Title 18: Human Services

Part 6: Division of Family and Children's Services

Part 6: Chapter 1: DFCS Policy Manual

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

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The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

I. ADMINISTRATION AND MANAGEMENT

A. DFCS Purpose

Under the umbrella of the Mississippi Department of Human Services (MDHS), the Division of

Family and Children's Services (DFCS) is authorized by state statute to promulgate regulations, policies and procedures necessary to implement the state's child welfare system and to ensure the safety, permanency, and well-being for Mississippi's families and children. DFCS is responsible for the Title IV-B Subpart 1 (Child Welfare Services), IV-B Subpart 2 (Promoting Safe and Stable Families), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA) as amended by the Keeping Children and Families Safe Act of 2003, Chafee Foster Care Independence Program (CFCIP), Educational Training Voucher (ETV) and other federal and state programs.

MISS. CODE ANN. § 43-1-4

Powers and duties of department

The Department of Human Services shall have the following powers and duties:

a) *To provide basic services and assistance statewide to needy and disadvantaged individuals and families.*

b) *To promote integration of the many services and programs within its jurisdiction at the client level thus improving the efficiency and effectiveness of service delivery and providing easier access to clients.*

c) *To develop a statewide comprehensive service delivery plan in coordination with the Board of Health, the Board of Mental Health, and the Department of Finance and Administration. Such plan shall be developed and presented to the Governor by January 1, 1990.*

d) *To employ personnel and expend funds appropriated to the department to carry out the duties and responsibilities assigned to the department by law.*

e) *To fingerprint and perform a criminal history record check on every employee or volunteer*

    i. *who has direct access to clients of the department who are children or vulnerable adults, or*

ii. *who is in a position of fiduciary responsibility. Every such employee and volunteer shall provide a valid current social security number and or driver's license number which shall be furnished to conduct the criminal history record check. If no disqualifying record is identified at the state level, fingerprints shall be forwarded to the Federal Bureau of Investigation for a national criminal history record check.*

B. DFCS Mission Statement

Our mission is to lead Mississippi in protecting children and youth from abuse, neglect and exploitation by providing services to promote safe and stable families.

The mission statement must appear in training curriculum, conferences, publications, and any other appropriate communications i.e. email formats.

C. DFCS Vision Statement

Our vision is for children to grow up in a loving family environment, safe from harm, without fear of disruption and with the opportunity to experience continuity of relationships, with all children having stability and a sense of belonging. Our goal is that no child experiences abuse or neglect and that the families we serve improve their abilities to protect and nurture their children as a result of our intervention.

D. DFCS Core Values

- *Competence*- To be competent, we have technical skills and knowledge; we work with common sense; we make informed decisions; and we follow through to achieve successful outcomes.
- *Integrity*- To act with integrity we are honest in our interactions; we are accountable for our actions; and we do the right thing.
- *Responsibility*- To be responsible we do what we say we are going to do; we take initiative.
- *Respect*- To be respectful we treat others with kindness, compassion, dignity, and honor differences in our clients and each other.
- *Personal courage*- To be courageous we are loyal to the Mission of MDHS/DFCS; we advocate for our clients; we lead by example even when doing so carries risk.

- *Collaboration*- To collaborate we make decisions for the common good; we share resources based on need; we work together effectively in teams; and work with a collective knowledge of all programs and services.

E. DFCS Administration/Management Philosophy and Strategies

"Administration" or "Management" refers to those activities deliberately designed and practiced that support, guide and ensure successful delivery of the DFCS's direct service interventions. Section A of this manual defines and describes these general Administration/Management activities. Policy Sections B-H defines and describes DFCS' direct service interventions.

Management, supervisory, administrative as well as direct services intervention practice shall be based on a common philosophy and shall be governed by similar expectations. Principles and ethics of the profession of social work will be embedded in all administrative policy and practice guidelines and direct service interventions policy and guidelines.

Family centered, strengths-based practice principles provide the model for child welfare practice with individuals and families, supervision and management of staff within DFCS, and collaboration with community groups and partners.

Engagement, instruction, assessment, planning, evaluation, advocacy and communication shall be practiced at the management/ administrative/supervisory level and at the direct service provision level.

DFCS leaders/administrators/managers/supervisors should model the practices and demonstrate the administrative skills expected of those they supervise.

The expectations for administration, management and supervision of each supervisory unit, DFCS team or family team include the following:

- The team is the focus. Teams should be clearly defined by composition, structure, purpose, functions, roles, and meeting frequency. Team members should be engaged to develop systems of expectations, outcomes or goals, communication, support and services to address DFCS goals and positive outcomes for the children and families we serve. Teams should encourage the individual, personal and professional goals of team members. Relationship and team building activities are essential to success.
- Strengths are emphasized. Teams should identify and assess the skills, abilities and resources available to perform work and achieve goals. The capacity of the team is broadened through a conscious, continual use and reinforcement of these strengths.

- Plans are made by the team rather than for the team. Ongoing strategic planning is a routine practice throughout the DFCS. Problem-solving skills should receive ongoing attention.
- Decisions are shared. To the greatest extent possible, individuals and teams should share in decisions affecting them.
- Continuous feedback is given. Individuals and teams should receive ongoing feedback about achievement of Administrative goals and direct services interventions goals. They should be apprised, by individual and team supervisors, of their individual and team effectiveness in achieving stated outcomes. Ongoing program assessment, Continuous Quality Improvement and individual performance evaluation are employed to ensure success of the DFCS's mission.
- Assessments shall be supported through the use of all available reliable data. Leaders, supervisors, managers and direct services staff should provide instruction and guidance based on DFCS data as well as client, staff and community feedback. Leaders should ensure the validity, integrity and reliability of DFCS data.
- Administrative teams shall be linked with a diverse array of other agencies or community teams, groups or domains that, likewise, develop defined communication and support systems to address DFCS goals and outcomes. These teams could be, but are not limited to, Implementation Teams, clusters of counties, community partnerships formed for specific purposes or DFCS intra-divisional teams.
- Communication is essential and ongoing communication is paramount to individual and team success. Routine, planned team meetings should be held to ensure more uniform application of policies and practice principles. Staff should be apprised of and adhere to the established chain of command. Team supervisors should develop clear communication plans and protocols in consultation with team members.
- Leaders must be visible. Leaders must schedule local site visits in order to solicit feedback, communicate values and vision, and to coach and model practice philosophies.
- Advocacy is basic to child welfare work. Administrative, supervisory and front line staff shall advocate for and clearly communicate the Division's purpose, vision, core values and practice philosophy and principles. Leaders shall intervene on behalf of staff, when necessary, and model and coach effective advocacy. Actual practice shall clearly reflect stated values and principles.
- Documentation ensures accountability. Minutes of team meetings shall be maintained in appropriate administrative files. Documentation in case files shall be thorough, concise and up to date.

- Successes shall be communicated and celebrated. Each core team shall identify successes and recognize successful practitioners.

F. DFCS Leadership

The role of DFCS leadership requires responsibility and creativity necessary in organizational and institutional leadership.

1. The Deputy Administrator

The major tasks of the Deputy Administrator are to develop and establish the basic mission and goals of DFCS and to create an organizational culture and structure uniquely adapted to and capable of fulfilling the mission and accomplishing the goals, the Deputy Administrator must:

- promote and defend, build and protect organizational integrity through actions, behavior, and decisions which support and demonstrate the unity of policy, structure, and technology with the values and principles providing the foundation for the DFCS' distinctive competence – the unique and exclusive manner in which DFCS gets the work done in a way that only this organization and no other can get the work done.
- stimulate and engender in staff, and in external partners and stakeholders, trust, faith, and belief in the mission, methods, and values, as well as in organizational leadership.

G. DFCS Organizational Charts

Organizational charts show the official "chain of command" of DFCS and are subject to modification as needs change. Therefore official organizational charts shall be updated at least annually or as requested by the MDHS Division of Human Resources (HR) and will remain on file in that Division. Regional and county overview organizational charts may be developed to illustrate the organizational chain of command as assigned in local, regional, or state offices. (*See* Organizational chart attached as Appendix A)

H. Scope of Services

Direct services interventions provided by DFCS are based on an ongoing assessment of outcomes articulated in DFCS' Child and Family Services Plan. DFCS shall conduct annual updates to this plan after evaluation of success with plan outcomes and the effectiveness of services in achieving these outcomes.

DFCS' Continuous Quality Improvement (CQI) measures will be employed to determine whether modifications need to be made to the scope of services to achieve desired outcomes. DFCS shall evaluate the effectiveness of services purchased from contracted providers by implementing performance based contracting and develop requests for proposals to improve service delivery.

Performance based contracting involves a contract between DFCS and private service providers, which exchanges increased performance toward better outcomes for children for needed resources and flexibility to achieve the desired outcomes. Performance based contracting employs financial incentives/penalties in the contract to encourage achievement of the outcomes on behalf of children and families.

II. FEDERAL GRANT PROGRAMS AND SERVICES AVAILABLE THROUGH THESE GRANTS

Following are descriptions of federal grant programs and services available through these grants and are examples of services which could constitute DFCS service array supported by these grants. Actual direct services interventions are described later in this section under "Direct Services Interventions". Please see www.acf.hhs.gov, from where the following information was taken, for additional details or updates.

A. Title IV-B Subpart 1 (Child Welfare Services)

Social Security Act [42 U.S.C. 621 § 421]:

PURPOSE: The purpose of this subpart is to promote State flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families, by:

1. protecting and promoting the welfare of all children;
2. preventing the neglect, abuse, or exploitation of children;
3. supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner;
4. promoting the safety, permanence, and well-being of children in foster care and adoptive families; and
5. providing training, professional development and support to ensure a well-qualified child welfare workforce.

45 CFR 1357.10:

Child Welfare Services are public social services directed to accomplish the following purposes:

1. Protecting and promoting the welfare and safety of all children, including individuals with disabilities; homeless, dependent, or neglected children;
2. Preventing or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children;
3. Preventing the unnecessary separation of children from their families by identifying family problems and assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible;
4. Restoring to their families children who have been removed and may be safely returned, by the provision of services to the child and the family;
5. Assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption; and
6. Placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate.

B. Title IV-B 2 - Promoting Safe and Stable Families

Social Security Act [42 U.S.C. 629 § 430]:

PURPOSE: The purpose of this program is to enable States [and eligible Tribes] to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives:

- prevent child maltreatment among families at risk through the provision of supportive family services.
- assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively.
- address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- to support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Social Security Act [42 U.S.C. 629a § 431]:

(1) Family Preservation Services are services for children and families designed to help families (including adoptive and extended families) at risk or in crisis, including:

- service programs designed to help children-
- where safe and appropriate, return to families from which they have been removed; or
- removed from a family determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;
- pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;
- service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;
- respite care of children to provide temporary relief for parents and other caregivers (including foster parents); and
- services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition; and
- infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law.

(2) Family Support Services are community based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development.

Social Security Act [42 U.S.C. 629a § 431(7)(A)]:

(A) Time Limited Family Reunification Services are services and activities described in subparagraph (B) (see below) provided to:

- a child who is removed from his/her home and placed in a foster family home; and or child care institution; and

- to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion. "Timely" means the earliest possible time of the 15 month period that begins on the date that the child, pursuant to §475(5)(f), is considered to have entered foster care.

(B) Services and Activities Described. – The services and activities described in this subparagraph are the following:

- individual, group, and family counseling
- inpatient, residential, or outpatient substance abuse treatment services
- mental health services.
- assistance to address domestic violence.
- services designed to provide temporary child care and therapeutic services for families, including crisis nurseries.
- transportation to or from any of the services and activities described in this subparagraph.

Social Security Act [42 U.S.C. 629a § 431(8)]:

Adoption Promotion and Support Services are services and activities designed to encourage more adoptions out of the foster care system, when the adoptions promote the best interests of children, and include such activities as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families.

45 CFR Part 1357, Sec. 1357.10 Scope and definitions.

Community-based Services refers to programs delivered in accessible community settings which are responsive to the needs of the community and the individuals and families residing therein. These services may be provided under public or private nonprofit auspices.

Family support services may include:

1) Services, including in-home visits, parent support groups, and other programs designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition;
2) Respite care of children to provide temporary relief for parents and other caregivers;

3) Structured activities involving parents and children to strengthen the parent-child relationship;
4) Drop-in centers to afford families opportunities for informal interaction with other families and with program staff;
5) Transportation, information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education literacy programs, legal services, and counseling and mentoring services; and
6) Early developmental screening of children to assess the needs of such children, and assistance to families in securing specific services to meet these needs.

C. Title IV-E Foster Care

The Federal Foster Care Program provides safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency.

The program is authorized by title IV-E of the Social Security Act, as amended, and implemented under the Code of Federal Regulations (CFR) at 45 CFR parts 1355, 1356, and 1357. It is an annually appropriated program with specific eligibility requirements and fixed allowable uses of funds. Funding is awarded by formula as an open-ended entitlement grant and is contingent upon an approved title IV-E plan to administer or supervise the administration of the program.

The title IV-E DFCS must submit yearly estimates of program expenditures as well as quarterly reports of estimated and actual program expenditures in support of the awarded funds. Funds are available for monthly maintenance payments for the daily care and supervision of eligible children; administrative costs to manage the program; training of staff and foster care providers; recruitment of foster parents and costs related to the design, implementation and operation of a state-wide data collection system.

D. Title IV-E Adoption Assistance

The Adoption Assistance Program provides funds to States to facilitate the timely placement of children, whose special needs or circumstances would otherwise make it difficult to place, with adoptive families. Authorized under Title IV-E of the *Social Security Act*, and amendments, the Adoption Assistance Program provides federal matching funds of 50% to 83%, depending on the Mississippi's per capita income.

Funding is contingent upon an approved State plan to administer or supervise the administration of the program. Mississippi must submit yearly estimates of program expenditures as well as quarterly reports of estimated and actual program expenditures. Funds are available for a one-time payment to assist with the costs of adopting a child as well as for monthly subsidies to adoptive families to assist with the care of the eligible child.

Additionally, funds are available for: administrative costs to manage the program; training staff and adoptive parents; adoptive parent recruitment; and other related expenses.

1. Child Abuse Prevention and Treatment Act (CAPTA) State Grants

This program provides funds for States to improve their child protection service systems Reauthorized by the *Keeping Children and Families Safe Act of 2003*, the program requires Mississippi to provide assurances in their five-year Child and Family Services Plan that the State is operating a statewide child abuse and neglect program that includes several new programmatic requirements such as:

- Policies and procedures that address the needs of drug-exposed infants;
- Triage procedures for referral of children not at imminent risk of harm to community or preventative services;
- Notification of an individual who is the subject of an investigation about the allegations made against them;
- Training for child protection on their legal duties and parents' rights; and
- Provisions to refer children under age three who are involved in a substantiated case to early intervention services under *IDEA* Part C.

2. The John H. Chafee Foster Care Independence Program (P.L. 106- 169)

The John H. Chafee Foster Care Independence Program (CFCIP) offers assistance to help current and former foster care youth achieve self-sufficiency. Grants are offered to states and tribes that submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, assistance with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship

guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system.

The Educational and Training Vouchers Program (ETV) for youth aging out of Foster Care was added to the CFCIP in 2002. ETV provides resources specifically to meet the education and training needs of youth aging out of foster care. In addition to the existing authorization of $140 million for the CFCIP program, the law authorizes $60 million for payments to states and tribes for post-secondary educational and training vouchers for youth likely to experience difficulty as they transition to adulthood after the age of 18. This program makes available vouchers of up to $5,000 per year per youth for post-secondary education and training for eligible youth.

3. Children's Justice Act (P.L. 99-401)

The *Children's Justice Act* (CJA) provides grants to assist States in developing, establishing, and operating programs designed to improve:

- The assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family;
- The assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities;
- The investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and
- The assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

Mississippi must apply for these funds and meet certain eligibility requirements, including receipt of the CAPTA State Grant and establishment of a CJA Task Force as outlined in the legislation. Funds are allocated in the amount of $50,000 per state, plus an additional amount based on the population of children younger than 18 years of age in the applicant state's jurisdiction. Funding comes from Crime Victims' Fund, which collects fines and fees charged to persons convicted of federal crimes. The Fund is administered by the U.S. Department of Justice, Office of Victims of Crime (OVC) and the grants are awarded by the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, as outlined in **§107** of the Child Abuse Prevention and Treatment Act (CAPTA), as amended, by the *Keeping Children and Families Safe Act of 2003.*

Typical CJA activities:

- Developing curricula and conducting training for personnel in law enforcement and child protection services, as well as health and mental health professionals, prosecutors and judges.

- Establishing or enhancing child advocacy centers and other multidisciplinary programs to serve child victims and their families in order to minimize trauma.

- Establishing and supporting county and/or state child fatality review teams, including multidisciplinary training, team development, and annual reporting.

- Supporting the enactment of laws to improve systems response, including allowing the admission of indirect testimony of children into evidence, making the courtroom setting less intimidating to children, increasing the penalties for sexual offenses against children, requiring mandatory sentencing, shortening the trial process, and permitting victims to make statements prior to sentencing.

To be eligible for CJA funds, Mississippi must be eligible for the CAPTA Basic State Grant and are required to establish and maintain a multidisciplinary task force on children's justice. The task force is comprised of representatives from selected disciplines involved in handling child abuse and neglect cases.

The task force makes policy and training recommendations regarding methods to better handle these cases, with the expectation that it will result in reduced trauma to the child victim and the victim's family, while insuring fairness to the accused.

Every three years after the initial award, the task force is required to conduct a comprehensive evaluation of the state's systems related to the investigative, administrative and judicial handling of child abuse, neglect and exploitation cases and child maltreatment-related fatalities and make recommendations for improvements to those systems.

4. Court Improvement Program (P.L.107-133)

The Court Improvement Program (CIP) was created as part of the Omnibus Budget Reconciliation Act (OBRA) of 1993, which among other things, provided federal funds to states and tribes for preventive services and services to families at risk or in crisis.

The Promoting Safe and Stable Families Amendments of 2001, (P.L. 107-133), reauthorized the Court Improvement Program through FY 2006. The law also expands the scope of the program to: (1) include improvements that the highest courts deem necessary to provide for the safety,

well-being, and permanence of children in foster care, as set forth in *ASFA*; and (2) implement a corrective action plan, as necessary, in response to findings identified in a child and family services review MDHS/DFCS.

From any discretionary funding appropriated annually for the *Promoting Safe and Stable Families* program, the law authorizes a 3.3% set-aside for the CIP. The Court Improvement Program authority was transferred to a new § 438 of the *Social Security Act*.

Typical activities include development of mediation programs, joint DFCS-court training, automated docketing and case tracking, linked DFCS-court data systems, one judge/one family models, time-specific docketing, formalized relationships with the child welfare DFCS, improvement of representation for children and families, CFSR program improvement plan (PIP) development and implementation, and legislative changes.

5. Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP)

This program provides funding to States to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. The program was reauthorized, amended and renamed as part of the CAPTA amendments in 2003. To receive these funds, Mississippi's Governor must designate DFCS to receive the funds and implement the program. Some of the core features of the program include:

- Federal, state, and private funds are blended and made available to community agencies for child abuse and neglect prevention activities and family support programs.
- An emphasis on promoting parent leadership and participation in the planning, implementation and evaluation of prevention programs.
- Inter DFCS collaborations with public and private agencies in the States to form a child abuse prevention network to promote greater coordination of resources.
- Funds are used to support programs such as voluntary home visiting programs, parenting programs, family resource centers, respite and crisis care, parent mutual support, and other family support programs.
- An emphasis on promoting the increased use and high quality implementation of evidence-based and evidence-informed programs and practices.
- A focus on the continuum of evaluation approaches which use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.

III. DIRECT SERVICES INTERVENTIONS AND WORKLOAD MANAGEMENT

The official activities of and services provided by DFCS Direct Service Workers – Child Welfare Services – compose DFCS "workload". Workload is measured by computation of the amount of time required to provide or complete defined service-related activities and service types. Each service-related activity and service is assigned a workload value based on established weights and standards derived from the average amount of time determined to be required to adequately and effectively provide or complete the service-related activity or service type measured on a month-by-month basis.

Workload varies, day-to-day, and is measured monthly. By determining the amount of time required each month based on reported workload and dividing the amount of time available by a Direct Service Worker each month to complete the work reported, the number of Direct Service Workers needed is determined. Workload is reported for each Direct Service Worker, each county, each Region, and Statewide, and the number of Direct Service Workers required to complete the work reported at each level – county, region, statewide – is therefore determined each month.

Caseworkers

The official standard for a full caseload at MDHS/DFCS is 100 Caseload Units which constitutes 6,960 workload minutes per month. This standard is derived from a determination that Direct Service Workers have 116 hours (6,960 minutes) of time each month to dedicate to official workload activity – that is, to caseload.

Acknowledgements:

1. Total workload minutes in a caseload will vary month to month. The standard is based on monthly averages.
2. Direct Service Workers will not be assigned cases or service-related activity which results in a caseload exceeding the standard for a full caseload. Caseloads will on occasion, and at specific points in time, on a Worker-by-Worker basis, fail to reach or may exceed the standard.
3. Workloads shall be measured monthly and adjustments made as needed.

Continuous effort must be expended by the Regional Directors (RDs) and Area Social Work Supervisors (ASWSs) to:

1. Maintain individual caseloads that are within a reasonable range of the standard (within 15 Caseload Units),
2. Assure that no Direct Service Worker remains over the standard for an extended length of time,
3. Document justification for a Direct Service Worker being assigned cases which results in an over-full caseload should be approved by the RD by email or facsimile, and
4. Demonstrate and document (by email or facsimile to the RD) efforts taken by to reduce the caseload to the official standard.

Supervisors

Supervisors shall be directly responsible for supervising no more than five (5) Direct Service Workers. Supervisors shall not be assigned primary responsibility for providing direct casework services for any case, except in cases of extenuating circumstances which shall last for no more than four (4) weeks and have been approved in writing by the Office Director of Field Operations after consultation with the supervisor's RD to ensure the continued proper supervision of the impacted Direct Service Workers.

Regional Directors

RDs shall be responsible for the ongoing validation of cases and validation of workloads. They will ensure that all cases in an open status meet the policy criteria for that case type. They will ensure that valid workloads are distributed as fairly and evenly as possible. This validation will be accomplished through formal case and workload validation plans which will be developed jointly between RDs, ASWSs and state level program staff. These validation plans shall be developed annually and approved by the Office Director of Field Operations.

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A. Service-Related Activities and Case Types

Service Types – and the assigned standard for each in minutes and Caseload Units are as follows:

Service Type	Minutes	Caseload Units
Adoption COS	300	4.3
ICPC Incoming	106	1.6
ICPC Outgoing	106	1.6
Placement COR	254	3.7
Placement R&S	507	7.3
Placement COS	253	3.6
Prevention COR	138	2.0
Prevention COS	137	2.0
Prevention R&S	275	4.0
Protection Services COR	210	3.0
Protection Services COS	200	2.9
Protection Services R&S	410	5.9
Case Management Intake	59	0.9
Court Ordered Relative Application	282	4.1
ICPC Application	282	4.1
Investigation Level 2	484	7.0
Investigation Level 3	484	7.0
General Intake	59	0.9
Resource Inquiry	59	0.9
Adoption Addendum	191	2.8
Foster Home Addendum	191	2.8
Resource Home Study	470	6.8
Resource Home Supervision	140	2.0
Resource Renewal	191	2.8

For information on County of Responsibility (COR) and County of Service (COS) and for Adoption, Placement, Prevention/Protection and Interstate Compact Placement of Children (ICPC) *see* Policy Manual Sections C, D, G, and H.

B. Service Array

The following are some of the services that may be available, either through direct service provision, contract, collaboration with, or referral to other service providers.

1. **Prevention of Child Abuse/Neglect Services**
   Prevention Services - provided to families when support services are identified in the initial safety assessment. These services are not court ordered and Workers monitor the family's progress on the Family Service Plan.

2. **Family Preservation Program (FPP)** - services are strength based, child centered and family focused programs. The program is a home based prevention service that provides: parent education, child management training, creative and flexible scheduling, and assists families when there is an eminent risk of removal

3. **Mississippi Centralized Intake (MCI**) - Any person who has reason to suspect the abuse of a child must make a report by telephone to 1-800-222-8000 and the report will be screened to the appropriate county for assignment. Reports may also be sent to www.msabusehotline.mdhs.ms.gov. Additional requests for services, including resource intakes of prospective foster parents, are accepted and screened through the MCI.

4. **Placement Services**- are available for children who cannot be safely maintained in their homes.
   - Emergency Shelters
   - Licensed Relative Homes
   - Licensed Foster Homes
   - Therapeutic Foster Homes
   - Therapeutic Group Homes
   - Residential Treatment Facilities
   - Specialized Treatment Facility (located on the Mississippi Gulf Coast)

5. **Intensive In Home Services-** are presently provided by contracted providers. This service is designed to provide therapeutic services to children who are in the state's custody placed in DFCS foster or adoptive homes who are experiencing behavioral problems.

6. **Reunification Services-** contract services that are designed to provide therapeutic services to children who can remain or return home to their immediate or extended family if they are participating in intensive in-home services. Children must be in the legal custody of DFCS, and be placed in licensed foster homes or adoptive placements prior to or after the adoption finalization to provide stabilization in order to prevent disruption.

7. **MYPAC-** Mississippi Youth Programs Around the Clock is administered by Mississippi Medicaid through outsourced providers. The purpose of this program is to enable children to remain safely in their homes while providing needed therapeutic and residential services.

8. **Family First Resource Centers (FFRC**) **-** are located throughout the state and provide the following:

    - Individual and Family Counseling
    - Parenting classes
    - After School Programs
    - Tutoring Services
    - Healthy Marriage Classes
    - Fatherhood Initiative

9. **Regional Mental Health Centers -** are available statewide and provide assessments for children and adults and offer counseling, anger management classes, drug and alcohol screenings and treatment programs.

10. **EPSDT-** Early Periodic Screening Diagnosis and Treatment ensures that all Medicaid eligible children receive comprehensive and preventative health care to the maximum extent allowable. These screenings are conducted at county health departments and Medicaid accepted providers.

11. **SNAP/TANF – "**Supplemental Nutrition Assistance Program" and "Temporary Assistance for Needy Families" are available to eligible families at all local Economic Assistance offices (EA).

12. **WIC-** "*Women, Infants and Children*" provides supplemental foods designed to meet the special nutritional needs of low-income pregnant, postpartum women, infants and children up to five years of age who are at nutritional risk. These programs are available to all eligible recipients in each county.

13. **Independent Living Services-(IL) –** provides services to ensure that foster youth fourteen years of age or older are provided an opportunity to acquire basic life skills

which will enable them to live independently, responsibly, and to be self-sufficient by the time their foster care services are terminated.

14. **Service to Promote Timely Adoptions (Adoption Services)**
    Contract agencies assist DFCS in promoting timely adoptions by accepting referrals and attending adoption placement meetings in efforts to move children quickly into permanent homes.

15. **Post Adoption Services**- "*Intensive In Home Services*" are available to all adoptive parents to monitor and assist with any problems or disruptions that may arise and to stabilize the placement. This is a contracted service.

16. **Language Interpretation Services and Deaf Interpretation Services-** provides interpretation and translation of foreign languages and interpretation services for the hearing impaired.

17. **Flexible-Funds for Concrete Resources**
    When specific individualized needs are identified for a child or parent that are not covered by Medicaid or other funding sources, flexible funds are available through the region or county. Services provided through these funds include private sitters, attorneys' fees, braces, utility bills, food, clothing, tutoring services, speech therapy and others.

18. **County Funds Child-** Funds provided to individual counties by county Boards of Supervisors to be spent for child welfare related goods and services. These funds are allocated annually and may not be available in all counties.

19. **Donated Local Funds-** Counties may accept designated and undesignated funds from private or public sources which can be used as needed. Undesignated funds may be used for any child welfare related need. Designated funds are those donated for a specific purpose or need. Expenditures from any fund category require appropriate supervisory approval.

C. Interpreter Services

When Interpreter Services are needed for any language, the worker is required to contact the Interpreter Supervisor in the Resource Development Unit in State Office during working hours. The contact numbers and a current list of available Interpreter Specialists for each region are listed on the DFCS connection website (http://dfcsmacweb/DFCSWEB/Resource.htm) under Resource Development-DFCS Interpreter Specialist. Interpreters are on call for the Mississippi Centralized Intake Unit at 1-800-222-8000 available 24 hours a day, 7 days a week. DFCS is

committed to providing culturally competent interpreter services to clients with Limited English Proficiency in the areas of prevention, protection and permanency planning.

DFCS has Spanish Interpreter Specialists on staff and a Supervisor over the Interpreter Program. Each Interpreter Specialist will be responsible for providing all interpreting needs to their regions. In the event the language needing interpreting is not Spanish or if an Interpreter Specialist is not available at the time needed; the use of an agency approved contract interpreter could be required. The use of any agency approved contract interpreter will be decided upon by the Interpreter Supervisor. All contracts and their details will be handled by the Interpreter Specialists/Supervisor regarding all agency approved contract interpreters.

1. **Prevention -**
   - Professionally qualified and proficient Spanish interpreters that are on staff with DFCS are also on call 24 hours a day, 7 days a week to respond to the Mississippi Centralized Intake Unit for interpreting incoming calls of abuse and neglect for Spanish speaking reporters.
   - Other reporters with Limited English Proficiency shall be referred to agency approved, interpreters who have completed orientation training through the DFCS Interpreter Program or any contract service organization which offers similar orientation training to their bilingual employees and volunteers.
2. **Protection -**
   - During the investigation of clients with Limited English Proficiency (LEP), all interviews and or direct contact with LEP clients shall be conducted with the assistance of an agency approved interpreter, unless an immediate safety plan must be made in order to maintain the safety of the child prior to the arrival or contact of the approved interpreter.
   - Children or family members who are involved in the case may not be used as interpreters for the agency or the client; however, family members may remain present at the family's request. In the event that there is no agency approved, interpreter available, a family member, other than a child, may be used as an interpreter until the agency is able to provide an agency approved non relative interpreter.
   - All forms that require a client's signature shall be interpreted and/or translated in the client's native language and must be discussed with the client with assistance of an agency approved interpreter present or on the telephone.

3. **Permanency -**
   - An agency approved interpreter must be present or interpreting over the telephone during all case planning activities conducted with clients, including but not limited to, family team meetings, home visits to discuss case planning activities, family visits, and with the child and/or parents. Family members can be present to represent the family; however, an agency approved interpreter shall be present or interpreting over the telephone.
   - **All court proceedings for LEP clients must have an agency approved interpreter present**. Relative interpreters can be present to represent the family; however, an agency approved interpreter shall be present.
   - All case planning documents, including court orders, individualized case plans and other documents shall be interpreted and/or translated in the client's native language and discussed with the client with an agency approved interpreter present or over the telephone.

** Efforts to provide bilingual or interpreter services must not delay or interfere with any actions necessary to:

- Protect the children from harm or risk of harm; or
- Comply with legal requirements.

DFCS provides professionally qualified and proficient interpreters to all clients with LEP. Interpreters who are fulltime employees of the agency shall complete Pre-Service Training with frontline Workers in order to better understand and communicate the agency's missions, goals and policies to clients with LEP. Professionally Qualified and Proficient Interpreters are defined as follows:

- **Professionally Qualified Interpreter**- Professionally Qualified Interpreters are individuals who possess an educated, native-like mastery of both English and a second language; display wide general knowledge of the language, characteristic of what a minimum of two years of general education at a college or university would provide; one year of interpreting, and perform the three major types of interpreting: sight translation, consecutive interpreting, and simultaneous interpreting. In order to be employed with the agency, this Worker must possess at least a bachelor's degree from a 4 year university.
- **Proficient Interpreters**- A Proficient Interpreter does not qualify as a professionally qualified interpreter, but can demonstrate the ability to interpret proceedings from English to a designated language and from that language into English.

IV. COMMUNITY INVOLVEMENT, ADVOCACY AND REPRESENTATION, AND DFCS OVERSIGHT

DFCS shall ensure that the public continues to be effectively informed of its mission, programs and services through a defined structure of Community Involvement, Advocacy and Representation and DFCS Oversight. The Deputy Administrator, through assigned designees, shall be responsible for developing, modeling, monitoring and evaluating this structure at the state level. RDs shall be responsible for developing, modeling, monitoring and evaluating the defined regional structure and ASWSs shall be responsible for the same at the county level. Modifications should be made as needed based on the DFCS' ongoing strategic planning.

This structure of Community Involvement, Advocacy and Representation and DFCS Oversight includes the following activities, goals and qualities:

- Communicate DFCS' mission, role, functions, capacities and the strengths, needs and challenges of individuals, families and groups that it serves
- Implement all applicable laws and regulations concerning the service population.
- Improve existing services, filling gaps in services
- Assist eligible individuals with access to the full array of services by reducing barriers and improving supports and accommodations for persons with special needs
- Ensure oversight by reflecting the demographics and representing the interests of the communities served
- Ensure that DFCS partnership and oversight teams have experience and skills in policy development, leadership and financial management.
- Effectively connect DFCS to other resources and develop public recognition and respect

A. DFCS Partnership and Oversight Teams

Each year the Annual Progress and Services Report (APSR) should contain an update on the active teams. Active teams will be evaluated through the strategic planning process. DFCS staff team leads will be assigned to each of the active teams. The assigned lead will report and communicate through the chain of command to keep the Deputy Administrator apprised of the activities undertaken and outcomes achieved by each the teams, and to produce reports to be included in the APSR. Examples of these teams are listed and described below.

1. Citizens Review Panel

Pursuant to Child Abuse Prevention and Treatment Act (CAPTA) requirements (42 U.S.C. § 5101[c]), the Mississippi Citizen Review Panel was created by CAPTA which is a key piece of legislation that guides child protection. The Citizens Review Panels (CRP) are composed of citizen-volunteers who are federally mandated by the Child Abuse Protection and Treatment Act to evaluate their state's child protective services agency.

In Mississippi there are three Citizens Review Panels covering the northern, central, and southern parts of the state. They each have the support of a university with a School of Social Work. The Citizens Review Panels report to a State Level Citizens Review Board. Oversight and support are provided by the DFCS Prevention/Protection Unit.

Panel Membership is comprised of 1) providers of services to abused and neglected children and families, including adoption services, and 2) local citizens, including consumers of the Child Protective Services system such as foster parents, former foster children, adoptive parents, parents, interested business and civic representatives, educators, and members of the community at large.

2. Administrative Office of Courts, Court Improvement Program

Pursuant to 1993's *Omnibus Budget Reconciliation Act* (P.L. 103-66), DFCS partners with the Administrative Office of Courts in the "Court Improvement Program". Typical activities include development of mediation programs, joint DFCS-court training, case tracking, linked DFCS-court data systems, formalized relationships with the child welfare DFCS, improvement of representation for children and families, CFSR program improvement plan (PIP) development and implementation, and legislative changes. DFCS should work with the Administrative Office of Courts to implement initiatives such as the Mississippi Youth Court Information Delivery System (MYCIDS) program for DFCS and Court information systems interface. The Division partnered with the Administrative Office of Courts to develop the Uniform Rules of Youth Court Practice.

3. Multidisciplinary Team Meetings

The Multidisciplinary Child Abuse Review Teams were initiated pursuant to the C*hildren's Justice Act* (P.L. 99-401) to develop a standard response to the investigation and prosecution of all child abuse cases and to function in a manner that causes the least possible trauma to the children and their families. The Team accomplishes this by inviting all disciplines involved in child abuse cases to work collaboratively using the team approach. These teams may be formed through agreements between DFCS, the courts and local stakeholders.

4. Child Death Review Panel

The Child Death Review Panel was authorized by MISS. CODE ANN. § 41-111-1 to "foster the reduction of infant and child mortality and morbidity in Mississippi and to improve the health status of infants and children." The state's child fatalities are reviewed by a multi-disciplinary statewide panel, including Mississippi Department of Human Services, in order to make recommendations for child fatality prevention.

5. Foster Care Review Teams

Mississippi's Foster Care Review program was implemented to meet the federal periodic review requirement found in Title IV-E of the *Social Security Act*. (*See* also MISS. CODE ANN. § 43-15-13 (3)). The Foster Care Review program provides clients with an opportunity to participate in their case planning and Workers with an opportunity to discuss their practice on a case-by-case basis. Reviewers are based throughout the state and review each child's case every six months. Parents, their representative support systems, relatives, service providers, children in care and their *guardians-ad-litem* are engaged as a team to oversee, assess and develop appropriate plans for foster care cases.

6. State, Regional and Local Planning and Implementation Teams

These are teams which are organized for the purpose of addressing findings from CQI reviews or responses to needs identified by other administrative or partnership teams at the state, regional or county levels.

B. Memorandum of Understanding (MOU)

The Deputy Administrator will collaborate with appropriate private, state and federal agencies to develop MOUs for the purpose of developing goals to partner with agencies to enhance community involvement, advocacy and representation.

V. ORGANIZATION OF ADMINISTRATIVE TEAMS

DFCS shall promote clear, ongoing communication and teamwork among all staff. There shall be a formal administrative system designed to facilitate communication and teamwork. Roles and responsibilities shall be clearly documented and communicated to staff. Staff shall receive timely information concerning the DFCS's mission, vision, values, practice and management philosophies and policies.

Identified administrative teams should exercise leadership through a functional, effective operational structure. Administrative teams are distinct from Implementation teams in that they represent the formal administrative chain of command, and their functions support systematic application of defined administrative practices.

Administrative teams should establish in writing:

1. responsibilities;
2. a process for assessing and implementing responsibilities, such as establishing task forces/committees; and
3. under what conditions and to whom interim authority can be delegated.

Administrative team members should:

1. receive an orientation to the DFCS's mission, history, goals, objectives, structure, methods of operation;
2. become familiar with DFCS activities and be introduced to key staff members; and
3. be furnished electronic or hard copies of the DFCS's Administrative Policies (AP)

Administrative teams should maintain administrative files and manuals that include:

1. the organizational and supervisory configuration with reporting information for all operations; and
2. up-to-date minutes and records of all administrative team meetings.

A. Administrative Teams

Administrative teams shall be developed based on the DFCS's organizational structure of administrative units. The current structure requires the following administrative teams:

- Deputy Administrative team
- Office Administrative team
- Bureau Administrative team
- Division Administrative team
- Regional Administrative team
- County Administrative team

As the administrative organizational structure changes, teams should be restructured to correspond.

The Senior Management team is an additional ongoing Administrative team. This team is composed of the Deputy Administrator, Office Directors, Bureau Directors, RDs and others as required and named by the Deputy Administrator. Meetings of senior Management shall be held no less than bi-monthly.

B. Administrative Roles - Ongoing Functions and Communication

The administrative structure, roles, functions and communication channels are defined through:

- Official MDHS organizational charts
- Succession rosters
- Program functions and goals
- Roles and responsibilities of team members
- Planning calendars
- Meeting minutes

The organizational structure begins with a core team consisting of the Deputy Administrator and Office Directors or others in the line of the Administrator's direct supervision. Master organizational charts, which shall be updated as required by the MDHS Division of Human Resources and made accessible to all DFCS staff, shall be developed to define each successive core team as well as expanded administrative teams at the Office, Bureau, Division, (and similar state office administrative units), Regional and County administrative levels. Each core team shall develop and maintain rosters indicating the succession of authority in the absence of the team supervisor. The team supervisor shall ensure that information needed for updates to organizational charts is communicated through the chain of command and succession rosters are kept current.

The program functions and goals of each Office, Bureau, Division or other state, regional or county level administrative team should be developed and updated, at least, annually.

Roles and responsibilities of individual team members should be developed and updated, at least, annually. Roles and responsibilities should be consistent with official Job Content Questionnaires and MDHS performance appraisal procedures as defined by the Human Resources Division of MDHS.

Each ASWS, RD and central office administrative and program unit director shall submit to their immediate supervisor, by December 31 each year, information needed to update succession rosters, descriptions of program functions, team members' roles and responsibilities and a projected calendar for administrative team activities and meetings.

The Deputy Administrator's core administrative team, in consultation with the senior management team, will develop an annual administrative planning calendar by January 31 of the following year which shall be provided to all DFCS staff. This planning calendar shall be developed during the annual strategic planning meeting of the senior management team.

The master planning calendar shall be updated as needed, but no less frequently than quarterly, and distributed to all DFCS staff. Monthly work planning calendars shall be developed and provided to the immediate supervisor and staff directly supervised by a team member. Team leaders shall nominate one team member to be responsible for updating calendars.

DFCS organizational charts will be updated as requested by the Division of Human Resources.

Administrative team meetings shall be held as needed, but no less than monthly, face to face, through conference calls, video conferences or a combination of the three.

Agenda items for all regularly scheduled meetings will include, at a minimum, the following:

- Discussion regarding new policies or procedures and/or discussion regarding the need for clarification, changes or updates to existing policy and/or procedures
- Discussion of goal attainment using DFCS data or other sources of information to assess the team's ongoing effectiveness in achieving goals or meeting requirements
- Discussion of the need for changes or improvements in practice to achieve goals
- Identification and communication of issues requiring special attention
- Development of action plans to address areas of identified need

DFCS, at the respective state, regional and county administrative levels, shall maintain administrative files containing organizational charts, succession rosters, description of program functions, general roles of staff, projected schedules for administrative team meetings and minutes from team meetings. Minutes of administrative team meetings shall be provided to team members and to the immediate supervisor of the team leader. There should be a centralized, electronic administrative file organized by administrative unit. It should contain folders for the maintenance of information required in this section. Team leaders shall nominate one staff member to be responsible for collection, maintenance and distribution of minutes and other administrative files listed in this paragraph.

New administrative team members shall receive an orientation to the DFCS's mission, history, goals, objectives, structure, methods of operation and shall be introduced to key staff members. They shall be provided access to the MDHS DFCS's Administrative Policies, DFCS policies, Child and Family Services Plan (CFSP) and the most recent APSR. They may download copies of these files which should be maintained in the DFCS's electronic administrative files.

VI. STRATEGIC PLANNING

Strategic planning responsibilities include:

- envisioning and setting DFCS' strategic direction; and
- active support for inclusive, management-directed, DFCS-wide involvement in long term planning that occurs every 5 years.

The specific statewide strategic plans include:

- CFSP (5 year plan),
- APSR (due June 30th each year),
- Performance Improvement plans, Child and Family Service Review (CFSR) and Title IV-E State Plan,
- DFCS' CQI Annual Plan,
- Worker visits with child report (due to Children's Bureau by December 15th each year),
- Title IV-B State Plan,
- CAPTA State Plan,
- CFCIP, and
- ETV

The Deputy Administrator shall designate a coordinator for the CFSP.

The coordinator will assemble an implementation team to develop the five year planning conference and draft the CFSP. All plans are reported through the CFSP and APSR

A. Child and Family Services Plan

The CFSP is a five-year strategic plan that sets forth the vision and the goals to be accomplished to strengthen the States' overall child welfare system.

The goals and objectives of the plan address improved outcomes in the following areas:

- Safety of children;
- Permanency for children;
- Well-being of children and their families; and
- The nature, scope, and adequacy of existing child and family and related social services.

The CFSP shall be developed by DFCS in collaboration with other MDHS divisions and an array of community partners and stakeholders. Stakeholders and partners with statewide jurisdiction or influence will be engaged at a state level strategic planning conference at which time the goals and objectives of the plan are communicated and finalized.

As a result of this process state level teams will be formed as needed. This process should be replicated in each DFCS Region in the state at which time these goals and objectives will be communicated to regional and county stakeholders.

From this process local and regional teams will be formed to develop implementation strategies and to implement practices that will lead to successful child welfare outcomes. These teams shall include, but are not limited to, those described in "Community Involvement, Advocacy and Representation and DFCS Oversight" above.

B. Annual Progress and Services Report

The Annual Progress and Services Report (APSR) due on or before June 30 each year, provides annual updates on the progress made toward the accomplishment of goals and objectives in the CFSP.

Completion of the APSR satisfies the federal regulations by providing updates on a State's annual progress for the previous fiscal year and planned activities for the upcoming fiscal year. These updates should be shared with state and local CFSP team members. To complete the APSR, Worker face-to-face contact data must be provided on or before December 15.

C. Performance Improvement Plans

The periodic CFSR and Title IV-E reviews may contain findings that require Performance Improvement Plans (PIP). The federal Administration for Children and Families (ACF), the CRP, appropriate DFCS staff and representatives of the statewide and community stakeholders identified by the CFSP shall be engaged to develop necessary CFSR and IV-E PIPs.

DFCS will designate PIP team leaders, and for Title IV-E PIP purposes, the Director of Eligibility will coordinate planning and achievement of a PIP. The PIP team designees shall develop a work plan and schedule to ensure:

1. appropriate engagement of key DFCS staff and stakeholders,
2. development of substantive responses to areas needing improvement and
3. completion and timely submission of the PIP.

D. CQI Annual Plan

The DFCS CQI Unit reports all planning and activity through the unit's CQI Plan and CQI Annual Report submitted annually.

E. Strategic Planning Cycle

1. Five-Year Plan

The DFCS Director shall be the designee who maintains responsibility for development of the five-year CFSP. The CFSP shall be developed in partnership with the Citizen's Review Panel, communicated to and finalized by a diverse array of citizens, consumers, foster and adoptive parents, service providers, public leaders, law enforcement, judicial and legal representatives, education and health providers.

The Deputy Administrator, through representatives of Senior Management, shall initiate the five year strategic planning cycle in October preceding the required submission date of the CFSP. The senior management team shall ensure that long term strategic planning includes:

- a review of DFCS' mission, values, and mandates
- an assessment of strengths and areas needing improvement
- measurable goals and objectives that flow from the mission and mandated responsibilities
- appropriate strategies for meeting identified goals, including consideration of the DFCS's continued development and sustainability and possible need to direct, eliminate, or expand service to changing community demographics and needs.

The Citizen's Review Panel shall be engaged in the strategic planning process no later than January preceding the CFSP June submission. The diverse group representative of state level systems or domains shall be engaged in the process no later than March preceding the

submission date. Diverse groups representative of regional and county level systems or domains shall be engaged in the process no later than April preceding the submission date.

The five year strategic plan or CFSP shall include a review of a demographic profile of the service population of children and families. This profile should include economic indicators, gender, age, unique cultural attributes, racial/ethnic composition, appropriate services based on religious affiliation and language(s) of choice. This demographic profile may utilize DFCS data and may draw from findings from other external needs assessments.

2. Yearly Strategic Plan

The Deputy Administrator shall convene an annual strategic planning meeting of the senior management team in January each year. Purposes of this strategic planning meeting include, but are not limited to the following:

- provide team members updated organizational charts, succession rosters, descriptions of program functions, team members' roles and responsibilities and a projected schedule for administrative team meetings,
- review annual status reports of case and systemic outcomes, using data from the most recent annual and monthly reporting periods,
- review, and modify as needed, strategies to address case and systemic outcomes,
- review current services available and to assess the effectiveness of these services,
- identify needed services and develop strategies to secure or develop these services,
- review and develop strategies for successful engagement of stakeholders,
- provide clarifications of policy and procedures and to identify the need for changes or additions to policy,
- develop presentations of data and outcomes to share with the Citizen's Review Panel and other regional and local planning and implementation teams,
- collect information which will contribute to the development of a comprehensive APSR, and
- assess workload management effectiveness and strategies, and to certify the validity of active cases

During the annual strategic planning meeting the current year's APSR shall be reviewed and plans for the annual update should be initiated. The Citizen's Review Panel shall be invited to participate in the annual strategic planning meeting.

3. Ongoing Strategic Planning

DFCS shall develop state, regional and local Implementations Teams as needed to address outcomes identified pursuant to the strategic planning process. Ongoing feedback shall be provided through the CQI process and other system sources of data. Stakeholders shall be engaged to participate in planning, implementation and feedback.

VII. POLICY DEVELOPMENT, REVIEW AND COMMUNICATION

a) DFCS policies and procedures will be developed when there is a need to regulate, direct, or inform and guide DFCS practices, operations and services to ensure compliance with applicable State and Federal Rules and Laws, Practice Standards, judicial mandates and managerial decision and directives.

b) A comprehensive review of all DFCS policies and procedures and related documents will be performed at least annually, or as often as necessary, and revised accordingly to ensure compliance with applicable State and Federal Rules and Laws, practice Standards, judicial mandates, managerial decisions and directives. (*See* DFCS Policy Flow Chart on the DFCS Connection Website/policy).

c) When new/revised policies and procedures, protocols, manuals or other practice-related documents are implemented, Directors/Supervisors or their designees must provide instruction, interpretation and /or training on those practice documents that are relevant to an employee's position and/or job duties. When new or revised policy has been released to all DFCS staff, documentation via the Policy Acknowledgment form (*See* DFCS Connection Website/ Forms/ Section A) must be maintained in each county office indicating the date policy was reviewed and all DFCS staff signatures.

VIII. RESOURCE DEVELOPMENT

The Resource Development Unit was developed to enhance the delivery of an adequate array of services in the state through maximizing the use of existing services and coordinating the development of new services through contracts, collaboration with other agencies and service providers, and coordination of service/resource related work within DFCS and the state as a whole.

The Resource Development Unit will ensure the compatibility of existing services and newly created services with DFCS' required principles and practices.

The Resource Development Unit, through proactive planning and development, prepares for current and future service needs and implementation of the plan for efficient and effective

service delivery. The Unit not only addresses existing service needs within DFCS units, and seeks services that address needs for all children and their families and works to make these services available and easily accessible. Other functions include addressing issues related to service provision, contracting procedures, protocols and practices, and the substance of services provided.

Communication and collaboration are keys to reaching the success desired for all children and their families.

DFCS Regions are responsible for establishing a strategic plan to improve service delivery to DFCS clients. The primary goal is connecting people to resources for the purpose of helping children and families achieve success.

The Resource Development Unit will collaborate with the regions in efforts to strategically increase service delivery in each Region.

IX. ONGOING ADMINISTRATIVE OVERSIGHT AND PRACTICE

The MDHS/DFCS Deputy Administrator shall ensure the ongoing efficient operation of the administrative teams and shall remain informed of the effectiveness of individual team members. The Administrator shall ensure that vacancies or absences of administrative team members are addressed through current succession rosters.

The Deputy Administrator shall:

- ensure that job descriptions accurately reflect actual job duties,
- perform timely and thorough performance appraisals on staff directly supervised by the Administrator, and
- delegate to appropriate Office Directors the responsibility to provide annual:
    - evaluations of staff performance;
    - assessments of adherence to MDHS conflict of interest and outside employment policies; (*See* MDHS Administrative Policy)
    - assessment of compliance with legal requirements, including licensing and mandatory reporting; laws, and fiscal responsibility;
    - report of all contracts and assessment of contracting practices as defined in MDHS policy and regulations of State Personnel Board (SPB) and the Department of Finance and Administration. (*See* MDHS Administrative Policy)

- assessment of the effectiveness of DFCS communication;
- assessment of any research involving service recipients.

A. County and Regional Administrative Procedures

Each county and regional office shall have the following procedures in place:

- sign-in/out procedures that ensure the time of arrival and departure, expected time of return, and departure destination are logged for each employee in county, regional, and state offices
- County Activity records, maintained by employees should include:
  - date,
  - case activities,
  - case identification,
  - individual mileage logs containing specific destinations of travel, and
  - time elapsed during travel
- procedures to ensure that DFCS mail is collected and distributed in a prompt and consistent manner
- each staff member shall submit to their assigned supervisor a monthly Projected Work Plan prior to the third working day of each month
- adequate staff to cover telephone and reception duties
- a monthly on call schedule for after work hours and holidays
- leave requests are managed in a manner to avoid inadequate staff coverage or unnecessary workload burdens
- proper management of travel, time, and other resources
- adequate office space is afforded all county, regional, or state office staff assigned to local offices with assistance from the Director of Field Operations, when needed
- annual budget is prepared and coordinated with other MDHS Divisions to reflect the need for administrative supplies, equipment, and office space and child welfare and adult funds to meet the needs of DFCS staff and clients served by DFCS.

B. County and Regional Administrative Reporting Requirements

Prior to the third working day of each month, all county and regional staff should provide their immediate supervisor with the following:

- a completed County Activity record for the previous month (or similar documents applicable to adoption and resource staff)
- a projected work plan for the upcoming month
- the employee's completed travel voucher for the previous month (*See* Form 13.20.10 on DFCS Connection Website)
- other administrative documents which are required by the County and Regional Administrative Procedures Plan

Prior to the fifth working day each month the supervisor shall have reviewed and approved or pended the administrative documents listed above. Projected Work Plans should include a reasonable forecast of work activities. The work plan must include accurate time, travel and resource management practices consistent with MDHS AP-42 Travel Policy.

Travel approvals shall be contingent on the accuracy and information contained in the travel forms and supporting documentation submitted, as attested by the approving supervisor. Travel requests should be routed to the supervisor along with the County Activity Record or similar documentation as specified above. The supervisor should review and approve travel by ensuring consistency between Sign-in/out sheets, County Activity Record, and travel vouchers. County Activity Record shall include specific addresses or clearly identified sites, such as "*County Youth Court* or *County Hospital*."

The supervisor may conduct periodic reviews by comparing the above-mentioned documentation to case narratives.

C. Requirements for Travel Approvals and Signatures

The immediate supervisor shall **match** the individual travel entries on the travel voucher (13.20.10) with the county Sign-In/Out sheet for the appropriate month, and shall ensure that each travel episode is documented by an entry on the County Activity Record consistent with the reason for travel. Any client-related/ training/ conference travel episodes shall be documented by the supervisor to have a corresponding narrative recording in the Mississippi Automated Child Welfare Information System (MACWIS) case file.

The immediate supervisor will verify that individual travel episodes contain the following:

- the documented reason for travel is clearly stated on the County Activity Record;
- the approximate distance of travel seems reasonable, and corresponds to the addresses documented on the County Activity Record;
- there is corresponding documentation in case narratives or administrative files (MACWIS or confirmations of community meetings or other administrative activities not case related);
- travel is consistent with job duties, assignments, and activities;
- when narratives indicate that clients are consistently not home, it is the supervisor's responsibility to discuss the issue with the worker;
- documentation on the Sign-In/Out sheets, County Activity Records, case narratives, and Travel vouchers is consistent;
- All requests for travel reimbursement must be submitted during the month immediately following the previous month's travel.

Travel should be approved and signed by each employee's immediate supervisor. Those who are listed as designees in the Succession Roster (*See* "*Administrative Roles- Ongoing Functions and Communication*") may sign in the absence of and with the approval of the incumbent supervisor. In any event, the succession of authority should be established through formal succession rosters or through other forms of confirmation as needed. For example, if a RD will be on leave and the person(s) named on the formal succession roster is (are) unavailable, the RD may designate someone to sign routine forms in their absence through a confirmation to the staff directly supervised by the RD and to the RD's immediate supervisor.

1. Special Travel Circumstances

When a travel reimbursement request by any employee exceeds one thousand dollars ($1,000.00), approval of such travel shall be contingent on the employee's routing to the immediate supervisor the County Activity Record and the Travel Voucher (*See* form 13.20.10) and any pre-approvals for non-routine (conference, special training, etc.) or out-of-state travel and all travel reimbursement requests over $1,000 must be sent to the RD and the Director of Field Operations for approval. County Activity records should be maintained in the county office and should not be mailed to the Director of Field Operations.

The worker's immediate supervisor shall forward all documentation to the second-level supervisor indicating that certifications above have been completed. If the second level supervisor is the RD he/she shall certify the accuracy and fidelity of the travel request. The RD's signature shall be required for approval of travel. If the RD is other than second level, the second level supervisor shall review and certify the accuracy and fidelity of the travel request by

initialing the travel voucher (13.20.10) before routing all required documentation to the RD for approval.

D. Case Record Files (MACWIS and Paper Files)

1. MACWIS

Case numbers are assigned by the MACWIS system. MACWIS provides DFCS with the means to input and maintain information regarding services to clients; electronically submit and document various approvals and screening processes; document home studies and maintain a directory of placement resources; track case plans and child placement histories, and process board payments to placement resources. All children and family records that can be entered into MACWIS must be entered.

DFCS personnel may access MACWIS case records with their personal MACWIS Identification and password. MACWIS is designed for authorized persons to have access (limited or full) based on their position, and MACWIS profile; not all screens are available to every DFCS employee.

2. Case Records

Each individual or family unit determined to be an applicant for service or be the subject of an abuse/neglect investigation may have a paper case folder, if necessary, for the filing of documents that cannot be entered in MACWIS.

Case records must contain sufficient and accurate information to identify the clients; support decisions about interventions or services; and document the delivery of services. DFCS shall maintain a case record for each individual client or family. Case records shall comply with all legal requirements. The case record shall include all information needed to properly serve clients, including, but not limited to the following:

a. Demographic and contact information;
b. the reason for requesting or being referred for services;
c. up-to-date assessments;
d. the service plan, including mutually developed goals and objectives;
e. copies of all signed consent forms;
f. all medical, dental, and mental health records, including, but not limited to, evaluations and written orders for medication;

g. a description of services provided directly or by referral;
h. routine documentation of ongoing services;
i. legal documents including guardianship, legal custody, birth/marriage certificates, court reports, legal directives (orders);
j. documentation of routine supervisory review;
k. discharge or aftercare plan;
l. recommendations for ongoing and/or future service needs;
m. referral of aftercare or follow-up responsibility, if needed; and
n. a closing summary entered within 30 days of termination of service.

The DFCS Worker must provide copies of the updated medical and educational records, as well as Medicaid cards, of said child to the placement provider at the time of each placement.

Progress notes on all cases including Investigation, Prevention/Protection and Placement cases must be entered into MACWIS within five (5) calendar days.

Service recipients may add a statement to their case records, and:

a. any response by personnel is added with the service recipient's knowledge; and
b. the service recipient is given the opportunity to review and comment on such additions.

At case closing, the case paper file records are reviewed and un-summarized notes, personal observations, and impressions are expunged. (*See also* Policy Section D XI.6 for more information regarding procedures for case closing).

X. CASE RECORD DESTRUCTION

The RD or designee will determine the schedule for case record destruction based on the regulations below. The destruction of case records involving children will be in compliance with Section 43-21-265 of the Youth Court Act. (*See* MISS. CODE ANN. § 43-21-265 "Destruction of Records")

When a record is destroyed, the master index shall be checked to see that all birthdates and all unique numbers of individuals and children are correctly entered upon it. The master index should then be marked: "Case Record Destroyed" and the date of destruction.

DFCS case records are divided into two groups to assist in the determination of case record destruction. The two groups are further divided between cases not involving DFCS custody and those where DFCS custody was involved. The client records are further identified by service type (direct services). In cases where more than one service type is involved, the service type requiring the longest retention period should prevail.

A. Group I - Non-DFCS Custody Related Cases:

Three (3) years after closure, case records involving the following service types may be completely destroyed:

- Case Management
- Investigations-unsubstantiated

Ten (10) years after closure, or when the youngest child reaches 21 years of age (whichever occurs last) the case records involving the following service types may be completely destroyed:

- Prevention of Abuse/Neglect of Children
- Protection Services - Child
- Protection Services - Adult
- Interstate Compact Services
- Investigations-substantiated

B. Group II – DFCS Custody Related Cases:

After the youngest child who was in custody reaches age 28, the case record involving the following service types may be completely destroyed.

- Ten (10) years after closure, foster home case records can be completely destroyed.
- When closed because of legal finalization, any case record involving adoption should be submitted in its entirety to the Adoption Unit in State Office. If more than one county record is involved, all should be submitted.

C. Detailed Procedure

Before any records may be destroyed the county must:

1. Secure a blanket order from the county youth court judge permitting destruction of the cases for the present and in the future in compliance with MDHS/DFCS policy and state law.
2. Forward a copy of the order to the Administration Unit for submittal to the Department of Archives and History.

Once the blanket order is obtained, and before the paper folder is destroyed, all medical records and mental health examinations must be removed and retained prior to destruction of the remainder of the record. After the file is destroyed, a written report of compliance must be filed with the youth court by the county office (*See* MISS. CODE ANN. § 43-21-265).

