Contract at: [www.saferchild.org/driving.htm](http://www.saferchild.org/driving.htm)
- 5671 d. Lowest Price Teen Driving School Teen Driving Contract at:  
5672 [www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/](http://www.lowestpricetrafficschool.com/driver-education/teen-driving-contract/)

- 5673  
5674 D. Insurance Requirements  
5675 1. Foster parents who provide automobile insurance for youth in foster care will be  
5676 required to carry at the minimum requirement of Utah's No-Fault Law insurance  
5677 liability limits.  
5678
- 5679 E. Reimbursement Process  
5680 1. Reimbursement applies only to Resource Families that are licensed to provide  
5681 care for children in Child and Family custody.  
5682 2. Foster parents who are willing to sign and authorize a youth's application for a  
5683 learner permit and driver license may be reimbursed *only* for the additional cost at  
5684 the minimum requirement of Utah's No-Fault Law insurance liability limits.  
5685 3. Foster parents may choose to carry additional automobile insurance at their own  
5686 expense, such as liability coverage that exceeds the minimum of Utah's No-Fault  
5687 insurance liability limits, collision insurance, or comprehensive insurance.  
5688 4. Foster parents will not be reimbursed for any deductibles associated with collision  
5689 or comprehensive insurance in the event of an accident or other damage to their  
5690 vehicle.  
5691 5. All reimbursements will be coordinated through the Child and Family Services  
5692 Administration Office, Financial Analyst II.  
5693 6. The caseworker will confirm that the foster parent is willing to exercise their  
5694 option to provide youth in their care an opportunity to obtain a learner permit and  
5695 driver license, and that the foster parent understands their responsibility of  
5696 providing automobile insurance coverage for the youth.  
5697 7. The foster parent will obtain a quote from their automobile insurance provider for  
5698 the additional costs of adding a youth to their personal insurance policy.  
5699 Reimbursement will *only* be for additional costs to the foster parent's current  
5700 liability insurance coverage. The foster parent must provide acceptable  
5701 documentation from the insurance agent or agency of increased costs.  
5702 8. In order to assist the foster parent in obtaining reimbursement for insurance costs,  
5703 the caseworker will contact the Child and Family Services State Financial Analyst  
5704 II and inform them of the foster parent's intention to sign for the driver license.  
5705 9. The caseworker will provide the insurance quote from the foster parent to the  
5706 Child and Family Services Administration Office, State Financial Analyst II.  
5707 10. Caseworkers will provide the foster parent with the following:  
5708 a. Information informing them of their option to provide youth in their care  
5709 an opportunity to obtain a learner permit and driver license by assuming  
5710 the responsibility of providing automobile insurance coverage for the  
5711 youth.  
5712 b. Information regarding the liability they assume in authorizing a youth to  
5713 obtain a learner permit and driver license.  
5714 c. Information how they may qualify for reimbursement for their additional  
5715 expenses incurred by providing automobile insurance coverage for a youth  
5716 in their care.  
5717 d. An informed consent, waiver and release for foster parents who provide  
5718 automobile insurance for youth in foster care.

- 5719 11. The foster parent will sign the informed consent and waiver document. The  
5720 caseworker will give a copy to the foster parent, place a copy in the youth’s file  
5721 under “correspondence,” and send a copy to the Child and Family Services State  
5722 Financial Analyst II.
- 5723 12. The foster parent must provide acceptable insurance documentation every three  
5724 months in order to receive reimbursement.
- 5725
- 5726 F. Cancellation or Termination of Driver License
- 5727 1. A parent, foster parent, or responsible adult who has signed and authorization for  
5728 a learner permit or driver license will notify the Department of Motor Vehicles  
5729 (DMV) **in writing** and send a copy to Child and Family Service if they decide  
5730 that they are no longer willing to assume responsibility and insurance coverage  
5731 for the youth. The written request will be placed in the youth’s case file under  
5732 “correspondence”.
- 5733 2. The parent, foster parent, or responsible adult will receive **in writing** notification  
5734 from the DMV that the youth learner permit or driver license has been cancelled  
5735 and send a copy of the official cancellation to the Child and Family Services  
5736 caseworker. The letter will be placed in the youth’s case file under  
5737 “correspondence.”
- 5738 3. The caseworker will verify **in writing** to the parent, foster parent, or responsible  
5739 adult that they have received verification of the cancellation of the learner permit  
5740 or driver license for the youth and that they are aware that the parent, foster  
5741 parent, or responsible adult are relieved from liability for that youth operating a  
5742 motor vehicle subsequent to the cancellation.
- 5743

5744 **303.15 Casey Life Skills Assessment**

5745 Major objectives:  
5746 All youth over age 14 years and their caregiver will complete a Casey Life Skills Assessment  
5747 (CLSA) annually to measure the skills and knowledge needed to prepare the youth to transition to  
5748 adulthood.  
5749

5750

5751 **Applicable Law**

5752 Administrative Rule [R512-305](#). Out of Home Services, Transition to Adult Living Services.

5753

5754 Purpose

5755 The purpose of Transition to Adult Living (TAL) services is to help youth, age 14 years and  
5756 older, who are receiving services acquire the skills needed to successfully transition to  
5757 adulthood.

5758

5759 Practice Guidelines

- 5760 A. The CLSA tool is intended to assist in the planning of services for youth as they  
5761 transition from childhood to adulthood.
- 5762

- 5763 B. Results from the CLSA tool will be used to evaluate the youth’s strengths, needs, and  
5764 current functioning in areas of life skills. After the CLSA is completed by a youth, the  
5765 areas identified on the CLSA where the youth may need instruction and personal growth  
5766 will be used to focus and guide the Child and Family Team in the case planning process  
5767 with the youth. The case planning decisions developed by the team will then be included  
5768 in the Child and Family Plan.  
5769
- 5770 C. The caseworker will ensure that the following is accomplished:
- 5771 1. The CLSA is completed by the youth and the caregiver, at a minimum. The  
5772 CLSA may also be completed by additional individuals who are familiar with the  
5773 youth.
  - 5774 2. Meet with the youth to review the youth and caregiver’s assessments, choose the  
5775 areas to work on, identify individualized goals, and outline strategies for the  
5776 growth and improvement of the youth.
  - 5777 3. Convene the Child and Family Team to review the CLSA results, update the  
5778 Child and Family Assessment, and develop or update the TAL section of the  
5779 youth’s Child and Family Plan.  
5780
- 5781 D. The caseworker will assist the youth and the caregiver(s) in completing the CLSA:
- 5782 1. When a youth 14 years of age and older enters out-of-home care, the CLSA will  
5783 be completed by the youth and the caregiver within 45 days, in conjunction with  
5784 the development of the Child and Family Plan.
  - 5785 2. When a youth turns 14 years old in foster care, the first CLSA must be completed  
5786 when the next Child and Family Plan is due. If the next plan is due in less than 90  
5787 days after the youth’s 14<sup>th</sup> birthdate, the CLSA will not be required until the  
5788 following plan.
  - 5789 3. An annual CLSA is due within a year of the previous one. The caseworker will  
5790 be prompted 90 days prior to the due date to give the youth and caregiver ample  
5791 time to complete the assessment.
  - 5792 4. The caregiver’s assessment and youth’s assessment must be completed and  
5793 entered on the CLSA website within 30 days of each other. The CLSA can be  
5794 completed electronically via the Internet at: <http://www.caseylifeskills.org>.
  - 5795 5. The caseworker has the following options for assisting the youth in taking the  
5796 CLSA:
    - 5797 a. The youth can take the assessment on the caseworker’s computer.
    - 5798 b. The caseworker can send a link to the youth via the youth’s email address  
5799 inviting them to take the assessment.
    - 5800 c. The caseworker can give the youth a printed assessment. The caseworker  
5801 will need to enter the answers of the assessment into the website.
    - 5802 d. The youth can create his or her own profile on the website. This option  
5803 will only work if the youth has already taken an assessment using option a  
5804 or b.
  - 5805 6. The caseworker has the following options to assist the caregiver in taking the  
5806 assessment:
    - 5807 a. The caregiver can take the assessment on the caseworker’s computer.

- 5808                    b.        The caseworker can send a link to the caregiver via email inviting them to
- 5809                               take to the assessment.
- 5810                    c.        The caseworker can give the caregiver a printed assessment. The
- 5811                               caseworker will need to enter the answers of the assessment into the
- 5812                               website.
- 5813                    7.        The caseworker will provide the youth and the caregiver with a copy of both the
- 5814                               youth and caregiver’s reports from the CLSA.
- 5815                    8.        The original CLSA assessment will be placed in the assessment section of each
- 5816                               youth’s case file.
- 5817
- 5818 E.        Each caseworker will convene the Child and Family Team to review the youth and
- 5819                    caregiver(s) assessments, identify areas of strengths and opportunities for improvement,
- 5820                    share feedback on the youth’s chosen areas on which to work, and look for ways to
- 5821                    support the individualized goals of the youth. The team will then outline strategies to
- 5822                    implement the plan.
- 5823
- 5824 F.        The goals, services, and needs identified by the youth, caregiver, and Child and Family
- 5825                    Team will be used to develop and update the TAL portion of the youth’s Child and
- 5826                    Family Plan. The TAL portion of the plan requires each youth to have at least one area
- 5827                    of focus determined by the CLSA and Child and Family Team to enhance their life skills.
- 5828                    The regional TAL coordinator or a TAL supervisor will attend the Child and Family
- 5829                    Team Meeting when possible. If the regional TAL coordinator or a TAL supervisor is
- 5830                    not able to attend the Child Family Team Meeting, they should attempt to be available for
- 5831                    consultation with members of the Child and Family Team prior to or following the
- 5832                    meeting.
- 5833

### 303.16 Foster Child Representative Payee Accounts

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5835 Major objectives:

- 5836 A.        DHHS and Child and Family Services will act as representative payee for each foster
- 5837                    child receiving unearned income, such as Social Security Dependent (SSD) Benefits,
- 5838                    Supplemental Security Income (SSI), and other income sources while the child is in
- 5839                    agency custody.
- 5840 B.        Unearned income from a foster child will be used to offset costs of care and for the child’s
- 5841                    personal needs, as allowable.
- 5842 C.        Representative payee functions and use of a child’s income will comply with established
- 5843                    policies, procedures, and guidelines pertaining to the unearned income source, Medicaid,
- 5844                    and DHHS and Child and Family Services representative payee account requirements.
- 5845

#### **1. Child and Family Services Philosophy on Use of Unearned Income for a Foster Child**

- 5849 A.        When a child is in the custody of Child and Family Services or in the custody of the
- 5850                    DHHS with Child and Family Services acting as primary case manager, responsibility for
- 5851                    payment for the costs for the child’s care in priority order belongs to:

- 5852 (1) Parents through child support paid to the Office of Recovery Services (OSR), as  
5853 required by state and federal law.
- 5854 (2) The child's unearned income, designated for the child's care, maintenance, and/or  
5855 medical needs, within the allowable framework of the income source.
- 5856 (3) Other source of funds designated for the child's care, maintenance, and/or  
5857 medical needs, within the allowable framework of the funding source.
- 5858 (4) Federal revenue available to Child and Family Services for foster care services.
- 5859 (5) State revenue available to Child and Family Services for foster care services.
- 5860
- 5861 B. Any child entering foster care is entitled to services and goods necessary to meet the  
5862 child's basic needs. A child entering state custody with unearned income should  
5863 generally not receive any goods or services that a child without unearned income would  
5864 not also receive while in foster care.
- 5865

## **2. What is a Foster Child Representative Payee Account?**

5866 A foster child representative payee account is a financial account established on behalf of a child  
5867 in Child and Family Services custody or in DHHS custody when Child and Family Services is  
5868 designated as the primary case manager. Child and Family Services must receive authorization  
5869 from the funding agency, such as the Social Security Administration, to serve as representative  
5870 payee. The Child and Family Services caseworker acts as representative payee for the client.

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5872

## **3. Sources of Unearned Income**

5873 The most common types of federal unearned income received by foster children are SSI and SSD  
5874 benefits. The Social Security Administration administers both of these income sources, and use  
5875 of these funds for a foster child must be in accordance with Social Security Administration  
5876 requirements.

5877

5878

- 5879 A. SSI Benefits for Children. SSI benefits are payable to blind or disabled children under  
5880 age 18 who have limited or no income and resources or who come from homes with  
5881 limited or no income and resources. A review is conducted when an individual reaches  
5882 age 18 to determine if benefits may continue into adulthood. SSI checks are generally  
5883 distributed the first day of the month (or the preceding bank day if a weekend or holiday)  
5884 for benefits due for the current month.
- 5885
- 5886 B. SSD Benefits (may also be referred to as SSA). SSD benefits may be paid to a dependent  
5887 child under age 18 through the Retirement, Survivors and Disability Insurance Program  
5888 based upon the work record of a child's parent. For example, a child may receive these  
5889 dependent benefits as a result of a parent's disability or death. Benefits may be extended  
5890 beyond age 18 for full-time students. SSD benefit checks are generally distributed the  
5891 third week of the month for benefits due for the prior month.
- 5892
- 5893 C. Other Sources. Foster children may also receive other sources of unearned income, such  
5894 as Veteran's benefits, Railroad Retirement benefits, Tribal benefits, or insurance  
5895 settlement funds. All unearned income sources must be used in accordance with  
5896 purposes for which the funding is provided and in conjunction with established policies,  
5897 procedures, and guidelines pertaining to the unearned income source.

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**4. Roles and Responsibilities Pertaining To Representative Payee Accounts**

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- A. General Region Responsibilities. Regional staff are responsible for oversight, supervision, and implementation of the representative payee account process for foster children under the jurisdiction of the region. Key regional responsibilities include:
- 5903 (1) Applying for unearned income benefits for children who may qualify.
  - 5904 (2) Applying for DHHS to be designated as representative payee.
  - 5905 (3) Complying with funding agency requirements.
  - 5906 (4) Managing fiscal accounts in accordance with DHHS fiscal procedures.
  - 5907 (5) Ensuring separation of duties as required by DHHS for check receipting, deposits, payment authorization, and check preparation.
  - 5908 (6) Authorizing allowable payments and issuing checks.
  - 5909 (7) Calculating cost of care.
  - 5910 (8) Maintaining required records and reporting.
  - 5911 (9) Completing bi-annual internal representative payee account audit and other quality assurance processes.
  - 5912 (10) Coordinating with other regions, divisions, and providers on representative payee process.

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- B. Child and Family Services State Office Responsibilities. Primary Child and Family Services state office staff responsibilities in the foster child representative payee process include:
- 5918 (1) Overseeing process statewide for consistency and compliance.
  - 5919 (2) Maintaining written Practice Guidelines.
  - 5920 (3) Providing resources, training, technical assistance, and support to regional staff.
  - 5921 (4) Identifying services and costs to be included in cost of care calculation.
  - 5922 (5) Assisting regions in developing and implementing internal quality assurance processes.
  - 5923 (6) Coordinating and acting as liaison with DHHS finance staff.
  - 5924 (7) Assisting in doing research on requirements for funding agencies and incorporating requirements into Child and Family Services Practice Guidelines.

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- C. DHHS Fiscal Operations Responsibilities. DHHS finance staff responsibilities in the foster child representative payee process include:
- 5931 (1) Ensuring that state fiscal procedures are followed.
  - 5932 (2) Reconciling payee accounts statewide and posting to financial system.
  - 5933 (3) Providing software for financial tracking system.
  - 5934 (4) Providing training and technical support on State Finance and DHHS requirements and on use of fiscal tracking system.
  - 5935 (5) Completing independent review of account records.

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5939

- D. Initial Caseworker Responsibilities.
- 5940 (1) When a child enters foster care, the caseworker is responsible to ask the child's parent or caregiver if the child is receiving SSD or SSI benefits.
  - 5941 (2) The caseworker should also ask the parents about other sources of support designated for the child that could assist with the child's care such as Veteran's

5942

5943



- 5944 benefits, Railroad benefits, Indian Trust funds, insurance funds including health  
5945 insurance coverage, or other private trust funds.
- 5946 (3) The caseworker is responsible to apply for benefits for a child who may qualify  
5947 but is not receiving them. For example, if a child is blind or disabled, application  
5948 should be made for SSI benefits. If a child's parent is deceased, application  
5949 should be made for SSD benefits. Application is made through the Social  
5950 Security Administration.
- 5951 (4) The caseworker is responsible to apply for the DHHS to become representative  
5952 payee for a foster child receiving SSI or SSD benefits. Payee application forms  
5953 are available through the local Social Security Office and may also be available in  
5954 the local Child and Family Services office. The caseworker should also apply for  
5955 DHHS to become payee for other regular benefit payments.
- 5956
- 5957 E. Caseworker Responsibility After Representative Payee Has Been Established.
- 5958 (1) The caseworker is responsible to provide the regional representative payee  
5959 account custodian with a written request to establish a new representative payee  
5960 account, on a form provided by the custodian, and a copy of the letter of approval  
5961 of benefits from the granting agency, such as the Social Security Administration.
- 5962 (2) The caseworker is responsible to oversee use of funds in the child's representative  
5963 payee account and to request and authorize any payments made from the account  
5964 through the 'funds request' link located in the trust account list within the SAFE  
5965 Trust Account module. The caseworker's supervisor must approve any fund  
5966 requests over \$499.99. The caseworker is responsible to obtain receipts for all  
5967 expenditures from the child's payee account, excluding Cost of Care.
- 5968 (3) The caseworker will follow DHHS representative payee account policies and  
5969 Child and Family Services representative payee account Practice Guidelines in  
5970 requesting and authorizing payments from the representative payee account.
- 5971 (4) The caseworker is responsible to review an SSI client's representative payee  
5972 account monthly to ensure that the balance stays within limits for federal benefits.  
5973 The child becomes ineligible for SSI for any month in which the balance exceeds  
5974 \$2,000.
- 5975 (5) The caseworker may not request payments from a child's representative payee  
5976 account exceeding the amount of funds available in the account and will not  
5977 request the regional account custodian to issue a check for unallowable expenses  
5978 or to inappropriate recipients.
- 5979 (6) The caseworker is responsible to obtain the written approval of his or her  
5980 supervisor for any representative payee account expense that is \$500 or higher  
5981 and is responsible to obtain region director or designee approval for any expense  
5982 that is \$500 or higher from the client's personal needs allotment. (See Section  
5983 5.E.)
- 5984 (7) The caseworker is responsible to notify the regional account custodian in advance  
5985 when custody termination is being requested from the court for a foster child.  
5986

- 5987 F. Representative Payee Account Custodian and Supervisor Responsibilities.  
5988 (1) The regional account custodian will open a new representative payee account in  
5989 the SAFE Trust Accounting System when necessary documentation is received  
5990 from the caseworker and notify DHHS Finance representative of the new account.  
5991 (2) The account custodian will accurately maintain all account records and issue  
5992 checks in accordance with DHHS representative payee account policies and Child  
5993 and Family Services representative payee account Practice Guidelines.  
5994 (3) The account custodian will assist the caseworker and eligibility worker in viewing  
5995 the monthly report in SAFE on each foster child’s representative payee account as  
5996 needed  
5997 (4) The account custodian will alert the caseworker when the representative payee  
5998 account approaches \$2,000 to avoid loss of SSI eligibility.  
5999 (5) The account custodian’s supervisor will review and sign monthly reconciliation  
6000 statements.  
6001 (6) The account custodian will not issue a check for unallowable expenses or to  
6002 inappropriate payees.  
6003 (7) The account custodian will maintain separate records on each child’s  
6004 representative payee account.  
6005 (8) The representative payee is responsible to provide expenditure reports to the  
6006 responsible funding agency, as required by the funding agency.  
6007

6008 **5. Use of a Foster Child’s Unearned Income**

- 6009 A. Appropriate Use of Funds. A child’s unearned income must be used as designated by the  
6010 funding agency and within the scope of what a “prudent person” would do. Social  
6011 Security Administration policies state that SSI and SSD benefits are provided first to  
6012 meet the child’s day-to-day needs for food and housing. Benefits may also be used for  
6013 clothing, medical care not covered by Medicaid or personal insurance (such as eyeglasses  
6014 and hearing aids), recreation, personal incidentals, and comfort items. In addition, funds  
6015 may be used for training programs, school tuition, or daily school expenses if other needs  
6016 have been met. The Social Security Administration may require treatment for a disabling  
6017 condition for a child receiving SSI.  
6018  
6019 B. Precedence for Use of Foster Child Unearned Income. The caseworker is responsible to  
6020 request and authorize payments each month using the following precedence:  
6021 (1) Payment for spenddown for Medicaid, when determined appropriate. (See  
6022 Section 5.C.)  
6023 (2) Personal needs funds of \$35, maintained in the account for current or future  
6024 needs.  
6025 (3) Cost of care payment to Child and Family Services for current maintenance costs  
6026 (food, housing, and personal needs). (See Section 5.D.)  
6027 (4) Reimbursement for medical costs paid by Child and Family Services for medical  
6028 costs not covered by Medicaid, when allowed by the funding source.  
6029 (5) Any remaining funds to be maintained in the account for additional child needs as  
6030 allowed by the funding agency and recommended by the Child and Family Team.  
6031

- 6032 C. Medicaid Spenddown. When a regional eligibility caseworker determines that a foster  
6033 child's monthly unearned income exceeds the amount allowable for Medicaid eligibility,  
6034 the caseworker, nurse, eligibility caseworker, and others as appropriate will review the  
6035 child's anticipated medical costs to determine if a spenddown is appropriate. If the  
6036 child's medical expenses are expected to exceed the spenddown amount, the spenddown  
6037 amount will be paid prior to the cost of care calculation according to eligibility team  
6038 procedures and Medicaid requirements.  
6039
- 6040 The spenddown should be paid no later than the 20<sup>th</sup> of the month for which the Medicaid  
6041 card is being issued. In no event may the spenddown be made after the 10<sup>th</sup> of the  
6042 following month. Medicaid requires that any case requiring a spenddown be closed if the  
6043 spenddown has not been cleared by the 10<sup>th</sup> of the following month. If the case is closed,  
6044 a new Medicaid application is required to reopen Medicaid.  
6045
- 6046 SSD benefits from one month may be used to pay the spenddown for the following  
6047 month.  
6048
- 6049 D. Cost of Care. The amount of the child's unearned income that is allowable for food,  
6050 housing, and personal needs is considered cost of care. The amount of the cost of care to  
6051 be paid from a child's representative payee account is calculated and paid to Child and  
6052 Family Services at the regional level under the supervision of the regional finance unit.
- 6053 (1) *Costs included in calculating costs of care*. The state office revenue team is  
6054 responsible to identify which services and what portion of costs is included in the  
6055 calculation of cost of care. Service code and applicable rate table identify these  
6056 services.
- 6057 (2) *When cost of care is processed*. Cost of care is processed for children for whom  
6058 Child and Family Services has received unearned income as the child's  
6059 representative payee. The cost of care amount should be calculated and paid as  
6060 soon as possible after costs have been incurred for a given month. If there is a  
6061 significant delay in receipt of a billing from a provider and a child is at risk of  
6062 losing benefits due to excess resources in the representative payee account, cost of  
6063 care may be estimated based upon the child's known placement. Cost of care that  
6064 was estimated must be reconciled and any adjustments made within 30 days after  
6065 receipt of actual billing from provider. Regional finance staff must review and  
6066 approve all estimated costs of care prior to payment and verify accuracy of  
6067 reconciliations and payment adjustments.
- 6068 (3) *How Cost of Care is Calculated*. Cost of Care is determined in the SAFE Trust  
6069 Account Module by calculations specified by Department/Agency policy.
- 6070 a. SAFE will determine the unearned income applicable for a given month.  
6071 Regional rep payee account custodian will enter into SAFE the spenddown  
6072 paid from the monthly amount, if applicable.
- 6073 b. Compare cost of care total to unearned income received (or available after  
6074 spenddown) and document.
- 6075 c. If total cost of care is greater than unearned income received, authorize  
6076 preparation of check(s) to Child and Family Services for total unearned  
6077 income amount, minus personal needs allowance.

- 6078 d. If cost of care is less than unearned income amount, authorize preparation  
6079 of check(s) to Child and Family Services for cost of care, leaving personal  
6080 needs allotment and any additional remaining unearned income in account  
6081 to be used for current and future needs of the child.
- 6082 e. When applicable, adjust cost of care for prior months when there is  
6083 retroactive unearned income or when additional costs are incurred for  
6084 prior months that may not have already been included in cost of care  
6085 calculation.
- 6086 (4) *How Cost of Care is Deposited and Credited.* The following procedures apply  
6087 when depositing cost of care reimbursements and other funds from foster child  
6088 representative payee accounts.
- 6089 a. After cost of care reimbursements have been identified, identify costs that  
6090 were reimbursed by Title IV-E and non IV-E. (Note: Payments with  
6091 corresponding eligibility code of FT were reimbursed by Title IV-E.  
6092 Payments with corresponding eligibility code of FB were not reimbursed  
6093 by Title IV-E.) (See Service Code List.)
- 6094 b. Identify the Finet Activities that costs were originally charged to (for both  
6095 IV-E and non IV-E cost of care reimbursements).
- 6096 c. Deposit funds from client trust accounts (including special needs and cost  
6097 of care reimbursements) as a refund of expenditures. (These funds should  
6098 be credited to the Finet Activities identified in b. above.) This will ensure  
6099 claims for FFP are net of applicable credits.
- 6100
- 6101 F. Personal Needs. Funds set aside for a child’s personal needs and any additional unearned  
6102 income remaining after payment of cost of care may be used for additional needs of the  
6103 child, as allowed by the funding agency.
- 6104
- 6105 The caseworker will initiate a Personal Needs fund request from the Trust Account List  
6106 within the SAFE Trust Account module. When appropriate, the Child and Family Team  
6107 will be consulted about use of personal needs funds. The region director or designee will  
6108 approve in advance any expense from a representative payee account that is \$500 or over,  
6109 other than payment for a medical bill, Medicaid spenddown, cost of care payment, or  
6110 reimbursement check to the funding agency when the account is being closed.
- 6111
- 6112 G. Lump Sum Payments. The Social Security Administration or other funding agency may  
6113 make a lump sum payment for a child to cover benefit payments for multiple previous  
6114 months. The lump sum may or may not be designated as requiring a dedicated account.  
6115 The representative payee is responsible to follow the instructions of the funding agency  
6116 for use of the lump sum payment. Child and Family Services should request approval to  
6117 apply the funds to cost of care for the months for which the funding was granted.
- 6118
- 6119 When approved, the lump sum payment will be applied to costs of care for the months for  
6120 which the funding was granted.
- 6121
- 6122 If the representative payee is instructed that the lump sum must be placed in a dedicated  
6123 account, the funds will be placed in an account separate from the child’s current

6124 representative payee account. These dedicated funds may only be used for costs  
6125 authorized by the Social Security Administration and may only be used for past cost of  
6126 care when approval is specifically granted by the Social Security Administration.  
6127

## 6128 **6. Foster Child Representative Payee Accounts Relationship to Other Federal Benefits**

6129 Federal and state law and policies require a foster child’s income and assets to be considered  
6130 when determining eligibility for Title IV-E and income only when determining Medicaid  
6131 benefits. Unearned income benefits are considered income in the month received. Any funds  
6132 remaining in the representative payee account carried over into the following month must be  
6133 counted as an asset.  
6134

6135 *(Note: Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility*  
6136 *policies. Consult with eligibility caseworker for questions regarding lump sum payments and*  
6137 *impact on eligibility.)*  
6138

6139 For an SSI recipient, the balance in the account must remain below \$2,000 or the child is at risk  
6140 of losing SSI eligibility. If an SSI recipient’s account exceeds \$2,000, the Social Security  
6141 Administration must be notified for review of continuing eligibility.  
6142

6143 The account custodian is responsible to provide monthly reports on account balances to  
6144 caseworkers and regional eligibility caseworkers to ensure children receive benefits only when  
6145 eligible.  
6146

## 6147 **7. Foster Child Placement or Living Arrangement and Payee Accounts**

6148 A. Kinship/Caregiver.

6149 When a foster child receiving unearned income is placed with a non-custodial parent,  
6150 unlicensed relative, or friend not eligible for a foster care payment (hereinafter  
6151 “caregiver”), Child and Family Services will assess whether a Kinship Caregiver  
6152 Maintenance Reimbursement will be issued to the caregiver from the child’s trust  
6153 account. This reimbursement is to be used for the maintenance and basic needs of the  
6154 child (such as housing, utilities, food, supervision, and personal incidentals).

- 6155 1. The caregiver will complete the “Division of Child and Family Services Kinship  
6156 Caregiver Maintenance Reimbursement Agreement” form at the time the child is  
6157 placed with them. Each caregiver placement will require a newly completed and  
6158 signed form.
- 6159 2. The caseworker will give the signed form to their regional Representative Payee  
6160 to maintain in the child’s trust account file.
- 6161 3. Child and Family Services Representative Payee will issue the kinship caregiver  
6162 maintenance reimbursement to the caregiver from the available funds in the  
6163 child’s trust account, minus the \$35 personal needs allowance, up to a maximum  
6164 of the basic daily foster care rate. The rate paid to the caregiver will be based on  
6165 the child’s age and the number of days in the caregiver’s home.
- 6166 4. The maintenance reimbursement must be requested and approved each month by  
6167 the Child and Family Services caseworker in the SAFE web system.

6168 5. The Child and Family Services Representative Payee will pay the kinship  
6169 caregiver maintenance reimbursement as a Personal Needs Fund Request from the  
6170 SAFE web system.

6171 6. The Representative Payee will not require receipts for this reimbursement.

6172  
6173 [Refer to: Kinship Practice Guidelines [Section 502.12.A.3](#) for caseworker practice  
6174 guidelines.]

6175  
6176 B. Services through Division of Services for People with Disabilities (DSPD) Providers.  
6177 When a foster child receiving unearned income is placed with a DSPD provider, Child  
6178 and Family Services will remain the representative payee as long and the child remains in  
6179 Child and Family Services custody (even though normal DSPD practice is to have the  
6180 provider become the representative payee).

6181  
6182 In circumstances in which DSPD is paying for the treatment portion of the placement  
6183 through Medicaid, such as under a Medicaid waiver, Child and Family Services must pay  
6184 for food, housing, and special needs costs to the DSPD provider through a maintenance  
6185 payment contract using a designated, unique placement and service code. The  
6186 caseworker will then authorize Child and Family Services to be reimbursed for cost of  
6187 care payments from the child's account on a monthly basis.

6188  
6189 If the primary caseworker is a DSPD employee, that caseworker may request special  
6190 needs funds on behalf of the child following Child and Family Services procedures. The  
6191 regional account custodian will not issue a check for unallowable expenses or to  
6192 inappropriate payees if requested by the DSPD caseworker.

6193  
6194 C. Trial Home Placement. When a foster child receiving unearned income is placed at home  
6195 on a trial home placement, Child and Family Services will remain the representative  
6196 payee as long and the child remains in Child and Family Services custody. As part of the  
6197 transition plan home, the Child and Family Team should determine the amount of the  
6198 child's unearned income to be provided to the parent for the child's current maintenance  
6199 while in the trial home placement. Each time funds are provided from the child's  
6200 account, the parent is required to report to Child and Family Services how funds were  
6201 used so that expenditures may be reported to the Social Security Administration, when  
6202 required. The parent may apply to become representative payee after the court has  
6203 returned custody to them.

6204  
6205 D. Runaway. When a foster child receiving unearned income runs away, no cost of care  
6206 payment will be made to Child and Family Services or provider from the child's account.  
6207 The caseworker is responsible to notify the Social Security Administration that the  
6208 child's whereabouts are unknown, after a reasonable period of time, so that any necessary  
6209 action to defer payments may be made.

6210  
6211 E. Independent Living/Transition to Adult Living. A foster child preparing for the transition  
6212 to adult living should be made aware of unearned income being received on the child's  
6213 behalf and included in decisions about use of funds (in excess of cost of care) when

6214 deemed appropriate by the Child and Family Team as part of mentoring for successful  
6215 adult living. In addition, the child's transition plan should include plans for use of the  
6216 funding to help prepare for moving to an independent living setting or consulting with the  
6217 funding agency regarding how to transition any balance in the account to the youth after  
6218 custody is terminated. When approved by regional administration, a portion of the  
6219 benefits for a youth age 17 or older may be saved to help with the transition to adulthood;  
6220 however, the representative payee account must be maintained at a level that enables the  
6221 child to continue to receive Medicaid and SSI benefits.