MISS. CODE ANN. 43-21-265. Destruction of Records

The youth court, in its discretion, may order the destruction of any records involving children except medical or mental health examinations as defined in section 43-21-253. This order shall be directed to all persons maintaining the records, shall order their physical destruction by an appropriate means specified by the youth court and shall require the persons to file with the youth court a written report of compliance with the order. No records, however, may be destroyed without the approval of the director of the Department of Archives and History.

When a record is destroyed that contains medical or mental health documents, these documents should be placed in a single pack folder with case name/child's name on the label and placed in locked file cabinet labeled "Medical/Mental Health documents from Closed Cases".

D. Client Access to Case Records

Service recipients or their designated legal representatives may access their case records, consistent with legal requirements. (*See* MISS. CODE ANN. § 43-21-261) The_identity of the reporter should be removed.

The following documents, which address case file access, shall be provided to clients, as appropriate.

- Notice of Parent/Guardian's Rights – Investigation
- Notice of Parent/Guardian's Rights – Prevention/Protection
- Notice of Parent/Guardian's Rights – Placement Cases
- Client's Grievance Procedure

Reviews of case records by service recipients shall be:

a. conducted in the presence of DFCS personnel on DFCS' premises; and
b. carried out in a manner that protects the confidentiality of family members and others whose information may be contained in the record.
c. Service recipients may be allowed to add a statement to their case record.

If DFCS determines that it would be harmful for a service recipient to review his/her case record, and if applicable law provides no guidance on case record access, then:

a. DFCS Division Director/ Designee shall review, approve in writing, and enter into the case record the reasons for refusal; and
b. procedures shall permit a mental health professional to review records on behalf of service recipients**, after securing an order from the Youth Court specifying the particular information to be disclosed**, and provided the professional signs a statement that the records are confidential and information determined to be harmful will be withheld and/or the names of reporters have been removed.

E. Case File Procedures

Each child in DFCS custody shall have a five (5) section (ten (10) sided) file folder.

Original documents (including documents that require signatures) shall also be filed in the regular two (2) section (four (4) sided) parent/guardian's case file.

All case files must contain required documents as discussed below in "Service Case Record". Additional documents are required for the case files of children in the custody of DFCS. These are outlined in the following material.

Most case entries and documentation will be found in the MACWIS file. Necessary items, such as documents requiring signature, correspondence, court orders, medical/psychological reports, and school records will be contained in the paper file.

1. Single Pack Case Folder

Material related to a one-time only emergency expenditure of funds or unsubstantiated investigations that contain medical/psychological reports or any other correspondence including Clients Rights and Responsibilities will be filed in a single-pack case record folder.

A completed unsubstantiated investigation is located in the MACWIS system and shall not be printed and filed in a file folder unless requested for a case review, etc.

Left Side:

- Intake information such as medicals completed during the investigation or Initial Safety Plans should be filed from bottom to top in chronological order.

Right Side:

- Signed copies of all Rights and Responsibilities forms and Safety Checklist. All other forms should be filed from bottom to top in chronological order. Any other document or form pertinent to the individual case but not listed above should also be filed on the right side.

2. Parent Case File Folder

All material should be attached in a twin-pack folder (two (2) sections, four (4) sided file folder) and arranged or filed uniformly in the case record in the order described below:

a. First Section:

Left Side: **Legal Material/ Investigation**

Material attached to the left side of the first section should be arranged as follows, from the bottom up, in chronological order (most recent documentation on top):

- Court orders
- Court social summaries
- Investigation Report
- Foster Care Review Reports
- Foster Care Review Invitations
- Copy of the signed Safety Plan
- Other legal documents

Right Side: **Agency Forms**

Material attached to the right side of the case folder, bottom up, in chronological order (most recent documentation on top), shall include:

- Comprehensive Family Assessment (CFA)
- Family Service Plans (FSP)
- Rights and Responsibilities
- Grievance Form
- Temporary Assistance for Needy Families (TANF) forms

b. Second Section

The following forms and documents shall be filed from the bottom up, in chronological order (most recent documentation on top) shall include:

Left Side: **Correspondence**

- Family Team Meeting Letters
- Confidentiality form for Family Team Meetings
- Any correspondence regarding the family

Right Side: **Miscellaneous**

Material pertaining to the entire family unit should be attached in the case record on the right side of the second section in chronological order and as applicable to each case.

- Any certificates of completion
- Medical records
- Mental health records
- School records for children

3. Foster Child's Case File Folder (five divider, ten sided)

a. *First Section*

Left side:

- Birth certificate
- Social Security card

- Medicaid/Insurance card
- Photographs
- Eligibility form

Right Side:

- Any necessary screen prints from MACWIS
- Comprehensive Family Assessment
- Family Service Plan
- Form MDHS-SS-459, Surrender of Parental Rights and Consent to Adoption to the Department of Human Services
- Form MDHS-SS-459A, Mother's Statement Naming Father of Child
- Form MDHS-SS-459B, Mother's Statement about Unknown Father
- A copy of the completed/signed TPR Checklist shall be filed in the case file.

b. Second Section

Left Side:

- Foster Care Review Invitation Letters
- Foster Care Review Reports
- Court orders
- Court reviews
- Correspondence with the court/ other legal papers
- Referral for Termination of Parental Rights or Request to Accept Voluntary Consent to Adoption
- Court/ Social summaries

Right Side:

- MSDH 913, Medical and Social History
- MSDH 914 and 915, Affidavits of Disclosure
- Background information on natural parents of child to be released for adoption
- Notification letter to persons being named in the Central Registry as perpetrator
- Durable Legal Custody Agreement

c. Third Section

Left Side:

- Child's medical record
- Obstetrical and newborn record
- Copies of all medical Information
- Psychological reports
- Dental records

Right Side:

- Application for SS/Disability
- Clients Rights and Responsibility (13 and younger)
- Clients Rights and Responsibility (14 and older)

d. Fourth Section

Left Side:

- Interstate Compact on the Placement of Children (ICPC) Application Request to Place Child
- ICPC Summary
- ICPC– Prospective Family

- Any other ICPC correspondence

Right Side:

- School Records
- Consent/ Authorization forms

e. Fifth Section

Left Side:

- Independent Living (IL) assessment (If applicable)
- IL progress report (If applicable)
- IL stipend request (If applicable)
- Transitional Living documents (If applicable)

Right Side:

- Miscellaneous documents/ other correspondence

4. Resource Home Case Record

When a resource inquiry is screened in and a home study created, an official resource family case file should be created. The original resource file will be kept in the possession of the Licensure ASWS, with a copy provided to the Licensure Specialist, if needed. The resource family case record should be filed in a twin pack folder.

If at any time additional documents are added to the resource family home study process or re-evaluation, these forms will be added to the application checklist and should be filed in the order of the checklist.

***a.* First Section**

***Left Side*:** Re-evaluation material should be attached to the left side of the folder and should be arranged in chronological order from top to bottom and should coincide with the order of the Resource License Re-Evaluation Checklist:

- Re-evaluation Checklist
- Home Environment Checklist
- Medical Update (Statement from physician only used in re-evaluation)
- Financial Statement and proof of income
- Verification of Pet Vaccination, if applicable
- Evacuation Plan, if changes are needed
- Disaster Preparedness Plan, if changes are needed
- MDHS Contract Form 457 (signed and dated)
- MDHS Affirmation of Corporal Punishment Form 457A (signed and dated)
- Confidentiality Agreement
- Family Resource Purchase Order Agreement
- Current Marriage, Divorce, and/or Death Certificates, if applicable
- Transportation Checklist with copy of auto insurance, driver's license and vehicle registration
- Criminal Background Checks
    - Central Registry check results
    - City Police background check results
    - Sheriff's Department background check results
    - Live Scan application, permission for background, fingerprints, and FBI results
- If the applicant had hits, a copy of the Justification Letter and approval from Regional Records Review Committee or Fingerprinting Unit
- In-Service Training Certificates or sign in sheets (Each parent must have 10 hours; 12 hours for Specialized homes)
- CPR Training or Certification Renewal Certificate (Certification is required if there is a swimming pool or body of water on the property)
- Re-evaluation Home study printed from MACWIS
- Resource Home Photos, if applicable

Annual re-evaluation documents should be filed in order of the re-evaluation checklist and separated by a tabbed divider labeled Re-evaluation/year.

Right Side: Material attached to the right side of the folder should be arranged in chronological order from top to bottom except:

- License Certificates
- Corrective Action Plans
- ANE Investigations (if applicable)
- Notice of Actions
- In-Service Training Invitations
- Other Resource Parent Re-evaluation Correspondence

a. Second Section

Left Side: Material attached to the left side of the folder should be arranged in chronological order, by section, from top to bottom:

- Correspondence between the resource family and the Resource Unit
- Invitations to Orientation and Pre-Service Trainings
- Waiver Requests, if applicable
- Expedited Resource Home Packet from COR Worker

Right Side: Material attached to the right side of the folder should be arranged in chronological order, by section, from top to bottom and should coincide with the order of the Resource Application Checklist:

- Checklist
- Application
- Family Resource Form
- Directions to the home
- Color photo of family
- Home Environment Checklist
- Medical Form 4404
- Financial Statement and proof of income
- Personal references

- Employer references and Employer Validation
- Verification of Pet Vaccination, if applicable
- Evacuation Plan/Disaster Preparedness Plan
- MDHS Contract Form 457 (signed and dated)
- MDHS Affirmation of Corporal Punishment Form 457A (signed and dated)
- Confidentiality Agreement
- Resource Family Purchase Order Agreement
- Contingency plan, if applicable
- Current marriage, divorce, and or death certificates
- Transportation checklist with copy of auto insurance, driver's license, and vehicle registration
- Criminal Background Checks (tabbed and labeled)
    - Central Registry check results
    - City Policy background check results
    - Sheriff's Department background check results
    - Live Scan application, permission for background, fingerprints, and FBI results
        - If the applicant had hits, a copy of the Justification Letter and approval from Regional Records Review Committee or Fingerprinting Unit
- Life stories
- MS PATH and Pre-Service Training Certificates or sign in sheets; including Blood-borne Pathogen, CPR/First Aid, Finance and Travel, and Car seat Safety
- CPR Certification, if applicable (Certification is required if there is a swimming pool or body of water on the property)
- Home study printed from MACWIS (tabbed and labeled)
- Resource Home Photos, if applicable

XI. COUNTY ADMINISTRATIVE PROCEDURES AND CONTROLS

County administrative procedures and controls are essential in order for DFCS to have a systematic method of controlling work flow, handling details, and assigning responsibilities to

staff. The administrative procedures should eliminate duplication, safeguard records, define responsibilities and make for an easier and smoother flow of work.

Procedures and controls should be consistent in all counties. This does not prohibit a county from establishing additional control methods and procedures. Most counties differ in some respects, but the controls and procedures described in this section are basic and must be followed by all counties.

A. County Administrative File

The county administrative file for DFCS consists of all material relating to administrative reports, personnel, policy and procedure, supplies, equipment and training, and necessary correspondence. Do not file case file material in the administrative file.

As administrative changes occur at the state level the content of the file may change; however, the information should be filed so that all counties are consistent in their filing procedures.

The material within the county administrative file is classified by subject. Relative documents are accumulated in logical categories defined by the organizational structure and type of operation. The following are given as examples, though not necessarily all inclusive.

- Budgets and Accounting
- CQI
- Data Services (MIS)
- Human Resources (Personnel and Training)
- Internal Audit (Program Integrity)
- Grievances (Client and Provider)
- Division Director
- Deputy Administrator
- Prevention Unit
- RD
- Resource/Placement Unit
- Administration Unit
- Protection Unit

B. Subject File System

The subject file system material is arranged alphabetically.

C. Classification of Material

For the purpose of setting up a schedule for the retention and destruction of material, the following classifications are established:

- *Permanent* - Material that is to be retained permanently or until authorization for destruction is received. Instructions for destruction of material will be issued by DFCS as authorized by the appropriate division or department within the state office.
- *Semi-permanent* - Material that is to be retained for three or five complete fiscal years.

For example: Material classified as inactive (superseded by new material or fiscal year ended) at end of SFY 07, (06-30-07) may be destroyed July 1, 2012, if it is five year semi-permanent material. Material may be destroyed earlier if so instructed.

- *Temporary* - Material that is to be retained for one full fiscal year. For example: Material during SFY 11 may be destroyed July 1, 2012.

The material retained in the county office should be filed in metal files with each file drawer clearly marked. However, if files are not available and it becomes necessary to file in boxes or other containers, material should be filed by fiscal year and boxes should be clearly labeled to show the material contained therein and the fiscal year to which the material applies and stored in a locked office/room.

D. Listing of Material by Classification

The following are listings of most material in county departments. For destruction of material not on these lists, clearance should be sought through regular DFCS administrative channels.

1. PERMANENT

Authorization signature for payment or certification, Bulletins and Memoranda

(Numbered);

Case Records

- Master cards
- Active DFCS case records
- Active Foster Care Home case records
- Inactive DFCS-case records that may have significance in rendering
- Further service to a child and/or his family, and inactive foster care home case
- Records (*See* CASE RECORD DESTRUCTION)
- Historical Reports
- Property Inventory Printout (Current)
- Active Personnel Records
- Civil Defense Plans (Current)
- Bank Signature Cards

2. SEMI-PERMANENT (5 Years)

- Fiscal journals and ledgers
- Bank statements and cancelled checks
- Monthly summaries
- Receipt book
- Facility Folders

Other

- Property Management Accountability forms
- Furniture and equipment disposition and change forms
- Special administrative or service account records unique to a county

3. SEMI-PERMANENT (3 Years)

- Administrative Reviews (State and Federal)
- Annual Reports (County and State)

- Audit Reports
- Burglary and Theft Reports
- FNS Disaster and Emergency Reports
- Special Programs (Local)
- Workers' Compensation Claims

4. <u>TEMPORARY</u> (1 year)

- Budget Information
- Non-Medicaid Travel Vouchers
- Purchase of Service (Contracts and Monitoring Reports)
- Statistical Reports
    - Monthly, Quarterly, Semi-Annual and Annual Reports
    - Time Studies
- Computer Printouts
- Complaint log
- Conferences
- County Activity Records
- Area Supervisory Reports
- Personnel Documents
    - Employee Time Record
    - Inactive Personnel Record
    - Insurance
    - Outside Employment Approval and Terminations
    - Recommendations for Personnel Action
    - Retirement
    - Staff Allocations and Interviews
    - Public Relations Information

- Requisitions (Forms and Supplies)
- Staff Development Minutes
- Volunteer Plans and Reports

a) Cross Referencing

A cross reference is an entry made on another form telling under what name, subject, or number the documents are filed and the location of like papers cards/records.

There are two types of cross reference forms:

- **Tabbed Cross Reference Form** - This is a permanent cross reference, used when the papers are filed in one place but reference may be made under other captions; for example: name changes, names of subsidiaries, etc. Crimson labels are used on this form.
- **Card Cross Reference** - This is a card index necessary where the amount of cross reference usually is heavy and a complete or cumulative cross reference must be kept on file. The card index to subject files is referred to as the relative index.

b) Filing

Check the labels carefully for the caption which corresponds to the coding on the label. File the papers in correct sequence in the folder and fastened in the folder at this time. Eliminate duplicates when filing.

c) Folder Labels

A folder label must include the complete caption that identifies the contents of the folder. The caption is typed in the order in which the words are considered in filing. Use no punctuation. In name captions use single-space only between indexing units.

Never abbreviate the first and second filing units. Use abbreviations for other filing units only when necessary. Develop and use standard abbreviations consistently. Crimson labels are used as visible cross references. When a file is set up using crimson labels, any other distinctive folder color should be selected for the cross reference labels.

The major subject is always typed in upper case (all capital letters) and the secondary and remaining subjects in upper and lower case. Name file labels are typed exactly as indexed for filing: surname, then given name, and initial. Index cards are typed identically to folder labels.

d) Miscellaneous File

All correspondence should be checked with the master index rile and the miscellaneous file. Correspondence relating to established case records (active or inactive) should be filed in the case folder.

All correspondence which does not refer to the established files should be filed by name of the person about whom the letter is written or by subject in alphabetical order using one 26-division set of A - Z guides with matching miscellaneous folders.

Material related to particular persons who are not major program applicants or recipients but may have applied for services may be filed in the miscellaneous file. No information relevant to an actual open case for any program should be placed in this file.

Individual folders should be set up by name when correspondence on any one person reaches five or more pieces of paper. Miscellaneous file material may be destroyed after three state fiscal years. A separate miscellaneous file should be maintained in each county DFCS office.

e) Case Record Folder Standards

Case records shall be set up and maintained on the basis of the following:

- **Individual folders:** To maintain the uniformity of filing arrangement with the transfer of records between counties and to allow for the use of the same folder in the county receiving the transfer, it is necessary to have a standard for individual folders.

The folders, including parent and child folders, are letter-size (8 ½ x 11), guide height with tabs all in center positions. Specifications of folder: Extra heavy 10 ½ to 11 ½ point brown stock with reinforced tab.

f) Labeling Active Cases

Active file folder labels are plain white and should be set up as follows:

- The first word on the label is the letter under which the folder is to be filed.
- It is typed and arranged just as the names are to be considered in filing. For example, Joseph M. Washington is. filed under Washington, and typed as follows with the number of children in the case in parenthesis.
    - WASHINGTON, JOSEPH M. – (# of children)

g) Labeling Foster Child's File Folder

When labeling a child's file folder, the parent/primary caretaker's name is typed first, followed by the child's name and date of birth.

- WASHINGTON, JOSEPH M.
  Moore, Sally (D.O.B. 9-10-04)

h) Labeling Inactive File Folders

To promote the withdrawal of records for destruction a gummed label or a removable signal shall be placed on the right back shoulder of the folder at the time the record becomes inactive. The inactive record may be placed in the inactive file.

The colors of the labels designate the year in which the records become inactive. The colors to be used for each year are as follows:

Colors	From	Through
Green	July 1, 2010	June 30, 2011
Yellow	July 1, 2011	June 30, 2012
Blue	July 1, 2012	June 30, 2013
Black	July 1, 2013	June 30, 2014
Brown	July 1, 2014	June 30, 2015
Orange	July 1, 2015	June 30, 2016
Green	July 1, 2016	June 30, 2017
Yellow	July 1, 2017	June 30, 2018
Blue	July 1, 2018	June 30, 2019
Black	July 1, 2019	June 30, 2020
Brown	July 1, 2020	June 30, 2021

Red Labels will be used to designate permanent file folders. If, at a later date, the permanent status of the file changes and the case has been closed, place a label on the case or destroy it based on when the case was closed.

i) Classification and Filing Case Folders

Case record folders should be filed in fire resistant file cabinets. Each ASWS or his designee shall determine the filing plan to be used by the county office.

Case records are to be filed alphabetically based on the filing plan developed by the ASWS/designee. The guidelines given below are to be used for all DFCS case records, including Resource:

DFCS Case Records (Including Resource):

1. Active case records - Active case records are those for individuals or families currently applying for or receiving services, or who have an open DFCS Resource Case Record.
2. Inactive case records - Inactive case records are those for individuals or families who have applied for or received services and the application was rejected or the case closed. Includes case records of unsubstantiated reports of neglect and or abuse, and rejected applications for or closed case records of DFCS Resources.

Work Files

A temporary work file should be set up to assist the Worker in gathering initial case information prior to transferring the information to an official file. The case record for an application or an investigation which has not been officially set up and on which a staff member is actively working may be filed in an individual Worker's "work files." Also, all files should be kept in alphabetical order and maintained in a locked file in a Worker's office.

Restricted Records

All case records of employees must be kept in a restricted file. DFCS RD or his designees may qualify other case records to be placed in the restricted file. In the case of permanent charge-out, a cross reference sheet shall be filed in the regular place of the record.

E. Issuing and Control of Case Records

It is imperative that strict control be maintained over all case records. The DFCS RD or his designee shall develop a plan to ensure control.

The place for all case records is in a locked file; under no circumstances is any case record to be left out of a file overnight. No record shall be removed from the county except as outlined in material on confidentiality set out in this section.

When a case record is removed from the file, active or inactive, a pocket guide will be inserted in place of the record in the file.

1. Case Record Charge Out Procedure for Closed Cases

A charge-out procedure for the issuance of records from the closed files is necessary to insure control of records, to prevent misplacement of records, and to keep informed at all times of the location of the records in the event the records are wanted by another user.

The staff member who requests a case record from the file is responsible for knowing the whereabouts of the case record. The staff member will request a case record from the staff member designated the responsibility for control and issuance of case records. The clerical staff member will remove the case record, and file the charge out card in the record's place in the file with documentation of the staff name and reason the file has been checked out.

The ASWS/designee is responsible for developing a procedure for issuance of case records. This procedure must insure that staff members retain case records only for the period of time that they are actively working on the case.

Deviations from these principles will be allowed when all active case files are located in the Worker's offices. All files whether active or inactive shall be located in locked filing cabinets.

2. Control of Case Record

The procedures to be followed in the filing, transfer, retainment, and classification of case records are outlined below.

3. Transfer Within the County

When a case is transferred from one Worker to another within the same county, the assigned Worker completes the transfer summary and any other necessary tasks in the MACWIS system, and routes it to the ASWS. The ASWS will review the case and reassign it to another direct services Worker.

4. Transfer Out of County

When a client who is receiving services (not court ordered) from DFCS moves from one county to another, the worker should ascertain the need for further services and if there is a need, the worker should write a transfer summary in the MACWIS system and the ASWS should notify the new county’s ASWS regarding the case status and transfer the MACWIS case to that county.

The paper case record material should be sent by first class mail to the county where the client has moved.

5. Resource Family Relocation

See Section F (Licensure)

6. Family Moves Out of State

See Section F (Licensure)

XII. CODE OF ETHICS FOR CHILD WELFARE PROFESSIONALS

A. Children and Parents' Natural Rights

Society values each child's natural right to have basic needs for survival and development met and each child's natural right to live with his/her parents. Society also values each parent's natural right to rear his/her child, but through its child welfare laws, defines certain situations in which the parent's rights can be limited so that the child can be protected.

Society delegates to the child welfare field and to those who become members of the field the authority to intervene in the lives of families with the goals of ensuring the safety of abused and neglected children, assisting parents in meeting minimum parenting standards, and planning alternative permanent care when parents are incapable of or unwilling to meet those standards.

B. Society's Representatives

Child welfare professionals are society's representatives in its attempts to meet the needs of abused and neglected children and their families. The authority delegated to them to intervene in the lives of families is accompanied by the responsibility to act in a professional manner. The Code of Ethics for Child Welfare Professionals is the public acknowledgment and acceptance of that responsibility.

It sets forth the values and ethical principles which form the foundation of the child welfare field and is intended to guide practice decisions both within DFCS and private agencies with which it contracts. It is also a statement of shared commitments held by professionals working to improve the child welfare field and our promise to our clients and to society that we are worthy of their trust.

(*See* http://www.socialworkers.org/pubs/code/default.asp).

C. Multiple Codes of Ethics Apply to Professionals

The national Association of Social Workers (NASW), the professional organization for social workers, has created a Code of Ethics for its members. This Code of Ethics is also used by agencies as a guide for ethical practice for child welfare professionals. This Code can be accessed at http://www.socialworkers.org/pubs/code/default.asp. The expectation for DFCS employees is to adhere to the NASW Code of Ethics in all dealings with clients, co-workers, and other professionals.

Licensed social workers are bound by professional standards in the Social Work Licensing Statues in Mississippi (MISS. Code ANN. 73-53-1) and the Rules and Regulations Regarding the Licensure of Social Workers and Marriage and Family Therapists – (http://www.swmft.ms.gov/swmft/web.nsf). Also, see MDHS AP-27 Code of Ethics.

D. Conflict of Interest

MDHS AP-23 "Conflict of Interest", pursuant to the policies and procedures promulgated by the Mississippi State Personnel Board, requires that state employees must avoid using, or appearing to use, an official position for personal gain, giving unjustified preferences, or losing sight of the need for efficient and impartial decision making in the state's operation. No act should be committed which could result in questioning the integrity of state government.

Employees must not use their official position to secure privileges or advantages for themselves; must not, in their official capacity, act in any matter in which they have personal interest that could in the least degree impair their objectivity; must not accept any gift or favor of a nature to imply any obligation that is inconsistent with the free and objective exercise of their professional responsibilities.

An employee shall not individually or through an interest in any corporation, organization, business, or other entity be a contractor, sub-contractor, or vendor with MDHS. Preferential treatment must not be given to any members, community partners, advisory groups, and consultants as well who apply for DFCS services.

Conflict of interest is addressed in several different places to ensure that employees are aware of all of the above information. See the following for comprehensive conflict of interest policy:

- MDHS AP-23, pages 1-4 of attachment
- MDHS AP-27 (Code of Ethics)
- MDHS AP-51 (Anti-Nepotism)
- MS State Employee Handbook, pages 5-6 of attachment

Mississippi State Personnel Board-Policy and Procedure Manual:
http://www.spbrez.ms.gov/SPB%20Documents/SPB/Policy%20Proc2010/MSPB_PPM_100110.PDF

Mississippi Department of Human Services-Sub-grant Manual:
http://www.mdhs.state.ms.us/dpi_subman.htm

E. Restriction of Staff in Handling Certain Cases

Due to the nature of DFCS cases, DFCS staff is restricted from handling certain cases. No member of the county staff, including the ASWS or Worker will be assigned an investigation or a service case when the service recipient is related to the staff member by marriage or by whole or half blood to the third degree.

No member of the county staff, including the ASWS or Worker will be allowed to take the application for licensing of a Relative Resource Home, to determine the eligibility, to conduct the home study, to be assigned the case, re-evaluate or participate in the decision-making process regarding the placement in or the removal of the children from the home. Even if the relative is within a lesser degree of relationship or the person is a close friend who has applied for services, the case must be assigned to another Worker.

When the situation arises that the ASWS is the staff person related to the recipient of services of Resource Parent, the RD or designee will act as the ASWS for that case. If the case is a Resource Home, the RD or designee will act as the ASWS for all aspects of the placement or removal of children in that home.

XIII. ANTI-RETALIATION POLICY

A “whistleblower” is an employee of a business or government agency, who reports alleged unethical behavior to people or organizations that have the power to correct the action. The misconduct is usually a violation of a law, rule, regulation, or a direct threat to public interest, such as: corruption, embezzlement, sexual harassment, or breach of confidentiality. Anti-retaliation policy is policy that protects employees being subjected to fear tactics as a result of reporting such misconduct.

In accordance with the MDHS Ethics Policy (AP-27), employees of DFCS should report alleged unethical behavior that could affect the integrity of DFCS. Any employee reporting unethical behavior shall have his/her identity kept confidential. No employee will be subjected to retaliation (i.e. being fired, demoted, or transferred, subject of demeaning communication; or “internal exile.”) due to his/her compliance with the MDHS Ethics Policy.

Reports of retaliation toward employees as a result of reporting ethics policy violation shall be fully investigated. If evidence of retaliation is found, the retaliating party will be subject to the Mississippi State Employee Handbook rules and regulations regarding disciplinary action. During the investigation of any report of employment-related retaliation against an employee, the supervisor receiving the report shall determine whether such allegation is baseless and include such determination in the written report.

If an employee feels that he/she has been subjected to retaliation due to reporting misconduct, he/she should notify the supervisor of retaliating party. If the employee does not receive resolution after reporting the retaliation to their supervisor, the employee should inform the next level of supervisor in command. The employee may continue to report the retaliation to each level of supervisor until the report reaches the Executive Director. The Executive Director's response to the report is final. The employee will need to keep a copy of detailed verification of submission of the report to each level of supervision. DFCS shall maintain the anonymity of any reporter of misconduct.

A. Steps for Reporting Retaliation

Step 1: Employee shall report the incident of retaliation to the retaliating party's supervisor, orally and in writing, within seven (7) days of becoming aware of the retaliation. The retaliating party's supervisor will have three (3) working days to answer the report in writing.

Step 2: If the matter is resolved by the employee's supervisor, no other action will be taken.

Step 3: If the employee's supervisor does not resolve the matter, the Worker may submit a written description of the retaliatory incident and the supervisor's response. The supervisor is required to give a written decision within three (3) working days.

Step 4: If the employee is not satisfied with the first supervisor's written decision, the employee may report the retaliation to the second level supervisor in command of the retaliatory incident within three (3) working days of receiving the written response.

Step 5: The second level supervisor is required to conduct an investigation of the conduct and to meet with the employee within three (3) working days of the report. The second level supervisor is required to give the employee a written response within three (3) working days of the meeting.

Step 6: If the matter is resolved by the second level supervisor, no other action will be taken.

Step 7: If the employee is not satisfied with the response from the second level supervisor, he/she should report the retaliation to the third level of supervision or designated representative in writing within three (3) working days of receiving the response from the second level supervisor. The third level supervisor is required to investigate the matter and to meet with the employee within three (3) working days of receiving the report. This supervisor is required to give a written response within three (3) working days of the meeting with the employee.

Step 8: If the matter is resolved by the third level of supervision, no other action will be taken.

NOTE: When there is no next level of supervision, the Executive Director or designated representative would be the next person to receive the report.

Step 9: If the employee is not satisfied with the response of the three (3) levels of supervisors, he/she may report the retaliation to the next level of supervision or designated representative within three (3) working days. The fourth supervisor is required to review the report and relevant information and meet with the employee within three (3) working days of the report. The Executive Director is required to present a final answer within ten (10) working days after the meeting.

Step 10: If the employee is a State service employee and not satisfied with the DFCS's final answer by the Executive Director, the employee may file an appeal with the Employees' Appeal Board.

XIV. FINANCIAL MANAGEMENT

A. Financial Management

DFCS strives to ensure that all financial practices achieve operational effectiveness, efficiency, accurate reliable financial reporting, and compliance with applicable laws and regulations.

B. Division of Family and Children's Financial Responsibilities

a. DFCS works in collaboration with the Division of Budgets and Accounting to propose an annual budget and any revisions to that budget,

b. reviews fiscal summaries at least quarterly to evaluate expenditures against revenues,

c. ensures that budget-to-actual variance analyses are performed after year end numbers are finalized,

d. reviews fiscal policy and the recommendations of the organization's auditors and
e. annually evaluates the executive directors management of the organization's fiscal affairs.

These responsibilities extend beyond the State Office and into the county financial responsibilities. These responsibilities include utilizing the county bookkeeping system through MACWIS and the County Clerical Handbook (*See* County Clerical Handbook). The only transactions to be processed through this system will be DFCS funds that are received and disbursed. The purpose of the clerical handbook is to provide clerical and management staff a guide for the county bookkeeping system. This guide includes bookkeeping, purchasing, and property procedures.

C. Internal Control Environment

DFCS will have an internal controls system that is responsible for the following:

a. reviews by the State Auditor's Office
b. management review by more than one individual
c. assurance that management directives are carried out
d. prevention of error, mismanagement, or fraud
e. safeguarding and verification of assets
f. segregation of duties to the extent possible

These responsibilities are included within the Internal Controls Plan and Assessment, which includes a written mission statement and a Code of Ethics. The mission is to "provide services for people in need by optimizing all available funds."

D. Financial Risk Assessment

DFCS will annually evaluate the organization's financial capacities, risks, and resources needed to provide services.

E. Stable Predictable Revenue

DFCS will pursue stable, predictable sources of revenue through diversification and balance in funding streams consistent with our mission, purpose, and programs.

- County Funds Adult
- County Funds Child
- Regional Funds
- State Funds

F. Financial Planning

Planning for the current fiscal cycle is organization-wide and involves all the necessary staff members.

1. an annual budget serves as a plan for managing DFCS's financial resources
2. the budget planning process includes participation of management and other relevant MDHS participants based on:
    - direct and indirect operating expenditures
    - contractual requirements
    - performance improvement data
    - changing costs and conditions
    - anticipated revenue for the program year
3. the executive director reports to the Legislature on the organization's finances including:
    - current financial status and any anticipated problems
    - financial planning and funding alternatives
4. financial information is routinely analyzed and the information includes:
    - a monthly analysis of financial performance against budget projection with budget-to-actual variance analyses performed on interim financial statements of activities
    - service revenues and actual service delivery costs
    - an annual inventory of significant assets
5. the organization conducts a cost analysis of its various services and can identify
    - the fixed and variable costs of each unit of service at each program and service delivery site
    - the average costs or charges of treatment for identified groups of consumers

- the contribution of services to the overall revenue base

6. the cost analysis is conducted at intervals established by the organization. The information is used to :
   - analyze operational effectiveness and efficiency
   - monitor trends, current experiences and changes in costs
   - contract
   - budget for the current fiscal cycle

G. Financial Planning for Children

The Worker should make a financial plan for each foster child at least every six months. If the child is placed outside the COR, the plan must be a joint venture by both counties. A financial plan is a document that reflects the needs of the child which require expenditure of funds. These funds may include but are not limited to, allowances, clothing, therapy, school needs, health needs, dental needs, uniforms, church trips, club dues, and etc.

H. Financial Assistance Requests

Request for financial assistance for DFCS employees, family members of DFCS employees or DFCS student interns must be routed through the supervisory chain of command by telephone or email to the Director of Field Operations or DFCS Division Director for final approval.

I. Financial Accountability

DFCS is accountable for the management of its finances to the Legislature, the community, and applicable regulatory bodies.

1. DFCS provides an annual report of fiscal, statistical, and service data that includes summary information regarding its financial position.
2. the Executive Director's office and other relevant divisions of MDHS
   - meets with the independent auditor to review the findings of the audit, accompanying financial information, and any accompanying management letter
   - reviews and formally accepts such reports by the date requested by the auditor
   - works in partnership with the executive director to promptly act on recommendations

J. Financial Management System

Positive financial outcomes are achieved through a financial management system that receives, disburses, and accounts for funds consistent with sound financial practices.

1. Annual financial statements are prepared in accordance with Generally Accepted Accounting Principles.
2. MDHS reporting system is capable of providing information that:
    - is useful in making business and economic decisions
    - is understandable and will aid in predicting future cash flows
    - includes data about the DFCS's economic resources, claims to those resources, and the effects of transactions, events, and circumstances that change resources and claims to resources
3. Accounting practices and procedures include:
    - prompt, accurate, and complete recording of revenues and expenses
    - an inclusive and descriptive chart of accounts
    - information on all funds, including source information and pertinent regulations
    - timely payment of financial obligations
    - policies for recognizing revenues and expenses
    - disbursement and receipt of monies
4. MDHS seeks to conserve its fiscal resources by:
    - taking advantage of tax exemptions, where applicable
    - maintaining sound practices regarding purchasing and inventory control
    - coordinating the purchase of goods or services among internal divisions
    - using competitive bidding, when applicable, according to governing body policy and law or regulation
5. Accounting records are kept up-to-date and balanced on a monthly basis, as demonstrated by:
    - reconciliation of the bank statements and subsidiary records to the general ledger within the MACWIS system
    - up-to-date posting of cash receipts and disbursements

- monthly updating of the general ledger
- review of the bank reconciliation by at least two personnel in the county office, one of whom is not involved in maintaining the accounting records

6. The organization uses the accrual method of accounting, at least at the end of the year.
7. Oversight and management of the organization's accounting system require:
    - a fiscal officer or clerk who is responsible for maintaining the financial accounts who has prior accounting and bookkeeping experience, and/or an accounting degree, C.P.A. credential, or other recognized accounting/financial certification as appropriate to the size and complexity of the organization
    - all personnel who use the system to receive initial and ongoing training on its use
    - a proper audit trail
    - secure access, controlled by user ID's, passwords, and permissible logon times
8. Where applicable, the organization makes timely payments to, or provides proof of exemption from , the following taxing authorities:
    - the Internal Revenue Service
    - state and local employment tax bodies
    - FICA
    - property tax assessors
9. MDHS assumes fiduciary responsibility for client funds, or disburses client or non-fee-for-service recipients:
    - segregates client funds
    - complies with applicable legislative, regulatory, judicial, and governmental requirements
10. MDHS provides services as a vendor and has established safeguards against over- and under-billing that include:
    - an accurate account of units of services provided
    - timely submission of invoices and required documents
    - compliance with applicable regulations
11. The network management entity:
    - has a process for verifying the accuracy of network services billed by subcontracting service providers

- maintains a formal mechanism through which subcontracting providers can appeal payment denials and that includes timely written notification of the resolution and an explanation of any further appeal, rights, or recourse

12. Contracted providers are informed in a timely manner if delays in payment of the network by the purchaser may result in delays in payment to providers

K. Department of Finance and Administration Policies

The DFA polices are documented in the Mississippi Agency Accounting Policies and Procedures (MAAPP) manual and can be accessed through the state website at www.ms.gov. The polices within the MAAPP manual have been developed to assist state agencies with the operation of the Statewide Automated Accounting System (SAAS) and other state accounting issues. Documented in the manual are fiscal policies, accounting principles, controls, operating procedures, and reporting requirements.

This manual assists management of state agencies by:

- Describing the methods for processing accounting information within and between state agencies;
- Documenting the state accounting process required so that the execution of the procedures is not completely dependent on an individual;
- Providing a training device and reference material for operating an supervising personnel;
- Providing a source of information to help eliminate uncertainties and confusion by spoken communications;
- Ensuring consistent applications of accounting policies and procedures;
- Describing the principles, procedures and forms to be used to generate statewide financial statements prepared in accordance with generally accepted accounting principles.

L. County Bookkeeping System

1. General Instructions

The County Bookkeeping System will be used in all counties handling DFCS Funds. The only payments to process through the system will be DFCS Funds received and dispersed. No other funds are to be processed through this account.

2. Funds Account

The County Bookkeeper will maintain two (2) separate bank accounts in MACWIS which is used to deposit and disperse funds. In the main account are the following ledger cards:

- County Funds Child
- County Funds Adult
- Designated Donations
- Undesignated Donations
- Child's own Funds-Child Support
- Child's Own Funds-Special

The second bank account is used for foster children who receive funds from the U.S Treasury (SSI & SSA) only.

This account will contain the following ledger cards for foster children:

- Child's own Funds-SSI (SSI, Railroad, Insurance)
- Child's Own Funds-SSA
- Child's Own Funds-Dedicated

If a child is placed in a Long Term Residential Treatment Facility, and a child receives SSA funds, the county office is to retain $44.00 of the child's funds and the remainder is to be sent directly to the Long Term Treatment Facility where the child is placed. If the SSA funds which the child receives are $44.00 or less, no funds are sent to the facility and the county office should retain all funds. If the child receives Child Support Funds the same applies. The county is to retain $44.00 of the child's funds and the remainder is to be sent directly to the Long Term Treatment Facility where the child is placed. If the Child Support Funds are $44.00 or less, no funds are sent to the facility and the county office should retain all funds.

If a foster child receives a lump sum payment or back payment Social Security requests that we set up a separate account for these funds. Follow instructions from the Social Security Administration for handling of these funds.

Bank Reconciliation

Both bank accounts shall be reconciled monthly by the DFCS Clerk/Bookkeeper or designated DFCS employee. The ASWS/designee shall review, approve and sign/date the bank account reconciliations (bank statements & MACWIS reconciliations). Bank statements and reconciliations should be signed by the DFCS Clerk/Bookkeeper or designated DFCS employee and the ASWS/designee and forwarded (Scanned or faxed) to the DFCS Budget and Financial Planning Unit by the 10th, no later than the 15th of the following month.

Note: The June bank statement must be received by the 10th of the following month with no exceptions.

Releasing SSI/SSA/Child Support Funds

When a child is released from the custody of DFCS and there are SSI/SSA funds remaining in a child's account, all funds are to be disbursed back to the Social Security Administration after all outstanding bills are paid. Under no circumstances shall the ASWS/worker release funds to a child or caretaker when there are SSI/SSA funds remaining in the child's account.

Foster children who leave the custody of DFCS and have funds remaining in their individual account(s) must have the funds returned after all outstanding bills are paid.

Excess funds remaining in Child's Own Funds-Child Support may be released to the child's legal guardian or caretaker after all outstanding bills are paid. If the child has been emancipated by the court, funds may be released to the child after all outstanding bills are paid.

Cash Receipts/Donations Log

All checks, direct deposits, cash, donations of goods must be logged in on the appropriate log daily. The ASWS/designee is required to review and approve both logs each month. The DFCS Clerk/Bookkeeper or designated DFCS employee and the ASWS/designee shall sign and date the approved cash receipt log and donation logs. Both logs shall be submitted monthly to the DFCS Budget and Financial Planning Unit along with the bank reconciliations.

Any donations (by cash, check or goods) received in the county office from churches, civic clubs, organizations or individuals should be issued a receipt by the bookkeeper or designee. All donations should be brought to the county office by the donor(s) and logged in the Donation Log. Checks for donations can be mailed to the county office. No DFCS worker (including Family Protection Workers, Family Protection Specialists, clerks, homemakers, ASWS and Regional Director should receive donations (cash, checks or goods) in the field.

Under no circumstances shall any DFCS employee receive donations (by cash, check, or goods) for personal use; all unused donated items shall be returned to the person or entity that the donations were received from.

3. Use of Funds Approval

A request for service funds will designate which funds are to be dispersed. A service request must be made by the COR Worker in MACWIS and approved by the assigned ASWS/designee. All service requests must be entered in MACWIS before goods/services are purchased and must contain a detailed justification of why services are needed entered in the text box of the service request screen. Approval by the ASWS/designee shall not be given without a detailed justification. All service requests should be made separately according to type of service and child/client. ASWS/designee shall not approve a service request that contains 2 or more services needed or a request that is for 2 or more children/clients.

4. Checks

A check must not be written until proper approval is given by the ASWS/designee in MACWIS. Checks for services from Regional and State Funds are not to be written and issued until reimbursements for those requests are deposited into the county's main operating bank account, unless, there are extenuating circumstances which are deemed an emergency by the ASWS and/or RD. The funds must be available in the main operating bank account. The only exceptions are:

- Payments to Treasury, State of Mississippi for overpayment of State/Regional funds as indicated on the check disbursement report; attach the check reimbursement report and/or any supporting documentation to the check.
- Payments to the Treasury, State of Mississippi, for reimbursement of board payments using the child's funds; attach the check reimbursement report and/or any supporting documentation to the check.

The above two payments do not require itemized receipts or hand receipts. The cancelled check will serve as the receipt.
Checks require two approved signatures consisting of the ASWS and worker(s) who are on the bank account signature card. Only the ASWS and Direct Service workers may be added to the bank account signature card. Bookkeepers/Clerks/Homemakers, RDs or other DFCS employees cannot sign checks or be on the bank account signature cards. Workers who are listed on the bank account signature card shall be removed immediately when they leave DFCS' employment.

Checks must be handwritten, not typed. Checks are not to be signed unless completely filled out with the date, vendor name, and amounts. A short description of the items/services purchased should be included on the memo line of the check. Workers/ASWS should never under any circumstances sign a blank check. Signed blank checks should never be kept in a county office.

If a check is outstanding for 6 months, the vendor shall be contacted. If there is no outstanding bill or amount owed, the check may be voided. A Stop Payment from the bank shall be ordered. The check shall be voided in MACWIS.

Clerks/Bookkeepers have three (3) days after supervisory approval to issue a check unless it involves an emergency situation.

NOTE: In no instance shall a check be issued to a DFCS employee. DFCS workers shall never endorse a check made payable to a foster child or client.

In no instance shall a check for services be written to a resource parent. They shall be written to vendors only; unless written approval is obtained from the DFCS Budget and Financial Planning Unit.

Confidentiality of checks

To maintain confidentiality of the service recipient/child, to the extent possible, checks should not identify the service recipient/child by name (this excludes checks written to the service recipient/child). The purchase order number and /or the case number/case member number can be used to cross match by notation on the lower left corner of the check.

Voiding Checks

The following steps must be taken to void a check:

- Obtain the approval of the ASWS to void the check
- Write VOID across the front of the check
- Cut out the signature line
- Forward a copy of the voided check to the DFCS Budget and Financial Planning Unit along with the signed copy of the bank account reconciliation; and
- File the voided check with the current bank statement

Deposits

All funds received at the MDHS/DFCS County office must be deposited into the appropriate bank account within twenty-four (24) hours of receipt. The ASWS or his/her designee must review and verify all deposits by initialing and dating the deposit slip.

Copies of all checks/money orders received in the county offices are to be made and attached to the appropriate deposit ticket.

All foster children that receive SSI/SSA benefits must be set up for Direct Deposit. It is the responsibility of the Direct Service worker to enroll the child for Direct Deposit.
Proper receipts are defined as follows:

An **itemized** receipt must contain all of the following:

- Vendor's name and address
- Date
- Purchase Order Number
- Itemized list of what was purchased with amount spent for each item
- Signature of person making the purchase
- Signature of the person receiving items purchased (client, foster child or Resource Parent)
- Name of child/client

A **hand receipt** must contain all of the following:

- Name and address of DFCS office
- Check number
- Check amount
- Name of person to whom check is made payable to
- Reason for payment
- Signature of person receiving the check and date received

Receipts are to be returned to the Bookkeeper within **10** days. It is the responsibility of the Direct Service Worker to return the proper receipts to the Bookkeeper in the allotted time.

M. Support Services

Support services are provided to foster children/clients with a variety of basic needs. They may be provided directly to the client either through DFCS staff, through the purchase of services from providers outside DFCS, or by services provided without cost by other agencies and community providers.

Support services are those services needed, in addition to the Worker direct service. Support services provided must relate to the need of the client as identified through the assessment and service planning process and needed to prevent removal from the home.

The broad categories of support services provided by DFCS are as follows:

1. Personal Needs
2. Medical Needs
3. Mental Health/Counseling
4. Independent Living
5. Referral Services

Note: Under no circumstances shall the vendor for support services be a resource parent, unless prior written approval is received from the DFCS Budget and Financial Planning Unit.

1. Personal Needs include the following services:

a. Initial Clothing

Initial clothing is a one-time only service when a child enters custody for the first time. If a child leaves custody and returns to custody, an initial clothing allowance cannot be issued again. If there are extenuating circumstances and a child re-enters custody and is in need of clothing, prior written approval must be obtained from the DFCS Budget and Financial Planning Unit before the service is entered.

Initial Clothing allowance Limits:

Age	Limit
0-2	$100.00
3-6	$140.00
7-12	$200.00
13 & Over	$240.00

An initial clothing allowance is not to be used when a child is moved from one placement to another. The above limits apply regardless of type of funds used.
Itemized receipts are required to be returned to the County Bookkeeper within 10 days for all initial clothing allowances issued.

b. Child clothing

Child clothing allowance can only be used for a child that is in a non-licensed placement that does not receive a board payment, a child that was previously in custody or a child that is placed in a Medicaid (Short or Long Term) Facility. The limit for a child clothing allowance is $80.00 regardless of using Regional, County Funds Child, Child's Own Funds, etc.

Itemized receipts are required to be returned to the County Bookkeeper within 10 days for all clothing allowances issued.

c. School Supplies

Foster parents receiving a board payment are responsible for providing school supplies for children placed in their homes based on school supply limits.

When the child is in a non-licensed placement that does not receive a board payment, school supply limits are based on the foster child's current grade level, regardless of using Regional Funds, County Funds Child, or Child's Own Funds, etc.

Kindergarten- 5th grade	$50.00
6th-8th Grade	$40.00
9th-12th Grade	$30.00

Itemized receipts are required to be returned to the County Bookkeeper within 10 days for all school supply allowances issued.

d. Housing, Rent, Utilities

Payment of rent and utilities (water, gas & electric bill), including deposit fees for rent or utilities. The exact service being requested must be specified in the service request text box in MACWIS along with a justification. This is a one-time service, however, if additional service is needed due to unusual circumstances written justification is required along with approval from Regional Director.

Itemized receipts are required to be returned to the County Bookkeeper within 10 days for all housing, rent, & utility checks issued.

e. Home Improvement

Purchase of items needed for the home include furniture, appliances, home repair, bedding, cleaning supplies and kitchen items.

Workers cannot purchase beds, cribs, furniture, mattresses for licensed Resource Homes in order to place a child in the home. If the home is licensed, they should have the necessary items for a child to be placed in the home. DFCS may be able to assist a non-licensed relative placement and/or prevention case in an emergency situation with a one-time service with the purchase of needed items or services.

Itemized receipts are required to be returned to the County bookkeeper within 10 days for all home improvement checks issued.

All furniture/bedding that is purchased by DFCS for a foster child is to be removed from the home at the time the child is removed from the home. This is a one-time service for an Unlicensed Relative Placement up to policy limits or a one-time service for prevention cases to prevent removal.

f. Food Needs

Age	Limit
0-1	$100.00 (If formula is needed)
2-5	$75.00
6 & Up	$100.00

The above limits are not per child, they are per household. In the event multiple children are placed in the home, written approval must be obtained for the appropriate amount from the RD.

Itemized receipts are required to be returned to the County Bookkeeper within 10 days for all food allowance checks issued.

g. Legal Documents

Purchase of legal documents such as birth certificates, death certificates or service of summons. Itemized receipts are required to be returned to the County Bookkeeper within 10 days for all legal document checks issued.

h. Personal Hygiene Needs

This is a one-time service used when a child is placed in custody or for a prevention case management service to prevent removal. Allowable items include:

- Toothpaste
- Toothbrush
- Soap
- Shampoo
- Hair brushes
- Combs
- Lotion
- Deodorant
- Feminine hygiene products
- Diapers
- Diaper wipes
- Shaving items

The limits on personal hygiene are based on age and are as follows:

Age	Limit
0-3	$75.00
4 & Up	$50.00

The above limits are per child.

Itemized receipts are required to be returned to the County Bookkeeper within 10 days for all personal hygiene allowances issued.

i. Other Unmet Personal Needs

- Car seat
- Luggage
- Diaper Bags, and
- Any other instances where there is no designated support service listed.

j. Transportation

Transportation is a one-time payment for bus tickets and gasoline, unless there are extenuating circumstances that may occur in working with parent/guardian to prevent removal or to reunify children with their families.

k. Special Allowances

Up to $100.00 per month, if needed, can be given to a foster child who has a special need that is not met with their board payment or monthly allowance. This is not an allowance that is given to a foster child every month regardless if they have their own funds or not. Written justification is required regarding what the special allowance is needed for and why it is needed.

If a foster child is using the special allowance for a trip, a hand receipt is all that is required, however, if a special allowance is given to purchase any other items, itemized receipts are required to be returned to the bookkeeper within 10 days. The check should be made payable to the vendor from which the items are being purchased.

l. Monthly Allowance

Under no circumstances shall counties give a foster child a monthly allowance as monthly allowances are included in board payments to resource homes and facilities.

In cases where the foster child is placed in an unlicensed placement or Medicaid facility DFCS shall be responsible for providing the monthly allowance to the child.

m. Birthday Allowance

Birthday allowances are based on the age of the foster child and are as follows:

0-2	$10.00
3-5	$15.00
6-12	$20.00
13 & Over	$25.00

The above limits apply regardless of whether you are using the Child's Own Funds, Regional Funds or County Funds Child. For a foster child under the age of 13 the check must be made payable to the Resource Parent and an itemized receipt returned to the bookkeeper within ten days.

For a foster child 13 and over the check should be made payable to the child and a hand receipt is required to be returned within 10 days to the bookkeeper.

n. Christmas Allowance

Christmas allowances are based on the age of the foster child and are as follows:

0-2	$30.00
3-5	$50.00
6-12	$70.00
13 & Over	$90.00

The above limits apply regardless of whether you are using the Child's Own Funds, Regional Funds or County Funds Child. Regional Funds can only be used if additional monies are allotted by State Office.

For a foster child under the age of 13 the check must be made payable to the Resource Parent and an itemized receipt returned to the bookkeeper within ten days.

For a foster child 13 and over the check should be made payable to the child and a hand receipt is required to be returned within 10 days to the bookkeeper.

2. Medical Needs include the following services:

- Initial medical – completed on all children entering custody
- Unmet needs for hospital, doctor, dentist, nurse, medical technician – when these needs are not paid by Medicaid or private insurance
- Private sitter
- Home health care
- Hospice care
- Maternity home care
- Therapeutic services
- Prescription glasses
- Prescription drugs/medication

- Hearing aids
- Immunizations
- Other unmet medical needs

Itemized receipts shall be returned to the County Bookkeeper within 10 days for all Medical needs.

Prior approval from State Office for the use of state funds is required before any medical services are rendered/ paid. Approval will only be granted for costs above what Medicaid will pay. Workers are responsible for ensuring that each child has Medicaid or private insurance, if applicable, at all times while in care.

3. Mental Health/Counseling includes the following services:

- Psychological evaluation
- Psychiatric evaluation
- Testing/therapy/treatment
- Individual counseling
- Family counseling
- Substance abuse counseling/treatment
- Other counseling services

The above services (Medical Needs and Mental Health Needs) can only be used when a child in custody is not eligible for Medicaid or for a child in custody who is receiving Medicaid and the cost of service exceeds what Medicaid will pay. They also can be used for a child during an investigation or a child in a protection/prevention case if he/she does not have Medicaid or private insurance.

4. Independent Living includes the following services:

a. Independent Living Stipends

The following stipends are available to youth who participate in the Independent Living Program and meet the requirements for each stipend:

- Pre-Assessment Stipend (Initial)

- Post-Assessment Stipend (Final)
- Life Skills Training Stipend
- Youth Retreat Stipend
- Newsletter Stipend
- High School Graduation Stipend
- GED or Certificate of Attendance Stipend
- College Graduation Stipend
- Youth Trainer Stipend

The above stipends require a hand receipt signed by the youth when the stipend is issued.

In addition, the following stipends are available to youth who participate in the Independent Living Program and meet the requirements for each stipend:

- Senior Year Stipend
- College Bound Stipend
- Start Up Stipend

The above stipends require itemized receipts. Also, the above stipends must be issued to the vendor(s). A reimbursement payment may be issued to an individual, including the youth, in the event a purchase was made and proof of payment was rendered.

b. ETV Stipends

- All ETV (Education and Training Voucher Program) monies disbursed require itemized receipts.
- Full time students may receive up to $5,000.00 per year.
- Part time students may receive up to $2,500.00 per year.
- Youth may receive a maximum of $750.00 for computer needs while they are enrolled in school.
- Youth may receive a maximum of $1,000.00 for transportation needs (insurance, repairs, maintenance) while they are enrolled in school.
- Youth may receive $150.00 per month toward off campus housing while enrolled in school.

- Youth may receive a monthly allowance of $150.00 while they are enrolled in school.

The above limits are subtracted from the youth's ETV monies of $5,000.00 or $2,500.00, not in addition to.

5. Informational and Referral services include:

- Housing/shelter
- Energy assistance
- Health/Education Services
- Treatment/Rehabilitation Services
- Legal Services
- Domestic Violence Shelters/Services
- Crisis Counseling
- Home Extension Services
- Civic/Church groups
- Veteran/Military Services
- Other referral services

N. Purchase Order

A Purchase Order must be used to authorize the purchase of all goods or services. A Purchase Order must be issued in MACWIS based on an approved expenditure by the ASWS or his/her designee. Purchase Orders must be signed by the ASWS or his/her designee, who approved the service and the Bookkeeper. Exceptions: Checks written to the Treasurer, State of Mississippi for board payments and 1412 over payments do not require a Purchase Order.

O. County Funds Adult

County Funds Adult are funds which may be appropriated by the County Board of Supervisors to the DFCS offices for allocation upon emergency situations to individuals and families in need. Examples of the use of such funds are emergency food needs, utility bills, medication and housing. Written justification in MACWIS is required and the funds are requested in MACWIS by the Worker for approval by the ASWS or his/her designated appointee.

* Not all counties receive funds from the County Board of Supervisors.

P. County Funds Child

County Funds Child are funds which may be appropriated by the County Board of Supervisors to the DFCS offices for child welfare services. County Funds Child may be used for a child or on behalf of a child to provide services to his/her family when the purpose is the protection and/or prevention of neglect or abuse of the child. County Funds Child may also be used for a child in DFCS custody. Written justification is required and the funds are requested in MACWIS by the Worker for approval by the ASWS or his/her designated appointee. County Funds Child must be used before Regional Funds, if available.

* Not all counties receive funds from the County Board of Supervisors.

Q. Designated Donations

Designated Donations are funds which are donated locally to DFCS offices by area churches, civic clubs or other organizations. These are donations that are designated to be used for a specific purpose as determined by the donor. Designated Donations cannot be rolled over from year to year and they must be used in a timely manner with the exception of amounts of $10.00 or less. They can only be used when the needs of a child are involved. Written justification is required and the funds are requested in MACWIS by the Worker for approval by the ASWS or his/her designated appointee.

R. Undesignated Donations

Undesignated Donations are funds which are donated locally to DFCS offices by area Churches, Civic Clubs, other organizations or individuals. These donations are not tagged for a specific purpose; however they can only be used when the needs of a child are involved. Written justification is required and the funds are requested in MACWIS by the Worker for approval by the ASWS or his/her designated appointee.

S. Child's Own Funds - SSI

Child's Own Funds SSI is Supplemental Security Income that a child in DFCS custody may receive. These funds are received when the child has been diagnosed with a mental or physical disability. These funds are used to repay the state for the child's board payment. The board payment must be paid from Child's Own Funds- SSI before any other expenses are paid. If funds are left over after the board payment is paid, this money is to be used for any other needs the child may have up to policy requirements/limits. There is a resource limit of $2,000.00 that a

child may have in his/her account. If the child's account goes over the resource limit, his/her Medicaid will be deactivated.

T. Child's Own Funds – Child Support

Child's Own Funds Child Support is income from a parent(s) that a child in DFCS custody may receive. These funds are used to repay the state for the child's board payment. The board payment must be paid from Child's Own Funds- Child Support before any other expenses are paid. If funds are left over after the board payment is paid, this money is to be used for any other needs the child may have up to policy requirements/limits. There is a resource limit of $10,000.00 that a child may have in his/her account. If the child's account goes over the resource limit, his/her Medicaid will be deactivated.

U. Child's Own Funds – SSA

Child's Own Funds Other is Social Security income that a child in DFCS custody may receive due to the death or disability of a parent(s). These funds are used to repay the state for the child's board payment. If funds are left over after the board payment is paid, this money is to be used for any other needs the child may have up to policy requirements/limits. The board payment must be paid from Child's Own Funds- SSA before any other expenses are paid. There is a resource limit of $10,000.00 that a child may have in his/her account. If the child's account goes over the resource limit, his/her Medicaid will be deactivated.

V. Regional Funds

Regional Funds are a combination of Federal and State matching funds budgeted annually and allotted on a quarterly basis. The funds are allocated to each local county based on caseload, availability of local funds and other pertinent factors. Expenditure of these funds are approved by the ASWS or his/her designated appointee.

Regional Funds may be used only for services to a child or on behalf of a child. Regional Funds may be used for the following:

- on behalf of a child to provide services to his/her family when the purpose is protection/prevention of neglect or abuse of the child. This includes mental health services for a parent/guardian to prevent removal of a child from their home;
- keeping the family intact and preventing out-of-home placement of the child; or
- in the provision of post-placement services.

When provided to or on behalf of a child not in DFCS custody the intent of the provision of the payment service is prevention of out-of-home placement of the child though removal may not be imminent.

Regional funds may not be used for any medical expense of a physical nature for any child. County Funds Child, Undesignated Donations, Child's Own Funds – SSI, Child Support, Child's Own Funds-Other may be used or State Funds may be requested for medical services of a physical nature if the medical service is considered an integral but subordinate part of the more comprehensive service such as Prevention, Protection or Placement. State Funds should only be requested if the medical service is not paid by Medicaid or the cost of the medical service is above what Medicaid has paid.

Regional Funds may be used for Mental Health services such as a psychological or psychiatric evaluation, testing or therapy/treatment for a child upon approval by the ASWS.

Regional Funds may be used only in conjunction with one of the following direct services:

- Protection Services/Child
- Prevention Services
- Placement Services

Written justification in MACWIS for the use of Regional Funds is required in case documentation. The funds are requested in MACWIS by the Worker and approved by the ASWS.

W. State Funds

State Funds are a combination of specific federal grants and state general funds, which may be requested to pay for services to meet the needs of foster children. These funds are budgeted annually and allotted on a quarterly basis.

These funds are requested by the Worker in MACWIS, approved by the ASWS and is electronically routed to State Office for approval by staff at the state office level prior to expenditure.

Listed below are some of the sources of State Funds and services which they provide. This listing does not preclude the funding of other services determined to be necessary to meet the needs of a client when that need cannot be met by other funding services.

- Unmet Medical Needs (Doctor)
- Unmet Medical Needs (Other)
- Unmet Medical Nurse
- Unmet Medical Technician
- Unmet Medical Dentist

Unmet Medical Needs (other) is for all other instances that are not listed above.

Covered under "Unmet Medical Needs" (medical only) purchase of an initial examination for a child entering foster care is considered automatic and does not require a prior approval if the cost does not exceed $50.00

If the initial examination for a child exceeds $50.00, it will be necessary to request prior approval in MACWIS for the expenditure of funds.

All other state payment services requests for children must be submitted by worker in MACWIS to the ASWS for approval and is routed electronically to State Office for approval by staff at the state office level prior to expenditure. No approvals will be granted for services already performed.

XV. HUMAN RESOURCES

The SPB governs the Human Resource management of the MDHS, as it does for all state agencies. All personnel processes and procedures shall be made in accordance with the Mississippi State Employee Handbook. This publication can be found on the SPB website: www.SPB.ms.gov.

This employee handbook shall be distributed to all new employees of DFCS as a part of the "New Hire Packet", along with other essential employment information and paperwork. When revisions are made to the Employee Handbook, all DFCS employees will receive a copy through

an email link to access the handbook online for review and printing. Each employee is responsible for being aware of and adhering to the personnel policies and procedures. Directors/Supervisors shall be responsible for knowing and following the rules outlined in the SPB Policy and Procedures Manual. In addition to the Mississippi State Employees Handbook, MDHS has outlined some of the SPB policies within the MDHS Administrative Policies.

DFCS has a personnel office within the division which is responsible for ensuring all personnel action requests are accurate prior to forwarding to MDHS Office of Human Resources for

processing. All Personnel Action requests should be routed to this unit. The employees in this branch office are under the supervision of the Director of the Office of Human Resources for human resource matters, and work cooperatively with the Office Directors in DFCS in a support capacity for other matters, (i.e. MACWIS Payroll Input and e-Leave coordination).

A. Work Environment

Policies related to the work environment of DFCS are found in the Mississippi State Employee Handbook at www.SPB.ms.gov . These policies include:

- prohibition of any unlawful discrimination against any person or category of persons;
- prohibition of any personnel from engaging in any form of harassment, as defined by federal and state law; and
- prohibition of preferential treatment and nepotism with regard to hiring, supervision, and promotion.

Please refer to the Handbook for a detailed discussion of these policies. Training on these polices is provided through the Division of Human Resources and is offered at several different locations throughout the year as scheduled on the HR training calendar. This training calendar is distributed to all employees via email quarterly. Employees wishing to attend one of the training sessions must register as instructed in the quarterly email.

B. Human Resources Planning

As a part of the annual strategic planning process, the program areas, field staff and the Workload Management System, in collaboration with DFCS Financial Services, are responsible for planning human resource needs. With this information, recommendations are made to the MDHS administration about DFCS human resource budgetary needs.

C. Recruitment and Selection

Job descriptions for all State positions are listed on the SPB website, and the selection criteria are outlined in the SPB Policies and Procedures Manual. Employees are notified of vacant positions within MDHS through In-House Promotional Opportunities memoranda which are e-mailed to all employees. At the request of the hiring supervisor, the available positions are posted on the State Personnel Board website as well as the MDHS website.

Much of the recruitment efforts outside the DFCS are aimed at the university schools of social work in the state. By working collaboratively with the schools, students are encouraged to

consider field placements in DFCS county offices. Often these students in field placement choose to make application for employment. Other recruitment efforts include, but are not limited to, ads in local newspapers in critical needs areas, job fairs and presentations to college classes.

In order to fill a vacant position at the county level, the hiring manager must follow the procedures outlined in the Human Resource section on the DFCS Connection website: http://dfcsmacweb/DFCSWEB/policy.htm.

1. Additional Information Required As A Condition of Employment

a) Background checks: All DFCS employees must be free from criminal or abuse history that could pose a safety risk to children. Applicants recommended for new hire, promotion or transfer to a DFCS position which involves contact with children will complete and sign a Permission For Background Check Form, which gives permission for a criminal background check as well as a Child Abuse Central Registry check and validation of driving records.

Also employees who may transport clients will be required to complete and sign a Permission For Background Check Form.

DFCS Personnel Unit will coordinate with the Division of Program Integrity for a national criminal background check and DFCS Child Abuse Central Registry for a registry check. *See* MDHS AP-46, for more specific information on performing criminal background checks and the collection of fingerprint images.

b) Driver's License, Automobile Liability Insurance License Plate/Tag and Driving Records Validation:

As a condition of employment, applicants are required to review and sign the Transportation Statement. (See Appendix B) Perspective and current direct service workers and supervisors who transport clients must have and maintain reliable transportation, as well as the following:

1. A current driver's license
2. Current Auto License Plate and Tag
3. Current automobile liability insurance
4. Car Seat Safety Training
5. Current driving record validation

The aforementioned items will be checked and validated annually during the employee's performance appraisal review. Failure to maintain either of these requirements will be cause for personnel action, including termination.

Upon receipt of the driving records, MDHS State Office staff will review them to ensure the applicant and/or the employee is not a high risk driver. If an applicant is determined to be a high risk driver, employment may not be offered. If employment is not offered as a result of driving records validation, the applicant will be notified pursuant to the Fair Credit Reporting Act.

If a current employee is determined to be a high risk driver, there will be cause for personnel action/recommendations.

DFCS defines a high risk driver as a person who has any of the following convictions, whether contested or not, within a 12 month period:

1. Three or more moving violations
2. Operating a vehicle while intoxicated
3. Hit and Run driving
4. Vehicular negligent injury
5. Reckless operation of a vehicle

c) References

All applicants are required to furnish 3 employment references which will be verified and their comments documented by the interviewer. These references, with comments will be submitted with the new hire paperwork and should be filed in the official personnel file with copies in the applicant's personnel file in the county.

D. Satisfaction and Retention

1. **Communication: Meetings, Information Sharing and Policy Development and Review**
2. **Monthly Meetings:** Directors/Supervisors at all levels shall ensure staff meetings are scheduled and held as often as necessary, but at least monthly, with applicable employees and entities to revisit DFCS's vision, mission, values and goals, explore challenges and to facilitate communication, information sharing and team building.
3. **Schedule and Agenda:** A schedule for monthly meetings shall be established so that employees are aware when meetings will be held and they can arrange their

schedules and appointments. A written notice and agenda shall be sent to participants prior to a scheduled meeting. Employees desiring specific topics to be discussed should submit suggestions prior to the meeting for planning the agenda.

4. Attendance:

a) Directors/Supervisors must ensure and encourage employee attendance and participation in the decision-making process through input at meetings as frequently as required for effective performance of their respective job duties.

b) Adequate time must be allowed for discussion of agenda items. A free exchange of ideas and opinions must be encouraged. Management must share departmental information at meetings to keep employees informed and aware of DFCS vision, mission, values and goals. After the meeting, attendees should be able to verify what decisions were made and what actions were taken.

c) The person taking minutes at the meeting will ensure that an attendees list is prepared and signed by all attendees or participants names recorded if attendance is by conference call. The attendees list will be filed along with the meeting minutes.

5. Distribution of Meeting Minutes:

a) All meeting minutes must be kept up-to-date and distributed in a timely manner as applicable and maintained on file. For purposes of cross-functionality and CQI, a request to review meeting minutes will be granted to employees and others that request to review. Meeting minutes will be filed and maintained on file for review for three (3) years.

b) Regional meeting minutes must be forwarded to the Director of Field Operations in the State Office. RDs may include county office meeting minutes with regional meeting minutes.

c) The Director of Field Operations/designee will be responsible for distributing regional/county meeting minutes to designated Office Directors/ Bureau Directors, Division Directors, and Deputy Director at regularly scheduled meetings to facilitate communication, and to enhance policy development, policy review and technical assistance.

6. Monthly Newsletter

DFCS Professional Development Unit (PDU) publishes a monthly newsletter which is posted on the DFCS Connection Website with information about training opportunities, new policies, special projects, new staff and spotlights staff in the field and their work with families and children.

7. **Staff Suggestions**

   DFCS employees are encouraged to make suggestions and recommendations for changes or improvements in all areas of the DFCS, and can do this via email: suggestions@mdhs.ms.gov. The suggestions submitted are presented and discussed at the state office senior management meetings monthly. The identities of the individuals making the suggestions are not revealed at the meetings to preserve their anonymity. Following the discussion, a response is emailed to the employee making the suggestions.

E. Employee Grievances

The State Personnel Board Employee Handbook as well as MDHS AP-11, outlines the procedure for the employee grievance process.

F. Compensation and Benefits

Compensation is tied to the SPB classifications of staff positions and is listed on the SPB website. Benefits available to state employees are negotiated by the State Personnel Board and the Department of Finance and Administration. Information about open enrollment periods for insurance products is communicated to employees by the Division of Human Resources.

G. Performance Appraisals

Every DFCS employee who is employed for twelve (12) continuous months must have a performance appraisal review (PAR) annually. New employees must have a PAR at six months and at the end of the first year. In addition, when supervisors leave or employees are promoted, reclassified, reallocated or transferred to another supervisor they must have a Close-Out PAR.

The current supervisor will complete the Close-Out PAR within ten (10) days of notification of the proposed personnel action and route it directly to the new supervisor. The new supervisor shall complete MDHS-DHR-219 “Request for Transfer” and route it along with the Close-Out PAR to the DFCS Personnel Unit. Detailed instructions for these procedures are outlined in MDHS AP-12.

H. Personnel Records

DFCS employees’ official personnel files are maintained in the MDHS Division of Human Resources. The supervisor of each employee also maintains a Supplemental Employee Performance Folder (SEPF). When an employee moves from one supervisor to another, the current supervisor will close out the employee’s SEPF and the new supervisor will set up a new

supplemental file. The employee may view his/her official personnel file at any time by contacting the Division of Human Resources to request an appointment.

XVI. CONTINUOUS QUALITY IMPROVEMENT

A. State Continuous Quality Improvement Plan

The Continuous Quality Improvement (CQI) Plan outlines and describes the implementation of the CQI process within the Mississippi DFCS (DFCS). The CQI Plan:

- Assigns responsibility for coordination/implementation of CQI activities, and provision of technical assistance in using the CQI process;
- Sets forth the purpose and scope of CQI activities;
- Establishes how the DFCS periodically reviews essential management and service delivery processes consistent in light of quality priorities;
- Defines stakeholders and how stakeholders will participate in the CQI process;
- Outlines methods and timeframes for monitoring and reporting activities; and
- Includes provision for an assessment of the utility of the CQI program, including any barriers and supports for implementation.

The primary purpose for engaging in CQI activities is to promote positive outcomes for the children and families served by the division by reinforcing the principles of family centered practice and assuring high quality of services. To achieve this goal, it is essential for the division to: 1) institute structured processes in order to examine, evaluate, and act on quality issues within our DFCS and (2) involve all division staff as well as families and stakeholders in these processes.

The CQI process is one that is thoroughly integrated into the DFCS's ongoing work and serves primarily as a means of reinforcing the practices that are currently being implemented in the state. CQI is viewed as a means of keeping the DFCS's mission and vision in clear focus for staff in the field and as a primary means of sustaining the improvements that we achieve in practice and outcomes over time. In order for it to serve that function, it must actually monitor for the practices that are put into place and provide sufficient feedback to staff to inform practice, decision making, and resource allocation.

Our CQI process is designed in accordance with the state's practice model, and thereby supports its implementation and sustainability. Six broad categories of activities in working with children

and families have been identified that comprise the essence of the practice model. They are as follow:

- Mobilizing Appropriate Services Timely
- Safety Assurance and Risk Management
- Involving Families and Children in Case Planning and Decision Making
- Strengths and Needs Assessments of Children and Families
- Preserving Connections and Relationships
- Individualized and Timely Case Planning

A monitoring process has been designed that is fully synchronized with our practice model and provides the DFCS with a thoroughly integrated and consistent way of serving children and families.

B. Characteristics of CQI

DFCS' CQI process includes the following characteristics:

- reinforces positive practice at the case level.
- provides analysis of findings at a high enough level to inform the ongoing development and maintenance of the practice model.
- evaluates the capacity of the system to support quality casework practice.
- CQI is an inclusive process.
- coordinates with other oversight and review processes and improvement efforts.
- focused on identifying strengths and needs of practice and supports making needed improvements.
- integrated into the ongoing work of staff in County Departments, rather than being regarded as a special or periodic effort.
- focuses on accountability and improvement.

C. Mississippi's Continuous Quality Improvement Structure

Mississippi's CQI structure includes the following components:

- State Office CQI Unit
- Local (county/regional) CQI processes
- State CQI Team (that is either the State level practice model implementation team or a sub-group thereof)
- Local CQI Teams (that are a sub-group of the regional practice model implementation teams)

Descriptions of the functions of each of these components are as follows:

1. DFCS State Office CQI Unit

The primary entity responsible for administering CQI functions statewide is the State CQI Office, which includes the following:

- Evaluation and Monitoring Unit (EMU);
- Foster Care Review Unit (FCR);
- MACWIS Unit;
- COA coordination activities;
- Court improvement activities.

The State Office CQI Unit maintains responsibility for coordinating CQI work statewide and specifically carries out the following responsibilities:

- Developing and updating the instruments and tools needed to carry out CQI responsibilities, such as review tools, procedures manual, sampling criteria, and data tools;
- Conduct regular CQI reviews of County Departments of Human Services;
- Provide training to participants on the CQI process, including State and local participants;
- Provide case-level feedback to county and regional staff on cases reviewed, and provide feedback to supervisors and administrators on county-wide performance, and to State-level staff and stakeholders on county, regional, and statewide performance;
- Analyze the findings of reviews, including qualitative and quantitative analyses, and compile results into periodic reports that identify the strengths and areas needing improvement identified in the reviews;

- Assist RDs in reviewing and approving county program improvement plans resulting from the reviews, and in determining if the goals and progress measures identified in the plans have been achieved;
- Ensuring that other oversight and monitoring functions within MDHS are coordinated and aligned; and,
- Conduct special studies as needed or requested to evaluate performance and outcomes in specific areas.

2. Local CQI Processes

In order for CQI to be integrated into the routine work within counties and regions, it is necessary to have more frequent CQI activity locally to supplement formal State CQI activities. MDHS is adopting a process of ongoing reviews in each county following the same basic protocols of State CQI reviews, and facilitated by the local CQI liaisons. In order to help ensure that county staff participate in the CQI process and are connected to improvement efforts within the county, county child welfare staff should serve on the Regional CQI committees.

The local CQI liaison and the local Foster Care Reviewer will co-facilitate quarterly CQI Committee meetings and the review process, which includes random case selection within each county. The emphasis is placed on using the committee to support staff in decision-making and offering constructive feedback on interventions, so as to help staff view the process as positive and helpful in improving practice. Direct and prompt feedback will be provided to Workers and supervisors whose cases are selected for review. CQI Committees will request status reports on how their recommendations have been addressed in the cases reviewed.

D. Stakeholders

DFCS and its staff interact on a daily basis with others in an effort to provide quality services to families. In order for the CQI process to truly reflect a complete picture of the service delivery system, the community partners and consumers must be involved.

Community Partners are individuals/entities with whom the division works in conjunction to provide holistic services to the populations we serve. Examples of community partners may include but are not limited to:

- Juvenile Court Representatives
- Foster Parents
- Tribes

- Service Recipients
- Residential or Counseling Service Providers
- Department of Mental Health
- Division of Economic Assistance
- Division of Youth Services
- Division of Child Support and Enforcement
- Guardians ad Litem
- Attorneys
- School Personnel
- Health Care Professionals
- Community or Child Advocates
- Law Enforcement

A strength of the Mississippi DFCS is its strong value for partnering with families and communities. The DFCS has worked diligently to develop partnerships with communities and to be accountable to our citizens through committees such as the Citizen's Review Board, the CJA Panel and the Mississippi Association of Child Caring Agencies.

DFCS is committed to openness, accountability, data driven decision making and working with our partners to improve services and outcomes for children and families. In Mississippi's CFSR PIP, many actions steps included partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, community partnerships and others. DFCS anticipates continued involvement with these entities.

Community partners are selected based on their ability to assist in the process of generating solutions. Participants are purposefully selected who are very familiar with the policy, procedures and practice of the division. This will help avoid spending a substantial amount of time orienting them to the DFCS.

Consumers (clients) are identified as adults and youth involved with DFCS. Their involvement begins at the same level as community partners. The selection of these participants is done very carefully with a goal of selecting individuals who have experience with and knowledge of DFCS. If necessary a staff person who knows the individual may serve as a coach to assist them in understanding their role.

Consumers may be either current or past clients. Youth are selected from the Independent Living Programs (ILP) to provide input through the Strategies for Assessing Independent Living Skills (SAILS) Committee.

E. Measures and Outcomes

The State CQI reviews consist of a review of information from multiple sources, including data reports that track individual performance indicators at the county, regional, and statewide levels, and an onsite review that includes case reviews of families served by the county/region, supplemented by interviews with key parties to each case. The onsite reviews also include interviews with stakeholders internal and external to MDHS in order to evaluate the systemic capacity of the county/region to support practice consistent with the practice model.

In order to be effective at improving outcomes for children and families, CQI monitors *quantitative information* that provides data on the status of identified indicators, such as numbers of children and families served in various ways, the time frames for critical activities and goal achievement, and the level of available resources. It also monitors *qualitative information* in order to provide information on how well children and families are served, how appropriate various interventions are, and how the values and principles underlying the practice model are integrated into casework practice.

F. Quantitative information

In using quantitative data to evaluate performance, the system needs the capacity to produce reports that reflect not only point-in-time data on the child welfare population, but also foster care entry cohort profiles. This information will be especially useful in evaluating the extent to which the implementation of the practice model is having the desired effects on outcomes.

The production and longitudinal analysis of foster care entry cohorts will provide a basis for determining if the outcomes and experiences of children newly entering foster care in counties that have implemented the practice model differ notably from the cohorts of children who entered foster care either prior to the practice model or in counties that have not yet implemented the model. These data help local implementation/CQI teams, administrators, and other staff and stakeholders evaluate their efforts over time relative to the practice model and use the information to make needed adjustments in strategies, resources, and so forth.

It is very important that the reports are produced for individual counties and for regions within the State, so that administrators and CQI liaisons may track performance over time and make informed decisions about resource development, program improvement efforts, technical assistance, and so forth. RDs and ASWSs have a prominent role in reviewing county and regional-level reports routinely, to address them in staff meetings, and with local CQI teams, in

order to evaluate performance, consistency of practice with the practice model, and monitor the resources needed for effective child welfare practice.

G. Qualitative Information

In combination with qualitative information, the CQI system reviews for the quality of interventions with children and families, the services they receive, and the adequacy of the systemic supports. The primary means of collecting and reviewing this information is through regular case reviews that sample families receiving in-home and foster care services, and through surveys with individuals that have first-hand knowledge of the issues under review.

An underlying value regarding qualitative information is that children and families served by the child welfare system should have a voice in how they are served. Although providing children and families with the opportunity to voice their concerns, strengths, needs, and preferences regarding services is very important, it does not imply that the DFCS abdicates its legal responsibilities to protect children and to carry out its legal responsibilities. It simply means that case planning and service delivery are often more effective when they are based on information provided directly by children and families. When the CQI process demonstrates the importance of family input into how they are served, it serves as reinforcement for including children and families in the actual practice of case planning and service delivery.

Case level information: CQI monitors for the effectiveness of casework practice at the individual case level. In order to be as accurate as possible in evaluating practice, reviews include information obtained from documented case files, but also from interviews with parents, children, foster caretakers, service providers, and Workers. Together, the information provides an accurate description of how well each of the six practice model components functions within the individual case. In addition to the information needed to evaluate conformity with the practice model, the review of individual cases also includes indicators that pertain to Federal or State requirements not specifically identified within the practice model.

Cases reviewed consist of in-home and foster care cases, of which includes open and closed cases. Although most of the requirements of the *Olivia Y* settlement agreement pertain specifically to foster care services, the practice model is intended to guide casework practice in both in-home and foster care cases. In order to promote application of the practice model across all cases, those cases monitored are selected randomly. The CQI unit has developed detailed sampling guidance that includes case selection criteria and the number of cases to be reviewed by type (14 foster care cases and 10 in home cases per region) for annual reviews and monthly case reviews (1 foster care case and 1 in-home case).

The Foster Care Review Unit has utilized the Periodic Administrative Determination as the case review instrument since 2005. Every child in foster care in all of Mississippi's 82 counties five

months or longer is reviewed with this instrument every five months. A comprehensive review of the MACWIS case record as well as the paper case file is completed with each review.

Additionally, a county conference is conducted in which the social worker, the social work supervisor, the parents, the resource parents, the foster child, the guardian ad litem, grandparents, and any other relevant case members are engaged to provide information related to the child's permanent and concurrent plan.

The Attorney General's Office provides a report of children who have been referred for termination of parental rights. The Permanency Unit provides a report of the children needing an adoptive placement. These reports provide evidence to support the case review findings.
The resulting report from these reviews is forwarded to the county of responsibility and the Regional Director within 15 days of the review for their follow-up. Part B of the Youth Court Hearing and Review Summary is completed in MACWIS by the Reviewer to document the comments made during the county conference and to assist in making findings on the mandated determinations of compliance with case planning, conduciveness/appropriateness/ restrictiveness of the child's placement, progress toward alleviating the causes that led to custody, and continuing need for custody as well as appropriateness of the child's permanent plan.

The Periodic Administrative Determination (PAD) has been automated in MACWIS. This allows the findings from the review to be stored directly in the electronic case file and enhances the county's and region's ability to follow up on case review findings.

The MACWIS Unit also maintains the Data Dashboard, which was implemented in December 2010 as a means for all DFCS employees to view, on the DFCS Connection website, quarterly regional and statewide findings to key data indicators tied to the Practice Model. The validated MACWIS reports produced during the *Olivia Y* Bridge Plan are presented in graph format and provide a vehicle for regions to examine their performance on these indicators and to see statewide performance quarterly.

MACWIS data dashboard reports and management reports are utilized during regional CQI Team meetings to identify trends related to casework on a county and regional level.

Systemic factors: In evaluating systemic performance, the CQI system gauges the capacity of the child welfare "system" to support interventions with children and families that are consistent with the practice model and to help them achieve positive outcomes. Among the systemic factors to be monitored are:

- Training of staff and providers
- Service array

- Placement resources
- Caseloads
- Oversight and monitoring
- Court processes
- Data Quality and Usage

In each county/regional onsite review, CQI reviewers will survey the appropriate stakeholders who have first-hand knowledge of these systemic areas, and review supporting documentation. For example, in evaluating the *service array* systemic factor, CQI will survey service providers, Workers, supervisors, and consumers to determine the extent to which needed services are in place, are readily accessible to children and families, and can be tailored to meet their individualized needs. Information derived from case reviews on the provision of services will be used to supplement information from the stakeholder surveys.

The resulting CQI reports of county/regional reviews identify the findings of case reviews and data reports as well as findings pertaining to systemic factors.

H. Reports and Feedback

Providing timely and useful feedback is essential in making use of CQI findings to gauge progress and make needed improvements. CQI reports and provides feedback at several levels, as follows:

- *Individual Worker feedback:* In order to make the CQI process as constructive as possible, CQI reviewers (from local CQI teams and State CQI reviewers) provide immediate feedback to Workers and supervisors whose cases are reviewed. Feedback can be verbal and should include an identification of strengths and areas of needed improvement in the review findings, and helpful recommendations about how practice might be improved. Where serious concerns emerge for child safety, permanency, or well-being emerge through reviews, each local CQI committee and State CQI should have a protocol for notifying responsible parties and requesting immediate action.

- *County/regional feedback on reviews:* Following State CQI reviews and at intervals in local CQI teams' review activities, verbal feedback should be provided to administrators that identifies strengths and areas of needed improvement in practice and systemic functioning. Administrators should be fully engaged in review activities and receive the benefits of immediate feedback in order to monitor performance and systemic capacity within the scope of their responsibilities.

- *County/regional reports of CQI reviews:* Written reports of State CQI reviews should be provided promptly to counties, RDs, State MDHS staff, county/regional implementation and CQI teams, and to the State implementation and CQI teams. The reports should describe the strengths and areas of needed improvement of practice and systemic capacity identified in the reviews, along with recommendations for making the needed improvements. Where responsibilities for making needed improvements lie with stakeholders outside of MDHS, those needs are to be clearly identified in the reports. At periodic intervals, local CQI committees also summarize the findings of their reviews for the same purposes.

- *State CQI report:* At least every six months, State CQI will issue a comprehensive report of its findings from reviews conducted during the preceding six-month period, along with the status of counties/regions in the State on performance indicators identified through data and other reports. These reports have a broad distribution within and outside MDHS, including the Department's administration and external stakeholders, particularly advisory groups and implementation teams at the State and local levels. The State CQI report should include information from sources other than CQI reviews that also evaluate performance, such as the findings of the Foster Care Reviews, Special Safety Reviews, data from serious incident reports, other State and Federal reviews/audits, and pertinent findings from the Court Monitor's reviews. A combined report of monitoring efforts across MDHS present a more comprehensive picture of the status of children and families served by the Department than only reporting on the findings of CQI reviews.

  A number of requirements included in the State CQI report are addressed by the FCR process and reports, and that information will be needed for the State CQI reports. Further, in order to address reporting requirements for other functions and processes not directly monitored by CQI, there should be coordination and information sharing with the MDHS units responsible for financial management (for information on expenditures of Federal funds), foster care licensure (for information on licensing issues and child safety while in foster care), and contracting (for information on contractors' compliance with settlement agreement provisions), all of which should be included in the State CQI reports.

- *Dashboard data reports:* The state has implemented "dashboard" data reports that provide current data on a number of selected performance indicators to staff and stakeholders on a quarterly basis. These reports permit frequent and updated tracking of outcomes for children and families statewide and locally more often than comprehensive CQI reports. The data indicators identified are relevant to the work of the staff in the field, e.g., the CFSR data indicators, and region-specific and comparable to statewide performance so that staff can easily see how their performance and outcomes compare to

the State's performance and outcomes. Using data in this can have some effect on the quality of data entered into the MACWIS system.

I. Special Safety Reviews

1. Purpose:

The Special Safety Review process is a CQI measure which addresses the safety of children in foster care who reside in resource homes or group care facilities. These reviews are not to be confused with special investigations or licensure investigations. The results of these reviews are used to guide further improvements to assure the safety, permanency, and well-being of children while in DFCS custody. The Reviews may result in recommendations and/or corrective action to be taken by DFCS staff and/or by resource home / group facility staff.

2. Procedure:

Group care facilities / resource homes currently providing care to children in DFCS custody are determined for review as a result of meeting one of the following criteria:

a) Resource homes or group care facilities having two or more reports of abuse/neglect by resource parents or facility staff members within the previous three year time frame, as designated by MACWIS report plus any cross-referencing for accuracy deemed necessary by the Director of Evaluation and Monitoring. Substantiated and unsubstantiated reports will be included. Reports of corporal punishment will be included.

b) By special request from a senior DFCS administrator to address safety concerns, on a case-by-case basis

A MACWIS case record review is conducted to obtain history of previous allegations of abuse/neglect, licensure status, and a listing of foster children currently residing in the facilities/resource homes. An unannounced, on-site visit is made by a licensed Worker employed by DFCS to identified facilities and resource homes where foster children and resource parents or facility staff are interviewed. Observations are made of the entire physical environment to assess the safety and well-being of foster children currently residing in the resource home or facility.

Findings of the reviews are entered into an In Care Maltreatment Review instrument, which addresses strengths, areas needing improvement, and recommendations of corrective actions for the facility/resource home and/or DFCS staff. The In Care Maltreatment Review reports are

submitted to the Director of Evaluation and Monitoring and to the Director of Family and Children's Services and Field Operations Director.

The information is then distributed to appropriate DFCS staff (applicable RDs, Independent Living Director, etc.) for implementing and monitoring corrective actions. Notifications of actions taken by DFCS staff or facility staff are forwarded to the Special Safety Reviewers, who then forward the information to the Director of Evaluation and Monitoring, the Director of Family and Children's Services, and the Director of Licensure, and keep track of dispositions. DFCS Director of Field Operations will be responsible for follow-up actions to be conducted by DFCS staff. The Director of Licensure will be responsible for corrective actions to be conducted by resource home or facility staff.

Any situation of imminent risk noted by Special Safety Reviewers will additionally be reported to centralized intake and/or to local DFCS staff, if it is a matter which requires a faster response than normal procedure described above.

Special Safety Reviews will be completed on cases scheduled for each quarter, with DFCS staff and facility staff being given 30 days from the date Special Safety Review results are reported to the DFCS Director and Licensure Director to address needs, complete corrective actions, and report back with actions taken as prescribed above.

XVII. RISK PREVENTION AND MANAGEMENT

A. Risk Management

Risk Management is a systematic process of evaluating and reducing potential risks that may befall personnel, clients, an organization, or a facility. Risk management activities are directed toward reducing an organization's legal and financial exposure, especially to lawsuits.

Individuals responsible for risk prevention and management functions shall be qualified by knowledge and experience to assess and manage risks, which include the Executive Director of MDHS, Deputy Executive Director of MDHS, and Internal Control Coordinator for MDHS.

DFCS shall be adequately insured under the umbrella of MDHS. The MDHS shall annually assess insurance needs, and obtain coverage that is commensurate with the scope and complexity of its services:

a. general liability;
b. Workers' compensation;

c. disability;
d. fire and theft;
e. medical;
f. indemnification
g. professional liability
h. officers' and directors' liability
i. automobile liability;
j. property and casualty;
k. malpractice; and
l. bonding or other forms of employee theft insurance, as appropriate, for all staff who sign checks, handle cash or contributions, or manage funds

DFCS provides, and assumes the cost of, legal assistance to personnel against whom claims are made related to lawful, authorized actions taken within the course and scope of their duties through the Attorney General's Office, Civil Litigation, depending on the act and through the Mississippi Tort Claims Board.

B. Monitoring and Evaluating Risk Prevention and Management at the State Office

MDHS Management shall conduct an internal assessment of overall risk at least annually, which includes:

a. compliance with legal requirements, including licensing and mandatory reporting laws, and fiscal accountability;
b. insurance and liability;
c. health and safety, including use of facilities;
d. contracting practices and compliance;
e. staff training regarding areas of risk;
f. volunteer roles and oversight;
g. research involving program participants and other clients' rights issues;
h. security of information, including client confidentiality;
i. financial risk;

j. fundraising;

k. conflicts of interest;

l. employment practices; and

m. inter-agency collaborations.

Risks shall be identified and brought to the attention of management through a weekly meeting of the MDHS Executive Director and Division Directors. Each Division Director is responsible for complying with any changes in legal or regulatory requirements.

The Legislative liaisons, the MDHS Executive Director, as well as persons designated by the Executive Director, shall attend legislative sessions and committee meetings to track Legislative bills which become law. Each Division Director is responsible for state and federal reporting requirements for their Division and such reports shall be reviewed by the MDHS Executive Director.

a. The office of the Executive Director of MDHS shall ensure compliance with legal requirements, including licensing and mandatory reporting laws and fiscal accountability.

    - Risks regarding fiscal accountability shall be assessed through the Office of Budgets and Accounting and Program Integrity.

b. Insurance and liability risks shall be assessed through the Division of Human Resources. Insurance is renewable annually and reviewed for adequacy prior to such renewal. MDHS is a Lessee of the property at 750 North State Street, Jackson, Mississippi. The Lessor is responsible for liability insurance.

c. Health and safety, including use of facilities, shall be managed through the Division of Human Resources as indicated below.

    - The building shall be inspected once a month for hazards, health and safety issues. Reports of hazards go to the Division of Human Services so the issues may be corrected.
    - Security officers are independent contractors on duty at the front entrances 24 hours a day and at the rear entrance/parking lots 7:00 a.m. to 6:00 p.m. Monday through Friday.
    - One maintenance employee is provided by MDHS and one is provided by the Lessor.
    - Identification badges shall be required for entrance into the building by employees. Visitors must report to the front entrance, sign in and pass through the metal detector.
    - Fire drills, tornado drills and severe weather drills shall be held twice a year.

- The Jackson Fire Department shall inspect the sprinkler and alarm systems annually.
- Weekly health tips shall be emailed to all MDHS employees. A Health Committee sponsors health fairs from time to time. Employee health insurance provides for wellness benefits annually when employee completes the survey of medical history.
- Food services are under an independent contractor and licensed by the Mississippi Health Department.
- MDHS does not fall under the Occupational Safety and Health Administration (OSHA) umbrella. However, MDHS works to insure the workplace is safe and has formal workplace safety programs (blood borne pathogens, first aid, etc.). MDHS does fall under the state tort/liability laws. As such, a state loss control manager inspects the workplaces periodically and makes recommendations for changes that make the workplace safer. These inspections follow OSHA guidelines.

d. Contracting practices and compliance shall be managed by the Mississippi State Personnel Board.

e. Agency risk assessment, analysis and training shall be conducted at the human resources, financial and auditing levels by other divisions within the department.

- MDHS has an agency-wide Drug and Alcohol Testing Program and Employee Assistance Program, the details of which may be found at MDHS AP-13 and AP-50. DFCS personnel shall receive training concerning these policies, which include topics such as addictive behavior, sociological and psychological maladies, family and workplace relationship dynamics, various coping mechanisms and the types of available treatment.

- Staff training regarding many areas of risk is offered by Human Resources, DFCS Professional Development Unit and outside medical professionals. Training opportunities shall be posted on the MDHS website.

- Training and preparation for emergencies and disasters shall be conducted annually. Agency personnel receive training in the National Incident Management System, which is exercised annually and placed into actual practice during hurricanes and other disasters. *See* Comprehensive Emergency Management Plan, Emergency Support Function #6, and other Annexes, Appendices and Attachments at http://www.msema.org.

f. Volunteer roles and oversight are managed through DFCS Protection Unit, and volunteers must meet the same criteria as staff regarding criminal background checks and Central Registry checks. Volunteers may not carry caseloads and must be supervised.

g. DFCS does not conduct research on clients as program participants. Further, any data collected regarding services provided to clients is reported in the aggregate without identifying information as to a specific client.

h. Financial risks shall be annually assessed by DFCS in conjunction with the Office of Budgets and Accounting to determine budgetary needs. DFCS must request necessary funding from the legislature for federal IV-B, IV-E, and grants;

i. Conflicts of interest risks are assessed as issues arise. MDHS AP-23 outlines instances of conflicts of interest which are prohibited, a few of which are listed below. Employees are prohibited from: 1) viewing cases in MACWIS for personal purposes; 2) prohibited from investigating cases or performing home studies for relatives or friends; 3) prohibited from using official position for personal gain; 4) prohibited from participation in certain outside activities. As different questions of conflict of interest arise, clearances shall be provided through the chain of command and as policy is revised or a memorandum is issued. *See* MDHS AP-23.

j. Employment practices are assessed as new issues arise in conjunction with the SPB. The Employee Handbook produced by the SPB outlines what employees need to know about their rights and responsibilities. The SPB approves applications of persons seeking employment. Termination and grievance procedures, as well as appeal procedures, are in place for employees and outlined in the Employee Handbook Interagency collaborations on risks occur weekly with the MDHS Executive Director and Division Directors.

- DFCS shall conduct a quarterly review of immediate and ongoing risks that includes a review of incidents, critical incidents, accidents, and grievances related to service modalities or other organizational practices that involve risk or limit freedom of choice; facility safety issues; situations where a person was determined to be a danger to him/herself or others; and serious injuries and deaths.
- Prior to the quarterly review, each County shall complete a Safety Checklist of risks observed and reported. RDs shall designate staff to complete the checklists and results shall be forwarded through the chain of command. The issues identified in the individual counties are analyzed to determine the percentage of the county offices in Mississippi having the same risks. Corrective action plans are developed and timeframes assigned for completing, eliminating, reducing risks or for contacting an agency with authority to make structural or safety improvements.
- Quarterly reviews shall be reported to the Risk Prevention and Management Workgroup (or other designated group) for distribution to persons or agencies for correction or reduction of the identified risk. The results of the quarterly reviews and corrective action

plans shall be assessed annually in May and a written report shall be prepared of the findings and decisions.

C. Serious Incident Reports

1. Child Fatalities and Near Fatalities

A DFCS Serious Incident Report (SIR) is used to report any fatality or "near fatality" that occurs involving a child in any open DFCS case (regardless of whether or not maltreatment is suspected). In addition, in situations of non-DFCS involvement where there is alleged maltreatment that results in a fatality or near fatality, a DFCS SIR is also required. A near fatality is defined by CAPTA as an act that, as certified by a physician, places the child in serious or critical condition.

DFCS SIRs are entered through the "online SIR" link on the DFCS Connection website (http://dfcsmacweb/DFCSWEB/index.htm). The SIR should be completed immediately upon receipt of the report of a child fatality or near fatality (from MCI or other source). The DFCS Regional Director is responsible for ensuring timely completion of the SIR. The online SIR form includes detailed instructions and protocol for its completion.

2. Other Serious Incidents

Reports of accidents or runaways* involving children in DFCS custody should be completed on the paper form in MDHS AP-45. (In the rare instance that an accident involving a child in custody results in a fatality or near fatality; both a DFCS online SIR and a MDHS AP-45 report should be completed.) Accidents involving staff and threats made against staff, property or others in the course of DFCS work should be reported pursuant to MDHS AP-45. After completion, the MDHS AP-45 report should be forwarded through the normal supervisory channels including the DFCS Regional Director, DFCS Director of Field Operations, DFCS Division Director, and DFCS Deputy Administrator either by electronic mail or facsimile.

*Runaways must also be reported to DFCS State Office following the protocol in Section D, (Protocol for Reporting Runaway/Missing Youth in Care).

3. Media Involvement

In cases of media coverage of alleged maltreatment (regardless of the severity of injuries) the following DFCS management should be notified by telephone or email: the Director of Field Operations, the Division Director, and the Deputy Administrator (This is in addition to the completion of any DFCS SIR or MDHS AP-45 report required by policy.)

D. MDHS Network and Mississippi Automated Child Welfare Information System

MDHS network, managed by the Management Information System (MIS), shall have sufficient capability to support DFCS's operations, planning, and evaluations**.** Once DFCS personnel have security clearances and network system access, they can access MACWIS statewide. MACWIS allows employees to review information based on their specific profile. Employees are assigned profiles during access setup based on their job title. This profile is requested by the employee's supervisor through the MACWIS Access Request Form included in the new hire packet.

This profile is requested by the employee's supervisor through the MACWIS Access Request Form included in the hire packet. Employees are required to complete Child Welfare Professional Development (CWPD) Training, which includes one and one half days of Introduction to MACWIS training. Once employees access MACWIS, an inquiry process allows them to see demographic records and case information, as well as enter new information and edit existing information.

DFCS shall maintain MACWIS appropriate to its size and complexity and that permits timely access to information about children and families, capturing, tracking, and reporting of financial, compliance, and other business information and that uses clear and consistent formats and methods of reporting and disseminating data. Staff shall have access to MACWIS via computer terminals located in county offices. MACWIS contains confidential information on individual and families for whom DFCS has responsibility, financial records related to these individuals and families, and similar records on resource homes and licensed facilities.

1. Accessing MACWIS from Home

Employees may access the Network/MACWIS system via their personal Home Computer or Laptop by following the Standard Operating Procedures (SOP) located on the DFCS Connection Web/Policy at http://dfcsmacweb/DFCSWEB/index.htm

2. Proxy

When there is a need for one person to complete tasks for another person in MACWIS, written authorization is requested. Authorization for a proxy is obtained by the assigned staff completing a Proxy Request form electronically located at http://dfcsmacweb/DFCSWEB/index.htm and submitting it for approval through the lines of supervision to the RD/designee. Specific duties for the Proxy are listed on the Proxy Request form along with the effective dates which shall not exceed ninety days.

The approved Proxy Request form is then forwarded electronically by the RD/designee to the MACWIS Help Desk to request MIS to set-up the proxy in the MACWIS system. The staff

who is the proxy must meet the minimum qualifications for the work they will be doing. The person who is proxy for an ASWS must meet the qualifications for ASWS and must have completed the 40 hours of supervisory training.

XVIII. REGULATIONS SAFEGUARDING CONFIDENTIAL INFORMATION

The *Social Security Act* requires that DFCS provide safeguards which restrict the use or disclosure of information concerning applicants and recipients of AFDC, Medicaid, child support or social services to purposes directly connected with the administration of the programs. These regulations also specify that information can be shared with programs administered under Titles IV-A, IV-B, IV-D, IV-E, XIX, XX, XVI and any federal or federally assisted program which provides assistance, in cash or in-kind, or services directly to individuals on the basis of need.
Subject to section 471(c), DFCS has safeguards restricting use of or disclosure of information concerning individuals assisted under the state plan to purposes directly connected with:

- the administration of the Title IV-E plan or any of the state plans or programs under Parts A, B or D of Title IV or under Titles I, V, X, XIV, XVI, XIX or XX, or the supplemental security income program under Title XVI; and
- any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any such plan or program; and
- the administration of any other federal or federally assisted program which provides assistance (in-cash or in-kind) or services directly to individuals on the basis of need; and
- any audit or similar activity conducted in connection with the administration of any such plan or program by any governmental agency authorized by law to conduct such audit or activity.

The safeguards provided prohibit the disclosure to any committee or legislative body (other than an agency referred to in section 471(a)(8)(D) with respect to an activity referred to in such clause) of any information which identifies by name or address any applicant for or recipient of assistance under Title IV-E of the *Act*.

DFCS shall have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the State, and to prevent any such information obtained pursuant to section 471(a)(20)(C) from being used for a purpose other than the conducting of background checks in foster and adoptive placement cases.

DFCS shall have in place safeguards which only allow the disclosure of information pursuant to 471(a)(34)(A) to the appropriate authorities with respect to children or youth identified in 471(a)(9)(C)(i)(I) of the Act who have been identified as being a sex trafficking victim and the

disclosure of information pursuant to 471(a)(35)(B) to appropriate authorities with respect to children identified in 471(a)(9)(C)(i)(I) of the ACT who are missing or abducted.

In the use of child welfare records in state court proceedings, section 471(a)(8) of the *Act* shall not be construed to limit the flexibility of a State in determining state policies relating to public access to court proceedings to determine child abuse and neglect or other court hearings held pursuant to Title IV-B or Title IV-E of the *Act*, except that such policies shall, at a minimum, ensure the safety and well-being of the child, parents, and family.

Electronic and printed information shall be protected against intentional and unintentional destruction or modification and unauthorized disclosure or use.

A. Confidentiality of Case Records of Children

Confidentiality of records involving children is established by State law in the Youth Court Act in MISS. CODE ANN. §§ 43-21-257, 43-21-259, 43-21-261 and 43-21-267. Excerpts of these sections pertinent to DFCS appear below.

MISS. CODE ANN. § 43-21-257. Agency Records

(1) Unless otherwise provided in this section, any record involving children, including valid and invalid complaints, and the contents thereof maintained by the Department of Human Services, or any other state agency, shall be kept confidential and shall not be disclosed except as provided in MISS. CODE ANN. § 43-21-261.

(2) The Department of Human Services shall maintain a state central registry on neglect and abuse cases containing (a) the name, address and age of each child, (b) the nature of the harm reported, (c) the name and address of the person responsible for the care of the child, and (d) the name and address of the substantiated perpetrator of the harm reported. The Department of Human Services shall adopt such rules and administrative procedures, especially those procedures to afford due process to individuals who have been named as substantiated perpetrators prior to the release of their name from the registry, as may be necessary to carry out this subsection. The central registry shall be confidential and shall not be open to public inspection. Any person who shall disclose or encourage the disclosure of any record involving children from the central registry without following the rules and administrative procedures of the department shall be subject to the penalty in MISS. CODE ANN. § 43-21-267. The Department of Human Services and its employees are hereby exempt from any civil liability as a result of any action taken pursuant to the compilation and/or release of information on the registry pursuant to this section and any other applicable section of this code. If an employee is determined to have willfully and maliciously performed such a violation, said employee shall not be exempt from civil liability in this regard.

MISS. CODE ANN. § 43-21-259.Confidentiality of Other Records Involving Children

All other records involving children and the contents thereof shall be kept confidential and shall not be disclosed except as provided in MISS. CODE ANN. § 43-21-261.

1. Child – Specific Information

The release of child-specific information will be limited to individuals, agencies, and organizations which demonstrate a "need and right to know" for the purpose of providing services to the child. These individuals, agencies, and organizations include:

- Placement Resources
- Educational providers
- Medical/Dental providers
- Mental Health providers

It is important to note that any person or entity provided access to child-specific information under this policy shall be required to maintain the information in accordance with state and federal laws and regulations regarding confidentiality. (MISS. CODE ANN. §§ 43-21-261 and 43-15-21).

2. Photographs and Interviews

DFCS workers shall maintain, in the appropriate case file, a current photograph of each foster child. Along with current photograph, a photo or written description of all distinguishing marks, tattoos or "any" other body modification shall also be maintained in their case file. Photos shall not be taken of child/youth's private areas by DFCS staff.

Current photographs of foster children may be released to law enforcement officials, the county or district attorney, the court and the National Center for Missing and Exploited Children (NCMEC) in order to protect the child from abuse, neglect or other harm.

All photographs including videos, media presentations, and publications of foster children are covered under the confidentiality law (MISS. CODE ANN. §§ 43-21-261and 43-15-21).

a) Photographs – Specific Confidentiality Information

- A foster child's face may not be shown, unless there has been a termination of the child's parent's rights (TPR).

- A general group setting is permissible, if all of the children's parent's rights have been terminated.
- A child may not be identified as a foster child, unless the situation involves a recognition or honor of the child, then only with approval of the DFCS Worker, the Worker's Area Social Worker Supervisor (ASWS), the natural parents if TPR has not been achieved and the Guardian *AD Litem* (GAL).

b) Interviews

- A foster child may not be interviewed nor any photographs of him/her published in the DFCS annual report, or any document or publication which would be used as a marketing tool.
- If the Worker agrees that the interview is in the best interest of the child, foster children, 14 years and older, may be interviewed with the written consent of the DFCS COR Worker and ASWS, the birth parents (if TPR has not been achieved) and the GAL.
- The interview must be coordinated with the DFCS Worker and one of the following people must be present during the interview: the Worker, Resource Parent(s), a representative of the private agency if applicable, and the GAL.

Disclosure of Records, Refer to MISS. CODE ANN. § 43-21-261

The Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) requires disclosure of certain information related to child fatalities and near fatalities which occurred as a result of abuse or neglect. A "near fatality" is defined under section 106 (b)(4)(A) as "an act that, as certified by a physician, places the child in serious or critical condition." There are requirements, limitations, and exceptions. This information should not be disclosed to the public at the county or regional level and should only be disclosed by State Office personnel through the Public Records Request process. Anyone requesting this information should be directed to Human Resources at MDHS State Office.

DFCS shall protect confidential and other sensitive information from theft, unauthorized use, damage, or destruction by:

a. limiting access to authorized personnel on a need-to-know basis;
b. backing up electronic data, with copies maintained off premises;
c. using firewalls, anti-virus and related software, and other appropriate safeguards; and

d. maintaining paper records in a secure location.

Security shall be ensured with individual identification numbers assigned to each user. Their sign-in number and password identifies their actions in the case records. Each user will be assigned a profile when their accounts are established. There are times that the user's account profile is changed. This change is documented in MACWIS.

a. Security and navigation are secure enough to deny unauthorized users access to the system. At the same time, the system is flexible enough to guide authorized users to the desired screens.
b. Mississippi Information System (MIS) Operations shall perform a daily partial back-up of data and on the weekend and full system back-up is done. Data shall be stored on tapes and kept offsite at the Information Technology Service (ITS).
c. The DFCS shall provide firewall protection for all the DFCS's computer systems. Symantec is used for the anti-virus software.
d. Documentation is kept in manual in a secure location.

Secure storage of paper records shall include: locked file cabinets; a locked file room with limited access or a gatekeeper system whereby one person or a few people can unlock the file storage area or access the files themselves; or a system using a keypad or keys where only authorized individuals are given the keypad code or copies of the keys. Agencies may also consider using fireproof cabinets; metal file cabinets; a sprinkler system; or not storing records in basements in areas that are prone to flooding.

Adoption records or a summary of all salient information included therein are maintained permanently, and records of children or youth are maintained until the age of majority or a few years beyond, depending on advice of counsel.

Confidential information, when electronically transmitted, shall be protected by safeguards in compliance with applicable legal requirements. The following statement shall appear on outgoing emails from DFCS:

Confidentiality Statement: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential, proprietary, and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from all computers.

MISS. CODE ANN. § 43-21-267. Penalty for Violation

Any person who shall disclose or encourage the disclosure of any records involving children or the contents thereof without the proper authorization under this chapter shall be guilty of a misdemeanor and punished, upon conviction, by a fine of not more than one thousand dollars ($1,000) or by imprisonment in the county jail of not more than one (1) year or by both such fine and imprisonment.

Nothing herein shall prevent the youth court from finding in civil contempt, as provided in Section 43-21-153, any person who shall disclose any records involving children or the contents thereof without the proper authorization under this chapter.

3. Nature of Information to Be Safeguarded

MISS. CODE ANN. § 43-21-261 prohibits any employee of the Department of Human Services, state or local, working in any capacity, from disclosing confidential information concerning any applicant or recipient of assistance or services, except in the administration of the programs as described under REGULATIONS SAFEGUARDING CONFIDENTIAL INFORMATION.

The information which shall be considered confidential and shall not be disclosed except in the administration of the laws under which the Agency works shall be:

- Names and addresses of applicants and recipients.
- Lists of applicants and recipients. List of applicants and recipients will on occasion be requested for commercial, personal or political use. Under no condition may a list of clients be disclosed to any person, agency or business organization except as described below.
- Case records, with each and every document included.

Employees shall not disclose information of a confidential nature even though a record of information has not been made.

4. Personnel Action

Disciplinary action will be taken against any DFCS employee violating the regulations pertaining to the safeguarding of information in accordance with the disciplinary policies and procedures of the Department of Human Services and/or the State Personnel Board.

If the representative of an agency or organization to whom information has been disclosed violates the regulations, the Executive Director of the MDHS, after conducting an investigation, will report the employee or representative to the head of the agency involved.

XIX. PERSONS AUTHORIZED TO DISCLOSE INFORMATION

Disclosure of all information, including records of every kind, shall be governed by these regulations as set out below, and the applicable section of the MS Code 43-21-261 and the Child Abuse Prevention and Treatment Act (CAPTA).

A. State Office

Requests for information from State office records shall be referred to the Director of Family and Children's Services for information on individuals or families who have requested services. The Director of Family and Children's Services will obtain information about the request and make a decision in accordance with the applicable section of the Youth Court Act.

B. County Office

Requests for information from local DFCS records shall be referred to the ASWS who will investigate the request and release the information in accordance with the applicable section of the MS Code 43-21-261 and the Child Abuse Prevention and Treatment Act (CAPTA), or deny the request if not in accord. Do not disseminate case record information without a youth court order.

C. Court Subpoenas

When a state or county staff member receives a subpoena for the child's record the Youth Court of the applicable jurisdiction must be contacted to authorize the release of the information. The Worker or the ASWS will also notify the Special Assistant Attorney General for DFCS regarding the receipt of the Subpoena. *See* discussion, Subpoena of Case Records.

D. Requests of Parents/Legal Guardian

The handling of requests by custodial or non-custodial legal parent(s) or legal guardian(s) regarding information from the case record is determined by the purpose of the request as stated below.

> If a custodial or non-custodial legal parent, legal guardian, or legal custodian requests information from the record in regard to an upcoming Youth Court hearing, Section 43-21-261(3) of the Youth Court Act indicates that "Upon request, the parent, guardian or custodian of the child who is the subject of a Youth Court cause . . . shall have the right to inspect any record, report, or investigation which is to be considered

by the Youth Court at a hearing, except that the identity of the reporter shall not be released, nor the name of any other person where the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of such person".

This information, usually a Worker's court summary, should be made available to a custodial or non-custodial legal parent, legal guardian or legal custodian in order for them to effectively prepare and participate in hearings involving their children and wards. A copy of the summary should be given to the parent/guardian with the name of the reporter(s) removed [redacted] along with any reference to the reporter's identity.

The court summary shall be made available to the youth court, Guardian Ad Litem (GAL) prior to the youth court hearing for the official youth court file. Future access to this information will be determined by the court.

In no case should the entire record be released, unless court ordered. (See Subpoena of Case Records.)

E. Disclosure to County or District Prosecuting Attorney and Law Enforcement

The County and District Prosecuting Attorneys and law enforcement shall have access to information from the case records as is stated in MISS. CODE ANN. § 43-21-353(4) as shown below.

"Reports made under subsection (1) of this section by the Department of Human Services to the law enforcement and to the district attorney's office shall include the following if known to the department":

a) The name and address of the child;

b) The name(s) and address(es) of the parent(s);

c) The name(s) and address(es) of the suspected perpetrator(s);

d) The names and addresses of all witnesses, including the reporting party if a material witness to the abuse;

e) A brief statement of the facts indicating that the child has been abused and any other information from the DFCS files or known to the Worker making the investigation,

including medical records or other records, which may assist law enforcement or the district attorney in investigating and/or prosecuting the case; and

f) What, if any, action is being taken by the Department of Human Services.

F. Subpoena of Case Records

When the court issues a subpoena to DFCS RD, ASWS or Worker to personally appear or produce a case record the employee must appear or be held in contempt of court. Follow these procedures:

1. The Worker receiving a subpoena of case records will immediately inform the ASWS, providing a copy of the subpoena for the forwarding to the Special Assistant Attorney General for DFCS.
2. The Worker shall not take the entire case record to court unless ordered to do so by the youth court judge.
3. If child abuse/neglect case records regarding children are involved, the permission of the youth court to disclose these records is necessary.

G. Summons

Immediately forward a copy of the summons and complaint, or any other legal pleadings, other than those to youth court, to the Special Assistant Attorney General for DFCS.

H. Disclosure to Legislative Officials

The federal regulations also provide for the disclosure of such information to a committee or legislative body (Federal, State or local) when such a body certifies that the information is needed in connection with their official duties with regard to the program and that the information will not be used for any other purpose. Refer to MISS. CODE ANN. § 43-21-261 and § 43-21-353 of the Youth Court Act (Supp. 1998).

I. Contracts and Service Agreements

DFCS shall enter into contracts and service agreements with due regard for practices that promote efficient use of resources.

Availability of contract funds is announced through a request for information (RFI)/request for proposals (RFP) or a formal bidding process, which includes, unless prohibited by law or regulation:

1. open, public solicitation of bids;
2. selection/award criteria; and
3. formal procedures for rating proposals, selecting contract providers, and awarding contract
4. DFCS shall follow the procedures stipulated in the MDHS Sub-grantee Manual and by the State Personnel Board-Personal Service Contract Procurement Regulations including competitive sealed bidding, competitive sealed proposals.

The following contain comprehensive guidelines regarding this policy and can be accessed at:

1. **Mississippi State Personnel Board-Policy and Procedure Manual:** http://www.spbrez.ms.gov/SPB%20Documents/SPB/Policy%20Proc2010/MSPB_PPM_100110.PDF
2. **Mississippi Department of Human Services-Sub-grant Manual:** http://www.mdhs.state.ms.us/dpi_subman.htm
3. **The pursuit of contracts for services is consistent with DFCS's mission and purpose, and DFCS:**

   a. shall establish a system of standardized contracting practices;
   b. conduct due diligence in contracting activities, including review of possible risks; and
   c. assign a qualified individual to oversee contracts.

DFCS shall contract for services in compliance with MDHS Administrative Policy, AP-1 for standardized contracting practices for Personal or Professional Services Contracts and the Sub-grantee Manual for sub-grants, and will use the standardized agreements for sub-grants and personal or professional services.

The MDHS Sub-grantee Manual provides guidelines which DFCS must follow regarding standardized contracting practices and oversight.

DFCS has a separate sub-unit solely for contracts and sub-grants within the Administrative/ Finance Unit. The Division Director of this unit shall be responsible for oversight of contracts.

4. **Written contracts must contain all significant terms and conditions in accordance with applicable law including, but not limited to the following:**
    a. roles and responsibilities of participating agencies;
    b. services to be provided;
    c. clearly defined performance goals;
    d. measurable outcomes;
    e. service authorization, including eligibility criteria;
    f. provisions for training and technical support, as necessary;
    g. duration of contract, including delineation of follow-up services;
    h. policies and procedures for sharing information;
    i. methods for resolving disputes;
    j. a plan and procedure for timely payment, and consequences for failure to pay;
    k. documentation necessary for, and means of reporting to, funding or oversight bodies and
    l. conditions for termination of the contract.

All contracts are reviewed by MDHS assigned legal counsel or another qualified individual prior to signing.

5. **Non-contractual service agreements include, as appropriate:**
    a. services exchanged or provided, and/or the goals and objectives of such collaborations;
    b. roles and responsibilities of each organization, including reporting responsibilities;
    c. procedures for sharing information;
    d. confidentiality protections, including signed written consent forms;
    e. assignment of case coordination responsibilities;
    f. service authorization procedures, including accepting or rejecting cases; and
    g. how to resolve communication difficulties.

J. Quality Monitoring of Purchased Services.

DFCS shall monitor and evaluate the quality of social and human services purchased from other provider organizations under the MDHS umbrella as follows:

The MDHS is required to monitor the activities of its sub-grantees by following the Single Audit Act Amendments of 1996, the Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and the OMB Circular A-133 Compliance Supplement. MDHS must monitor each project, program, sub-grant, function, or activity supported by the Fede3ral award to assure compliance with applicable Federal regulations and that performance goals are achieved.

1. **Contractors who provide human or social services must:**
   a. have sufficient human and financial resources to fulfill the terms of the contract; and
   b. be licensed or otherwise legally authorized to provide the contracted services.

2. **Contracts for DFCS shall include:**
   a. service quality, client satisfaction, and outcomes that accord with DFCS's expectations;
   b. criteria for evaluating vendor performance; and
   c. protocols for routine communication of related data.

DFCS shall routinely monitor contractor progress toward fulfilling the terms of the contract as outlined in the Sub-grantee Manual. The Office Directors of the direct services programs, Office Director for Field Operations and Office Director of Monitoring and Evaluation shall coordinate routine and ongoing assessments of the quality and effectiveness of direct services provided through contractors.

In addition, the Division of Program Integrity of MDHS monitors the programmatic, as well as the fiscal portion, when conducting reviews with sub-grantees. Criteria for performance are based on programmatic worksheet(s) submitted by each sub-grantee specific to the Scope of Service within the sub-grant agreement. DFCS shall re-evaluate the information provided by the sub-grantee(s) on the programmatic worksheets to determine that the Scope of Services for each program is met.

3. **When areas of concern are identified, DFCS shall:**
   a. develop an improvement plan in conjunction with the contractor; and

b. ensure contractor follow-up and remediation

4. **Improvement plans for contracts for DFCS is discussed in the Sub-grantee Manual as follows:**

The Initial Report of Findings and Recommendations that is forwarded to the sub-grantee and to the MDHS funding division will require a written response from the sub-grantee within fifteen working days. Upon receipt of the response from the sub-grantee, the Director of the Bureau of Audit and Evaluation and other appropriate staff will assess each response for adequacy.

If all responses are adequate, the response will be accepted by a letter to the sub-grantee clearing all findings. If any responses do not adequately address the findings, the sub-grantee will be notified in writing by the issuance of a Status Report, which will require a second response from the sub-grantee within ten working days.

If the sub-grantee fails to satisfactorily resolve all of the monitoring findings, the Bureau of Audit and Evaluation will issue a Final Notice Letter to the sub-grantee demanding that the sub-grantee refund the amount of questioned costs and advising the sub-grantee of the procedures to follow if they wish to request an administrative hearing with the MSHS Executive Director.

If the sub-grantee does not respond to the Final Notice Letter, the sub-grantee will be referred to the State of Mississippi Office of the Attorney General to recover the unresolved questioned costs, and, the MDHS will begin procedures for debarment and suspension against the sub-grantee organization and the sub-grantee authorized official.

K. Health and Safety of Service Environments

DFCS is committed to providing healthy and safe administrative and service environments and ensuring the health and safety of its personnel and service recipients.