6222  
6223 For an older blind or disabled child receiving SSI, a disability review will be conducted  
6224 by the Social Security Administration to determine eligibility to continue receiving funds  
6225 after age 18. The transition to adult living plan should include plans for the child to  
6226 become recipient of the funds after age 18 or transfer to an appropriate representative  
6227 payee after leaving Child and Family Services custody if funding will continue.

6228  
6229 For a child receiving SSD benefits, funding may continue after age 18 if the child is a  
6230 full-time student.

6231  
6232 When a child in custody reaches age 18, the Social Security Administration will begin  
6233 sending the benefit checks directly to the youth. If Child and Family Services believes it  
6234 is in the youth's best interest for Child and Family Services to continue as representative  
6235 payee, justification will need to be provided to the Social Security Administration.  
6236 Otherwise, the caseworker and Child and Family Team should work with the youth to  
6237 appropriately plan for the use of the funds to help prepare for the transition to adulthood.

6238  
6239 *(Note: Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be*  
6240 *managed through a representative payee account. Youth should be selected to receive*  
6241 *ILP payments only when they are ready to learn to maintain their own checking or*  
6242 *savings account, with the support of the caseworker, foster parent, or other appropriate*  
6243 *mentor, in preparation for successful adult living.)*

6244  
6245 F. Adoption. When a foster child receiving unearned income is placed for adoption, Child  
6246 and Family Services will remain the representative payee as long as the child remains in  
6247 Child and Family Services custody. As part of the transition plan, the child's unearned  
6248 income (remaining after any monthly cost of care payment) may be provided for the  
6249 child's needs in the pre-adoptive home. Each time funds are provided from the child's  
6250 account, the adoptive parent is required to report to Child and Family Services how funds  
6251 were used so that expenditures may be reported to the Social Security Administration,  
6252 when required.

6253  
6254 The funding agency must be notified of the adoption. If funding will continue after the  
6255 adoption, the child's unearned income is also considered when assessing need and  
6256 determining the amount for a monthly subsidy.

6257  
6258 When custody is terminated, representative payee account closure procedures will be  
6259 followed. Any funds remaining in the child's account at case closure will be returned to

6260 the funding agency and not sent to the adoptive parents.

6261

6262 The adoptive parent may apply to become representative payee after the adoption has  
6263 been finalized.

6264

6265 *(Note: A child who is receiving SSD benefits will generally continue to receive those*  
6266 *benefits after the adoption is finalized until age 18. Funding may extend beyond age 18 if*  
6267 *the child is a full-time student. SSI benefits are based upon the child's disability and*  
6268 *also the income and assets of the child's family. In most cases, SSI benefits will be*  
6269 *discontinued after the adoption is finalized because the adoptive family's income and*  
6270 *assets will be too high.)*

6271

6272 G. Guardianship. When Child and Family Services is requesting the court to grant custody  
6273 of a foster child receiving unearned income to a guardian, Child and Family Services will  
6274 remain the representative payee until custody is terminated. The funding agency must be  
6275 notified of the termination of foster care.

6276

6277 If the unearned income will continue after custody is given to a guardian, the child's  
6278 unearned income must also be considered when assessing the appropriateness and  
6279 amount of a guardianship subsidy. In many cases, the availability of unearned income  
6280 may make a guardianship subsidy unnecessary or inappropriate.

6281

6282 *(Note: A child who is receiving SSD benefits will generally continue to receive those*  
6283 *benefits while in a guardianship placement until age 18. Funding may extend beyond*  
6284 *age 18 if the child is a full-time student. SSI benefits will generally be reduced by the*  
6285 *amount of a guardianship subsidy provided for the child, because the guardianship*  
6286 *payment is considered income for the child. This may result in loss of the SSI funding,*  
6287 *which could have been available to the child into adulthood; therefore, a guardianship*  
6288 *subsidy is generally not recommended for a child receiving SSI.)*

6289

6290 Representative payee account closure procedures will be followed when Child and  
6291 Family Services custody has been terminated. Any funds remaining in the child's  
6292 account will be returned to the funding agency and not sent to the guardian.

6293

6294 The guardian may apply to become representative payee after custody has been obtained.

6295

## 6296 **8. Record-keeping and Reporting**

6297 A. Representative Payee Account Record. The regional account custodian must keep a  
6298 record of all actions taken with the representative payee account, including income  
6299 received, authorization for payments, checks issued, cost of care monthly records,  
6300 correspondence, reports, internal audits, and monthly and final account reconciliation.

6301

6302 B. Reporting Use of Funds to Funding Agency. The representative payee is responsible to  
6303 provide expenditure reports to the responsible funding agency, as required by the funding  
6304 agency.

6305



6306 For funds received from the Social Security Administration, an annual report must be  
6307 submitted when requested. Child and Family Services will report funds received and  
6308 expenditures as requested by the Social Security Administration, traditionally in the  
6309 following three categories:

- 6310 (1) Food and housing.
- 6311 (2) Needs. Clothing, education, medical/dental not covered by Medicaid, personal  
6312 items, recreation, and miscellaneous
- 6313 (3) Savings.

6314  
6315 If the caseworker authorizes payment from the account for the child's current  
6316 maintenance needs directly to a foster parent, or parent or guardian during a trial home  
6317 placement, documentation must be obtained from the recipient detailing use of the funds  
6318 for inclusion in the report to the Social Security Administration.

6319  
6320 C. Reporting of Events or Changes in Circumstances to Funding Agency. The caseworker is  
6321 responsible to ensure that the funding agency is notified of any events or changes in  
6322 circumstances that may affect the child's receipt of funding or Child and Family Service'  
6323 ability to continue as representative payee, according to reporting requirements provided  
6324 by the funding agency. Notification may be made by telephone, mail, or in person, as  
6325 allowed by the funding agency.

6326  
6327 Examples of events or changes in circumstances that may need to be reported include:

- 6328 (1) Child leaves Child and Family Services or DHHS custody.
- 6329 (2) Change of address of representative payee (including transfer to another region).
- 6330 (3) Change of address of the child, when required by funding agency.
- 6331 (4) Death of a foster child.
- 6332 (5) School attendance changes, if age 18 or over and entitled to child's benefits as a  
6333 full-time student.
- 6334 (6) Child is confined to a public institution by court order in connection with a crime.
- 6335 (7) Child is confined to jail, prison, penal institution, or correctional facility for  
6336 conviction of a crime or is in violation of a condition of probation or parole.
- 6337 (8) A disabled child's medical condition improves.
- 6338 (9) A disabled child starts working.
- 6339 (10) A blind child's vision improves.
- 6340 (11) Child is discharged from or enters a hospital, skilled nursing facility, nursing  
6341 home, intermediate care facility, or other institution.
- 6342 (12) The income or assets of an SSI recipient changes.
- 6343 (13) The representative payee account level of an SSI recipient is above \$2,000 after  
6344 all expenses have been paid at the end of a month.

6345  
6346 D. Record Retention. The representative payee account records are part of the child's  
6347 permanent record. After the account has been closed, representative payee account  
6348 records are placed in the child's family file under the SSI tab and will be archived with  
6349 the full case record in accordance with the foster child file retention schedule. The  
6350 electronic account record will be maintained in accordance with DHHS fiscal  
6351 requirements.

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## **9. Account Transfer and Closure**

A. Cross-Region Placement. If a foster child receiving unearned income is placed in another region, but jurisdiction remains with the original region, no change is made in the representative payee process. However, if jurisdiction is transferred, the representative payee responsibilities are also transferred. *(Note: DHHS continues as payee, but the payment address changes.)*

The new region caseworker is responsible to submit a representative payee change of address form to the Social Security Administration or other funding agency. The account will be closed in the originating region in accordance with DHHS account closure procedures, and any remaining funds sent by check to the new region. The entire representative payee account record will also be sent to the new region along with the family file.

B. Transfer of Custody to Division of Juvenile Justice Services. If the court transfers custody of a child between Child and Family Services and the Division of Juvenile Justice Services (JJS), Child and Family Services will treat the representative payee case as with any other foster care case. If the child is leaving Child and Family Services care, any funds remaining in the account when the case is closed will be returned to the applicable funding agency. The original account records will be filed under the SSI tab in the family file. JJS will be responsible to apply for representative payee status.

If the court transfers custody from JJS to Child and Family Services, treat the case the same as any other new foster care case.

C. Transfer of Benefits to Parent or Guardian. Child and Family Services will remain the representative payee as long as the child remains in Child and Family Services custody. Except as described in Section 7.B., Trial Home Placement, funds in the child’s account will not be transferred to the parent or guardian. The parent or guardian must apply directly to the Social Security Administration to become representative payee after Child and Family Services custody is terminated.

D. Death of Foster Child. If a child receiving SSD or SSI benefits dies while in Child and Family Services custody, any remaining funds in the child’s account belong to his or her estate. After any outstanding cost of care payments have been made, the remaining funds should be given to the legal representative of the estate or otherwise handled according to state law. (Probate court or an attorney may provide guidance about provisions of state law.) Funds from the child’s account are not returned to the Social Security Administration.

When a person who receives Social Security dies, no check is payable for the month of death, even if he or she dies on the last day of the month. Return any check received for the month of death or later to Social Security.

- 6397 An SSI check is payable for the month of death. Return any SSI checks that come after  
6398 the month of death to the Social Security Administration.  
6399
- 6400 If a child receiving other types of unearned income dies while in Child and Family  
6401 Services custody, contact the funding agency for guidance about use of any remaining  
6402 funds in the child's account.  
6403
- 6404 E. Representative Payee Account Closure Process. The caseworker is responsible to notify  
6405 the regional account custodian in advance when custody termination is being requested  
6406 from the court for a foster child. A copy of the court order terminating custody must be  
6407 provided to the account custodian. (If the court is transferring custody of the child to JJS,  
6408 follow procedures described in Section 9.B.)  
6409
- 6410 Outstanding cost of care payments should be processed as soon as possible following cost  
6411 of care procedures. The account must then be audited and reconciled according to DHHS  
6412 procedures.  
6413
- 6414 If the child's unearned income is SSD or SSI benefits, the Social Security Administration  
6415 must be notified that the child is no longer in DHHS/Child and Family Services custody.  
6416 Any remaining funds in the child's account must be returned to the Social Security  
6417 Administration. The remaining funds may not be sent to a parent or guardian to whom  
6418 custody has been granted by the courts.  
6419
- 6420 If the child is age 18 years or older, per SSA regulations [GN00603.055](#), the conserved  
6421 funds may be paid directly to the child to facilitate transition into adult life. Child and  
6422 Family Services will require the child to show picture verification and sign a receipt  
6423 when claiming the check from the agency.  
6424
- 6425 If the child is mentally incapable then the funds must be returned to the Social Security  
6426 Administration. A child's incapacity will be determined by the Child and Family Team  
6427 with appropriate documentation and/or knowledge.  
6428
- 6429 If the child is receiving other types of unearned income, contact the funding agency for  
6430 guidance for returning remaining funds in the child's account.  
6431
- 6432 After the representative payee account is closed and the final audit is completed, account  
6433 records must be filed in the child's family file under the SSI tab.  
6434

### 303.17 Permanency Round Table (PRT) Process

Major objectives:

A Permanency Round Table or PRT is a tool to work out-of-home care cases that are “stuck” in regards to the achievement of enduring safety and permanency. These children have a greater likelihood of emancipating from the system and not achieving legal permanency or permanent connections.

Preferred permanency outcomes for children are Reunification, Adoption, Guardianship Relative, or Guardianship Non-Relative. Emancipation is the least preferred outcome but in the event that it becomes inevitable, youth aging out of care should have an array of informal permanent connections, healthy relationships, and access to formal resources.

Practice Guidelines

- A. Selecting cases for PRT: Cases involving children who are likely to remain in out-of-home care until the age of majority should be considered for a PRT. Characteristics of cases that could be prioritized for PRTs might include cases open of longer duration, cases with primary and concurrent goals of Independent Permanency, and cases with older youth.
- B. Training: All participants in a PRT must complete both Permanency Values training and Permanency Skills training.
- C. PRT documents to be used in the PRT process:
  - 1. Case Summary Sheet.
  - 2. Oral case presentation.
  - 3. Action Plan, which concludes at 90 days.
  - 4. Picture of youth.
  - 5. Genogram (optional).
  - 6. Timeline (optional).
- D. PRT participants and definition of roles: Limiting participation is intended to engender an environment of openness without reprisal (applicable exceptions are allowed under the role of Other).
  - 1. Caseworker: The caseworker assigned to the case. The caseworker is responsible to be prepared with the oral case presentation and answer questions from the group.
  - 2. Supervisor: The supervisor of the caseworker attends the PRT and may also be asked to provide case history and information.
  - 3. Master practitioner: The master practitioner is an expert in permanency work and/or an expert in navigating unique challenges that may exist in specific types of cases. There can be more than one master practitioner involved in a PRT.
  - 4. Neutral facilitator: A person outside of the administrative chain of command for the case selected for a PRT. The facilitator will not lead the discussion in a particular direction but will take an active role in establishing an environment that

- 6480 stimulates and promotes the free exchange of ideas. The facilitator is responsible  
6481 to make sure that all parties are focused on looking for solutions rather than  
6482 getting caught up in the past. The facilitator is also responsible for keeping the  
6483 PRT team on schedule, following the structure of the PRT process, and ensuring  
6484 that an Action Plan is developed. The facilitator may enlist another member of  
6485 the PRT team to be a time keeper.
- 6486 5. External permanency consultant: A person who is outside of the administrative  
6487 chain of command for the case selected. It is preferred that the consultant be  
6488 outside of the region where the case management is conducted. The consultant is  
6489 primarily responsible to provide suggestions during brainstorming and action  
6490 planning.
- 6491 6. Scribe: The scribe manages all the record keeping for the PRT process, which  
6492 includes completing the PRT Action Plan documents.
- 6493 7. Others: On rare occasions, the situation may require a specialist from outside of  
6494 the agency to provide specific knowledge, skills, and expertise, which will assist  
6495 the work of permanency. In these situations, the participant should have  
6496 completed the Values training. Others may also be Child and Family Services  
6497 staff not otherwise designated in any of the other PRT roles.
- 6498
- 6499 E. PRT process:
- 6500 1. Welcome, Overview of PRT, and Working Agreement (5 Minutes): Establishing  
6501 rules for the PRT. Some rules that should be considered include no electronics  
6502 and maintain permanency focus.
- 6503 2. Case Presentation (20 Minutes): Caseworker presents the case using the Oral  
6504 Case Presentation outline. The caseworker's presentation is uninterrupted. At the  
6505 conclusion, the supervisor may also be given an opportunity to add information to  
6506 the presentation. No questions from the group are allowed in this portion of the  
6507 PRT.
- 6508 3. Clarify and Explore (15 Minutes): This is the opportunity for the PRT team  
6509 members to ask questions that will add clarity to the presentation. No  
6510 brainstorming or solution finding is allowed in this portion of the PRT.
- 6511 4. Brainstorm Session (25 Minutes): Free-flowing generation of ideas.
- 6512 5. Action Planning (35 Minutes): Group brainstorm into key strategic themes,  
6513 develop measureable action steps, identify barriers and solutions for barriers,  
6514 assign responsible parties, and establish deadlines. Responsibility of Action Steps  
6515 should be shared by all participants of the PRT team.
- 6516 6. Debrief (5 Minutes): Check-in with the caseworker and supervisor regarding the  
6517 implementation of the Action Plan, lessons learned, etc.
- 6518
- 6519 F. Accessing Casey Grant dollars for barrier busting: Casey Family Programs has provided  
6520 money to assist caseworkers in overcoming barriers to achieving permanency.
- 6521 1. All approved requests must comply with rules for procurement.
- 6522 2. Requests for money for services and resources should be accompanied by a  
6523 request form (TBD).
- 6524 3. All requests must include a rationale for how this will promote legal permanency  
6525 or permanent connections for the youth.

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4. All requests exceeding \$500 (excluding travel, lodging, or per diem) must be screened by the Program and Practice Improvement Team (PPIT).

6529 **304 Services To Family**

6530 Major objectives:

6531 Child and Family Services provides services to parents or guardians to facilitate the child’s return  
6532 home or placement with a permanent family. These services will be designed to maintain and  
6533 enhance parental functioning, care, and familial connections.  
6534  
6535

6536 **304.1 Initial Contact With Parents**

6537 Major objectives:

6538 During the initial contact with the parents, the out-of-home caseworker will explain the process of  
6539 working with the parent while the child is in out-of-home care. This includes explaining the  
6540 parent’s residual rights, the rights of visitation or parent-time with the child, the Child and Family  
6541 Team, the functional assessment, the Child and Family Plan, the transition plan, concurrent goals,  
6542 long-term view, and non-negotiables. The out-of-home caseworker will also explain to the  
6543 parents the role of the agency, the caseworker, the out-of-home caregiver, the team, and the court  
6544 process.  
6545

6546 **Applicable Law**

6547 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
6548  
6549

6550 Practice Guidelines

6551 The caseworker will contact the parents within five working days of receiving the case.

6552 While the child is in Child and Family Services custody, beginning when the child first comes  
6553 into care, information will be provided to the child’s parents which includes:

- 6554
- 6555 A. Orientation to the out-of-home service and the child’s need for a permanent, stable home.
  - 6556
  - 6557 B. The importance of parental involvement and contact with the child and Child and Family  
6558 Services.
  - 6559
  - 6560 C. Expectations and time lines associated with participation or non-participation in service.  
6561
  - 6562 D. Parental rights and responsibilities while the child is in care, including financial support.  
6563

6564 When applying the above major objectives and Practice Guidelines, the following definitions  
6565 should be kept in mind:  
6566

6567 **Child and Family Team Meeting:** A Child and Family Team Meeting is a gathering of family  
6568 members, friends, community specialists, agency staff, and other interested people who join  
6569 together to strengthen a family and protect its children.  
6570

6571 **Teaming:** The process of developing, having, and maintaining a Child and Family Team with  
6572 families, resource systems, and agencies to assist families in solving their problems and  
6573 addressing their challenges through a strengths-based program.  
6574

6575 **Functional Assessment:** The definition taken from the Qualitative Review Protocol is: Assess  
6576 current, obvious, and substantial strengths and needs of the child and family that are identified  
6577 through existing assessments, both formal and informal. This collection of information should  
6578 form a big picture understanding of the child and family and how to provide effective services  
6579 for them. A functional assessment also identifies critical underlying issues that must be resolved  
6580 for the child to live safely with his/her family independent of agency supervision or to obtain an  
6581 independent and enduring home.  
6582

6583 **Permanency Plan:** A permanency plan is a written guide to obtaining specific outcomes and  
6584 objectives for a child and family. A permanency plan assembles supports, services, and  
6585 interventions into a holistic and coherent service process that provides a mix of elements  
6586 uniquely matched to the child and family situation and preferences. The Permanency Plan will  
6587 reflect the rebuttable presumption that placement of a child with the child's relative during a  
6588 child welfare proceeding is in the best interest of the child.  
6589

6590 **Transition Plan:** A transition plan documents the process to achieve the Child and Family  
6591 Plan's long-term view, anticipate transitions, and consider the necessary steps to achieve  
6592 successful change. Transitions are internal processes that a family experiences and must manage  
6593 in order to be successful as they move through the process of change. Examples of typical  
6594 transitions include: removal, change in placement, change in school, change in caseworker,  
6595 change in therapist, reunification, case closure, graduation, independent living, agency transfers,  
6596 loss of family, and adoption.  
6597

6598 **Concurrent Permanency Goal:** Utah statute requires a concurrent permanency goal for the  
6599 child, and the reason for selecting that goal in every "treatment plan" when the child enters the  
6600 temporary custody of Child and Family Services. [*See*: Utah Code Ann. [§80-3-406.](#)]  
6601

6602 **Long-Term View:** Long-term view is looking at the current situation and seeing how it will  
6603 affect the whole picture now and in the future. It includes considering how the current picture  
6604 needs to be changed or altered to achieve the future circumstances that are needed or desired.  
6605

6606 **Non-negotiables:** Those issues dealing with the child's safety and well-being, orders from the  
6607 court or statutes that prescribe specific actions by Child and Family Services.  
6608



## 304.2 Child And Family Contact

Major objectives:

Child and Family Services will make efforts to engage parents in continuing contacts with their child, whether through visitation, phone, or written correspondence. This will include efforts to engage the parents in appropriate parenting tasks such as attending school meetings, etc. Child and Family Services staff will recognize child and family contact as a right for both the parent and the child.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

A. Refer to [Section 303.1](#), Visitation With Familial Connections.

B. Exceptions to contact are limited to:

1. When contraindicated by the law, court finding, the child’s safety, or the child’s best interests.
2. When parental rights are terminated.
3. When the biological parent’s declining health precludes such efforts in the case of a terminally ill, unresponsive parent. However, engagement of the parents is to occur whenever possible and may still occur in some cases where the parents are in declining health or when rights have been terminated.

## 304.3 Ongoing Contact Between Parents And Caseworker

(This section has been replaced with [Section 302.2](#).)

## 304.4 Wrap-Around Services

Major objectives:

Wrap-around services will be provided to the child and family and will be crafted by the Child and Family Team based on the assessed needs and resources.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

The Child and Family Team will explore with the family different levels of support such as informal, formal, and use of flexible funding to craft and meet the needs of the family. Examples of wrap-around services are:

A. Peer parenting. [See: [Section 309](#), Peer Parenting Services.]

B. Child care.

- 6654
- 6655 C. Home health aide services.
- 6656
- 6657 D. Parenting education.
- 6658
- 6659 E. Respite care.
- 6660
- 6661 F. Transportation services for visitation.
- 6662
- 6663 G. Vocational or educational assistance.
- 6664
- 6665 H. Mental health and/or substance abuse assessment and treatment.
- 6666
- 6667 I. Housing referral and assistance.
- 6668

## 304.5 Financial Support For Children In Out-Of-Home Care

### Major objectives:

To encourage parental responsibility and involvement, families are expected contribute financially to the support of their children while in out-of-home care as required by state and federal law [USC 671(a)(17)].

### **Applicable Law**

Utah Code Ann. [§78A-6-356](#). Child support obligation when custody of a minor is vested in an individual or institution.

### Practice Guidelines

- 6681 A. Utah law mandates that all parents are responsible for the support of their minor children.
- 6682
- 6683 B. The parent or guardian is to meet with the Office of Recovery Services within 10 days of the shelter hearing to begin the process of providing financial support while their child is in out-of-home care.
- 6684
- 6685
- 6686
- 6687 C. The caseworker should verify that this occurs.
- 6688
- 6689 D. In cases where the court has permanently terminated the parent's rights to their children,
- 6690 the parents have no obligation to pay child support.
- 6691

6692 **304.6 Good Cause Deferral/Waiver Process**

6693 Major objectives:

6694 In situations in which the present family has been encumbered by an unpreventable loss of  
6695 income or extraordinary and necessary expenses not considered at the time the order of child  
6696 support was established, the caseworker may join with the family to request the Office of  
6697 Recovery Services to postpone or waive collection of current or past-due child support.  
6698

6699

6700 **Applicable Law**

6701 Utah Code Ann. [§26B-9-304](#). Office procedures for income withholding for orders issued or  
6702 modified on or after October 13, 1990.

6703

6704 Practice Guidelines

6705 Please refer to the following link to access the form (DHHS Form 602) and instructions through  
6706 the Office of Recovery Services in order to complete this process:

6707 [http://www.ors.utah.gov/cic\\_goodcause.htm](http://www.ors.utah.gov/cic_goodcause.htm) . The form may also be accessed from the main  
6708 page in SAFE.  
6709

6710 **305 Child and Family Services Relationship With Out-Of-**  
6711 **Home Caregivers**

6712 Major objectives:

6713 Out-of-home caregivers have the responsibility of providing daily care, supervision, protection,  
6714 and experiences that enhance the child’s development. Individuals approved and selected to  
6715 provide out-of-home care will have the experience, personal characteristics, and temperament  
6716 necessary to work with children and their biological families.  
6717

6718  
6719 **Applicable Law**

6720 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
6721

6722 Practice Guidelines

- 6723 A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the  
6724 health, well-being, and safety of children in their home, out-of-home caregivers will:
- 6725 1. Integrate children into their household as equal members by providing a pleasant,  
6726 safe, and nurturing family atmosphere.
  - 6727 2. Provide activities that enhance physical, cognitive, social, and emotional  
6728 development; teach problem solving skills; and act as positive role models.
  - 6729 3. Commit to keep the child without disruption until permanency has been  
6730 accomplished by using available supports to prevent disruption.
  - 6731 4. Use constructive discipline as approved by the Child and Family Team. Use of  
6732 corporal punishment, physical or chemical restraint, infliction of bodily harm or  
6733 discomfort, deprivation of meals, rest, or visits with family, or humiliating or  
6734 frightening methods to control the actions of children is never allowed.
  - 6735 5. Maintain confidential information that is disclosed within the Child and Family  
6736 Team. Out-of-home caregivers may share information with team members  
6737 providing services to the child such as medical professionals, therapists, school  
6738 personnel, etc.
  - 6739 6. Out-of-home care providers who participate in cluster support groups must also  
6740 abide by the cluster confidentiality agreement. Violation of confidentiality may  
6741 result in corrective action, suspension, or revocation of foster care licensure.
  - 6742 7. Furnish nutritious meals and snacks.
  - 6743 8. Plan orderly daily schedules that promote positive participation in appropriate  
6744 developmental, school, and community activities.
  - 6745 9. Provide the opportunity for religious observance in the faith of the child and  
6746 family’s choice.
  - 6747 10. Arrange culturally responsive opportunities for participation in activities  
6748 consistent with the child’s ethnic and cultural heritage.
  - 6749 11. Actively participate in the development and the implementation of the Child and  
6750 Family Plan.
  - 6751 12. Make the child available for parent-child visits and/or sibling visits with the  
6752 schedule negotiated by the Child and Family Team. Visitation may not be  
6753 contingent upon the child’s behavior.

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13. Encourage children to maintain and develop positive relationships and connections with parents as determined by the permanency goal and help prepare children for their court-ordered permanency goal.
  14. Keep informed of all pertinent information regarding the child's current medical or dental status, mental health, educational progress, and social skills, and observe and document information regarding the child's behavior, problems, feelings, and adjustment in the foster home. All information will be kept in the Home-to-Home Binder.
  15. Keep records of dates of placement, billings, payments, any receipts for items and services purchased for the child, and other financial matters.
  16. Maintain and keep current the Home-to-Home Book and take medical records from the book for medical appointments to assure continuity of health care.
  17. In conjunction with the caseworker and health care team, see that medical treatment is properly provided, accompany the child to all medical examinations, encourage the child's parent to attend health care visits, consult with health care providers, and ensure that health care, treatment, and follow-up care are provided according to the schedule recommended by the child's health care providers.
  18. Secure, administer, and maintain medications for the child. Ensure medication is properly disposed.
  19. Document the use of medication including when it is administered and by whom, missed doses, and appointments related to medication management, including missed or cancelled visits, in the Home-to-Home Book. Ensure medication information is provided to a new caregiver or the parent if the child is returning home.
  20. Keep prescribed and over-the-counter medication locked and properly labeled (name of person, dosage, name of medication, physician, expiration date, and prescription number).
  21. Document the effects of medications and share with the child's doctor and family team.
  22. Follow universal precautions when dealing with blood, urine, saliva, and feces and follow written instructions for the disposal of medication, syringes, or medical waste.
  23. Be involved in the planning and monitoring of the child's mental health treatment.
  24. Be responsible for monitoring and assisting in children's educational process including helping with homework, attending parent/teacher conferences, participating in the development of Individual Education Plans (IEPs), and alert the caseworker to any unmet educational needs.
  25. Give input, attend and participate in the Child and Family Team, reviews and other important meetings; *or* provide written comments prior to the review date or participate by telephone if unable to attend reviews or meetings.
  26. Provide transportation to school and related activities, medical and dental appointments, mental health therapy, visitations, court hearings, reviews, religious activities, and other routine personal or family activities as negotiated by the Child and Family Team.
  27. Use clothing allowance and monthly out-of-home payments as allocated for new and gently used clothing or new diapers. It is acceptable for an out-of-home

- 6800 caregiver to sew the child's clothing if there is no charge for the labor. A child's  
6801 wardrobe may be supplemented with previously worn clothing if in good repair  
6802 and it is purchased through a used clothing store and a receipt is provided.
- 6803 28. Be an advocate for children in their care.
- 6804 29. Alert the caseworker of any special or unmet needs of the child.
- 6805 30. Report any significant change in the child or parent's circumstances, or of any  
6806 serious or repeated behavioral problems of the child.
- 6807 31. Immediately report any accidents, injuries, criminal and delinquent activities, or  
6808 other emergency situations.
- 6809 32. Report substantial changes in the home composition to the caseworker and OL.
- 6810 33. Actively seek in-service training opportunities that promote the development of  
6811 parenting skills and keep a record of in-service training attended.
- 6812
- 6813 B. Out-of-Home Caregiver Training Requirements.
- 6814 1. An out-of-home caregiver will successfully complete:
- 6815 a. An initial consultation to orient out-of-home caregivers prior to  
6816 participation in the pre-service training program through the Contractor that  
6817 Child and Family Services utilizes for the Training, Recruitment, and Retention  
6818 Services of Foster Parents.
- 6819 b. For initial licensure, completion of the pre-service training required by  
6820 Child and Family Services for all prospective out-of-home caregivers prior  
6821 to licensure. Any pre-service training hours completed within the previous 24  
6822 months of an individual seeking licensure may be accepted as long as there is no  
6823 documentation or evidence that there were concerns regarding the caregiver.  
6824 Child and Family Services reserves the right to require any caregiver to re-take  
6825 part or all of pre-service classes if deemed necessary. Special situations:
- 6826 (1) If a prospective caregiver applying for either a Licensed Foster  
6827 Care (LFC) or Licensed Specific Child (LSC) license has  
6828 completed comparable training (with another state or agency), a  
6829 request for an exception to complete the training will be submitted  
6830 in writing by the Resource Family Consultant (RFC) to the foster  
6831 care program administrator or other designated staff at the State  
6832 Office. The foster care program administrator or other designated  
6833 staff will assess the training completed by the prospective  
6834 caregiver and the specific case information (if applicable), and will  
6835 provide a decision in writing to the RFC as to whether or not the  
6836 training can be accepted within 30 working days of receiving the  
6837 request.
- 6838 (2) If a caregiver applying for an LSC license is deemed unable to  
6839 complete the Child and Family Services approved pre-service  
6840 training within the required timeframe of the probationary license,  
6841 the RFC and the potential foster parent will work with the current  
6842 Child and Family Services Contractor for Training, Recruitment,  
6843 and Retention Services of Foster Parents on alternative ways to  
6844 complete the pre-service training. A request for an exception will  
6845 be submitted in writing by the RFC (or KFC) to the foster care

- 6846 program administrator or other designated staff at the Child and  
6847 Family Services State Office. The request for training exception  
6848 must include the reason that the caregiver is unable to complete the  
6849 training in the required timeframe; what attempts were made, if  
6850 any, to complete the training; and what the alternative plan  
6851 (including timeframes) is for the caregiver to complete the pre-  
6852 service training. The foster care program administrator or other  
6853 designated staff will assess the information and will provide a  
6854 decision in writing to the RFC as to whether or not the alternative  
6855 plan is accepted within 30 working days of receiving the request.
- 6856 c. Pre-service classes include information about:
- 6857 (1) Orientation and Team Building; Child and Family Services Major  
6858 objectives and Procedure, Licensing Rules, and Medical  
6859 Requirements for Children in Out-of-Home Care; Abuse and Neglect,  
6860 Child Sexual Abuse; Impacts of Abuse on the Child Development;  
6861 Attachment, Separation, Grief, and Loss; Discipline & Effects of  
6862 Caregiving on the Family; Cultural Issues, Primary Families; and  
6863 Adoption Issues;
  - 6864 (2) Rights and responsibilities as caregivers and the partnership role  
6865 with Child and Family Services in providing services to the child  
6866 and family;
  - 6867 (3) Responding to the individual needs of children placed in their  
6868 home, including the needs of abused and neglected children and  
6869 the importance of the cultural and ethnic contexts for service;
  - 6870 (4) Sensitive and responsive practices to use with the biological  
6871 parents, which address issues such as involving them in decisions  
6872 about their children's lives, encouraging visits, and ways to  
6873 maintain the parent-child relationship (unless contraindicated by  
6874 the service plan);
  - 6875 (5) The use of out-of-home care as a temporary intervention, except  
6876 when planned alternative living arrangements have been clearly  
6877 determined to be the appropriate plan for therapeutic reasons, or  
6878 when adoption or guardianship by the kin or out-of-home  
6879 caregivers has become the plan;
  - 6880 (6) Circumstances that terminate the caregiving relationship and  
6881 informs them regarding appeal Practice Guidelines, which gives  
6882 them notice and opportunity to be heard in any review or hearing  
6883 regarding the child;
  - 6884 (7) Accessing, via the Child and Family Services eligibility process  
6885 and staff, government payments on behalf of the child, including  
6886 Medicaid cards, social security, and other public assistance; and
  - 6887 (8) The organization's major objectives on compensation for damages  
6888 done by children placed in their care.
  - 6889 (9) Other training topics deemed appropriate by Child and Family Services.
- 6890 d. For ongoing licensure, completion of 16 hours of in-service training hours  
6891 annually prior to re-licensure is required. If there are two caregivers in the