MISS. CODE ANN. § 29-5-161 (2007) prohibits smoking in any government building, including all MDHS and/or DFCS buildings. All DFCS offices must have and maintain "NO SMOKING" signs posted. Each county office must have an area that is designated for smoking separate from administrative and service areas.
For additional information, please see **DFCS Safety and Security Guide** at:
http://dfcsmacweb/DFCSWEB/.

Although DFCS offices are not owned, rented, or leased by DFCS, DFCS employees should do everything possible to ensure that the service environment promotes the health and safety of employees and service recipients. DFCS Facility Walkthrough Checklist must be completed on a monthly basis for each county office by DFCS employees.

An ASWS will be designated in each county location to ensure that ongoing facility inspections are documented and communicated through normal administrative channels. Any deficits found during these regular inspections as well as any preventive maintenance that needs to be done should be discussed with the Division of Economic Assistance's County Director or other MDHS designee who is responsible for the physical plant.

Window guards, security systems, alarms, and keypads shall be installed in counties where a need has been identified. Should ongoing facility inspections reveal the need for full time security guards; the ASWS will communicate this need through administrative channels. Fire drills shall also be conducted annually to ensure preparedness for a fire emergency.

In the event of an emergency maintenance issue that is not life threatening, DFCS staff shall notify the Economic Assistance County Director or designee, who then handles contacting the appropriate county officials in order to have the issue corrected.

All employees are to consider the environmental impact of their daily operations. When possible, employees shall use environmentally friendly products and reduce waste and energy consumption.

Although most decisions in planning for new buildings is outside of the DFCS's control, DFCS employees should consider the accessibility, availability, and affordability of public transportation; location of other relevant community resources; and the special needs of service recipients and communicate them clearly to those responsible for planning for a new county office.

L. Health and Safety of Employees and Service Recipients

DFCS will issue and update, as needed, safety and security guides for staff. DFCS employees should refer to DFCS Safety and Security Guide on http://dfcsmacweb/DFCSWEB/ for details related to safety and security in the workplace. This Guide serves as a comprehensive tool for safety regarding staff, service recipients, and volunteers.

Each direct services staff member will be provided a cell phone in order to communicate when working off-site. Direct service staff will be provided safety training in the CWPD and the Non-Violent Crisis Intervention training. Direct service workers will be required to complete the CWPD training before carrying a caseload of any type.

DFCS has consulted with the Mississippi State Department of Health regarding blood and airborne pathogen exposure for employees. A video training program is required of all employees. The program has been incorporated into CWPD, to ensure all new direct service staff view the film prior to assuming a caseload and each existing employee will be required to view the DVD annually as a part of ongoing training. Although the program is designed for individuals who work with children, it also covers general universal precautions, blood and air borne pathogens, and exposure control.

The risk of exposure to contagious and infectious disease is also covered in the Safety and Security Guide.

Based on epidemiological data analysis from the CDC, direct service staff are not considered to be members of a "high risk" group for Tuberculosis (TB). The vast majority of our service population is not defined as "high risk"; therefore, a mandatory skin testing program for staff will not be implemented. TB testing and Hepatitis B vaccinations are included in MDHS Insurance Wellness benefit and are available for all employees.

Prior to being employed, all prospective employees undergo fingerprinting and background checks which should indicate if a Worker has a felonious driving offense on their record.

Upon commencing employment with DFCS, all employees who may possibly have occasion to transport service recipients will sign the Statement Regarding Transportation when they complete their new hire packet with their supervisor within their first five days of employment. Additionally, when their personnel file is set up within their first thirty days of employment, and they sign their initial duties and standards packet, the Transportation Checklist tracking form will be completed by the Worker's immediate supervisor and filed in the personnel file. For existing employees, the Transportation Checklist tracking form will be reviewed as a part of their Annual Performance Appraisal.

MDHS AP-9, addresses policy for MDHS owned vehicles. Service recipients are not transported in DFCS owned vehicles.

DFCS Worker Safety Guide includes information and instruction for emergency situations and hazardous conditions. Every Worker shall have access to a telephone, either cellular or land based, and should call 911 in a life threatening emergency.

M. Americans with Disabilities

"The Executive Director of MDHS approves and determines all employee requests for reasonable workplace accommodations under the provisions of the Americans with Disabilities Act (ADA). The laws applicable to compliance with the ADA are complex and they interact with other federal and/or state laws. The MDHS has a single point of contact for case resolution, the Division of Human Resources. This serves to ensure continuity, equity and access to legal counsel in the decision making process." (*See* MDHS AP-44)

N. Emergency Response

MDHS Division of Economic Assistance (EA) is the division that is charged with the responsibility of coordinating with all federal, state, and local authorities and emergency responders in the case of a disaster. They have developed the MDHS *Disaster Operations Plan.* DFCS has developed the *Disaster Preparedness Plan* which addresses the evacuation, relocating, and accounting for the location of staff and service recipients. Each county office shall retain a form with pertinent information on all foster children and resource parents/facility regarding placement information and address, contact information which shall be kept in the county office and state office in the permanency unit. Emergency situations which would involve the threat of harm or violence or actual harm or violence are addressed in the Safety Handbook, which includes procedures for numerous situations which may arise.

The MDHS *Continuity of Operations Plan* (COOP) addresses alternate facility operations in the event of a disaster. Both the Family and Children's Services *Disaster Plan,* and the COOP outline procedures for communication with senior management, personnel, service recipients, the public and the media.

For additional information regarding the Emergency Response Plan, please refer to the MDHS Disaster Operations Plan, DFCS Disaster Preparedness Plan, and the MDHS Continuity of Operations Plan which is located at
http://www.msema.org/plans/cemp.html.

I. BEHAVIOR SUPPORT AND MANAGEMENT

Behavior support and management are defined as the use of specialized interventions to guide, redirect, modify, or manage behavior of children. Behavior management includes a wide range of actions and interventions used in a broad continuum of settings in which adults are responsible for the care and safety of children. Behavior management includes the entire spectrum of activities from preventative and planned use of the environment, routines, and structure of the particular setting; to less restrictive interventions such as positive reinforcement, verbal interventions, de-escalation techniques, loss of privileges; to more restrictive interventions such as time-out and physical escorts.

Behavior management intervention with children by DFCS employees, licensed resource parents and licensed child caring facilities focuses on using positive means to teach appropriate self-management skills to children, promoting positive behavior and protecting the safety of service recipients and staff. Restrictive interventions that include isolation, manual, mechanical and chemical restraints, and locked seclusion are strictly prohibited. The use of encouragement and

praise of positive behavior are seen as better agents for changing behavior in children than the use of punishment and aversive techniques.

The use of behavior management interventions by DFCS staff, licensed resource parents, and licensed child caring facilities shall be guided by State and Federal Statue, as well as generally accepted best practice standards promulgated by national accreditation organizations. All DFCS employees shall receive training on Non-Violent Crisis Intervention within twelve (12) months of the hire date and the annual refresher training thereafter. This training is offered by the Division of Human Resources Staff Development Unit. The supervisor of the DFCS staff member is responsible for providing verification of attendance at the training to the DFCS PDU where training records will be maintained on all DFCS staff. All DFCS licensed resource parents shall receive the Mississippi Parents As Tender Healers (MS PATH) pre-service training, which includes instruction on behavior management in the family setting, prior to being licensed. They are also required to sign an Affirmation of Understanding Regarding MDHS Policy Forbidding the Use of Corporal Punishment By Resource Parents (MDHS-SS-457A – *See* Section F).

Prohibitions

DFCS prohibits the use of any restrictive behavior management interventions and activities that infringe on the civil rights of children in any discipline or behavior management used by staff, licensed resource parents and licensed facilities.

The following forms of discipline **must never be used:**

1. Corporal punishment.
2. Any punishment of a physical nature, such as shaking, striking, spanking or physical abuse.
3. Any punishment that would constitute emotional or verbal abuse, such as humiliation, ridicule, name-calling, cursing or degrading remarks regarding the child or his/her family.
4. Punishment administered by one child to another child.
5. Punishment that consists of making a child complete physical exercises (particularly of a military nature); such as running laps, doing repetitive sets of sit-ups, etc.
6. Denial of meals, snacks, sleep, daily exercise and other daily needs.
7. Denial of visits, telephone calls, or mail contacts with family, attorney, siblings, DFCS worker, or pre-adoptive family.
8. Denial of educational services.

9. Denial of an opportunity to attend religious services and or religious counseling.
10. Assignment of excessive work or work that is age and developmentally inappropriate.
11. Use of manual or mechanical restraints.
12. Punishment as a group based on one individual's behavior.
13. Use of psychotropic medication for the purpose of chemical restraint and behavioral control.
14. Any form of discipline that is out of proportion to the particular inappropriate behavior.
15. Painful or aversive stimuli.
16. Cruel and unusual punishment of any kind.
17. Any intervention designed to inflict psychological harm or physical pain.
18. Locked seclusion as a punishment, consequence or sanction.
19. Isolation.

A. Confidential Information

When it is necessary for DFCS to request information from another organization/agency such as medical or mental health records of foster children, children not in custody, or parent(s)/guardians in order to complete investigations or provide services, the Consent to Disclose Information form must be used. (*See* Form DFCS 528 on the DFCS Connection Website/forms). The following information must be included on the form:

a. The name of the organization/agency who holds the records;

b. The name of the person/position with authority to release the records;

c. The name of the person whose information will be released;

d. The authorization signature of the DFCS worker or parent/guardian if the child is not a foster child;

e. The specific information to be released;

f. The purpose for which the information is to be used;

g. The date the release takes effect;

h. The date the release expires, not to exceed 90 days from the date authorization is given for a one-time release of information;

i. The name of the person or position to whom the information is to be released;

j. The original of the form shall be placed in the client's paper file;

k. Blanket release forms cannot be used in service delivery. Each time it is necessary to obtain confidential information, a new form must be completed and signed by the client; and

l. A copy of the form shall be given to the client, if applicable.

1. Release of DFCS Record Material

All information obtained while working with families and children is confidential and will be disclosed by consent from a client or a person legally authorized to consent on behalf of the client or by court order. MISS. CODE ANN. § 43-21-261 is the only exception when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identified person.

When a request is received for information from a DFCS case file by another agency or by a client, Form DFCS 552, *Release of Information for Disclosure of DFCS Case Record*, shall be completed and signed by the client/ person legally responsible for the client prior to the release of any DFCS case file information. (*See* Form DFCS 552 on the DFCS Connection Website/forms)

- The original of the form shall be placed in the client's paper file;
- A narrative shall be entered into MACWIS detailing the circumstances of the file release and verifying the client's understanding of the form and its purpose;
- A copy of the form shall be given to the client; and
- A copy of the form shall be sent to the agency receiving the case file information.

II. COMPLAINTS

A complaint is an expression of pain, dissatisfaction, or resentment. A complaint can be the basis for filing a formal grievance, but not all complaints will be handled in a formal way. Many clients may choose to express complaints to the Worker or supervisor without filing a formal grievance.

III. GRIEVANCES

A grievance is a formal statement of complaint for a wrong or hardship suffered. All DFCS clients shall be given the Client's Grievance Procedure during an investigation and/or at case opening and assisted with filing a grievance if assistance is requested. Clients who have a

grievance against a decision made should follow the Appeals section of this policy. For this procedure, a client is defined as any client or stakeholder involved in a case.

Clients wishing to file a formal grievance shall be walked through the following steps:

1. The client should be given the formal grievance form and asked to complete Section I of the form.

2. The form should be turned in to the supervisor or their designee. Whoever receives the form should log it into the formal grievance log. Each county shall keep this log and be able to report the number of formal grievances received monthly. The grievances shall be kept in a separate "grievances" file in the county by the supervisor/designee.

3. The supervisor has five (5) business days upon receiving the formal grievance to take appropriate action and contact the client regarding that action. The supervisor may ask the Worker to take appropriate action first. Face to face contact is preferred when contacting the client regarding the grievance. If necessary, phone contact is acceptable. If the complaint is about the Worker, his/her supervisor will handle the grievance (skip to number 5).

4. The client will be asked to sign whether or not he/she agrees with the action taken by the Worker. If he/she does not agree and further action is required, the Worker will give the form to the supervisor.

If the contact is over the phone, the original form and a copy of the form should be mailed to the client for his/her signature. The original should be signed by the client and the copy is for his/her records. The worker should also keep a copy of the form when mailing the original to the client. The client will have five (5) business days to return the signed form. **If the client states on the phone that he or she would like further action taken on the grievance, please note that on the form and forward it to the supervisor at that time. You do not need to wait on the returned form before forwarding it.

5. The supervisor will have five (5) business days to take appropriate action and to contact the client regarding the action taken.

6. The client will be asked to sign whether or not he/she agrees with the action taken by the supervisor. If the client does not agree and further action is required, the supervisor will give the form to the RD within three (3) business days. If the contact was made by phone, please follow the same protocol as stated above.

7. The RD or their designee will have ten (10) business days to take appropriate action and to contact the client regarding the action taken.
8. The client will be asked to sign whether or not he/she agrees with the action taken by the RD. If the client does not agree and further action is required, he/she must forward the form to the Division Director's office within thirty (30) days requesting an Administrative Hearing for the grievance.

MDHS-DFCS
Attn: Division Director
P.O. Box 352
Jackson, MS 39205

IV. APPEALS

A. Overview

The DFCS provides individuals who disagree with DFCS findings or decisions covered under this policy, a right to appeal the decision. An administrative process has been implemented to offer a fair, impartial, timely and accessible hearing to all persons entitled to this process.

There are three types of appeal hearings conducted:

1) Administrative Hearing for any unresolved formal grievance;
2) Administrative Hearing which is afforded to an individual whose name has been placed into the MS Child Abuse Central Registry as a perpetrator of child abuse or neglect or has a substantiated report of abuse or neglect against them; or
3) Administrative Hearing which is afforded to foster parents, foster parent applicants, or licensed facility providers in the event that an application for licensure or renewal of a license is denied, or a license is suspended, revoked, an application for adoption is denied, or an adoption case is closed, or there is an adverse decision for an applicant or recipient of adoption assistance.

Any decision that is made by the Youth Court cannot be appealed through an Administrative Hearing. For example, a client may not appeal the decision for a child to be placed in the custody of the Department of Human Services as this decision was made by the Youth Court and must be appealed through the Youth Court procedures.

B. Administrative Hearings for Unresolved Formal Grievances

If a client has followed the procedure outlined in the grievance section above and the grievance has not been satisfactorily handled and further action is needed, he/she must forward the Client's Grievance Form to the Division Director's office within thirty (30) days requesting an Administrative Hearing for the grievance.

MDHS-DFCS
Attn: Division Director
P.O. Box 352
Jackson, MS 39205

The Division Director/designee will:

1. Contact the hearing officer to give the individual responsible for conducting the hearing the information regarding the request.

2. Notify the COR of the client that a hearing has been requested.

The hearing officer will:

1. Schedule a date, time, and place for the hearing.

2. Send a written notice of the scheduled hearing via Certified US Mail, Return Receipt Requested, at least thirty (30) days prior to the hearing date. If the individual requesting the appeal cannot appear at the time and location of the hearing, the individual must notify the hearing officer within ten (10) calendar days of receipt of the hearing notice to give explanations and make arrangements for rescheduling.

3. Notify the Division Director/designee of the scheduled hearing.

4. Notify the Division Director designee of any rescheduling of hearings.

The Hearing Officer will then notify the COR of the client regarding the scheduled hearing and request the Worker, ASWS, or any other appropriate staff prepare to be present at the hearing and be prepared to present evidence regarding the grievance if needed.

At the Administrative Hearing, either party may be represented by an attorney. The presiding Hearing Officer shall have the authority to maintain the decorum of the hearing, and shall take reasonable steps to do so when necessary, including clearing the hearing room of any person who

is disruptive. The presiding Hearing Officer may clear the hearing room of witnesses not under examination.

The DFCS will present all the evidence which led to the DFCS's actions. The appealing party shall follow, presenting evidence that the reasons for the decision made are not true or not sufficient for the action taken.

If the appealing party, without good cause, fails to appear at the hearing, such failure shall be considered as a withdrawal of the appeal and the presiding Hearing Officer may dismiss the appeal.

After all evidence is heard or received, and the hearing is completed, the presiding Hearing Officer shall prepare and file a written finding of facts within fifteen (15) days of the hearing date.

The Division Director/designee shall review the finding of facts and issue a written statement regarding the final decision of the DFCS to the appealing party.

The decision of the Division Director/designee is final and binding unless overturned by a court of competent jurisdiction.

C. Appeals of the Central Registry

MISS. CODE ANN. § 43-21-257, as amended, provides for the establishment of the Central Registry of abuse and neglect cases. The Registry provides a mechanism for the state to protect children from abuse and neglect and to notify child care providers and licensing agencies of individuals who have been substantiated by DFCS as perpetrators of child abuse/neglect. With the establishment of the State Registry, there is also the requirement to establish procedures to afford due process to individuals who have been named as substantiated perpetrators prior to the release of their name from the registry.

When a request for a fair hearing is received by the Protection Unit, State Office, a hearing will be arranged. The administrative fair hearing must be conducted within sixty (60) days after the receipt of the request for a Hearing.

The Protection Unit will:

1. Contact the hearing officer to give the individual responsible for conducting the hearing the information regarding the request.

2. Notify the COR for the child abuse and/or neglect investigation report that a hearing has been requested.

The hearing officer will:

1. Schedule a date, time, and place for the hearing.
2. Send a written notice of the scheduled hearing via Certified US Mail, Return Receipt Requested, at least thirty (30) days prior to the hearing date. If the individual requesting the appeal cannot appear at the time and location of the hearing, the individual must notify the hearing officer within ten (10) calendar days of receipt of the hearing notice to give explanations and make arrangements for rescheduling.
3. Notify the Protection Unit of the scheduled hearing.
4. Notify the Protection Unit of any rescheduling of hearings.

The Protection Unit will then notify the COR for the investigation report of the scheduled hearing and request the Worker or ASWS prepare to be present at the hearing and be prepared to present evidence which led to the individual's name being placed in the registry.

At the Administrative Fair Hearing, either party may be represented by an attorney. The presiding Hearing Officer shall have the authority to maintain the decorum of the hearing, and shall take reasonable steps to do so when necessary, including clearing the hearing room of any person who is disruptive. The presiding Hearing Officer may clear the hearing room of witnesses not under examination.

The DFCS will be asked to present all the evidence which led to the DFCS's findings. The appealing party shall follow, presenting evidence that the reasons for the decision made are not true or not sufficient for the action taken.
If the appealing party, without good cause, fails to appear at the hearing, such failure shall be considered as a withdrawal of the appeal and the presiding Hearing Officer may dismiss the appeal.

After all evidence is heard or received, and the hearing is completed, the presiding Hearing Officer shall prepare and file a written finding of facts, and a decision on these findings and forward to the Protection Unit, within fifteen (15) days of the hearing date.

If the Administrative Fair Hearing reverses the DFCS's decision the Protection Unit will notify the appealing party in writing that his name shall be removed from the Central Registry by administrative procedures.

The decision of the Hearing Officer is final and binding unless overturned by a court of competent jurisdiction.

D. Appeals of Findings of Abuse/Neglect/Exploitation

The Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1966, P.L.104.235 (as codified at 42 U.S.C. Section 5106a) requires states to have provisions, procedures, and mechanisms in effect by which individuals who disagree with an official finding of child abuse or neglect can appeal such a finding." This requirement applies to the perpetrator of child abuse or neglect and applies to States receiving funds under a CAPTA state plan.

This requirement is to assure that individuals who have been found by the State to have committed child abuse or neglect are afforded due process. It also requires that individuals be given written notification of their right to appeal, and the method by which they may appeal, at the time they are notified of the official finding of child abuse or neglect; and that the office or individual hearing such appeals cannot be involved in any other state of the case, and that such officer or individual has the authority to overturn a previous finding of abuse or neglect.

E. Administrative Hearings for Resource Homes

An Administrative Grievance Hearing is afforded to individuals who disagree with an DFCS decision and/or action in the event that an application for licensure or renewal of a license is denied, a license is suspended or revoked, an application for adoption is denied, an adoption case is closed, or there is an adverse decision for an applicant or recipient of adoption assistance.

This process is given to:

1. Foster Parents
2. Foster Parent Applicants
3. Adoptive parents
4. Adoptive applicants
5. Facility licensure applicants
6. Licensed facility providers
7. Licensed child placing DFCS providers.

F. Appeal Process

In the event of a DFCS decision or action as described above under this section, the aggrieved party may file an appeal by submitting, in writing, a request for an administrative hearing. The written notice of appeal is sent to the MDHS/ DFCS, Licensure Unit, P.O. Box 352, Jackson, MS 39205. This request for a hearing must be received by the DFCS within ten (10) working days of the date the DFCS's written notice of action sent to the individual or DFCS.

The administrative hearing shall be held no later than sixty (60) calendar days after the receipt of the request for a hearing.

The Licensure Unit will contact the Hearing Officer giving the officer information regarding the request. The Hearing Officer is appointed by MDHS, but has no involvement with DFCS decisions, regarding licensure or approvals for adoption or other matters from which the individual or party appeals, other than during the hearing process.

The Hearing Officer shall schedule a date, time and place for the hearing. At least thirty (30) calendar days prior to the administrative hearing, notices shall be sent via Certified U.S. Mail, Return Receipt Requested, to all involved parties by the appointed Hearing Officer. The appealing party shall be afforded all applicable safeguards of procedural due process.

The Hearing Officer will notify the Licensure Unit and/or the Adoption Unit of the scheduled hearing. The Licensure Unit and/or Adoption Unit as appropriate will notify the appropriate staff person, who is responsible for the case, of the hearing.

The Worker, supervisor or other appropriate DHS staff will be prepared to present the reasons for the DFCS's decision and will be present at the hearing.

At the Administrative Grievance Hearing, each party may be represented by an attorney. The appealing party shall have the right to call, examine and cross examine witnesses. The Hearing Officer may require the presence of witnesses and evidence in behalf of the applicant, licensee, or MDHS.

Each party shall file with the Hearing Officer, a list of witnesses they plan to call to testify at the hearing and produce documentary evidence on his, her, or its behalf. This information must be provided to the Hearing Officer at least ten (10) calendar days prior to the Hearing. The list shall contain the following:

1. Name(s);
2. Current Residence/Address (city, phone number, etc.)

3. Brief description of testimony

Each party will be responsible for notifying his/her, its witnesses of any changes regarding the hearing process and any changes therein.

The presiding Hearing Officer may clear the hearing room of witnesses not under examination.

The presiding Hearing Officer shall have the authority to maintain the decorum of the hearing and shall take reasonable steps to do so when necessary, including clearing the hearing room of any person who is disruptive.

During the Administrative Grievance Hearing, the presiding Hearing Officer shall hear or receive evidence on its case in chief. The appealing party shall follow in presenting the same.

In the Appeal Process, the burden of proof shall be on the MDHS/DFCS.

If there is a withdrawal of the appeal by the appealing party, the appealing party must be required to furnish evidence of the reasons for the withdrawal to the presiding Hearing Officer in order for the appeal to be dismissed.

In order to preserve the record of the hearing, the Hearing Officer will make an electronic recording of the hearing.

After all evidence is heard or received, and the hearing is complete, the presiding Hearing Officer shall, within thirty (30) days of the hearing, prepare and file a written findings of facts with a recommended decision and forward same to the Director, DFCS, who shall make the final decision as to whether the denial, suspension, probation, or revocation is sustained. The decision shall be in writing and shall contain findings of fact and rulings of licensure standards and law, and shall be mailed to each party or when a party if represented by an attorney to his/her attorney by Certified U.S. Mail, Return Receipt Requested. The decision of the Director is final and binding.

V. TRAINING AND SUPERVISION

A. Introduction

DFCS PDU is responsible for providing a comprehensive, family centered child welfare training program for all DFCS staff to prepare them to assume their job responsibilities and enable them to enhance their knowledge, skills and abilities. At a minimum, all DFCS employees shall receive orientation and pre-service training.

Training needs of DFCS staff are identified through regular review of evaluations of training sessions completed by participants, suggestions from state office program staff and senior management, review of reports which reflect Worker performance related to certain critical areas of practice and an annual survey of all DFCS employees to provide feedback about job satisfaction and training needs.

Official training records of each DFCS employee are maintained by the PDU in a database file during the employee's tenure with DFCS. All training courses offered by the PDU shall be recorded in the database file by PDU staff. If an employee attends a training course outside the DFCS, the employee is responsible for providing written verification of completion of the course for entry into the Training Record.

DFCS -PDU is also responsible for Workforce Development and works closely with the accredited schools of social work in the state to recruit professional staff.

VI. TRAINING REQUIREMENTS FOR NEWLY HIRED EMPLOYEES

A. Direct Service Workers/Clerical Staff

All newly employed direct service staff and supervisors shall receive a minimum of 270 hours of pre-service training, including instructional training and supervised field training, prior to assuming responsibility for cases.
The Worker's immediate supervisor is responsible for the initial orientation, field training, and assisting the Worker in the transfer of learning to the job. On the date the new employee reports to work, the supervisor shall ensure the new Worker is provided with the following items:

1. The State Personnel Board Employee Handbook
2. The New Hire Field Instruction Training Manual
3. A complete and current DFCS policy manual.

Exceptions:

1) If the new employee is being re-hired with DFCS, previously completed the pre-service training, and is returning to the DFCS within 12 months of leaving, the pre-service training can be waived.
2) If the new employee is being re-hired with DFCS, but has been gone for more than 12 months, the pre-service training must be completed unless an exception is granted by DFCS Deputy Director, based on education and experience.

3) All clerical staff shall complete two days of Finance/Clerical training.

All requests for waivers/exceptions shall be directed to the Director of the Professional Development Unit.

B. Pre-Service Training

Pre-Service training is competency based and trainees are tested at the end of each week of instructional training. Trainees must receive a score of 70 or above on each of the four tests in order to continue eligibility for the position. If the trainee does not pass with a score of 70 or above, they are required to retake the test the following week. If the trainee does not pass the exam after the retake, the ASWS and Regional Director will be notified and a plan will be made for dismissal or a repeat of the training.

C. Pre-Service Eligibility/Attendance Requirements

To be eligible to attend the Pre-Service training, the following criteria shall be met:

- New Hire completes on-the-job training or meets the criteria for an exception.
- New Hire has an assigned and active Mississippi Automated Child Welfare System (MACWIS) number.

These forms are located on DFCS Connection, http://dfcsmacweb/DFCSWEB/Professional.htm with instructions. The completed forms must be received in the DFCS PDU no later than one week prior to the 1st day of training in order for the new employee to be considered for the specific training group. If special accommodations are required for a new employee, the PDU should be notified immediately.

D. Additional Training Required for New Employees

All newly hired Direct Service Workers and supervisors are required to complete the following training within the first twelve months of employment.

The ASWS shall submit verification of the Worker completing each training directly to the PDU.

- Non-Violent Crisis Intervention (offered by Division of Human Resources)
- Age Appropriate Passenger Restraints System Training (must be delivered by a technician certified by SAFEKIDS US)
- Blood and airborne pathogens (DVD)

VII. ON-GOING TRAINING REQUIRED FOR DIRECT SERVICE WORKERS

It is the Direct Service Worker's responsibility to maintain proficiency in the performance of job duties by attending professional trainings and/or workshops. All Direct Service Workers shall obtain a minimum of 40 hours of on-going job-related training annually. Failure on the part of the Direct Service Worker to complete the 40 hours of annual training for any reason will be grounds for termination of employment.

Training offered by DFCS PDU shall be counted toward the 40 hours. The Worker's supervisor may approve professional conferences, seminars and workshops outside of DFCS that are directly related to an employee's present job duties and responsibilities to be outside of DFCS toward the 40 hours. The Worker must submit documentation of completion of the training to the PDU for recording in the database.

DFCS PDU is a Designated Provider for Social Work Continuing Education (CE), but not all training offered by the unit will receive CEs. The training curriculum and the presentation of the curriculum must meet specific criteria in order for CEs to be awarded. The director of PDU will inform staff if CEs are to be given for a particular training.

The following DFCS- sponsored trainings are mandatory for all DFCS Direct Service Workers and supervisors annually:

- Non-Violent Crisis Intervention Training
- Age Appropriate Passenger Restraints System Training

A. Staff Development/Training Request

An employee planning to attend training not provided by the DFCS is required to submit a Travel Authorization (Form MDHS-AF-13-20-20) at least two (2) weeks in advance of the training to his/her immediate supervisor. The supervisor will then forward the form to the employee's second line supervisor for approval /disapproval.

The second line supervisor will review the Form MDHS-AF-13-20-20 for accuracy and completeness and, when necessary, will consult with the DFCS Training Director with respect to items in question prior to approval. The second line supervisor is authorized to approve any request for On-going Staff Development/Training for time only. Any staff development/training requiring the expenditure of funds shall be forwarded to the DFCS Office Director II for final approval.

DFCS may pay for all or any part of training costs, depending on the availability of funds, as authorized by the DFCS Office Director II. Requests for reimbursement of approved expenses for staff development/training should be submitted with the proper documentation in a timely manner and in accordance with MDHS AP-19.

B. On-Going Training Waiver

With the exception of job orientation and Pre-Service Training for new employees, the DFCS PDU Director may issue a waiver for any course of study validated (MSW course of study) as meeting DFCS requirements of on-going training. The employee must be enrolled in an accredited college, university, or a school in candidacy for CSWE status and the course must be at the graduate level in order to be considered. An employee must submit his/her request for a waiver in writing to his/her supervisor for review. The request must include:

- The course title
- Name of the college, university, or school
- Course dates
- Certificate of completion with a final grade of "B" or better
- Course description and objectives
- Number of academic semester hours

If the employee's request meets these requirements, the supervisor will sign the request and forward it to the DFCS PDU Director for approval.

C. Supervisory Access

Supervisory personnel are involved in all decisions related to child safety and permanency, and workers shall have access to a supervisor by telephone 24 hours a day.

VIII. TRAINING REQUIREMENTS FOR SUPERVISORS

All supervisors hired or promoted by DFCS shall complete a minimum of 40 hours of pre-service instructional supervisory training before they can assume supervisory responsibilities.

In addition to the 40 hours of Clinical Supervisory Training, Mentoring (Level I) and Level II Clinical Supervisory Training are also a part of the supervisory tract.

Supervisors shall receive a minimum of 24 hours annual on-going, in-service training.

A. Mentoring – Upon the completion of the 40 hour supervisory training those employees who will begin serving in a permanent supervisor position will be assigned a mentor to provide one-on-one comprehensive long-term training, to provide guidance and coaching to the new supervisor the first 12 months in the position. The mentor will work through the Level I Clinical Supervisory Training with the supervisor.

- The mentor shall meet with the new supervisor weekly for 24 weeks.
- All new ASWSs shall complete Mentoring Training within twelve months of assuming the position of supervisor.

IX. SUPERVISION

County ASWSs are administratively responsible for DFCS operation, including clerical staff and Workers. This includes, but is not limited to, the following administrative responsibilities:

- Coordinate with county staff in other divisions to promote a positive work environment.
- Organize work space
- Supervise clerical staff
- Make periodic reviews of bookkeeping files
- Ensure workloads are equally distributed among all staff
- Schedule monthly staff meetings with all DFCS staff in the county
- Ensure accurate minutes of staff meetings are recorded
- Forward staff meeting minutes to RD with a copy filed in the Administrative File
- Ensure adequate coverage for office at all times
- Coordinate on-call schedule for county
- Apply data reports to improve client outcomes

- Meet DFCS' quality improvement and evaluation requirements

The following responsibilities are related to the supervision of county Workers:

- Delegating and overseeing work assignments
- Ensuring service delivery is performed according to DFCS' mission, policies and procedures and service philosophy.
- Providing case consultation and in-service training, as appropriate
- Identifying unmet training needs
- Conducting Performance Evaluations
- Providing the Field Training to newly hired staff
- Assisting Workers with transfer of learning from training to the job
- Providing support and enhancing staff's ability to perform their jobs

A. Case Record Review

Case records of all staff under the supervision of the ASWS shall be reviewed monthly, and more frequently as needed, to monitor the progress of families and individuals receiving services. After each case review, the ASWS will provide feedback to the Worker.

B. Individual Conferences with Workers

Weekly individual conferences shall be held with each staff member under the supervision of the ASWS. These conferences must be documented in a log kept by the supervisor and shall be used to staff a portion of the Worker's workload each week to ensure all children and families are receiving needed services, continual progress is being made showing that cases and investigations are current.

In addition to the cases selected, the Worker should be allowed to discuss other cases with current issues.

C. Supervisory Administrative Review

In order to meet the requirements of MISS CODE ANN. § 43-15-13(3), a mandatory Supervisory Administrative Review (SAR), shall be completed by the COR Supervisor of all cases within 90 days after opening such cases, regardless of the service type.

In developing the SAR, Section 103(E) of the Adoption and Safe Families Act of 1997 was taken into consideration as it speaks to children who have been in custody 15 of the most recent 22 months. A petition to terminate parental rights shall be filed on these children unless it is determined that there are compelling reasons why such filing is not in the best interest of the child. In order to capture outcomes on these children, a second SAR is mandatory when the child has been in custody 15 months. If a Prevention or Protection case remains open for 15 months, the Supervisor shall review cases to determine why the case remains open.

The COR ASWS shall be responsible for completing the SAR on all open cases regardless of the service type within his/her county. The dates for completing this review will be determined by the custody start date for placement cases and by the case start date on non-custody cases.

The tickler for the SAR will be specific to the individual person in the case to keep up with the time frames for completing the SAR. This is done to correctly capture each person as they enter and exit a case. To begin the SAR, the Supervisor will receive a tickler that the review is due. The ticklers will generate as discussed below.

D. Custody and Non Custody Cases

Initial SAR –

1. **Initial SAR -** Shall be completed within 90 days from the date of custody or case start date.
   - The ASWS will receive a tickler at 60 days from the custody start date that the SAR is due.
   - The ASWS will have 30 days to complete the SAR
   - If the SAR is not completed within 30 days from the date of the tickler, the RD will receive a tickler that the SAR is due and the ASWS will get an alert that the SAR is overdue.
2. **15th Month SAR** – Shall be completed within 456 days from the custody or case start date.
   - The ASWS will receive a tickler at 425 days from the custody start date that a SAR is due

- If the SAR is not completed within 30 days from the date of the tickler, the RD will receive a tickler that the SAR is due and the ASWS will get an alert that the SAR is overdue

3. Subsequent SAR

- Subsequent SARs shall be completed every 12 months following the 15 month SAR.

X. PROFESSIONAL ENHANCEMENT SCHOLARSHIP

Information regarding the eligibility criteria for the DFCS scholarship program is located on the DFCS Connection Web under Professional Development http://dfcsmacweb/DFCSWEB/index.htm.

XI. NOTICE OF PARENT/GUARDIAN'S RIGHTS

A. Investigations

You have rights and responsibilities while you are involved with DFCS during an open investigation. The normal hours of operation for DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE RIGHT TO:

1. Know what has been reported to the DFCS about your family.
2. Be informed that a Worker has spoken to your child.
3. Help from your Worker in correcting any problems discovered during the investigation.
4. Have office phone numbers and office addresses for your Worker and your Worker's supervisor.
5. Participate in any court hearings which may result from the investigation.
6. Know the outcome of the investigation.
7. Have your Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your investigation.
8. Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.

YOU HAVE THE RESPONSIBILTY TO:

1. Provide full names, dates of birth, social security numbers for household members and other necessary information requested by your Worker.

2. Cooperate with your Worker and participate in service decisions.

3. Ask for and be a part of all Family Team Meetings.

4. Give to your Worker the names, phone numbers, and addresses of your relatives who may be able to care for your child if necessary.

5. Give your Worker all requested medical and educational information about your child.

6. Pay the cost or part of the cost of some elements of the investigation (such as paying for a drug screen or a medical exam) if requested**.**

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

B. Prevention/Protection

You have rights and responsibilities while you are involved with DFCS and have an open case. The normal hours of operation for DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE RIGHT TO:

1. Participate in decisions affecting your family.

2. Identify and discuss your family's strengths and areas needing improvement with your Worker to develop your Family Service Plan.

3. Have office phone numbers and office addresses for your Worker and your Worker's supervisor.

4. Participate in any court hearings held in your case.

5. Refuse any service or treatment recommended by DFCS unless court ordered.

6. Know when services are about to end.

7. Have your Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your case.

8. Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.

_____ / _____ _____

Client(s) initials **Worker initials**

YOU HAVE THE RESPONSIBILITY TO:

1. Provide full names, dates of birth, social security numbers for household members and other necessary information requested by your Worker.

2. Cooperate with your Worker and participate in service decisions.

3. Complete your Family Service Plan**.** This **may include** paying for the cost or part of the cost of a task.

4. Ask for and be a part of all Family Team Meetings.

5. Give to your Worker the names, phone numbers, and addresses of your relatives who may be able to care for your child if necessary.

6. Give your Worker all requested medical and educational information about your child.

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared

with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

XII. CLIENTS' RIGHTS FOR PARENTS OR PRIMARY CARETAKERS OF CHILDREN IN CARE

Within five calendar days of case opening, parents or primary caretakers shall receive a written summary of their rights and responsibilities which shall be fully explained using clear and consistent language. Parent/caretaker have the following rights:

- the right to regular visitation and other contacts, such as letters and telephone calls (unless ordered otherwise by the court);
- the responsibility to help financially support the child
- the responsibility to remember the child at birthdays and holidays;
- the right to participate in major decisions affecting the child and to be notified of changes in the casework plan;
- the right to assistance from the Worker to help them alleviate the problems which caused removal from the home;
- the right to participate in the development of an family service plan for parents;
- the responsibilities to fulfill their part of the family service plan for parents;
- the right to participate in the child's case reviews;
- the right to a two week notice prior to changes in the child's placement or visitation schedule;
- the right to know about the state law which mandates DFCS to secure permanency in 6 months;
- the right to attend/participate in child's permanency (dispositional) reviews;

- the responsibility to request/participate in Family Team Meetings.

The original of the signed Rights and Responsibilities form shall be filed in the case record and a copy given to the parent. *See* Policy Section D.

A. Informing Parents of His / Her Rights and Responsibilities.

The Worker will mail or deliver to the parent a copy of the Parents Rights and Responsibilities. The Worker will include a self- addressed stamped envelope so the parent can sign the R&R and return a copy to DFCS. Once the Parents R&R are received the Worker will document in MACWIS. *See* Policy Section D.

A written summary of client rights and their responsibilities must be posted in the reception areas of all service delivery locations. Client Rights and Responsibilities posters must be displayed prominently in all public areas of the county DFCS offices. Each county office shall designate a Worker to conduct a monthly facility walk through and to complete a checklist, which includes a question regarding whether the Client Rights and Responsibilities poster is posted in the lobby.

B. Placement Cases

You have rights and responsibilities while you are involved with DFCS of Family and Children's Services (DFCS). These are the rights and responsibilities for parents and/or guardians of children who are in the custody of the MDHS. The normal hours of operation for DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE RIGHT TO:

1. Regular visits and other contact with your child, such as letters and telephone calls. *****

2. Give input into decisions affecting your child.

3. Identify and discuss your family's strengths and areas needing improvement with your Worker to develop your Family Service Plan.

4. Expect your child to be free from abuse, neglect and exploitation.

5. Expect your child not to receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits as punishment.

6. Expect your child to be disciplined in a manner that is appropriate to how mature he/she is, his/her developmental level, and his/her medical condition. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.

7. Help decide the long term plan for your child and to be notified of changes in the plan.

8. Have help in correcting the problems that caused your child to be placed outside your home.

9. Have office phone numbers and office addresses for your Worker and your Worker's supervisor.

10. Participate in your child's county conferences and court hearings.

11. Refuse any service or treatment recommended by DFCS unless court ordered.

12. Two weeks' notice before your child's placement or visit schedule changes.**

13. Ask to meet with your child's Resource Parents.

14. Have your child's Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your case.

15. Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.

***** In emergency situations we may not be able to notify you.***

YOU HAVE THE RESPONSIBILITY TO:

1. Help financially to support your child

2. Remember your child on birthdays and holidays with visits, gifts, calls, or cards.

3. Complete your part of your Family Service Plan**.** This **may include** paying for the cost or part of the cost of a task.

4. Ask for and be a part of all Family Team Meetings.

5. Help develop your child's visitation plan.

6. Give 48 hours' notice if you can't come to a visit with your child.

7. Give to your Worker the names, phone numbers, and addresses of your relatives who may be able to care for your child.

8. Give your Worker all medical and educational information about your child.

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

C. For Youth 14 or Older in Foster Care

These are the rights and responsibilities for youth fourteen (14) and older in the custody of the MDHS. The normal hours of operation for DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE *RIGHT* TO:

1. Know why you are in foster care and how we will meet your needs.

2. Know what progress your family will have to make before you may return home.

3. Visit with your family unless the youth court judge says that you cannot.

4. Know your worker, to know his/her supervisor, to know their office phone numbers and addresses, and to know how to get help from your Caseworker.

5. Be free from abuse, neglect and exploitation.

6. To fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.

7. Not receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits as punishment. You will not receive remarks that make fun of you or your family or any threats of losing your placement or shelter.

8. Be disciplined in a manner that is appropriate to how mature you are, your developmental level, and your medical condition. You must be told why you were disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.

9. Expect a safe and healthy place to stay while you are away from your home and to know all the rules and regulations of your placement.

10. Take part in decisions made about you, to attend court hearings unless the youth court judge says you cannot, to attend foster care review conferences and to participate in designing your Family Service Plan (FSP).

11. An advocate who represents your best interests in court (GAL) and to have contact information for him/her and the right to counsel.

12. Know when your placement or your visits with your family are about to change. (Your Caseworker will tell you as soon as they know there will be a change.)

13. Participate in Independent Living activities such as skills groups and retreats to help prepare you to live on your own if you cannot return home.

14. Be treated with dignity and respect and receive services without regard to race, color, creed, religion, national origin, sex, age, disability, or political affiliation.

YOU HAVE THE *RESPONSIBILITY* TO:

1. Let someone know if you feel you have been treated unfairly by:
    - Talking with your Caseworker about the problem.
    - If the problem is not resolved, asking your Caseworker or another Caseworker to arrange for you to talk with the ASWS.
    - If the problem is still not resolved, asking the ASWS to let you talk with the RD.

- If there is still a problem, calling the state complaint/grievance unit at 1-601-359-4330.

1. Participate in Independent Living activities such as skills groups and retreats to help prepare you to live on your own if you cannot return home.

2. Obey the rules and regulations of your placement and know what the consequences will be if you do not.

3. Understand that your behavior can disrupt your placement causing unnecessary moves.

4. Treat others with dignity and respect without regard to race, color, creed, religion, national origin, sex, age, disability or political affiliation.

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your parent's written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your parent's written permission. We may contact other people to assess your safety.

Confidentiality laws limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

D. Rights and Responsibilities Children 13 and Under in Foster Care

You have rights and responsibilities while you are involved with DFCS of Family and Children's Services (DFCS). These are the rights and responsibilities for children thirteen and under who are in the custody of the MDHS. The normal hours of operation for DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays.

YOU HAVE THE RIGHT TO:

1. You have the right to know why you are in foster care and how we will take care of you.

2. You have the right to visit with your family unless the youth court judge says you cannot do so.

3. You have the right to know your worker, to know his/her boss, to know their phone numbers and to know how to get help from your worker.

4. You have the right to expect a safe and healthy place to stay while you are away from your home and to know all the rules and regulations of the place you are staying.

5. Be free from abuse, neglect and exploitation.

6. To fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.

7. Not receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits as punishment. You will not receive remarks that make fun of you or your family or any threats of losing your placement or shelter.

8. Be disciplined in a manner that is appropriate to how mature you are, your developmental level, and your medical condition. You must be told why you were disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.

9. You have the right to take part in decisions made about you, to know when court hearings are held, and to ask for the help of a lawyer

10. You have the right to know when your place to stay or your visits with your family are about to change. (Your worker will tell you as soon as they know there will be a change.)

11. You have the right to be treated with dignity and respect and receive services without regard to race, color, creed, religion, national origin, sex, age, disability, or political affiliation.

YOU HAVE THE RESPONSIBILITY TO:

Let someone know if you feel you have been treated unfairly by:

1. Talking with your worker about the problem.

2. If the problem is not fixed, asking your worker or someone else to arrange for you to talk with the ASWS (Area Social Worker Supervisor). This person is your worker's boss.

3. If the problem is still not fixed, asking the ASWS to let you talk with his/her boss.

4. After all of that, if there is still a problem, calling the state complaint/grievance unit at 1-800-222-8000.

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your parent's written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your parent's written permission. We may contact other people to assess your safety.

Confidentiality laws limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

XIII. INHERENT RIGHTS OF CHILD AND FAMILY

In addition, workers must recognize other specific constitutional, legal rights and entitlements of children and families in child maltreatment cases and practice within these boundaries:

The court system accords both parents and children certain legal rights and entitlements, depending on the type of proceeding in which they are involved, including:

- The right to family integrity;
- The right to notice of the proceedings;
- The right to a hearing;
- The right to counsel;
- The right to a jury trial;
- The CAPTA requirement of a GAL or court-appointed special advocate;
- The entitlement to reasonable efforts.

Parents and children must not only be informed of their rights, but they also must understand the protections those rights afford them. Court representatives and workers shall educate families about their rights and help them feel empowered in an otherwise intimidating process.

A. The Right to Family Integrity

The legal framework regarding the parent-child relationship balances the rights and responsibilities among parent, child, and State, as guided by Federal statutes. It has long been

recognized that parents have a fundamental liberty interest, protected by the Constitution, to raise their children as they choose. This parent-child relationship grants certain rights, duties, and obligations to both parent and child, including the responsibility of the parent to protect the child's safety and well-being. If a parent, however, is unable or unwilling to meet this responsibility, the State has the power and authority to take action to protect a child from significant harm.

CAPTA is one of the primary pieces of Federal legislation guiding casework and it supports the right of family integrity through community-based grants that aim to strengthen families. Of course, this right is not absolute. A compelling State interest, such as the need to protect children from significant harm, will justify infringement on the right to family integrity.

B. The Right to Notice of the Proceedings

Parents or other custodians of a child have the right to "notice" of any petition filed regarding that child and to be notified of any hearing regarding that petition. The right to notice encompasses the right to be formally given the petition, which also must state what the parent has done or not done that makes court involvement necessary. The right to notice is a fundamental element of the constitutional right to due process. Due process specifies the right to be present in court, representation by an attorney, and procedures that are speedy, fair, and impartial. It applies to both parents, whether or not they are living together. Orders entered without notice are subject to being withdrawn.

Putative fathers (those identified as the biological parent, but whose paternity has not been legally established) also must be identified in the petition and be served. Their relationship to the child needs to be determined as early in the proceeding as possible by formal acknowledgment or by genetic testing. If paternity is established, these fathers or their families may become financial and placement resources for the child.

Petitions may be filed and emergency *ex parte* orders may be entered without advance notice to parents. *Ex parte* is defined as being on behalf of or involving only one party to a legal matter and in the absence of and usually without notice to the other party. For example, an emergency removal of a child from an unsafe home situation may be done through an *ex parte* order. Action must be taken, however, to serve the parents with the petition and order as quickly as possible. Foster parents and kinship care providers also must be notified of pending court hearings and be given an opportunity to be heard during these proceedings.

C. The Right to a Hearing

A fundamental element of due process is the right to a hearing on the merits of a petition, including the right to cross-examine or to question any witness called by DFCS, by the other parent, or on behalf of the child, as well as the right to present evidence on one's own behalf.

D. The Right to Counsel

Parents have a right to retain counsel or seek legal aid or pro bono services in child maltreatment cases.

E. The CAPTA Requirement of a Guardian *ad litem* or Court-appointed Special Advocate

Children who allegedly have been maltreated are entitled to a Guardian *ad litem* (GAL), who is an independent advocate for the children's best interest. States must comply with this requirement in order to satisfy CAPTA State Grant funding requirements.

The GAL role may be fulfilled by the appointment of an attorney, a volunteer who is not an attorney, or both. Volunteers also may be called Court-Appointed Special Advocates (CASA). The volunteers often are professionals trained in other disciplines, such as nursing, psychology, or education. Responsibilities of the GAL or CASA include:

- Meeting the child;
- Exploring the facts of the case;
- Obtaining medical, educational, and other records;
- Determining the child's perspective and needs;
- Identifying appropriate services and resources;
- Monitoring the progress of the case;
- Promoting the child's interests.

Where both an attorney and a GAL are appointed, it is with the expectation that they will function as a team in performing those tasks and in advocating for the child, as well as in making the child's own views known to the court. These advocates can be valuable sources of knowledge

and information and important allies when they and DFCS worker concur on how the case should be resolved.

MISS. CODE ANN. § 43-21-121(4) states "The court may appoint either a suitable attorney or a suitable layman as guardian ad litem. In cases where the court appoints a layman as guardian ad litem, the court shall also appoint an attorney to represent the child". *See* MISS. CODE ANN. § 43-21-121 for a complete description of the duties of a Guardian *ad litem*.

F. The Entitlement to Reasonable Efforts

Except in certain aggravated circumstances, parents and children are entitled under the Adoption Assistance and Child Welfare Act (P.L. 96-272) and Adoption and Safe Families Act (ASFA) (P.L. 105-89) to have State agencies make reasonable efforts to keep them together, or if a child has been removed from the family, to make reasonable efforts to reunify the family. ASFA also states that children who are not going to be reunited with their families are entitled to reasonable efforts by State agencies or departments to secure a permanent placement for them.

Federal law further requires that judges decide at each critical stage of an abuse or neglect case whether the DFCS has complied with the reasonable efforts requirement. The obligation to make reasonable efforts applies to DFCS workers alone, not to the parents, any other individuals, or service providers.

XIV. EXPECTATIONS OF RIGHTS THROUGH THE EYES OF THE CHILD OR YOUTH

Workers must also recognize inherent Rights of Children and Youth in Foster Care from the child's or youth's perspective:

A. As a Child or Youth in Foster Care, I Have the Right:

- To good care and treatment that meets my needs in the least restrictive setting available. This means I have the right to live in a safe, healthy, and comfortable place. And I am protected from harm, treated with respect, and have some privacy for personal needs.
- To know
  - Why am I in foster care?
  - What will happen to me?

- What is happening to my family (including brothers and sisters) and how DFCS is planning for my future?

- To speak and be spoken to in my own language when possible. This includes Braille if I am blind or sign language if I am deaf. If my foster parents do not know my language, DFCS will give me a plan to meet my needs to communicate.

- To be free from abuse, neglect and exploitation.

- To fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.

- To not receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits as punishment. I will not receive remarks that make fun of me or my family or any threats of losing my placement or shelter.

- To be disciplined in a manner that is appropriate to how mature I am, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.

- To attend my choice of community, school, and religious services and activities to the extent that it is right for me, as planned for and discussed by my caregiver and worker, and based on my caregiver's ability.

- To go to school and receive an education that fits my age and individual needs.

- To be trained in personal care, hygiene, and grooming.

- To have comfortable clothing similar to clothing worn by other children in my community.

- To have clothing that does a good job of protecting me against natural elements such as rain, snow, wind, cold, sun, and insects.

- To have personal possessions at my home and to get additional things within reasonable limits, as planned for and discussed by my caregiver and worker, and based on caregiver's ability.

- To personal space in my bedroom to store my clothes and belongings.

- To healthy foods in healthy portions proper for my age and activity level.
- To good quality medical, dental, and vision care, developmental and mental health services that are at least adequate enough for my needs.
- To be free from unnecessary or too much medication.
- To visit and have regular contact with my family, including my brothers and sisters (unless a court order or case plan doesn't allow it) and to have my worker explain any restrictions to me and write them in my record.
- To contact my worker, attorneys, Guardians A*d Litem*, probation officer, CASA at any time. I can communicate with my worker, CASA, attorney or Guardians A*d Litem* without limits.
- To see my worker at least monthly and in private if necessary.
- To actively participate in creating my plan for my services and permanent living arrangement, and in meetings where my medical services are reviewed, as appropriate. To be given a copy or summary of my plan and to review. I have the right to ask someone to act on my behalf or to support me in my participation.
- To go to my court hearing and speak to the judge.
- To speak to the judge at a court hearing that affects where I have been placed including status hearings, permanency hearings, or placement review hearings.
- To expect that my records and personal information will be kept private and will be discussed only when it is about my care.
- To have visitors, to keep a personal journal, to send and receive unopened mail, and to make and receive private phone calls unless appropriate professionals or a court says that restrictions are necessary for my best interests.
- To get paid for any work done, except for routine chores or work assigned as fair and/or reasonable discipline.
- To give my permission in writing before taking part in any publicity or fund raising activity for where I am placed or the DFCS, including the use of my photograph.
- To not be forced to make public statements showing my gratitude to the foster home or DFCS.

- To receive, refuse, or request treatment for physical, emotional, mental health, or chemical dependency needs separately from adults (other than young adults) who are receiving services.

- To call the Abuse/Neglect Hotline at 1-800-222-8000 to report abuse, neglect, exploitation or violation of personal rights without fear of punishment, interference, coercion, or retaliation.

- To call the Abuse/Neglect Hotline at 1-800-222-8000 to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.

- To be free from threats of punishment for making complaints and have the right to make an anonymous complaint if I choose.

- To not get pressured to get an abortion, give up my child for adoption, or to parent my child, if applicable.

- To hire independent mental health professionals, medical professionals, and attorneys at my own expense.

- To understand and have a copy of the rights of children and youth in foster care.

B. When I Am Age 16 and Older in Foster Care, I Also Have the Right:

- To attend Independent Living (IL) classes and activities as appropriate to my case plan.

- To a comprehensive transition plan that includes planning for my career and help to enroll in an educational or vocational job training program.

- To be told about educational opportunities when I leave care.

- To get help in obtaining an independent residence when aging out.

- To one or more transition planning meetings.

- To take part in youth leadership development opportunities.

- To consent to all or some of my medical care as authorized by the court and based on my maturity level. For example, if the court authorizes, I may give consent:

- to diagnose and treat an infectious, contagious, or communicable disease
- to examine and treat drug addiction for counseling related to preventing suicide, drug addiction, or sexual, physical, or emotional abuse for hospital, medical, or surgical treatment (other than abortion) related to the pregnancy if I am unmarried and pregnant

*If I consent to any medical care on my own, without the court or DFCS involved, then I am legally responsible for paying for my own medical care.

- To request a hearing from a court to determine if I have the capacity to consent to medical care.
- To help with getting my driver's license, social security number, birth certificate, and state ID card.
- To seek proper employment, keep my own money, and have my own bank account in my own name, depending on my case plan and age or level of maturity.
- To get necessary personal information within 30 days of leaving care, including my birth certificate, immunization records, and information contained in my education portfolio and health passport.

C. All Children and Youth in Foster Care Have the Right to…

- Have lifelong family connections, including siblings, grandparents and extended family.
- Youth have a right to visitation, ongoing contact with and/or knowledge of their parents, siblings, extended family, friends, and pets.
- Youth have a right to have a Life Book that is started when they enter care.
- A pregnant or parenting youth has a right to raise and make decisions for their children, as any other citizen does.
- Live with, be loved by and cared for by those they consider family.
- Youth have the right to permanency.
- Youth have the right to be placed in their home communities, live in a safe environment and have pre-placement visits.

- Youth have the right to live with their siblings.
- Youth have the right to keep their personal belongings with them and to expect age appropriate privacy.
- Be who they are.
- Youth have the right to their own identity, values, freedom to express their emotions, hopes, plans and goals, religion/spirituality.
- Youth have the right to learn about their sexuality in a safe and supportive environment.
- Youth have the right to privacy in relation to their personal journal/diary, litters, emails, telephone calls and other personal belongings, except in cases where there is

  just cause in supervising the youth to prevent self-harm or harm to other individuals.
- Youth have the most basic right to receive care and services that are free of discrimination based on race, color, national origin, ancestry, gender, gender identity and gender expression, religion, sexual orientation, physical and mental disability, and the fact that they're in foster care.
- Be included in their case planning with a team of people that advocates with them and for them.
- Youth have a right to have meaningful participation in their Family Team Meetings, treatment team meetings, court, and school meetings.
- Youth have a right to have family members or other supportive people of their choice present at their team meetings.
- Youth have a right to have monthly contact with their DFCS worker and have their phone calls returned.
- Youth should have access resources and be able to seek information about resources.
- Youth have a right to access their case records and expect accuracy in what is recorded in their case record.
- Have an informed choice in the types of physical, dental and mental health care they receive.

- Youth have the right to have a choice and options when a treatment provider is being assigned to them.
- Youth have a right to see and understand their treatment plans, be informed about and have a say in treatment decisions being made.
- Youth have a right to be informed about medications, medication options, and have a voice in decisions about prescription of medication.
- Youth have a right to not be overmedicated, to not be punished for refusal to take medications, and to be made aware of the possible risks that come from refusing to take medication.
- Youth should be able to have visitation with people that are important to them while receiving treatment.
- Youth should be able to receive care and services that are fair, respectful, safe, confidential and free from discrimination.
- Youth have a right to access their medical records.
- Have a qualified advocate (e.g., GAL, surrogate parent, mental health advocate, attorney, etc.) representing them and helping the youth advocate for themselves.
- Youth have a right to know their rights.
- Youth have a right to attend court and speak with the judge overseeing their case.
- Youth have a right to request a change in their GAL.
- Participate in and receive a high quality education, including ability to participate in extracurricular activities.
- Youth have a right to an education, equal to what anyone in Mississippi deserves.
- Youth have a right to receive blanket consent for participation in school activities.
- Youth have a right to participate in activities that all youth enjoy, and not be restricted from these activities simply because of their status in foster care or their particular type of placement.

- Receive the skills, knowledge and resources needed to be a successful adult after they transition from foster care.
- Youth in care have the right to a transition plan and process when they leave DFCS care.
- Youth have a right to obtain identification and personal records, including their social security card and birth certificate.
- Youth have a right to continue relationships when they exit care with individuals who have helped them while in care.
- Youth have a right to expect and receive help in reconnecting with their birth family.
- Youth have a right to learn about how to enter into DFCS extended care agreement prior to their 18th birthday.
- In this Transition Process, youth have a right to give evaluative comments about the services they have received to a neutral person.

D. Written and Oral Communication Needs of Clients

DFCS must accommodate the written and oral communication needs of clients by:

a. communicating, in writing and orally, in the languages of the major population groups served; providing, or arranging for, bilingual personnel or translators or arranging for the use of communication technology, as needed;

b. providing telephone amplification, sign language services, or other communication methods for deaf or hearing impaired persons;

c. providing, or arranging for, communication assistance for persons with special needs who have difficulty making their service needs known; and

d. considering the person's literacy level.

DFCS must create documents that consider the literacy level of clients, and any document such as the Family Service Plan must be created with the literacy level of the client in mind. Client Rights are available in Spanish. *See* MDHS AP-36 regarding Provision of Services to Individuals with Limited English Proficiency and *See* Interpreter Services.

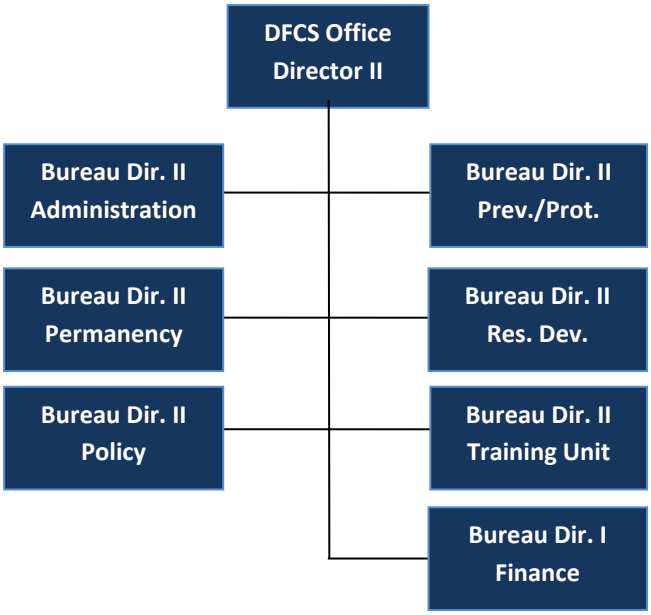
Workers must go over all documents with clients to ensure that they understand them fully before expecting adherence to the requirements or requesting the client's signature. If a client is unable to make decisions, or has difficulty making decisions on his or her own, a family member or other support person must be present in meetings and/or be offered legal representation by the youth court for hearings. Workers have access to the Statewide Relay Services line, also known as TTY which offers services to translate for the hearing and vision impaired.

TRS Provider - AT&T
Address: P O Box 811, Jackson, MS 39205
Customer Service #'s: 800-557-7755(V/T) and 601-371-8020(V/T)
Access #'s: 1-800-582-2233 (V/T)
1-800-229-5746 (STS English)
1-866-260-9470 (STS Spanish)

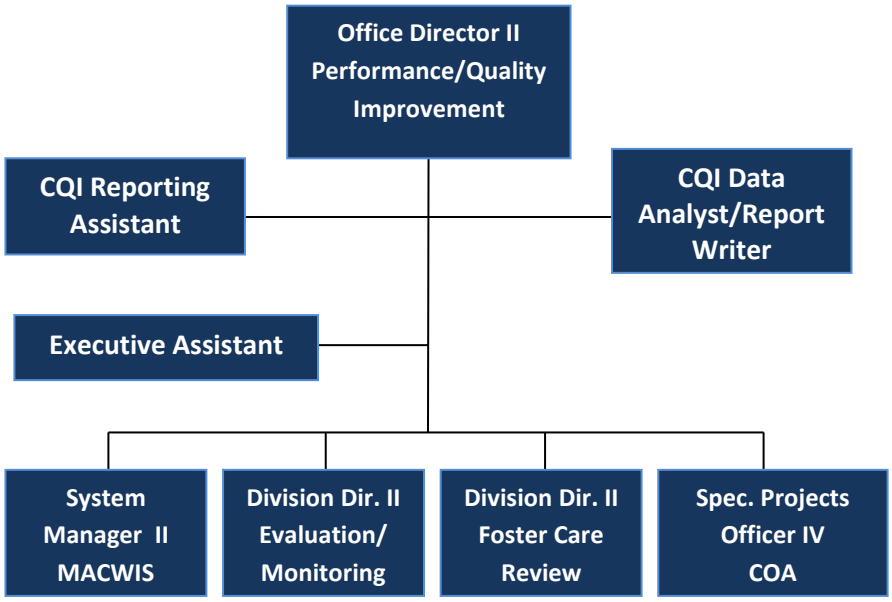
Another toll free service,*211, is offered by the United Way and can assist workers and clients with finding any needed services in the area.

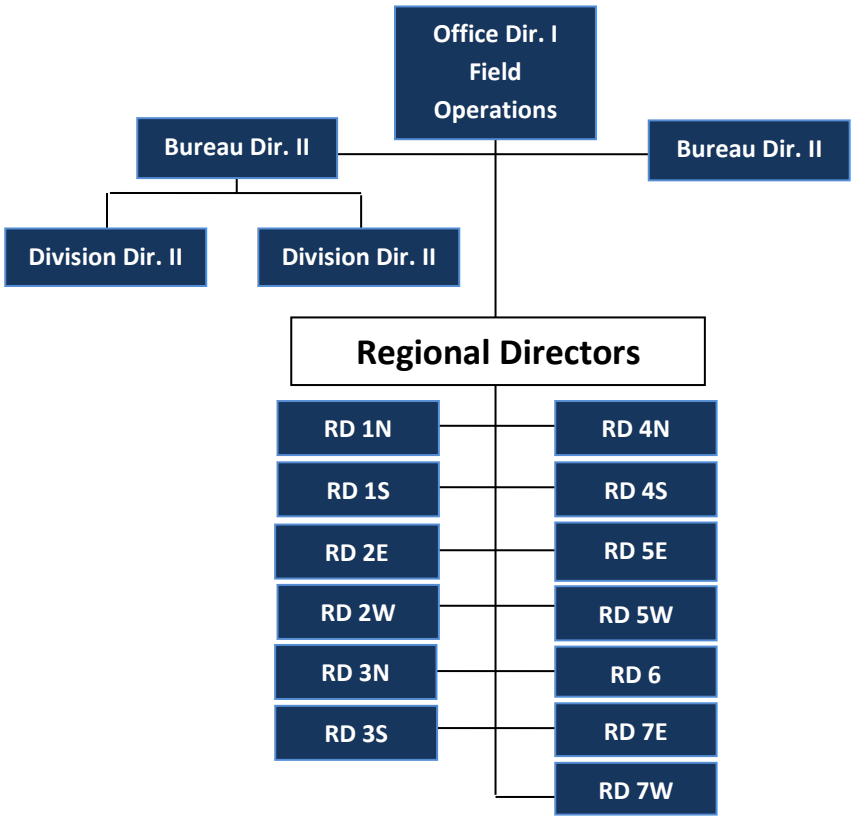
XV. APPENDIX

APPENDIX A



ADMINISTRATION





Mississippi
MDHS-DFCS-514
Section A & F, Revised 05-24-16

APPENDIX B

MISSISSIPPI DEPARTMENT OF HUMANS SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

TRANSPORTATION STATEMENT AND CHECKLIST

I _____, understand that as a condition of my employment
Print Name (Employee/Applicant)
or service as a Resource Parent/Household Member with the Mississippi Department of Human Services, Division of Family and Children's Service (MDHS/DFCS), I am responsible for and required to have and maintain reliable transportation. I further understand that I am required to maintain a valid Driver's License, current vehicle registration and current automobile liability policy with limits in an amount equal to or greater than the minimum amounts required by Mississippi law. It is my responsibility to provide verification of reliable transportation annually upon request from the proper authority. In addition, I understand that when transporting service recipients in any vehicle, I am responsible for ensuring the use of age appropriate passenger restraint systems including appropriate car seats, and for providing adequate supervision for passengers in the vehicle. I also agree to participate in a–training program, provided by MDHS/DFCS, regarding adequate passenger restraint and supervision.

_____ _____
Signature **Date**

- ☐ **Employee**
- ☐ **Resource Parent**
- ☐ **Household Member**
- ☐ **Other _____ (Specify Role)**

_____ _____
Witness **Date**

Mississippi
MDHS-DFCS-514A
Section A & F, Revised 05-24-16

TRANSPORTATION STATEMENT AND CHECKLIST

Name: _____ **Title:** _____
Print Name of Driver (Employee/Applicant)

By: _____ **Title:** _____
Print Name of Authorized DFCS Staff

Requirement	Initial Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial
Transportation Statement Signed					
Valid Driver's License					
Valid Driving Record Date Of Validation Validated Results (attach copy)					
Current Vehicle Registration License Plate/Tag					
Current Automobile Liability Insurance With Limits In An Amount Equal To/Or Greater Than The Minimum Amounts Required By Mississippi Law					
When Transporting Service Recipients, Insure The Use Of Age Appropriate Passenger Restraint Systems, Including Appropriate Car Seats and Properly Maintained Seat Belts					
Participate In A Training Program Provided by MDHS/DFCS For Adequate Passenger Restraint And Supervision					
Provide A Written Transportation Plan (Resource Parents Only, When Applicable)					

An **original** form along with supporting documentation must be maintained in employee's MDHS Human Resource personnel file or other applicable file.
A **copy** and supporting documentation must be maintained in the county employee file or other applicable file.
An **original** form must be maintained in the Resource family's case file along with supporting documentation.

Mississippi
MDHS-DFCS-514B
Section A & F, Revised 05-24-16

TRANSPORTATION STATEMENT AND CHECKLIST
Corrective Action Form

_____
Print Name of Driver (Employee/Applicant)

Unmet Requirement	Corrective Action Plan/Task
Transportation Statement Signed	
Valid Driver's License	
Valid Driving Record	
Current Vehicle Registration License Plate/Tag	
Current Auto Liability Insurance	
Age Appropriate and Properly Maintained Passenger Restraint Systems	
Participation in Restraint Training Program	
Provide A Transportation Plan (Resource Parents Only, When Applicable)	

_____ /_____ _____
Print Name (Employee/Applicant) **Signature** **Date**

_____ /_____ _____
Print Name Completed By Authorized DFCS Staff **Signature** **Date**

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section B: Intake/Assessment Policy

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I. DFCS OVERVIEW

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. Introduction and Scope of Services

The basic task of child welfare practice is the protection of children from harm. This task includes protection of children not only from harm occurring to a child as a result of abuse or neglect by the child's caretaker but also protection from harm caused by the separation of a child from their family. This approach requires that the family be considered as the client, and that the Worker's goal is to help the family solve problems so children can safely remain in their homes.

DFCS is responsible for evaluating the allegations of abuse or neglect in which the alleged perpetrator is identified as:

- a parent;
- a relative;
- a guardian or custodian; or
- any person responsible for the child's care or support. This shall include, but is not limited to step parents, foster parents, non-licensed baby sitters, and staff of residential care facilities and group homes that are licensed by MDHS.

(MISS. CODE ANN. § 43-21-353). (*See* also MISS. CODE ANN. § 43-21-105)

B. Goals

The primary goals of DFCS are to:

- Ensure the safety, permanency and well-being of children who have been abused, neglected, and/or exploited.
- Enable families to recognize behaviors that harm or threaten the well-being of their children.
- Offer services to parents/persons responsible for the care and support of children to promote change in their parenting behaviors to permit independent care of children.
- Enable children to remain in their own homes; and if they are unable to remain in their home, make reasonable efforts to place them in the least restrictive setting which

meets their needs such as with relatives or in other settings to meet their emotional and physical needs.

C. Legal Basis for Authority

1. State Laws

MISS. CODE ANN. § 43-15-3, entitled the "Powers and Duties of Department of Human Services…," authorizes, empowers, and directs DFCS to

> …fully cooperate with the United States Children's Bureau and Secretary of Labor in establishing and strengthening child welfare services for the protection and care of the homeless, dependent and neglected child and children in danger of becoming delinquent. [MDHS/DFCS] is further authorized, empowered and directed to cooperate with the United States Children's Bureau and Secretary of Labor in developing plans for said child welfare services and extending any other cooperation necessary under Section 521 of Public Law No. 271-74th Congress of the United States.

MISS. CODE ANN. § 43-21-353 outlines the duty of individuals having reasonable cause to suspect that a child is a neglected or abused child to notify MDHS immediately and MDHS will notify the Youth Court Intake Unit. (*See Investigation Reports & Notifications to Youth Court, District Attorney and law Enforcement when applicable* for more detail on § 43-21-353)

The Mississippi Youth Court Law, MISS. CODE ANN. § 43-21-101 et seq. outlines the definitions for abuse and neglect; child abuse and neglect intake procedure; reporting requirements for child abuse and neglect; immunity for reporting; confidentiality provisions for children's case records; the jurisdiction of the Youth Court; the conditions under which a child may be taken into protective custody; and the authority and responsibilities of the court, DFCS, and law enforcement officials in protecting children.

The Youth Court Law mandates DFCS to conduct investigations and provide services when reports of suspected abuse and/or neglect are made. (MISS. CODE ANN. § 43-21-353)

The Youth Court Law also permits DFCS to take a child into custody without a court order <u>for no longer than 24 hours</u> when there is probable cause to believe:

- the child is in immediate danger of personal harm, or
- the parent, guardian, or custodian is not available to provide care and supervision to the child, or
- no reasonable alternative to custody can be found.

(MISS. CODE ANN. § 43-21-303(1)(b) and (4))

MISS. CODE ANN. § 97-5-1 et seq. outlines the offenses affecting children and further identifies which offenses constitute misdemeanors or felonies and the penalties for the commission of crimes against children.

MISS. CODE ANN. § 43-21-259 requires all records involving children and the contents thereof, including the identity of the reporter, to be kept confidential except as provided in § 43-21-261.

MISS. CODE ANN. § 43-21-354 requires a statewide incoming telephone service to be maintained by DFCS on a twenty-four-hour, seven-days-a-week basis for the purpose of reporting abuse or neglect of a child pursuant to § 43-21-353.

2. Federal Laws

a) Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA originally enacted in 1974 as P.L. 93-247 has been amended several times, most recently amended and reauthorized on December 20, 2010, as Child Abuse Prevention and Treatment Act, as amended by Public Law 111-320. Key components of P.L. 111-320 are as follows:

- An assurance in the form of a certification by the Governor that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program that includes provisions and procedures for:
    - reporting of child abuse and neglect, including a State law for mandatory reporting on child abuse and neglect by certain individuals required to report such instances (section 106(b)(2)(B)(i));
    - addressing the needs of infants born with and identified as being affected by a Fetal Alcohol Spectrum Disorder (including appropriate referrals to child protection service systems and for other appropriate services) (section 106(b)(2)(B)(ii));
    - including differential response in triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(B)(v));
    - training in early childhood, child, and adolescent development for guardians ad litem appointed to victims of child abuse or neglect in cases which result in a judicial proceeding (section 106(b)(2)(B)(xiii));

- assuring that the State does not require reunification of a child with a parent who has been found by a court to have committed sexual abuse against a child of the parent or who the court has required to be registered in a sex offender registry under the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)) (section 106(b)(2)(B)(xvi)(V) and (VI));
- requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(B)(xxii)); and
- technology systems that support the child protective service system and track reports of child abuse and neglect from intake through final disposition (section 106(b)(2)(B)(xxiii)).

- A description of policies and procedures:
  - encouraging the appropriate involvement of families in decision-making pertaining to children who experienced child abuse or neglect (section 106(b)(2)(D)(iv));
  - promoting and enhancing collaboration among child protective services, domestic violence, substance abuse, and other agencies in investigations, interventions and service delivery to children and families affected by child abuse or neglect (including children exposed to domestic violence) (section 106(b)(2)(D)(v)); and
  - regarding the use of differential response, as applicable (section 106(b)(2)(D)(vi)).

- An assurance that the State, to the maximum extent practicable, has coordinated its CAPTA State plan with its title IV-B State plan (section 106(b)(2)(A)).

- An assurance that programs and training funded under title I of CAPTA address the needs of unaccompanied homeless youth as defined in the McKinney-Vento Homeless Assistance Act (i.e., a youth not living in the physical custody of his/her parent or guardian who lacks a fixed, regular, and adequate nighttime residence, including youth awaiting foster care placement) and meet the requirements of McKinney-Vento Homeless Assistance Act (section 106(b)(2)(F)).

b) The Adoption and Safe Families Act of 1997 (ASFA)

ASFA of 1997 (P.L. 105-89) focuses on the safety, permanency and well-being of children in foster care and establishes the framework for the current child welfare system. Significant parts of this law relating to safety establish that:

- Child health and child safety are identified as the paramount concerns for DFCS decision-making, including making reasonable efforts to prevent placement.
- Safety must be addressed in safety plans or integrated into case plans and services must address conditions related to safety.
- Case reviews must consider child safety in placement and potential dates upon which a child can return home safely.
- Responsible agencies must conduct concurrent planning that involves working toward reunification and simultaneously working on other permanency options based on permanency and safety considerations to accelerate the permanent placement of children in care.

c) Indian Child Welfare Act of 1978 (ICWA)

ICWA (P.L. 95-608) establishes exclusive jurisdiction over Indian child custody proceedings.
An Indian tribe shall have jurisdiction **exclusive** as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.

3. Exceptions & Limitations

A DFCS Worker may not enter a home without permission of the occupant, except by court order.

II. DFCS PROCEDURES FOR SERVICE ACTIVITY

A. Family Centered Practice Principles

The purpose of child welfare services and child protective services in a Family-Centered Practice culture or service environment is to enable children to safely grow up in their own families. The primary and essential component of a Family-Centered Practice approach is the engagement of and the development of a relationship with the family through an active and ongoing commitment to and execution of a practice approach which recognizes the value and dignity of the family, consistently and genuinely displaying respect and consideration for all family members, encouraging and allowing families to make their own decisions and solve their own problems. The major practice techniques causing effective engagement and resulting in meaningful relationships are family team meetings and individualized service planning through a

family case planning process. The object is to solve family problems so children can grow up safe and sound at home.

The technology of the Mississippi Division of Family and Children's Services (DFCS) is Family-Centered Practice. The values, philosophy, and principles must drive actions and decisions across the entire spectrum of practice from Intake to Permanency. Relationships must be built with families from initial engagement through case closure – relationships built on faith, honesty, justice, and trust. Each individual, each parent, each child, and every family is different and unique. Family differences must be recognized, acknowledged, appreciated, and respected. Judgment must be suspended. Relationships must be formed, built, nurtured, and maintained. Strengths must be identified and emphasized.

Family-Centered Practice identifies family strengths, support systems, and community services that will assist families in acquiring the resources, taking action, making decisions, and developing the skills they need to safely take care of their children and reduce the risk of future maltreatment. Strength-based assessment is an assessment protocol that looks at families' capabilities, strengths, and resources throughout the life of the case, supporting the development of strategies built on competencies, assets, and resources. Reports of child abuse or neglect or other intakes received by DFCS are subjected to a strength-based, structured intake process which allows for the concerns of the reporter to be heard, documented, and screened by intake workers. An effective intake process enhances both the quality and consistency of the information collected and emphasizes the strengths of the family about whom the report is being made. The initial relationship developed within a DFCS case is the relationship developed with the reporter. Reporters should feel valued, supported, and understood as the information provided by reporters regarding the circumstances being reported about the family significantly affects DFCS response.

B. Definitions

Safe

A child is safe when there are no immediate threats of serious harm due to the caregivers' actions or inactions, or the protective capacities of the family are able to mitigate these threats.

Unsafe

A child is unsafe when the caregivers' actions or inactions present immediate threats of serious harm to a vulnerable child and the family's protective capacities are diminished.

Risk

A child is at risk when there is a likelihood that maltreatment will occur in the future.

Safety vs. Risk

Risk and safety are not interchangeable terms. Safety applies to the need for action based on an immediate threat. Risk refers to the likelihood of future maltreatment even when the immediate safety threats are not present, and is seen on a continuum from low to high. Assuring child safety begins with the report of maltreatment and continues through the investigation, initial safety and risk assessment; ongoing safety and risk assessment; developing a case plan; assuring safety during placement; reunification and case closure. Safety and risk interventions are applicable for all children whether they are in out of home placements or in their own home.

Harm

- *Harm is the effect of child abuse or neglect. DFCS must address children at all levels of harm resulting from identified or alleged maltreatment.*
- *Harm is the consequence of enacting the threat.*
- *When a child is physically abused, it is the abuse or injury that is the harm.*
- *Harm may be physical, psychological or mental, or emotional.*
- *The extent of damage to a child who has been harmed depends on the nature of the harm, the severity of the injury, the dynamics and characteristics of the family, and the vulnerability and sensitivity of the child.*
- *The harm to the child of abuse or neglect by parents or caretakers must be weighed against the harm to the child and family of DFCS' intervention strategy, particularly removal of the child from the home.*

Threat

The threat is the caregiver's underlying condition or contributing factor and insufficient protective capacities that led to serious harm or threatened serious harm. To assess the safety threat, the seriousness of the harm must be assessed.

Protective Capacities

Individual or family strengths, or resources that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on a child are strengths that are specifically relevant to child safety. Protective capacities must be accessible and actionable and fall under the following categories:

- *Personal*
- *Behavioral*
- *Cognitive*
- *Emotional characteristics and/or Resources*

Protective capacities must be accessible and actionable.

Maltreatment

An act, or failure to act or pattern of behavior that results in death, physical, medical, sexual, emotional harm or mental injury or presents imminent threat of harm to a child.

Imminent Danger

Clearly observable behavior or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and cause serious harm.

Emerging Danger

A safety consideration that arises when the underlying conditions and contributing factors associated with a danger-related risk element in the family are escalating and/or protective capacities are diminishing.

Sex Trafficking Victim

An individual subject to the recruitment, harboring, transportation, provision or obtaining of a person for the purposes of a commercial sex act, in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age as defined by the Trafficking Victims Act of 2000.

Removal

In the context of DFCS policy, removal is when a child is removed from their home and placed in DFCS custody.

C. Intake

1. Who May Make a Report

Per MISS. CODE ANN. § 43-21-353, any person who has reason to suspect the abuse and/or neglect of a child must make a report by telephone to Mississippi Centralized Intake ("MCI"), DFCS' 24 hour statewide Child Abuse Hotline for the reporting of abuse and/or neglect at 1-800-222-8000, or electronically at www.msabusehotline.mdhs.ms.gov.

When a reporter comes to the county office to make a report, he/she shall be educated on the report process and allowed to use a DFCS phone to call MCI. If the reporter does not choose to make a report from the office phone, the county staff shall make the report to MCI immediately.

a) Mandated Reporters

Professional Mandated Reporters are those required by law to report suspicion of abuse or neglect. Professional Mandated Reporters include, but are not limited to, any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other professional, who becomes aware of information leading them to believe abuse or neglect to a child has occurred.
Professional Mandated Reporters are required to provide written reports of suspected child abuse and neglect. These written reports should be forwarded to DFCS as soon as possible after the oral report is made. Professional Mandated Reporters are encouraged to report suspected abuse and neglect electronically because it will eliminate the need to send a separate, written report. Refer to MISS. CODE ANN. § 43-21-257 which requires that any records involving children, including valid and invalid complaints, be kept confidential and not be disclosed except as provided by MISS. CODE ANN. § 43-21-261.

As child welfare professionals, all DFCS employees are mandated to report any suspicion of child abuse or neglect. Maltreatment, including the use of corporal punishment by a Resource Parent (relative or not) on foster children, is strictly forbidden by the MDHS, DFCS' policy. (*See* Section F, DFCS Resource Policy).

If any DFCS staff has suspicion that a child in DFCS custody is being maltreated in any way, or that corporal punishment is being used within any placement type, the DFCS staff member, as a mandated reporter, will formally report to MCI any suspicions of maltreatment, including corporal punishment.

b) Immunity from Liability

Any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, school attendance officer, public school district employee, nonpublic school employee, licensed professional counselor or any other person participating in the making of a required report pursuant to MISS. CODE ANN. § 43-21-355, participating in the judicial proceeding resulting there from, shall be presumed to be acting in good faith. Any person or institution reporting in good faith shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed.

c) Anonymous Reporters

DFCS does not require a reporter to identify him/herself as a condition for reporting suspected child abuse, neglect or exploitation. The MCI intake Worker should encourage anonymous reporters to leave contact information. This will allow the Worker responsible for responding to the report to contact the reporter for any information which would be helpful in assessing the report and working with the family.

Reporters may be reluctant to share their identities due to fear of personal repercussions or other factors. Anonymous reporting does not permit an opportunity for future contact by DFCS; therefore, it is crucial that the intake Worker gather as much information as possible before the intake call is terminated.

2. Types of Reports

a) Abuse, Neglect and Exploitation or ANE

The ANE intake type is used to report suspicion of child maltreatment through MCI. Reports are subject to DFCS screening procedure and, if statutory criteria are met, require official DFCS response.

b) Information and Referrals

The Information and Referral intake type (I&R) is used for assisting the public by sharing information or referring them to any needed services not provided by DFCS. These referrals are entered into MACWIS by county staff and MCI.

c) Case Management

The Case Management intake type is used to provide concrete services when a need is identified or a request is received. Concrete services are provided when possible and appropriate.

d) CHINS/Voluntary Placement/ Safe Baby/Unaccompanied Refugee Minors/Prevention Services

This intake type is used in the following circumstances:

(1) CHINS: A "Child in Need of Supervision" (CHINS) is a child who has reached his/her seventh birthday and is in need of treatment or rehabilitation because the child:

- Is habitually disobedient of reasonable and lawful commands of his/her parents, guardian or custodian and is ungovernable; or
- While being required to attend school, willfully and habitually violates the rules thereof or willfully and habitually fails to attend school;
- Runs away from home without good cause; or
- Has committed a delinquent act or acts;
- Is placed in DFCS custody by a Youth Court judge and there are no allegations of abuse or neglect.

(MISS. CODE ANN. § 43-21-105 (k))

(2) Voluntary Placement: An agreement between parents and custodians and DFCS where children are placed in DFCS custody for up to 180 days by signing the Voluntary Placement Agreement.

(3) Safe Baby: A child who is younger than 72 hours old and is surrendered by a parent to a licensed hospital which operates as an emergency department or an adoption agency duly licensed by DFCS (MISS. CODE ANN. §§ 43-15-201 thru 209).

(4) Unaccompanied Refugee Minors (URM): URMs are minors brought to the United States without their parents or who come as a result of human trafficking or exploitation. This intake type should be used only by staff in Hinds County designated to handle URM intakes.

(5) Prevention Services: Services provided to families when issues of safety and risk exist though there is no report of abuse or neglect being made which meets the criteria for screening in for investigation.

e) Resource Inquiries

This intake type is used when individuals request information regarding licensure as Resource Parents. For cases involving Resource Inquiries the following information should be obtained:

(1) For Foster/Adopt Resource Inquiries:

- Age, gender, and race of child the applicant resource family is interested in fostering or adopting.
- Income of applicant

- Availability of space in the home for additional children
- Whether the applicant is interested in fostering, adopting or fostering-to-adopt
- Marital status of the applicant
- Previous parenting experience
- Whether the applicant is working with a private provider to license the applicant's home

(2) For Relative Inquiries:

- County of responsibility
- County of responsibility Worker
- Name and age of foster child
- Relation to the child
- Date the child was placed in the home, if applicable
- Reason the child was taken into custody

3. Maltreatment Definitions

Types of Maltreatment include:

Emotional Abuse/Neglect

Any acts and/or threatening statements made and/or allowed, or failure on a periodic or continuing basis, regardless of cause, to provide adequate nurture to meet the child's needs which results in a substantial impairment of intellectual, psychological or emotional well-being and functioning of the child. It describes emotional abuse, mental injury, and other types of maltreatment. Refer to MISS. CODE ANN. § (43-21-105).

Medical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter.

(MISS. CODE ANN. § 43-21-105)

Physical Abuse

"Abused child" means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused upon the child sexual abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment. However, physical discipline, including spanking, performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section.
(MISS. CODE ANN. § 43-21-105).

Physical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter
(MISS. CODE ANN. § 43-21-105).

Sexual Abuse and Exploitation

"Sexual abuse" means obscene or pornographic photographing, filming or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened.
(MISS. CODE ANN. § 43-21-105).

4. Intake Procedures

a) Centralized Intake Procedures

Mississippi Centralized Intake accepts the following intake types:

- ANE;
- I&R;
- Case Management CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement/Prevention Services;
- Resource Inquiries.

INTAKE & ASSESSMENT

All intakes must be documented in MACWIS upon receipt.

The MCI staff shall be responsible for gathering as much information as possible from the reporter of the abuse or neglect allegations, including, but not limited to:

- how to locate the family;
- whether or not the alleged abuse and/or neglect is caused by the person caring for the child;
- access of alleged perpetrator to the alleged victim;
- nature of the abuse and/or neglect (severity, duration, type of maltreatment, etc.);
- if the report falls under the statutes of our state law as abuse and/or neglect;
- history on family/household;
- history/ability of caregiver;
- history of ANE;
- potential safety risks for Worker;
- prior criminal history of household members, if known;
- information on the victim (mental & physical capabilities/limits; age; school, etc.);
- general dynamics of the family, if known (traditions, culture differences, strengths and weaknesses;
- if the family being reported has any tribal affiliation.

MCI staff shall also inform reporters of DFCS' responsibilities including:

- protection of reporter's identity;
- screening and investigation process and any on-going communication with the reporter;
- confidentiality/disclosure of records; and
- determining whether the victim is a Native American and/or resides on Native American tribal lands.

Intake duties of the MCI staff after taking a report include but are not limited to:

- entering the "Report Date" as the date the reporter received the report in the county or the date a child was placed in DFCS custody;

- search for prior MDHS involvement (METTS, MSSIS, MAVERICS and MACWIS); including but not limited to reports of abuse and neglect;
- diligent search to identify the absent parent (METTS, MSSIS, MAVERICS and MACWIS);
- forward complaints to DFCS Complaints Unit;
- contact the language line for assistance when working with reporters having language barriers; and
- notify the appropriate county office or on-call Worker immediately when a request for immediate assistance is made by law enforcement, judges, or hospitals.

b) ANE Intakes That Require Special Handling

1. Reports of Maltreatment in Foster Care

All reports of maltreatment, including corporal punishment, involving children in custody must be reported through MCI and entered as ANE and must be initiated within 24 hours of initial intake "report date and time" and completed within 30 calendar days including supervisory approval.
If information gathered from the reporter or a diligent search of MACWIS identifies the alleged victim as a child in custody, the intake Worker will:

1) Confirm the identity of the child.
2) Confirm all household members that are identified at intake and who have prior history in MACWIS.
3) Assign the intake to the county where the resource home/facility is located.

After it is determined the alleged victim is a child in custody, the report should be entered into MACWIS using the following guidelines:

1) If a report of maltreatment, including use of corporal punishment by a Resource Parent is received, the report should be entered as a Resource Report and assigned to the county where the resource home is located.
2) If the maltreatment occurred outside of the Resource/Facility setting, the report should be entered as an ANE with the appropriate alleged perpetrator identified and assigned to the county where the child currently resides.
3) If the maltreatment occurred in the child's own home, the report should be entered as ANE and the alleged perpetrator identified and assigned to the county where the child currently resides.

2. Resource Report Option

The "Resource Report" option in MACWIS should be selected only in the following instances:

- If a report of maltreatment, including corporal punishment, by a Resource Parent is received on a child in custody.
- If a report is received on a child in custody in which alleged maltreatment occurred in the Resource Home.
- If a report is received on a child in custody in which alleged maltreatment is a result of the Resource Family's actions or inactions.
- If a report of maltreatment is received involving a child in custody placed in a licensed or non-licensed facility.

3. Special Investigations

The "Special Investigation" option in MACWIS should be used only in the following instances:

a. Reports in which a DFCS staff person, at intake, meets one of the following criteria:

- named as alleged perpetrator
- named as alleged victim
- reported as being otherwise involved with the alleged maltreatment

b. Reports in which the alleged perpetrator or his/her immediate family member is in a position of authority, including, but not limited to: government officials, community leaders, local DFCS and/or department heads.

4. Tracking Disrupted or Dissolution of Adoptions

States are required by section 422(b)(12) of the Social Security Act to collect and report information on children who were adopted from other countries and who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption.

Disruption is an adoption process that ends prior to adoption finalization, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents.

Dissolution is a reversal or voiding of an adoption after it has been legally finalized. This results in the child's return to (or entry into) foster care or placement with new adoptive parents.

Tracking information requirements include:

a. The number of children.

b. The agencies that handled the placement or adoption.

c. Plans for the child.

d. The reasons for the disruption or dissolution.

Prior to supervisory approval of investigation or opening a case recommending that a child come into State custody the ASWS will:

1. Confirm with the Investigating Worker that the following questions were asked as a part of the investigation.

    - Was the child adopted prior to entering custody?
      If yes,

    - Was this child adopted from another country?

2. Document in MACWIS, on the "Supervisor Approval of Findings" Tab of Investigation in the Supervisor's Comments section the responses to the above questions.

Before approving a case to be opened, as a result of a Voluntary Placement, CHINS or Refugee intake, the ASWS will document in the *Explanation for Decision* box of the Screening Tab, the responses to the above questions.

If the child was adopted prior to entering custody, the ASWS will complete the Report Of Disrupted Adoption Form 557* as thoroughly as possible and submit to the Adoption Unit in State Office at disruptedadoptions@mdhs.ms.gov .

The information submitted to the Adoption Unit will be documented for tracking and reporting purposes.

*MDHS–DFCS 557 Form is located on the DFCS Connection under Policy Forms Section B: Intake/Assessment.

c) Additional Reports Entered As ANE

1. Reports on Native American Children

The Mississippi Band of Choctaw Indians or any other Indian Tribe to which the child belongs has the right to accept or deny jurisdiction of the said child and to help with placement resources.

The Federal *Indian Child Welfare Act (ICWA)* was passed in 1978 and grants Indian tribes exclusive jurisdiction in child welfare cases involving Native American children. Because of this Act's existence, DFCS has no jurisdiction to investigate allegations of abuse or neglect occurring on Native American tribal lands. However, DFCS has and will continue to receive reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should MCI receive such a report, a determination shall be made as to whether:

- The child is a member of a Native American Tribe and falls under the purview of ICWA;
- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

The Mississippi Band of Choctaw Indians has tribal land in Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott, and Winston counties.

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor, who will notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located on the MACWIS Web. (refer to Section D, ICWA)

2. Unaccompanied Refugee Minor

All ANE reports involving an Unaccompanied Refugee Minor (URM) should follow the same intake procedure for reports of maltreatment in foster care.

3. Reports of Safe Babies

Safe Babies should be reported through MCI. If the report comes directly to the county office, the Worker is responsible for making the report through the MCI system. The report shall be assigned through MCI to the county where the child is surrendered.

4. Child-Fatality/Near Fatality

When an intake report is received indicating a near fatality or fatality, the following two questions must be answered for each allegation on the Allegations/Living Arrangement Tab in MACWIS:

- Is the victim in serious or critical condition, as certified by a physician, as a result of this maltreatment (near fatality)?
- Did the victim die as a result of this maltreatment (fatality)?

"Yes" is selected at intake **ONLY** if the reporter is DFCS, law enforcement or medical personnel **AND** indicates a physician has labeled the child's condition as "serious" or "critical" as a result of the maltreatment act (near fatality) or the child has died as a result of the maltreatment act (fatality).

Based on information gathered during the investigation/assessment, the Worker shall **VERIFY** the answers to the two questions above on the Worker Findings Tab in MACWIS.

Answers to the above questions affects the assignment of the case. The answers should be updated as new and accurate information is obtained.

5. County Intake Procedures

All reports of abuse/neglect including an emergency or after hours report from law enforcement, court, hospital, etc. received in the county offices or by an on-call Worker must be sent to MCI prior to responding to the report or immediately thereafter.

Each county office accepts the following intake types: I&R; Case Management, CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement; and Resource Inquiries/Prevention Services.

D. Screening

1. Screening Report and Assigning Response

For a report, MCI staff will determine the following criteria:

- If the family can be located.

- If the reporter identified the county in which the family lives, adequate information exists to locate the family for screening purposes.

- If the alleged perpetrator is a parent, guardian, relative, someone in a caretaking role, foster care provider, other legal caretaker, or if the parent/guardian permits abuse or neglect to occur or fails to protect the child from maltreatment, or if the alleged perpetrator has access to the child due to the relationship with the parent or caretaker.
- If the report alleges maltreatment of the child that meets statutory and DFCS criteria of maltreatment.
- If the child has been harmed or is in imminent risk of being harmed.

After gathering as much information as possible, MCI staff will use the MACWIS screening tool and, according to selections made, the report is screened in or out by the MCI staff. This task must be completed immediately upon receipt of report but shall be screened to the county within 90 minutes.

All reports of positive drug screens for mother and/or infant shall be screened in by MCI.

MCI staff will use the statutory criteria to make the screening decision.

Level One - A report that does not meet the statutory criteria in MISS. CODE ANN. §§ 43-21-353; 97-5-39 is **screened out** for DFCS and may receive a referral for information or a referral for services. (*See* Appendix A for additional information on reports that are screened out.)
Level Two – A report which meets the statutory criteria in MISS. CODE ANN. §§ 43 21 353; 97 5 39, but does not meet at least one of the Level Three criterions (see list), is screened in and assigned for investigation. The assigned worker has 72 hours from the initial intake "report date and time" to initiate the investigation.

Level Three – A report which meets the statutory criteria in MISS. CODE ANN. §§ 43 21 353; 97 5 39 and at least one of the criterions listed below is **screened in** and assigned for investigation:

- Any child in the current legal custody of DFCS
- Prior ANE report within past 12 months or multiple ANE reports regarding alleged victim
- Child is in imminent risk of harm
- Any sexual abuse
- Any life threatening neglect

- Any allegation of any child in the home ages 5 and under
- Any allegation of any age child with special needs*
- Any allegation that could be felony child abuse under state or federal law

The assigned worker has 24 hours from the initial intake "report date and time" to initiate the investigation.

*For the purpose of intake and assessment, special needs shall include but are not limited to the known or suspected presence of a medical condition, or physical, mental, or emotional disabilities.

If the Intake Supervisor receives an intake and screening from MCI that indicates a child is in imminent danger, the Intake Supervisor will assign a Worker for immediate response.

2. County Screening Process

The Intake Supervisor/designee has two (2) hours from receipt of report for assignment.
All Level III reports of maltreatment of children, including children in DFCS custody must be initiated within 24 hours of the initial intake "report date and time" and completed within 30 calendar days including supervisory approval.

All reports of positive drug screens for mother and/or infant that have been screened in by MCI shall be assigned by the Intake ASWS to a worker for investigation/assessment.

A copy of all screened in reports of abuse/neglect shall be sent to the county youth court and felony reports shall be sent to the county youth court/prosecutor/DA and law enforcement.

If the Intake Supervisor/designee in the county responsible for investigating the report determines that the screened-in report does not meet criteria for investigation and the report does not meet the standards required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation, the Intake Supervisor/designee changes the screening decision, documents the reason for screening the report out in the justification/rationale box, citing the Miss. Code and notifies the Regional Director (RD) that the request for reconsideration has been submitted via MACWIS for review and approval. The RD shall reconsider the Intake Supervisor's determination that the report does not meet criteria for investigation. If the RD concurs with the Intake Supervisor's decision to screen out the report, then the RD shall notify by email with the Reconsideration Form attached (*See* DFCS Connection Website under *"Forms"*), to the Director of Field Operations and the Bureau Director of Prevention and Protection. All reconsiderations should be

tracked and maintained by the RD. If the RD disagrees with the supervisor's recommendation to screen the report out the original decision made by MCI stands.

When the Intake Supervisor/designee determines the report meets standards as required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation but the report was screened out by MCI staff, the supervisor/designee changes the screening decision, documents the reason for changing the screening decision in the justification/rationale box citing the Miss. Code, and notifies the RD by telephone that the request has been submitted for review and approval. The Intake Supervisor then submits the screening request via MACWIS to the RD for final approval. If the RD agrees with the decision to screen in, the report will go back to the Intake Supervisor via MACWIS for assignment. The RD shall notify by email with the Reconsideration Form attached, to the Director of Field Operations and the Bureau Director of Prevention and Protection. All reconsiderations should be tracked and maintained by the RD. If the RD disagrees with the Intake Supervisor's recommendation to screen the report in the original decision made by MCI stands.

a) Screening Out of Home Reports

When DFCS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caretaker, or relative. If this is the case, the report must be handled as an "Out of Home" report.

"Out of Home" is defined by MISS. CODE ANN. § 43-21-105(x) as: temporary supervision or care of children by: staff of licensed day care centers, staff of public, private and state schools, staff of juvenile detention facilities, staff of unlicensed residential care facilities and group homes, or staff of individuals representing churches, civic or social organizations.

According to MISS. CODE ANN. § 43-21-353(8), If a report is made directly to DFCS that a child has been abused or neglected in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office within forty-eight (48) hours of such report.

DFCS shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth court.

The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by DFCS to the licensing agency. The licensing agency shall investigate the report and shall provide DFCS, the law enforcement agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

Upon receiving the out-of-home intake the MCI Intake Worker must notify the local licensing entity by phone, facsimile or electronic mail.

When an out-of-home report is screened out, the county Intake ASWS will notify by phone, facsimile or electronic mail the following:

- Law enforcement
- District Attorney's office in the appropriate jurisdiction
- Youth Court

b) Duplicate Reports

In order to classify a report as a "duplicate report" and to screen it out for investigation, it must be determined if the new information includes:

1) Same alleged perpetrator(s);
2) Same victim(s)
3) Same types of child maltreatment(s); and
4) Same incident

If the prior investigation has been completed, the COR Supervisor must always make sure the prior report was thoroughly investigated. Information on the same report will be entered into MACWIS and screened out.

c) Child on Child Reports

In order for a child to be considered a perpetrator, he/she must meet **one** of the following conditions:

- They are in a caretaker role, **or**
- They are identified by the reporter as the perpetrator or aggressor in an abusive act against another child.

The MCI staff must also assess the possibility of parental neglect having contributed to one child harming another.

d) Additional Reports on An Open Investigation

If there is an open investigation and an additional report is made, but it is not a duplicate report, the additional allegation should be added to the open investigation on the post allegation tab and the additional report should be screened out.

e) Reports Involving More Than One County

MCI may receive a report of child ANE when the incident occurred in one county and the child lives in another county. The report should be screened to the county of residence of the child and the COR Worker is responsible for notifying law enforcement in the county where the incident occurred.

f) Reports Involving Foster Children

If MCI receives a report that meets the statute and DFCS criteria for maltreatment or is a report of corporal punishment and the identified victim is a foster child, the report must be screened in as a level three. The report and the screening are sent to the RD where the Resource Home is located. If the alleged maltreatment occurred outside of the resource/facility setting and the resource parent/household members were not involved the report should be entered as ANE and screened to the COR.

g) Screening Special Investigations

If the report is determined during intake to be a Special Investigation, it is screened according to normal screening procedures and sent to the RD for final decisions and assignment.

E. Investigations and Assessments

1. Investigation Reports

MISS. CODE ANN. § 43-21-353: Duty to inform state agencies and officials; duty to inform individual about whom report has been made of specific allegations. *Any attorney, physician,*

*dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other person having reasonable cause to suspect that a child is a neglected child or an abused child, shall cause an oral report to be made immediately by telephone or otherwise and followed as soon thereafter as possible by a report in writing to the Department of Human Services, and immediately a referral shall be made by the Department of Human Services to the youth court intake unit, which unit shall promptly comply with Section 43-21-357…Where appropriate, the Department of Human Services shall additionally make a referral to the Youth Court Prosecutor. *in counties which do not have a County Youth Court Prosecutor, the District Attorney should be notified.*

Upon receiving a report that a child has been sexually abused, or burned, tortured, mutilated or otherwise physically abused in such a manner as to cause serious bodily harm, or upon receiving any report of abuse that would be a felony under state or federal law, the Department of Human Services shall immediately notify the law enforcement agency in whose jurisdiction the abuse occurred and shall notify the appropriate prosecutor within forty-eight (48) hours, and the Department of Human Services shall have the duty to provide the law enforcement agency all the names and facts known at the time of the report; this duty shall be of a continuing nature. The law enforcement agency and the Department of Human Services shall investigate the reported abuse immediately and shall file a preliminary report with the appropriate prosecutor's office within twenty-four (24) hours and shall make additional reports as new or additional information or evidence becomes available. The Department of Human Services shall advise the clerk of the youth court and the youth court prosecutor of all cases of abuse reported to the department within seventy-two (72) hours and shall update such report as information becomes available.

2. MDHS Request for Law Enforcement to Accompany

The MISS. CODE ANN. § 43-21-353 (6), specifies:

In any investigation of a report made under this chapter of abuse or neglect of a child as defined in § 43-21-105(m), the Department of Human Services may request the appropriate law enforcement officer with jurisdiction to accompany the Department Representative on its investigation, and in such cases the law enforcement officer shall comply with such requests.

3. Initiation of Investigation/Assessment

When the Intake Supervisor receives an intake and screening from MCI that indicates a child is in imminent danger, the Intake Supervisor shall assign a Worker for immediate response.

"Imminent danger" is defined as clearly observable behavior, or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and would cause serious harm.

Prior to initiating the investigation, the Worker should conduct an additional thorough review of any prior DFCS involvement with the family. The Worker may need to look at old paper case files as well as a MACWIS records check.

Information regarding any prior reports shall immediately be made available to the Worker to whom the case has been assigned for investigation.

An investigation is considered "initiated" when face to face contact or attempted face to face contact is made with the alleged victim(s) and should occur within the timeframes required by the level of the report. The Worker may be unable to see a child for the following reasons: the child disappeared, the family fled, incorrect/nonexistent address, the child is not at the location, or the parent/caretaker refused to allow Worker to interview or observe the child. This must be documented in MACWIS as part of the investigation.

Criteria for attempted contact for the initiation of an investigation are considered met when two or more locations have been checked including the child's identified home and one of the following: the neighbor, school, and daycare. Concerted efforts will continue daily to locate the child or children. At the initial unsuccessful home visit the Worker may leave a note or write a letter requesting that the Worker be contacted. The note or letter should not indicate the purpose of the visit.

Workers shall resolve the issue of Indian heritage as soon as possible after contact is made with the family, either through a report of abuse/neglect or a referral for services. The Worker shall ask the family the following questions to gain knowledge in deciding what is in the best interest of the child and document the discussion in the narrative section of MACWIS:

1. Is parent or child of Native American heritage?
2. Is parent eligible for tribal membership?
3. Is parent registered with Native American tribe?
4. Is child eligible for tribal membership?
5. Has child been registered with Native American tribe?
6. Does the family live on tribal land?

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor, will notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located at http://www.neshoba.org/community/ms-band-choctaw-indians.php**)**

Following contact with the alleged victim(s), other people to be interviewed include the following:

- The Reporter, if possible
- Parent/Guardian/Caretaker
- Siblings who reside in the home
- All other children and other household members
- A collateral contact
    - At least one collateral contact shall be made on all investigations. May include, but not limited to the following: service agencies, doctors, nurses, teachers, law enforcement, neighbors, relatives (not including household members), and others who may have information concerning the health and welfare of the child. If a relative is used as a collateral, you must also have a second collateral who is a non-relative.
- Alleged perpetrator unless otherwise instructed by law enforcement

All Interviews with the individuals shall be held in private and additionally, the Worker must make a visit to the home and a physical home environment narrative entered in MACWIS.

Attempted face to face contact with the child, parent/guardian, custodian, or caretaker and efforts to locate the child does not end the investigation. If the Worker cannot make face to face contact or locate the family, the Supervisor shall be notified immediately on case status. Law enforcement will be requested to assist in locating the child and family.

a) Interview with Reporter

If contact information is provided on the reporter, the Worker assigned the investigation will contact the reporter as the first step in the investigation. If the reporter cannot be contacted, the Worker should proceed with the investigation and attempt to contact the reporter at a later time. The inability to contact the reporter should not delay proceeding with the investigation.

The purposes of contacting the reporter are:

- to get additional information in regard to the abuse or neglect being reported,
- to inform the reporter of the role and purpose of the DFCS in its response to the report, and
- to give the reporter the opportunity to assist the DFCS in helping the family solve its problems so the child can remain safely at home or to assist the agency and family in developing plans to assure the safety of the child if the child cannot remain safely at home.

Contact with the reporter is an opportunity for the DFCS to engage the reporter and to educate the community in regard to Family Centered Practice and to elicit the support of the reporter and community in effectively addressing the problem of child abuse and neglect as it relates to the specific family and to the community at large.

b) Interview with Child Victim

The Worker will notify the parent/ guardian or custodian or caretaker before interviewing the child, unless notification would endanger the child or impede the investigation.
All child(ren) should be interviewed privately with documentation addressing time and location.

If not notified prior to interviewing child(ren), the parent/caretaker should be notified immediately following the interview, unless this would endanger the child(ren).

c) Interviewing in the School Setting

Child(ren) may be interviewed without the parent's consent if the notification would endanger the child or impede the investigation.

If the principal or other school official insists on being present, advise school official(s) that they may be subpoenaed to court to testify and have him/her sign a Confidentiality Statement. The

Confidentiality Statement is filed in the case record. (*See* DFCS Connection Website under *"Forms"*)

d) Interview with Parent/Guardian/Custodian/Caretaker or Alleged Perpetrator:

- The Worker will interview the parent/ guardian or custodian or caretaker and/or the alleged perpetrator face to face separately and privately with documentation in MACWIS with details of the meetings as well as time and location of each meeting.
- In circumstances where the alleged perpetrator has been charged or arrested for a child abuse crime, the Worker only needs to interview the alleged perpetrator if information is needed to determine the safety of the child(ren) or risk of harm. If the alleged perpetrator is not interviewed, the record should document the reasons. A copy of the interview with the perpetrator by law enforcement should be obtained for DFCS records.
- If the parent/guardian or custodian or caretaker or alleged perpetrator has not been charged or arrested, and law enforcement, district attorney, or other appropriate official, requests the Worker not to interview the person; the Worker will advise the Area Social Worker Supervisor (ASWS) and the Youth Court Judge of jurisdiction of the request.
- During the interview with the parent/caretaker the Client's Rights and Responsibilities and Grievance procedures will be provided and discussed. The parent/ caretaker will sign the Clients Rights and Responsibilities form, (*See* DFCS Connection Website under *"Forms"*). A copy will be provided to the parent/caretaker and a copy will be filed in the case record.
- ICWA will be addressed and documented in MACWIS. Information for the TANF form will be gathered. The TANF form will be completed by the Worker and submitted to the Administration Unit prior to the end of the month that the report was received.
- The Safety Checklist will be completed on all children and a copy provided to the parent/caretaker.

e) Examination and Photographs of the Victim

1. Examination of the Victim (child)

- All victims of physical abuse should be thoroughly examined for evidence of abuse (bruises, bites, burns, welts, etc.). When possible, a Worker of the same sex as the child will examine the child. The procedure should be explained in a non-threatening, comforting way.

- Victims of neglect should be thoroughly examined if the investigation indicates reasons to suspect physical abuse; or if there are observable signs of neglect (malnutrition, untreated accidental injuries, infestations, bug bites).
- A parent/caretaker or another adult witness must be present when child is examined.
- Worker should request that the parent/caretaker or the child, if old enough, remove the child's clothes. Worker should be sensitive to the child's feelings of undressing in front of a stranger.
- If there is reason for an examination of the genital area of any child or breasts of female children over age 6, arrangements should be made for examination by a medical professional.
- If a child or parent refuses to cooperate, seek court intervention.
- If there is reason to suspect physical abuse of other children, examine them.

2. Photographs of the Victim (child)

- The investigating Worker may take photographs of child, child's home, or location where the child was residing when abused/neglected to document any physical evidence of abuse/neglect. If parents do not cooperate, seek youth court or law enforcement intervention.
- A parent, another DFCS Worker, or another professional must always be present as a second party when photographs are taken of a child.
- Identifying information (name of the victim or other appropriate identifying information, date photograph was taken, time, and location) should be written on back of photograph or attached to it. The person's name who took photograph should be included also.
- Each photograph shall have a visible body landmark to distinguish the identity of the child, actual location, and extent of the area of injury. More than one photograph of the injury may be required to show landmark and still obtain a clear close-up of abuse.
- Photographs are filed in the case record.

3. Use of DVD or Video Tapes

- When interviewing individuals, the Worker may record the information. Verbal permission must be obtained for children from the parent or guardian.

- The DVD/Video Tape should be labeled with the following information:
  (a) Name of interviewee
  (b) Date, time and location of interview
  (c) Name of interviewer

- The DVD/Tape becomes a part of the confidential case record and should be closely protected.

f) Drug and Alcohol Screenings

DFCS Workers may request a drug and/or alcohol screen any time there is suspicion of illicit drug use and/or prescription drug and/or alcohol abuse by a Parent/Guardian.

DFCS Workers shall not administer drug and/or alcohol tests of any type to clients.
DFCS Workers shall facilitate drug and/or alcohol testing of clients when ordered by the Court by:

- Sending client(s) to a certified drug testing facility when client can pay for test and has transportation;
- Transporting client to a drug testing facility, if necessary, as well as DFCS paying the fee;
- Arranging for drug testing company Worker to come to the Court;

  or

- Requesting Court personnel perform drug test.

g) Medical/Mental Health Examination

- Medical examinations of children should occur when there are specific allegations indicating injury which can be corroborated and verified by an examination; and the initial phases of the investigation reveal information indicating that a medical examination is necessary and warranted in order to determine whether or not there is evidence to substantiate any harm or maltreatment.
- Medical examinations may be needed to confirm or rule out abuse/neglect and/or to prevent removal.

The Worker will assist parent/caretaker to arrange for the examination. The parent's own physical/mental health professional, etc., may be used. If the parent/caretaker is unwilling to pay for the examination, Medicaid or other DFCS resources are utilized.

If a situation arises and a parent/caretaker refuses to cooperate, the Worker will consult with his/her Supervisor and court intervention may be sought. When a court orders a medical/mental health examination the Worker will take the child for the examination, even though DFCS may not have custody. In this situation the court order should specify the authority of DFCS to take the child for examination.

4. Safety and Risk Assessment

a) Safety Assessment

The Safety Assessment is completed in all situations when the report has been assigned a Level Two or Level Three investigation. Safety applies to the need for action based on an immediate threat, and must be assessed at the initial contact with the child(ren) and staffed with the supervisor immediately with documentation in the MACWIS narrative during the 5 day required investigation staffing. Documentation should include results of the safety assessment, addressing any safety, environmental or health issues and protective capacities of the parent/caretaker. The documentation of the Safety Assessment tool in MACWIS must be completed and submitted to the supervisor within 25 days of the report date and time. The Safety Assessment addresses the following areas: (*See* DFCS Connection Website under *"Forms"*)

- Physical harm or injury
- Neglect of basic needs
- Family strengths and needs
- Prior history of abuse/neglect/exploitation/domestic violence
- Protective capacity of parent/caregiver.

Reasonable efforts will be made to maintain children in their own home or with family and support services should be made available to the family. However, if adverse safety and risk factors are identified during the investigative phase, the Worker should hold a Family Team Meeting to determine if there are family members or extended family who can assist the parent/caretaker in making an appropriate safety plan that is in the child/(children)'s best interest.

Family Team Meetings are an integral part of Family centered Practice which allows families to identify a support system to address issues that caused a disruption in the family. This allows the family to be a part of finding their own solutions and engaging others in building relationships built on empathy, genuineness and trust. All families are unique and different and all have strengths that should be identified and acknowledged through the interaction of this group process.

b) Safety Plan

Safety planning is a part of DFCS making reasonable efforts to maintain children with family.

The technical components of Family-Centered Practice – engagement, relationship-building, and problem-solving – are put into action immediately by the Worker with the family during the initial phases of investigation/assessment in order to develop and implement a plan for the family in which the child is safe from harm. This process, including the utilization of Family Team Meetings, is safety planning. Safety planning constitutes a process in which the family and the Worker can develop jointly a plan for the child and family in which identified issues or factors of safety and risk are recognized, acknowledged, and analyzed in light of the strengths and protective capacities of the family for the purpose of assuring the safety of the child and the preservation of the family.

Although safety and risk of harm are the key considerations in the development of a plan, issues of permanency and well-being are also brought to the table from the very beginning. The development of a trusting and honest relationship with the family is of the essence in effective safety planning. The DFCS Practice Model definition of safety assurance and risk management assumes that children should live in a safe and permanent home with their own families whenever possible, and that agency interventions should assist families to care for and nurture their children. Practice, service provision, and intervention from the initial contact with the family must be focused on this end. Safety plans should be short term and developed only when a decision of "unsafe" has been determined and workers, with supervisory approval, assess that without the plan, the child(ren) cannot remain safely in the home. Success is dependent on the relationship developed with the family by the Worker and the agency. A safety plan is short term and should be in place to prevent removal and allow a child(ren) to remain with family.

In order to justify a recommendation for removal of a child_from their home, Workers must be able to report to the court the following: (*See* DFCS Connection Website under *"Forms"*)

- Removal is in the best interest of the child;

  or

- Continuation in the home would be contrary to the welfare of the child;

  and
- Reasonable efforts were made to prevent removal;
- Due to an emergency situation, no reasonable efforts were made to prevent
- removal; or
- Reasonable efforts were determined not required by the court

The Worker must be mindful that even though removal is at times necessary, removing a child from his or her parents also constitutes taking a child's parents away from the child, creates a situation of impermanency for the child, and traumatizes the child and family permanently. For such action to be put forth as being in the best interests of and contrary to the welfare of the child, extensive justification is required not only in regard to the safety and risk issues involved but also in regard to the efforts attempted to prevent removal.

In circumstances where safety issues are identified, a Safety Plan will be developed with the family and will be implemented immediately.
The Safety Plan incorporates all safety interventions designed to maintain children safely within their own families whenever possible and is developed by the Worker with family input and with supervisory approval.

The Worker will fully explain to the parent/caretaker their responsibility for carrying out the specific component of the plan assigned to them.
The Safety Plan will be documented in MACWIS, printed and signed by the parent/caretaker, and a copy given to parent/caretaker and filed in the case folder.

The Safety Plan will be monitored by the Worker throughout the life of the investigation. If there is a continued need for a Safety Plan at the close of the investigation the plan will be reevaluated and a case must be opened.

The following shall be identified and documented on the Safety Plan:

- Identification of specific serious harm or the threat of serious harm as identified in the Safety Assessment.
- What actions have or will be taken to protect each child in relation to the current safety concern?
- If the plan will involve (a) In home services or (b) Alternative caregiver.

- If an alternate caregiver is identified, a background check shall be completed on all household members over the age of 14.
    - If alternative caregiver, has a background check been completed on all household members over the age of 14?
- Who is responsible for implementing the plan?
- How will the plan be monitored and evaluated and by whom?
- What time frames have been imposed by this plan?
- Under what conditions will termination of the Safety Plan occur?

The Safety Plan will be signed by the Worker, parent/caregiver, supervisor and copy given to parent/caregiver and original placed in case file.

In cases where no safety issues are identified, the report requires a Risk Assessment prior to the completion of the investigation. The results of the Risk Assessment and the report findings will be used to determine if a case should be opened for services.

c) Removals

An ASWS with an advanced degree in social work or related field must be involved in the decision making process before approval is given to remove a child from their home and placement into foster care.

Authorization from the Youth Court Judge must be obtained for all removals and placements of a child into foster care.

Under no circumstances, even emergencies, shall foster children be taken to the home of a DFCS employee.

When DFCS is ordered by the court to remove a child from their home without an investigation/ assessment of the maltreatment allegations, the worker must document the following information in MACWIS:

- Name of contact person from the court;
- Time and date request is received;
- By what means, i.e. court order, fax, email or telephone; and

- Date of court order (if issued).

In cases where the child is not safe and a Safety Plan cannot be developed to mitigate safety concerns a removal of the child from the parent or caregiver's custody by order of the Youth Court may be necessary to ensure child safety.

In investigations where the worker has observed/documented abuse or neglect and the child has been placed in a protective environment, the worker must document and substantiate the initial findings. If a worker at any time suggests, discusses, or recommends the removal of a child from their home and placement in DFCS custody, the worker must contact the ASWS and Youth Court Judge for approval.

Removal of a child from the home creates a state of impermanency for the child even though such removal may be justified due to issues of safety. Reasonable efforts requirements demand that the Worker and DFCS work diligently and concertedly with the family first of all to prevent removal of the child or children if possible, and if not possible, to provide services and solve problems to get the child back home as soon as safety can be reasonably assured. The Worker, while working diligently and concertedly with the family to remedy the impermanence created by the removal of the child, must develop and initiate active efforts toward the achievement of an alternative plan just in case the child cannot be returned home.

A finding of substantiated abuse or neglect does not, in and of itself, constitute grounds for removal. Decisions of removal are based on issues of safety, risk, protective capacities of parent/caregiver and the ability or inability to implement plans assuring the safety of children remaining in the home or with family.

The Worker shall devote as much time as necessary in helping the child and his parents understand the reason for removal and what to expect from the placement of their child in DFCS custody. The Worker shall help the parents assume as much responsibility as possible for preparing the child for placement. Whenever possible, parents should be the first to discuss placement with the child. If the child feels the parents concur in this plan for him/her, placement will be easier for him to understand and accept. Not only does the child need preparation for the placement, but the Worker may need to assist the parents in working through their conflict about placement, as well as their feelings about separation from the child.

Prior to removing a child from their home, the Worker shall identify information such as the child's daily routine, preferred foods and activities, needed therapeutic or medical care, allergies, cultural practices, and educational information. The child should be given the opportunity to

collect things from his/her home that are meaningful to him/her; such as a favorite toy or a picture album.

The Worker shall explain to the child:

1. Why he/she is in care;
2. The Worker's role in the process;
3. Placements for other siblings (if siblings have separate placements);

   and

4. Feelings of separation and loss.

d) Risk Assessment

The Risk Assessment shall be addressed simultaneously with the Safety Assessment but must be completed in MACWIS within 25 calendar days of initial intake "report date and time" and submitted with the completed investigation via MACWIS to the supervisor for approval, who has 5 calendar days to approve the findings. During this assessment, the Worker should be assessing the well-being of the child and the risk factors for abuse and neglect.