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household, the 16 hours is the total number of in-service training hours required for both caregivers combined, with neither caregiver having less than four hours. A minimum of four hours of in-service training per caregiver must be completed in a face-to-face or classroom setting. Three hours may be completed through other multimedia sources, as outlined below (pre-recorded online courses, parenting instruction videos, or other publications). The remainder of the hours may be completed in person or via live facilitated interactive online training. The following chart is a guide for acceptable combinations of training hours between two caregivers.

| First Caregiver                | Second Caregiver                |
|--------------------------------|---------------------------------|
| 4                              | 12 (up to 3 hours multimedia)   |
| 5 (up to 1.5 hours multimedia) | 11 (up to 3 hours multimedia)   |
| 6 (up to 1.5 hours multimedia) | 10 (up to 2.5 hours multimedia) |
| 7 (up to 2 hours multimedia)   | 9 (up to 2.5 hours multimedia)  |
| 8 (up to 2 hours multimedia)   | 8 (up to 2 hours multimedia)    |

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- (1) In-service training hours may be completed through the current Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents. If a foster parent repeats any amount of pre-service training, the full amount will count towards the in-service training requirement. Training completed through the Contractor will be entered into the SAFE database by the Contractor. Foster parents should also maintain copies of verification (attendance rolls, certificates, etc.) that they have attended training through the Contractor.
- (2) Training hours may also be completed through foster parent attendance and participation in any classes or trainings offered to out-of-home caregivers by Child and Family Services.
- (3) Other in-service training hours may be completed by the out-of-home caregiver through the following process:
  - (a) Community-based trainings and conferences: The Child and Family Services State Office will maintain a list of pre-approved community-based trainings or conferences for in-service training credit. Any other trainings or conferences not on the pre-approved list must be pre-approved by the RFC or other designated Child and Family Services staff in order for the caregiver to receive in-service training hours. Community-based training and conferences must be provided by well renowned institutions or collaborations and/or should be based on evidence-based practices that will increase the knowledge and skills of the caregivers. The training/conference may cover general topics that can be related to parenting children in foster care, or it may be specific to the needs of a particular child being cared for by the caregiver. The caregiver must obtain verification of



- 6931 attendance in order to receive credit for in-service training  
6932 hours. The caregiver will keep a copy of the verification of  
6933 attendance and will provide a copy to the RFC or other  
6934 designated staff.
- (b) 6935 The RFC will forward the verification of training to the  
6936 designated person with the Child and Family Services  
6937 Contractor for Training, Recruitment, and Retention  
6938 Services of Foster Parents for entry into the SAFE  
6939 database. The designated person will enter completed  
6940 trainings attended by out-of-home caregivers into the SAFE  
6941 database within 10 business days of receiving the training  
6942 documentation.
- (c) 6943 Training through other multimedia sources, such as on-line  
6944 courses, parenting instructional videos, or other  
6945 publications (such as books): Out-of-home caregivers may  
6946 complete a portion of their in-service training hours  
6947 through pre-approved online courses (including those  
6948 provided through the Child and Family Services Contractor  
6949 for Training, Recruitment, and Retention Services of Foster  
6950 Parents) parenting instructional videos, or other  
6951 publications. The training may be general or it may be  
6952 specific to the needs of a particular child, and should be  
6953 based on evidence-based practices. The Child and Family  
6954 Services State Office will maintain a list of pre-approved  
6955 sources for in-service training credit through these  
6956 methods. The list of pre-approved resources will also  
6957 outline how many hours of training credit may be received  
6958 from each source.
- (d) 6959 In order for out-of-home caregivers to receive in-service  
6960 training credit from completion of an online course,  
6961 parenting instructional video, or other publications, the  
6962 caregiver must provide a typed summary of the training to  
6963 the RFC or other designated Child and Family Services  
6964 staff. A standardized form can be obtained from the RFC  
6965 for the summary. The summary will include knowledge  
6966 and skills that the caregiver gained from the training and  
6967 how the caregiver will apply the knowledge and skills  
6968 when parenting children in care. If an online course has a  
6969 post-test component that tests the knowledge of the  
6970 caregiver following course completion, the caregiver may  
6971 provide verification of passing the post-test for training  
6972 credit rather than the summary. The RFC or designated  
6973 staff will review the summary or documentation provided  
6974 by the caregiver and determine whether the information  
6975 meets the requirements for in-service training. If it meets  
6976 the requirements for in-service training, the information

- 6977 will be forwarded to the designated staff member at the  
6978 current Child and Family Services Contractor for Training,  
6979 Recruitment, and Retention Services of Foster Parents for  
6980 entry into SAFE.
- 6981 (e) The designated staff member at the Child and Family  
6982 Services Contractor for Training, Recruitment, and  
6983 Retention Services of Foster Parents will enter completed  
6984 trainings into the SAFE database within 10 business days  
6985 of receiving the training documentation.
- 6986 (f) Any person wanting to add a source to the pre-approved list  
6987 of in-service training sources will forward a request to the  
6988 Child and Family Services foster care program  
6989 administrator or other designated staff at the Child and  
6990 Family Services State Office. The request will provide any  
6991 relevant information regarding the source, including a  
6992 summary of the information covered along with any  
6993 indication that it is evidence-based practice (if known).
- 6994 (4) Tracking annual in-service training hours:
- 6995 (a) One hundred and twenty days prior to foster care licensure  
6996 renewal for an out-of-home caregiver, the RFC assigned to  
6997 the caregiver or other designated Child and Family Services  
6998 staff will review the completed in-service training hours in  
6999 SAFE and determine whether the caregiver has the required  
7000 amount of in-service training hours.
- 7001 (b) If the caregiver has already received credit for the required  
7002 number of training hours, no further action is required.
- 7003 (c) If the caregiver has a deficiency in the number of in-service  
7004 training hours needed for re-licensure, the RFC or staff will  
7005 contact the caregiver to determine if they will be renewing  
7006 their foster care licensure. If the caregiver will be  
7007 renewing, the RFC or staff will do the following:
- 7008 i. Provide written notification to the caregiver  
7009 regarding the number of hours still needed prior to  
7010 re-licensure, including what will happen if they do  
7011 not obtain the required number of training hours.
- 7012 ii. Coordinate with the caregiver to determine if there  
7013 are hours of in-service training that they have not  
7014 yet been credited and assist them in the process of  
7015 ensuring those hours are entered into SAFE.
- 7016 iii. Assist the caregiver in identifying potential training  
7017 sources to help them obtain the required number of  
7018 training hours.
- 7019 iv. Make monthly contact with the caregiver to  
7020 determine their progress on completing in-service  
7021 training. The RFC or designated staff will

- 7022 document monthly contacts in the provider notes in  
7023 SAFE.
- 7024 v. If the caregiver is unable to obtain the required  
7025 number of hours needed for in-service training and  
7026 still desires to maintain licensure, the RFC or staff  
7027 will help them identify what steps they must take in  
7028 order to obtain re-licensure.
- 7029 (d) If the caregiver informs the RFC or designated staff that  
7030 they will not be pursuing re-licensure, this information will  
7031 be documented in the provider notes in SAFE.
- 7032 e. An affirmation of compliance with Administrative Rule [R512-302](#).  
7033 f. Child and Family Services may identify or require a specific training for all  
7034 foster parents. Child and Family Services may also require a specific training  
7035 for an individual foster parent to help them provide for the needs of a particular  
7036 child.  
7037
- 7038 C. All other licensing requirements for the home must be met and maintained. Refer to the  
7039 OL Rules, Child Foster Care [R501-12](#). Requirements for licensure may include but are  
7040 not limited to:
- 7041 1. A BCI criminal records check and a check of the state's child abuse registry for  
7042 all adults, 18 years or older, residing in the home.
- 7043 2. A Resource Family Assessment and/or homestudy will be completed by the OL or  
7044 other approved contractor using the standardized family assessment format. This  
7045 includes references, a medical reference letter completed by a licensed health care  
7046 professional, and a mental health evaluation if needed.  
7047
- 7048 D. Reimbursement for services commensurate with the cost of maintaining the child will be  
7049 provided to the out-of-home caregiver at the rate established by the Utah State  
7050 Legislature, and also based on the needs of the child.  
7051
- 7052 E. Foster Care Agreement:
- 7053 1. The Foster Care Agreement (Form 638A) must be signed annually by each  
7054 licensed out-of-home caregiver. If there are two licensed out-of-home caregivers  
7055 in a home, they may sign on the same form. For kin caregivers, the Foster Care  
7056 Agreement will be signed at the time of licensure and will replace the Kinship  
7057 Caregiver Preliminary Placement Agreement (KBS04).
- 7058 2. The RFC assigned to the foster parent, or other assigned Child and Family  
7059 Services staff will review the Foster Care Agreement and address any concerns  
7060 with the out-of-home caregiver. The RFC will obtain a signed Foster Care  
7061 Agreement from the licensed out-of-home caregiver annually.
- 7062 a. Once signed, the Foster Care Agreement is effective until the end of the  
7063 licensure period or one year from the time of signing the agreement,  
7064 whichever is sooner.
- 7065 b. For newly licensed foster parents, the Foster Care Agreement should be  
7066 obtained within 30 days of receiving the home study, unless the Child and

- 7067 Family Services region has made the determination that the home will not  
7068 be used for placements.
- 7069 c. For foster parents who have been licensed more than a year, a signed copy  
7070 of the Foster Care Agreement should be obtained within the 30 days prior  
7071 to expiration of the former Foster Care Agreement. This can be done in  
7072 person, through the mail, or through electronic methods (such as a scanned  
7073 version of the signed agreement sent through email).
- 7074 d. Copies of the signed Foster Care Agreement will be kept in the Out-of-  
7075 Home Caregiver's file.
- 7076
- 7077 F. Placement Agreement:
- 7078 1. The Placement Agreement (Form 638B) must be signed each time a child is  
7079 placed in the home of an out-of-home caregiver. If there are two licensed out-of-  
7080 home caregivers in a home, they may sign on the same form.
- 7081 2. The caseworker or supervisor assigned to the child will review the Foster Care  
7082 Agreement and address any concerns with the out-of-home caregiver, and obtain a  
7083 signed copy from the caregiver. The RFC assigned to oversee the home may  
7084 assist in obtaining the signed Placement Agreement, if necessary.
- 7085 3. A signed copy of the Placement Agreement should be obtained within 30 days of  
7086 placing the child in the home. This can be done in person, through the mail, or  
7087 through electronic methods (such as a scanned version of the signed agreement  
7088 sent through email).
- 7089 4. Once signed, the Placement Agreement is effective for the duration of the child's  
7090 placement of the child with the out-of-home caregiver, or until Child and Family  
7091 Services custody of the child ends.
- 7092
- 7093 G. Claims for Property Damage: Child and Family Services will, when circumstances  
7094 warrant, help foster parents and kinship placements deal with property damaged by a  
7095 foster child placed in the home. This aid covers only physical loss or damage that is  
7096 caused by the direct action of any foster child in the care of the foster care provider or  
7097 kinship placement.
- 7098 1. Claims must be filed within 90 days of the initial incident date. Exceptions to the  
7099 90-day limit may be granted on a case-by-case basis.
- 7100 2. With proper approval, Child and Family Services may provide financial help up  
7101 to but not to exceed \$1,500 per claim. For the first claim in a fiscal year (July 1  
7102 through June 30), a \$150 deductible will first be applied. For any additional  
7103 claims filed within the same fiscal year, the deductible will be reduced to \$50.  
7104 The calculation of the financial aid will take into account the age, condition, and  
7105 depreciation of the property at the time of the incident. Financial aid will not  
7106 necessarily be based on replacement value. The dollar value of replacement items  
7107 or repairs must be supported with independent documentation.
- 7108 3. It is the intention of this program to help with material claims. Damaged items  
7109 whose value is below \$150 will not be covered.
- 7110 4. In order to start the claim process, the foster care provider will work with the  
7111 region Resource Family Consultant (RFC) and the caseworker utilizing the [305-](#)

7112 [Damage Letter and Claim Form](#), and email it to the Child and Family Services  
7113 state office at [fosterparentclaim@utah.gov](mailto:fosterparentclaim@utah.gov).  
7114

### 305.1 Services To Out-Of-Home Caregivers

Major objectives:

Child and Family Services will provide support to the out-of-home caregiver to ensure that the child(s) needs are met, prevent unnecessary placement disruption, and address needs of the out-of-home caregiver. The out-of-home caregiver is a member of the Child and Family Team.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. (This section has been replaced with [Section 302.2](#).)
- B. Facilitating Caregiver/Family Contact. The caseworker will assist the out-of-home caregiver in developing and maintaining a working relationship with the child(s) parents, in accordance with the Child and Family Plan and permanency goals.
  - 1. Out-of-home caregivers, the caseworker, the child, and the family will engage in a private face-to-face meeting within the first two weeks of placement and at least once a month thereafter or as needed to build the relationship.
  - 2. The caseworker will encourage the out-of-home caregiver to initiate and maintain contact with the child(s) parents to share information about the child and facilitate familial connections.
- C. Access to Major objectives and Practice Guidelines. Out-of-home caregivers will have access to review the Child Welfare Manual and have any relevant major objectives explained by agency personnel.
  - 1. During pre-service training, all families will receive a Resource Family Major objectives and Practice Guidelines.
  - 2. Annually, to renew their license, all resource families will participate in a major objectives “refresher” course and receive a current Resource Family Major objectives and Practice Guidelines.
  - 3. Child and Family Services will make available, in any office, the Child Welfare Manual, and offer an explanation of any major objectives requested.
  - 4. The Child and Family Services Child Welfare Manual will be available over the DHHS Internet web page.
- D. Mileage Reimbursement. Licensed out-of-home caregivers will be reimbursed for the mileage incurred for the following activities:
  - 1. Visitation: Mileage will be reimbursed to transport a child in out-of-home care to and from visits with parents, siblings, or other relatives/ caregivers.

- 7155 2. Case-Related Activities: Mileage will be reimbursed to and from Child and  
7156 Family Team meetings, reviews, court activities, case planning, staffings, and  
7157 placement transitions.
- 7158 3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a  
7159 friend’s house, the school, or to recreational activities.
- 7160 4. If transporting more than one child at the same time, mileage will only be  
7161 submitted for one child.
- 7162 5. Medical and Other Essential Activities: Reimbursement is also available for  
7163 mileage to and from caseworker approved essential, extraordinary activities such  
7164 as school attendance outside of neighborhood boundaries, for youth bus pass, and  
7165 for agency payments to parents to visit their child in foster care. Mileage will be  
7166 reimbursed to transport the child to and from medical, dental, and mental health  
7167 appointments.

7168  
7169 The out-of-home caregiver will document all reimbursable mileage claims on the  
7170 appropriate Child and Family Services form that includes odometer readings, purpose of  
7171 travel, and destination.

7172  
7173 Mileage claims will be submitted monthly for reimbursement.

### 7174 7175 **305.2 Respite, Child Care, And Incidental Care For Children** 7176 **In Out-Of-Home Care**

7177 Major objectives:

7178 Out-of-home caregivers will have temporary relief from the day-to-day parenting responsibilities  
7179 of the child placed in their care to prevent placement disruption and/or burnout. Options for  
7180 temporary relief include paid respite, non-paid respite, child care, and incidental care.

7182  
7183 **Applicable Law**

7184 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7185  
7186 Definitions:

- 7187 A. Incidental Care: Occasional care, not in excess of five hours per week and never  
7188 including overnight stays. Examples of this would be babysitting for five hours or less  
7189 per week or transporting the child on behalf of the foster parent for a duration of time  
7190 totaling less than five hours per week. Incidental care does not have to take place in the  
7191 out-of-home caregiver’s home
- 7192  
7193 B. Child care: Ongoing care to the child in the out-of-home caregiver’s home on a  
7194 continual, regular basis (such as when the out-of-home caregiver is at work), OR care for  
7195 a child in out-of-home care in excess of five hours a week. Child care does not include  
7196 overnight stays with the child.
- 7197  
7198 C. Respite care: Any arrangement that requires the individual caring for the child to stay  
7199 with the child overnight. It may also be for multiple overnight stays. A person providing

7200 respite care in their own home for a child in foster care must be a licensed foster care  
7201 provider and may not exceed the capacity they are licensed for. However, an unlicensed  
7202 person may provide respite care for a child in foster care in the home of the out-of-home  
7203 caregiver, as long as the requirements outlined below are met.  
7204

7205 D. Other options for temporary relief:

- 7206 1. Visitation with the child's non-licensed relative in order to maintain  
7207 connections. [See: Kinship Practice Guidelines [Section 502.3a](#) for requirements  
7208 for unsupervised access to a child in care.]
- 7209 2. In rare instances where the Child and Family Team has explored all other options  
7210 and consulted with the RFC and there is still a need, babysitting outside of the  
7211 licensed foster home over the five hours may occur. The OL will require a  
7212 variance [see: Admin. Rule [R501-12-5\(9\)](#)] and complete the background  
7213 check. Child and Family Services will complete a safety walk-through of the  
7214 home using the DCFS KBS16 Limited Home Inspection checklist.  
7215

7216 E. Emergency Care: Care provided to a child in out-of-home care, when an approved child  
7217 care or respite provider is not available, which enables the out-of-home caregiver to  
7218 respond to an urgent situation. Emergency care can only be provided when there is a  
7219 death, hospitalization, or serious illness of the out-of-home caregiver or anyone in the  
7220 caregiver's immediate family; or when another child placed in the caregiver's home has  
7221 attempted or succeeded in seriously harming themselves or others.  
7222

### 7223 Practice Guidelines

7224 A. Respite care is used to provide short-term relief for the out-of-home caregiver from the  
7225 responsibilities of caring for a child in foster care. It may include multiple occurrences of  
7226 overnight care. Respite care may be paid or non-paid and may be provided for any child  
7227 who is in the custody of Child and Family Services.

- 7228 1. For children placed with contracted providers, the contract agency is responsible  
7229 for making arrangements for respite care and to comply with respite care  
7230 requirements outlined in their contract.
- 7231 2. Prior approval must be obtained from the caseworker or Resource Family  
7232 Consultant (RFC) when an out-of-home caregiver chooses to make arrangements  
7233 for respite care.
- 7234 3. The respite caregiver must meet the qualifications of a respite provider (outlined  
7235 below) in order to provide respite care for children in care.  
7236

7237 B. Respite care may be provided in the following ways:

- 7238 1. The temporary placement of a foster child with another licensed out-of-home  
7239 provider that is not the primary out-of-home caregiver for the child. The licensed  
7240 home must be pre-approved by the RFC. A placement made for respite purposes  
7241 is meant to be short term (12 days or less) with the intent that the child will return  
7242 to the current foster home and does not count as a placement change for the child.  
7243 If an out-of-home caregiver requests respite care for a duration of time over 12  
7244 days (such as for a longer vacation or for other extenuating circumstances), the  
7245 request will be staffed with the RFC supervisor or other region designee and, if

- 7246 approved, the approval will be documented in the activity logs for the case and  
7247 the provider notes. It must still be the intent that the child will return to the  
7248 current foster home for a respite placement over 12 days to be approved.
- 7249 2. Temporary placement of a foster child in a licensed facility, with the intent that  
7250 the child will return to the current foster home.
- 7251 3. Overnight care in the home of the out-of-home caregiver by an individual  
7252 certified by Child and Family Services as an In-home Respite caregiver (see  
7253 requirements in paragraph F below).
- 7254 4. Temporary care in the home of a state licensed child care provider. The licensed  
7255 daycare provider must be licensed through the DHHS, Child Care Licensing  
7256 Program.
- 7257 5. Child and Family Services Paid Respite Care: Respite providers that will be paid  
7258 by Child and Family Services will be opened under the RE code that corresponds  
7259 with the level of care that the child is currently placed at for payment.
- 7260 6. If a licensed out-of-home caregiver will be used for respite care but is not  
7261 approved to provide the level of care that the child is placed at, then the case must  
7262 be staffed by the RFC or through another regionally approved process prior to the  
7263 respite occurring, in order to ensure that the provider has the skills necessary to  
7264 care for that child. If approved to provide respite, the staffing and approval must  
7265 be documented in the provider notes in SAFE and the required payment approvals  
7266 (under the corresponding RE codes) will be opened in order to pay the respite  
7267 provider the correct amount. The payment will be made using the One Time  
7268 Payment Form (Form 295).
- 7269 7. Respite care not paid by Child and Family Services: Licensed out-of-home  
7270 providers may make arrangements to exchange children with another licensed  
7271 out-of-home caregiver for short periods of time for respite purposes after  
7272 obtaining approval from the RFC or the child's caseworker. An out-of-home  
7273 caregiver may directly pay for those services if they desire.
- 7274
- 7275 C. Accrual of Child and Family Services Paid Respite Days:
- 7276 1. All licensed out-of-home caregivers will receive one paid respite day per calendar  
7277 month for every month they have a child placed in the home. Out-of-home  
7278 caregivers must have at least one foster child/youth in their home for a period of  
7279 15 days during a calendar month to accrue one respite day.
- 7280 2. Regardless of the number of children placed in the home, a maximum of 12  
7281 respite days can be accrued by a licensed out-of-home caregiver at any given  
7282 time. The accrued respite days do not expire and can be used at any time. After  
7283 accrued respite days have been used, the out-of-home caregiver must re-accrue  
7284 respite days through the process described in C.1.
- 7285 3. The RFC will document in the provider notes in SAFE the number of paid respite  
7286 days accrued and used by the out-of-home caregiver a minimum of once every six  
7287 months. The documentation will coincide with the required RFC face-to-face  
7288 home visits and at any other time the RFC deems necessary or appropriate.
- 7289
- 7290 D. Extenuating Circumstances for Paid Respite: Though more than 12 days of respite can be  
7291 approved (see B1), the region director or designee must be consulted if the out-of-home



7292 caregiver requests that more than 12 respite days be paid. The region director or designee  
7293 may approve more than 12 paid respite days in extenuating circumstances. It is up to the  
7294 region to staff these circumstances and ensure that the situation and approval of respite  
7295 are documented in the provider notes.  
7296

7297 E. Qualifications of a Respite Caregiver:

- 7298 1. A licensed foster home with openings, or a licensed respite care home/facility.  
7299 The licensed home is limited to the amount of children they are approved to  
7300 provide care for on their foster care license. The total number of children in their  
7301 home, including those they are providing respite for, may not exceed the amount  
7302 of children they are licensed for unless the home is granted a variance. The  
7303 licensed home must also be able to meet the child's needs.
- 7304 2. A state-licensed day care provider. The day care provider must be in compliance  
7305 with the ratios specified on their child care license.
- 7306 3. In-Home Respite provider. A respite caregiver who is qualified by Child and  
7307 Family Services to provide care in the out-of-home caregiver's home. An In-  
7308 Home Respite provider must meet the following requirements:
  - 7309 a. Will be at least 18 years of age or older.
  - 7310 b. Will be approved by the RFC to provide respite in the home of the out-of-  
7311 home caregiver.
  - 7312 c. Will not be on probation, parole, or under indictment for a criminal  
7313 offense and will have not have a history of crimes against children, which  
7314 will be verified by background checks as described below in F.
- 7315 4. A respite provider is subject to the same confidentiality requirements as other  
7316 foster care providers and will keep verbal or written information shared with them  
7317 confidential.
- 7318 5. The out-of-home caregiver will provide the respite caregiver with medical and  
7319 other critical information about the child and specific instructions for the care and  
7320 supervision of the child on a completed Respite Care Fact Sheet (SAFE form PR  
7321 21). If the child is going to be with a respite caregiver for more than one day, the  
7322 out-of-home caregiver will also provide the respite caregiver with a copy of the  
7323 Medicaid card.  
7324

7325 F. Process for approving an In-Home Respite provider:

- 7326 1. The individual will complete an In-Home Respite provider packet (available in  
7327 SAFE) which includes the following:
  - 7328 a. OL Background screening application: The following background  
7329 screenings are required on an annual basis for all In-Home Respite  
7330 providers before being allowed unsupervised access to the child in foster  
7331 care:
    - 7332 (1) Utah Criminal History Bureau of Criminal Identification (BCI): A  
7333 non- fingerprint-based Utah BCI criminal history check.
    - 7334 (2) Child and Adult Abuse and Neglect History Checks through SAFE  
7335 (LIS): SAFE background checks for child and adult abuse and  
7336 neglect must be approved.

- 7337 (3) Federal Bureau of Investigation (FBI) Fingerprint-Based Criminal  
7338 History must be approved.
- 7339 (4) Utah Juvenile Criminal History: A name-based check of the respite  
7340 provider's juvenile criminal history must be approved for the  
7341 respite provider.
- 7342 b. A DHHS Provider Code of Conduct must be read and signed.
- 7343 c. An Out-of-home Caregiver Confidentiality Form must be read and signed.
- 7344 d. A Safety and Behavioral Intervention Fact Sheet must be read and signed.
- 7345 2. The RFC, out-of-home caregiver, or the prospective In-Home Respite provider  
7346 will provide the respite packet to the licensor assigned to the out-of-home  
7347 caregiver. Copies of the forms must be kept by the RFC. The OL licensor will  
7348 provide the BCI form to the background screening unit within OL to complete the  
7349 background screening.
- 7350 3. Once the licensor indicates that the In-Home Respite provider has an approved  
7351 background screening application, the following must also be completed for each  
7352 child in out-of-home care, prior to the individual providing respite care:
- 7353 a. The RFC will conduct a further check of SAFE to determine if there is any  
7354 history of child abuse or neglect. If information is found in SAFE, the  
7355 RFC must staff the circumstances with a supervisor to determine whether  
7356 the individual may be approved for In-Home Respite care.
- 7357 b. The out-of-home caregiver will fill out the Respite Care Fact Sheet (PR21)  
7358 and provide it to the In-Home Respite provider. The out-of-home  
7359 caregiver will inform the In-Home Respite provider where the Medicaid  
7360 card for each child is located.
- 7361 c. When possible and if appropriate, the respite arrangements and all relevant  
7362 issues will be discussed in a Child and Family Team Meeting so that all  
7363 parties are aware of the arrangement.
- 7364
- 7365 G. Requesting Planned Respite:
- 7366 1. To facilitate continuity of care and minimize disruption for the child, whenever  
7367 possible respite care is to be planned in advance using providers known to the  
7368 child and family.
- 7369 2. Each out-of-home caregiver for Child and Family Services will identify at least  
7370 two individuals who agree to provide respite when needed. The names should  
7371 include at least one In-Home Respite provider. The names of the potential respite  
7372 providers will be provided to the RFC, who will then assist the out-of-home  
7373 caregiver in the process to obtain approval for any In-Home Respite provider.  
7374 The RFC will document the names of the respite providers in the SAFE provider  
7375 module notes for the out-of-home caregiver.
- 7376 3. The out-of-home caregiver may not place a child in respite care without first  
7377 informing the RFC and the child's caseworker at least 72 hours in advance and  
7378 receiving approval.
- 7379 4. If the out-of-home caregiver is unable to find a respite provider, they may contact  
7380 the RFC for assistance in finding a respite provider. The out-of-home caregiver  
7381 will request assistance from the RFC at least 72 hours in advance unless an  
7382 emergency situation exists (as described below in L).

- 7383  
7384 H. Responsibilities of Respite Providers:  
7385 1. The respite provider will ensure that the child attends all necessary appointments  
7386 while in respite care such as school, visitation with parents, court, and medical  
7387 and mental health appointments.  
7388 2. The respite provider will inform the primary out-of-home caregiver and the  
7389 caseworker of any issues or concerns relating to the child. If the child has a  
7390 medical or other emergency, the respite provider will contact the out-of-home  
7391 caregiver and the caseworker immediately.  
7392 3. The respite provider will ensure that they have a copy of and have reviewed the  
7393 Respite Care Fact Sheet.  
7394 4. The skills of the respite provider will match the needs of the child that is in their  
7395 care, including medical, transportation, and behavioral needs.  
7396  
7397 I. Responsibilities of Child and Family Services:  
7398 1. In situations where out-of-home caregivers are unable to identify their own respite  
7399 provider, the RFC will assist in identifying an appropriate respite option upon  
7400 receipt of a written or verbal request.  
7401 2. The RFC will ensure that the respite caregiver is licensed or meets standards and  
7402 requirements as outlined above.  
7403 3. It is best practice for the respite caregivers to be introduced to the child prior to  
7404 placing the child in respite. If respite is to take place outside the child's current  
7405 placement, then the child should be given the opportunity to take a tour of the  
7406 respite home and ask questions prior to the respite experience.  
7407 4. The RFC will verify that the out-of-home caregiver provides instruction and  
7408 information to the respite caregiver.  
7409  
7410 J. Responsibilities of the Out-Of-Home Caregiver:  
7411 1. Obtain approval from the RFC and caseworker to utilize respite and/or inform  
7412 them of the respite plans. The out-of-home caregiver will provide written or  
7413 verbal notification to the RFC at least 72 hours in advance. Notification not  
7414 given at least 72 hours in advance may result in respite not being approved.  
7415 2. Provide the respite provider with the Respite Care Fact Sheet (PR21), including  
7416 ensuring that the respite provider has emergency contact information for the out-  
7417 of-home caregiver, caseworker, and any other relevant staff.  
7418 3. Ensure that the caseworker has the contact information for the respite provider  
7419 and emergency contact information for the out-of-home caregiver.  
7420 4. If utilizing an In-Home Respite provider, ensure that they have an approved BCI  
7421 prior to utilizing them for In-Home Respite.  
7422 5 Provide a copy of the Medicaid card to the respite provider.  
7423  
7424 K. Each Child and Family Services region is responsible to track the use of respite care and  
7425 expenditures.  
7426  
7427 L. Emergency Care:

- 7428 1. At times, it may be necessary for the out-of-home caregiver to utilize emergency  
7429 care for a child placed in their home in order to enable the out-of-home caregiver  
7430 to respond to an urgent situation. In these situations, it is preferable for the  
7431 caregiver to utilize an identified and pre-approved respite or child care provider to  
7432 care for the children; however, it may not always be possible. Emergency care  
7433 may only be used in situations where there is a death, hospitalization, or serious  
7434 illness of the out-of-home caregiver or anyone in the caregiver's immediate  
7435 family; or when another child placed in the caregiver's home has attempted or  
7436 succeeded in seriously harming themselves or others.
- 7437 2. If one of the approved respite or child care providers is not available, emergency  
7438 care can be provided by anyone with whom the out-of-home caregiver feels the  
7439 child would be safe for a short period of time, until the emergency can be  
7440 mediated and/or the caregiver, caseworker, or RFC has the ability to make another  
7441 approved arrangement for the care of the child.
- 7442 3. If an out-of-home caregiver has to utilize emergency care, the caregiver will  
7443 contact the RFC and caseworker to inform them of the situation as soon as  
7444 possible and not longer than 24 hours after the child is placed in emergency care.  
7445 Upon receiving information that the child is in emergency care, the RFC is  
7446 responsible for ensuring that the caseworker is informed. The caseworker and  
7447 RFC will work together to ensure that the child is placed in an approved respite  
7448 placement.
- 7449 4. If the emergency occurs after normal business hours and the out-of-home  
7450 caregiver is not able to contact the RFC or caseworker, the out-of-home caregiver  
7451 will contact the Child Protective Services (CPS) Intake number and inform them  
7452 of where the child is placed. Intake will contact the regional designee when these  
7453 situations arise.
- 7454 5. In emergency situations, it is allowable for the out-of-home caregiver or Child  
7455 and Family Services to place with an out-of-home caregiver that may be over  
7456 capacity of their license. The RFC and/or caseworker will then ensure that the  
7457 child is placed in another allowable and approved respite placement by the end of  
7458 the next business day.