The following shall be identified and documented during the Risk Assessment: (*See* DFCS Connection Website under *"Forms"*)

- What is the exact nature of the abuse and/or neglect? Describe the parent/caretaker's initial response. Describe the maltreatment found and describe any injuries.
- If abuse and/or neglect is found, how long has it been going on and what is the impact on the child?
- How do the parents/caretakers and the children view their current situation? Describe the caregiver's ability to provide basic needs?
- Describe the parents/caretaker's level of functioning. Are the parents/caretakers capable of addressing issues related to the maltreatment?
- Describe any mental/physical health concerns of household members. Do any concerns pose danger to the child?
- Describe how each child's functioning ability as it relates to such things as age, communication skills, school performance, physical and behavioral health and fear of harm.

- Describe family's support system. What kinship resources are available to family?
- Identify and describe caregiver and family strengths, and protective capacities.
- Describe family and caregiver–child relationships. Include things such as parenting style, parenting knowledge and skill, and discipline techniques.

5. Decision Making and Evidence

When the Worker completes an investigation, a determination is made to support the disposition of the report. This determination is made based upon:

1) Substantiation criteria
2) MDHS-SS-442-B, Safety Checklist for Children (*See* DFCS Connection Website under *"Forms"*)
3) Safety/Risk Assessment
4) Information gathered and entered in MACWIS
5) Direct observation/Medical or Psychological information

The investigating Worker must complete a Safety/Risk Assessment tool in MACWIS and submit it to the supervisor for approval within 25 days of the report date and time. If the determination is made that a child is unsafe, the Worker will develop a Safety Plan or take protective custody.

Report findings are:

a. Substantiated
b. Unsubstantiated.

In the final analysis, the Worker will base conclusions on the totality of the evidence, not on "gut feelings" or "professional intuition." In some cases where medical evidence is strong, where there is photographic evidence or an admission by the perpetrator, or credible victim's statement, the Worker will have supporting documentation. In other cases where the medical evidence is inconclusive and the perpetrator denies the abuse, the Worker will examine the constellation of all factors in reaching the decision. In these cases, something might be lacking from the child's statement, or the witnesses may be in conflict and may be biased. The investigative finding of substantiated or unsubstantiated must reflect a careful weighing of all the facts.

To evaluate whether the information supports or refutes the allegations and to what degree, the Worker must understand some basic concepts about evidence.

- The usefulness of information depends on the validity of its source.
- If the evaluation of the validity of information affects the decisions one makes or recommends, it should also affect the way one documents the case.
- Information gathered or evaluated has the potential to become key evidence in court hearings.

The following section provides a guide to evidence substantiation criteria that should assist the Worker in determining the findings of an investigation.

a) Substantiation Criteria

The Worker shall document in MACWIS, the supporting information to confirm the findings of substantiated/un-substantiated.

Proof of one or more of the following factors, may constitute "substantial and material evidence." The exception is behavioral indicators or circumstantial evidence. Both are used only to further corroborate other forms of evidence.

1. Medical and or Psychological Information

This may take the form of medical documentation that a child was abused (i.e., evidence of sexual penetration of a young child or spiral fractures of long bones) or evidence which verifies the child sustained severe injuries which are medically inconsistent with the caregivers' explanation.
In sexual abuse, this includes:

- Genital, anal, or oral bruises or bleeding;
- Swollen or red cervix, vulva or perineum;
- Abnormal dilation of the urethra, vagina, or rectal openings;
- Semen on genitals, around mouth or clothing;
- Venereal (sexually transmitted) diseases;
- Pregnancy

This factor might also include psychological information which reveals a predisposition to abusive behavior on the part of the alleged perpetrator or otherwise corroborates evidence related to abuse.

An admission by the perpetrator (including a caregiver who acknowledges she or he knowingly failed to protect the child).

2. Statement of Credible Witness

The investigator must be careful to evaluate fully, the credibility and potential bias of any witnesses to the act. The investigator must also consider the credibility of any witnesses which serve to refute the allegations or otherwise diminish the strength of other evidence (i.e., reliable witness who states the alleged offender was elsewhere at the time of the alleged abuse). Parent or relatives, for example, who are involved in a custody dispute, could not be considered fully reliable witnesses either in support of or in disagreement with the allegations.

3. The Child Victim's Statement

For allegations of sexual abuse:

The child states the abuse occurred and identifies the perpetrator(s). The following elements are typical of sexually abusive situations, and should be considered in assessing the weight to be given to the child's statement in cases where sexual abuse is alleged:

History

a. Multiple Incidents over Time

Did the child indicate more than one incident occurred? This situation is most common where the alleged perpetrator is a relative, friend, or caregiver of the victim.

b. Progression of Sexual Activity

Did the sexual activity progress from less severe forms to more serious? Does the child describe transitional activities which appear acceptable at first, but become sexual (i.e., sleeping with parent, tickling or wrestling leading to fondling)? This is most common where the abuse occurs in the context of a long-standing relationship.

Details

a. Explicit Knowledge of Sexual Activity

Did child give explicit details of the sexual experience? Were these details beyond the knowledge typical of a child this age?

b. Richness of Detail

When age and developmentally appropriate, could the child give the location of the incident and a time, even though specific dates were not given? Did she or he tell anyone

else, if so, whom? Could she or he give any details of the environment? Such details by a preschool age child are not expected. As a child's developmental age increases, more detail may be expected.

Research indicates that very young children can accurately recall traumatic events in detail; however, they may not be able to recall details of the environment.

c. Consistency

If the child was interviewed more than once, were the responses consistent from one interview to the next? Were any parts of the child's story corroborated by others or by physical evidence?

Secrecy

Does the child indicate that she or he was instructed to keep the abuse secret? Did it occur in a private setting?

Coercion

What are elements of coercion or persuasion? How did the perpetrator get the child to engage in the activity? What does the child think will happen now that they have told the story? Are they afraid of anything? (Note: These questions must be phrased in age appropriate language that is not leading).
Each of the above criteria must be evaluated separately in order to determine the status of the case. These elements are typical of many child sexual abuse cases. Yet the absence of information in some areas does not necessarily mean that the case is unsubstantiated.

If information is missing in any one category, further exploration regarding, the reason for the absence is needed.
Perhaps the right questions to elicit the information were not asked or the child was too uncomfortable to respond.

It may be possible that a particular element is not pertinent to the case in question. For example, a child who alleges fondling by a school bus driver may not report multiple incidents or progression. This aspect in and of itself does not unsubstantiate the case. Look beyond this individual element to determine the role of other indicators in the abuse. While carefully evaluating the presence of each individual indicator, it should be remembered that it is the constellation of symptoms which is the heart of the evaluation process.

In most cases, there will be little doubt as to the accuracy of the child's statement based on the presence of these elements. In rare cases of false allegations by children, the statements of those children will depart significantly from the criteria.

The child's statement should be weighed against any medical evidence and/or the physiological indicators. Does their explanation corroborate the medical findings or the physiological indicators as to how the injury was sustained? Whom do they say hurt them? Did anyone else know it was going on? How did they try to help? Has this type of injury ever happened before?

4. Indicators and Circumstances of Abuse or Neglect (See Appendix B*)*

Physiological indicators or signs of abuse, including, but not limited to: cuts, bruises, burns, or broken bones.
This criteria includes physiological findings recorded on videotape or with a camera which strongly substantiate severe abuse.

Physical evidence gathered by law enforcement or observed by Worker which tends to substantiate the allegations, including, but not limited to, the following:

- Presence of child pornography or erotica such as child-oriented books, magazines, articles;
- Video equipment, cameras, photos, negatives, slides, movies, video cassettes, drawings of children;
- Personal letters and other correspondence from pedophile;
- Diaries indicating sexual abuse occurred;
- Sexual aids (as described by child);
- Sexual “souvenirs” (e. g., panties or other similar items);
- Lists of other victims, other offenders;
- Weapons (as described by child);
- Bed, clothing, sheets, etc. which contain body fluids, pubic hairs, and other physical evidence;
- Torn, stained, bloody underclothing;
- Conditions apparent in the home:
  - Bare electrical wires
  - Frayed cords
  - Gas leaks
  - No railing on stairs

- Unprotected or broken window accessible to small children
- Medicines, cleaning compounds hot liquids within the child's reach
- Holes in wall or floors
- Overrun with vermin
- Urine-soaked mattress
- Human or animal feces on floors
- Toilets used but not in working order
- Garbage left to rot inside the house
- Heating inoperable in cold weather

This evidence should be sought and seized by law enforcement investigators under a search warrant or consent to search or documented by Worker with pictures or written description.

Behavioral Indicators. Child abuse often leads to behavioral manifestations in the child victim. The existence of some or all of the behavioral patterns in the chart located in Section B, Appendix B may be indicative of child abuse in a given case, and corroborate other evidence of abuse. It is particularly important to observe the parent-child interaction.

NOTE: Most of these behavioral indicators located in Appendix B can have numerous explanations besides child abuse. Their value is when they are linked to the abuse allegations, such as a change in school grades about the time the child alleges the abuse began or regressive behavior in anticipation of a visit with a father the child says abused her or him. A case cannot be considered substantiated based on behavioral indicators alone.

Circumstantial evidence linking the alleged perpetrator(s) to the abusive act(s) (e. g., the child was in care of the alleged perpetrator(s) at the time the abuse occurred and no other reasonable explanation of the cause of the abuse exists in the record). Circumstantial evidence may include other professional reports, such as school records, past police records, day care records, homemaker reports, etc.

b) Supervisory Responsibilities in the Investigations, Reviews, etc.

Report information will be entered in MACWIS on appropriate screens as information is received. The Worker has 25 calendar days from initial intake “report date and time” to complete the investigation and submit to the Supervisor who has 5 days for approval.

c) Investigation Staffing with ASWS

1. Initial Staffing (the date of assignment)
2. On-going Staffing within 5 calendar days of assignment and anytime thereafter.

- Close the case with no further action;
- Close and refer the case to community providers; or
- Open the case for ongoing protection/prevention services

Once reviewed and approved the ASWS shall submit the completed investigation with the Youth Court Tracking form to the Youth Court with recommendations.

d) Investigation Reports & Notifications to Youth Court, District Attorney and Law Enforcement when applicable.

1. Investigation Reports

The Worker investigating the report is responsible for completing a finding on all investigations in MACWIS and submitting to his/her supervisor for approval. The Worker will also print the Youth Court Tracking form and forward to his/her supervisor. All completed investigations are made a part of the child's file in the MACWIS system and can be printed upon request.

2. Report to the District Attorney (DA), Law Enforcement (LE)and County Prosecutor

When a felony investigation is completed, the investigating Worker shall submit the completed report in MACWIS to the supervisor for approval. These approved reports along with the concluding DA and/or LE reports shall be mailed or hand-delivered to the DA, LE, or County Prosecutor (when applicable) by the supervisor. Information submitted to the DA and LE or County Prosecutor shall be included in the court report/summary.

3. Report to Youth Court

All assigned investigations of child abuse and neglect are completed by the Worker and forwarded to the ASWS for approval who forwards the reports to the Youth Court along with the Youth Court Tracking form.

1. MISS. CODE ANN. § 43-21-357 *After receiving a report, the youth court intake unit shall promptly make a preliminary inquiry to determine whether the interest of the child, other children in the same environment or the public requires the youth court to take further action. As part of the preliminary inquiry, the youth court intake unit may request or the youth court may order the Department of Human Services, the Department of Youth Services, any successor agency or any other qualified public employee to make an investigation or report concerning the child and any other children in the same environment, and present the findings thereof to the youth court intake unit. If the youth court intake unit receives a neglect or abuse report, the youth court intake unit shall immediately forward the complaint to the Department of Human Services to promptly make an investigation or report concerning the child and any other children in the same environment and promptly present the findings thereof to the youth court intake unit. If it appears from the preliminary inquiry that the child or other children in the same environment are within the jurisdiction of the court, the youth court intake unit shall recommend to the youth court:*

   (a) That the youth court, take no action;

   (b) That an informal adjustment be made;

   (c) The Department of Human Services, Division of Family and Children Services, monitor the child, family and other children in the same environment;

   (d) That the child is warned or counseled informally; or

   (e) That a petition be filed.

   (2) The youth court shall then, without a hearing:

   (a) Order that no action be taken;

   (b) Order that an informal adjustment be made;

   (c) Order that the Department of Human Services, Division of Family and Children Services, monitor the child, family and other children in the same environment;

   (d) Order that the child is warned or counseled informally; or

   (e) Order that a petition be filed.

   (3) If the preliminary inquiry discloses that a child needs emergency medical treatment, the judge may order the necessary treatment.

4. Notifications

The investigation is not officially closed until the ASWS approves the investigation in MACWIS. Once the ASWS approves the investigation the ASWS will notify the family in writing of the findings (*See* DFCS Connection Website under *"Forms"*).

The Worker shall provide more information to the professional reporter regarding the investigation, without a court order if the reporter has a continuing professional relationship with the child and a need for such information in order to protect or treat the child.

e) Appeals Procedure

The MDHS/DFCS provides individuals who disagree with DFCS findings or decisions covered under this policy, a right to appeal the decision.

The Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996, (P.L. 104.235)(as codified at 42 U.S.C. Section 5106a) requires States to have provisions, procedures, and mechanisms in effect by which individuals who disagree with an official finding of child abuse or neglect can appeal such a finding. This requirement applies to the perpetrator of child abuse or neglect and applies to States receiving funds under a CAPTA state plan.

This requirement is to assure that individuals, who have been found by the State to have committed child abuse or neglect, are afforded due process. It also requires that individuals be given written notification of their right to appeal, and the method by which they may appeal, at the time they are notified of the official finding of child abuse or neglect; and that the office or individual hearing such appeals cannot be involved in any other state of the case, and that such officer or individual has the authority to overturn a previous finding of abuse or neglect. (Section A, DFCS Policy, Appeals Process).

f) False Reports

An intentional false report is a report in which it is concluded that not only is there no evidence under state law or policy that a child was maltreated or at risk of maltreatment, but the reporter knew the allegation was false. The Worker should request that the reporter verify that the allegations were false. According to MISS. CODE ANN. § 43-21-353(7), *"anyone who willfully violates any provision of this section [with false reporting], shall be, upon being found guilty, punished by a fine not to exceed five thousand dollars ($5,000.00), or by imprisonment in jail not to exceed one (1) year or both.*

F. DFCS Investigations/Assessments Requiring Special Handling

1. Introduction

a) Legal Base

MISS. CODE ANN. § *43-21-105 (v)* – "Any person responsible for care or support" means the person who is providing for the child at a given time. This term shall include, but is not limited to, stepparents, foster parents, relatives, non-licensed babysitters or other similar persons responsible for a child and staff of residential care facilities and group homes that are licensed by the MDHS.

MISS. CODE ANN. § *43-21-105(x)* – "Out-of-home" setting means the temporary supervision or care of children by the staff of licensed day care centers, the staff of public, private and state schools, the staff of juvenile detention facilities, the staff of unlicensed residential care facilities and group homes and the staff of, or individuals representing, churches, civic or social organizations.

MISS. CODE ANN. § *43-21-353-(8)* - If a report is made directly to the Department of Human Services that a child has been abused or neglected in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office within forty-eight (48) hours of such report. The Department of Human Services shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth court. The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by the Department of Human Services to the licensing agency. The licensing agency shall investigate the report and shall provide the Department of Human Services, the law enforcement agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

Child Abuse Amendments of 1984, (P.L. 98-457) requires states to have in place, with State Protection Systems, procedures to respond to the reporting of medical neglect, including instances of withholding medically indicated treatment from disabled infants with life-threatening conditions.

b) Policy

DFCS shall conduct an investigation/assessment of all maltreatment reports that are screened as a level II or III. All level III allegations of maltreatment including corporal punishment of a child in DFCS custody shall be initiated within 24 hours of the initial intake "report date and time" and investigation completed within 30 calendar days including supervisory approval. All level II allegations of maltreatment shall be initiated within 72 hours of initial intake "report date and time" and investigation completed within 30 calendar days including supervisory approval.

c) Purpose

DFCS is mandated by MISS. CODE ANN. § 43-21-357(1) to investigate all reports of possible abuse or neglect of children by their parents or caretakers. The caretaker may be someone who is entrusted with the care of the child, such as a foster parent, non-licensed child care providers/babysitters, scout leaders, tutor, clergy, or residential care facility staff. DFCS will respond within mandated time frames and investigate allegations of child abuse and neglect in these complex cases and address the child's risk, safety, and well-being while addressing the trauma of placement moves during the investigative/assessment process.

d) Procedures

The standard investigative/assessment protocol applies to all DFCS investigations but there are additional requirements that apply to special handling DFCS investigations/assessments. Those reports that are considered to be special handling DFCS investigations/assessments are: reports on resource homes, licensed facilities and DFCS employees. Medical neglect of a handicapped infant, fatality of a child, and other settings are considered "Expanded Investigations in Extraordinary Circumstances".

Reports on other settings such as unlicensed child care providers/babysitters, the staff / individuals representing churches, civic or social organizations are entered as DFCS regular intakes. In addition to the standard investigative/assessment protocol there are additional steps outlined under the Out-of Home section of this policy.

2. Resource Reports

a) Resource Homes

DFCS shall initiate all allegations of maltreatment, including corporal punishment involving a child in DFCS custody within 24 hours of initial intake "report date and time" and the

investigation completed within 30 calendar days, including supervisory approval. Upon learning of or observing such maltreatment the DFCS employee must immediately notify his/her supervisor. The DFCS employee will then make the report to the MCI either by phone or electronically.

All allegations of maltreatment in a licensed Resource Home received by the MCI shall be entered as a report for the county where the Resource Home is located.

Once MCI enters and screens the intake report it will go to the RD of the region where the Resource Home is located for assignment. In addition to the standard investigative/assessment protocol, the following procedures must be followed.

The COR Worker for a child in DFCS custody, regardless of the location of the resource home/ facility and regardless of which county has responsibility for conducting the investigation, must accept immediate and full responsibility for the safety, permanency and well-being of that child, including assessing the placement in terms of the incident reported and investigated and making immediate contact with the child. The placement of the child must be evaluated by the COR in terms of safety, permanency and well-being regardless of the outcome of the investigation.

"A report of corporal punishment of a foster child which does not meet the criteria for screening delineated in "Screening Reports and Assigning Response" in this section- that is, a report indicating that a foster child has been subjected to corporal punishment but there is no report of injury, indication that the child is not safe, nor information suggesting that the child is in danger of harm – will be screened in as an ANE report requiring a level 3 investigation strictly due to the requirement that the prohibition of corporal punishment in Resource/Facility Settings requires the report of such corporal punishment be investigated as potential child abuse. If the investigation determines that corporal punishment did occur but there is no injury to the child and the punishment administered in a reasonable manner, child abuse shall not be substantiated. The investigation will indicate the occurrence of a policy violation and referred to the appropriate Licensure Specialist for corrective action."

1. The RD/designee shall notify by phone and/or email the COR and COS if applicable, and the Resource ASWS of the allegations. The COR ASWS for all other children residing in the home should be notified as well.
2. The RD/designee shall assign the investigation to a Worker who has been trained in conducting maltreatment investigations in Resource/Facility Settings and will notify his/her ASWS before the assignment is made. The Worker shall not have been involved in the licensure of the Resource Home and shall have no ongoing connection to the foster care case.

3. The assigned Resource Specialist shall accompany the assigned Worker to the home to assess possible policy and/or licensure violations.
4. The RD, ASWS, COR and COS if applicable must make a determination if the identified victim and other children should remain in the home until the investigation/assessment is completed. The investigation and decisions should be based on a full and systematic evaluation of the factors that may place a child in DFCS custody at risk.
5. The Permanency Unit will log all reports on DFCS homes and monitor completion of the investigation/assessment and the final report.
6. The RD will monitor the timeliness of initiating and completing investigations of reports of maltreatment in foster care on a monthly basis.
7. Within 24 hours of the allegations being made the child's COR Worker shall verbally notify parents or caretaker from whom the child was removed and the Guardian *ad litem* of the allegations involving the child. This notification must be documented in the child(ren)'s case record and the investigation/assessment report.
8. All alleged victim(s) must be seen and interviewed within 24 hours of initial intake "report date and time" to assess risk, safety, and well-being.
9. No additional children may be placed in the home pending the completion of the investigation/assessment.
10. The assigned Investigative Worker shall:
    a. Interview:
        1. Alleged victim(s); privately
        2. All DFCS children in the home; privately
        3. DFCS Worker(s) of the alleged victim
        4. Resource Specialist
        5. Former DFCS Staff, as appropriate
        6. Children formerly in the home, as appropriate
        7. Other professionals and collateral contact persons associated with the children in the home
        8. Other household members, if applicable
        9. Alleged perpetrators.
    b. Review Cases of:
        1. Alleged victim(s)

2. Other child(ren) in the home
3. Resource Home

c. Staff report of initial findings within 3 days with the RD in the region where the home is located and advise the RD as additional information is obtained.

d. Provide written notice to the District Attorney within 48 hours of finding evidence that a child has been abused.

e. Complete the Safety and Risk Assessment for resource reports within DFCS timeframes. (*See* DFCS Connection Website under *"Forms"*)

f. Give a verbal report to the RD at the conclusion of the investigation/assessment

g. Submit the completed report to the RD in the region where the home is located within 25 calendar days from initial intake "report date and time". The RD has 5 calendar days to approve the investigation.

11. After the initial safety assessment is completed, the Resource Specialist and the assigned Worker shall discuss with the Resource Supervisor the corrective actions needed. This emergency corrective action plan, if needed, is then verbally submitted to RD.
12. The RD will notify the Permanency Unit Director/Director of Field Operations/Division Director/Bureau Director of Prevention/Protection via electronic mail regarding the completed investigative findings, recommendations, and corrective actions. The completed investigation is available for viewing in the MACWIS system.
13. Once the final report, recommendations, and corrective action plans are approved, the Resource Specialist, Resource ASWS and COR Worker will convene a FTM with the resource family and COS Worker, if applicable, to notify them of the findings and recommendations.
14. When a maltreatment investigation involves a resource home, DFCS shall file a copy of the approved final investigation report, and any recommendations and/or corrective actions DFCS has deemed necessary, in the case record of the foster child, the file of the foster/adoptive parents with a copy of the letter of notification to the foster or adoptive parents, and in the DFCS State Office. DFCS shall also provide those records to the Youth Court Judge with jurisdiction over the child, the Guardian *ad litem* and to the Monitor.

b) Licensed Facilities

Upon receipt of a report of child maltreatment in a DFCS licensed group home, emergency shelter, child placing agency resource home, DFCS shall undertake a licensure investigation, that is in addition to, and independent of, any child protective investigation, that shall include an on-

site inspection of the facility or home to determine the contract provider's compliance with DFCS licensure standards. If the provider is found to be in violation of licensure standards, it shall have 30 calendar days to submit a Corrective Action Plan (CAP) with timeframes to rectify the violation and comply with the approved CAP and timeframes. If the provider does not comply with the licensure standards based on the approved CAP and timeframes, DFCS shall revoke the license.

If a report involves felony child abuse, law enforcement must be notified immediately.

The RD of the region in which the facility is located will assign a Worker who has been trained in conducting maltreatment investigations in out-of-home placements and has no ongoing connection to the foster care case.

Upon arriving at the facility, the Worker will confer with the director or staff member in charge to inform them of the report. The regular investigation protocol shall be followed with these additions:

- Parents/guardians/custodians of children identified as victims will be informed after child is interviewed and immediately if medical treatment is needed;
- Referral of above child(ren) to physician or other professionals as appropriate to assist in the investigation;
- Interviews with other appropriate personnel;
- Interview with any other DFCS foster child(ren) currently in the facility or who has left the facility, who may have information regarding the incident;
- Interview with alleged perpetrator if law enforcement is not involved or if law enforcement has indicated you may do so;
- View of physical premises where incident is alleged to have occurred;
- Review of documents or records related to the incident; If access to records is denied contact Youth Court in that jurisdiction for assistance; and
- Review of facility policy and procedures and obtain a copy of the facility's policy/procedures regarding behavior management, if report involves physical abuse as a result of behavior management technique.

If immediate protection is needed, Youth Court and the licensing agency should be contacted and protective measures taken.

When a maltreatment investigation involves an agency group home, emergency shelter, private child placing agency resource home, or other facility licensed by DFCS, a copy of the final investigative report shall be filed in the following:

- child's case record,
- DFCS State Office licensing file, and
- sent to the licensed provider facility.

DFCS shall also provide the report to the following:

- Youth Court Judge with jurisdiction over the child and
- the Monitor.

The completed investigation is available for viewing and printing via the MACWIS system.

Any foster child who remains in the same out-of-home placement following an investigation into a report that he/she was maltreated, or subject to corporal punishment in that placement shall be visited by the DFCS Worker twice a month for 3 months after the conclusion of the investigation to assure the child's continued safety and well-being.

Within 30 days of the completion of any investigation of maltreatment of a child in custody, DFCS shall review the maltreatment investigation. This review shall include:

1. identification of any case practice deficiencies;
2. identification of any remedial actions necessary to ensure the safety of the child who is the subject of the investigation as well as any other child in the home or placement as well as the timeframe in which such remedial action must take place;

   and
3. identification of any corrective action that is necessary to address deficiencies in case practice demonstrated by the investigation as well as the timeframe in which such remedial action must take place.

DFCS will monitor the initiation and completion of the remedial actions regarding individual child safety and case practice. DFCS shall notify the Area Social Work Supervisor (ASWS), Regional Director, and Director of Field Operations when such remedial actions have not been initiated within five days of identification or timely completed.

c) Special Investigations

Any abuse/neglect report received by Intake that names a DFCS employee as a possible perpetrator, or victim or indicates a DFCS employee is somehow involved with this report (i.e. related, past or present relationship that is more than casual) requires a special investigation/assessment.

Once the intake is entered into MACWIS the RD in the region where the employee resides will receive a notification tickler of the intake. The RD shall assign a Worker from outside the county/region to conduct the investigation and make the assignment in MACWIS. The RD shall notify the Director of Field Operations immediately upon receipt of the Intake regarding the report and shall keep the Director informed of the progress. The assigned Worker shall initiate the investigation/ assessment and document in MACWIS within 24 hours of initial intake "report date and time". The assigned Worker shall staff the investigation/ assessment with the RD throughout the investigative/assessment process.

Other than the above differences, the assigned Worker should follow the standard investigative time frames. The RD shall notify the Director of Field Operations upon completion of the investigation, which is available for viewing in the MACWIS System.

3. Expanded Investigations In Extraordinary Circumstances

a) Investigations /Assessments Involving Native American Children

The Mississippi Band of Choctaw Indians or any other Indian Tribe to which the child belongs has the right to accept or deny jurisdiction of the said child and to help with placement resources. The Federal *Indian Child Welfare Act (ICWA)* was passed in 1978 and grants Indian tribes exclusive jurisdiction in child welfare cases involving Native American children. Because of this Act's existence, DFCS has no jurisdiction to investigate allegations of abuse or neglect occurring on Native American tribal lands. However, DFCS has and will continue to receive reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should MCI receive such a report, a determination shall be made as to whether:

- The child is a member of a Native American Tribe and falls under the purview of ICWA;
- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

The Mississippi Band of Choctaw Indians has tribal land in Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott, and Winston counties.

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor will in turn notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located on the MACWIS Web.

Workers must resolve the issue of Indian heritage as soon as possible after contact is made with the family, either through a report of abuse/neglect or a referral for services. The Worker shall ask the family the following questions to gain knowledge in deciding what is in the best interest of the child and document the discussion in the narrative section of MACWIS:

1. Is parent or child of Native American heritage?
2. Is parent eligible for tribal membership?
3. Is parent registered with Native American tribe?
4. Is child eligible for tribal membership?
5. Has child been registered with Native American tribe?
6. Does the family live on tribal land?

(Refer to Section D, ICWA)

b) Medical Neglect of Handicapped Infants

Federal regulations (*Child Abuse Amendments of 1984, P.L. 98-457*) requires DFCS to respond to reports of medical neglect, including instances of withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants less than one year of age with life threatening conditions.

DFCS will investigate all allegations of medical neglect of a handicapped infant. Once a report of medical neglect of a handicapped infant is received by MCI it will be screened in for the county where the child/family resides.

1) ASWS shall

    a. Assign the report for investigation immediately.

b. Notify immediately designated contact person at the health care facility/hospital if applicable and the facility's Social Services Department, if applicable.

c. If the child is in a health care facility/hospital the Worker shall conduct interviews with the following:

1. Designated contact person
2. Family
3. Others involved with the infant
4. Infant Care Review Committee (ICRC) if one is established at the health care facility.
5. The assigned Worker shall complete the following:

d. Obtain an independent assessment from a medical consultant, if there is a determined need.

e. Review infant's medical records, if necessary with the assistance of designated contact person. If the parents or facility do not cooperate, contact the Youth Court Judge or designee for a court order.

f. Request an independent medical examination of the infant, if necessary, to assure an appropriate resolution of the report. If the parents or facility do not cooperate, contact the Youth Court Judge or designee for a court order.

2) If the findings of the investigation indicate that the infant is medically neglected, the ASWS must:

a. Contact the Youth Court Judge to request an order to:

1. Require parents to seek appropriate medical care,

   or

2. Place custody with DFCS to obtain appropriate medical care.

b. Document request to Youth Court Judge in the narrative section in the MACWIS System.

c. Assign case to a Worker.

3) At the conclusion of the investigation, the ASWS must:

a. Notify the RD of the findings that are available for viewing via the MACWIS system which includes the following:

1. Names of:

- Child
- Parents
- Alleged perpetrator
- Designated contact person
- Attending physician

2. Circumstances surrounding allegations of medical neglect.
3. Identities of persons interviewed.
4. Investigation/assessment information
5. Case disposition
6. Action taken, if valid report

b. Share the report with the Worker assigned to the case.

c. Send letter to the facility administrator regarding disposition.

c) Fatality of a Child

When MCI receives a report of the fatality of a child, DFCS will investigate these reports when the fatality of a child:

- is caused by or is suspected of being caused by abuse or neglect.
- occurs in an open case.

In addition to the standard investigative/assessment protocol the following procedures must be followed:

1. Notifications Protocol:

   a. DFCS Personnel - Regional Director (RD), Field Operations Director and Deputy Administrator

   b. District Attorney or County Prosecutor (when applicable)

   c. Law Enforcement

   d. Coroner, if not already informed

   e. Public Disclosure

Notifications Procedures:

The ASWS **immediately** notifies the Regional Director by phone, emails the RD, DFCS Field Operations Director and DFCS Deputy Administrator and completes the SIR and submits it electronically to the RD for approval.

The RD reviews and approves the SIR and submits it to State Office DFCS and MDHS executive management for approval and information.

The DFCS Deputy Administrator will authorize public disclosure of the fatality, as applicable, in accordance with MS Code 43-21-261, MDHS Administrative Policy and the Child Abuse Prevention and Treatment Act (CAPTA) as amended (42 U.S.C. 5101 et seq.). (CAPTA) requires disclosure of certain information related to child fatalities and near fatalities which occurred as a result of abuse or neglect.

2. DFCS staff who learned of the fatality of a child where there is suspicion of abuse or neglect, or where a fatality occurs in an open case, shall immediately notify MCI and provide the following additional information if known, to their immediate supervisor:

    a. The child is in DFCS custody
    b. The child or family has an open or closed DFCS case
    c. A DFCS investigation is pending at the time of the child's death
    d. Prior reports concerning the child or family were screened out for DFCS investigation
    e. Other children remain in the home and safety and protection issues must be addressed or
    f. It is not known if other children reside in the home and require protection.

3. Assignment

    a. If there is an active/closed case or open investigation on the alleged victim or immediate household/family member the RD will thoroughly review the case records and arrange for the investigation to be handled by a Worker from outside the Region.
    b. If it was unknown initially that there was past involvement with the child/family and the report was already assigned, then the ASWS must notify his/her RD who

shall instruct the ASWS to re-assign the report to a specific Worker from outside the Region.

4. Investigation/Assessment
   a. The assigned Worker shall meet with law enforcement and others as appropriate to outline roles, responsibilities and procedures for sharing information. It is very important to coordinate the investigation/assessment with law enforcement to avoid duplication and negating valuable evidence.
   b. Fatality of a child under the age of two (2) years where death results from an unknown cause or where the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death. (MISS. CODE ANN. § 41-61-59(2)(j))
      - Autopsy is performed by State Medical Examiner's Office or one of its designated pathologists.
   c. The assigned Worker should request a verbal report and the final autopsy report from the coroner in order to aid in investigation/assessment.
      - The assigned Worker reports the initial findings within 24 hours to his/her ASWS who then notifies the RD regarding whether it is an active/closed case, and shall advise as additional information is obtained.
        a. The investigation will then be transferred electronically by his/her ASWS to the newly assigned Worker.
        b. The initial Worker will relay all pertinent information to the newly assigned Worker.
      - The assigned Worker submits a written report to the District Attorney within 48 hours of finding evidence of abuse or neglect, § 43-21-353(8).
      - The completed report shall be submitted electronically within 25 calendar days to his/her ASWS.
      - When a child died as a result of abuse/neglect the COR sets up a case record with the following:
        1. Referral Information
        2. Autopsy Report
        3. Completed report of investigation/assessment and findings.

d) Near Fatalities

The Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C.5101 et seq.) requires disclosure of certain information related to child fatalities and near fatalities which occurred as a result of abuse or neglect. A "near fatality" is defined under section 106 (b)(4)(A) as "an act that, as certified by a physician, places the child in serious or critical condition."

In addition to the standard investigative/assessment protocol the following procedures must be followed:

1. Notifications Protocol:
   a. DFCS Personnel - Regional Director (RD), Field Operations Director and Deputy Administrator
   b. District Attorney or County Prosecutor (when applicable)
   c. Law Enforcement
   d. Public Disclosure

Notifications Procedures:

The ASWS **immediately** notifies the Regional Director by phone, emails the RD, DFCS Field Operations Director and DFCS Deputy Administrator and completes the SIR and submits it electronically to the RD for approval.

The RD reviews and approves the SIR and submits it to State Office DFCS and MDHS executive management for approval and information.

The DFCS Deputy Administrator will authorize public disclosure of the fatality, as applicable, in accordance with MS Code 43-21-261, MDHS Administrative Policy, and the Child Abuse Prevention and Treatment Act (CAPTA) as amended (42 U.S.C. 5101 et seq.). (CAPTA) requires disclosure of certain information related to child fatalities and near fatalities which occurred as a result of abuse or neglect.

2. DFCS staff who learn of the near fatality of a child where there is suspicion of abuse or neglect, or where a near fatality occurs in an open case shall immediately notify MCI and provide the following additional information if known, to their immediate supervisor.
   a. The child is in DFCS custody
   b. The child or family has an open or closed DFCS case

c. A DFCS investigation is pending at the time of the child's near fatality
d. Prior reports concerning the child or family were screened out for DFCS investigation
e. Other children remain in the home and safety and protection issues must be addressed or
f. It is not known if other children reside in the home and require protection.

e) Out of Home

DFCS does not investigate reports in Out-of-Home settings unless otherwise ordered to do so by the Youth Court. DFCS may assist in these investigations if requested by law enforcement, etc. (refer to MISS. CODE ANN. § 43-21-105(x))

f) Investigations of Meth Labs

Definitions:

Active "meth lab"

A setting wherein crystal methamphetamine is being manufactured.

Inactive "meth lab"

A setting where crystal methamphetamine has ever been manufactured but without a decontamination process being completed by the Mississippi Bureau of Narcotics (MBN), MBN affiliate, MBN designee or MBN approved source.

1. Protocol for Social Workers

- No DFCS Worker shall knowingly enter an active or inactive "meth lab" for any reason.
- All reports of children currently residing in "meth labs" active or inactive should be "screened in" for investigation. The appropriate local law enforcement entity and the regional MBN office must be contacted and requested to assist the investigating Worker on each "meth lab" investigation. If local law enforcement is unable or unwilling to assist, the administrative chain of command should be followed in seeking advice as to how the matter should be handled (i.e., Worker-ASWS-RD). During a "meth lab" investigation, the investigating Worker should remain outside, at least 100 feet from the "meth lab", while law enforcement officers remove the child/children from the lab unless instructed otherwise by law enforcement.

- The Worker shall request copies of any photographs taken by law enforcement at the scene and follow-up to ensure that this information is received and placed in the DFCS's files.
- The child/children must be decontaminated by law enforcement or medical staff either at the scene or at a medical facility. The Worker should not place the child/children into her/his vehicle without the decontamination process having been conducted.
- If the victim(s) is/are taken to a medical facility, the Worker shall make a request to receive the results of any examinations and/or tests performed on the child/children, and follow-up to ensure that this information is received and placed in the DFCS's files.
- If decontamination occurs on the scene, the Worker should advocate that the procedure be performed in such a way that does not further traumatize the child.
- If it is determined that a child is residing in a setting wherein an active or inactive "meth lab" exists a Family Team Meeting would be held and a Safety Plan developed.
- Recommendations for vulnerable adults should be reported using the same MCI number 1-800-222-8000 or www.msabusehotline.mdhs.ms.gov.

2. Reasons to Consider the Removal of Children

Child(ren) may be removed for the following reasons:

a. If child(ren) is in imminent danger that cannot be resolved by a Safety Plan or by providing services.

b. If it is determined that a child is residing in a setting wherein an active "meth lab" exists, this shall be viewed as a situation in which the victim cannot remain safely in the home.

g) Reports Involving More Than One County

When a report is screened to the child's county of residence and the incident happened in another county the responsibility of the Intake County is as follows:
(*See* section on Resource Investigations for children in custody)

1. Responsibilities of county of residence:

- Accept report;
- Initiate legal action, as needed for child's protection;

- Coordinate ongoing legal/court intervention;
- Coordinate investigation with county where incident occurred;
- Arrange treatment services for child and family as appropriate in county of residence;
- Notify law enforcement if needed;
- Complete investigation in MACWIS.
- Contact alleged perpetrator's county of residence to coordinate interviews
- Coordinate interviews on a child who may be visiting in another county.

2. Responsibilities of county where incident occurred:

If a child is receiving services at a hospital or medical facility in a county other than his/her county of residence, and a report is received, the county Worker where the child is located at the time of the report shall assist in any way, including initiating the contact with the child and assessing the safety of the child(ren). The Worker (where the child is located at the time of the report) shall conduct the following interviews:

- Interview alleged perpetrator;
- Interview alleged victim or any other children who may still be in the county where incident occurred.
- Interview reporter unless he or she has chosen to remain anonymous.
- Assist with coordination of services if needed.

All information gathered shall be entered in the MACWIS system in the investigative report.

h) Abused Child from Another State

When the child, who is the subject of an allegation of abuse, is a resident of another state and the abuse occurred in that state, and the child is currently located in Miss. the MCI Worker receiving the report will:

- Complete the Information and Referral (I&R) and notify the MCI Supervisor, MDHS/DFCS Protection Unit Director and e-mail and/or fax the information to the other state.
- If services are needed, the ASWS in the county where the child is currently located will coordinate services with the child's state of residence.

i) Mississippi Child Abused in Another State

When the child who is the subject of an allegation of abuse is a resident in Mississippi and has been allegedly abused in another state, the MCI Worker shall:

- Complete the requested data on the MACWIS Intake Screens and forward the information to COR Intake Supervisor. (The contact information for the state in which the alleged abuse occurred will be listed within the location information of the MACWIS Intake.)
- Make an oral report to the Child Protective Service Unit in the state where the abuse allegedly occurred.
- Request the other state's assistance in completing the investigation.

j) Family Moves out of State

If a family moves out of state during an investigation of a child abuse/neglect and the family's new address can be obtained, a letter to the Child Protective Service Division in the other state must be written informing them of the report and must be sent to the Office of Protective Services, Division of Family and Children's, for the other state.

If the report indicated that there may be imminent danger of harm or threatened harm to the child, a protective service referral must be made immediately by telephone to the other state and confirmed in writing through the other state's DFCS as soon as possible after making the oral report.

k) Protective Services Alert

Protective Service alerts are used when the family and/or victim's exact whereabouts is unknown **and** the Worker is of the opinion that further harm may come to the child victim(s) unless protective services are provided.

In the case of a child fatality, when the family has moved to another county or state while the case is under investigation, **and siblings** to the deceased child have moved with the parents, a child protective alert needs to be sent by the assigned Worker and/or supervisor to the appropriate state and/or county office.

Protective Service Alerts received in the State Office from other states will be forwarded from the Protection Unit via electronic mail to each county office.

If a county needs to send a Protective Service Alert to another county or all counties within Mississippi, the county office will forward the alert to the Protection Unit to be disseminated via electronic mail to the other counties.

If a county office needs to send a Protective Service Alert to a Family and Children's Services' office in another state, the county office will forward the alert to the Protection Unit to be forwarded to the other state via electronic mail.

l) Requests from Another State

A county office may receive a request from another state for completion of a child abuse/neglect investigation when the incident occurred in that state with a child and the alleged perpetrator resides in Mississippi. An assigned Worker from the county office shall interview the alleged perpetrator for the other state.

III. FAMILY CENTERED PRACTICE

A. Family Team Meeting (FTM)

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required DFCS staff and any other support system identified by the family and DFCS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family's support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

1. FTM Philosophy and Practice

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well-being of the children and youth. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which DFCS seeks to serve children/youth and families. A child welfare supervisor's participation in a FTM is an opportunity to assess the Worker's use of Family Centered Practice principles. The Family Centered Practice Principal encompasses the following components:

- A clear but open-ended purpose;
- An opportunity for the family to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family's involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving;

  and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

2. FTM Requirements

A FTM is required during:

- An investigation if removal is necessary for the safety of the child.
- This meeting should occur prior to the removal when possible, or within 24 hours of removal unless the Worker is unable, after diligent efforts documented in the case record, to identify, locate, and engage the family.
- An investigation when safety and risk factors are identified and a safety plan is needed.
- An investigation when evidence of abuse or neglect is found or if there are safety and risk factors present to warrant opening a case.

On all cases, an Initial FTM shall be completed within thirty (30) calendar days from the opening of the case. The case is considered open when the ASWS makes the decision in MACWIS for continuing services. The ASWS should make a decision within five (5) calendar days of the Worker's recommendation for continuing services.

B. Mobilizing Services

In providing services to the family or child, DFCS, in collaboration with the family members, and based on assessment information, should recommend services that are determined to be the

most beneficial and least intrusive to the family while maintaining the child's safety. This recommendation should include consideration of the ability of family members to access services as needed, provision of needed services in the home and/or community in which the family members live, and providers that can best meet the family members' needs.

Services shall be mobilized at any point in an investigation when services are needed to maintain a child's safety or reduce risks for abuse and neglect. The decision to mobilize services should be based on the safety and risk assessment and parental protective factors. Cases with active safety concerns requiring a safety plan or protective custody must be opened for services. Services with no active safety concerns but assessed to have a moderate or high level of risk may be opened for services. In those situations, the Worker should:

- Make decisions with the family regarding the identification of services needed, appropriate providers, and locations of services;
- Make prompt referrals to service providers; and
- Follow up to help ensure prompt service initiation.

If the case is opened for services, the Worker should use the Comprehensive Family Assessment (CFA) and FTM to identify services that need to continue or to be initiated based on the goals, assessment, and case plan. If the case is not opened for service, but the Worker and family determine that services would benefit the family, the Worker shall assist the family with referrals to community based resources.

C. Disposition of Cases

1. Cases in which the Family's Whereabouts Become Unknown before Completion of an Investigation

Some families with whom DFCS is working will move without notification. If a family moves without leaving a forwarding address, and the investigation is incomplete and the Safety and Risk Assessments have not been completed which would alleviate harm or imminent danger, the Worker should immediately make every effort to locate them via neighbors, family, schools, law enforcement, courts, mental health facilities, etc. and if located, alert the appropriate DFCS office in the family's new locale. The case should be terminated upon transferring the incomplete investigation to the family's new location.
If the family relocates to another state and that state's DFCS requests information, the information regarding this family should be sent expeditiously.

IV. APPENDICES

Appendix A
PROCEDURE FOR SERVICE ACTIVITY

Reports which may be screened out at intake:

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then accept report.
- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or life or health endangering situation. – Exception: All reports of mother/child testing positive for drugs will be screened in.
- Reports of crowded conditions or too many people living in a home and no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending TANF, Food Stamps, Child Support or other income on children, and there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Sufficient information is not provided to enable the Department to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.

- Reports on an unborn child and there are no other children at risk. Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criteria does not apply, the report should be considered for investigation.
    a. Alleged victim was age sixteen (16) or over at the time incident occurred, and
    b. Alleged victim is a normally functioning child, and
    c. Alleged victim, age 16 or over, willfully consented, and
    d. Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority.
    e. No parental or caretaker neglect is suspected.

If a report is considered outside the jurisdiction of the DFCS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the Department may be provided.

- Reports of rape, sexual molestation, or exploitation of any age child that meet all of the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.

    a. Alleged perpetrator is not a caretaker, friend of caretaker, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
    b. No parental or caretaker neglect is suspected.
    c. Law Enforcement has been informed of the report.

If law enforcement has not been contacted, County DFCS will immediately make the report to them. Other services of County DFCS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department by County DFCS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self harm, a referral should be made immediately to Mental Health and/or Law Enforcement. If reporter is a professional, they should be requested to refer the family to

counseling. If family does not follow through, then case can be referred to DFCS for neglect. If reporter is a non-professional, the DFCS should determine if family is seeking counseling. If not, DFCS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, DFCS will investigate.

- Physical injury committed by one child on another that meet all of the following criteria:

  a. Child is not in a caretaking role over the other child.

  b. No parental or caretaker neglect is suspected.

  c. Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by DFCS.

Additional and Duplicate Reports:

The DFCS sometimes receives additional reports regarding an incident or situation that has already been investigated. If a report regarding abuse or neglect is received and it includes any of the following information, it must be investigated as a new report if a DFCS Assessment is not currently in progress:

- A new alleged perpetrator;
- A new victim;
- A new category of child maltreatment not previously reported;
- A new incident involving the same type of child maltreatment(s).

In order to classify a report as the duplicate report and to screen it out for investigation, the CPS social worker must determine if the new information includes:

- Same alleged perpetrator(s);
- Same victim(s);
- Same types of child maltreatment(s); and
- Same incident

Before any decision is made to screen out any report as being the same report, the ASWS must always make sure the prior report was thoroughly investigated.

Second reports of abuse or neglect will not be investigated if it is the same report, same victim and same incident.

Appendix B

Form DFCS 506
Revised 02/2011

BEHAVIORAL INDICATORS OF ABUSE

Preadolescent :

1. Stylized behavior, excessive seductiveness
2. Unusual interest in sex organs of self or others (either children or adults)
3. Fearful or suspicious of adults
4. Tugging at clothing in genital area
5. Tired, lethargic, sleepy appearance
6. Regressive behaviors: such as whining, negative changes in toilet habits
7. Persistent fears or overwhelming nightmares
8. Blaming or dislike of self
9. Change in school grades
10. Public or excessive masturbation
11. Developmental delays
12. Child is perceived and/or treated by parent as “bad,” unusual, and/or different
13. Behavioral extremes (e.g. extremely aggressive or passive; persistent crying)
14. Child assumes parental role (i.e., caretaker of one or both parents and/or siblings beyond normal “role playing “for child’s age)
15. Lack of peer interaction
16. Threatens or attempts suicide
17. Psychosomatic illness

Adolescent:

1. Stylized behavior, excessively provocative beyond the norm for the child
1. Shy, withdrawn, overburdened appearance
2. Change in school grades
3. Running away
4. Self-destructive behavior
5. Substance abuse that is more experimental
6. Unwillingness to participate in group activities
7. Stealing; shoplifting
8. Pregnancy wishes
9. Prostitution
10. Fear or distrust of men, adults
11. Statements about being “bad” or “undesirable”

12. Way of/avoidance of physical contact
13. Excessive longing for affection
14. Child assumes parental role or role as spouse of parent (i.e., care giving of one or both parents and/or siblings beyond normal "role playing" for child's age)
15. Reluctance to change clothes for gym class
16. Lack of peer interaction
17. Threatens or attempts suicide
18. Psychosomatic illness

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section C: Prevention/Protection & In-Home Services Policy

PREVENTION/PROTECTION & IN-HOME SERVICES

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I. Overview of Prevention and Protection/In-Home Services

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. Introduction

The purpose of Prevention and Protection Services is to enable a child to remain safely at home with family. Prevention Services and In-Home Protection Services are services provided to families for whom the determination has been made that a child is unsafe or that an unacceptable level of risk of harm to a child is present within the context of the family.

1. Outcomes of Prevention and Protection Policy

The merit of policy is judged by the degree to which its subjects experience the intended outcomes of that policy, not by the extent to which the requirements of policy are applied. The success of a policy directed toward families and children can only be determined by the impact of that policy felt by the family and the child, which include the achievement of desirable outcomes for the family, but also in the effect on the family and the child by the process, and the means by which those outcomes are achieved.

Family-Centered Practice supports the sanctity of the family unit, while recognizing that every child and every family is unique. Consequently, the application of policy in developing and implementing strategies of Prevention and Protection must be individualized to address the unique needs of each family and child.

Family-Centered Practice policy cannot and will not be effective, and desirable outcomes for children will not be achieved without steadfast faithfulness to the principles and viewpoint that:

- Children belong with their families;
- The family of a child is an integral and essential facet of the child's life and existence upon which the child's well-being, safety and security, permanency and stability, health, and happiness are dependent;
- The child and family are one entity; and
- When abuse, neglect, or maltreatment to a child occurs within a family, the victim is the family unit as a whole.

For Prevention and Protection services to be effective in achieving the desired outcomes, a full and unwavering commitment by the Worker and supervisor to the principles of Family-Centered Practice must be clear and evident in every aspect of service planning and provision.

B. Safety and Risk

In responding to reports of abuse and neglect or intakes concerning the safety of children, DFCS focuses first and foremost on issues of safety of and harm to children within the family unit. When considering intervention in the family, the Worker must also consider the issues of permanency and family well-being.

In the initial investigative/assessment phase of response to reports, as well as in the provision of Prevention and Protection Services as a continuation of the initial response, the purpose of intervention is to assure child safety and reduce the risk of harm to the child.

According to www.dictionary.com definitions:

- *Safe* is "secure from hurt, injury, danger or risk";
- *Risk* is "exposure to the chance of injury…a dangerous chance"

For purpose of child welfare policy, the definitions will mean:

- *Safe* is a condition in which the threat of serious harm is not present or imminent or the protective capacities of the family are sufficient to protect the child;
- *Risk* refers to the likelihood that maltreatment may occur in the future.

The family structure, dynamics, and living environment, will have either positive or negative influences on issues of safety and risk. DFCS intervention aims to reduce or eliminate the factors which cause harm to a child.

Children are kept safe through the prevention of harm. Harm may be caused by abuse, neglect or exploitation and also may be caused by the trauma of removal from the family – by the actual act of separation as well as by the resulting impermanency felt by a child when removal occurs.

1. Safety Planning

Safety planning is initiated at the determination that a child is unsafe or at imminent risk of harm. That determination evolves into individualized service planning in Prevention and Protection cases, drawing from, adding to, and intertwined with the Comprehensive Family Assessment

(CFA). The development of a trusting and honest relationship with the family is of the essence in the provision of services.

The Mississippi Practice Model definition of safety assurance and risk management assumes that children should live in a safe and permanent home with their own families whenever possible, and that any interventions should assist families to care for and nurture their children. Practice, service provision, and intervention from the initial contact with the family must be focused toward that end. Success is dependent on the relationship developed with the family by the Worker and DFCS.

Safety plans are required if there are concerns about a child's safety. Resources and services shall be obtained immediately if there are unmet basic needs.

Child safety is managed through a Safety Plan with In-Home Prevention and Protection cases when there are active safety factors that have been identified. Safety Plans are intended to control safety factors and the service planning process is used to address the changes needed to eliminate identified safety factors. The parent(s) should, to the extent possible, be in agreement with whatever plans are made and whatever options are decided upon. Although the safety of the child remains in the forefront of planning and decision-making, issues of permanency and family well-being must be considered at every juncture of the planning process, and the impact on the child of being removed from the home and separated from parent(s) must remain highly visible when options and alternatives are considered and evaluated.

When removal of a child from the home appears to be imminent in terms of the options available, the FTM becomes indispensable as a methodology for assuring the best interests of the child and family are being served. Only with input from all family members as well as extended family, friends, and other informal supports concerned about the family, can all options and alternatives be identified and considered in making decisions regarding the family.

2. Reasonable Efforts

Federal and state laws require that reasonable efforts be made to prevent removal unless: 1) leaving the child in the home is contrary to the welfare of the child, and 2) removal from the family is in the best interests of the child (42 U.S.C.671 § 471(15)), MISS. Code ANN. § 43-15-13.

Family-Centered Practice provides the DFCS Worker with the guiding principles, the foundation, and the methodology to make reasonable efforts to prevent removal and to keep families intact. Family-Centered Practice further provides the Worker with the institutional and organizational backing and support through the specification in DFCS policy (see Section D) that it is not only proper and appropriate to allow children to remain in families where they have been

mistreated but that it is a violation of law and policy not to make efforts to: 1) address the issues which led to the maltreatment, 2) work with parent(s)/guardian and children to resolve issues, and 3) if the safety of the child can be reasonably assured, to keep families intact despite prior maltreatment.

Through the immediate engagement of family and by means via Family Team Meetings (FTM), family strengths and support systems (including extended family and friends) are identified. These strengths and support systems, coupled with community services which will help parent(s)/guardian to develop and implement strategies and safety plans to safely care for their children and reduce the risk of future maltreatment. This process of engagement, relationship building, and problem solving constitutes child welfare practice in the Family Centered Practice environment of DFCS.

Consequently, in responding to reports of abuse and neglect the Worker will employ reasonable efforts to prevent removal of children from their families. The implementation and execution of the Family-Centered Practice- immediate engagement, relationship building, and problem solving through Family Team Meetings (FTM), and the provision of the most beneficial and least intrusive service to maintain a child's safety constitutes "reasonable efforts."

C. Comprehensive Family Assessment (CFA)

The Comprehensive Family Assessment (CFA) is essential in the effort to achieve desirable outcomes related to safety, permanency, and well-being. CFA is founded in and dependent on critical and analytical thinking applied to the issues identified during the investigation and initial assessment, the information revealed from safety and risk assessments, the identification of the individualized needs of the family, and the identification of the strengths and protective capacities of the family.

The identification of causes of issues and analysis of underlying issues are essential in CFA which is necessary to begin an effective plan of service delivery and continues throughout the life of a case.

The CFA is completed by the Worker in MACWIS and submitted to the ASWS for approval within thirty (30) calendar days of case opening and any time there is a Review, Add/Change, or Final ISP.

D. Case Planning

In order for service planning and the provision of services to be successful in preventing removal and allowing the child to remain safely with the family, effective assessment of safety and risk

factors is essential. Identification of family strengths is essential. Understanding the incident of maltreatment and the causes of such maltreatment is essential.

The future of the case with DFCS including matters of permanency for children and family well-being are hinged on the activities and decisions included in the provision of service to the family at this critical point.
The Family-Centered Practice approach is designed to solve problems enabling children to remain safely with their families.

Initial face-to-face engagement with the family by the Worker committed to the values and philosophy of Family-Centered Practice, respectful and fair, honest and open, understanding and non-judgmental, is the key leading to effective service provision and desirable outcomes.

1. Child and Family Well-Being

Issues of permanency and family well-being must be considered at every juncture of the planning process, and the impact on the child of being removed from the home and separated from parents must remain highly visible when options and alternatives are considered and evaluated.

Child well-being includes the provision of appropriate medical, mental health and educational services to children. Such needs will have been identified through the assessment process and services to address any identified well-being needs will be reflected in the case plan.

2. Permanency

Within the Mississippi DFCS Family-Centered Practice service continuum, Prevention and Protection Services – In-Home Services – provide the arena in which the Worker and DFCS can focus on the family with innovative, flexible, and individualized services in concerted efforts and strategies to achieve outcomes of safety, permanency, and family well-being while keeping the family intact, thereby avoiding the permanent and devastating trauma and damage to the child and to the family of separation and removal.

Although the safety of the child is paramount – that is, safety takes precedence over any and all other factors – some risk will always exist for all children no matter where they are. A condition or state of being and feeling safe for a child must include matters of well-being, permanency, stability, security, the normalcy of growing up at home with family. No loss can be any more damaging emotionally and psychologically to a child than the loss of his or her family.

II. Overview of Family Centered Practice

A Family Centered Practice approach consists of:

- Keeping families together when possible, focusing on the entire family rather than just the child;
- Promoting family competence and self-direction;
- Providing flexible and convenient services to the family that are home- and community-based;
- Networking with other child and family service providers;
- Offering a comprehensive array of services that meet a range of needs;

A. Scope of Services

The overall purpose of both Prevention and Protection services is to prevent the unnecessary placement of children away from their families by providing In-Home services aimed at restoring families in crisis to an acceptable level of functioning through a Family-Centered Practice approach.

Families eligible for In-Home Prevention or Protection services are those with one or more children ages birth through 17 years who are determined to be at risk for abuse or neglect or have experienced maltreatment in the home.

For the purpose of achieving family unity within a safe environment, In-Home Prevention and Protection services' Worker may provide, coordinate or refer families for any of the following services:

- Counseling (educational, vocational, family planning);
- Medical and psychological evaluations and treatment;
- Skill building in parenting, child development, age appropriate disciplinary practices, child care, advocacy for support and services, conflict resolution, budgeting, housekeeping, and meal preparation;
- Assistance and support to enhance the likelihood of positive family responsibility and self-sufficiency;
- Housing information and assistance;

- Emergency financial assistance through flex funds or other monetary resources available to the local DFCS office or through community partners;
- Parent-aide or in-home aide services, if available;
- Respite care;
- Day care assistance;
- Transportation assistance;
- Assistance with and connection to both formal and informal support systems and resources; and
- Court involvement.

1. Prevention Services

Prevention Services – voluntary services provided to families due to issues of safety and/or risk concerning children which if not addressed could result in the abuse or neglect of children or family disruptions.

Families may request assistance due to lack of resources or some type of family dysfunction. Families are provided services even though there has been no indication or evidence of abuse or neglect of children. The purpose of service provision is to prevent abuse, neglect, or family disruption.

The focus of Prevention Services:

- Promote the safety and well-being of children and their families;
- Preserve family unity where children's safety can be supported;
- Maintain permanency for children; and
- Empower families to achieve or sustain independence and self-sufficiency.

2. Protection Services

Protection Services – services provided to families in which abuse or neglect of children has occurred and a finding of substantiated abuse or neglect has been determined. The purpose of service provision is to protect children within the context of the family from further abuse or neglect.

In the decision to open a case for service provision, the difference between opening a Prevention case or a Protection case, with one exception, lies in the determination of abuse or neglect of children. If the determination is made during the investigation that abuse or neglect has occurred and factors of risk and safety indicate a case should be opened, a Protective Services case should be opened. If no evidence of abuse or neglect is found during an investigation or if no report of abuse or neglect has been made or screened in but factors of safety and risk indicate the need to open a case, a Prevention case will be opened. The exception to this rule are cases in which the court has issued an order that services be provided to a specific child or children within a family. Such cases are always, regardless of a finding of abuse or the absence of such a finding, Protection cases with Protection services being provided to the child or children on whom a court order requires the provision of services.

The overall purpose of both Prevention and Protective services is to prevent the unnecessary placement of children away from their families by providing in-home services aimed at restoring families in crisis to an acceptable level of functioning through a Family-Centered Practice approach.

B. Candidates for Foster Care

Candidacy is defined in the federal Child Welfare Policy Manual 8. 1D2 as "*A candidate for foster care is a child who is at serious risk of removal from home as evidenced by the state agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal.*"

If a child is in an open protection service case in which at least one child in the family is at serious risk of removal from home and services are being provided to prevent placement as documented in the Family Service Plan (FSP), the child is considered a candidate for foster care.

C. Mobilizing Services

In providing services to the family or child, the Worker should recommend services that, in collaboration with the family members, and based on assessment information, are determined to be the most beneficial and least intrusive to the family while maintaining the child's safety.
These services should:

- Be family–centered;
- Be culturally competent;
- Include families as partners and leaders;

- Value the cultural and linguistic richness and diversity within communities;
- Include consideration of the ability of family members to access services as needed; and
- Provide needed services in the home and/or community in which the family members live; and utilize providers that can best meet the family members' needs.