7459  
7460 M. Child Care and Incidental Care:

- 7461 1. Child and Family Services does not pay for child care or incidental care for  
7462 children in an out-of-home placement. Out-of-home caregivers are responsible  
7463 for the cost of child care or incidental care for the children placed in their home.
- 7464 2. In special circumstances and if funding is available, region directors may grant  
7465 approval to pay for child care and/or incidental care, when a written request is  
7466 made by the caseworker or the RFC.
- 7467 3. As with respite care, out-of-home caregivers will provide specific instructions to  
7468 anyone providing incidental care or child care to a child in out-of-home care on  
7469 how to care for the child's specific needs prior to the child care or incidental care  
7470 being utilized. Sharing information regarding the child's needs is particularly  
7471 critical in cases where the foster child is medically fragile, on medication, or  
7472 experiencing behavioral or emotional problems that require special care and  
7473 supervision.

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4. Incidental care: Out-of-home caregivers are responsible to ensure that children in their care are always under proper supervision. The out-of-home caregiver must use reasonable and prudent judgement to select individuals to provide incidental care for the foster child. Those providing incidental care must be capable of providing the care and supervision appropriate to the individual need of each child in out-of-home care that they are providing incidental care for.
    - a. It is best practice to ensure that the RFC, the child’s caseworker, and the Child and Family Team are aware of and approve of incidental care arrangements in advance of the care being provided.
    - b. Incidental care provided by a youth under the age of 18 years may be approved on a case-by-case basis and should be discussed and approved at minimum by the RFC and caseworker and, when possible, the Child and Family Team.
    - c. It is best practice for the caseworker or RFC to assess whether an individual approved to provide incidental care has the ability and skills to care for the needs of the child.
  5. Child Care:
    - a. Child care providers who are licensed through the DHHS Child Care Licensing Program are approved to provide ongoing child care to children in out-of-home care. The out-of-home caregiver, caseworker, or RFC should verify that the license is current by asking to review a copy of the child care provider’s license.
    - b. Child care providers who are not licensed through the Department of Health and who will be providing child care on a continual, regular basis (such as when the foster parent is working) OR care for a child in out-of-home care in excess of five hours a week, must have an approved background check. When child care is being provided in a location other than the licensed out-of-home caregiver’s home, a home safety walkthrough is required to ensure they can safely care for the child. The home safety walkthrough will be completed by the caseworker or RFC using the KBS16 Limited Home Inspection form.
    - c. The following requirements will be completed for a potential child care provider for a licensed out-of-home caregiver (not licensed through the DHHS) by the OL on an annual basis, before the child care provider is allowed unsupervised access to the child in out-of-home care:
      - (1) Utah Criminal History BCI: A non-fingerprint-based Utah BCI criminal history check.
      - (2) Child and Adult Abuse and Neglect History Checks through SAFE: SAFE background checks for child and adult abuse and neglect must be approved.
      - (3) FBI Fingerprint-Based Criminal History: An FBI fingerprint-based criminal history check must also be approved.
      - (4) Utah Juvenile Criminal History: A name-based check of the respite provider’s juvenile criminal history must be approved for the respite provider.

- 7519 d. Copies of the forms must be kept by the RFC. The OL licensor will
- 7520 provide the BCI form to the background screening unit within the OL to
- 7521 complete the background screening. The RFC will document in the
- 7522 provider notes when a child care provider has been approved.
- 7523

### 305.3 Rights Of Out-Of-Home Caregivers

Major objectives:

As described in Utah Code Ann. [§80-2a-304](#), an out-of-home caregiver has a right to due process when a decision is made to remove a child from an out-of-home care home if the out-of-home caregiver disagrees with the decision, except:

- 7530 A. If the child is being returned to the parent or legal guardian.
- 7531
- 7532 B. The child is removed for immediate placement in an approved adoptive home.
- 7533
- 7534 C. The child is placed with a relative as defined in Utah Code Ann. [§80-3-302](#) who obtained
- 7535 custody or asserted an interest in the child within the 120-day preference period.
- 7536
- 7537 D. A Native American child placed in accordance with U.S. Code 25 Chapter 21 Subchapter
- 7538 1915 Placement of Indian Children.
- 7539

**Applicable Law**

7541 Utah Code Ann. [§80-2a-304](#). Removal of a child from foster family placement -- Procedural due

7542 process.

7543 Administrative Rule [R512-31](#). Foster Parent Due Process.

7544

7545

### 305.4 Confidentiality And The Use Of Foster Child Information And Images In Social Networking Mediums And Public Forums

Major objectives:

7548 Child and Family Services and all out-of-home care providers will strive to maintain the

7549 confidentiality of the families and children being served. Information regarding the DHHS

7550 clients, including verbal and written information, as well as images and digital information

7551 (such as digital photographs and video clips, etc.) is confidential and will be safeguarded.

7552 This includes release of information in social networking mediums and other public forums.

7553

Practice Guidelines

- 7554 A. Need for confidentiality: Confidentiality is essential when working with sensitive
- 7555 information in the form of verbal communication, written communication, and the
- 7556 general use of data. This adherence to confidentiality protects against identification,
- 7557 exploitation, or embarrassment that could result from the release of information which
- 7558 would identify individuals or families as having applied for or having received services
- 7559 or assistance from Child and Family Services. Unauthorized release of information could
- 7560 have a detrimental effect on the relationship with the child and/or family.
- 7561

- 7562 1. The DHHS Code of Ethics, which all DHHS employees and out-of-home care  
7563 providers are required to review and sign in order to provide services, requires  
7564 ethical behavior and protection of the confidentiality of clients. (DHHS Code of  
7565 Ethics can be found in the DHHS Policies located at  
7566 <http://www.hspolicy.utah.gov>.)  
7567
- 7568 B. Use of information and images of a client in social networking mediums or other public  
7569 forums:
- 7570 1. Social networking mediums and other public forums include, but are not limited  
7571 to blogs; email; Facebook, MySpace, GoFundMe, and other social networking  
7572 sites; letters and newsletters; video clips; etc.
- 7573 2. Out-of-home care providers, such as foster parents, proctor parents, and contract  
7574 agency staff may use images and other general information regarding the child in  
7575 public forums when the following protocol is followed:
- 7576 a. If a parent retains parental rights in regards to the child, any form of  
7577 written parental permission will be obtained prior to any images or  
7578 information regarding the child client being used in social networking  
7579 mediums or other public forums. If the parent's whereabouts are  
7580 unknown, contact with the parent cannot be made, or if parent does not  
7581 retain parental rights, approval to use images or other information  
7582 regarding the child in a social networking or other public forum will be  
7583 sought from the caseworker and should also be discussed with members of  
7584 the Child and Family Team.
- 7585 b. Permission to use the child's information and/or image must also be  
7586 obtained from the child, if the client is over the age of eight years and has  
7587 the capacity to understand what they are agreeing to.
- 7588 c. Permission from the child, parent, and/or caseworker will be documented  
7589 in the SAFE activity logs and/or the Child and Family Team Meeting  
7590 minutes.
- 7591 d. When parental permission is obtained and/or the decision is made to allow  
7592 the out-of-home care provider to use information or images in a public  
7593 forum, the information or images will only use client's first names and  
7594 will NOT identify them as a DHHS client or foster child.
- 7595 e. In accordance with the DHHS Code of Ethics, out-of-home care providers  
7596 will use caution in public forums and will refer to the child as a child  
7597 currently living with them or with whom they are working with. Only  
7598 general information regarding the child may be shared. No information  
7599 may be shared that is case specific or that informs other parties with  
7600 regard to DHHS involvement or the child's treatment issues or history.  
7601

7602 **305.5 Process For Approving, Limiting, Or Denying Licensed**  
7603 **Out-Of-Home Caregivers For Placement**

7604 Major objectives:

7605 Families are licensed for foster care through the DHHS, Office of Licensing (OL). Child and  
7606 Family Services subsequently receives and reviews the information regarding the family from  
7607 OL. However, at times OL may license a family for foster care that Child and Family Services,  
7608 through the authority given to Child and Family Services as a child placing agency, may decide  
7609 not to utilize for placement of a child in foster care. Child and Family Services will have a  
7610 process in place for approving or denying a foster family for placement of a child and informing a  
7611 licensed resource family when Child and Family Services makes a decision not to utilize them as  
7612 a placement for children in foster care.  
7613

7614

7615 **Applicable Law**

7616 Utah Code Ann. [§80-2-301](#). Division responsibilities.

7617

7618 Practice Guidelines

- 7619 A. The identified committee in the region that reviews home studies will review each home  
7620 study provided by OL, and any other detailed information regarding the foster family. As  
7621 a result of the review, the region committee will determine if the foster family is  
7622 approved to receive placements, if the foster family is denied for placements, or if more  
7623 information is needed from the foster family.  
7624
- 7625 B. Approved families: If the foster family is approved for placement, the committee (or  
7626 region designee) will send a letter to the foster family to let them know that they are  
7627 approved for placement. They will also give them the name of their assigned Resource  
7628 Family Consultant (RFC) and identify the role of the RFC, including a phone number the  
7629 foster family may call. The letter will also inform the foster family that the RFC will be  
7630 contacting them to schedule a time to visit.  
7631
- 7632 C. When Child and Family Services determines through the region committee not to use a  
7633 foster family who is licensed for placement of a child in foster care:
- 7634 1. The RFC will record the Placement Status in the provider record of the foster  
7635 family in SAFE as being “On-Hold – Agency decision”.
  - 7636 2. The region committee will provide their concerns in writing to the RFC or other  
7637 designated region staff. The concerns will include any steps a foster family may  
7638 take in order remedy concerns.
  - 7639 3. Two designated region staff members will meet with the foster family and review  
7640 the concerns outlined by the region committee, including whether the concerns  
7641 can be resolved.
  - 7642 4. The region designees will take clarifying information and/or steps that the foster  
7643 family has taken to remedy concerns back to the region home study committee.
  - 7644 5. If the foster family has been able to remedy the concerns to the satisfaction of the  
7645 region committee, the region committee will approve the foster family to receive  
7646 placements and the RFC will document the action taken and the committee



- 7647 decision in the Provider notes in SAFE. The RFC will also change the Placement  
7648 status in SAFE to “No restrictions” and follow the process outlined in ‘B’ above.
- 7649 6. If the foster family is unable or unwilling to remedy the concerns, a formal,  
7650 written letter will be sent to the foster family explaining that Child and Family  
7651 Services will not be placing with them. The letter must include language that  
7652 states that although they are licensed to provide foster care in Utah, the region  
7653 committee has decided that significant enough concerns exist that Child and  
7654 Family Services will not be placing with the family at this time.
- 7655 7. If at any time after the letter is sent to the foster family informing them that Child  
7656 and Family Services will not be placing with them, Child and Family Services  
7657 would like to re-evaluate the foster family for the placement of a child in foster  
7658 care, the information leading to the decision to place the foster family “on hold”  
7659 will be reviewed by the Child and Family Services region director, who will make  
7660 the decision on whether the “on-hold” decision will be overturned. Only the  
7661 Child and Family Services region director may then edit or change the placement  
7662 status in SAFE.
- 7663
- 7664 D. A family that has been denied for placement of a child in foster care in one region will be  
7665 denied in all Child and Family Services regions.
- 7666
- 7667 E. The RFC will include documentation about why the family was denied for placement,  
7668 along with a copy of the denial letter in the Provider module in SAFE in the Provider  
7669 notes.
- 7670
- 7671 F. The RFC may also assess a foster family and decide to limit the types of placement that a  
7672 licensed out-of-home caregiver may receive, such as respite care only or adoption only,  
7673 or to limit the number of children that can be placed with a caregiver. The decision to  
7674 place a limit on a foster family must be staffed and approved with a supervisor. Child  
7675 and Family Services will send a letter to the foster family to inform them that the decision  
7676 has been made to limit the types of placements and/or number of children that the foster  
7677 family may receive. The foster parent may request to meet with the RFC and supervisor  
7678 to discuss the rationale for the limitation. If requested, the RFC and supervisor will meet  
7679 with the foster parent within 14 business days and will assist the foster parent in  
7680 understanding whether any steps can be made to address the concerns that led to the  
7681 limitation.
- 7682
- 7683 G. A licensed out-of-home caregiver may contact the RFC and request that their home be  
7684 placed “on hold” or “limited” due to family circumstances, because they have recently  
7685 adopted, or due to out-of-home caregiver concerns. The RFC has two weeks from the  
7686 time the licensed out-of-home caregiver contacts them to record the licensed out-of-home  
7687 caregiver request in SAFE. [See: Administrative Guidelines [Section 080.4.](#)]
- 7688 1. If the Placement Status is “on hold” or “limited” due to a foster family’s own  
7689 request, they may contact the RFC at any time and request that the status be  
7690 changed back to “no restrictions”.
- 7691 2. Within two weeks of the request, the RFC will assess the foster family’s situation  
7692 and make a determination if the change is appropriate. If the RFC determines that

- 7693 the foster family may take further placements, they will create a new placement  
7694 status of “no restrictions” in SAFE.  
7695
- 7696 H. If the foster family is approved for placements without limits, the RFC will ensure that  
7697 the Placement Status for the foster family in SAFE is recorded as “No Restrictions”.  
7698
- 7699 I. If concerns arise regarding a foster family that has been previously approved by the  
7700 region committee for placement of a child, and the RFC or other Child and Family  
7701 Services staff determine that the concerns may be significant enough to preclude the  
7702 foster family from receiving further placements, the RFC that oversees the home, a  
7703 supervisor, or other Child and Family Services administrator will record the Placement  
7704 Status in the provider record of the foster family in SAFE as being “On-Hold – Agency  
7705 decision”. The RFC will then staff the concerns with the region committee that reviews  
7706 home studies.
- 7707 1. Caseworkers and/or other Child and Family Services staff that have identified  
7708 concerns with the foster family will be invited by the committee to provide input  
7709 regarding their concerns in person, by phone, or in writing if they desire.
  - 7710 2. The region committee will consider the information presented and will determine  
7711 whether the foster family is still approved to receive children into the home for  
7712 placement.
  - 7713 3. If the region committee determines that the foster family is not approved, Child  
7714 and Family Services will follow the steps outlined in ‘C’ above.
  - 7715 4. If a region places a child in a different region and subsequently identifies  
7716 concerns with the foster family and would like the foster family to be reviewed by  
7717 the region committee, the Associate Region Director (ARD) of that region will  
7718 communicate the concerns about the foster family to the ARD of the region where  
7719 the foster family resides. The ARD where the foster family resides will then  
7720 ensure that the concerns are communicated to the RFC that oversees the foster  
7721 family. The RFC will follow through with the process of having the foster family  
7722 reviewed by the region committee.  
7723
- 7724 J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to  
7725 a certain type of placement, the RFC or designated region staff must choose the following  
7726 indicator in SAFE on the “Placement Status” indicator that applies:
- 7727 1. For “on hold” the RFC will select 1) Agency Decision, 2) Foster Parent Request,  
7728 or 3) Recently Adopted.
  - 7729 2. For “limited”, the RFC will select 1) Respite only, 2) Adoption only, 3) Foster  
7730 only.  
7731
- 7732 K. The RFC will ensure that an accurate history of the placement status is kept in SAFE, and  
7733 that there is only one active placement status per licensed out-of-home caregiver. If the  
7734 placement status must change, the RFC will add an end date to the current placement  
7735 status and create a new placement status.  
7736

## 305.6 Release Of Home Studies For The Purpose Of Adoption

Major objectives:

At times, Child and Family Services will receive a request from an out-of-home caregiver to provide their home study to another agency or state for the purposes of adoption. Home studies that are completed by the Office of Licensing (OL) or by Child and Family Services require a significant amount of time and resources to complete. These guidelines are to clarify the circumstances under which a home study may be released.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. When a request is received by Child and Family Services staff from an out-of-home caregiver to provide their home study, which was completed by Child and Family Services or OL, to an agency for the purpose of adoption, the following steps shall be completed:
1. The Resource Family Consultant (RFC) will determine whether the family requesting the home study release is in good standing by reviewing the placement status in SAFE and the provider logs.
    - a. If the documentation in SAFE regarding the placement status reflects “On-Hold – Agency Decision,” the home study shall not be released.
    - b. If the documentation in SAFE regarding the placement status reflects that the home is on-hold for any other reason OR if the placement status reflects that the home is limited to “respite only” or “foster only”, the RFC will inform the caregiver that the hold or limitation shall be remedied prior to the home study being released to another agency.
  2. The RFC will remind caregivers of the following statement in the Foster Care Agreement, which they are required to sign on an annual basis: “To not utilize the home study provided through the OL licensing process for any purpose other than to adopt a child from a public child welfare system, unless the DCFS region where they reside provides a written exception.”
  3. The RFC will discuss with the out-of-home caregiver the purpose of the home study release and determine what agency the caregiver wants the home study to be sent to.
    - a. If the caregiver is requesting the home study for the purpose of adopting a child from a public child welfare system or for placement of a child in their home to whom they are related, Child and Family Services may release the home study to the designated agencies (i.e., to adopt children from foster care, whether in state or out-of-state, or to have a kin child placed with them).
    - b. If the caregiver is requesting the home study for the purposes of a private adoption, the RFC will staff the request with their supervisor and/or other region designee to determine if the family has made good faith efforts to be a resource for placement of children in foster care, for a minimum of

- 7782 one year. Other exceptions will be approved by the region director or  
7783 designee in writing and documented in the Provider logs.
- 7784 c. Requests will be staffed on a case-by-case basis. Requests will not be  
7785 denied because of circumstances beyond the control of the caregivers,  
7786 such as kinship placements, court orders, permanency considerations, and  
7787 other extenuating circumstances.
- 7788 d. The RFC will assess with the caregivers whether the caregivers want to  
7789 continue to be a placement resource for Utah children in foster care.
- 7790 e. If after review the region makes a determination not to release the home  
7791 study, they will provide the caregiver with written documentation of the  
7792 decision.
- 7793
- 7794 B. When approved, Child and Family Services will release up to three home studies per  
7795 month per caregiver.
- 7796

7797 **306 Emergencies And Serious Situations**

7798 Major objectives:

7799 Serious and potentially dangerous situations require an appropriate and timely response to protect  
7800 children and ensure the safety of all parties involved.  
7801

7802  
7803 **Applicable Law**

7804 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
7805

7806 Practice Guidelines

7807 The caseworker will take the following actions for all emergency or serious situations:  
7808

- 7809 A. Notify and staff the situation with the supervisor and regional administration.
- 7810
- 7811 B. Notify parents/guardians of the situation immediately.
- 7812
- 7813 D. Notify Constituent Services at the state office regarding the situation as soon as possible
- 7814
- 7815 E. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as
- 7816 possible.
- 7817
- 7818 F. If calls from the media are received, refer them to the Public Relations Officer for the
- 7819 Department. The caseworker will not give information about the situation to the press.
- 7820
- 7821 G. Advise out-of-home caregivers that they may also refer the media to the Public Relation’s
- 7822 Officer for the Department.
- 7823
- 7824 H. Record all details of the emergency situation and action taken in the child’s case record to
- 7825 meet best practice standards and reduce liability.  
7826

7827 **306.1 Pregnancy Of Youth In Out-Of-Home Care**

7828 Major objectives:

7829 If a youth in out-of-home care becomes pregnant while in out-of-home care, Child and Family  
7830 Services will coordinate and facilitate all necessary medical care, counseling, and services. This  
7831 includes services to youth who are the mother or father of an unborn child. [See: [Section 303.5](#),  
7832 Health Care.]  
7833

7834  
7835 **Applicable Law**

7836 Utah Code Ann. [§80-2-301](#). Division responsibilities.

### 306.2 Immediate Removal Of A Child From A Placement

Major objectives:

When there is a need to immediately remove a child from an out-of-home placement, in emergency situations, if there is reasonable basis to believe that the child is in danger or that there is substantial threat of danger to the health or welfare of the child, notification to the out-of-home caregiver may occur after removal of the child ([R512-31-3](#)). [See: [Section 700](#), General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and [Section 305.3](#), Rights Of Out-Of-Home Caregivers.]

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. Notification will be provided through personal communication on the day of removal.
- B. The Notice of Agency Action will be sent by certified mail, return receipt requested, within three working days of removal of the child.

### 306.3 Allegations Of Abuse Against Out-Of-Home Caregiver

Major objectives:

Reports of abuse against an out-of-home caregiver, or an employee of Child and Family Services, will be investigated thoroughly by a contracted agency to ensure that no conflict of interest exists between the caregiver and Child and Family Services. [See: [Section 700](#), General Practice Guidelines--Section 701.1, Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect.]

### 306.4 Death Or Serious Illness Of A Parent Or Sibling Of A Child In Out-Of-Home Care

Major objectives:

In the event of a death or serious illness or injury of a parent, sibling, extended family member, or close friend of a child in out-of-home care, the caseworker will notify immediately in person the out-of-home caregiver and child of these events.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- A. The caseworker will consult with the out-of-home caregiver and the child's family to plan how the information will be shared with the child. The contact will always be made in person. If the child has a therapist, it may be helpful to have the therapist assist with the situation.

7881  
7882 B. The caseworker will offer support to the out-of-home caregiver and child to assist with  
7883 grief and loss issues.

7884  
7885 C. The caseworker will arrange counseling for the child as appropriate.  
7886

### 306.5 Death And Burial Of A Child In Out-Of-Home Care

Major objectives:

Child and Family Services staff will take the necessary steps to ensure the death of a child in out-of-home care is handled in an appropriate manner and will be sensitive to the feelings of the family members and out-of-home caregivers of the child.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

A. Notify the supervisor, regional and state administration, Assistant Attorney General, Constituent Services representative, juvenile court judge, and the Guardian ad Litem.

B. Immediately notify the parents/guardian in person.

C. The parents/guardians will be contacted and requested to arrange the funeral and, if possible, to pay the burial expenses. If the parents' whereabouts are unknown, parental rights have been terminated, or parents are unable to financially provide for the burial, then other resources will be contacted (i.e., relatives, church, insurance, community, or county). The county their parents reside in may provide cremation or burial free of charge if the parents are indigent.

D. If funds are not available from resources as listed above, the burial expense will come from the regional foster care budget. Consult with the supervisor and regional administrators regarding expenses.

E. Contact Crime Victim Reparation if the death is a result of abuse or violence. The burial expenses may be paid for from the State of Utah Office of Crime Reparation. A police report will have been filed within seven days of the occurrence. Claim forms can be obtained at the Office of Crime Victims Reparation.

F. Child and Family Services staff will attend the funeral whenever possible.

G. Notify the Fatality Review Coordinator within three days of the death. Complete the Deceased Client Report form and send it to the Fatality Review Coordinator.

H. Contact the physician to determine the cause of death.

- 7926 I. Notify police to investigate the foster care home/facility if the cause of death seems  
7927 suspicious or other factors such as the child’s age, health, and mental conditions played a  
7928 role in the child’s death, or the circumstances surrounding the death are suspicious.  
7929
- 7930 J. Notify the Office of Recovery Services using the appropriate form.  
7931
- 7932 K. Notify Social Security Administration, Veterans’ Administration, or other source of  
7933 entitlement benefits.  
7934
- 7935 L. Obtain a copy of the death certificate and place in the child’s case record and close the  
7936 case. The case must have a QA form completed prior to closure.  
7937
- 7938 M. Acknowledge the need for ongoing support to the family, out-of-home caregivers, and  
7939 caseworkers. Seek assistance from other resources as needed. Child and Family Services  
7940 employees may seek assistance from the following: region administration, clinical  
7941 consultants, resource family consultants, and the Employee Assistance Program.  
7942

### 306.5a Fatality In A Foster Home

#### Major objectives:

To assure that the fatality is reported immediately, the safety of other children in the home is properly assessed, and no further placements are approved until the Child and Family Services and/or law enforcement investigation is complete.

#### **Applicable Law**

Utah Code Ann. [§26B-2-104](#). Office responsibilities.

Administrative Rule [R501-1](#). General Provisions for Licensing.

#### Practice Guidelines

- 7955 A. When a fatality involving any child in a foster home is identified, the caseworker will:
- 7956 1. Immediately report it to Child and Family Services’ Intake to see if there is a need  
7957 for CPS investigation or law enforcement involvement.
  - 7958 2. Report the fatality to both region administration and the director of Child and  
7959 Family Services.
  - 7960 3. Complete a High Profile form. A copy of this form automatically routes to the  
7961 OL and shall result in a license suspension until resolved to the satisfaction of OL.
  - 7962 4. Encourage the provider to complete the Incident Report Form found at  
7963 <https://hslic.utah.gov/incident-report-form>. A provider who experiences a fatality  
7964 or critical incident of any kind should report to OL within one business day, or  
7965 they will be found in violation of their license requirements.
  - 7966 5. Assure safety of other children in the home, including foster children, who may  
7967 require placement elsewhere.  
7968



- 7969 B. If Child and Family Services approves and elects to allow the foster child to remain in the  
7970 placement, a suspended foster care provider may continue caring for a foster child  
7971 currently placed at the time of suspension.  
7972 1. All new placements will be suspended pending the outcome of the investigation.  
7973 2. Child and Family Services shall determine whether or not to leave other children  
7974 in the home during the investigation based on administrative and attorney  
7975 staffing.  
7976

7977 **306.6 Children In Out-Of-Home Care On Runaway Status**

7978 (This section has been replaced by [Section 300.8](#).)  
7979  
7980

7981 **306.7 Law Enforcement Interviews Of Children In State**  
7982 **Custody**

7983 Major objectives:

7984 Requests for interviews by law enforcement of children in the custody of Child and Family  
7985 Services will be referred to the Guardian ad Litem (GAL) assigned to the child. If there is no  
7986 GAL appointed for the child, the caseworker will refer the request to region administration.  
7987

7988  
7989 **Applicable Law**

7990 Utah Code Ann. [§80-2-705](#). Law enforcement interview of a child in division’s custody.  
7991

7992 Practice Guidelines

- 7993 A. The caseworker or other Child and Family Services staff is prohibited by Utah statute  
7994 from providing consent when law enforcement identifies the need to interview a child in  
7995 the custody of Child and Family Services.  
7996 1. If a GAL is appointed for the child, the caseworker will contact the GAL and  
7997 notify him or her that law enforcement has requested an interview with the child.  
7998 The GAL will ask for the following information:  
7999 a. Name of the child.  
8000 b. Name, agency, and phone number(s) of the requesting officer.  
8001 c. Brief reason why the interview is being requested. It is important to  
8002 explain if the client is being viewed as a victim or a perpetrator. If a  
8003 victim, be prepared to give information on the alleged perpetrator  
8004 including if they are an adult or child.  
8005 d. How soon the anticipated interview is to take place.  
8006 2. Once the GAL is notified, he or she will be the point of contact for law  
8007 enforcement.  
8008  
8009 B. If there is no GAL appointed for the child, the caseworker will contact region  
8010 administration for instructions.  
8011

- 8012 C. Region administration must keep the child’s best interest a priority. If there is concern  
8013 that the interview is not in the child’s best interest, the request should be denied. The  
8014 following information is important to remember:
- 8015 1. If the child is believed to be the perpetrator, a public defender must be secured as  
8016 quickly as possible. Until the public defender can be appointed and meet with the  
8017 child, the request for the interview should be denied.
  - 8018 2. If the child is believed to be the victim of an adult perpetrator and law  
8019 enforcement is attempting to set up a CJC interview, this type of request can  
8020 normally be granted.
  - 8021 3. If there are both victim and perpetrator issues, or more than one child is involved  
8022 (whether or not both they are in state’s custody), the request for an interview  
8023 should be denied and a public defender requested.
  - 8024 4. A limited consent for an interview may also be given by region administration,  
8025 and law enforcement will be instructed that if the victim interview turns into a  
8026 perpetrator interview, the consent for the interview is withdrawn and the interview  
8027 must be stopped.  
8028

### 306.8 Dually Involved Youth

Major objectives:

A dually involved youth is a minor in the custody of Child and Family Services who has also been charged with a delinquent offense. This requires communication and collaboration between the Child and Family Services caseworker and a probation officer employed with the Juvenile Court.

Child and Family Services staff will assist the child in navigating through the juvenile justice system by assuring that the child completes dispositional requirements in the time frame allotted. This will be accomplished through collaboration with the probation officer in an effort to address the youth’s risk to re-offend and to access programs that will decrease recidivism.

Practice Guidelines

- 8043 A. When the youth in custody has been cited for delinquency, a Juvenile Court probation  
8044 officer will contact the Child and Family Services caseworker.  
8045  
8046
- 8047 B. A “preliminary inquiry” (PI) will be set. The PI is a meeting set by the probation officer  
8048 to explain the court process and assess the risk of the youth to re-offend. The Child and  
8049 Family Services caseworker and youth are required to attend. The biological parents  
8050 should be encouraged to attend. Anyone from the Child and Family Team may be invited  
8051 to attend including, but not limited to foster parents, Guardian ad Litem, or anyone else  
8052 deemed appropriate by the Child and Family Services caseworker. The PI will result in  
8053 the decision to either handle the charge non-judicially or to have the youth appear before  
8054 the judge for an arraignment.
  - 8055 1. Diversion (Non Judicial):

- 8056 a. If the delinquency offense is diverted and not sent directly to court, the  
8057 Child and Family Services caseworker and probation officer will outline  
8058 sanctions such as classes, community service hours, etc. for the youth to  
8059 complete in a non-judicial diversion agreement. This is called Diversion.  
8060 If a caseworker is not offered Diversion for the youth, the caseworker can  
8061 contact the probation worker to ask about this option. Diversion is offered  
8062 in every court district. The probation officer will determine if the youth  
8063 qualifies for Diversion.
- 8064 b. The Child and Family Services caseworker is responsible for ensuring the  
8065 youth's compliance with the non-judicial diversion agreement.
- 8066 c. At the next child welfare review hearing, the Child and Family Services  
8067 caseworker will report that the youth received a delinquency offense, what  
8068 decisions were made regarding the youth, and progress made on the  
8069 diversion agreement.
- 8070 d. If the youth completes the diversion process, the delinquency offense will  
8071 not be reflected as an adjudication on the youth's juvenile record.
- 8072 e. If the youth fails to follow through with the non-judicial diversion  
8073 agreement, the Child and Family Services caseworker will communicate  
8074 with the probation officer about the non-compliance. The probation officer  
8075 may file a petition with the youth's judge, causing the delinquent offense  
8076 to be heard by the court.
- 8077 f. Examples of delinquency offenses that could be eligible for Diversion  
8078 depending on prior charges may be smoking, a first alcohol ticket, simple  
8079 assault, disorderly conduct, shoplifting, etc.
- 8080 2. Appearance Before the Judge (Judicial):
- 8081 a. If the youth must appear before the judge on a delinquent offense, the  
8082 Child and Family Services caseworker and probation officer will  
8083 collaborate on recommendations to the court regarding community service  
8084 hours, restitution, placement of youth, etc.
- 8085 b. If the judge finds the allegation to be true, it will appear as an adjudication  
8086 on the child's juvenile record. The child will not be eligible for Diversion.
- 8087 c. The Child and Family Services caseworker will continue to be responsible  
8088 to address abuse, neglect, and safety issues.
- 8089 d. The probation officer will make recommendations regarding  
8090 accountability for the juvenile's delinquent offense.
- 8091 e. The Child and Family Services caseworker and probation officer will  
8092 follow progress of compliance with court orders and both will report  
8093 progress to the judge at each review hearing.
- 8094
- 8095 C. Child and Family Services caseworkers should ensure that the probation officer is part of  
8096 the Child and Family Team.
- 8097
- 8098 D. Child and Family Services' involvement can be terminated once child welfare issues have  
8099 been resolved and prior to completion of delinquency sanctions. The probation/intake  
8100 officer will follow through with compliance on delinquency matters once Child and  
8101 Family Services has terminated their case.