Services shall be mobilized at any point in a case when services are needed to maintain a child's safety or reduce risk for abuse or neglect.
The decision to mobilize services should be based on the safety and risk assessments and parental protective capacities.

Cases with active safety concerns that require a safety plan or protective custody must be opened for services.

Cases with no active safety concerns but are assessed to have a moderate or high level of risk may be opened for services.

In those situations, the Worker should:

- Make decisions with the family regarding the identification of services needed, appropriate providers, and location of services;
- Make prompt referrals to service providers;
- Follow up to help ensure prompt service initiation; and
- Initially for all open cases, provide the Parent/Guardian with a copy of the Notice of Parent/Guardian's Rights in a Prevention/Protection case and place a signed copy in the case file. (*See* Appendix A)

If the case is opened for services, the Worker should use the CFA and the FTM to identify needed services.

As service provision is monitored, the Worker should be careful to ensure that on-going service provision matches the referral requests, and continues to address the family's needs. If the case is not opened for service, but the Worker and family determine that services would benefit the family, the Worker may assist the family with referrals to appropriate resources.

Reasonable efforts will be made to maintain the child(ren) in their own home or with family and support services should be made available to the family. However, if safety and risk factors are identified during the investigative phase, or any time during the provision of In-Home services, the Worker should hold a FTM to determine if there are family members or extended family who can assist the parent/caretaker in making an appropriate safety plan that is in the child(ren)'s best interest.

D. Schedule of Service Delivery

The need for services is determined before the conclusion of the investigation.

- The Worker shall make face-to-face contact with the family within 7 calendar days of case opening.
- Within thirty (30) calendar days of the prevention or protection case opening a CFA will be completed.
- If a safety plan is appropriate it should be a short term plan that is assessed throughout the life of the investigation. At the completion of the investigation an additional risk assessment will be completed and if there are further safety concerns a case should be opened and a new safety plan implemented.
- Continued assessment and evaluation is required and must be documented in MACWIS regarding progress or lack of within ninety (90) calendar days of case opening.
- At the end of 6 months, the Worker will document whether services need to be continued, whether safety concerns are still present, or that outcomes have been met and the case should be prepared for closure.

E. Family Team Meeting (FTM)

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required DFCS staff and any other support system identified by the family and DFCS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family's support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

1. FTM Philosophy and Practice

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well-being of the children and youth. As a

philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which DFCS seeks to serve children/youth and families. A child welfare supervisor's participation in a FTM is an opportunity to assess the Worker's use of Family Centered Practice principles and to observe the interaction of the participants. The Family Centered Practice principles encompass the following components:

- A clear but open-ended purpose;
- An opportunity for the family and child to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family's involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving; and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

2. FTM Requirements

The family members should be brought in as early as possible and actively engaged throughout the life of the case in the decision making process. Children 6 and over if developmentally appropriate should be involved in the FTM. A FTM is a practice component and methodology designed to facilitate planning, decision–making, and problem solving.

- A FTM is also required during an investigation when safety and risk factors are identified and a safety plan is needed.
- A FTM is required during an investigation when evidence of abuse or neglect is found or if there are safety and risk factors present to warrant opening a case.

In all cases, an Initial FTM shall be completed within thirty (30) calendar days from the opening of the case. The case is considered open when the Area Social Work Supervisor (ASWS) makes the decision, in MACWIS, for continuing services. The ASWS should make a decision within five calendar days of the Worker's recommendation for continuing services. If during the provision of In-Home services removal of the child(ren) becomes imminent, a FTM will be held if possible.

On-going FTMs shall be convened, at a minimum, every time the Family Service Plan (FSP) is updated. FTMs are conducted to identify and initiate needed services and monitor their effectiveness.

All FTMs include, at a minimum, Worker and Worker's supervisor/designee, child (if age and developmentally appropriate) and child's parent/guardian. In an In-Home Prevention or Protection case, service providers should also participate in FTMs.
Contracted service providers must be able and willing to participate in FTMs when invited. Service providers must be engaged in the decision making and service planning processes in order for them to tailor services to meet identified needs and strengths of the child and family. Other participants should include:

- Extended family;
- Family support system;
- Other relevant DFCS staff; and
- Other professionals, such as school personnel, mental health providers, and public health/visiting nurse, if appropriate.

The FTM is documented in detail in MACWIS as a narrative.

In situations where a FTM is not possible or where there is an appropriate reason for not holding one, individualized case planning that builds on strengths and needs of individual family members and tailors services to those needs should still occur and be clearly documented in MACWIS with ASWS approval.

F. Family Engagement and Case Planning

Family engagement is an on-going process of involving the family from the initial investigation throughout the life of the case.

The Worker must engage the family and formal and informal support networks through FTMs to assist them in making a plan for the child(ren) to remain safely in the home. The family should be considered the experts of their situation and should identify the problems and solutions to these problems with the assistance of the Worker and their support systems. The Worker will work with the family to develop an FSP, listing tasks and goals needing achievement.

Paramount to engaging the family is the demonstration of respect and the development of trust among the participants. Full disclosure of goals, timelines, options and legal implications, must

be expressed before the case plan is signed so the signers are fully informed about the consequences of their decisions.

1. Family Service Plan (FSP)

The FSP is a goal oriented service focused on behavior outcomes. The FSP should describe, at a minimum: 1) the problems the family is facing; 2) identify risks to the child(ren); 3) describe strengths of the family and child; and 4) present the services and actions needed to achieve desired outcomes.

Through evaluation of information gathered during the investigation, the assessments (including on-going assessments), and safety plan, the Worker and family will identify problems and develop a service plan. Plans are developed based on evaluation of parent/guardians' behavioral, cognitive, and emotional protective capacities.
The FSP will be developed with the family, signed and approved by the Area Social Work Supervisor (ASWS) within thirty (30) calendar days from the date of case opening. In cases where children are placed in DFCS custody, each child is included in the FSP.

The FSP will define both the family and DFCS roles, the role of service providers and coordination of services and plans.

The FSP for the family should address:

- The target problems;
- The goals to be accomplished;
- Tasks by which those goals will be accomplished;
- Who is responsible for each task;
- Matching services to needs;
- Brokering for and obtaining needed services; and
- Monitoring the effectiveness of services, the achievement criteria, and time frames for all parties, including service providers.

2. Components of the FSP

a. Direct and Support Services, which includes a list of what the services are.

b. Reasons for Services: statements about parental/caretaker behaviors or actions that placed the child at risk and necessitated DFCS intervention.

c. Tasks: simple, clear statements that identify specifically what the parent/guardian, the Worker, and/or other service providers will do toward resolving the problems; identifying the person responsible for each task; and setting a specific realistic time frame for completing each task.

d. The goals to be accomplished.

e. Outcomes: statements or questions that serve as ways to measure when the task has been reached, i.e., that the problems creating risk for the child have been sufficiently overcome.

3. Implementing the FSP

Once the specific issues within the family that are creating risk for the child have been identified, delivery of Family Centered Practice (implementing the plan) begins.

There are five types of FSPs:

- Initial,
- Review,
- Add/Change,
- Custody Change, and
- Final.

Each FSP_type must be completed by the Worker and submitted to the ASWS for approval. A copy of the signed Adult FSP must be given to the child's parent(s)/guardian and another filed in the case file. In Protection cases each child will have an FSP which he/she signs.

A copy is given to:

- The child,
- The child's parent/guardian, and
- Filed in the case file.

a) Initial FSP

The goals and tasks in the FSP shall be a direct reflection of the decisions made in the FTMs. The parent(s)/ guardian shall sign this FSP upon agreeing to the listed goals and tasks in it. All

efforts to engage parent(s)/guardian in developing the FSP shall be well documented within MACWIS whether successful or not.

b) Review FSP

The Review FSP is an assessment of progress toward the goals identified in the Initial FSP.

The Review FSP is submitted and approved every ninety (90) calendar days. The Worker has eighty-five (85) calendar days to create and submit the Review FSP to the ASWS and the ASWS has five (5) calendar days to approve and sign the Review FSP.

The CFA is updated each time the FSP is reviewed. The goals and tasks may be changed or updated at any time there are changes in the family's circumstances. The parent(s)/guardian shall sign this FSP upon agreeing to the listed goals and tasks in it. All efforts to engage parent(s)/guardian in developing the FSP shall be well documented in MACWIS whether successful or not.

c) Add/Change FSP

This FSP is used only when there is a change in direct services, such as a change in the County of Service (COS). This FSP shall be updated or revised within 10 calendar days of the change including supervisory approval.

d) Custody Change

If a Prevention/Protection case is changed to a Placement case, due to children being taken into custody, or a placement case is changed to Prevention/Protection the Custody Change type will be used.

e) Final FSP

The Final FSP is selected only when the case is being closed.

Prior to completing the Final FSP, a FTM must be held with the family.

All direct services must be closed and a CFA completed prior to submitting the Final FSP to the ASWS for approval.

If there is an active Safety Plan in place, a Final FSP cannot be completed in MACWIS. Safety Plans must be resolved prior to case closure.

G. Role of Counties

A clear understanding of the distinct differences in the roles of the COS and County of Responsibility (COR), is necessary. The plan set forth by the COR shall be respected by the COS. If the COS disagrees with the COR's plan, the COS may state its opinion in writing to the COR Worker with copies to the appropriate administrative personnel, but it is obligated to carry out the plan set forth by the COR until notified otherwise. The documentation in the case should be professional and factual. Disputes between Workers should not be documented in case records but should go through the formal chain of command.

1. County of Responsibility (COR)

The COR is the county where the family resides when the case is opened and the Youth Court maintains jurisdiction if it is a protection case.

The COR will assume the leadership role in planning for the family, monitoring the implementation of these plans, initiating the decision making processes and keeping the COS, if applicable, informed regarding plans for the family. The COR is responsible for providing all payment services regarding the family.

2. County of Service (COS)

When a family who has an on-going Protection case relocates, the county where they relocate is the COS. The Youth Court of the original county of residence maintains jurisdiction over the case.

The COR Worker will notify the COS ASWS of the service request and will submit the COS direct service transfer electronically. A COS case will be opened on the child/family and a COS Worker assigned.

The COS Worker will maintain twice monthly visits with the child and family and coordinate any tasks and goals in the FSP and will document the family's progress in MACWIS. The COS Worker will be responsible for working with the COR Worker to facilitate any services needed, for maintaining face-to-face contact with the family and communicating with the COR Worker to assure the safety and well-being of all children in the home.

The on-going communication and coordination of efforts between the COR Worker and COS Worker for each individual family is essential. The COS' visits, observations during those visits and reports made to the COR of those visits have a direct bearing on the decisions made by the COR.

3. Communication between Counties

It is crucial that communication be maintained between counties when a family moves from the COR. The COR and COS have a responsibility to share all pertinent information, which includes case recordings, case plans, court documents, medical, social, and psychological documents, correspondence, financial records, DFCS forms and any other information pertinent to the case.

4. Transfer of Cases between Counties

If the family relocates to another county before the case is closed and the case is a Protection case, this county is considered the COS. The COR Worker who must: 1) maintain ongoing contact with the family; 2) visit the family every ninety (90) days; and 3) maintain a meaningful relationship and connection with family.

If the case is a Prevention case and the family moves to another county, the COR will complete a CFA on the family and make a determination on the need for further services. If further services are needed, the COS will be contacted and advised that the family moved while receiving services. The MACWIS case will be transferred electronically and the paper case sent to the county where the family now resides.

If it is determined services are no longer needed the case will be closed.

H. Monthly Visits

Every visit with the family must have a purpose.

The assigned Worker must make at least two visits per month with families who have open In-Home Prevention/Protection cases, which include face-to-face contact with all household children. At least one visit with the child(ren) must take place in the home and one of the visits must be conducted privately with each child. Contact with the custodial parent(s)/caretaker must include one face-to-face visit in the home and one contact may occur in another location or by telephone. Exceptions to face-to-face contact must be justified, documented in MACWIS and approved by the ASWS.

There is no standard number of home visits that ensures the safety of the child(ren) or that no safety threats exist. Services and visits should be individualized to the family's needs. At least one of the Worker's monthly contacts should occur in private with each individual_child. These visits should include conducting an ongoing safety check of the home to identify any health or safety hazards.

A successful, purposeful visit ensures a Worker develops a connection with a parent/guardian/child, identifies the parent/guardian/child's needs and engages each family member in case planning decisions. During contacts with parent(s)/guardian, the Worker should assess, and document progress on case plans, address the safety and well-being of all children involved and problem-solve situations that are identified. During contacts with a child the Worker will address safety, permanency and/or well-being and include the strengths and any unmet needs.

- If at any time during a visit with a family member a Worker identifies a safety threat indicating that a child is in danger of serious harm, the Worker must complete a safety plan and/or consider removal, if necessary, with supervisory consultation. When the Worker identifies unmet basic needs, assistance will be provided to obtain the needed resources or services. DFCS staff, as mandated reporters, are required to formally report any suspicion of maltreatment.

All parent/guardian and/or child contacts must be documented in MACWIS and should include, at a minimum:

- Date of contact;
- Time of contact;
- Type of contact;
- Location of contact;
- Who was present and their names entered into the MACWIS participant box;
- If the contact occurred in private;
- Purpose of the visit as it relates to safety, permanency and well-being;
- Strengths and needs; and
- Any other pertinent facts or circumstances.

Workers will provide necessary information to document progress, or lack of progress, towards the case goals and family outcomes and any necessary follow-up.

Workers will assess the needs of each family member and identify the services necessary to achieve case goals.

I. On-going Comprehensive Family Assessment

Assessment is a process that continues throughout the life of a case, beginning with the initial safety and risk assessments.

The CFA addresses each individual. The CFA is concerned with safety, risk and well-being issues within a family.

The CFA continues to evaluate and address the needs of the particular family/parent/guardian/child. The CFA is based upon information gathered from interviews and a thorough review of the case record and any written materials, reports, evaluation and professional assessments.

Reassessments are used to re-evaluate strengths and needs of family members to determine the appropriateness of goals, activities, time frames and continued services and to assess the responsiveness and relevance of current services in achieving goals and resolving identified needs.

Family members and service providers must be involved in this re-assessment and any resulting changes to plans or services.

1. Timeframe for Completing CFA

The initial CFA will be completed within thirty (30) calendar days of opening a case. Subsequently, the CFA should be updated each time the FSP is reviewed and updated every eighty-five (85) days and submitted to the ASWS who has 5 days to approve.

Other times in which the CFA is updated and used to reevaluate the family's situation is when:

- A change of circumstances occurs;
- A safety threat is identified or a change in risk levels occurs;
- There is a change of direct services;
- At case closure;
- When a new Worker begins working with the family; and
- At any time the Worker identifies a need to reevaluate progress with the family.

2. Information Gathered During Assessment

The information gathered during the assessment process includes:

- Underlying conditions and environmental and historical factors that may contribute to the concerns identified in the initial screening , investigation and risk and safety assessments;
- Child and family strengths, protective capacity and needs;
- Potential impact of maltreatment on the child;
- Factors and characteristics pertinent to determining appropriate interventions and services;
- Potential family resources for the child(ren) and family; and
- Only information and material pertinent to service provision and meeting objectives.

3. Criteria for Additional Screenings

There are times when a child, parent/guardian or other family member may require a professional screening or assessment for mental health, substance abuse, domestic violence, developmental disabilities, cognitive functioning, a medical condition or some other area that impacts functioning.
The *CFA* is used by the Worker to screen a child's mental health needs and should evaluate the child's needs for intensive and supportive services.

There are 27 questions in Section II "Child Characteristics" that are used as the screening tools. If none of the 27 statements apply to the child, the Worker is not required to refer the child for further evaluation by a mental health professional. However, if any of the 27 statements do apply to the child, the Worker will refer the child for further evaluation by a mental health professional.

When identifying underlying conditions and contributing factors in the strengths and needs assessment process, if additional information from specialized assessments, evaluations, and screenings would add value to the assessment and service planning process, arrangements should be made to obtain them.

J. Criteria for Case Closure/Disposition of Cases

1. When the Family's Whereabouts Become Unknown Before Completion of Services

Some families with whom DFCS is working will move without notification. If a family moves without leaving a forwarding address, and the service task and outcomes have not been achieved which would alleviate harm or imminent danger or harm, the Worker should immediately endeavor to locate them via neighbors, family, schools, law enforcement, courts, mental health facilities, etc. and alert the appropriate DFCS office in the family's new locale. The case in the original county of residence should be terminated upon transmittal of information regarding reasons for DFCS involvement with the family. The new county of residence after locating the family and making an assessment may decide to continue services there in such cases the case will be transferred rather than terminated.

If the family is located in another state and that state's Child Protective Service agency requests information, the information should be sent expeditiously.

2. Decision to Terminate a Case

Terminating services in Protection cases is a difficult decision that must be made jointly with all parties involved, including the Worker, ASWS and **especially** the family/parent/guardian. **The ASWS must approve every case termination/closure. In Protection cases the Youth Court with jurisdiction will make the final determination of case closure.**

The decision to terminate a Prevention/Protection case which has received services should be based on evidence that the original issues causing the abuse or neglect have been resolved to the point that the family can protect the child, if there are no safety concerns presently active.
This requirement emphasizes the need to keep accurate records about all objectives, especially those that relate to the abuse and/or neglect concerns. The records should carefully document that progress has been made in accomplishing those goals and objectives.

Termination is not a sudden separate process but is the last phase of effective case intervention. The contact with the family is intense early in treatment but lessens as the time for termination nears. If issues have been clearly identified from the beginning, and treatment goals and objectives have addressed those problems, when it comes time to close the case everyone should feel comfortable that the child can be reared in a safe environment.

Contracted services providing In-Home Prevention or Protection services may discontinue service provision for non-compliance or when the risk of future abuse has been reduced.

3. Case Termination Process

When tasks and outcomes of the FSP have been met satisfactorily and the safety plan (if applicable) has been resolved, the termination process should begin. Even when the protective service involvement has not been intense, there is sometimes a certain amount of dependence and attachment exhibited by a family. Therefore, do not assume that families are always eager to terminate.

A large majority of parent(s)/guardian see their Worker as a facilitator on whom they can depend indefinitely, but for many reasons this is not possible. The Worker must be cognizant of this and prepare the family for case termination weeks in advance so that the emotions associated with attachment and dependency needs can unfold and be dealt with therapeutically.

In terminating services to the parent/guardian, the Worker should follow these general guidelines:

1. There should be a gradual decrease in Worker/family contact and the family is aware of and in agreement with the beginning of the termination phase. However, the policy requirements of family contact frequency shall continue to be met.
2. There should be a gradual separation of the family's dependence on the Worker in conjunction with the parent/guardian's development of other supports. Supports may include family, friends, neighbors, ministers, other agencies, and, especially, the parent/guardian's own improved capacity to function.
3. There should be discussion between the Worker and family regarding the progress that has been achieved in terms of the specific goals and objectives. Emphasis should be placed on the family's strengths and positive achievements.
4. The family should be informed of available resources to contact if they are in need of outside support to help them maintain the changes that have been made during treatment.
5. Closure should take place within the context of the family's capacity to function without the Worker, but the family should feel that the door is not irrevocably closed, that DFCS' services are available, if needed, in the future.

4. Termination of Long-Term Cases without Achievement

When the Worker has been actively involved in casework services to a family for six months or longer and there has been insufficient progress in the achievement of service task and outcomes, a careful evaluation by Worker and ASWS should be made concerning the continuation of services.

1. Guidelines for this decision should include:
   a. The family's willingness and capacity to be involved in service planning and the development of tasks and services.
   b. Identification of the individual tasks that have been achieved as well as those that have not been achieved, and what services have been provided.
   c. Even if issues continue which concern DFCS staff and for which resolutions do not seem immediate, the primary consideration regarding termination is whether or not the children remain in a harmful or imminently harmful situation.
2. If the children are not suffering harm or are not in imminent danger of harm, the termination process should be carried out with the family as clearly and as positively as possible, and the record should reflect detailed documentation validating this decision.

5. Case Closure Steps

- CFA must be completed and include a statement regarding how risk and safety were assessed and mitigated;
- If it is a Protection case with court ordered supervision, the court must approve closure and the court order will be filed in the case file;
- Closing summary narrative must be documented in MACWIS;
- All direct services must be end-dated; and all support services should be completed and approved;
- A Final FSP should be submitted to the ASWS for approval; and
- All pertinent information, i.e.; medical, educational, Notice of Parent/Guardian's Rights, correspondence, will be filed in the case file.

III. Appendix

APPENDIX A

Form DFCS 516
Revised 02/2011

NOTICE OF PARENT/GUARDIAN'S RIGHTS PREVENTION/PROTECTION

You have rights and responsibilities while you are involved with the Division of Family and Children's Services (DFCS) and have an open case. The normal hours of operation for the DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE RIGHT TO:

1. Participate in decisions affecting your family.
2. Identify and discuss your family's strengths and areas needing improvement with your worker to develop your Individual Service Plan.
3. Have office phone numbers and office addresses for your worker and your worker's supervisor.
4. Participate in any court hearings held in your case.
5. Refuse any service or treatment recommended by DFCS unless court ordered.
6. Know when services are about to end.
7. Have your Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your case.
8. Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.

_____ / _____ _____
Client(s) initials **Worker initials**

YOU HAVE THE RESPONSIBILITY TO:

1. Provide full names, dates of birth, social security numbers for household members and other necessary information requested by your worker.
2. Cooperate with your worker and participate in service decisions.
3. Complete your Individual Service Plan**.** This **may include** paying for the cost or part of the cost of a task.
4. Ask for and be a part of all Family Team Meetings.
5. Give to your worker the names, phone numbers, and addresses of your relatives who may be able to care for your child if necessary.
6. Give your worker all requested medical and educational information about your child.

_____ / _____ _____
Client(s) initials **Worker initials**

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

_____ / _____ _____
Client(s) initials **Worker initials**

The court of your county has the authority to modify any of the statements above.

Client(s): _____ / _____ **Date:** _____

Worker: _____

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section D:
Foster Care Policy

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The Mississippi Department of Human Services will hereinafter be known as "MDHS" and it's Division of Family and Children's Services hereinafter will be known as "DFCS".

I. FOSTER CARE SERVICES OVERVIEW

A. Scope of Services

MISS. CODE ANN. § 43-15-5, states DFCS

"…shall have the authority and it shall be its duty to provide for the care of dependent and neglected children in [Resource Family] homes or in institutions, [and] supervise the care of such children…"

B. Goals

The primary objective and goal of Family Centered Practice is to protect and serve the best interests of the child by strengthening and preserving families so children can live safely at home with their parents or relatives.

The goal of foster care services is to take care of and provide for children who cannot remain with their parents, caretakers, or families in a manner which assures the safety, permanency, and well-being of each child in foster care for as long as it is necessary for such child to remain in foster care.

C. Legal Basis for Authority

1. State Laws

For more detailed information regarding any specific law from Mississippi Code, please go to http://www.michie.com/mississippi.

MISS. CODE, Ann. § 43-15-5, Administration of Child Welfare Services: (1) The Department of Human Services shall have authority and it shall be its duty to administer or supervise all public child welfare services, including those services, responsibilities, duties and powers with which the county departments of human services are charged and empowered in this article; administer and supervise the licensing and inspection of all private child placing agencies; provide for the care of dependent and neglected children in foster family homes or in institutions, supervise the care of such children and those of illegitimate birth; supervise the importation of children; and supervise the operation of all state institutions for children.

MISS. CODE ANN. § 43-15-3, entitled the "Powers and Duties of Department of Human Services…," authorizes, empowers, and directs DFCS to

…fully cooperate with the United States Children's Bureau and Secretary of Labor in establishing and strengthening child welfare services for the protection and care of the homeless, dependent and neglected child and children in danger of becoming delinquent. DFCS is further authorized, empowered and directed to cooperate with the United States Children's Bureau and Secretary of Labor in developing plans for said child welfare services and extending any other cooperation necessary under § 521 of Public Law No. 271-74th Congress of the United States.

MISS. CODE ANN. § 37-13-91, outlines the compulsory school attendance requirements.

The MISS. CODE ANN. § 37-23-3 et seq. defines an exceptional child as it relates to the educational system and mandates individualized programs in schools for such children.

The MISS. CODE ANN. § 41-23-27, states the Mississippi State Department of Health's authority to "isolate, quarantine or otherwise confine, intern, and treat such person afflicted with such infectious sexually transmitted disease for such time and under such restrictions as may seem proper."

The MISS. CODE ANN. § 41-37-25, defines who may give consent for autopsies, specifically that "In the event that neither parent has legal custody of the minor, the guardian shall have the right to authorize an autopsy."

The MISS. CODE ANN. § 41-88-3, outlines the Mississippi State Department of Health's roles and responsibilities in ensuring the children receive proper and timely immunizations.

The MISS. CODE ANN. § 43-15-1 et seq., outlines all of the child welfare services and activities mandated by state law.

- Article 1 relates to the Administration of Child Welfare,
- Article 2 relates to Multidisciplinary Teams,
- Article 3 relates to the Licensing of Family Foster Homes, Child Caring Agencies and Child Placing Agencies,
- Article 5 relates to the Safe Baby Drop Off Law, and
- Article 7 relates to the Restrictions on Employment by or Operation of Child Care Facilities by Registered Sex Offenders.

The MISS. CODE ANN. § 43-21-1 et seq. outlines the laws for the Youth Court's Organization, Administration and Operation, jurisdiction, records, custody and detention, intake, informal proceedings, petitions, summons, adjudication, disposition, and appeals.

The MISS. CODE ANN. § 63-1-25, States that "any negligence or willful misconduct of a minor under the age of seventeen years when driving a motor vehicle upon a highway shall be imputed to the person who has signed the application of such minor."

The MISS. CODE ANN. § 93-15-101 et seq. relates to the laws and procedures for the Termination of Rights of Unfit Parents.

The MISS. CODE ANN. § 97-5-1 et seq. outlines and defines crimes or offenses affecting children.

2. Federal Laws

a) Indian Child Welfare Act (ICWA)

All custody issues and placements of children of Native American heritage shall be in compliance with the ICWA, (P.L. 95-608) and the Indian Self-Determination and Educational Assistance Act, (P.L. 93-638). These Acts ensure that the heritage of Indian children will be recognized, protected, and monitored in and out of state.

The ICWA provides for the Indian Tribal Council to have priority jurisdiction in the matter of custody and guardianship in the case of any child of Indian heritage. Workers shall resolve the issue of Indian heritage as soon as possible after contact is made with the family, either through a report of abuse/neglect or a referral for services.

The Worker shall ask the family the following questions to gain knowledge in deciding what is in the best interest of the child and document the discussion in the narrative section of the Mississippi Automated Child Welfare Information System (MACWIS):

1. Is parent or child of Native American heritage?
2. Is parent eligible for tribal membership?
3. Is parent registered with Native American tribe?
4. Is child eligible for tribal membership?
5. Has child been registered with Native American tribe?
6. Does the family live on tribal land?

The Mississippi Band of Choctaw Indians or any other Indian tribe to which the child belongs, has the right to accept or deny jurisdiction of the child and to help with placement resources. A tribal court may assume jurisdiction over any Native American child whether the child is living on or off a reservation at any time.

The tribe must be notified of any court hearings involving an Indian child. Notification will be provided immediately, by telephone and certified letter, to the tribe when a Choctaw child, or other Indian child, is taken into DFCS custody. If services are being provided by DFCS and the child holds membership in a tribe or is eligible for tribal membership the tribe may assume jurisdiction at any point in the service provision process, including the investigation process and foster care services.

The tribal lands of the Mississippi Band of Choctaw Indians are found in eight counties in Mississippi: Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott and Winston.

Information about children who are determined to be members of a tribe other than Choctaw shall be provided to the District Worker, Bureau of Indian Affairs, Eastern Area Office, and Washington, D.C. If the tribe is unknown, DFCS shall contact the Mississippi Band of Choctaw Indians who is willing to help identify the child's tribe and refer appropriately**.**
(see http://www.neshoba.org/community/ms-band-choctaw-indians.php**)**

b) The Rehabilitation Act

The Rehabilitation Act of 1973 (P.L. 93-112) is the federal legislation that authorizes the formula grant programs of vocational rehabilitation, supported employment, independent living, and client assistance. It also authorizes a variety of training and service discretionary grants administered by the Rehabilitation Services Administration.

The Act authorizes research activities that are administered by the National Institute on Disability and Rehabilitation Research and the work of the National Council on Disability. The Act also includes a variety of provisions focused on rights, advocacy and protections for individuals with disabilities.

c) The Adoption Assistance & Child Welfare Act of 1980

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) was initiated in response to the problem of Foster Care "Drift": the sense of impermanence in foster homes and concerns about children placed in multiple foster placements over an extended period of time. Significant parts of this law established that:

- Required states to make adoption assistance payments, which take into account the circumstances of the adopting parents and the child, to parents who adopt a child who is Aid to Families with Dependent Children (AFDC)-eligible and is a child with special needs.
- Defined a child with special needs as a child who:
  - Cannot be returned to the parent's home;
  - Has a special condition such that the child cannot be placed without providing assistance; and
  - Has not been able to be placed without assistance.
- Required, as a condition of receiving federal foster care matching funds, that States make "reasonable efforts" to prevent removal of the child from the home, and return those who have been removed as soon as possible.
- Required participating states to establish reunification and preventive programs for all in foster care.
- The state must place a child in the least restrictive setting and, if the child will benefit, one that is close to the parent's home.
- Court or DFCS must review the status of a child in any non-permanent setting every 6 months to determine what is in the best interest of the child. Most emphasis is placed on returning the child home as soon as possible.
- Court or administrative body must determine the child's future status, whether it is a return to parents, adoption, or continued foster care, within 18 months after initial placement into foster care.

d) The Abandoned Infants Assistance (AIA) Act of 1988

Abandoned Infants Assistance (AIA) authorizes the Secretary of Health and Human Services (the Secretary) to make grants to public and nonprofit private entities for demonstration projects to deal with the placement and permanency of infants in care, specifically those diagnosed with Acquired Immune Deficiency Syndrome (AIDS).

e) The Multi-Ethnic Placement Act (MEPA) of 1994

The Improving America's Schools Act (P.L. 103-382) contains the *Multi-Ethnic Placement Act of 1994* (MEPA). An amendment to this Act is part of the *Small Business Job Protection Act of*

1996 (P.L. 104-188) and is known as the *Interethnic Adoption Provisions Act of 1996* (IEP). MEPA-IEP prohibits agencies receiving Title IV-E foster care funds from

> *Deny[ing] any person the opportunity to be an adoptive or foster parent … or delay[ing] or deny[ing] the placement of a child … solely on the basis of race, color or national origin of the adoptive or foster parent or the child …*

(P.L. 103-382, § 553 a.1.A-B)

These factors must be applied on an individualized basis, not by general rule "in the best interest of the child."

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

f) Civil Rights Act of 1964 (P.L. 88-352)

Title VI of the Civil Rights Act of 1965 (P.L. 88-352) prohibits discrimination of any child, regarding type of placement resource, placement services, or other services based on race, color, creed, or national origin.

g) Adoption & Safe Families Act of 1997 (ASFA)

Adoption & Safe Families Act (ASFA) of 1997 (P.L. 105-89) focuses on the safety, permanency and well-being of children in foster care and establishes the framework for the current child welfare system. Significant parts of this law:

- Adds "safety of the child" to every step of the case plan and review process.
- Requires criminal record checks for foster/adoptive parents who receive federal funds on behalf of a child, unless a state opted out.
- Requires states to initiate court proceedings to free a child for adoption once that child had been waiting in foster care for at least 15 of the most recent 22 months, unless there is a documented ASFA exception.
- Allows children to be freed for adoption more quickly in extreme cases.
- Rewards states that increased adoptions with incentive funds.

- Requires states to use "reasonable efforts" to move eligible foster care children towards permanent placements.
- Promotes adoptions of all special needs children and ensured health coverage for adopted special needs children.
- Prohibits states from delaying/denying placements of children based on the geographic location of the prospective adoptive families.
- Requires states to document child-specific efforts to move children into adoptive homes.
- Requires that permanency hearings to be held no later than 12 months after entering foster care.

h) Promoting Safe & Stable Families Amendments of 2001

The Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133) amended title IV-B, subpart 2 of the Social Security Act. Significant parts of the law:

- Added findings to illustrate the need for programs addressing families at risk for abuse and neglect and those adopting children from foster care.
- Amended the definition of family preservation services to include infant safe haven programs.
- Added strengthening parental relationships and promoting healthy marriages to list of allowable activities.
- Added new focus to the research, evaluation and technical assistance activities.
- Allowed reallocation of unused funds in Title IV-B, subpart 2.
- Created a matching grant program to support mentoring networks for children of prisoners.
- Reauthorized funds for the Court Improvement Program.
- Authorized a voucher program as part of the John H. Chafee Foster Care Independence Program.

i) Individuals with Disabilities Education Act (IDEA) 2004

Individuals with Disabilities Education Act (IDEA) seeks to ensure services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities.

Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

j) Fostering Connections to Success and Increasing Adoptions Act of 2008

The Fostering Connections Act (P.L. 110-351) focuses on safety, permanency, and well-being by:

- Increasing opportunities for adoption and relative guardianship
- Improving critical education and health care services for children in foster care
- Better preparing older youth for adulthood by extending federal support for transition programs to age 21.
- Offering, for the first time ever, important federal protections and support for many American Indian children.

k) The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183/H.R. 4980)

Reasonable and Prudent Parent Standard

The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183/H.R.4980) requires Title IV E state licensing authorities to permit the use of the "reasonable and prudent parenting standard". The purpose of this standard is to promote "normalcy" for a child who comes into the care and custody of DFCS.

Definitions when used in the context of the "reasonable and prudent parent standard" are as follows:

Reasonable and prudent parent standard is the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural and social activities.

Caregiver is a licensed Resource Parent(s),with whom a child in foster care has been placed or a designated official of a child-placing agency in which a child in foster care has been placed.

Age or Developmentally-Appropriate is defined as activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the development of cognitive, emotional, physical and behavioral capacities that are typical for an age or age group.

- In the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

Prospective and current Resource Parents shall be provided the necessary training in applying this standard.

A caregiver shall use a reasonable and prudent parent standard through the use of careful and thoughtful parental decision making. When a caretaker is determining whether to authorize a foster child who resides in their foster home to participate in normal childhood extracurricular, enrichment and social activities the following are requirements that shall be considered:

1. The child's age, maturity, and developmental level to maintain the overall health and safety of the child.

2. The potential risk factors and the appropriateness of the activity.

3. The best interest of the child based on the caregiver's knowledge of the child.

4. The importance of encouraging the child's emotional and developmental growth.

5. The importance of providing the child with the most family-like living experience possible.

6. The behavioral history of the child and the child's ability to safely participate in the proposed activity.

DFCS shall verify that private agencies providing out-of-home placement under contract with the division:

1. Promote and protect the ability of a child to participate in age-appropriate activities; and

2. Implement policies consistent with the "reasonable and prudent parent standard" in this section.

Caregivers shall ensure that the child has the safety equipment and any necessary permissions and training necessary to safely engage in each activity the child may participate in.

A caregiver is not liable for harm caused to a child in an out-of- home placement if the child participates in an activity approved by the caregiver, provided that the caregiver has acted in accordance with the consideration for decision making reasonable and prudent parent standard.

D. Definitions

1. Permanency Planning

Permanency Planning is a systematic process of carrying out a set of plans and goal-directed activities within a time-limited period. These activities are designed to help children live in families that offer continuity of lifetime relationships. MISS. CODE ANN. § 43-15-13(8), states:

At the time of placement, consideration should be given so that if reunification fails or is delayed, the placement made is the best available placement to provide a permanent living arrangement for the child.

2. Concurrent Planning

Concurrent Planning is working toward the permanency plan while at the same time establishing a backup plan, thereby implementing primary and alternate plans simultaneously.

For children with the goal of reunification, DFCS shall begin, within the first six months of the child's entry into care, to engage in concurrent planning.

According to federal law (45 CFR 1356.21(b)(4)), reasonable efforts to finalize an alternate permanency plan may be made concurrently with reasonable efforts to reunify the child and family. It also states that reasonable efforts to place a child for adoption or with a legal guardian including identifying appropriate in-state and out-of-state placements, may be made concurrently with reasonable efforts to reunify the child and family.

Concurrent planning is an approach designed primarily to facilitate timely permanency by having an alternate permanency plan in place ready for implementation in case the primary plan fails or falls through. Within the "Mississippi Family Centered Practice" approach concurrent planning involves the immediate and ongoing implementation of strategies. These strategies are designed to assure the healthy development of the child through an ongoing sense of continuity and connectedness during periods of legal impermanency.

3. Custody

Custody is the physical possession of a child by any person. It is considered to be the date a child entered into foster care.

Legal custody is the legal status created by a court order which gives the legal custodian the responsibilities of physical possession of the child and the duty to provide him with food, shelter, education, and reasonable medical care, all subject to residual rights and responsibilities of the parent or guardian person.

4. Diligent Search

Diligent Search is defined as "steady, earnest and persistent effort of Worker to locate a parent or perspective parent whose identification or location is unknown." See Section D, Method of Entry.

5. Family Centered Practice

Family Centered Practice is working with families, both formally and informally, across service systems to enhance the families' capacity to care for and protect their children. It focuses on the

needs and welfare of children within the context of their families and communities. Family Centered Practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes. Family is defined broadly to include birth, blended, kinship, and foster and adoptive families.

Family Centered Practice includes a range of strategies, including:

- Advocating for improved conditions for families;
- Supporting the families;
- Stabilizing those in crisis;
- Reunifying those who are separated;
- Strengthening families; and
- Connecting families to the resources that will sustain them in the future.

6. Family Team Meetings (FTM)

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required DFCS staff and any other support system identified by the family and DFCS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family's support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

a) FTM Philosophy and Practice

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well-being of the children and youth. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which DFCS seeks to serve children/youth and families. A child welfare supervisor's participation in a FTM is an opportunity to assess the Worker's use of Family Centered Practice principles. The Family Centered Practice Principal encompasses the following components:

- A clear but open-ended purpose;
- An opportunity for the family and child to be involved in decision-making and planning;

- Options for the family to consider and decisions for the family to make;
- The family's involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving; and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

7. Fictive Kin

Fictive Kin is a term used to refer to individuals who are unrelated by birth, marriage, or adoption but who have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship.

8. Foster Child

A F*oster Child* is any child receiving Placement Services whose legal custody and responsibility of planning have been placed with DFCS through court order, voluntary parental consent for placement, or released for adoption. The child is classified as a foster child as long as legal custody of said child remains with DFCS.

9. Legal Father

Legal Father includes the father named on the child's birth certificate, the man to whom the mother was married at the time of conception and/or the man to whom the mother was married at the time of birth. Also, the man who has legally adopted the child is a legal father.

This presumption can be rebutted by proof beyond a reasonable doubt that the child was fathered by another. Otherwise, the "legal father" is:

1. A person who has signed a voluntary acknowledgement of paternity;
2. A person who has been adjudicated to be the father of the child; or
3. A person who has legally adopted the child.

A child may have a legal father and putative father(s). A child may have more than one named legal father and/or putative father.

All fathers, legal and putative, shall be informed that the child is in foster care. All the fathers, legal and putative, shall be included in all planning for the child, including case plans and placement. They shall be invited to the Foster Care Review (FCR) meetings.

10. Parent

Parent refers to the mother or father to whom the child was born, or the mother or father by whom the child has been legally adopted. The definition of parent can also include putative father(s) or primary caretakers from whom a child was removed. The precepts of Family Centered Practice and of Concurrent Planning dictate that the Worker shall make *diligent* efforts to ascertain the identity of all parents of a child who enters custody of the DFCS.

If any parent has voluntarily released the child for adoption, or has had his/her parental rights terminated, then he/she is no longer a necessary party to any action taken as to the child.

11.Sibling

A *Sibling* is a child's brother or sister related by blood or marriage including whole or half-blood and step-siblings. Siblings include those who are considered a sibling under state/tribal law, and those who would have been considered a sibling under state/tribal law, except for termination or disruption of parental rights.

12.Placement Service

Placement Services is a child welfare service provided for children placed in the custody of DFCS as a result of a judicial determination or written request of the legal guardian. The child shall be provided care in a foster home/relative home/group home or facility which gives special consideration to the child's health, safety and well-being, and also gives priority to placement of a child with a relative or in the most suitable and least restrictive setting for a planned period of time, during which targeted case management and other treatment services shall be provided to the child's parents/relatives.

13. Putative Father

A *Putative Father* is an individual who is alleged to be the father of a child, but is not identified on the child's birth certificate.

14. Primary Caretaker

A *Primary Caretaker* is defined as an individual who provided care of a child the majority of the time prior to child's removal from their home.

15. Relative Caretaker

A *Relative Caretaker* is a relative who provides care to a child and who is considered to be in a caretaking role for the child.

A *Relative Caretaker* may be an individual who is not legally or biologically related to a child but who is considered a relative due to a close and ongoing relationship with the child and family.

II. CONFIDENTIALITY

All information obtained while working with families and children is confidential and should be disclosed by consent from a client or a person legally authorized to consent on behalf of the client or by court order. The exceptions to this law are noted in MISS. CODE ANN. §§ 43-21-257, 43-21-259, and 43-21-261.

A. Case Records

DFCS workers shall compile, maintain, and keep current complete child welfare case records.
All records involving children and the contents thereof are confidential and shall not be released except as authorized by state statute, federal regulations, court direction, and DFCS policy regarding disclosure of information. An order of Limited Disclosure must be issued by a court of competent jurisdiction prior to the release of any information (MISS. CODE ANN. § 43-21-261).

B. Child – Specific Information

The release of child-specific information should be limited to individuals, agencies, and organizations which demonstrate a "need and right to know" for the purpose of providing on-going services to the child. These individuals, agencies, and organizations include:

- Placement Resources
- Educational providers
- Medical/Dental providers
- Mental Health providers

It is important to note that any person or entity provided access to child-specific information under this policy shall be required to maintain the information in accordance with state and federal laws and regulations regarding confidentiality.

C. Photographs and Interviews

DFCS workers shall maintain, in the appropriate case file, a current photograph of each foster child. Along with current photograph, a photo or written description of all distinguishing marks, tattoos or "any" other body modification shall also be maintained in their case file. Photos shall not be taken of child/youth's private areas by DFCS staff.

Current photographs of foster children may be released to law enforcement officials, the county or district attorney, the court and the National Center for Missing and Exploited Children (NCMEC) in order to protect the child from abuse, neglect or other harm.

All photographs including videos, media presentations, and publications of foster children are covered under the confidentiality laws (MISS. CODE ANN. §§ 43-21-261 and 43-15-21).

1. Photographs – Specific Confidentiality Information

- A foster child's face may not be shown, unless there has been a termination of the child's parent's rights (TPR).
- A general group setting is permissible, if all of the children's parent's rights have been terminated.
- A child may not be identified as a foster child, unless the situation involves a recognition or honor of the child, then only with the approval of the DFCS Worker, the Worker's Area Social Worker Supervisor (ASWS), the natural parents if TPR has not been achieved and the Guardian *AD Litem* (GAL).
- A general group setting is permissible, if all of the children's parent's rights have been terminated.

2. Interviews

- A foster child may not be interviewed nor any photographs of him/her published in the DFCS annual report, or any document or publication which would be used as a marketing tool.

- If the Worker agrees that the interview is in the best interest of the child, foster children, 14 years and older, may be interviewed with the written consent of the DFCS County of Responsibility (COR) Worker and ASWS, the birth parents (if TPR has not been achieved) and the GAL.
- The interview must be coordinated with the DFCS Worker and one of the following people must be present during the interview: the Worker, Resource Parent(s), a representative of the private agency if applicable, and the GAL.

III. METHODS OF ENTRY INTO PLACEMENT

A child becomes a foster child when the county or DFCS receives custody of the child. This is accomplished through the following means: Court Orders, Parental Request for Placement (a/k/a "Voluntary Placement"), Voluntary Consent for Adoption; or "Safe Babies" and Child In Need of Supervision (CHINS), which are detailed below.

A. Court Orders

The Youth Court, Family Court, or Chancery Court may grant custody to the county where the child resides. A child becomes a foster child when custody is obtained by a written emergency, temporary or verbal order.

1. Components of a Court Order

The initial court order placing a child in the custody of shall contain the following components:

a) Custody:

A voluntary placement agreement entered into by the child's parent or legal guardian, who is the relative referred to in paragraph (1) of section 472(a) of the Act; or

A judicial determination to the effect that continuation of residence in the home from which removed would be contrary to the welfare, or that the placement would be in the best interest, of the child and that reasonable efforts of the type described in section 471(a)(15) for a child were made. The contrary to the welfare determination will be made in the first court ruling that sanctions (even temporarily) the removal of a child from home. If the determination regarding contrary to the welfare is not made in the first court ruling pertaining to removal from the home,

the child will not be eligible for title IV-E foster care maintenance payments for the duration of that stay in foster care.

When the County is given custody of a child, the court order shall include "in the custody of the county Department of Human Services, Division of Family and Children's Services".

b) Reasonable Efforts:

Reasonable Efforts as the term relates to the components of a court order is a judicial finding, written into the court order, finding that reasonable efforts were provided to prevent removal of the child from his home *or* due to an emergency reasonable efforts were not possible, and there is no reasonable alternative to custody *or* reasonable efforts are being provided to reunite the child with his family and the projected date of reunification.

c) Welfare of the child:

The court order shall indicate the child's removal from his home was necessary, in that continuation in the home would be contrary to his welfare, health, safety or well-being.
If the custody received is an emergency or temporary order, the Worker shall subsequently follow the appropriate procedure to request a Shelter Hearing.

The "contrary to the welfare" determination must be made in the first court ruling that sanctions (even temporarily) the removal of a child from the home. If the determination regarding "contrary to the welfare" is not made in the first court ruling pertaining to removal from the home, the child will not be eligible for Title IV-E foster care maintenance payments for the duration of the stay in foster care. (472(a) (2) (A); 1356.21(c)). The judicial determinations in which "contrary to welfare," "reasonable efforts to prevent removal," and "reasonable efforts to finalize" are not required shall be explicitly documented and made on a case-by-case basis and also stated in the court order.

2. Reasonable Efforts

Reasonable efforts shall be defined as "services provided to a family to prevent or eliminate the need for removal of the child from his/her home, unless the removal is of an emergency nature, or services provided to reunify the child safely with his/her family after placement of the child into DFCS custody."

The efforts to prevent placement or reasons why these efforts could not be made shall be documented in the child's case plan. Title IV-E mandates that a judicial determination be made

and documented by a court order in emergency, temporary, adjudicatory and permanency (dispositions)/review hearings stating that reasonable efforts were not possible. A judicial determination must be made no later than sixty (60) calendar days from the date that the child is removed from the home as to whether reasonable efforts were made or were not required to prevent removal.

When a court determines that reasonable efforts to return the child home are not required, a permanency hearing is held within thirty (30) calendar days of that determination, unless the requirements of the permanency hearing are fulfilled at the hearing in which the court determines that reasonable efforts to unify the child and family are not required.

Title IV-E further mandates that in making such reasonable efforts, *the child's health and safety shall be the paramount concern* and if reasonable efforts to prevent the child's removal, or to reunify the child, are inconsistent with the permanency plan for the child, then (reasonable efforts) shall be made to place the child, in a timely manner, in accordance with the permanency plan including, if appropriate, interstate placements. All steps necessary to finalize the permanent placement of the child must be completed in a timely manner.

3. Exceptions to Reasonable Efforts

Title IV-E notes that reasonable efforts to prevent the child's removal or to reunify, shall not be required with respect to a parent of a child, if a court of competent jurisdiction has determined that:

- The parent has subjected the child to aggravated circumstances which may include but are not limited to, abandonment, torture, chronic abuse, and/or sexual abuse;

  Or that the parent has:

  - Committed murder of another child (of the parent)
  - Committed voluntary manslaughter of another child (of the parent)
  - Aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter, or;
  - Committed a felony assault that results in serious bodily injury to the child or another child (of the parent) or
- The parental rights of the parent to a sibling have been terminated involuntarily.

Reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-State and out-of-State placements may be made concurrently with reasonable efforts of reunify the child and family. Social Security Act Sec. 471(a)(15)(f))

B. Parental Request for Placement (Voluntary Placement)

A parent or legal guardian may voluntarily request DFCS to place the child in foster care. ***The request for placement shall be accepted only when other resources are not available, and only in truly voluntary placements such as may be necessitated, for example, by illness or hospitalization of a parent. It is not to be used in situations where child abuse, neglect or exploitation exists.*** (see Appendix A)

Form MDHS-SS-456, "Contract for Foster Care," is the contractual agreement between DFCS and the child's parent, guardian, or caretaker who is requesting the placement of the child into foster care. Both parents are required to sign the contract for voluntary placement unless a parent is deceased or parental rights have been terminated. ***The Contract for Foster Care is valid for 180 calendar days.*** (Form MDHS SS-456, Appendix B)

MISS. CODE ANN. § 43-15-13, requires that if the parent is unwilling or unable to care for the child, priority should be given to the relatives for placement of the child. DFCS is given authority in this statute to waive any rule or regulation for a separate bed or bedroom or have a bedroom of a certain size, if placing the child in a relative's home would be in the best interest of the child and those requirements cannot be met in the relative's home.

C. Voluntary Consent for Adoption

One or both parents may surrender parental rights and consent for to make adoptive plans for the child by signing Form DHS-SS-459 (see Appendix C), "Surrender of Parental Rights and Consent to Adoption." Note: ***This option requires consent of the ASWS in the COR and authorization from the State Office Adoption Unit.*** The Worker shall also provide the parent(s) with forms 913, 914, and 915 to be completed at that time. The COR Worker shall explore with the parents any possible relatives and unknown fathers, if applicable.
(See Section G for instructions).

If the voluntary surrender is obtained from one or both parents, the Regional Resource Unit will coordinate placement planning with the COR. (Refer to Section G for more information.)

D. Safe Babies

According to MISS. CODE ANN. § 43-15-201 thru 209, a parent may surrender a child who is 72 hours old or younger to a licensed hospital which operates an emergency department or an adoption agency licensed by the Department of Human Services.

The parent may do so free from prosecution if the child is surrendered unharmed.

DFCS should be notified by the close of the first business day after the date on which the child was surrendered and should assume care, control and custody of the child immediately upon receipt of notice, DFCS will be responsible for all medical and other costs associated with the child and will reimburse the hospital for costs associated with caring for the child.

When working with a safe baby, the Worker is responsible for:

1. Making contact with the child in the hospital;
2. Naming the child before leaving the hospital;
3. Coordinating with hospital staff to apply for the child's birth certificate and Social Security card;
4. Contacting the Youth Court judge to request court order for custody;
5. Contacting the Resource Supervisor to identify a legal risk adoptive placement;
6. Assisting the Resource Unit with placement if needed;
7. Submitting required information to Eligibility and obtaining a Medicaid number;
8. Scheduling and Attending the Adjudicatory Hearing;
9. Providing Medicaid number to the hospital for the Safe Baby;
10. Obtaining medical records;
11. Completing TPR Packet and submitting to the Regional Director (RD); and
12. Following all relevant DFCS policy related to the custody and placement of a child.

The Regional Resource Unit will coordinate placement planning with the COR. (Refer to DFCS Policy, Section G for more information)

E. Child in Need of Supervision (CHINS)

A Child In Need of Supervision (CHINS) is a child who has reached his seventh birthday and is in need of treatment or rehabilitation because the child:

- Is habitually disobedient of reasonable and lawful commands of his parent, guardian or custodian and is ungovernable; or
- While being required to attend school, willfully and habitually violates the rules thereof or willfully and habitually absents himself there from; or
- Runs away from home without good cause; or has committed delinquent act or acts.

(MISS. CODE ANN. § 43-21-105(k))

IV. NOTIFICATION OF REMOVAL

An ASWS with an advanced degree in social work or related field must be involved in the decision making process before approval is given to remove a child from their home and placement into foster care.

Authorization from the Youth Court Judge must be obtained for all removals and placements of a child into foster care.

Under no circumstances, even emergencies, shall foster children be taken to the home of a DFCS employee.

If a determination is made that placement is required, the Worker shall document in the case file and provide information to the judge which supports the following:

- The circumstances in the home which presented a substantial risk of harm to the child.
- The efforts made by the Worker to prevent placement; specific services and supports provided to the family; and why such efforts failed to prevent the child's removal.

A Parent/Caretaker/ or Legal Guardian will be notified prior to, or as soon as safely possible, that his/her child is being placed in custody. In situations where there is a non-custodial parent, the Worker shall make all efforts to notify said parent prior to the shelter hearing. When this is not possible, workers will adhere to the diligent search policies.

Worker shall make efforts to notify the custodial parent(s) of a sibling(s) of a child being placed in custody as amended in MISS. CODE ANN§ Statue 43-15-13 (3).

A. Diligent Search

MISS. CODE ANN. § 43-15-13(3), states DFCS "shall make all possible contact with the child's natural parent(s) and any interested relative for the first two (2) months following the child's entry into the foster care system." Diligent Searches include but are not limited to all forms of verbal or written contact, including:

1. Sending correspondence to all previous addresses;
2. Calling all previous telephone numbers posted in the case file and in MACWIS;
3. Sending letters to "General Delivery" in a town or city where the Worker believes the parent to be residing but has no specific address;
4. Contacting motor vehicle registration;
5. Requesting a record check from local law enforcement and/or probation office
6. Writing the State Department of Labor (local Employment Office), if Worker has a social security number;
7. Contacting prisons and/or state hospitals;
8. Contacting all known relatives, including custodial parent(s) of siblings, friends and previous employers;
9. Checking the telephone directory, county, and city directories;
10. Contacting utility and telephone companies;
11. Accessing the state and Federal Parent Locator Service through the Child Support Enforcement Office;
12. Accessing the Location Services through contact with the local post office;
13. Making a historical check through MACWIS;
14. Contact 911 addressing; and
15. Utilizing Internet services, such as Mississippi Department of Corrections (MDOC), ZABBA Search, Facebook, Twitter and/or Google.

The Worker should document all efforts monthly to identify/locate the birth parent whose identity is unknown or whose identity is known but whose address is unknown. This list above is not inclusive and staff may use other methods and/or measures as appropriate.

B. Putative Fathers

The mother of a child may orally, or in writing, name the putative father of the child to the Worker or someone else. If the mother indicates X is the biological father (and X is not the legal father), then X is a putative father. In such case, the mother shall be assisted by the Child's Worker to complete the Form MDHS-SS-459A, Mother's Statement Naming Father of Child. (See Appendix D)

Once a putative father has been named, the Worker shall contact him to discuss his role as parent. He shall be referred to the DFCS of Child Support and asked to sign a notarized form, "Affidavit Admission of Paternity." (See Appendix E)

If he denies paternity and wants to surrender or waive all his rights, he shall be assisted by the Worker to execute form MDHS-SS-459, "Surrender of Parental Rights and Consent to Adoption" a specialized form for which the Worker must obtain authorization to accept from the State Office Adoption Unit. Once the putative father signs MDHS-SS-459 "Surrender of Parental Rights and Consent to Adoption" form, DFCS is no longer obligated to involve him in the planning for the child.

V. CHOOSING THE MOST SUITABLE PLACEMENT

Multi-Ethnic Placement Act (MEPA) provides that race, color or national origin (NCRO) will not be considered in making adoptive and/or foster care placement decisions.

A. Screening and Assessments

Upon a child entering custody, DFCS shall engage in a thorough screening of the child and an individualized, strengths-based, family focused, and culturally responsive assessment of the family, with the family's participation. Information gathered during the screening and assessment shall consist of:

Internal, external, and historical factors that may contribute to concerns identified in initial risk and safety assessments and initial screenings:

a. Child and family strengths, protective factors, and needs;
b. Impact of maltreatment on the child;
c. Factors and characteristics pertinent to selecting an appropriate placement;
d. Family resources for the child and the parents; and

e. Any other material pertinent for meeting service objectives.

The screening and assessment is used to determine an appropriate placement, the provision of needed services, and permanency planning. The initial assessment process shall be completed within thirty (30) calendar days of the child's entrance into custody and documented in the child's case record in MACWIS. The assessment of the child and family continues throughout the life of the case.

The following information is needed on all children entering DFCS custody, and should be obtained from the family, extended family, and formal/informal supports. This information may be obtained through face to face contact, telephone, written reports, or FTM. Examples of information to be gathered include:

- Identifying Information: name, date of birth, race, birthplace, physical description of child
- Culture: child's religion, cultural background, language(s) the child speaks or understands, cultural traditions, values and beliefs which are important to the child
- Daily Routine: describe child's daily routine, child's favorite books, toys, games, food, possessions, hobbies, interests, Special pet child has had
- Family Information: Parents' and siblings' birth dates, ethnicity and current contact information – photographs, if available, extended family members with whom the child has an interest in having ongoing contact or who may be available for placement resources or support of child.
- Medical History: All significant medical information of the child including birth history and immunizations record, allergies, any physical conditions requiring ongoing attention, any known family illnesses or history of disease, child's level of eyesight, hearing, all injuries with dates, treatment and long-term impact
- Development: Any developmental delays or reactions to stress
- Academic Functioning: Child's level of scholastic achievement in each grade. Has special education ever been recommended? If so, has it been provided? What is the reason for special education?
- Current School Placement: Name of child's school, grade, teacher. Is a school social worker involved with child? Child's academic interests, child's most recent report card grades.

- Relationships: Significant adults in child's life, any adults whom the child considers as a "psychological parent"? How does child relate to authority figures, such as teachers, counselors, therapists, etc.?
- Emotional Functioning: What are child's relationships with adults and peers? Child's existing attachments, does child play appropriately with children of the same age? Does the child act out behaviorally? What is the acting out behavior? Is there a history of lying, stealing, fire setting or any destructive behaviors? If so, what has been done to address these behaviors? Has the child been in therapy? If so, when and where? Who is the therapist, and what are the findings and recommendations? What is child's level of emotional functioning?

In instances in which it is impossible to meet with one or both parents, the assessment process will proceed as described above, notwithstanding the parent(s) absence.

When the whereabouts of one or both parent(s) is unknown, a diligent search shall commence immediately. (see Section D, Diligent Search)

B. Consideration for Child during Placement Efforts

While locating the most appropriate placement for a child or sibling group may be difficult, the child/ren must receive full consideration while the Worker attempts to locate placement.

When children are taken to a DFCS office setting or another non-residential facility that provides intake functions, no child shall spend more than 12 hours at a time in such offices.
The child should be placed in the least restrictive setting that meets his/her individual needs, as determined by a review of all intake, screening, assessment and prior placement information available at the time of placement.

Section 475(5)(A) [42 U.S.C.675] …least restrictive (most family-like) and most appropriate setting available and in close proximity to the home of the parent(s), when the case plan goal is reunification and a discussion of how the placement is consistent with the best interests and special needs of the child.
In order of consideration, this means placement with: 1) siblings, 2) relatives or tribal members, 3) Resource Family Home, 4) group home, and 5) institutional care in reasonable proximity to the child's family and home community.

Some children's needs are such that a group home care setting is more appropriate. Children with special needs shall be matched with placement resources that can meet their therapeutic, medical and educational needs. DFCS shall ensure that each county office has access to

placement specialists within its region having the ability to ascertain the placement resources available and their suitability for each particular child needing placement. The Worker must consider if the program of the licensed child caring agency will be appropriate for the individual child's needs while considering proximity to county of origin and siblings and/or maintaining a teen parent with child.

No child younger than 10 years of age shall be placed in a congregate care setting (including group homes and shelters) unless the child has exceptional needs that cannot be met in a relative or Resource Family Home or the child is a member of a sibling group and the RD has granted express written approval for the congregate care placing.

Approval must be based upon the RD's written determination that the child's needs cannot be met in a less restrictive setting and can be met in that specific facility. The RD must also include a description of the services available through the facility to address the individual child's needs and will be documented in MACWIS. The COR ASWS must also document the receipt of the RD's approval for such placements in the placement approval box located in MACWIS.