- 8102  
8103 E. The delinquency portion of the case can be terminated once all delinquency sanctions  
8104 have been completed and prior to resolution of child welfare issues. The Child and  
8105 Family Services caseworker will continue to follow compliance with the child welfare  
8106 service plan and court orders once the delinquency case has been closed.  
8107  
8108 F. Court jurisdiction is only terminated when all delinquency and child welfare matters are  
8109 concluded.  
8110

### 8111 **306.8a Electronic Monitoring Of Children Working With** 8112 **Juvenile Justice Services**

8113 Major objectives:

8114 Educate Child and Family Services employees as to the protocol involving children in Child and  
8115 Family Services custody who are dually involved with Juvenile Justice & Youth Services (JJYS)  
8116 wherein the court is seeking the use of an ankle monitor.  
8117

8118  
8119 **Applicable Law**

8120 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
8121

8122 Practice Guidelines

- 8123 A. Child and Family Services' Stance on the Use of Ankle Monitors With Children in  
8124 Custody:
- 8125 1. It is not the practice of Child and Family Services to request or approve the use of  
8126 an ankle monitor.
    - 8127 a. It may be traumatizing to the child due to the fact that they are bulky and  
8128 difficult to conceal, displaying their wearers' potential involvement with  
8129 the juvenile justice system.
    - 8130 b. It may stigmatize a child in custody.
    - 8131 c. Work with the Assistant Attorney General (AAG) to approach the court  
8132 for an alternative to the use of an ankle monitor.
  - 8133 2. Children not considered appropriate for electronic monitoring:
    - 8134 a. Children 12 years of age and under.
    - 8135 b. Children pending competency.
    - 8136 c. Severe mental health or SUD issues that would contribute to non-  
8137 compliance.
    - 8138 d. Currently placed in a residential program.
    - 8139 e. Chronic absconder.
    - 8140 f. History of unsuccessful use of electronic monitoring devices.
  - 8141 3. If a child may need an ankle monitor or the court orders one:
    - 8142 a. Hold a Child and Family Team Meeting (CFTM) to talk about why one  
8143 may be needed and what will be required to remove the device.
    - 8144 b. Set parameters for the child and help them understand what that means.
    - 8145 c. Outline in the Child and Family Plan (CFP) what will need to happen to  
8146 remove the ankle monitoring device.

- 8147 d. Discuss what factors led to the believe that a child well be kept safe if  
8148 monitored with an ankle monitor, and does it outweigh any potential risks  
8149 or trauma if not used.
- 8150 e. Consider the history of engaging in high risk behavior like self-  
8151 harm/suicide ideation, substance abuse, trafficking, and felony charges.
- 8152 f. Discuss other interventions that can or have been used instead of an  
8153 electronic monitoring device.
- 8154 g. Discuss what behaviors need to happen to have the electronic monitoring  
8155 device removed.
- 8156 4. Complete a request for electronic monitoring that is approved by the Assistant  
8157 Program Director/Probation Department (APD/DP), which will include a plan for  
8158 removal based on positive behavior change the child needs to show to have the  
8159 electronic monitoring device removed.
- 8160 5. The CFT and child will be given a copy of the plan for removal.
- 8161 6. Monitor the use of the electronic monitoring monthly at the CFTM.
- 8162 7. Maintain the app on the caseworker's phone to respond to notifications during  
8163 business hours.
- 8164 8. Code will be opened on CARE XEM.
- 8165 9. Complete the form for electronic monitoring and submit it for approval.
- 8166 10. Consider if the use prevents abuse, neglect, or other trauma.
- 8167 11. Determine if there is an alternative method to safety monitor the child.
- 8168 12. Recommend that children with electronic monitoring devices be seen in court  
8169 every 30 days, in order to address removal of the device if court is set out to a  
8170 later date.
- 8171
- 8172 B. How to Set up and Monitor an Electronic Monitoring Device:
- 8173 1. Region administration will talk with the APD/PD about the court-ordered device.
- 8174 2. Work with the child's probation officer and assigned JJYS case manager on the  
8175 availability to set up an electronic monitoring device.
- 8176 3. JJYS will help in getting and setting up the equipment, as well as providing any  
8177 necessary training.
- 8178 4. Work with JJYS on setting up parameters for the monitoring
- 8179 a. Caseworker name and contact.
- 8180 b. Supervisor name and contact.
- 8181 c. On-call contact information.
- 8182 (1) What needs to be done if the child is out of compliance after hours,  
8183 weekend, or holidays.
- 8184 (2) Who needs to be contacted.
- 8185 (3) What steps need to be taken.
- 8186 d. Placement contact information.
- 8187 e. Any other required contact information.
- 8188
- 8189 C. After the Child Receives an Electronic Monitoring Device:
- 8190 1. CFTM held to inform the team of the need and use of the device and set  
8191 parameters to meet the child and team's needs.

- 8192 2. CFT will be made aware of the parameters of the device and the child’s limits
- 8193 while wearing the device.
- 8194 3. CFT will be informed of what needs to happen for the removal of the electronic
- 8195 monitoring device.
- 8196 4. CFT will work diligently to help the child meet the criteria for removal of the
- 8197 electronic monitoring device.
- 8198 5. The caseworker will work with the AAG and Guardian ad Litem (GAL) to set a
- 8199 court date if the child has met the criteria for the removal of the electronic
- 8200 monitoring device if no prior order exists.
- 8201 6. The caseworker will establish in the CFP the criteria for removal and will
- 8202 regularly check in with the child as to the progress they are making.
- 8203
- 8204 D. Removal of the Device:
- 8205 1. Once the child has met the criteria for removal, set a court order allowing the
- 8206 removal.
- 8207 2. Work with JJYS on removing the device.
- 8208 3. CFT and community partners will be made aware that the child has met the
- 8209 criteria for removal and the court has ordered its removal.
- 8210

### 306.9 Notification Related To Student Safety

Major objectives:

Pursuant to Utah Code Ann. [§53G-9-604](#), a school must notify a parent or guardian when a student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

**Applicable Law**

Utah Code Ann. [§53G-9-604](#). Parental notification of certain incidents and threats required.

Practice Guidelines

Caseworkers will refer to [Section 303.4](#) Educational Services when the caseworker is notified by a school or foster parent that a child they are working with has threatened to commit suicide and/or the child is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

8227 **307 Court And Case Reviews**

8228 Major objectives:

8229 Child and Family Services will seek to ensure that each child in out-of-home care has timely and  
8230 effective case reviews and that the case review process:

- 8231 A. Expedites permanency for children placed in out-of-home care.
- 8232 B. Assures that the permanency goal, Child and Family Plan, and services are appropriate.
- 8233 C. Promotes accountability of the parties involved in the treatment planning process.
- 8234 D. Monitors the care for children in out-of-home care.

8240 **Applicable Law**

8241 Utah Code Ann. [§80-3-108](#). Opportunity for a child to testify or address the court --

8242 Consideration of a minor’s statement outside of court.

8243 Utah Code Ann. [§80-3-301](#). Shelter hearing -- Court considerations.

8244 Utah Code Ann. [§80-3-401](#). Pretrial and adjudication hearing -- Time deadlines.

8245 Utah Code Ann. [§80-3-402](#). Adjudication -- Dispositional hearing time deadlines -- Scheduling  
8246 of review and permanency hearing.

8247 Utah Code Ann. [§80-3-406](#). Permanency Plan -- Reunification services.

8248 Utah Code Ann. [§80-3-408](#). Periodic review hearings -- Dispositional reports.

8249 [See also: CPS Major objectives [Section 205.6](#).]

8250 Practice Guidelines

8251 A. Reunification timeframes and services will incorporate the requirements of the court  
8252 order and be documented in the family services plan.

8253 B. Child and Family Services Responsibilities for Case Reviews:

- 8254 1. Court Reviews: The caseworker will ensure that a court review has been  
8255 scheduled. If a court review has not been scheduled, contact the Assistant  
8256 Attorney General.
- 8257 2. Seek input from Child and Family Team members prior to preparation for every  
8258 review.
- 8259 3. The caseworker will develop a court report, outlining the current situation,  
8260 progress towards the permanency goal, and recommendations in regards to the  
8261 future direction of the case. The court report will be signed by both the  
8262 caseworker and supervisor and will be provided to the court via e-filing 10  
8263 working days prior to the court review.
  - 8264 a. In regards to placement, if the child is of sufficient maturity to state where  
8265 they want to be placed and Child and Family Services has made a  
8266 placement decision that differs from the child’s express wishes, the  
8267 caseworker is required to explain in writing in the court report the reasons

- 8272 why the placement decision made by Child and Family Services differs  
8273 from the child's wishes.
- 8274 b. Assistant Attorney General, Parental Defense, and Guardian ad Litem will  
8275 have access to the court report once the report has been e-filed.
- 8276 c. If a party in the case does not have access to the online court system  
8277 (CARES), the caseworker will distribute the court report.
- 8278 4. Keep the court updated with the names and addresses of members of the Child  
8279 and Family Team who need to be in attendance.
- 8280 5. Encourage members of the Child and Family Team to attend the review. If a team  
8281 member cannot attend, he/she may participate by written correspondence or by  
8282 telephone.
- 8283 a. The caseworker is responsible to invite the child's out-of-home caregiver  
8284 to each post-adjudication hearing. If the caregiver cannot attend in person,  
8285 but would like to participate by phone, the caseworker will make  
8286 arrangements with the court.
- 8287 6. The child will be present at any post adjudication hearing unless the court  
8288 determines that:
- 8289 a. Requiring the child to be present at the hearing would be detrimental to  
8290 the child, or is impractical; or
- 8291 b. The child is not sufficiently mature to articulate the child's wishes in  
8292 relation to the hearing.
- 8293 7. If a youth age 14 years or older desires an opportunity to address the court or  
8294 testify at a shelter, post adjudication, or permanency hearing, they will be allowed  
8295 to do so. The youth will also be permitted to testify specifically regarding their  
8296 placement or permanency wishes.
- 8297 a. Utah Code Ann. [§80-3-302](#) and [§80-3-409](#) requires the court to give the  
8298 youth's desires added weight, but not be the single controlling factor in a  
8299 hearing. The statutes also state that if the court findings differ from where  
8300 the youth wishes to be placed, the court findings will explain why the  
8301 court's decision differs from the youth's wishes.
- 8302 8. A child shall be represented at each hearing by the Guardian ad Litem appointed  
8303 to the child's case by the court.
- 8304 a. Only the Guardian ad Litem can request that the court make a finding  
8305 regarding any possible detriment to the child; whether it is impractical for  
8306 the child to attend, or the child is not sufficiently mature to articulate their  
8307 wishes in relation to the hearing.
- 8308 (1) The caseworker will correspond with the child's Guardian ad  
8309 Litem to determine whether the Guardian ad Litem will request the  
8310 court to make a finding to excuse the child based on subparagraph  
8311 6.
- 8312 (2) If the Guardian ad Litem will not be requesting that the child be  
8313 excused from the hearing, the caseworker will arrange for the child  
8314 to attend the hearing.
- 8315 9. Child and Family Services will be responsible for ensuring that the orders from  
8316 court reviews are implemented and the Child and Family Team is updated.



- 8317 10. There is a rebuttable presumption that placement of a child with the child's  
8318 relative during a child welfare proceeding is in the best interest of the child. It  
8319 requires Child and Family Services and the juvenile court to consider the  
8320 rebuttable presumption at certain times throughout a child welfare proceeding,  
8321 and requires the juvenile court to:
- 8322 a. determine whether Child and Family Services considered the rebuttable  
8323 presumption and preferential consideration for placement of a child with a  
8324 relative at the child welfare review hearing;
  - 8325 b. provide preferential consideration to a relative's request for placement of a  
8326 child at the permanency hearing; and
  - 8327 c. requires a court to consider whether a child's relative was given due  
8328 weight as a placement for the child during the child welfare proceeding  
8329 before entering a final order of adoption for the child.
- 8330

### 8331 307.1 Voluntary Relinquishment

8332 Major objectives:

8333 When it is determined to not be in the child's best interest to be reunified with his/her parents,  
8334 Child and Family Services will explore with the parents the option of voluntary relinquishment.

8337 **Applicable Law**

8338 Utah Code Ann. [§80-4-307](#). Voluntary relinquishment -- Irrevocable.

8339 Practice Guidelines

8340 A. Voluntary Relinquishment

- 8342 1. The caseworker should provide information to the parents regarding the voluntary  
8343 relinquishment process. However, the parents should be referred to their attorney  
8344 for legal questions regarding the petition.
- 8345 2. If the child is Native American, refer to General Major objectives and the Indian  
8346 Child Welfare Act.
- 8347 3. An adoption cannot take place unless both parents' rights have been terminated.
- 8348 4. If one parent decides to relinquish his/her parental rights, the caseworker must  
8349 notify the other parent and discuss permanency options for the child with that  
8350 parent before any relinquishment can be done. If the whereabouts of the other  
8351 parent is unknown, the caseworker will contact the Assistant Attorney General to  
8352 arrange to publish a notification for the missing parent.
- 8353 5. If the parent relinquishing her parental rights is an unmarried woman, the  
8354 caseworker must contact the following agencies to attempt to locate the father of  
8355 the child:
  - 8356 a. Bureau of Health Statistics and Vital Records to find out if the father has  
8357 registered and has claimed paternity rights;
  - 8358 b. The Office of Recovery Services to find out if there is a record of a father  
8359 paying child support and claiming paternity through the Office of  
8360 Recovery Services;
  - 8361 c. Federal Parent Locator Service to search for the absent parent;

- 8362                   d.       The Assistant Attorney General to consult on termination of parental  
8363                   rights of the missing parent.  
8364
- 8365 B.       Preparing for the court hearing for voluntary relinquishments:
- 8366       1.       A petition must be filed with the court to initiate termination proceedings. The  
8367       caseworker, Assistant Attorney General, Guardian ad Litem, or other legal  
8368       counsel may assist in the preparation of the petition. The caseworker should  
8369       discuss the relinquishment with the Assistant Attorney General and request that a  
8370       petition be filed with the court and a hearing be scheduled in a timely manner.
- 8371       2.       Under Utah Code Ann. [§80-4-307](#), voluntary relinquishments or consent for  
8372       termination of parental rights will be signed or confirmed under oath before a  
8373       judge of any court that has jurisdiction over proceedings for termination of  
8374       parental rights.
- 8375       3.       The court will certify that the person executing the consent or relinquishment has  
8376       read and understands the consent or relinquishment and has signed it freely and  
8377       voluntarily.
- 8378       4.       A voluntary relinquishment or consent for termination of parental rights is  
8379       effective when it is signed by the parent and approved by the court and may not  
8380       be revoked.
- 8381       5.       Before the court can grant a voluntary relinquishment of parental rights, the court  
8382       must find that the termination is in the best interest of the child.  
8383
- 8384 C.       Child and Family Services will ensure that the rights of the father to a child born outside  
8385       of marriage are considered prior to the relinquishment of all parental rights.
- 8386       1.       A person who is the father or claims to be the father of a child born outside of  
8387       marriage must file a notice of his claim of paternity and of his willingness and  
8388       intent to support the child with the state registrar of vital statistics at the  
8389       Department of Health. This notice must be filed prior to the time the child is  
8390       relinquished to a licensed child placing agency or prior to the filing of a petition  
8391       by a person with whom the mother has placed the child for adoption.
- 8392       2.       Any putative father who fails to file his notice of paternity is barred from  
8393       thereafter bringing or maintaining any action to assert any interest in the child  
8394       unless he proves by clear and convincing evidence that: it was not possible for  
8395       him to file a notice of paternity within the period of time specified above, his  
8396       failure to file a notice was through no fault of his own, and he filed a notice of  
8397       paternity within 10 days after it became possible for him to file a notice.
- 8398       3.       Except as provided above, failure to file a timely notice of paternity will be  
8399       deemed to be a waiver and surrender of any right to notice of any hearing in any  
8400       judicial proceeding for adoption of the child and the consent of that person to the  
8401       adoption of the child is not required.
- 8402       4.       If there is no showing that a putative father has consented to or waived his rights  
8403       regarding the proposed adoption, it will be necessary to file a certificate from the  
8404       Department of Health, signed by the state registrar of vital statistics, stating that a  
8405       diligent search has been made of the registry of notices from putative fathers and  
8406       that no filing has been found pertaining to the father of the child in question. This  
8407       certificate must be filed prior to the entering of a final decree of adoption.

- 8408 5. When a child is conceived or born during a marriage, termination of the parental  
8409 rights of the married woman’s husband must be obtained even if he is not the  
8410 biological father of the child, before the child is legally available for adoption.  
8411 This can be accomplished by the voluntary relinquishment of his parental rights or  
8412 by court action that results in the court terminating his parental rights.
- 8413 6. If the putative father cannot be located, the caseworker will contact the Assistant  
8414 Attorney General and discuss further attempts to locate the father, which can  
8415 include publishing in the local newspaper.  
8416

## 307.2 Termination Of Parental Rights

8417  
8418 Major objectives:

8419 A petition for termination of parental rights will be filed when the parameters of state statute are  
8420 met, when compelling reasons exist that the child may not be safely returned home, when a child  
8421 is not being cared for by kin, and when reunification services have been adequately provided.  
8422

8423  
8424 **Applicable Law**

8425 Utah Code Ann. [§80-4-301](#). Grounds for termination of parental rights -- Findings regarding  
8426 reasonable efforts by division.

8427  
8428 Practice Guidelines

- 8429 A. In calculating when to file a petition for the termination of parental rights, the caseworker  
8430 will:
- 8431 1. Calculate the 15 out of the most recent 22-month period from the date the child  
8432 was removed.
  - 8433 2. Include periods of time in care if there have been multiple entrances and exits into  
8434 out-of-home care.
  - 8435 3. Will not include trial home visits or runaway episodes in calculating the 15  
8436 months in out-of-home care.
- 8437
- 8438 B. This requirement only applies once for a specific child if Child and Family Services does  
8439 not file a petition because an exception to this requirement applies.  
8440
- 8441 C. The caseworker will discuss termination of parental rights with the Assistant Attorney  
8442 General and request a petition be filed with the court and a hearing date be set. The  
8443 petition will include all necessary legal information related to the case along with the  
8444 reasons for termination of parental rights, which are:
- 8445 1. The child has been abandoned by the parent or parents.
  - 8446 2. The parent or parents have neglected or abused the child.
  - 8447 3. The parent or parents are unfit or incompetent.
  - 8448 4. The child is being cared for in an out-of-home placement under the supervision of  
8449 the court and/or Child and Family Services and Child and Family Services or  
8450 another responsible agency has made diligent efforts to provide appropriate  
8451 services and the parent has substantially neglected, willfully refused, or has been  
8452 unable or unwilling to remedy the circumstances that caused the child to be in an

- 8453 out-of-home placement, and there is a substantial likelihood that the parent will  
8454 not be capable of exercising proper and effective parental care in the near future.
- 8455 5. Failure of parental adjustment as defined in Utah Code Ann. [§80-4-102](#), that  
8456 parent or parents are unable or unwilling within a reasonable time to substantially  
8457 correct the circumstances, conduct, or conditions that led to placement of their  
8458 child outside the home, notwithstanding reasonable and appropriate efforts made  
8459 by Child and Family Services to return the child to that home.
- 8460 6. That only token efforts have been made by the parent or parents to support or  
8461 communicate with the child, prevent neglect of the child, to eliminate the risk of  
8462 serious physical, mental, or emotional abuse of the child, or to avoid being an  
8463 unfit parent.
- 8464 7. The parent or parents have voluntarily relinquished their parental rights to the  
8465 child and the court finds that relinquishment is in the child’s best interest.
- 8466 8. The parent or parents, after a period of trial during which the child was returned to  
8467 live in his/her own home, substantially and continuously or repeatedly refused or  
8468 failed to give the child proper parental care or protection.
- 8469 9. The terms and conditions of safe relinquishment of a newborn child have been  
8470 complied with pursuant to Utah Code Ann. [§80-4-502](#), safe relinquishment of a  
8471 newborn child.
- 8472 10. As referenced in Utah Code Ann. [§80-4-201](#), any interested party including an  
8473 out-of-home caregiver may file a petition of the parent-child relationship with  
8474 regard to a child. The Assistant Attorney General will file a petition for  
8475 termination of parental rights under this part on behalf of Child and Family  
8476 Services.
- 8477
- 8478 D. In order to be appropriately prepare for the court hearing to terminate parental rights, the  
8479 caseworker should:
- 8480 1. Determine that permanent termination of parental rights is in the child’s best  
8481 interest and that there is evidence on which to file the petition. The caseworker  
8482 should facilitate a Child and Family Team Meeting to assist in the decision-  
8483 making process and permanency planning.
- 8484 2. The caseworker will review the case with the Assistant Attorney General to  
8485 determine if the case meets the legal grounds for termination.
- 8486 3. If it is determined that there are sufficient grounds under the law for terminating  
8487 parental rights and it is in the child’s best interest, the caseworker will request that  
8488 the Assistant Attorney General prepare a petition to terminate the parental rights  
8489 and file the petition with the court.
- 8490 4. The caseworker will assist the Assistant Attorney General’s office in collecting  
8491 and presenting the evidence to the juvenile court judge as defined in above.
- 8492 5. The caseworker will collect the names and addresses of witnesses and the  
8493 allegations to which the witnesses can and will testify to. This may include  
8494 therapists, out-of-home caregivers, medical providers, school personnel, etc. This  
8495 information will be given to the Assistant Attorney General. Examples of needed  
8496 information include: medical and/or psychological information regarding the  
8497 parents and/or child, police reports, documentation of efforts and services to  
8498 rehabilitate the parents and to facilitate a reunion with the child, the physical,

8499 mental, or emotional condition of the child and his or her desires regarding  
8500 termination of parental rights, the effort the parents have made to adjust their  
8501 circumstances, conduct, or conditions to make it in the child’s best interest to  
8502 return the child home, contact/visits between parents and child, emotional ties  
8503 between the child and parents, the child’s ties with the out-of-home care provider,  
8504 etc.  
8505

8506 E. Termination of parental rights may be ordered by the court only after a hearing is held  
8507 specifically on the question of terminating the rights of the parents. The grounds for  
8508 termination of parental rights include (*see*: Utah Code Ann. [§80-4-302](#)):

8509 1. In determining whether a parent or parents have abandoned a child there must be  
8510 evidence that:

8511 a. The parent or parents had legal custody of the child but surrendered  
8512 physical custody and for a period of six months have not manifested a firm  
8513 intention to resume physical custody or to make arrangements for the care  
8514 of the child.

8515 b. The parent or parents failed to communicate with the child by mail,  
8516 telephone, or otherwise for six months.

8517 c. The parent or parents have failed to show the normal interest of a natural  
8518 parent without just cause.

8519 d. The parent or parents have abandoned an infant, as described in Utah  
8520 Code Ann. [§80-4-203](#).

8521 2. Determining whether a parent or parents are unfit or have neglected a child, the  
8522 court will consider but is not limited to the following,

8523 a. Emotional illness, mental illness, or mental deficiency of the parent that  
8524 renders him/her unable to care for the immediate and continuing physical  
8525 or emotional needs of the child for extended periods of time.

8526 b. Conduct toward a child of a physically, emotionally, or sexually cruel or  
8527 abuse nature.

8528 c. Habitual or excessive use of intoxicating liquors, controlled substances, or  
8529 dangerous drugs that render the parents unable to care for the child.

8530 d. Repeated or continuous failure to provide the child with adequate food,  
8531 clothing, shelter, education, or other care necessary for his/her physical,  
8532 mental, and emotional health and development by parents who are capable  
8533 of providing that care. However, a parent who is legitimately practicing  
8534 his/her religious beliefs does not provide specified medical treatment for  
8535 child is not for that reason alone a negligent or unfit parent.

8536 e. With regard to a child who is in the custody of Child and Family Services,  
8537 if the parent is incarcerated as a result of conviction of a felony and the  
8538 sentence is of such length that the child will be deprived of a normal home  
8539 for more than one year.

8540 f. Evidence of a conviction of a felony, if the facts of the crime are of such a  
8541 nature as to indicate the unfitness of the parents to provide adequate care  
8542 to the extent necessary for the child’s physical, mental, or emotional  
8543 health and development

8544 g. Evidence of a history of violent behavior.

- 8545 h. The parent intentionally, knowingly, or recklessly causes the death of  
8546 another parent of the child, without legal justification. [See: Utah Code  
8547 Ann. [§80-4-302.](#)]
- 8548 3. If a child has been placed in the custody of Child and Family Services and the  
8549 parent or parents fail to comply substantially with the terms and conditions of a  
8550 plan within six months after the date the child was placed or the plan was  
8551 commenced, whichever occurs later. That failure to comply is evidence of failure  
8552 of parental adjustment.
- 8553 4. The following circumstances constitute evidence of unfitness:
- 8554 a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due  
8555 to known or substantiated abuse or neglect by the parent or parents.
- 8556 b. Conviction of a crime, if the facts surrounding the crime are of such a  
8557 nature as to indicate the unfitness of the parent to provide adequate care to  
8558 the extent necessary for the child's physical, emotional, mental, health,  
8559 and development.
- 8560 c. A single incident of life threatening or gravely disabling injury to or  
8561 disfigurement of the child.
- 8562 d. The parent has committed, aided, abetted, attempted, conspired, or  
8563 solicited to commit murder or manslaughter of a child or child abuse  
8564 homicide.
- 8565 F. At the conclusion of the hearing in which the court orders termination of the parent/child  
8566 relationship, the court will order that a review hearing be held within 90 days following  
8567 the date of termination if the child has not been placed in a permanent adoptive home. At  
8568 that review hearing, Child and Family Services or the individual vested with custody of  
8569 the child will report to the court regarding the plan for permanent placement for the child.  
8570 The Guardian ad Litem will also submit to the court a written report with  
8571 recommendations, based on an independent investigation, for disposition meeting the best  
8572 interest of the child. The court may order Child and Family Services or individual vested  
8573 with custody of the child to report, at appropriate intervals, on the status of the child until  
8574 the plan for a permanent placement of the child has been accomplished. [See: Utah Code  
8575 Ann. [§80-4-306.](#)]  
8576

8577 **307.2a Exceptions And Compelling Reasons Not To Terminate**  
8578 **Parental Rights**

8579 Major objectives:

8580 When a child has been placed in out-of-home care for 15 of the most recent 22 months, the Child  
8581 and Family Team will determine whether or not it is in the child’s best interest for parental rights  
8582 to be terminated. If it is not in the best interest of the child, the team will determine the exception  
8583 or “compelling reason” that makes termination of parental rights contrary to the best interests of  
8584 the child. The caseworker must document in the case plan the exact nature of the circumstances  
8585 that make termination of parental rights not in the child’s best interest.  
8586

8587  
8588  
8589 **Applicable Law**

8590 Utah Code Ann. [§80-4-301](#). Grounds for termination of parental rights -- Findings regarding  
8591 reasonable efforts by division.

8592 Utah Code Ann. [§80-4-203](#). Mandatory petition for termination of parental rights.  
8593

8594 Practice Guidelines

- 8595 A. In calculating when to file a motion not to terminate parental rights, the caseworker will:  
8596 1. Calculate 15 months out of the most recent 22-month period from the date the  
8597 child was removed.  
8598 2. Include periods of time in care if there have been multiple entrances and exits into  
8599 out-of-home care.  
8600 3. Not include trial home visits or runaway episodes in calculating the 15 months in  
8601 out-of-home care.  
8602
- 8603 B. Upon calculating the 15 months out of the most recent 22 months, the caseworker will  
8604 coordinate with the Child and Family Team to determine whether or not it is in the  
8605 child’s best interest for parental rights to be terminated. If the team determines that it is  
8606 contrary to the child’s best interest, the team will identify the exception or “compelling  
8607 reason” to justify not terminating parental rights.  
8608
- 8609 C. Once the Child and Family Team identifies the exception or “compelling reason,” the  
8610 caseworker will discuss not terminating parental rights with the Assistant Attorney  
8611 General. The Assistant Attorney General will follow through with notifying the court as  
8612 well as addressing all necessary legal proceedings related to the case.  
8613
- 8614 D. According to [§80-4-203](#), Child and Family Services is not required to file a petition for  
8615 termination of parental rights if:  
8616 1. The child is being cared for by a relative.  
8617 2. The court has previously determined that Child and Family Services has not  
8618 provided, within the time period specified in the Child and Family Plan, services  
8619 that had been determined to be necessary for the safe return home of the child.  
8620 3. Documented in the Child and Family Plan is a “compelling reason” for  
8621 determining that filing a motion for termination of parental rights is not in the

- 8622 child’s best interest; and the Child and Family Plan is made available for the court  
8623 to review. The “compelling reason” may be one of the following, but is not  
8624 limited to:
- 8625 Adoption is not the appropriate permanency goal for the child,  
8626 Child is 12 or older and objects to being adopted,
- 8627 a. An older adolescent who has requested staying in the system and  
8628 participating in the Transition to Adult Living Services Program.
  - 8629 b. The child has severe emotional or behavioral problems or a serious  
8630 medical condition, and reunification remains an appropriate goal.
  - 8631 c. The parent is terminally ill, does not want parental rights terminated, and  
8632 has designated the child’s present caregiver, with the caregiver’s  
8633 agreement, as the child’s permanent caregiver.
  - 8634 d. The child is an unaccompanied refugee minor as defined in 45 Code of  
8635 Federal Regulations 400.11, which is a child who is not yet 18 years of  
8636 age who entered the United States unaccompanied by and not destined to a  
8637 parent or a close adult relative who is willing and able to care for the child  
8638 or an adult with a clear and court-verifiable claim to custody of the child  
8639 and who has no parents in the United States.
  - 8640 e. Insufficient grounds exist for termination of parental rights.
  - 8641 f. There are international legal obligations or compelling foreign policy  
8642 reasons that would preclude termination of parental rights, such as the  
8643 foreign country in which the parents are citizens does not support  
8644 termination of parental rights.
  - 8645 g. If the child is an Indian child under the Indian Child Welfare Act (ICWA),  
8646 and the child’s tribe is opposed to adoption and has another permanency  
8647 plan for the child (in accordance with ICWA).
  - 8648 h. Other compelling reasons documented for determining that filing for  
8649 termination of parental rights is not in the child’s best interest.
- 8650
- 8651 E. Since the child is not able to safely return home and adoption is not a permanency option  
8652 at this time due to the fact that parental rights are not being terminated, the Child and  
8653 Family Team will determine the next best permanency and concurrent plan for the child,  
8654 such as guardianship with a relative, guardianship with a non-relative, or individualized  
8655 permanency. Even though parental rights have not been terminated, continue to explore  
8656 and support positive connections for the child that will endure, and continue to keep them  
8657 connected to their past, present, and future.
- 8658
- 8659 F. In order to appropriately prepare for the court hearing to not terminate parental rights, the  
8660 caseworker should:
- 8661 1. Determine that terminating parental rights is not in the child’s best interest and  
8662 that there is evidence on which to file the motion.
  - 8663 2. Facilitate a Child and Family Team Meeting to assist in the decision-making  
8664 process and permanency planning.
  - 8665 3. Review the case with the Assistant Attorney General to determine if the case  
8666 meets the legal grounds to not terminate parental rights. The caseworker will also  
8667 inform the Assistant Attorney General of the child’s permanency and concurrent



- 8668 plan. If it is determined that there are sufficient grounds under the law for not  
8669 terminating parental rights and it is in the child’s best interest, the caseworker will  
8670 request that the Assistant Attorney General prepare a motion and file it with the  
8671 court to not terminate parental rights as well as to change the child’s permanency  
8672 and concurrent plan.
- 8673 4. Assist the Assistant Attorney General in collecting and presenting the evidence to  
8674 the juvenile court judge as defined in above.
- 8675
- 8676 G. After the court has ordered that termination of parental rights is not in the child’s best  
8677 interest, the caseworker must document in the Child and Family Plan the exception or  
8678 “compelling reason” as well as the exact nature of the circumstances that make  
8679 termination of parental rights not in the child’s best interest
- 8680
- 8681 H. Once the court has approved the child’s new permanency and concurrent plan, the  
8682 caseworker will update the Child and Family Plan in SAFE to reflect the new goals and  
8683 permanency planning.  
8684

### 307.3 Appeal For Termination Of Parental Rights

8685 Major objectives:

8686 Child and Family Services will not give approval to finalize an adoption until the period to appeal  
8687 the termination of parental rights has expired.  
8688  
8689

8690

8691 **Applicable Law**

8692 Parents have 15 days from the date of final judgment and order to file an appeal to the  
8693 termination of their parental rights. (Rule [4] 52, Rules of Appellate Procedure.)  
8694

8695 Practice Guidelines

- 8696 A. During the appeal period, the child may be placed in a foster/adoptive placement and  
8697 remain in that placement.  
8698
- 8699 B. The appeal process can take over one year. Parents do not retain residual parental rights  
8700 while the case is on appeal unless the juvenile court stays the decision terminating  
8701 parental rights.  
8702
- 8703 C. Child and Family Services, through the Assistant Attorney General or the Guardian ad  
8704 Litem, has the authority to petition the juvenile court to restrict parents’ residual rights  
8705 during the time the termination decision is being appealed. The residual rights includes  
8706 visitation.  
8707

8708 **307.4 Request For A New Hearing**

8709 Major objectives:

8710 A caseworker or some other person may request a new hearing as specified in Utah Code Ann.  
8711 [§78A-6-357](#).

8713 **Applicable Law**

8714 Utah Code Ann. [§78A-6-357](#). New hearings -- Modification of order or decree -- Requirements  
8715 for changing or terminating custody, probation, or protective supervision.

8717 Practice Guidelines

- 8718
- 8719 A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter,  
8720 or any adult affected by a decree in a child’s proceeding under this chapter may at any  
8721 time petition the court for a new hearing on the grounds that new evidence that was not  
8722 known and could not, with due diligence, have been made available at the original  
8723 hearing and which might affect the decree, has been discovered.
- 8724
- 8725 B. This request will be made by a Child and Family Services caseworker only after  
8726 consultation with an Assistant Attorney General.
- 8727

8728 **307.5 Petition To Restore Parental Rights**

8729 Major objectives:

- 8730 A. To provide a permanent, safe living arrangement for a child who has been placed in the  
8731 custody of Child and Family Services or the DHHS by court order for whom restoration  
8732 of parental rights is a viable option.
- 8733
- 8734 B. To create or recreate an enduring and self-sustaining relationship for the child with their  
8735 biological family, when safe and appropriate.
- 8736
- 8737 C. To normalize and stabilize family life for the child.
- 8738
- 8739 D. To transfer legal responsibility for the child from Child and Family Services to the  
8740 child’s former parent(s) when it is safe and in the best interests of the child.
- 8741
- 8742 E. To provide for a thorough assessment of the viability of restoration of parental rights.
- 8743

8744 **Applicable Law**

8745 Utah Code Ann. [§80-4-401](#). Petition to restore parental rights – Division duties.

8746

8747

8748 Guiding Principles

8749 A parent may have their parental rights restored in one of two ways: Either by the child who is  
8750 12 years of age or older, or an authorized representative acting on behalf of a child of any age; or  
8751 by the request of the former parent.

8752

8753 A. A child's need for a normal family life in a permanent home, and for positive, nurturing  
8754 family relationships is usually best met by the child's natural parents.

8755

8756 B. If, 24 months after termination of parental rights, a child is still in out-of--home care and  
8757 there is no prospective adoptive placement; or, if an adoption fails and the child returns to  
8758 out-of-home care, the child or a representative for the child may file for restoration of  
8759 parental rights.

8760

8761 Practice Guidelines

8762 A. Utah statute states that a child who is 12 years of age or older, or an authorized  
8763 representative acting on behalf of a child of any age, may file a petition to restore  
8764 parental rights if:

- 8765 1. Twenty-four months have passed since the court ordered termination of the  
8766 parent-child legal relationship; and  
8767 2. The child has not been adopted and is not in an adoptive placement, or is unlikely  
8768 to be adopted before the child is 18 years of age.  
8769 3. The child was previously adopted following a termination of a parent-child legal  
8770 relationship, but the adoption failed and the child was returned to the custody of  
8771 Child and Family Services.

8772

8773 B. When any child in the custody of Child and Family Services fits the criteria above, the  
8774 caseworker will notify and inform the child that they are eligible to petition the court for  
8775 restoration of parental rights.

8776 1. The caseworker will work with the Child and Family Team to decide how and  
8777 when to discuss the option of restoring parental rights with the child. If the  
8778 parent's whereabouts are known and the parent can be located, the parent will be  
8779 invited to participate in the discussion with the Child and Family Team.

- 8780 2. The Child and Family Team will assess the following:
- 8781 a. Can the former parent be located through the kinship locator process?
  - 8782 b. What significant changes have occurred in the former parent's  
8783 circumstances and/or behavior since the termination of parental rights?
  - 8784 c. What is the willingness of the former parent to resume contact with the  
8785 child and have parental rights restored?
  - 8786 d. What is the former parent's ability to be involved in the life of the child  
8787 and accept physical custody of and responsibility for the child?
  - 8788 e. What are the child's feelings and thoughts about restoration of parental  
8789 rights?
  - 8790 f. Any other information the caseworker or Child and Family Team  
8791 considers appropriate and determinative, such as the extended family  
8792 support for the former parent and the extent to which the former parent has

8793 rehabilitated from the behavior that resulted in the termination of parental  
8794 rights.

8795

8796 C. A former parent who remedies the circumstances that resulted in the termination of the  
8797 former parent's rights and who is capable of exercising proper and effective parental care  
8798 will notify the region director or designee. The region director or designee will staff the  
8799 case with the current caseworker to determine if the current caseworker should be the  
8800 person to assess whether or not the parent has met the criteria for the restoration of  
8801 parental rights. Once the decision has been made regarding who will complete the  
8802 assessment, the caseworker will assess the following information:

- 8803 1. Twenty-four months have passed since the court-ordered termination of the  
8804 parent-child legal relationship.
- 8805 2. The child has not been adopted and is not in an adoptive placement, or is unlikely  
8806 to be adopted before the child is 18 years of age.
- 8807 3. The child was previously adopted following a termination of a parent-child legal  
8808 relationship, but the adoption failed and the child was returned to the custody of  
8809 Child and Family Services.

8810

8811 If the above criteria have been met, the caseworker will open an IHS case and asses the  
8812 following information:

- 8813 1. What significant changes have occurred in the former parent's circumstances  
8814 and/or behavior since the termination of parental rights?
- 8815 2. What is the willingness of the former parent to resume contact with the child and  
8816 have parental rights restored?
- 8817 3. Does the former parent have the ability to be involved in the life of the child and  
8818 accept physical custody of and responsibility for the child?
- 8819 4. What are the child's feelings and thoughts about restoration of parental rights?
- 8820 5. Any other information the caseworker or Child and Family Team considers  
8821 appropriate and determinative, such as the extended family support for the former  
8822 parent and the extent to which the former parent has rehabilitated from the  
8823 behavior that resulted in the termination of parental rights.

8824

8825 After the assessment, the caseworker will staff the case with the region director or  
8826 designee, as well as the Child and Family Team, to determine if filing for a petition for a  
8827 restoration of parental rights is in the best interest of the child. Once that determination is  
8828 made, a full home study will be completed on the parent who desires to have their  
8829 parental rights restored. Once the home study is completed, the caseworker will consult  
8830 with the Assistant Attorney General (AAG) to file the petition for the restoration of  
8831 parental rights.

8832

8833 D. After Child and Family Services receives or is served with a petition to restore parental  
8834 rights, filed by a child or an authorized representative, or when the Child and Family  
8835 Team have determined that filing a petition for the restoration of parental rights is in the  
8836 best interest of the child, the caseworker will consult with the AAG to file the petition.

8837

- 8838 E. After Child and Family Services receives or is served with a petition to restore parental  
8839 rights, filed by a child or an authorized representative, the caseworker will:
- 8840 1. Contact the Assistant Attorney General (AAG) assigned to the case to notify them  
8841 that Child and Family Services has received a petition to restore parental rights.
- 8842 2. Use existing processes to locate the former parent if the former parent’s  
8843 whereabouts are not known. This will include web searches, social media, former  
8844 contact information, and asking other known family members for the contact  
8845 information of the parent. The effort to locate the parent must constitute a  
8846 diligent effort.
- 8847 3. If the former parent is found, notify the former parent of the legal effects of  
8848 restoration of parental rights and the time and date of the hearing on the petition.  
8849
- 8850 F. The court will set a hearing on the petition at least 30 days but no more than 60 days after  
8851 the day on which the petition was filed with the court.
- 8852 1. Before the hearing, the caseworker may submit a confidential report to the court  
8853 containing the following information:
- 8854 a. Material changes in circumstances since the termination of parental rights;  
8855 b. Summary of the reasons why parental rights were terminated;  
8856 c. The date on which parental rights were terminated;  
8857 d. The willingness of the former parent to resume contact with the child and  
8858 have parental rights restored;  
8859 e. The ability of the former parent to be involved in the life of the child and  
8860 accept physical custody of, and responsibility for, the child; and  
8861 f. Any other information the caseworker or Child and Family Team  
8862 considers appropriate and determinative such as the extended family  
8863 support for the former parent and the extent to which the former parent has  
8864 rehabilitated from the behavior that resulted in the termination of parental  
8865 rights.  
8866
- 8867 G. The hearing for the restoration of parental rights may have one or more of the following  
8868 results:
- 8869 1. Continue status quo.
- 8870 a. The caseworker will continue to search for other permanency options for  
8871 the child.
- 8872 2. Allow contact between the former parent and the child and describe conditions  
8873 under which contact may take place.
- 8874 a. The caseworker will facilitate the contact pursuant to the court order and  
8875 monitor the effect of contact between the child and the former parent. The  
8876 caseworker, in consultation with the Child and Family Team, will provide  
8877 a report to the court with recommendations as to whether the contact  
8878 should continue and increase in frequency and duration, or whether the  
8879 contact should discontinue.
- 8880 3. Order that the child be placed with the former parent in a temporary custody and  
8881 guardianship relationship to be reevaluated six months from the day on which the  
8882 child is placed.

- 8883                    a.        The caseworker will open a PSS case and provide services to the family to  
8884                    assist in achieving permanency and will provide court reports evaluating  
8885                    the family's progress.  
8886                    4.        Restore parental rights to the parent.  
8887                    a.        The caseworker will close the out-of-home care case.

### 308 Transitions From Child and Family Services Custody

Major objectives:

The Child and Family Team will determine what plan for transition is in the child’s best interest. The transition from Child and Family Services custody will seek to ensure that:

- A. The child will be in a safe and appropriate environment that will endure until the child reaches maturity.
- B. The child and his/her caregivers will have access to services and resources that will sustain permanency.
- C. The child has connections to their past, present, and future.

#### 308.1 Trial Home Placement And Return Of The Child Home

Major objectives:

When a child and family’s safety needs have been met in that the original reasons and risks have been reduced or eliminated, the child can return home.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Utah Code Ann. [§80-3-306](#). Outstanding arrest warrant check before return of custody.

Practice Guidelines

~~A. — Facilitate a Child and Family Team Meeting to review the Child and Family Plan to ensure that the child and family’s safety needs have been successfully met in that the original placement reasons and risks have been reduced or eliminated in order for the child to be safely returned home.~~

~~B. — Consider the recommendations of the Child and Family Team. The objection of any one person should not automatically prevent the child from being returned home.~~

~~C. — Complete a risk assessment to help determine if the child can be safely returned home. A risk assessment is required only if the child is being returned to the same home removed from.~~

~~D. — Update the UFACET. Ensure that the Visitation section of the UFACET reflects scores that would support a trial home placement, or return home.~~

~~E. — Give consideration to the child’s feelings and desires.~~

- 8932 F. — Contact the Assistant Attorney General and determine whether a review hearing is  
8933 needed prior to the child's return home. If a review hearing is needed, request that the  
8934 Assistant Attorney General contact the juvenile court for a date. If a review hearing is  
8935 not needed, request the Assistant Attorney General to notify the juvenile in accordance  
8936 with the original court order that the child is returning home.
- 8937
- 8938 G. — Based on the determinations of the court, facilitate a Child and Family Team Meeting to  
8939 discuss the transitions, return home plan, and the recommendations prior to the child  
8940 being returned home.
- 8941
- 8942 H. — Provide reasonable notice, at least two weeks (unless otherwise ordered by the court), of  
8943 the date child will be returning home to all pertinent parties such as child, parents,  
8944 Guardian ad Litem, foster care provider, school staff, and therapists so all parties can be  
8945 adequately prepared for the return home. Also inform the Department of Workforce  
8946 Services and the Office of Recovery Services.
- 8947
- 8948 I. — Notify the regional eligibility caseworker of the plan to return the child home at least two  
8949 weeks prior to the return home. Provide the eligibility caseworker with information from  
8950 the parents required to determine if the child can continue Medicaid coverage after the  
8951 return home and in time for case transfer to BES or DWS.
- 8952
- 8953 J. — Child and Family Services is required by Utah Code Ann. §80-3-306 to conduct a felony  
8954 warrant check through the National Crime Information Center (NCIC) prior to  
8955 recommending that a child be returned to a parent or guardian. This includes when Child  
8956 and Family Services is recommending a child be returned to a guardian that we have  
8957 removed from or a noncustodial or non-offending parent. If Child and Family Services  
8958 will be recommending that the child be returned to a parent or guardian at the court  
8959 hearing, the following process will need to be complete 14 days before the  
8960 recommendation is provided to the court:
- 8961 1. — The Child and Family Services caseworker will complete and submit the "DCFS  
8962 Parent/Guardian Felony Warrant Check Request" form as soon as the  
8963 determination is made to provide the recommendation to the court to return the  
8964 child to a parent/guardian. The form may be found at  
8965 [https://docs.google.com/forms/d/e/1FAIpQLScXndX7K-nnREa9M5F0rAWBPWkawNOIHYGcpONOHZMqrWKFO/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLScXndX7K-nnREa9M5F0rAWBPWkawNOIHYGcpONOHZMqrWKFO/viewform?usp=sf_link).
- 8966 2. — The Background Screening Coordinator at the Child and Family Services state  
8967 office will complete the felony warrant check. The results will be emailed to both  
8968 the Assistant Attorney General (AAG) and the caseworker assigned to the case.  
8969 The AAG will file the results with the court.
- 8970
- 8971
- 8972 K. — Prior to and when the child is returned home, the Child and Family Services caseworker  
8973 will provide services directed at assisting the child and family with the transition back  
8974 into the home. During this time, the caseworker should contact school personnel,  
8975 therapists, day care providers, etc. who have knowledge and/or contact with the child to  
8976 ensure no further abuse or neglect is occurring.



- 8977 1. If it is determined that the child and family require more intensive services to  
8978 ensure successful reunification, intensive family reunification services (PFR) may  
8979 be utilized.
- 8980 2. Once the child is returned home and it is determined that the child and family is  
8981 still in need of services and supervision, in-home services will be provided based  
8982 on the needs of the family. The services may be either by court order (PSS) or on  
8983 a voluntary basis (PSC). The caseworker will either provide these services  
8984 him/herself or refer the family to the in-home program to arrange for follow-up  
8985 services.
- 8986 3. Refer to In-Home Services Major objectives, Section 102.
- 8987
- 8988 1. A child may be returned home for a trial home visit for up to 90 days. Within 90 days of  
8989 the child's return home and if the child is safe in the home, the caseworker will file a  
8990 motion with the juvenile court to terminate the agency's legal custody of the child.]
- 8991
- 8992 A. The Child and Family Team will assess if a Trial Home Placement (THP) is appropriate  
8993 for the circumstances of the case. Assess through the following:
- 8994 1. Update the UFACET. Ensure that the Visitation section of the UFACET reflects  
8995 scores that would support a THP or return home.
- 8996 2. Complete a SDM safety assessment and risk reassessment to help determine if the  
8997 child can be safely reunified to a caregiver.
- 8998 3. Team by facilitating a Child and Family Team Meeting to review the Child and  
8999 Family Plan to ensure that the child and family's safety needs have been reduced  
9000 or resolved in order for the child to be safely reunified to a caregiver. Consider  
9001 the recommendations of the Child and Family Team. The objection of any one  
9002 person should not automatically prevent the child from being returned home.
- 9003 4. Assess the children's feelings and desires about a THP and readiness to return  
9004 home.
- 9005 5. Contact the Assistant Attorney General (AAG) to ensure the legal steps are in  
9006 place to begin a THP.
- 9007 a. If a review hearing is needed, request that the AAG contact the juvenile  
9008 court for a date.
- 9009 b. If a review hearing is not needed, request the AAG to notify the juvenile  
9010 court in accordance with the original court order that the child is returning  
9011 home.
- 9012 6. Child and Family Services is required by Utah Code Ann. §80-3-306 to conduct a  
9013 felony warrant check through the National Crime Information Center (NCIC)  
9014 prior to recommending that a child be returned to a parent or guardian. This  
9015 includes when Child and Family Services is recommending a child be returned to  
9016 a guardian that we have removed from or a noncustodial or non-offending  
9017 parent. If Child and Family Services will be recommending that the child be  
9018 returned to a parent or guardian at the court hearing, the following process will  
9019 need to be completed 14 days before the recommendation is provided to the court:
- 9020 a. The Child and Family Services caseworker will complete and submit the  
9021 "DCFS Parent/Guardian Felony Warrant Check Request" form as soon as  
9022 the determination is made to provide the recommendation to the court to

- 9023 return the child to a parent/guardian. The form may be found at  
9024 [https://docs.google.com/forms/d/e/1FAIpQLScXndX7K\\_nnREa9M5F0rA](https://docs.google.com/forms/d/e/1FAIpQLScXndX7K_nnREa9M5F0rAWBPWkawNOIHYGcpONO11ZMqrWKfQ/viewform)  
9025 [WBPWkawNOIHYGcpONO11ZMqrWKfQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLScXndX7K_nnREa9M5F0rAWBPWkawNOIHYGcpONO11ZMqrWKfQ/viewform).
- 9026 b. The Background Screening Coordinator at the Child and Family Services  
9027 state office will complete the felony warrant check. The results will be  
9028 emailed to both the AAG and the caseworker assigned to the case. The  
9029 AAG will file the results with the court.
- 9030
- 9031 **B. Plan for transition. Based on the determinations of the assessments and court, facilitate a**  
9032 **Child and Family Team Meeting to discuss the transitions to return home plan, and the**  
9033 **recommendations prior to the child being returned home.**
- 9034 1. Provide reasonable notice, at least two weeks (unless otherwise ordered by the  
9035 court), of the date child will be returning home to all pertinent parties such as  
9036 child, parents, Guardian ad Litem, foster care provider, school staff, and therapists  
9037 so all parties can be adequately prepared for the return home. Also inform the  
9038 Department of Workforce Services and the Office of Recovery Services.
- 9039 2. Notify the regional eligibility worker of the plan to return the child home at least  
9040 two weeks prior to the return home. Provide the eligibility worker with  
9041 information from the parents required to determine if the child can continue  
9042 Medicaid coverage after the return home and in time for case transfer to DWS.
- 9043 3. Inform caregivers that they need to provide the child with medical coverage  
9044 (personal or state). Direct parents to DWS for applying for Utah Medicaid.
- 9045 4. The caseworker will follow the SDM risk reassessment minimum contact  
9046 guidelines for in-home services. Refer to In-Home Services Major objectives  
9047 Section 106.2.
- 9048
- 9049 **C. A child may be returned home for a THP for up to 90 days. Within the 90 days of the**  
9050 **child's return home and if the child has continued to be safe in the home, the caseworker**  
9051 **will work with the AAG for a motion to be filed with the juvenile court to terminate the**  
9052 **agency's legal custody of the child.**
- 9053 1. Assessing: Once the child is returned home and it is determined that the child and  
9054 family is still in need of services and supervision, in-home services will be  
9055 provided based on the needs of the family.
- 9056 a. The services may be either be by court order (PSS) or on a collaborative  
9057 services (PSC).
- 9058 b. The current caseworker will either provide these services directly or can  
9059 make a request to refer the family to the in-home program team, to arrange  
9060 for ongoing services.
- 9061 c. Refer to In-Home Services Major objectives, Section 102.
- 9062

## 308.2 Identifying Custody and Guardianship With A Relative And Non-Relative As The Permanency Goal

(This section was previously numbered 301.15.)

### Guiding principles:

- A. Protection and safety of a child are always the first priorities. Services are provided in the context of the Practice Model and the Child and Family Team, and are child-centered and family-focused.
- B. Child and Family Services seeks this permanency option **only if other permanency goals, including a return to the parents or adoption**, are determined not to be in the child's best interest.
- C. Child and Family Services supports permanency for children and recognizes that in a few situations neither family reunification nor termination of parental rights and adoption best serve the permanency needs of the child.

### Major objectives:

The purpose of custody and guardianship with a relative or non-relative is:

- A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of Child and Family Services or the DHHS and for whom return home or adoption is not a legal option.
- B. To create an enduring and self-sustaining relationship for the child.
- C. To normalize and stabilize family life for the child.
- D. To transfer legal responsibility for the child from the state to an out-of-home caregiver who is either a licensed caregiver or a relative, empowering the caregiver to completely assume the role of parent and make important decisions on the child's behalf.
- E. To minimize the level of involvement with Child and Family Services for the child and caregiver.

### **Applicable Law**

- A. Section 475(5)(C) of the Social Security Act allows for legal guardianship and placement with a fit and willing relative among the permanency options for foster children who are unable to be reunified with their families.
- B. Utah Code Ann. [§80-1-102](#) defines guardianship and legal custody and associated authority and responsibility.

- 9108 C. Utah Code Ann. [§80-2-301](#) authorizes Child and Family Services to make expenditures  
9109 necessary for the care and protection of children who are abused, neglected, dependent,  
9110 runaway, or ungovernable.  
9111

### 9112 Practice Guidelines

- 9113 A. When guardianship is being considered as the primary permanency goal for a child,  
9114 adoption must be ruled out. The caseworker will staff the child with the regional  
9115 Adoption Team.
- 9116 1. To determine if there are no grounds to terminate parental rights.
  - 9117 2. To determine if ongoing contact and relationship with the parents is best for the  
9118 child.
  - 9119 3. To determine if the child and prospective guardians understand the differences  
9120 between adoption and guardianship in terms of financial supports, available  
9121 services, and legal ramifications in the child's adult years.
  - 9122 4. For children whose parents' rights have been terminated or voluntarily  
9123 relinquished, guardianship is rarely an appropriate permanency goal.
  - 9124 5. Children with high needs, including those who qualify for disabilities such as SSI,  
9125 may not be appropriate for a permanency goal of guardianship because there are  
9126 limited or no services available after case closure. They will not qualify for out-  
9127 of-home treatment services or DSPD services.
  - 9128 6. If adoption is ruled out, document compelling or justifiable reasons not to  
9129 terminate parental rights and pursue adoption.
  - 9130 7. Region director approval will be required to pursue a permanency goal of  
9131 guardianship for children whose parents' rights have been terminated or  
9132 voluntarily relinquished or for children with high needs and will require services  
9133 after case closure.  
9134
- 9135 B. Guardianship and Legal Custody.
- 9136 1. Guardianship is the transfer of legal responsibility for a minor child from the state  
9137 to a licensed out-of-home caregiver who is a non-relative caregiver or to a relative  
9138 caregiver who may or may not be a licensed out-of-home caregiver until the child  
9139 reaches the age of 18 years.
  - 9140 2. Guardianship involves the legal assumption of authority for another individual to  
9141 consent to marriage, to enlist in the armed forces, and to consent and authorize  
9142 major medical, surgical, or psychiatric treatment; and to legal custody, if legal  
9143 custody is not vested in another person, agency, or institution.
  - 9144 3. Legal custody means a relationship embodying the following rights and duties:  
9145 a. The right to physical custody of the minor;  
9146 b. The right and duty to protect, train, and discipline the minor;  
9147 c. The duty to provide the minor with food, clothing, shelter, education, and  
9148 ordinary medical care;  
9149 d. The right to determine where and with whom the minor will live; and  
9150 e. The right, in an emergency, to authorize surgery or other extraordinary  
9151 care.
  - 9152 4. The guardian is responsible for ensuring that parents have an opportunity to visit  
9153 their children in accordance with the court order.

- 9154  
9155 C. Residual Rights of Natural Parents. The residual rights of the natural parents remain in  
9156 effect unless restricted by the court when custody and guardianship is granted to an out-  
9157 of-home caregiver. Residual parental rights include:
- 9158 1. Responsibility for support.
  - 9159 2. The right to consent to adoption.
  - 9160 3. The right to determine the child’s religious affiliation.
  - 9161 4. The right to reasonable visitation.
- 9162
- 9163 D. Guardianship and Legal Custody as a Permanency Option.
- 9164 1. There are two types of guardianship permanency goals:
    - 9165 a. Guardianship with a Non-Relative;
    - 9166 b. Guardianship with a Relative.
  - 9167 2. These permanency options may be selected as concurrent permanency goals or  
9168 primary permanency goals. [See: [Section 301.2](#), Identifying Permanency Goals  
9169 And Concurrent Planning.]
  - 9170 3. It is not necessary for a prospective guardian to be identified when selecting  
9171 guardianship as a primary or concurrent goal.
    - 9172 a. When selecting this goal the Child and Family Plan must support this goal,  
9173 including but not limited to steps to finding, contacting, and involving a  
9174 prospective guardian to support the transition and placement of the child  
9175 with the prospective guardian until the court grants permanent  
9176 guardianship.
- 9177
- 9178 E. Guardianship as a Primary Goal. The following steps should be completed by the  
9179 permanency caseworker during the selection process while choosing guardianship as a  
9180 primary goal for a child in foster care:
- 9181 1. Discuss guardianship as a primary goal in the context of a Child and Family Team  
9182 Meeting. If available, include the regional guardianship subsidy caseworker as a  
9183 participant in the planning process.
  - 9184 2. Assess the child’s physical, emotional, social, and educational needs and how  
9185 these needs may be met if under the care of a guardian, including specific sources  
9186 of support, such as:
    - 9187 a. Availability of financial support for the child (such as Supplemental  
9188 Security Income, Social Security benefits, or other benefits), as well as the  
9189 prospective guardian resources, specified relative payment (if a qualifying  
9190 relative), or guardianship subsidy for non-relatives.
    - 9191 b. Ability to address health care needs through health care coverage, such as  
9192 the guardian’s insurance or Medicaid, if the child qualifies.
    - 9193 c. Need for ongoing services from Child and Family Services or the DHHS.
    - 9194 d. Child’s citizenship and legal residency status, and if an undocumented  
9195 alien, how the child’s medical needs can be met without Medicaid  
9196 coverage.
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- 9198 F. Identifying Prospective Guardian.

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1. When selecting guardianship as the primary permanency goal, the caseworker will explore potential caregivers to become legal guardians. The child does not need to be in the prospective guardian’s home prior to selecting this goal.
  2. Identify prospective guardians who are fit and willing to be ongoing caregivers for the child, and who will support the safety, permanency, and well-being of the child. Prospective guardians may be either relatives or non-relatives. If the prospective guardian is a non-relative, they must be licensed out-of-home caregivers or willing to become licensed. For relative placement, Kinship Practice Guidelines [Section 500](#) must be followed.
  3. Ensure that the identified caregiver or relative are able to meet the qualifying factors to become a guardian (see Section C, Guardianship Qualifying Factors) and that long-term placement with the caregiver or relative is in the child’s best interest.
  4. Obtain commitment of the prospective caregiver to become guardian of the child and provide for the child’s long-term needs.
  5. Discuss the appropriateness of the child maintaining a relationship with parents despite discontinuation of reunification efforts, including continuing visitation and residual parental rights.
  6. Discuss with the prospective guardian the long-term view for the child.
  7. Provide information about the child, responsibilities of guardianship, and the residual rights of the child’s parents to the prospective guardian and child’s parent(s).
  8. Ensure that the guardian understands the guardianship agreement.
  9. If the child is not currently with the prospective guardian, prepare a transition plan with the Child and Family Team, including parental visitation, safety planning, and identification of community resources available to support the needs of the child and guardian. Ensure that the regional guardianship subsidy worker is invited to participate in the team planning process.
- G. Legal Guardianship Qualifying Factors.
1. General Qualifying Factors. Legal guardianship can be granted if the following qualifying factors are met. These factors apply to both relatives and non-relatives who are seeking legal guardianship.
    - a. The child cannot safely return home. This requirement is met if the court determines that reunification with the child’s parents is not possible or appropriate and the Child and Family Team and regional screening committee agree that adoption is not an appropriate plan for the child, including informing the prospective guardian of the limited services available through guardianship.
    - b. There are insufficient legal grounds to terminate the parents’ rights or the parent and child have a significant bond but the parent is unable to provide ongoing care for the child (such as, but not limited to, an emotional, mental, or physical disability) and the child’s current caregiver has committed to raising the child to the age of majority and to facilitate visitation with the parent.

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- c. There are compelling reasons why the child cannot be adopted, such as when the child's Tribe has exclusive jurisdiction or the Tribe has chosen to intervene in the adoption proceedings. Under ICWA, a Tribe has the right to determine the child's permanency, for this reason the Tribe has the authority to approve guardianship with the current caregiver.
  - d. If the child is age 14 years or over, the child consents to the guardianship; or, if the child does not consent, just cause as to why the guardian should be appointed.
  - e. The prospective guardian must:
    - (1) Be able to maintain a stable relationship with the child.
    - (2) Have a strong commitment to providing a safe and stable home for the child on a long-term basis.
    - (3) Have a means of financial support and connections to community resources.
    - (4) Be able to care for the child without Child and Family Services supervision.
2. Non-Relative Qualifying Factors. In addition to general qualifying factors, the following apply to non-relatives who are seeking guardianship. In order for guardianship to be granted:
- a. The prospective guardian is a licensed out-of-home caregiver.
  - b. The child has lived for at least six months in the home of the prospective guardian before the court can grant legal guardianship. The region director or designee may waive the six-month placement requirement for sibling groups if at least one sibling has been in the home for six months and the prospective guardian meets all other eligibility criteria.
  - c. A Child and Family Team has formally assessed the placement and found that continuation with the caregiver is in the child's best interest and supports the safety, permanency, and well-being of the child.
  - d. Child and Family Services has no concerns with the care the child has received in the home.
  - e. The child has a stable and positive relationship with the prospective guardian.
3. Relative Qualifying Factors. In addition to general qualifying factors, the following apply for relative guardianship:
- a. The child's prospective guardian is a relative who meets the relationship requirements of the Department of Workforce Services Policy 223 Household Composition - Specified Relative Program, effective June 1, 2005, which currently includes:
    - (1) Grandfather or grandmother;
    - (2) Brother or sister;
    - (3) Uncle or aunt;
    - (4) First cousin;
    - (5) First cousin once removed (a first cousin's child);
    - (6) Nephew or niece;
    - (7) Persons of preceding generations as designated by prefixes of grand-, great-, great-great, or great-great-great;

- 9290 (8) Spouses of any relative mentioned above even if the marriage has  
9291 been terminated;
- 9292 (9) Persons that meet any of the above mentioned relationships by  
9293 means of a step relationship;
- 9294 (10) Relatives that meet one of these relationships by legal adoption;  
9295 b. If not licensed as an out-of-home caregiver, the relative has completed  
9296 kinship screening, including a home study and background checks, in  
9297 accordance with Kinship Practice Guidelines, [Section 500](#).
- 9298 c. In order to be considered for a guardianship subsidy, the prospective  
9299 relative guardian must be a licensed out-of-home caregiver and  
9300 demonstrate that they cannot qualify for a Specified Relative Grant. The  
9301 caseworker must be provided with a copy of a denial letter from the  
9302 Department of Workforce Services or written proof that the relationship  
9303 requirements do not apply (such as through relevant birth certificates).
- 9304 (1) Approval from the regional guardianship screening committee and  
9305 regional administration is required in making this determination.
- 9306 (2) If a relative guardian is found to be receiving both a Specified  
9307 Relative Grant and guardianship subsidy for the same child, the  
9308 caseworker will notify the Department of Workforce Services and  
9309 appropriate actions may be taken for repayment.
- 9310
- 9311 H. Preparing for the Court to Grant Guardianship.
- 9312 1. Provide an explanation to the parents of their responsibility to continue payment  
9313 for the child’s care until the child reaches the age of 18 years. The Office of  
9314 Recovery Services will continue to collect these child support payments until all  
9315 obligations are met.
- 9316 2. Notify the parents that for tax purposes, their child is considered a dependent of  
9317 the guardian.
- 9318 3. Notify the regional eligibility worker of the pending foster care case closure and if  
9319 guardianship with a relative subsidy is planned.
- 9320 a. If subsidy is planned, obtain a Medicaid review form (61MR) from the  
9321 eligibility worker. Have the prospective guardian complete the form 30  
9322 days prior to custody and guardianship being transferred to the guardian.  
9323 Give the completed form to the eligibility worker.
- 9324 b. If no subsidy is planned and the prospective relative guardian will be  
9325 seeking a Specified Relative payment, refer them to the local Department  
9326 of Workforce Services office to apply for the Specified Relative Grant and  
9327 Medicaid.
- 9328
- 9329 I. Guardianship as a Concurrent Goal. The following steps should be completed by the  
9330 permanency caseworker when choosing guardianship as a concurrent goal for a child in  
9331 foster care:
- 9332 1. Discuss guardianship as a concurrent goal in the context of a Child and Family  
9333 Team Meeting.
- 9334 a. Assess the child’s physical, emotional, social, and educational needs and  
9335 how these needs may be met if under the care of a guardian.



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- b. Consider the appropriateness of the child maintaining a relationship with parents if reunification efforts are discontinued.
  - c. Assess the appropriateness of adoption as a concurrent goal. If adoption is ruled out, document compelling or justifiable reasons not to terminate parental rights and pursue adoption.
  - d. Determine if guardianship is the next best permanency goal to the primary goal.
  - e. Identify prospective guardians who are fit and willing to be ongoing caregivers for the child, and who will support the safety, permanency, and well-being of the child. Prospective guardians can be either relatives or non-relatives. If the prospective guardian is a non-relative, they must be licensed out-of-home caregivers or be willing to become licensed.
  - f. Discuss with prospective guardians the long-term view for the child and ability and willingness to be an ongoing caregiver if the current primary permanency goal is discontinued.
  - g. Provide full disclosure of requirements and responsibilities of guardianship to the prospective guardians and child's parents, including continuation of parental visitation and residual parental rights.
  - h. Identify factors that must be considered for transition planning if the concurrent goal becomes the primary goal.
- 9357 J. Court Orders. Once approved by the regional guardianship subsidy screening committee, the caseworker will request an Assistant Attorney General to file a petitioner with the juvenile court to:
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- 1. Terminate Child and Family Services custody.
  - 2. Grant permanent custody and guardianship to the new guardian.
  - 3. Address the child's visitation with the parents.
- 9364 K. Post-Guardianship Placement Social Supports and Services.
- 9365  
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- 1. Each region will designate a caseworker who will respond to requests for information and assistance and will provide crisis intervention for guardians.
  - 2. Child and Family Services may provide voluntary home-based or youth advocate services to help maintain the guardianship placement, within available region resources designated for this purpose.
  - 3. Child and Family Services may work with the Assistant Attorney General to request a petition for court-ordered services when appropriate.

9373 **308.2a Guardianship Assistance With A Non-Relative**

9374 Major objectives:

- 9375 A. Non-relative guardians may be eligible to receive state-funded guardianship assistance.  
9376 These guidelines apply to non-relative guardians.  
9377  
9378 B. Relatives who are granted permanent guardianship may apply for the Specified Relative  
9379 Grant and Medicaid through the Department of Workforce Services. [*Refer to: [Section](#)*  
9380 *[500.](#)*]  
9381  
9382 C. Relatives who do not qualify for the Specified Relative Grant may be eligible to receive  
9383 the state-funded guardianship assistance as described in these guidelines.  
9384  
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9386 **Applicable Law**

- 9387 A. Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement  
9388 with a fit and willing relative among appropriate permanency options for foster children  
9389 who are unable to be reunified with their families.  
9390  
9391 B. Utah Code Ann. [§80-1-102](#) defines guardianship and legal custody and associated  
9392 authority and responsibility.  
9393  
9394 C. Utah Code Ann. [§80-2-301](#) authorizes Child and Family Services to make expenditures  
9395 necessary for the care and protection of children who are abused, neglected, dependent,  
9396 runaway, or ungovernable.  
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9398 Practice Guidelines

- 9399 A Guardianship Subsidy
- 9400 1. Availability/Scope/Duration
- 9401 a. Guardianship subsidies are available to meet the care and maintenance  
9402 needs for children in out-of-home care:
- 9403 (1) For whom guardianship has been determined as the most  
9404 appropriate primary goal;
- 9405 (2) Who do not otherwise have adequate resources available for their  
9406 care and maintenance;
- 9407 (3) Who meet the qualifying factors described in Section 3B, Non-  
9408 Relative Qualifying Factors; and
- 9409 (4) Who cannot qualify to receive a Specified Relative grant from the  
9410 Department of Workforce Services as described in Section 3C-4,  
9411 Relative Qualifying Factors.
- 9412 b. Guardianship subsidies are available through the month in which the child  
9413 reaches age 18 years.
- 9414 c. Each region may establish a limit to the number of eligible children who  
9415 may receive guardianship subsidies.
- 9416 d. Guardianship subsidies are subject to the availability of state funds  
9417 designated for this purpose.

- 9418 2. Regional Guardianship Subsidy Screening Committee:  
9419 a. Each region will establish at least one regional guardianship subsidy  
9420 screening committee. This committee may be combined with another  
9421 appropriate committee, such as the adoption subsidy committee or  
9422 placement committee.  
9423 b. The regional guardianship subsidy screening committee will be comprised  
9424 of at least five members, and a minimum of three members must be  
9425 present for making decisions regarding a guardianship subsidy. Decisions  
9426 will be made by consensus.  
9427 c. Members of the committee may include the following:  
9428 (1) Chairperson;  
9429 (2) Clinical consultant or casework supervisor;  
9430 (3) Regional budget officer or fiscal representative;  
9431 (4) Resource Family Consultant;  
9432 (5) Allied agency representative from agencies, such as a community  
9433 mental health center, fostering healthy children nurse, or other  
9434 agencies within the department;  
9435 (6) Regional administrator or other staff with relevant responsibilities;  
9436 and  
9437 (7) Adoptive or out-of-home caregiver or guardian.  
9438 d. The regional guardianship subsidy screening committee is responsible to:  
9439 (1) Verify that a child qualifies for a guardianship subsidy;  
9440 (2) Approve the level of need and amount of monthly subsidy for  
9441 initial requests, changes, and renewals;  
9442 (3) Document committee decisions; and  
9443 (4) Coordinate supportive services to prevent disruptions and preserve  
9444 permanency.  
9445  
9446 B. Medicaid Coverage.  
9447 1. The caseworker is responsible to notify the eligibility caseworker that  
9448 guardianship is the child's permanency plan and the approximate date for custody  
9449 to be terminated. This will help ensure that Medicaid coverage can continue  
9450 without interruption for an eligible child. The caseworker will also let the  
9451 eligibility caseworker know if a guardianship subsidy is planned for the child.  
9452 2. The eligibility worker will provide the permanency caseworker with a Medicaid  
9453 review form (61MR) to be completed prior to termination of Child and Family  
9454 Services custody.  
9455 3. The caseworker will work with the prospective guardian to complete the review  
9456 form within 30 days prior to guardianship being granted by the court. The  
9457 guardian's name and address must be specified on the form. Income and asset  
9458 information of the child will be reported on the form. (Guardian income and  
9459 assets are not required.)  
9460 4. The caseworker is responsible to provide the eligibility caseworker with the  
9461 following information soon after the court has granted custody and guardianship  
9462 but before the SCF case is closed in SAFE:  
9463 a. Completed Medicaid review form.

- 9464                    b.        Copy of Guardianship Subsidy Agreement (if applicable).  
9465                    c.        Copy of court order terminating DHHS/DCFS custody.  
9466                    5.        The eligibility worker will review the child’s Medicaid eligibility and take the  
9467                    appropriate action based on the instruction received by the State IV-E Medicaid  
9468                    Eligibility Specialist.  
9469
- 9470    C.        Unearned Income and Guardianship Subsidies.
- 9471                    1.        Unearned Income and Guardianship: Unearned income sources must be  
9472                    considered when determining if a guardianship subsidy is appropriate for a child  
9473                    and in determining the amount of the subsidy. The most common types of federal  
9474                    unearned income received by children in out-of-home care are Supplemental  
9475                    Security Income and Social Security Dependent benefits. The Social Security  
9476                    Administration administers both of these income sources.
- 9477                    2.        Supplemental Security Income Benefits for Children (SSI): SSI benefits are  
9478                    payable to blind or disabled children under 18 years of age who have limited or  
9479                    no income and assets/resources or who come from homes with limited or no  
9480                    income and assets/resources. The Social Security Administration conducts a  
9481                    review when an individual reaches 18 years of age to determine if benefits may  
9482                    continue into adulthood. SSI will generally continue for a child when in the care  
9483                    of a guardian. However, SSI income will be reduced if other income becomes  
9484                    available to the child, including a guardianship subsidy. A guardianship subsidy  
9485                    is not recommended for an SSI recipient because the subsidy will result in the  
9486                    reduction or loss of SSI income (which might have continued to be available  
9487                    when the child reaches adulthood).
- 9488                    3.        Social Security Dependents Benefits (SSD – *may also be referred to as SSA*):  
9489                    Social Security benefits may be paid to a dependent child under age 18 years  
9490                    through the Retirement, Survivors and Disability Insurance Program based upon  
9491                    the work record of a child’s parent. For example, a child may receive these  
9492                    dependent benefits as a result of a parent’s disability or death. Benefits may be  
9493                    extended beyond age 18 years for full-time students. Social Security benefits  
9494                    will generally continue for a child when in the care of a guardian and will not be  
9495                    reduced by other earnings, including a guardianship subsidy. The amount of  
9496                    Social Security benefits must be taken into account when determining the amount  
9497                    of a guardianship subsidy.
- 9498                    4.        Other Sources: Children in out-of-home care may also receive other sources of  
9499                    unearned income, such as Veteran’s benefits, Railroad Retirement benefits, Tribal  
9500                    benefits, or insurance settlement funds. The caseworker should contact the  
9501                    benefit source prior to termination of state custody to determine the impact on  
9502                    receipt and amount of the benefit if the child enters into custody and guardianship  
9503                    of a caregiver. Any benefits that will continue in guardianship should be taken  
9504                    into account when determining the amount of a guardianship subsidy.  
9505
- 9506    D.        Determining Guardianship Subsidy Amounts.
- 9507                    1.        The regional screening committee will determine the subsidy amount by  
9508                    considering the special needs of the child and the circumstances of the guardian  
9509                    family. The caseworker presents to the committee information regarding the

- 9510 special needs of the child, the guardian family income and expenses, and/or the  
9511 guardian family’s special circumstances (Forms OH60 and OH61).
- 9512 2. The following factors must be considered when determining the amount of the  
9513 monthly subsidy to be granted: All sources of financial support for the child  
9514 including Supplemental Security Income, Social Security benefits, and other  
9515 benefits. (The subsidy committee may require verification of financial support.)  
9516 If a child is receiving benefit income and the income can continue after  
9517 guardianship is granted, this amount will be deducted from the guardianship  
9518 subsidy amount. The guardianship subsidy should not replace other available  
9519 income (such as Supplemental Security Income).
- 9520 3. The guardianship subsidy will not exceed the levels indicated below, and may be  
9521 less based on the ongoing needs of the child and the needs of the guardians.
- 9522 a. Guardianship Level I: Guardianship Level I is for a child who may have  
9523 mild to moderate medical needs or medically needy, psychological,  
9524 emotional, or behavioral problems, and who requires parental supervision  
9525 and care. The amount of guardianship subsidy for a child whose needs are  
9526 within Level I may be any amount up to the lowest basic foster care rate.
- 9527 b. Guardianship Level II: Guardianship Level II is for a child who may be  
9528 physically disabled, developmentally delayed, medically needy or  
9529 medically fragile, or have a serious emotional disorder (SED). The  
9530 amount of the guardianship subsidy may range from the lowest basic  
9531 foster care rate to the lowest specialized foster care rate.
- 9532 c. Children who are receiving the structured foster care rate in foster care or  
9533 who are in a group or residential setting are considered for the  
9534 Guardianship Level II rate.
- 9535 (1) Children who may qualify for Guardianship Level II will be staffed  
9536 with a clinical consultant or other region designee to assess  
9537 whether a guardian can meet the child’s needs with community  
9538 services and without Child and Family Services interventions after  
9539 case closure.
- 9540 (2) The staffing will be documented and included in the guardianship  
9541 assistance file.
- 9542 d. Guardianship subsidies may not exceed the Guardianship Level II rate.
- 9543 e. Guardianship subsidies are funded with state general funds within regional  
9544 foster care budgets. A region has the discretion to limit the number of  
9545 guardianship subsidies or reduce guardianship subsidy rates based on the  
9546 availability of funds.
- 9547
- 9548 E. Guardianship Subsidy Agreement.
- 9549 1. A Guardianship Subsidy Agreement specifies the terms for financial support for  
9550 the child’s basic needs.
- 9551 2. A guardianship subsidy caseworker will complete the Guardianship Subsidy  
9552 Agreement (GA03).
- 9553 3. The effective date of the initial agreement is the date of the court order granting  
9554 guardianship.
- 9555 4. A Guardianship Subsidy Agreement must:

- 9556 a. Be signed by the guardian and Child and Family Services prior to any  
9557 payments being made.
- 9558 b. Identify the reason a subsidy is needed.
- 9559 c. List the amount of the monthly payment.
- 9560 d. Identify dates the agreement is in effect.
- 9561 e. Identify responsibilities of the guardian.
- 9562 f. Identify under what circumstances the agreement may be amended or  
9563 terminated and the time period for agreement reviews.
- 9564 g. Include a provision for a reduction or termination in the amount of the  
9565 guardianship subsidy in the event a legislative or executive branch action  
9566 affects the Child and Family Services' budget or expenditure authority,  
9567 making it necessary for Child and Family Services to reduce or terminate  
9568 Guardianship Subsidies or if a regional office determines that reduction is  
9569 necessary due to regional budget constraints.
- 9570 h. Include a provision for assignment of benefits to the Office of Recovery  
9571 Services in accordance with the Office of Recovery Services requirements.
- 9572 i. Include a provision for repayment of any financial entitlement made by  
9573 DHHS/Child and Family Services to the guardian that were incorrectly  
9574 paid.  
9575
- 9576 F. Notification Regarding Changes.
- 9577 1. The guardian must notify Child and Family Services if:
- 9578 a. There is no longer a need for a guardianship subsidy.
- 9579 b. The guardian is no longer legally responsible for the support of the child.
- 9580 c. The guardian is no longer providing any financial support to the child or is  
9581 providing reduced financial support for the child.
- 9582 d. The child no longer resides with the guardian.
- 9583 e. The guardian has a change in address.
- 9584 f. The child has run away.
- 9585 g. The guardian is planning to move out of state.  
9586
- 9587 G. Reviews.
- 9588 1. A guardianship subsidy caseworker will review each guardianship subsidy  
9589 agreement annually. The family situation, child's needs, and amount of the  
9590 guardianship subsidy payment may be considered.
- 9591 2. The guardian must complete the Guardianship Subsidy Re-certification form  
9592 provided by Child and Family Services to verify that the guardian continues to  
9593 support the child. If the re-certification is not received after adequate notice, the  
9594 guardianship subsidy may be delayed or face possible termination.
- 9595 3. Renewals and Re-certifications:
- 9596 a. Renewals: In order for guardianship assistance payments to continue, this  
9597 Agreement will be renewed at intervals of up to three years until the  
9598 child's 18th birthday.
- 9599 b. Renewal Procedure: DHHS/Child and Family Services will provide  
9600 written notification to the guardians before the next renewal date and will  
9601 supply the guardian with the appropriate forms.

- 9602 c. Amendment Prior to Next Renewal Date: The parties (DHHS/Child and  
9603 Family Services and the guardian) may negotiate the terms of a new  
9604 agreement at any time. In order to be effective, all new agreements will be  
9605 in writing, on a form approved by DHHS/Child and Family Services, and  
9606 signed by the parties. Oral modifications or agreements will bind neither  
9607 DHHS/Child and Family Services nor the guardian.
- 9608 d. Re-certification: In order for guardianship assistance payments to  
9609 continue, the guardian must re-certify annually by completing and  
9610 submitting the Annual Guardianship Subsidy Re-certification form  
9611 (GA04) to DHHS/Child and Family Services.
- 9612
- 9613 I. Changing the Amount of the Guardianship Subsidy.
- 9614 1. The amount of a guardianship subsidy does not automatically increase  
9615 when there is a foster care rate change or as the child ages.
- 9616 2. A guardian may request a guardianship subsidy review when seeking an  
9617 increase in the guardianship subsidy amount, not to exceed the maximum  
9618 amount allowable for the child's level of need. The guardian must  
9619 complete the Request for Subsidy Increase Form to provide  
9620 documentation to justify the request (Form GA05).
- 9621 3. The request must be reviewed and approved by the Regional Guardianship  
9622 Subsidy Screening Committee. If approved, a new guardian subsidy  
9623 agreement will be completed.
- 9624 4. Child and Family Services must provide written notice of agency action  
9625 by certified mail at least 30 days in advance if a guardianship subsidy rate  
9626 is going to be reduced.
- 9627
- 9628 H. Appeals/Fair Hearings.
- 9629 1. The guardian may appeal a DHHS/Child and Family Services decision to deny,  
9630 reduce, or terminate a child's guardianship subsidy awarded through the  
9631 guardianship subsidy agreement by filing a written request for an Administrative  
9632 Hearing with the DHHS Office of Administrative Hearings (OAH). The hearing  
9633 request must be filed within 10 working days of receiving the DHHS/Child and  
9634 Family Services decision in writing. For further instructions regarding  
9635 Administrative Hearings, contact OAH. [See Utah Administrative Rule 497-100,  
9636 Adjudicative Proceedings.)
- 9637 2. Child and Family Services will send by certified mail a written Notice of Agency  
9638 Action when a decision is made to deny, reduce, or terminate a guardianship  
9639 subsidy. The notice will also include information about how to request a fair  
9640 hearing
- 9641 3. A fair hearings officer from OAH may overturn a Child and Family Services  
9642 decision to deny, reduce, or terminate a child's guardianship subsidy when the  
9643 following apply:
- 9644 a. Child and Family Services incorrectly determined that the qualifying  
9645 factors were not met;
- 9646 b. Child and Family Services incorrectly determined the appropriate  
9647 guardianship subsidy level for the child;

- 9648 c. Child and Family Services terminated the subsidy without an applicable  
9649 termination reason existing.  
9650
- 9651 I. Termination.
- 9652 1. A guardianship subsidy agreement will be terminated if any of the following  
9653 circumstances occur:
- 9654 a. The terms of the agreement are concluded.  
9655 b. The guardian requests termination.  
9656 c. The child reaches age 18 years.  
9657 d. The child dies.  
9658 e. The guardian parent dies (in a two-parent family if both guardian parents  
9659 die).  
9660 f. The guardian parent's legal responsibility for the child ceases.  
9661 g. DHHS/Child and Family Services determines that the child is no longer  
9662 receiving financial support from the guardian parent.  
9663 h. The child marries.  
9664 i. The child enters the military.  
9665 j. The child is adopted.  
9666 k. The child is placed in foster care.  
9667 l. DHHS/Child and Family Services determines that funding restrictions  
9668 prevent continuation of subsidies for all guardians.
- 9669 2. A guardianship subsidy payment may be terminated or suspended, as appropriate,  
9670 if any of the following occur. The decision to terminate or suspend must be made  
9671 by the regional guardianship subsidy screening committee.
- 9672 a. The child is incarcerated for more than 30 days.  
9673 b. The child is out of the home for more than a 30-day period or is no longer  
9674 living in the home.  
9675 c. The guardian fails to return the annual certification or to complete the  
9676 renewed guardianship subsidy agreement within five working days of the  
9677 renewal date.  
9678 d. There is a supported finding of child abuse or neglect against the guardian.  
9679
- 9680 J. Closure of the Foster Care (SCF) Case When Termination is for Guardianship Without a  
9681 Guardianship Subsidy. The caseworker will close the SCF case following normal SAFE  
9682 procedures using the closure wizard. The caseworker does not need to enter the guardian  
9683 or parent as a placement in the foster care case. After the court has terminated Child and  
9684 Family Services custody, no other placements are entered in SAFE.  
9685
- 9686 K. Foster Care Case Record Transition and Process for Guardianship (With Guardianship  
9687 Subsidy Case).
- 9688 1. Guardianship Subsidy Screening Committee
- 9689 1. Schedule a Guardianship Subsidy Screening Committee meeting.  
9690 b. Complete Form GA01 - Guardianship Subsidy Program Application.  
9691 c. Prepare Form GA02 - Guardianship Subsidy Screening/Approval Form.  
9692 d. Attend the Guardianship Subsidy Screening Committee meeting.



- 9693 e. Complete form GA02 - Guardianship Subsidy Screening/ Approval Form  
9694 at the committee meeting.
- 9695 2. Attend the court hearing granting custody to the guardian.  
9696 a. Enter an Activity Record in SAFE detailing the outcome of the hearing;  
9697 b. Navigate to the child's current placement record (Placement Window);  
9698 select the Permanency Tab and enter the Guardianship Date.
- 9699 3. Open a GAM Case in SAFE.  
9700 a. Create a GAM Case through the Case Creation module (utilize the SCF  
9701 case number as the prior case id). Designate a caseworker or technician to  
9702 track the case, make the monthly payments to the guardian, and keep the  
9703 information updated on the case.  
9704 b. Complete the GAM Setup Wizard by navigating to the General Tab of the  
9705 Case Window and selecting the Case Setup Wizard button.  
9706 c. Create the Guardianship Agreement Form - Form GA03 in the GAM case.  
9707 d. Mail/deliver agreement for signatures.
- 9708 4. Close Foster Care Case (SCF). Do not enter the guardian or parent as a placement  
9709 in the foster care case when closing the case in SAFE. After the court has  
9710 terminated Child and Family Services custody, no other placements are entered in  
9711 the foster care case.  
9712 a. Navigate to the General Tab of the SCF Case Window; select the Case  
9713 Closure Wizard button.  
9714 b. Enter Closure Reason = Custody/Guardianship to Foster Parent.  
9715 c. Enter Case End Date = [Date Custody granted to Foster Parent].  
9716 d. Complete Closure Wizard.
- 9717 5. Create Provider Record/Provider Approval in SAFE. Most providers will already  
9718 be opened as a licensed provider in SAFE. If they are not, the following steps  
9719 must be done:  
9720 a. Fax a "Request for 9-character Provider Record Creation" to BCM along  
9721 with a copy of the provider's social security card.  
9722 b. Once BCM creates the provider record in SAFE, they will notify the office  
9723 to create provider approvals.  
9724 c. SAFE provider tech will need to go to PR07 and open the provider  
9725 approval. Form GA03, attachment A will have the start/end dates along  
9726 with the rate that the provider needs to be open. If there is more than one  
9727 child, with more than one rate, open the approval for the highest rate.  
9728 e. The provider information will download nightly into SAFE. PSAs can be  
9729 open in the GAM case the following day.
- 9730 6. Create Purchase Service Authorization in SAFE.  
9731 a. Navigate to the Purchase Service Authorization Window in SAFE (GAM  
9732 case context).  
9733 b. Enter the following information:  
9734 (1) Provider ID.  
9735 (2) Start Date.  
9736 (3) Service = GAR.  
9737 (4) Kind = Month.  
9738 (5) Units = 1.

- 9739 (6) Rate = [amount determined in agreement].  
9740  
9741 7. Payment Process.  
9742 a. Once the provider approval and PSA has been opened in SAFE, the direct  
9743 checks for the GAR payment will start the following month.  
9744 b. A handwritten 520 will need to be filled out for the first month if the start  
9745 date was after the 1st. The rate for the first month will need to be pro-  
9746 rated (i.e., if the foster care payment ends on the 20th, the GAR payment  
9747 will start the 21st).  
9748 c. Take the provider monthly approval rate and divide by number of days in  
9749 that particular month. Then times this rate by the number of days that  
9750 need to be paid for remainder of the month. (Providers do not have to sign  
9751 these handwritten 520's for GAR payments for the first month of service.)  
9752 d. The automatic check run for GAR will be on the 1st of each month.  
9753 Exceptions to this rule will be if the 1st is a Wednesday (day of regular  
9754 check run), or a Saturday/Sunday. If the 1st falls on a Wednesday, the  
9755 check run will be the next day. If it falls on a weekend, the check run will  
9756 be on the following Monday. If there are any check runs that fall on a  
9757 holiday Monday, they will run on Tuesday.  
9758 e. If a provider approval has ended and the client authorization is still open, a  
9759 direct check will not be issued to the provider. The agreement/approval  
9760 needs to be updated before any payments can be issued.  
9761 8. Create Guardianship Subsidy File in the Child's Name.  
9762 a. Create a new file using approved subsidy tabs. If provider is getting  
9763 custody and guardianship of a sibling group, all names can be added and  
9764 maintained in the same guardianship file.  
9765 b. Copies of GA01 (Guardianship Program Application), and GA02  
9766 (Guardianship Screening/Approval Form) will be placed in both the foster  
9767 care file and the guardianship subsidy file. If copies of the birth certificate  
9768 and social security card are available from the family file, copies should  
9769 be placed in the guardianship subsidy file also.  
9770 c. Forms GA03 (Guardianship Subsidy Agreement) and GA04 (Annual  
9771 Recertification Letter), along with any other correspondence, will be  
9772 maintained in the guardianship subsidy file.  
9773 9. Annual Guardianship Subsidy Re-certification Letter.  
9774 a. Mail Form GA04 - Annual Guardianship Subsidy Re-certification Letter  
9775 60 days or more prior to the end date of the agreement.  
9776 b. Request that the GAR provider complete and return the re-certification  
9777 letter 30 days prior to the end date of the agreement.  
9778 c. Upon receipt of the re-certification letter, enter an Activity Record in  
9779 SAFE.  
9780 d. Extend GAR provider approval in SAFE (do not create a new GAR line  
9781 unless the rate is changing).  
9782 e. If a provider fails to return the re-certification letter 30 days prior to the  
9783 end date of the agreement, mail out a final 30-day notice. This notice will  
9784 notify them that their case will be closed in 30 days if the re-certification  
letter is not received. If after the final 30-day notice the re-certification

9785 letter is not received, close the PSA to stop the GAR direct checks from  
9786 running.

- 9787
- 9788 L. Closure of a Guardianship Subsidy Case.
- 9789 1. Navigate to the General Tab of the GAM Case Window; Select the Case Closure  
9790 Wizard Button.
- 9791 a. Enter appropriate Closure Reason based on the child’s situation. Select  
9792 the closure reason value that most closely applies.
- 9793 2. Complete Closure Wizard.
- 9794 3. At closure of the GAM case, the hardcopy of the guardianship subsidy file will be  
9795 closed and archived according the retention for guardianship subsidies.  
9796

9797 **308.3 Transition To Adoptions And Adoption Finalization**

9798 Major objectives:

9799 If the child’s permanency goal is adoption and the child is not already in the adoptive home,  
9800 Child and Family Services will make intensive efforts to place the child with an adoptive family.  
9801 [See: [Section 400](#), Adoption, subsections 401.3 through 401.9.]  
9802

9803 **Applicable Law**

9804 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
9805  
9806

9807 **308.3a Contact Between Adopted Child And Birth Family**  
9808 **Members**

9809 Philosophy:

9810 Help children stay connected with birth family members after adoption to help relieve loss,  
9811 cultivate a pride in their heritage, and answer questions about family histories of medical and  
9812 mental health conditions.

9814 Major objectives:

9815 Child and Family Services will help children who are adopted benefit from contact with birth  
9816 family members when all parties agree it is safe and appropriate. Contact with birth family  
9817 members may help a child:

- 9819 A. Relieve grief and loss. Children have often lost connections with birth family members  
9820 through being in out-of-home care and further lose connections after they are adopted.  
9821 B. Cultivate pride in their biological heritage to develop self-worth and good self- esteem.  
9822 Contact with appropriate birth family members can help an adopted child understand  
9823 their biological heritage.  
9824  
9825 C. Explain things like their genetic traits and possible inherited medical and mental health  
9826 conditions.

9829  
9830 **Applicable Laws**

9831 Utah Code Ann. [§80-2-804](#). Adoptive placement time frame -- Division contracts with child-  
9832 placing agencies.

9833 Utah Code Ann. [§78B-6-146](#). Post Adoption Contact Agreement.

9834  
9835 Practice Guidelines

9836 [See: Practice Guidelines [Section 401.8a.](#)]

9837  
9838 **308.4 Transition To Independent Living**

9839 (This section has been replaced by [Section 303.7.](#))

9841  
9842 **308.5 Transfer To Other Agencies**

9843  
9844 Major objectives:

9845 Child and Family Services will team with other agencies to ensure each foster child receives  
9846 appropriate services from other agencies as needed.

9847  
9848 **Applicable Law**

9849 Utah Code Ann. [§80-2-301](#). Division responsibilities.

9850

### 9851 Practice Guidelines

- 9852 A. The caseworker should screen the case with the appropriate agency to determine if the  
9853 child is eligible for services from another agency such as Youth Corrections, DSPD, or  
9854 Division of Aging and Adult Services.  
9855
- 9856 B. If the child is under age 18 years and is eligible for DSPD services, DSPD will not  
9857 assume full responsibility for the case until the child is age 18 years or in some cases age  
9858 21 years. Therefore, Child and Family Services must work in conjunction with DSPD.  
9859 However, once a child reaches age 18 or 21 years, the case may be transferred to DSPD.  
9860
- 9861 C. Once it is determined a child is eligible for service from another agency and the case has  
9862 been accepted for services by the agency, the caseworker will meet with the child and  
9863 necessary family members and explain the transfer of services to the new agency. The  
9864 caseworker will assist the child and new caseworker in making a smooth transition.  
9865
- 9866 D. Once the transition is complete, Child and Family Services may close the foster care case.  
9867

## 9868 **308.6 Termination Of Out-Of-Home Services**

### 9869 Major objectives:

9870 When a child's permanency goal is achieved, Child and Family Services out-of-home services  
9871 will be terminated.  
9872

### 9874 **Applicable Law**

9875 Utah Code Ann. [§80-2-301](#). Division responsibilities.  
9876

### 9877 Practice Guidelines

9878 No later than 30 days after the issuance of the court order to terminate Child and Family Services  
9879 custody and guardianship of a child, the caseworker will:

- 9880
- 9881 A. Complete the risk assessment, which shows the child will be safe in the permanent  
9882 placement.  
9883
- 9884 B. Update the Functional Assessment.  
9885
- 9886 C. If parental rights have not been terminated, notify the parents, in writing, that the case is  
9887 being closed. A copy of the letter should be sent to the Guardian ad Litem.  
9888
- 9889 D. Notify the Office of Recovery Services with a closure date.  
9890
- 9891 E. Notify the regional eligibility caseworker for reassessment or referral of Medicaid  
9892 eligibility.  
9893

- 9894 F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social  
9895 Security Administration or other entitlement source in writing of the change in payee and  
9896 notify the business office at the regional office to close out the child’s trust fund.  
9897
- 9898 G. Write a termination summary addressing the original risk factors, achievement of the  
9899 service plan goals and the reason for closing the case, etc.  
9900
- 9901 H. Complete the closure wizard on SAFE.  
9902
- 9903 I. The case must have a copy of the court order terminating Child and Family Services  
9904 custody and involvement in the record before the case can be closed.  
9905
- 9906 J. The case should be reviewed by the caseworker’s supervisor and a QA review completed  
9907 and put in the record to ensure all documentation is complete on the case before it is  
9908 closed.  
9909
- 9910 K. If the child is from another state, refer to [Section 703](#) Interstate Compact On The  
9911 Placement Of Children.  
9912

### 308.7 Foster Youth Petitioning The Court For Release From Child and Family Services Custody

Major objectives:

Minors over the age of 18 who are in the custody of Child and Family Services may petition the court to be released from the custody of Child and Family Services if the minor came into custody based on abuse, neglect, or dependency.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

- 9926 A. If a minor over the age of 18 years requests to be released from the custody of Child and  
9927 Family Services, the caseworker will inform the minor of the process.
  - 9928 1. The minor may petition the juvenile court to be released from the custody of  
9929 Child and Family Services if the minor came into custody based on grounds of  
9930 abuse, neglect, or dependency.
  - 9931 2. The minor is responsible to file the petition, which must include:
    - 9932 a. A statement from the parent or guardian if rights are not terminated,  
9933 agreeing that a release from custody should occur, and
    - 9934 b. Both the child and the parents’ signature on the petition.  
9935
- 9936 B. Prior to the review of the minor’s petition by the court, the caseworker will provide the  
9937 following information, if applicable, to the court to assist the court in determining if it is  
9938 appropriate to grant the release from custody:

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1. That the minor does not pose an imminent threat to self or others. This includes, but is not limited to:
    - a. Substance abuse issues.
    - b. Threat of homelessness or human trafficking.
    - c. Mental health impairment.
    - d. Ability to live independently as an adult, including work and education.
    - e. Disability.
    - f. Threat of exploitation due to disability.
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- C. If the court grants the petition, the minor may petition the court to re-enter Child and Family Services custody within 90 days of the original petition being granted. If the court does grant the petition to have the minor re-enter Child and Family Services custody, the caseworker will:
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1. An SCF case will be opened on the date the court granted the petition to re-enter Child and Family Services custody.
  2. Determine if the minor should be considered for an Independent Living Placement (ILP) (*see*: [Section 303.7](#)). If it is determined the minor should be placed in an ILP, the caseworker will follow [Section 303.7](#).
  3. If the minor is assessed to need a higher level of care, the caseworker will staff the case with the regional contract manager to determine if there are placements available that can serve a minor over the age of 18.
  4. The caseworker will assess for possible kinship connections, as well as other permanent connections following [Section 301.2](#) to determine appropriate permanency goals for the minor.

**309 Peer Parent Services**

Major objectives:

Peer Parent services may be appropriate for families who have parenting or household management challenges. Peer Parent services are also appropriate for families who are at risk of having their children removed (as a preventative measure) or whose children have been removed. Families will be assigned a peer parent who is a specially trained individual, who may be a licensed out-of-home caregiver or an individual from the community, to work intensively with the parents to provide information; to teach and provide an opportunity to practice positive parenting and household management skills; and to model the skills.

Peer Parent services are not designed to ensure safety of the children in the home or to monitor the family's compliance with court orders or Child and Family Services requirements.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Guidelines

A. Eligibility requirements for families to be referred by a caseworker to Peer Parent services are:

1. Families or caregivers in need of extra help or support in order to maintain the child in the home.
2. Families whose child has been removed from the home due to insufficient parenting skills.

B. The role and responsibilities of the peer parent is:

1. To teach parenting skills by engaging the parent and the child in interactive experiences.
2. To teach and model household management skills needed by the parent.
3. To fully document all sessions as they work with the family.
4. To submit documentation to both the peer parent area coordinator and the caseworker on a monthly basis.

C. All peer parents will use a skills-based curriculum approved by Child and Family Services as a basis for working with the family. The peer parent may supplement the curriculum, when needed, with other materials approved by the peer parent area coordinator.

D. A manual, and/or other materials used by the peer parent when working with the family, will remain with the family as a resource when peer parenting has ended.

E. Accessing, Initiating, and Terminating Peer Parent services:

1. The caseworker will staff all referrals to Peer Parent services with the peer parent area coordinator, who will determine if the referral is appropriate for Peer Parent services.



- 10009 2. Peer Parent services will not be provided simultaneously with homemaker, family  
10010 preservation, or parent advocate services.
- 10011 3. The caseworker will include Peer Parent services in the Child and Family Plan.
- 10012 4. Peer Parent services will begin with an initial meeting between the peer parent,  
10013 caseworker, and parent to clarify expectations and the skills to be addressed, and  
10014 to formally include Peer Parent services in the Child and Family Plan.
- 10015 5. The caseworker will ensure that correct service codes are entered into SAFE in  
10016 order to provide the requisite compensation to the peer parent.
- 10017 6. The caseworker will assist the potential peer parent and/or the peer parent area  
10018 coordinator in completing other forms required in order to initiate services.
- 10019 7. The caseworker will ensure that the service codes are closed in a timely manner  
10020 upon completion or termination of Peer Parent services.
- 10021
- 10022 F. Time Requirements and Limitations: Peer parents will engage the parent in hands-on,  
10023 practical parenting opportunities for a minimum of 20 hours per month with a maximum  
10024 or 40 hours per month. Peer Parent services are not to exceed 120 days unless staffed for  
10025 an exception. Exceptions to this time frame include court orders or approval from the  
10026 region director.
- 10027
- 10028 G. Payment code:
- 10029 1. The payment code of PPO will be used when Peer Parent services are initiated on  
10030 a case where the child is currently in state custody. The PPI code is utilized when  
10031 the child remains in the custody of the parent or guardian and Peer Parent services  
10032 are being offered.
- 10033 2. Peer Parent services will be opened with the parent or guardian identified as the  
10034 primary client (not the child). In most cases only one parent may be opened for  
10035 the service.
- 10036 3. The peer parent will receive a standard reimbursement rate. In order for the  
10037 payment to be processed, Child and Family Services must receive completed  
10038 documentation for total hours billed and a signed form 520 from the peer parent  
10039 who is providing the services. Documentation must be received prior to the  
10040 payment being issued.
- 10041
- 10042 H. Peer Parent Program Staff:
- 10043 1. Peer parents are specially trained individuals, who may be licensed out-of-home  
10044 caregivers or an individual from the community, who work intensively with the  
10045 parents to provide information, to teach and provide an opportunity to practice  
10046 positive parenting and household management skills, and to model the skills.
- 10047 2. Peer parent area coordinators administer the Peer Parent services in the regions.  
10048 The peer parent area coordinators recruit, train, supervise, and assist individual  
10049 peer parents.
- 10050 3. A program administrator from the State Office is assigned to manage Peer Parent  
10051 services statewide and inform the peer parent area coordinators of Practice  
10052 Guidelines and procedures of Child and Family Services pertaining to Peer Parent  
10053 services.
- 10054

- 10055 I. Requirements for being a peer parent:-  
10056 1. Peer parents will be certified by Child and Family Services to provide Peer Parent  
10057 services.  
10058 2. Peer parents will have completed basic peer parent training delivered by the peer  
10059 parent area coordinator and maintain a working knowledge of the competencies  
10060 outlined in the current Peer Parenting Manual.  
10061 3. Peer parents will be current with their required advanced training hours delivered  
10062 by the peer parent area coordinator.  
10063 4. Peer parents must show an understanding of the major objectives and procedures  
10064 of Child and Family Services.  
10065
- 10066 J. Peer Parents Certification:  
10067 1. Peer parents may be licensed Child and Family Services out-of-home caregivers  
10068 who have received training and certification specific to providing Peer Parent  
10069 services.  
10070 2. Peer parents may also be individuals from the community that are not licensed  
10071 out-of-home caregivers, but who have gone through the peer parent training and  
10072 certification process and are approved to provide Peer Parent services by the  
10073 region director.  
10074 3. The peer parent area coordinator will facilitate the certification process by  
10075 documenting that the prospective peer parent has:  
10076 a. Passed the background screening process,  
10077 b. Completed the necessary training, and  
10078 c. Gained an understanding of Child and Family Services processes.  
10079 4. The peer parent area coordinator will notify the region of all certified peer parents  
10080 and their status as either licensed out-of-home care providers or certified peer  
10081 parents.  
10082
- 10083 K. Role of the Peer Parent Area Coordinators: The peer parent area coordinator will:  
10084 1. Recruit and train peer parents throughout the region as needed.  
10085 2. Receive referrals from caseworkers for Peer Parent services, make a  
10086 determination of the appropriateness of the family for services, and assign a peer  
10087 parent to the family.  
10088 3. Meet quarterly with Child and Family Services staff, throughout the region they  
10089 serve, to assess the needs of the region in regards to Peer Parent services and to  
10090 educate staff regarding the Peer Parent services.  
10091 4. Assess the Peer Parent services in the region they serve and make needed  
10092 improvements and changes.  
10093 5. Attend statewide meetings in regards to the Peer Parent services, coordinate with  
10094 the program administrator assigned to Peer Parent services, and prepare program  
10095 utilization reports as requested by Child and Family Services.  
10096
- 10097 L. Role of the program administrator assigned to Peer Parent services:  
10098 1. The program administrator will manage and evaluate the Peer Parent services.  
10099 The program administrator works to improve the Peer Parent services and ensure  
10100 that the program is being implemented effectively in the regions.

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2. The program administrator manages Peer Parent services statewide and informs the peer parent area coordinators of Practice Guidelines and procedures in regards to Peer Parent Services.
  3. The program administrator will assist the peer parent area coordinators, region directors, and Child and Family Services staff as needed.

### 310 Levels Of Care Evaluation Model

Major objectives:

A child will be placed in a placement consistent with the child’s needs, first taking into consideration preference of placement found in Practice Guidelines [Section 700](#). The type of out-of-home placement for the child, either the initial placement or change in placement, will be determined within the context of the Child and Family Team. Placement level decisions will be made based upon the needs, strengths, and best interests of the child according to the following criteria (these are in no particular order, rather they should be considered in the context of each case and situation):

- A. Safety factors in regards to the potential placement, including the threats of harm to the child or that the child poses to others, the protective capacities of the caregiver, and the child’s vulnerabilities.
- B. Reasonable proximity to the child’s home.
- C. Placing siblings together unless there is a safety concern.
- D. Educational needs, including proximity to the child’s school and child’s need for maintaining connections to school.
- E. Needs specific to the child’s age, including developmental level.
- F. Cultural factors, language, and religion specific to the child.
- G. Existing relationships between the child and a caregiver or other significant individuals in the child’s life.
- H. Health and mental health needs.
- I. Potential for ongoing care or permanency with the caregiver to prevent unnecessary changes in placement.

**Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.

10145 Practice Guidelines

10146 General Philosophy:

10147 Child and Family Services has the responsibility to determine the least restrictive and most  
10148 appropriate placement based on the child's needs. The placement provides for the safety of the  
10149 child and others, as well as assists in maintaining the child's connections with their family. For  
10150 children who are unable to return home, the placement will have the capacity to prepare a child  
10151 for another planned permanent relationship and/or provide for connections to relationships that  
10152 will endure through adulthood.

10153

10154 A. The Levels of Care Evaluation Model promotes the belief that children should live in  
10155 family settings, not in a treatment program.

10156

10157 B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the  
10158 needs of children while keeping safety, permanency, and well-being at the forefront  
10159 throughout the decision-making processes used by the Child and Family Team.

10160

10161 C. The Levels of Care Evaluation Model is designed to identify the level of care,  
10162 supervision, and services that a child requires and NOT identify a specific placement.

10163

10164 D. Services will be outcome driven and provided in the most cost effective manner within  
10165 available resources.

10166

10167 Levels of Care - General Description:

10168 A. The Levels of Care Evaluation Model is based on a continuum of care with seven levels  
10169 of care. As the levels of care progress, each level is designed to provide more intensive  
10170 services and supervision than the prior level of care.

10171

10172 B. The first three levels (Level I, Level II, and Level III) are most frequently provided in  
10173 foster family homes licensed by the OL. Occasionally these services are provided to  
10174 children in proctor homes, such as when foster family homes are not available or when  
10175 siblings of a child in proctor care are placed together.

10176

10177 1. Level I is family-based care that provides safe, adequate, standard parental  
10178 supervision and care. Children in this level of care may have mild to moderate  
10179 medical or mental health treatment needs and mild behavioral problems.

10179

10180 2. Level II is family-based care that provides a safe environment with adequate  
10181 parental supervision that may be slightly or moderately more intense than that of a  
10182 child in Level I care. Children at this level may be physically disabled,  
10183 developmentally delayed, medically needy or medically fragile, or have a serious  
10184 emotional disorder (SED), and may require outpatient treatment services more  
10185 frequently than once a week, such as day treatment and/or special education  
10186 services.

10186

10187 3. Level III is family-based care that provides intensive treatment services and  
10188 constant supervision in a family living environment by a well-trained,  
10189 experienced out-of-home care provider. Children at this level may have severe  
10190 behavioral, emotional, or medical problems that can still be managed in a foster  
home. Level III care is for children who are unable to be successful in placements

- 10191 with a lower level of services and supervision. Children in Level III care have  
10192 behaviors, medical concerns, or other needs that could generally be improved by  
10193 working with skilled, experienced out-of-home care providers that have  
10194 completed advanced training through the Utah Foster Care and have demonstrated  
10195 skills in working with the issues. A Level III placement is a safe intervention  
10196 phase to help stabilize and improve the behavior of a child ages eight to 18 years  
10197 and to teach them skills to help them form healthy relationships and achieve goals  
10198 congruent with their age and developmental level.
- 10199 a. Level III care is based on the needs of the child, not the level of training  
10200 the out-of-home care provider has received.
- 10201 b. The out-of-home care provider may be required to participate in  
10202 supplemental training to learn how to deal with the specific needs and  
10203 behaviors of a child assessed for Level III placement. Level III placement  
10204 may also include a specific, individualized plan (which may be  
10205 incorporated into the Child and Family Plan) tailored to improving  
10206 problematic behaviors of the child and/or meeting the child's specific  
10207 needs.
- 10208 c. Screening for placement in Level III:
- 10209 (1) A child who is recommended for a Level III placement will be  
10210 screened by the Placement Screening Committee or equivalent  
10211 committee in the region to determine if a Level III placement is the  
10212 most appropriate placement for meeting the child's needs.
- 10213 (a) The region director or designee is required to approve  
10214 placing a child under the age of eight years in a Level III  
10215 placement.
- 10216 (2) Level III is to assist in preparing the child for transition into a  
10217 permanent family setting, such as returning the child home;  
10218 adoption; custody and guardianship to kin or with an out-of-home  
10219 care provider; or another planned, permanent living arrangement.
- 10220 d. Requirements for prospective Level III out-of-home care providers: Out-  
10221 of-home care providers must meet the following requirements before they  
10222 can be approved to provide Level III care:
- 10223 (1) A minimum of six months experience as an out-of-home care  
10224 provider OR the Resource Family Consultant (RFC) or other  
10225 designated regional staff determines that the family has the skills  
10226 and abilities to successfully parent a child placed in their care that  
10227 would qualify as a child that requires a Level III placement;
- 10228 (2) One parent available in the home full-time when the child is  
10229 present;
- 10230 (3) Complete the training designated by Child and Family Services  
10231 through the Utah Foster Care for Level III out-of-home care  
10232 providers;
- 10233 (4) Successful demonstration of the skills taught in the training;
- 10234 (5) Successful completion of an evaluation by the RFC or other staff  
10235 designated by the region at the end of a six-month probationary  
10236 period;

- 10237 (6) Completion of any additional requirements as outlined by the  
10238 region.
- 10239 e. The RFC or other staff designated by the region will monitor the out-of-  
10240 home care provider to assess their ability to provide Level III care. A  
10241 formal, written evaluation of the out-of-home care provider’s abilities will  
10242 be completed annually and documented in SAFE or in the out-of-home  
10243 care provider’s file in order to determine that they are able to provide care  
10244 and structure at an appropriate level for the child placed in their home.
- 10245 g. If needed, the RFC or other designated regional staff will identify or  
10246 provide additional training and/or assistance to the family to help the out-  
10247 of-home care provider in meeting the specific needs of the child placed in  
10248 their home.
- 10249
- 10250 C. Children with severe emotional or behavioral difficulties that cannot be managed in  
10251 traditional family settings because of a need for more intensive supervision and treatment  
10252 may be placed in higher levels of care through contracts with licensed providers.
- 10253 1. Level IV is proctor family care through a private licensed child-placing agency.  
10254 The proctor agency generally has access to highly skilled caregivers as well as a  
10255 variety of wraparound services needed for the higher, intensive needs of the child.  
10256 It also includes Transition to Adult Living services in a supervised apartment  
10257 setting.
- 10258 2. Level V is residential support or residential treatment, generally for children with  
10259 moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.
- 10260 3. Level VI is residential treatment for children with high level treatment and  
10261 supervision needs, generally requiring 1:4 staff to client ratio with awake night  
10262 staff. This is the highest level of care before institutional care at a psychiatric or  
10263 acute care hospital.
- 10264 4. Level VII is institutional care at a psychiatric or acute care hospital, such as the  
10265 Utah State Hospital.
- 10266
- 10267 D. Categories of primary treatment needs for Levels IV, V, and VI: Children entering a  
10268 higher level of care provided by a contract provider (Levels IV, V, or VI) will have  
10269 behavioral concerns. These levels are based on the intensity of supervision required by  
10270 direct care staff and/or proctor parents. It is what is behind the behaviors that will  
10271 indicate primary treatment needs of the child.
- 10272
- 10273 Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five  
10274 categories of service that are designed to address specific treatment needs of a child. For  
10275 children entering higher levels of care, an assessment and determination must be made  
10276 regarding which treatment category is appropriate for the child.
- 10277 1. Sexual Behaviors: Children who have sexual behaviors that have not been  
10278 managed while living with their families or while living in lower levels of care.
- 10279 2. Mental Health: Children whose negative behaviors are a result of a mental illness  
10280 (such as seriously emotionally disturbed, bipolar disorder, major depression,  
10281 PTSD, etc.).

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3. Substance Dependent: Children who have been diagnosed as being substance dependent through a psychological or substance abuse assessment.
  4. Behavioral Disorders: Children whose presenting problems are behavioral in nature such as non-compliance, acts of physical aggression, property offending, or substance abuse. Children placed in this category have been ruled out of the sexual behavior, mental health, and substance dependent treatment categories.
  5. Individual Residential Treatment for Severe Needs (IRTS): Children with a combination of cognitive impairments or other significant physical disabilities AND severe emotional or behavioral disorders that cannot be served in the other treatment categories due to their intensive needs. Children placed in the IRTS category require a more intensive staff to client ratio from 1:1 to a maximum of 1:3 client ratio and other intensive services, which are based on the individual needs of the child. The treatment plan for a child placed in this category is highly individualized and based on the child’s needs.
    - a. The IRTS category is a 24-hour individual residential program. Highly trained staff provide an intensely structured environment, general guidance, supervision, behavior management, and other rehabilitation services designed to improve the child’s condition or prevent further regression so that services of this intensity will no longer be needed. The program has the capacity to significantly increase or decrease the intensity of services and supervision for the child, depending on their needs, without a change in the placement setting. There are two types of IRTS placements:
      - (1) Community living residential support: This service is available to those persons who live alone or with roommates in an apartment-like setting based on an individualized staff to client ratio ranging from 1:1 to 1:3. This is a residential service designed to assist the child to gain and/or maintain skills to live as independently as possible and fully participate in a community setting. The type, frequency, and amount of required support in these settings are based on the individual client’s needs.
      - (2) Professional parent home: A family home-like setting for one child with IRTS qualifying needs. This service provides individualized habilitation, supervision, training, and assistance in a certified private home for no more than one child client at a time. This service includes daily supports to maintain individual health and safety, and assistance with activities of daily life.
    - b. Requirements for IRTS professional parent homes:
      - (1) The provider will place no more than one child client in the home of a professional parent.
      - (2) The provider will ensure there is no more than one child client in the professional parent home who is unrelated to the professional parents, including the child client who is being served.
      - (3) One professional parent will be in the home at all times when the child client is in the home, or the caseworker will need to approve other agency staff to provide supervision. A professional parent



will be available for immediate contact when the child client is not in the home.

E. General Requirements for all treatment providers in Levels IV, V, and VI:

1. No Mixing of Treatment Populations: Child populations in different treatment categories may not be mixed in the same residential facility or proctor home. Providers will have residential programs that specifically target the population they are working with. In addition, low supervision need children generally should not mix with moderate to high-risk children, unless they are stepping down and the caseworker and Child and Family Team make a determination that placement of the children together is safe and appropriate.
2. Gender Considerations: Male and female children need to be housed and treated separately. There may be an exception granted in family-based placements for siblings or for a child in custody who has a child of their own. It is also expected that any program working with female clients, even where there is a mixed gender population in the program, will implement gender-responsive best practices. Training and guidance will be given to providers regarding gender responsive practices.
3. Multiple Diagnoses: For children with multiple diagnoses, the diagnosis of greatest concern will dictate the treatment needs and, ultimately, the placement (though the provider will still be required to address all of the treatment needs).
4. Changes in Placement: Before a provider requests to change a child's placement, the provider must first attempt to stabilize the placement through adjusting treatment and wrap services based on the child's variable needs.
5. Requirement for Written Authorization: The provider must obtain written authorization from the caseworker prior to providing services or increasing services for a child.

Process for Making Placement Decisions:

A. Child and Family Assessment (CFA): Caseworkers will complete a CFA on each child in order to assist in making an appropriate determination for the level of care the child will be placed in. The CFA will include a Levels of Care Evaluation.

1. CFA: The CFA is developed through a process of teaming and assessing each child in Child and Family Services custody. Information available from formal assessments (health, mental health, psychiatric, school, etc.) and informal assessments (client interviews, family history, etc.) is brought together and synthesized into the CFA. Through the Child and Family Team process, the caseworker completes the CFA by gathering information about the child in the following areas:
  - a. Threats of harm that can affect the safety of the child;
  - b. Placement and treatment history;
  - c. Child's family history, including the family's strengths, concerns, and protective capacities;
  - d. Child's strengths, motivations, and interests;
  - e. Health issues/concerns, including medication history;
  - f. Developmental and educational levels;

- 10374 g. Behavioral/emotional concerns about the child, including those that pose a  
10375 risk to self and others;  
10376 h. Mental health issues and history, including psychotropic medication;  
10377 i. History of delinquent behavior;  
10378 j. Permanency goal, including enduring relationships that can provide safety  
10379 and permanence.  
10380

10381 B. Levels of Care Evaluation tool: Caseworkers will use input and information from the  
10382 Child and Family Team and from other known assessments to complete a Levels of Care  
10383 Evaluation on every child to determine the appropriate level of care and services needed  
10384 to promote stabilization for the child. The Levels of Care Evaluation will inform the  
10385 CFA. Children will be placed in the level and category of treatment and supervision that  
10386 is best suited to meet individualized needs based on the conclusions drawn in the CFA  
10387 and the Levels of Care Evaluation tool.

- 10388 1. The Child and Adolescent Needs and Strengths (CANS) assessment will serve as  
10389 the Levels of Care Evaluation tool for children in the custody of Child and Family  
10390 Services. The CANS assessment is meant to be completed using information that  
10391 is contributed by the members of the Child and Family Team. The result of the  
10392 CANS assessment is a recommendation for a level of care, as well as a  
10393 recommended treatment category for Levels IV, V, and VI.  
10394 2. The CANS assessment results may be superseded by recommendations of other  
10395 assessments (such as a NOJOS assessment or Mental Health Assessment) or by  
10396 the decision of the Child and Family Team or the Placement Screening  
10397 Committee when determining the appropriate level of care for the child.  
10398 3. When a decision is made to place a child at a level of care that differs from the  
10399 recommendation of the CANS assessment, the rationale for the placement  
10400 decision will be documented in the SAFE database in the CFA.  
10401

10402 C. When the placement recommendation indicates the need for a Level III placement and  
10403 above, the caseworker will take the completed CANS assessment and the CFA, and will  
10404 present the information to the region Placement Screening Committee. The Placement  
10405 Screening Committee will ask clarifying questions and assist the caseworker in refining  
10406 the evaluation in order to determine an appropriate recommendation for a level of care for  
10407 the child. The placement will be within the least restrictive environment for the shortest,  
10408 appropriate duration to help the child achieve the outcomes defined for that child and to  
10409 help the child progress towards enduring safety and permanency in a family setting.  
10410

### 10411 Ongoing Assessment of Progress:

10412 In order to assess for progress, the caseworker will hold regular reviews to determine whether the  
10413 child is making progress and/or needs to remain at the current level of care. The review should  
10414 include the completion of a new CANS assessment, review of other assessments that have been  
10415 completed since the last review, input from the Child and Family Team, and any other relevant  
10416 case information.  
10417

- 10418 A. For placements at Level I, II, and III, reviews will be conducted a minimum of every six  
10419 months or more frequently as needed.

- 10420  
10421 B. For each child placed at a Level IV or higher, reviews will be conducted a minimum of  
10422 every three months or more frequently as needed.  
10423
- 10424 C. For children in Level III placements and above, these reviews must be done with the  
10425 region Placement Screening Committee.
- 10426 1. Review of Level III placement: The review process of a Level III placement will  
10427 follow the region protocol, but at a minimum will be staffed with the supervisor  
10428 and the caseworker.
- 10429 2. For all placements, the review will include input from the Child and Family Team  
10430 members regarding the effectiveness and appropriateness of the placement, and  
10431 should address the child's underlying needs, strengths, behaviors, progress toward  
10432 goals, permanency, long-term view, and barriers to progress. A new Level of  
10433 Care Evaluation tool (the CANS) should also be completed as a part of the  
10434 review.
- 10435 3 If the child has been in a Level III or higher placement for 12 months or longer  
10436 without making significant progress, the Child and Family Team will determine:
- 10437 a. Whether the child may need to be screened by the Placement Screening  
10438 Committee or equivalent placement committee in the region for a higher  
10439 level of care;
- 10440 b. Whether the child may be in need of additional supports or wrap-around  
10441 services, or their behavior goals may need to be re-defined.
- 10442 4 If after 12 months it is determined that the child would benefit from continuation  
10443 in their current placement, the caseworker will document this information on the  
10444 CFA and forward the information to the Placement Screening Committee.  
10445
- 10446 D. Stepping a child down will be based on the stabilization and improvement of the child's  
10447 behaviors and conditions as based upon the CANS. This decision will be a collaborative  
10448 decision by the Child and Family Team and/or the Placement Screening Committee.  
10449
- 10450 E. Children who are placed in Level III and Level IV family-based care may be stepped  
10451 down in intensity of wrap services provided while remaining in the same family  
10452 placement to allow for stability.  
10453
- 10454 F. If at all possible, children who are assessed for needing a higher level of care will remain  
10455 in their current placement with increased intensity of services.  
10456

10457 **311 Research Involving Children In Child And Family**  
10458 **Services Custody**

10459 Major objectives:

10460 Child and Family Services will cooperate with bona fide research by providing information on or  
10461 allowing recruitment of children in the custody of Child and Family Services as long as the  
10462 research is approved in accordance with the standards and procedures of the DHHS Institutional  
10463 Review Board, which may be found on their website at <http://www.hs.utah.gov/irb/index.htm>.

10464  
10465 Applicable Law

10466 FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46.

10467 Utah Code Ann. [§52-4 et seq.](#) Open and Public Meetings.

10468 Utah Code Ann. [§63G-2 et seq.](#) GRAMA.

10469 Utah Code Ann. [§26B-6-202.](#) Purpose of Adult Protective Services Program.

10470 Utah Code Ann. [§80-2-602.](#) Child abuse and neglect reporting requirements -- Exceptions.

10471  
10472 Practice Guidelines

10473 A. When a researcher proposes a research study that involves children in Child and Family  
10474 Services custody, the following steps must be taken to grant informed consent prior to the  
10475 researcher being given any confidential information or having contact with clients or their  
10476 private data. Federal regulations define “research” as “*a systematic investigation,*  
10477 *including research development, testing, and evaluation, designed to develop or*  
10478 *contribute to generalizable knowledge.*” This may include, but is not limited to,  
10479 accessing individual client records, interviewing the child or others about the child,  
10480 observing the child, or treating a child as part of the research study.

- 10481 1. The Child and Family Services research representative to the DHHS Institutional  
10482 Review Board (IRB) must review and approve the research. The Child and  
10483 Family Services research representative will consult with the division director  
10484 and/or region directors when the research impacts regional workload or is of  
10485 greater than minimal risk. Risk level is determined by the DHHS IRB or the  
10486 research representative. Minimal risk means that the probability and magnitude of  
10487 harm or discomfort anticipated in the research are not greater in and of themselves  
10488 than those ordinarily encountered in daily life or during the performance of  
10489 routine physical or psychological examinations or tests. The review will consist  
10490 of evaluating whether or not the research is in the best interests of Child and  
10491 Family Services and its clients (including the children), the researcher has made  
10492 adequate provision for obtaining all required informed consents and informed  
10493 assents, the research protocols and procedures are designed to ensure  
10494 confidentiality, respect, and ethical treatment during the researcher’s gathering of  
10495 the data, storage, retrieval of the data, and publication of the data, the research  
10496 study involves no more than minimal risk to subjects or the direct benefits to the  
10497 subjects outweigh the risks, the research methodology is sufficiently sound to  
10498 yield results that offer a potential benefit to the Department or Child and Family  
10499 Services, and the research protocol protects individual privacy rights and  
10500 complies with the Department’s Vision and Mission Statements, the Department

- 10501 Code of Ethics, and any applicable rules or statutes, including Utah Code Ann.  
10502 [§63G-2-202](#). Approval will be documented on the Division Level Approval of  
10503 Research Form (see [Section 311](#)--Foster Children Research Involvement -  
10504 Caseworker Consent Form).
- 10505 2. The DHHS IRB must review and approve the research in accordance with DHHS  
10506 policy “Protecting the Rights of Human Research Subjects Policy and  
10507 Procedures”, FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46; Utah Code  
10508 Ann. §52-4 et seq Open and Public Meetings; Utah Code Ann. [§63G-2 et seq](#)  
10509 GRAMA; Utah Code Ann. [§26B-6-202](#) Purpose of Adult Protective Services  
10510 Program; Utah Code Ann. [§80-2-602](#). Child abuse and neglect reporting  
10511 requirements -- Exceptions.
- 10512 3. Informed consent for children in Child and Family Services custody (unless  
10513 written consent has been waived by the DHHS IRB):
- 10514 a. The Child and Family Services caseworker for the child will consult with  
10515 the foster parents (adoptive parents in research with adoptive children) and  
10516 may contact therapists, school personnel, and others who work closely  
10517 with the child to determine if the child will be available and ready to  
10518 participate in the proposed research, and to consider if there are any  
10519 concerns about the child participating in the research. If it is decided that  
10520 the child can participate, the caseworker must sign the informed consent  
10521 and document on the “Foster Children Research Involvement –  
10522 Caseworker Consent Form” who they consulted prior to deciding to give  
10523 consent.
- 10524 b. If the research is greater than minimal risk and the child is under 18 years  
10525 of age and the goal of the child is ‘Return Home’ or ‘Custody to Relative  
10526 Guardian’ or if parental rights have not been terminated, the parents or  
10527 relatives must be consulted and give their permission for the child to  
10528 participate. If they give their permission they must also sign the informed  
10529 consent form. If they do not give their consent the child cannot participate  
10530 in the research.
- 10531 c. If the child has the maturity to understand the implications of participating  
10532 in research, they must be consulted about their potential participation. It  
10533 must be explained that participation is voluntary, if they do not assent it  
10534 will not in any way affect services they or their families receive from  
10535 Child and Family Services, and if they do assent they can withdraw from  
10536 the research project at any time without penalty. Evaluation of the child’s  
10537 level of maturity is done by the Child and Family Services caseworker  
10538 after consultation with foster or adoptive parents and other appropriate  
10539 collateral contacts (i.e., education representatives, a therapist, caretaker,  
10540 etc.). If the child (younger than 18 years of age) agrees to participate, he  
10541 or she must sign an informed assent form. If the child is 18 years or older  
10542 they must sign the informed consent form. If the child does not agree they  
10543 cannot participate in the research.
- 10544 d. If the research is greater than minimal risk, the office of the Guardian ad  
10545 Litem (GAL) must be contacted. The GAL representing the child must be  
10546 given a description of the research project. If the GAL expresses concerns

- 10547 regarding the child’s participation in the research, the child cannot  
10548 participate. The GAL may be contacted via phone or certified mail. They  
10549 need to be provided the anticipated start date for the research. They also  
10550 need to be provided a date by which response is required so that they can  
10551 express any concerns they have prior to then. The GAL must be given at  
10552 least 10 days to review and respond to the research proposal. Contact with  
10553 the GAL must be documented for each child.
- 10554 e. Copies of consent forms, assent forms, and the “Foster Children Research  
10555 Involvement – Caseworker Consent Form” will then be sent to the Child  
10556 and Family Services research representative to be stored with the research  
10557 proposal.
- 10558
- 10559 B. Once these steps have been completed and if proper consent and assent have been given,  
10560 the Child and Family Services research representative may release information to the  
10561 researcher or the caseworkers may allow participation of foster children and the  
10562 researcher may proceed with their research project.  
10563