Sibling groups having siblings under the age of 10 shall not be placed in congregate care settings for more than forty-five (45) calendar days.

No child shall be placed in more than one emergency placement within one custody episode, unless an immediate placement move is necessary to protect the safety of the child or of others.

If these circumstances are present, the RD must provide detailed documentation of the circumstances in MACWIS. ASWSs shall document receipt of approval from the RD for multiple emergency shelter placements prior to approval in MACWIS.

C. Siblings Placed Together or In Close Proximity

MISS. CODE ANN. § 43-15-13(8)(h), as amended, authorizes DFCS to determine appropriateness of the placement of siblings.

Siblings who enter placement at or near the same time shall be placed together unless:

- Doing so would be harmful to one or more of the siblings;
- One of the siblings has exceptional needs that can be met only in a specialized program or facility;
- The size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together.

If a sibling group is separated at initial placement, the Worker shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts shall be documented and maintained in the case file.

If siblings are placed together, the Worker must select the "Yes" box on the Placement screen in MACWIS. If "No" is selected that indicates siblings are separated. The Worker must choose the appropriate justification from the list on the drop down box on the same screen. The Worker's ASWS and the RD must approve any "No" selection. Prior approval must be received from the ASWS and RD before siblings are placed separately.

D. Proximity to Parents and the County of Origin

If a child must be placed away from the parents or guardian, Section 475(5)(A) or 42 U.S.C.675, mandates that any child who is removed from their parent's or guardian's home should be placed in close proximity to the parent's home, consistent with the best interest and special needs of the child.

Each child shall be placed within his/her own county or within 50 miles of the home from which he/she was removed. This provision shall not apply if;

- The child's needs are so exceptional that they cannot be met by a family or facility within his/her own county or within 50 miles of the home from which he/she was removed;
- The child is placed through the ICPC consistent with its terms;
- The child is appropriately placed with relatives or another planned permanent resource;
- The child is ordered to be placed in a child specific foster care setting by a court; or
- The child is placed in an adoptive home.

The Worker will select "Yes" on the appropriate Placement screen in MACWIS if the child is within a fifty-mile radius of original home. If the answer is "No", the Worker will choose the appropriate justification from the list in the drop down box on the same screen. The Worker's ASWS and RD must approve any "No" selections.

Prior approval must be received from the ASWS and RD before placement is made.
When considering placements out-of-state, please refer to Section H (ICPC) of DFCS policy manual.

E. Foster Teen Parents

When a teen in custody has a child and does not wish to be separated from her child, the two should be placed together. The child of the teen does not have to be placed in DFCS custody.

Approval from the ASWS and RD is required prior to the separation of teen parent from her child.

F. The Multi-Ethnic Placement Act

The MEPA of 1994 (P.L. 103-382) and amended in 1996 (P.L. 104-188) prohibits denying or delaying an individual or couple the opportunity to be an adoptive or Resource Parent or delaying or denying placement of a child on the basis of race, color or national origin (RCNO) of the prospective Resource Parent or child. These factors must be applied on an individualized basis, not by general rule "in the best interest of the child."

Many factors must be considered on the selection of the prospective Resource Home for the child. The Worker and ASWS should use professional judgment in selecting the home which best meets the needs of a child and which could accept the particular child

1. Child Factors to Consider

Among the child related factors to be considered are:

- The child's current functioning and behaviors;
- The medical, educational and developmental needs of the child;
- The child's history and past experience;
- The child's cultural needs;
- The child's age and level of care needed;
- The child's interests and talents; and
- The child's attachments to current caretakers.

2. Resource Parent Factors to Consider

Among the factors to be considered in assessing a prospective Resource Family's suitability to care for a particular child are the Family's ability to:

- Accept and help the child understand his/her permanent plan;
- Work with the child's parents or caretakers towards the permanent plan;
- Form relationships with the specific child;
- Help the child integrate into the family;
- Accept the child's background and help the child cope with her or his past;
- Accept the behavior and personality of the specific child;
- Validate the child's cultural background; and
- Meet the child's particular educational, developmental or psychological needs.

G. Types of Placement Resources

1. Relative Resource Home

A Relative Resource Home is a Resource Home in which the Resource Parents are relative caretakers to the foster child. (see definition of relative caretaker)

a) Admission Criteria

The Relative Resource Parents are related (within the fifth degree of kinship to the child) to the foster child. Relative placements are given priority over unrelated family settings. Support is provided to the child to maintain connections with relatives while in placement through visiting and/or other forms of contact.

b) Admission Procedure

- Child must be in custody of DFCS
- Child must be related to the relative (within the fifth degree of kinship)
- Contact the COR ASWS for approval
- Contact the COR/County of Supervisor (COS) Resource ASWS regarding expedited licensure options.
- Contact the COR Resource Specialist regarding placement and assistance.
- Provide identifying Information to the Relative Resource by using the "Foster Child Information Form". (see Appendix F)

c) Emergency Placement Safety Standards

The Safety Checklist (see Section B, Appendix F) shall be completed by the Worker when the Worker visits the home prior to any placement to determine the appropriateness of the relative placement.

After completing the background check and Safety Checklist, a face-to-face contact by the children's Worker must be made within 24 hours of placement to assure the child's continued safety within the placement. The narrative shall be documented in MACWIS within 5 working days. (see Appendix G)

d) Expedited Resource Licensure

In order for a child to be placed with a relative, on an emergency basis, an expedited home study must be completed within thirty (30) calendar days of the child's placement into the home.

After obtaining the approval of the ASWS for the emergency relative placement, the Worker must contact the Youth Court Judge and request a written order for DFCS' plan for relative placement.

All foster care settings, including relative placements, shall be screened prior to the initial placement of foster children to ensure that children receive safe, sufficient, and appropriate care. Additional screens shall be completed at least once annually thereafter and within two weeks of a reported change in the residents of a resource home. Screens shall include criminal and child welfare background checks of all household members who are at least fourteen (14) years old. No foster child shall be placed in a home prior to DFCS receipt of the background check results.

DFCS shall maintain an expedited process for licensing screened relative caregivers and court ordered non-relative placements to enable a child to be placed quickly with relatives/court ordered non-relatives upon entering foster care. The licensing process for relatives shall take place in two steps:

1. an emergency process that enables a child to be placed with relatives as soon as the child enters placement, following an initial screen of the relative's home, and
2. a full licensing process, to be completed no later than 90 calendar days after the child has entered placement.

DFCS may waive non-safety licensing requirements for relative foster placements in individual cases, in accordance with federal regulations. All relative placements approved for expedited

placement shall undergo the full licensing procedure within 90 calendar days of the child's placement in the home.

Expedited relative and court ordered "non-relative" placements shall be entered as Resource Inquiries and assigned for home study completion.

The home study must be completed in MACWIS within thirty (30) calendar days of being assigned to a Resource Specialist.

Any barriers to licensure and all efforts to get the home licensed must be documented. If the home remains unlicensed after forty-five (45) calendar days of the child's placement in the home and it appears that the home will not become licensed within ninety (90) calendar days of the child's placement, the assigned Resource Specialist shall staff the case with his/her Resource Supervisor, the COR Worker, the COR Supervisor and the COS Worker to discuss barriers, solutions, other placement options, and to agree on a recommendation to the court regarding placement.

The COR Worker shall notify the court of DFCS' recommendation. This must be done even if it is a court-ordered placement. The COR Worker shall notify the Resource Specialist or Resource Supervisor of the court's decision.

All of this shall be documented appropriately in both the child's file and the resource file.
(For additional information see Section F, Expedited Resource Licensure)

e) Waivers

Federal guidelines Sec. 471(a)(10) *provides for the establishment or designation of a State authority or authorities which shall be responsible for establishing and maintaining standards for foster family homes and child care institutions which are reasonably in accord with recommended standards of national organizations concerned with standards for such institutions or homes, including standards related to admission policies, safety, sanitation, and protection of civil rights, provides that the standards so established shall be applied by the State to any foster family home or child care institution receiving funds under this part or part B of this title, and provides that a waiver of any such standard may be made only on a case-by-case basis for non-safety standards (as determined by the State) in relative foster family homes for specific children in care.*

When considering a waiver, the Resource Supervisor, Resource Specialist, and COR Worker shall discuss and document the following in both the child's file and the Resource Family file:

1. Reasons why this relative the best placement for this child.

2. What other placement options are available for the child, and why this one is better than the others?
3. Indicators that the child will be safe in this home.
4. Potential effects of how the waiver of this standard may impact the child and relative caregiver.
5. What options may be available to help the relative meet the standard being considered for a waiver?
6. How and why the standard requested for waiver is not safety related?

All waivers must be submitted in writing to the Resource Supervisor for first approval and then submitted to Permanency unit for final approval.

Following are DFCS standards which have been identified as "non-safety related" and which ***may*** be waived in certain circumstances.

These standards are NOT to be waived as a matter of general practice when licensing relative caregivers and require the above documentation in the respective case records:

- U.S. Citizenship, only if the potential Resource Parent is a qualified alien
- Must be age 21 or older
- Employment validation
- Transportation
- At least one bathroom accessible without going through a bedroom
- Must have access to schools and churches
- Adequate play area
- Mississippi resident for 12 months
- Married or single/unrelated adult in the home
- Proof of income without board payment
- Bed space and square footage
- Bedrooms must have doors which can be opened and closed

f) Management Protocol of Unlicensed Placements

When the ASWS approves the placement of a child in the home of an unlicensed relative, the ASWS must notify the RD and the Resource ASWS. The ASWS shall ensure that the Worker has entered a Resource Inquiry so the Resource Unit can start the licensing process immediately. The Worker shall indicate in the Resource Inquiry that it is an expedited study since the child is currently placed in the home.

Each month the RD must notify the Director of Field Operations regarding additions/deletions to the regional log of unlicensed placements and any barriers to licensing should be notated on the log.

The Permanency Unit shall maintain a state log of all placements in the unlicensed relative homes, which will include the name of child and the name of the relative, COR, county of placement, court order date if applicable, and date and findings of any previous reports of maltreatment to the relatives.

The Permanency Unit shall monitor the licensing of the relative home and follow up with the Resource ASWS until final disposition. Notification to Workers is required when a foster care provider for a child assigned to the Worker is under investigation, or that provider's foster care license has expired or been revoked.

2. Resource Family Home

A Resource Family Home is the home of a person or family group which is licensed for the temporary care of foster children. The Resource Parents receive a board payment at the rate specified by DFCS. (as shown in Section D, Fiscal Aspects of Foster Care for board payment information).

These homes may provide care for:

- Not more than 3 foster children, or for a total of 5 children (including foster, biological, and adoption children at any given time).
- With no more than 2 children in the foster home under the age of 2 or have therapeutic needs.
- A sibling group may be placed together in the same foster home in excess of these limits, but only upon written approval by DFCS RD determining that the foster children can be maintained safely in the foster home.

Licensed Resource Parents are also approved volunteers who may be reimbursed for mileage for transporting children to obtain needed medical and mental health services, as well as for authorized visitation with a parent, sibling, relative or prospective adoptive parent. Resource Parents who serve on the MDHS/DFCS Statewide Advisory Board may be reimbursed mileage as volunteers when attending designated meetings~~.~~

A Resource Home that accepts a Foster Teen Parent and their child and/or Special Needs Children, may be eligible for an increased Board Rate. (Refer to Section D, Fiscal Aspects of Foster Care, for Board Payment information.)

a) Admission Procedure

- Child must be in custody of DFCS
- Contact the COR ASWS for approval
- Contact the COS ASWS for approval to ensure the placement within a specific home is appropriate in that County.
- Contact the COR/COS Resource ASWS regarding possible placement options.
- Contact the potential Resource Home about possible placement of child/children.
- Provide identifying information to Resource Family by using the "Foster Child Information," Form DFCS-515.
- A DFCS worker (COR or COS) shall conduct a walk-through of the resource home before placing the child in the home. *(Refer to Section F Interior Home Environment).*

In addition:

- The worker shall inquire of the resource parent(s) whether there have been any significant changes/events since the last re-evaluation of the home (new household members or frequent visitors, financial changes, etc.).
- The worker must ensure that there are safe sleeping conditions for the child and that the home is equipped to accommodate the needs of the child. Children under 18 months of age shall sleep in a crib. Children who are 18 months or older shall sleep in a bed that is appropriate for the child's age and needs (considering any developmental delays).

DFCS worker shall document in a narrative and in the case file all of the information gathered regarding the walk-through of the resource home.

3. Therapeutic Foster Home

A Therapeutic Resource Home is a home licensed and certified to care for children with severe behavioral, emotional and psychological impairments **(*i.e.: attention deficit disorder, bipolar* disorder, dysthymia (depression), intermittent explosive disorder, sexual deviant behavior, mental retardation/behavior disorder, mental illness/on medication, other mental illnesses or physical disabilities.) A Therapeutic Resource Home receives a comprehensive therapeutic rate based on the child's special needs.**

Each foster child requiring therapeutic and rehabilitative foster care services because of a diagnosis of significant medical, developmental, emotional or behavioral problems shall be provided with a treatment plan and shall be provided with these services in accordance with the plan.

The length of stay for a child in a Therapeutic Resource Home shall be reviewed every six months.
A Therapeutic Resource Home shall have no more than two Special Needs children at any given time in accordance with mental health standards.

A Therapeutic Resource Home shall be allowed to provide care for the siblings of a special needs child according to the capacity and terms of the Resource Home license. However, the siblings will not receive the therapeutic board rate unless they have been certified as eligible for that benefit. All therapeutic placements shall have prior approval by the State Office, Permanency Unit.

Therapeutic placements require more frequent Worker supervision and contacts with the foster children and Resource Parents. Weekly contact and a minimum of two (2) visits per month shall be made.

a) Admission Criteria

Children must have documented severe behavioral, emotional, psychological or physical impairments for admission.

b) Admission Procedure

Completion of the Residential Services Application by the COR Worker is required for admission. This Application is found on DFCS "P" Drive.

All therapeutic placements shall have prior approval by the State Office Permanency Unit, and RD.

c) Discharge Requirements

Upon discharge from therapeutic foster care, children must receive follow-up services in accordance with team recommendations that are documented on the child's After Care Plan.

4. Residential Child Care Facility

A Residential Child Care Facility is a licensed residential child caring facility which is staffed 24-hours a day and where children are in care apart from their parents, relatives, or guardians. It is subject to licensure certification. (MISS. CODE ANN. § 43-15-103(p))
Residential Child Care Facilities are differentiated from the following:

- Short Term care facilities, such as emergency shelters or juvenile detention centers, or
- Long Term care facilities such as group homes, maternity residences, treatment centers, or
- Developmentally Disabled children's centers or
- Respite Care.

a) Admission/Procedure Criteria

Upon ASWS approval the Worker shall make a referral directly to the facility using the residential application available on the "P" Drive.

5. Institutions

An Institution is a 24-hour facility for the care and confinement of individuals with disabling conditions such as mental, physical, and emotional handicaps and which provide therapeutic or medical services to enhance the quality of life for the individual in a restricted setting.

a) Admission/Procedure Criteria

If an institution seems to be the appropriate placement resource, the county Worker, upon ASWS approval, shall make a referral, or application, to the institution.

6. Independent Living Placements

An Independent Living Placement is a placement in an apartment or rooming house with supervision from a licensed placement agency.

A youth who has attained age 18, meets the requirements of the "Responsibilities of the Youth" (See "Role of Child Placing Agency"), and is in the custody of DFCS will be considered for placement through an agency licensed for Independent Living placements.

A youth who has attained age 17, in addition to meeting the above criteria, must also obtain a high school diploma, certificate of attendance or General Education Diploma (GED). The youth's Worker, ASWS, and Independent Living Specialist must recommend this placement to the Strategies for Accessing Independent Living Services before final approval by the Independent Living Coordinator. COR and COS workers shall collaborate services to support placement.

a) Admission Criteria/Procedure: (See Independent Living Section)

7. Adoptive Home

An Adoptive Home is a Resource Home that is licensed/approved by DFCS and meets licensure requirements for placement of a child. An Adoptive Home is intended to be permanent. The permanent relationship of the family and the child is formalized by the finalization of a legal adoption, with the consent of DFCS. Resource Parents are given first priority in considering permanent placements for children to be adopted.

An Adoptive Home shall be offered only for children who are legally free for adoption or whose primary permanency goal is adoption. The Regional Resource Units will coordinate all adoptive placements.

8. Emergency Shelter

Emergency Shelters for children are short term interim placement resources. The brief time in the shelter (45-day maximum) gives the Worker time to further evaluate the home situation and to work with the family and those designated as part of the family group for the immediate return of the child, to identify and evaluate relative resources, and gather information about the child to ensure a more appropriate foster care placement if this becomes necessary.

The Emergency Shelter staff shall provide the COR bi-weekly written progress report which shall include information regarding the child's behavior, progress, problems, and needs.

For preschool age children, family settings should be explored and utilized prior to placement in an Emergency Shelter.

a) Admission Criteria

An Emergency Shelter is a physically nonrestrictive facility designed to care for children who are in clear danger of abuse, neglect, or exploitation, and for whom the court orders placement or the parent voluntarily places the child in DFCS custody. The children shall be free of any acute medical or major psychological disorders that would require extensive treatment and pose a danger to Emergency Shelter staff and any children placed in care.

No foster child shall remain in an emergency or temporary facility for more than forty-five (45) calendar days unless, in exceptional circumstances, the DFCS Division Director has granted express written approval for the extension that documents the need for the extension.

No foster child shall be placed in more than one emergency placement per custody episode unless an immediate move is necessary to protect the safety of the child or of others, as certified in writing by the RD.

No foster child under 10 years of age shall be placed in a congregate care setting (including group homes and shelters) unless:

- Child has exceptional needs that cannot be met in a relative or foster family home or
- Child is a member of a sibling group; Sibling groups in which one or more of the siblings are under the age 10 shall not be placed in congregate care setting for more than forty-five (45) calendar days.
- RD has granted express written approval for the congregate care placement.

The RD's express written approval for the congregate care placement will be based on the RD's written determination that the child's needs cannot be met in a less restrictive setting and can be met in that specific facility and includes a description of the services available in the facility to address the individual child's needs.

b) Admission Procedure

The COR Worker will be prepared to give basic data about the child. The referring Worker will call the Emergency Shelter to ascertain if there is a vacancy. The admission will be approved or denied by the designated Emergency Shelter staff person. If approved, an appropriate time of arrival will be established and directions to the Shelter will be given.

The Worker will bring any of the following items that are available: Foster Child Information Form, copy of court order, Medicaid card, any school records, child's personal belongings, a Social Summary, and any other materials that may be helpful to Emergency Shelter staff.

The Emergency Shelter will provide a medical examination and psychological testing, if requested by the COR. If Medicaid does not cover those services, the COR is responsible for payment following normal procedures. Refer to Section A, Administration, for a discussion of funding sources.

The COR Worker will be responsible for making permanent plans for the child, working with the child's family, family group members, the court, and **keeping the Emergency Shelter staff informed of all plans for the child**.

It is essential that planning for the child begin immediately after placement due to the 45-day limitation and for the stability and emotional wellbeing of the child. It is equally essential that the Emergency Shelter staff be kept informed of the plans so that the child may be adequately prepared by the staff for his replacement or return home. The COR Worker will have at least weekly contact with either the Shelter Supervisor or COS Worker if the shelter is not located in the COR.

c) Extension of Shelter Time

Time in Emergency Shelters should be limited to forty-five (45) calendar days and only one emergency placement per custody episode unless an immediate move is necessary to protect the safety of the child or of others as certified in writing by the RD.

The forty-five (45) calendar days could be consecutive or cumulative. The forty-five (45) calendar days include stays at the same or different Emergency locations. If it is necessary for

the child to remain in the Shelter for a longer period, the Worker shall gain the approval of the ASWS and RD who shall request written permission from the Division Director and who will document the approval in MACWIS.

(refer to Admission Criteria for sibling groups under age 10)

d) Exit Procedure

When removal of a child from Emergency Shelter care becomes necessary to Emergency Shelter staff, the child's COR Worker shall be notified and given a 10-day notice. Immediate removal shall be requested by Emergency Shelter staff only if a child is a danger to himself or others.

9. Court Ordered Non-Licensed Homes

Court-Ordered, Non-Licensed Homes are homes into which a child has been ordered by the Youth Court Judge. These homes have not [yet] been licensed by DFCS.

The COR Worker will explain to the family the licensing requirements in order to become a Licensed Resource Home and will document the discussion in MACWIS.

The Management Protocol of Unlicensed Placements, addressed in the Relative Resource Homes section, must be followed for Court Ordered Non-Licensed Homes.

No foster child shall be placed in foster care setting that has not been licensed or approved as meeting DFCS standards, unless the child is place pursuant to the relative licensing process. (see Section F)

VI. RESOURCE HOMES IN ANOTHER JURISDICTION

A. Moving a Mississippi Resource Home to Another State

There are times when it is necessary for one state to ask another to license a Resource Family Home. This request usually comes about because of one of the following situations:

1. The Resource Family is preparing to move to another state and DFCS's plan is to allow the foster child to accompany them.
2. Relatives or friends of the foster child live in another state and wish to be licensed to provide care for the child.

3. A sibling of the foster child is placed in the custody of the receiving state and the Resource Parents of the sibling wish to provide care for the other child, also.

It is always preferable for the state of residence of the proposed Resource Parents to follow that state's standards and forms when the home is being studied and licensed.

When the licensed Resource Parents decide to move out-of-state and wish to continue to care for their foster children, a casework decision regarding the movement of the foster children must be made by the COR and the ASWS.

Factors to be considered include:

- Child's permanent plan
- Length of present care
- Child's adjustment in the Resource Home
- Estimated future length of care
- Child's relationship with legal/biological parents
- Frequency of contact with legal/biological parents
- Child's age and his wishes regarding the move
- Problems related to special needs children and whether the Resource Family has particular skills to meet those needs

If the decision is made to allow the foster child to move with the Resource Parents, the following procedures shall be used:

1. Permission for all moves out-of-state must be received from the Youth Court Judge holding jurisdiction of the child. It is also recommended that permission from the legal parents be secured.
2. If the foster child(ren) are from different counties, a decision will be made by all appropriate ASWSs and RDs designating one county to handle all correspondence with the other state agencies.
3. In advance of the move, interstate compact procedures should be followed, as outlined in DFCS, Section H "ICPC Policy".
4. A thorough explanation should be given to the Resource Parents of DFCS' continuing legal and financial responsibility for the child, as well as for the need for cooperation with the receiving state's Child Protective Services regarding supervision and licensure.

5. The Worker will explain the issues surrounding Medicaid benefits in the other state and the need to ensure the child's eligibility for continuing Medicaid benefits in the other state.
6. Mississippi Resource Board rates will apply.

B. Board Payments for Mississippi Foster Children in Other States' Resource Homes

Occasionally a Mississippi foster child is removed from his original out-of-state placement and is placed in one of the supervising state's licensed Resource Homes. If that state requires a higher board payment than Mississippi pays, the COR will either use county funds to make up the difference or the state should return the child to Mississippi.

C. International Movement of Resource Homes/Foster Children

Occasionally Resource Parents move outside the United States and request that the foster children placed in their home be allowed to move with them. International movement presents technical and legal concerns:

1. The court will lose jurisdiction of the child;
2. Mississippi has no reciprocal agreement with other countries regarding custody or social services;
3. There could be no use of Medicaid;
4. Licensing of the home and supervision of the child would have to be provided by another agency.

If the move to another county is permanent, DFCS will not initiate action toward this end. The Resource Parents may petition the court for custody, and the court will then make a decision. County staff will cooperate with the court in providing any information or services requested by the court.

If the move is temporary, such as business or armed services transfers, and there are definite plans for the family's return to the United States, the decision regarding the foster children's move with the Resource Family shall be made by the ASWS and RD, with approval by the Director of the Permanency Unit or his/her designee. It is also necessary to receive written judicial and parental consent for the move.

Prior to seeking final approval from the Director of the Permanency Unit or his/her designee, the Licensure Specialist or Worker shall formulate and conclude an Agreement with International Social Services, or another recognized social agency, for DFCS to supervise the child and license the home. The county correspondence with the other social agencies shall be routed according to interstate correspondence procedures.

The Resource Specialist will prepare three copies of a memorandum to the Director of the Permanency Unit or his/her designee requesting approval. The memorandum shall outline circumstances of the international move, the expected date of departure and return, the rationale for the request, and the plan for supervision and licensure. A copy of the written authorization from legal parents and/or the Youth Court Judge for the move shall be attached. One copy shall be placed in the child's file, and the original with accompanying judicial and parental authorization routed to the Director of the Permanency Unit or his/her designee for final approval.

D. Medicaid Cards for Foster Children from Other States

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) allowed Title IV-E Foster Children and children receiving Title IV-E Adoption Assistance to be eligible for Medicaid coverage in the state where they reside. These children are automatically eligible for Medicaid coverage.

Request for Medicaid Cards for Title IV-E Foster Children

To obtain a Mississippi Medicaid card for Title IV-E foster children from other states living in Mississippi, the following procedure is used:

1. The child's foster care Title IV-E status information will be provided from the state of origin with the request for supervision through the Interstate Compact on the Placement of Children. This information will include the child's social security number and the child's date of birth.
2. The licensure of the home will be completed by the Regional Resource Unit. The county Worker will complete the eligibility screens in MACWIS.
3. The IV-E/Child Welfare Services (CWS) Eligibility Determination Unit will enter Title IV-E Eligibility information into MACWIS.

All requests to other states for placement and supervision of foster children through the ICPC should indicate whether the child is Title IV-E eligible. For Title IV-E eligible children the following information is needed:

1. Child's name, race, sex, date of birth and social security number; and
2. A statement as to whether the child has any third-party resources such as Champus, etc., which makes medical care available to the child.

VII. PLACEMENT ACTIVITIES

A. Pre-Placement Activities

1. Information to be shared with Resource Parents/Child Caring Facility/Child Placing Agency

Prior to placement, the Worker will discuss with the Resource Parents or the child caring agency staff when the child is being considered for placement. The Resource Parents or child caring agency staff will be given enough information about the child to enable them to make a decision as to whether or not they can accept the child.

When a child is placed in a Licensed Resource/Relative/Group Home/Facility, or Court Ordered Placement, the Worker shall provide foster parents or facility staff with the foster child's currently available medical, dental health, educational, and psychological information, including a copy of the child's Medicaid card. DFCS shall gather and provide to resource parents or facility staff all additional current medical, dental health, educational, and psychological information available from the child's service providers within fifteen (15) calendar days of placement.

An original and copy of DFCS, "Foster Child Information Form," will be completed before the child is placed in the home or facility. The original and copy will be given to the Licensed Resource/Relative/Group Home/ Facility personnel or court ordered placement resource to sign. A copy of the signed form will be given to the provider and the original will be filed in the case record.

The information to be shared includes:

- Child's name and date of birth;
- Current medical, psychological, and dental health including the following:
    - Physical disabilities,
    - Immunizations,
    - Existing illnesses including but not limited to HIV/AIDS,
    - Medications,

- Dental status,
- Date of Early Periodic Screening, Diagnostic and Treatment (EPSDT) screening appointment and/or referral appointments,
- Special care needs.

- Education (grade level, past grades, attendance patterns, tutoring needs, educational expectations, achievements)
  - School-aged child must attend school even while in temporary shelter care;
- Relationship with family (parents, siblings, extended family or significant others);
- Reason for placement in foster care (neglect, abuse, etc.). Worker needs to be specific when sharing information with Resource Parents. For example, the child does not relate well to men due to sexual abuse; or child may hoard food or search for food in garbage cans due to hunger;
- Reasons for changes in placement;
- Custody Case Plan (services to be provided to child, permanent plan);
- Visitation plan with biological parents;
- Any other information regarding the child which may be helpful to the Resource parents or child caring facility staff in determining the appropriateness of the child for the home or facility and/or if the home or facility can meet the child's needs.

2. Pre-Placement Planning with Licensed Child Caring Facilities and Child Placing Agencies

Because of the various types of licensed residential child caring agencies and services offered by each, it is necessary for the Worker or ASWS to determine, prior to placement, if the services, program, and policies of the child caring agency will serve the best interest and needs of the child.

The Worker will discuss with the facility staff DFCS' policies, practices and expectations of the facility in meeting the child's needs. If the facility is not willing to comply with policy regarding children in DFCS custody, placement of a child in that facility is not appropriate and another resource must be considered. Upon the placement of the child the facility becomes the Agency of Service.

The following is a non-conclusive list which the Worker and licensed child caring agency staff must discuss, and have a clear understanding of, prior to placement of child:

- Residential Services Application;
- Admission criteria (required material and forms, the agency's internal acceptance procedure, and the method of assigning the child to a group or cottage);
- Case planning responsibility;
- Family Serviced Plan (FSP) which includes the child's permanency plan. It is the responsibility (of the county Worker and Agency of Service staff to communicate information affecting the plan);
- Monthly staffing requirement with Agency of Service staff regarding the child's progress/lack of progress, continuing appropriateness of placement, etc.;
- DFCS requirements for quarterly (monthly, if contractual) progress reports from the Agency of Service, unless a specific arrangement has been made with an individual DFCS Worker. Reports shall include individualized information such as the child's progress, special needs or problems, overall adjustment, services being or to be provided, etc.;
- Provisions for Worker to have two face-to-face contacts with the child monthly (*weekly contact shall be required the first month of placement.* If necessary the COS should be asked to make these contacts and documentation of contacts filed in child's case record;
- Agency of Service's provision for face-to-face contact with facility staff (i.e. Worker, counselor, etc.) and child for purpose of ongoing counseling, and supervision;
- Agency of Service's willingness to obtain needed services (medical, dental, psychological testing or counseling) or coordinate with DFCS Worker to ensure such services are obtained within specific time frames;
- Child's educational needs and provisions for appropriate education, special needs (i.e., tutor, etc.), and surrogate parents, when applicable;
- DFCS Policy and approval regarding visitation between child and his parents, siblings, relatives or other unrelated persons, including prior approval for out-of-state trips; DFCS policy prohibiting cancellation of visits as a disciplinary action; Agency of Service practice regarding visitation with related or unrelated persons, and any required visitation away from the facility, as well as documentation of any visitation;
- Case review system, notification to child and Agency of Service of date and time of review, child's right to attend case review and importance of DFCS staff participation;
- Financial information such as board payment, Medicaid coverage, and clothing allowance, county's provision for allowance, DFCS' requirements for special needs, etc.;

- DFCS policy regarding discipline: Corporal punishment is not allowed on any child for any reason;
- Reporting incidents of abuse and neglect;
- Conditions which may result in discharge or removal from the Agency of Service and the time frame for notice of removal and discharge;
- Provisions for meeting the child's needs and rights (i.e., nutrition, physical care, supervision, emotional security, religion, social and recreational activities, etc.).

3. Psychotropic Medication

If a child in DFCS custody has been prescribed a psychotropic medication by a qualified mental health professional or licensed medical professional with expertise in children's mental health, the COR Worker shall obtain in writing the following information before approving the use of the medication:

- The prescribed psychotropic medication;
- The amount of the dosage;
- The dosage recommended by the manufacturer or the United States Food and Drug Administration;
- The reason for the medication;
- The efficacy of the medication;
- The side effects of the medication;
- Whether this medication has been approved by the FDA for use by children.

Resource parents, child care provider, group home, residential facility or hospital staff may not give a child in foster care any psychotropic medication without the permission of the child's COR Worker, the COR supervisor and consultation with the DFCS Nurse (located in the Resource Development Unit).

a) Worker's Responsibilities:

- The DFCS COR Worker shall staff with the supervisor any request for psychotropic medication before giving any approval for said medication; and the approval should be documented in the child's case record;

- A "Consent Form" must be signed by the COR Worker and approved by the COR supervisor before this medication may be dispensed; (see Appendix H)
- The child's parent(s)/guardian should be notified regarding the recommended medication, unless the parent's parental rights have been terminated.

b) Resource Parent's Responsibilities:

- The resource parent shall not provide consent for psychotropic medication to be administered for any foster child;
- The resource parent shall notify the COR Worker or COR supervisor if a foster child in their care has been prescribed a psychotropic medication.

4. Pre-placement Visits

Following the decision to place the child, at least one pre-placement visit of the child to the Resource Home or child caring facility should be arranged as a means of helping the child, the biological family, and the Resource Parents or DFCS staff move more comfortably into the placement situation. Ideally, a FTM should be conducted in which the child, the biological parents, and the Resource Parents are all in attendance in order to facilitate the placement and reduce the trauma of removal and separation from family.

B. Actual Placement

The information on the "Foster Child Information Form" should be provided to the prospective caregiver prior to placement. In case of an emergency placement, when all of the above information may not be available, the Worker shall provide known information verbally and within fifteen (15) calendar days provide the caregiver the completed "Foster Child Information Form," which he/she will sign. A copy of the form will be given to the caregiver and the original should be filed in the paper file and documented in MACWIS.

If this is the initial placement, within five (5) working days of the placement, arrangements must be made for initial clothing for the child.

If placement is in a licensed child caring facility, the Worker shall plan the date of placement with staff and inform the child. The Worker shall take an original and copy of the completed "Foster Child Information Form," for their signature, and any other items which may be necessary or were discussed at the pre-placement visit. The Worker shall be prepared to sign permission for medical treatment, etc. and make arrangements with facility staff for visitation

with the child. If the child is in need of clothing, provisions for purchase of clothing shall be arranged.

1. Placement Documentation/Documents

The following documentation will be completed during the placement process, filed in the child's case record, and entered into MACWIS:

1. Court Order or Form MDHS-SS-456 "Contract for Foster Care" or Form MDHS-SS-459 "Surrender of Parental Rights and Consent to Adoption to the MDHS";
2. Form MDHS-SS-410 "Family Resources for Children"; and Documentation of all known relatives (see Appendix I);
3. "Child's Medical Record" Form MDHS-SS-426 (A summary of the records will be entered in MACWIS)(see Appendix J);
4. Form MDHS-SS-318A "Request for Certified Copy of Birth Certificate" or Health Department's Form 522 - complete only if there is no copy of child's birth certificate in the record (see Appendix K);
5. Signed, when appropriate, FSP completed for each child in custody;
6. Signed FSP for parents or primary caretaker (unless parental rights have been terminated);
7. Court Report;
8. Requests for Expenditure of Funds;
9. Documentation to complete Determination of Title IV-E/CWS Medicaid/Resource Board payment.

2. Comprehensive Family Assessment

The Comprehensive Family Assessment (CFA) is essential in the effort to achieve desirable outcomes related to safety, permanency, and well-being. The CFA is founded in and dependent on critical and analytical thinking applied to the issues identified during the investigation and initial assessment, the information revealed from safety and risk assessments, the identification of the individualized needs of the family, and the identification of the strengths and protective capacities of the family.

The identification of causes of issues and analysis of underlying issues are essential in the CFA which is necessary to begin an effective plan of service delivery and continues throughout the life of a case.

The CFA is completed by the Worker in MACWIS and submitted to the ASWS for approval within thirty (30) calendar days of case opening and any time there is a Review, Add/Change, Custody Change, or Final FSP.

3. Placement Disruption

When a placement is at risk of disrupting, every measure must be taken to ensure placement stability, if possible. Upon receiving indication that a placement is at risk of disrupting, the following steps shall be taken:

1. If a child is placed outside their COR, the COS Worker shall contact the COR Worker to provide information about the issues surrounding the possible disruption. The COR Worker must immediately notify the COR ASWS;
2. If the child is placed in their county of residence the COR Worker shall notify the COR ASWS;
3. Placement Disruption Meeting shall be convened.

a) Placement Disruption Meeting

A FTM for the purpose of preventing the disruption shall be convened upon receipt of any information from the child, resource parent, or any other reliable source indicates that a placement may disrupt. The meetings may be attended by conference call for any participant having documented barriers that would hinder attendance. The meetings shall be documented in MACWIS as a FTM.

The participants of the meeting shall consist of the child's parent(s), COR Worker, COS Worker (if applicable), the COR Worker's ASWS/designee, Resource Parents, and if appropriate, the child. During the meeting, the following shall be determined:

1. The cause of the potential disruption;
2. Whether the placement is appropriate for the child;
3. Whether additional services are necessary to support the placement;
4. Whether the child needs another placement;
5. If another placement is necessary, what the placement should be.

If the placement disrupts on an emergency basis, the meeting shall be held within five (5) calendar days after the disruption to assess whether the child needs additional support services

and whether the new placement is appropriate. All participants listed above (if available) shall attend such meetings.

No foster child shall be moved from one placement to another unless the COR Worker specifically documents justification for the move, and the placement is approved in MACWIS by the COR ASWS.

Children who experience multiple placements must receive additional support and services, including identification of new Resource Parents who have suitable skills and characteristics to meet the child's needs or obtaining a referral for a temporary placement in a treatment facility when the child's needs cannot be met in a home setting.

b) Notice to Resource Families of Departure of Any Child Placed in Their Care

Once a child is placed in a Resource Home, the child may not be moved from an existing placement to another foster placement, except in emergency situations, unless DFCS specifically documents to the court and in the child's case record the justifications for that move and the move is approved by the assigned supervisor.

The DFCS shall provide Resource Parents, custodial grandparents or other custodial relatives with at least 72 hours' notice of departure for any child, except in emergency circumstances or where the court orders other placement.

The Resource Parents, custodial grandparents or other custodial relatives of the child shall have the opportunity to contest the specific reasons documented by DFCS for the removal.

If the child is placed back in the parent's home and later has to be removed again, the former Resource Parents or relatives will have the right of return placement in order to eliminate additional trauma to the child. Return placement is contingent upon the Relatives or Resource Homes current approved/licensed status.

4. Family Engagement and Case Planning

Family engagement is an ongoing process of involving the family from the initial investigation throughout the life of the case. The Worker must engage the family, extended family members, and formal and informal support networks through FTMs to help them make a permanent plan for the child. The family should be considered as the experts of their situation and should identify the problems and solutions to these problems with the assistance of the Worker and their

formal and informal support systems. The Worker will work with the family to develop an adult and child Individualized Service Plan, listing tasks and goals needing achievement to facilitate the permanent plan.

a) Case Review System

(1) Case Plan

To meet the case plan requirements of 42 U.S.C. 675, §§ 471(a)(16), 475(1), 475(5)(A), (D), (H), 475A the following are criteria to help determine the appropriateness of and necessity for placement of a child. The case plan for each child:

- Is a written document which is a discrete part of the case record and which is developed jointly with the parent(s)/ guardian(s) of the child;
- Is developed within thirty (30) calendar days from the date of removal from the home.
- Includes a description of the services offered and provided to prevent removal of the child from the home and to reunify the family;
- Includes a description of the type of home or institution in which the child is placed;
- Includes a discussion of the safety and appropriateness of the placement and how DFCS will carry out the judicial determination made with respect to the child, in accordance with § 472(a)(2)(A) [42 U.S.C. 675]
- Includes a plan for assuring that the child receives safe and proper care and that services are provided to the parent(s), child and foster parents in order to facilitate the child's return to his/her own safe home or for the permanent placement of the child;
- Includes a plan for assuring that services are provided to the child and foster parents in order to address the needs of the child while in foster care;
- Includes a discussion of the appropriateness of the services that have been provided to the child under the plan;
- Where appropriate for a child 14 or over, includes a written description of the programs and services to help the child prepare for the transition from foster care to successful adulthood. With respect to a child who has attained 14 years of age, any revision or addition to the plan must be developed in consultation with the child and, at the option of the child, with up to 2 members of the case planning team who are chosen by the child and who are not a resource parent of, or caseworker for, the child. The State agency may reject an individual selected by a child to be a member of the case planning team at any time if the agency has good cause to believe that the individual would not act in the best interests

of the child. One individual selected by a child to be a member of the child's case planning team may be designated to be the child's advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child.

- 90-day period immediately prior to the child's 18th birthday, or such greater age as the state may elect under section 475(8)(B)(iii), whether during that period foster care maintenance payments are being made on the child's behalf or the child is receiving benefits or services under § 477, the caseworker provides the child with assistance and support in developing a transition plan that is personalized and includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, and is as detailed as needed; and
- Includes information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State/Tribal law to make such decisions, and ;
- Provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State/Tribal law, and is as detailed as the child may elect.
- Documents the steps to finalize a placement when the case plan goal is or becomes adoption or placement in another permanent home in accordance with §§ 475(1)(E), (5)(E), and 475A(a)(1).

When the case plan goal is adoption, at a minimum such documentation shall include child-specific recruitment efforts such as the use of tribal, state, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely placements.

(see 45 CFR 1356.21(g)(1)(2) and (4); 42 U.S.C. 675 §§ 475(1)(A)(B)(D) and 475(5)(H)

b) Family Team Meetings

(1) Initial Family Team Meetings

The FTM provides the opportunity to learn about the family's strengths and needs and to engage in the assessment and planning processes. If possible a FTM should be held prior to custody to allow the Worker and family to identify an appropriate placement for a child.

Within thirty (30) calendar days of a child's entrance into foster care, the DFCS Worker shall convene a FTM with the Worker, the Worker's direct supervisor/designee, the foster

parent(s)/facility representative (if applicable), the child's parent(s)/guardian, other family members (if appropriate) and the child unless there is justification for excluding the child from the planning process.

If there is any reason for one of the above mentioned parties' absence from the FTM justification will be documented in MACWIS. Whenever the whereabouts of one or both parents is unknown, a diligent search shall commence immediately (see Diligent Search).
During the FTM, service plans, and visitation plans shall be developed for both the child and the parent(s) with the participation of all team meeting participants. Additionally, the FTM shall include a discussion around the child's daily routine, preferred foods and activities, needed therapeutic or medical care, allergies, cultural practices, and educational information. If possible, during the FTM the Worker/parent/Resource Parent shall explain to the child:

1. Why he/she is in care;
2. The Worker's role in the process;
3. Placements for other siblings (if siblings have separate placements); and
4. Feelings of separation and loss. The Worker shall inform the child of the visitation plan with the biological family, including siblings.

Additionally, a Worker may determine that an IM is needed to gather more specific information.

(2) Ongoing Family Team Meetings

Each service plan shall be reviewed and updated at a minimum once every ninety (90) calendar days at a FTM with the Worker, the Worker's direct supervisor/designee, the foster parent(s)/ facility representative (if applicable), the child's parent(s)/guardian, other family members (if appropriate) and the child unless there is justification for excluding the child from the planning process.

If the child's placement changes, or there is a significant change affecting the child or his/her family, a FTM shall be convened and the FSP must be updated within thirty (30) calendar days of the date of change reflecting the decisions made as a result of the meeting. The COR Worker shall make arrangements for the date, time, and location and also facilitate the meeting.

In instances in which it is impossible to meet with one or both parents, the planning process will proceed as described above, notwithstanding the parent's absence.

It is important to note that the FTM must be held in enough time for the FSP review to be approved within ninety (90) calendar days.

(3) Final Family Team Meeting

Prior to case closure, a final FTM will be held to develop an Aftercare plan that identifies all of the services needed or desired and the steps for obtaining these services to help ensure that the conditions that led to the child's placement in foster care have been addressed. (see "Post Placement Services" for more details on Aftercare planning.) For list of participants see Initial Family Team Meeting.

c) Family Service Plan

The FSP should be individualized, strengths-based, family-focused, and culturally responsive. The planning process shall proceed regardless of the Worker's ability to locate one or both parent(s) and this should be documented in MACWIS.

d) Adult Individual Service Plan

The components of an FSP include:

- Family Team Meetings;
- Reason for services;
- Services provided;
- Educational;
- Medical;
- Emotional behavioral issues;
- Tasks, plans and goals;
- Task evaluation;
- Adoption discussion;
- Barriers to permanent plan;
- Mental health assessment;
- Family engagement.

There are five types of FSPs:

- Initial,
- Review,
- Add/Change,
- Custody Change, and
- Final.

Each FSP must be submitted to the supervisor for approval. Every FSP will be filed with the court of jurisdiction and the signed copy filed in the case record. A copy of the signed FSP is given to the child's parents or primary caretaker.

(1) Initial FSP

In a case where the child in custody has a permanent plan of reunification, an FSP between the Worker and the parent(s)/caretaker(s)/child(ren) is required. The FSP should be used as a means of facilitating the child(ren)s' return home to the parent/primary caretaker.

The FSP is developed and submitted to the supervisor within thirty (30) calendar days of the custody date, unless the court determines otherwise. Along with this FSP, the Worker must also complete and submit the CFA.

The parent(s) or caretaker(s) will have a six month period in which to complete the tasks in the FSP. At the end of six months the court may direct DFCS to: 1) continue to work with the parent(s) or caretaker(s) for return of the child to their home, 2) begin procedures to terminate parental rights, or 3) to pursue another permanency plan.

Each FSP and revision of the plans shall include the following:

- Service goals, desired outcomes and timeframes for achieving them;
- Service and supports to be provided, and by whom;
- The signature of the parent(s), with whom reunification is planned, and when appropriate, the child or youth; and
- Addresses, as appropriate;
- Unmet services and support needs that impact safety, permanency and wellbeing;
- Maintaining and strengthening relationships;

- Educational needs and goals; and the need for culturally responsive services and the support of the family's informal social network.
- The goals and tasks, set forth within the FSP shall be a direct reflection of the decisions made within the FTM. The parent(s)/caretaker(s) and the child shall sign this FSP upon agreeing to the listed goals and tasks within it. All efforts to engage parent(s) in developing the FSP must be well documented in MACWIS, whether successful or not.

(2) Review FSP

The Review FSP is an assessment of progress toward permanent plans identified in the Initial FSP. It is submitted and approved every ninety (90) calendar days.

The Worker has eighty-five (85) calendar days to create and submit the Review FSP to the ASWS and the ASWS has five (5) calendar days to approve and sign the Review FSP. The CFA is updated each time the FSP is reviewed.

(3) Add/Change FSP

The Add/Change FSP is used only when there is a change in direct services, such as a change in the COS and should be updated or revised within ten (10) calendar days of the change.

(4) Custody Change

If a Prevention/Protection case is changed to a Placement case, due to children being taken into custody, or a placement case is changed to prevention/protection the Custody Change type will be used.

(5) Final FSP

The Final FSP is selected only when services are terminated for the family and the case is being closed. A final CFA will be completed in conjunction with the Final FSP.

The court must render a judicial determination of any reasons identified by the county for extending the time frame of an FSP beyond 6 months. Reasons can include but are not limited to the following:

Parents make regular visits/contacts with the child, maintaining a relationship which benefits the child.

Parent is unable, due to no fault of his or her own, to enter treatment during the time of the service agreement.

Parents are making diligent efforts and progressing toward completion of the service agreement.

The services needed to reunite the family are not available.

Parent has an illness diagnosed and documented by a physician that temporarily hinders compliance with the service agreement.

Parent is involved in parenting classes, treatment programs, and/or other services which are progressing toward reunification but will not be completed within the six months' time frame.

Parental incarceration

(6) Working with Incarcerated Parents

Parents who are incarcerated continue to have rights to be involved in their children's lives, regardless of their crime unless their parental rights have been terminated, aggravating circumstances are present, or the court determines that DFCS is not required to continue involvement with the parent/s.

Like their parents who are incarcerated, children in foster care also have a right to have a relationship with their parent/s despite the parent's incarceration. There are special challenges and issues in trying to work with incarcerated parent/s but workers should consider the value of the relationship between the parent/s and the child.

When a parent is incarcerated the Worker should:

- Obtain the name of the incarcerated parent and the address of the facility. This information is available for public use through the Mississippi Department of Corrections (MDOC) website, at http://www.MDOC.state.ms.us under the quick links section, there is a link entitled "inmate search". The information provided includes a general description such as height, weight, race and sex, inmate identification number as well as assigned location, offenses and sentences. The Worker may also search the federal prison system website at http://www.bop.gov
- Use the inmate identification number to contact the correctional facility or jail and ask for the case manager/social worker assigned to the inmate.

- Ask the case manager/social worker for assistance in working with the parent. (It is important to remember that each facility is different and has a specific set of rules. The Worker should ask the case manager/social worker for their policy/rules.) The case manager/social worker is usually the person the Worker will need to go through to find out about services the prison offers, rules about visitation, etc.
- Complete the assessment and FSP with parent (with the assistance of the case manager/social worker of the facility if consented by the parent) including informing the parents of his/her rights and responsibilities.
- The Worker will mail or deliver to the parent a copy of Parents Rights and Responsibilities with documentation in MACWIS.
- After completion of the FSP with the parent, the Worker will obtain information from the case worker/social worker at the facility regarding the procedure in place for securing signatures on this document and the process for returning the signed FSP to the assigned Worker.
- Make monthly phone, correspondence, or face-to-face contact with the incarcerated parent to assess their progress being made on their FSP and to update them on their child's progress/status.
- Make phone or face-to-face contact with the incarcerated parent every ninety (90) calendar days to engage them in a FTM to discuss strengths and needs and to assess progress being made on their FSP.
- Review the FSP according to same standards as parents who are not incarcerated.

e) FSP Custody Case Plan

The FSP is developed between the Worker, parent(s)/caretaker(s) and child(ren) in foster care. The purpose is to ensure that the needs of the child(ren) are being addressed while in foster care. If age and/or developmentally appropriate, each child/youth should be included in developing the FSP, reviewing the finished FSP, and signing the completed FSP.

Components of the FSP for the Child/Youth

The FSP section of a child/youth in custody of DFCS must include at least the following information:

1. Discussion of reasons for service;
2. Services being provided;

3. Permanent and Concurrent Plans; All permanent plan options must have a concurrent plan.
4. The compelling reason for the identified permanent plan and why TPR is not in the best interest of the child/youth, if applicable;
5. Name/type and description of placement;
6. Appropriateness of placement/least restrictive (AFCARS);
7. Visitation Plan;
8. Health record and discussion of known medical problems;
9. Assessment of potential mental health needs and possible referral for professional mental health services;
10. Names and addresses health and educational providers;
11. Current medication, allergies, and record of the child's immunizations;
12. Grade level performance and assurances that the child's placement takes into account the proximity to the school in which the child is enrolled at the time of placement;
13. Education record and discussion of educational issues;
14. If child/youth is fourteen (14) years or older, independent living plan; if sixteen (16) or older, the transitional living plan;
15. Adoption discussion, if applicable;
16. Other relevant medical or educational information;
17. How the permanency goal will be achieved;
18. What services are necessary to make the accomplishment of the goal likely;
19. Who is responsible for the provision of those services and;
20. When the services will be provided; and the date by which the permanency goal is likely to be achieved.

5. Services to the Child in Care

a) Child's Rights and Responsibilities

Within five calendar days of being placed into DFCS custody, all age and developmentally appropriate children shall receive a written summary of their rights and responsibilities which will be fully explained to each child using age-appropriate language. Youth currently in custody that have reached age fourteen (14) shall be given the Notice of Rights and

Responsibilities for Youth 14 and Older in Foster Care within 30 calendar days of youth's 14th birthday. The Rights and Responsibility shall be reviewed at each family team meeting thereafter.

These rights and responsibilities for youth ages fourteen (14) and older and children ages thirteen (13) and under include: (see Appendix L and M)

- A description of the child's rights, including the obligations DFCS has to the child;
- Basic expectations for use of DFCS services;
- Hours that services are available;
- A clear explanation of how to lodge complaints, grievances, or appeals, and
- A clear explanation of confidentiality and its limits.

The original signed Rights and Responsibilities form shall be filed in the child's case record and a copy given to the child.

b) Contacts with Child

Regardless of whether a child's foster care placement is being directly supervised by DFCS or by a contract agency, the assigned DFCS worker (either COR or COS) shall meet with the child in person and, where age-appropriate, alone at least twice monthly to assess the child's safety and well-being, service delivery, and achievement of permanency and other service goals. The COR Worker or COS Worker when applicable shall maintain twice monthly face-to-face contact with all children in foster care placed in the COR county. During a child's first month in foster care and after each placement change the child's Worker shall have a face-to-face meeting within seventy-two (72) hours of said placement.

This assessment of the child's adjustment to the placement should be on-going and the need for more frequent visits by the Worker should be documented. At least one of the monthly visits must be in the placement setting. Twice monthly contacts will be documented in MACWIS within 5 working days of the visit.

If a foster child remains in Mississippi but is placed outside the COR, the COS Worker is responsible for making the monthly face-to-face visits with the child, beginning the calendar month after the child is placed (the COR Worker will see the child in the placement month).

The COR Worker will also visit the child quarterly in the placement setting.

All visits will be documented on the narrative screen in MACWIS within 5 working days after the visit.

In the cases where special circumstances exist, such as child with ICPC placements or a child who is on runaway status, an explanation must be documented in the narratives why contact is not possible.

Children in custody, who are placed out-of-state, in facilities or with relatives, and are not being seen by the Receiving State Staff, should be seen in their placement by a Mississippi DFCS Worker no less than every six (6) months and the visit documented in MACWIS. (42 U.S.C. 675 § 475(5)(A)(ii)).

If the child in custody is being seen face-to-face once a month in the placement by the receiving state staff, a report on the visit by the Receiving State Staff should be sent to the DFCS of the state in which the child's parents reside so that DFCS may share the information with the child's parents. The report must detail the child's circumstances and the extent to which the out-of-state placement meets the child's best interest or special needs.

If the Receiving State has not reported the face-to-face contact for the month, DFCS staff must contact the Receiving State for the information. This information shall be entered in MACWIS. More frequent contact including telephone calls and emails shall be made by the COR Worker.

Some children may be in foster care in Mississippi but their parents or primary caretakers have moved out-of-state. Even if Mississippi has requested that the state of residence work with the parents, the Mississippi DFCS Worker must continue to maintain bi-monthly face-to-face contact with the child. A report on such visits will be submitted to the child welfare department of the state where the child's parents are located so the state of residence may be able to share with the parents the child's safety and well-being.

6. Guidelines for Visitation

Unless there is a documented reason why visitation should not occur (e.g., a no contact order is in place, a parent's rights have been terminated.), every child must have a minimum of two monthly visits with the parent(s) or primary caretaker(s).

The assigned Worker will work with the parents, primary caretaker and/or legal guardians to overcome any barriers to contact, visitation and/ or involvement in the child's care, including services to promote constructive parent-child visitation. All efforts will be documented in the case record. The Worker provides Resource Parents and parents with guidance and support before and after visits in order to learn from issues and assess relationships and parenting skills.

Additionally, within 24 hours of foster care placement unless there are documented reasons why contact should not occur, the Worker will arrange a visit with child and his/her parents/guardian and with any siblings not in the same placement. In documented situations, as approved by the ASWS, where a visit cannot be arranged within 24 hours, a telephone call to parents, siblings, or extended family members must be provided to the child.

Workers will make every effort to arrange visitation with incarcerated and/ or institutionalized parents or primary caretakers in accordance with the above guidelines. The Worker will document facility restrictions in the visitation plan.

DFCS workers shall take all reasonable steps to ensure the implementation of each child's visitation plan. Under no circumstances shall DFCS/contracting agencies cancel/deny visits with parents/guardians/siblings as a means of disciplinary action.

Every consideration should be made to place a teen parent in custody with her/his own child. If this placement is not possible, weekly (at a minimum) visitation between the teen parent and her/his child will be arranged, unless there is a documented reason why this should not occur.

a) Visits with Siblings

When siblings are not placed together, it is important that regular contacts be maintained unless the case record justifies this is not in the best interest of the children. Siblings not in the same placement setting must have at minimum, monthly face-to-face visits. The Worker provides the child and siblings with guidance and support before and after visits in order to learn from issues and assess relationships. Additionally, siblings should be encouraged to maintain contact by phone or in writing.

b) Visits with Relatives

Visitation with relatives will be held at the discretion of the COR staff. Relatives include any relative to the 5th degree.

MISS. CODE ANN. § 43-15-13(7) states if the child is going to be placed in a foster home, DFCS "shall give first priority to placing the child in the home of one (1) of the child's relatives within the third degree, as computed by the civil law rule". Consequently, every effort should be made to provide visitation for the child with the relatives in order for the child to have continuing connections.

If those individuals who are not related in the 5th degree, but show a connection with the child through the community, school, church, etc., and want to visit the child, the Worker must obtain

approval from the ASWS. A deciding factor may be if the child wishes to visit the individual and if the child considers the individual to be a relative.

c) Visits for Maintaining Connections

Visitation with relatives, community members, peers, and or friends should be considered. Every effort should be made to provide visitation with the child and those significant individuals identified by the child to maintain continuing connections.

d) Visits Outside the Placement Setting

DFCS supports children maintaining past connections, building new attachments, and maximizing a child's sense of normalcy when they must be separated from their parent(s) or primary caretaker(s). Resource Specialists, DFCS Workers, parents, and resource families must work together in determining what is in the best interest of each individual child in regard to visits outside the placement setting.

e) Outings and Overnight Stays

For the purpose of Policy, outings and overnight stays will be defined as any in-state outing of less than 48 hours and in a location well known to the Resource Parents. The Resource Parents must be able to ensure that adequate and appropriate supervision will be provided at all times. Outings and overnight stays should not be confused with, or take the place of, regularly scheduled visits between a child and his/her parent(s), primary caretaker(s), or other family members.

f) Notice of Outings and Overnight Stays

Resource Parents may authorize short outings and overnight stays, but the child's Worker must be notified prior to the child having an overnight stay outside of the placement setting. The following information must be given to the child's Worker:

1. The name of the caregiver who will be responsible for the child;
2. The location of the child's visit;
3. A telephone number where the child can be reached;
4. The date and time the child is expected to return.

Out of State Travel for Foster Child

The assigned worker must request permission via a court order from the judge when a foster child will be traveling out of state. This includes visits, trips, placements through ICPC, and any other circumstances that will require a child to travel out of the state of Mississippi.

Refer to *Notice of Outings and Overnight Stays* for the information that must be requested by the child's worker. This information must be documented in the child's case in MACWIS. A copy

of the court order must be given to the worker, resource parent or other adult traveling with the foster child.

g) Exceptions to Visits

There are circumstances when visitation is not advisable or may require consultation:

1. When the court order forbids visitation.

   (If the Worker believes this decision is not in the best interest of the child, he/she will advise the court.)
2. When a psychiatrist, psychologist, or other mental health professional recommends that visitation would be physically or emotionally damaging to the child. (This shall be documented by a written report and court order.)

h) Visitation Planning and Documentation

At the initial FTM when a child enters foster care, a visitation plan for the child and his/her family shall be developed as part of the child's service plan. This visitation plan shall be developed and regularly updated in collaboration with parents, foster parents, and the child and should be appropriate to the following:

- Child's age and developmental stage;
- Parents' strengths and needs;
- Schedules of foster parents and parents;
- Social and cultural context of the family; and
- Status of the case and the permanency goal.

If parental visitation is appropriate based on the above factors, this visitation plan shall include a minimum of two visits per month with the parents (unless a court order in the child's case limits such visits). For all children, regardless of permanency goal, this visitation plan shall include at least one visit per month with any siblings not in the same placement (unless a court order in the child's case limits such visits).

A plan shall be developed specifying the time, location, duration, transportation, and supervision of visits between the parent/primary caretaker/child. The Worker, parents/guardian/primary caretakers, Resource Parents and the child, if age appropriate, shall be involved in the development of this schedule.

7. Medical Services – Initial Medical, Yearly Physical, EPSDT

When a child is placed in the custody of DFCS, DFCS assumes the responsibility of securing access for the child to dental, medical and mental health services. The provision of these services must be documented in MACWIS.

The services listed in the following sections are usually available under Medicaid, which should be the primary source of payment. County, regional and state funds can be used, with prior approval, to pay for some of these services which are unavailable through Medicaid.

Within seventy-two (72) hours of custody, the COR Worker shall obtain an initial health screening for the child(ren), from a qualified medical practitioner, in accordance with American Academy of Pediatrics (AAP), in order to determine any immediate health needs. This examination can be obtained through EPSDT through the local Health Department or from any medical provider. The form for this referral is located in MACWIS under the Case navigation bar, EPSDT icon.

Within thirty (30) calendar days of custody, and yearly thereafter**,** each child shall receive a comprehensive health assessment. The comprehensive health assessment should include a drug and alcohol screening, if warranted.

If possible, the initial health screening evaluation and comprehensive health assessment may be conducted in one visit. In such instances, this combined visit shall be conducted within 72 hours of placement. Workers will ensure that all follow-up services recommended are provided and documented.

All children will receive periodic medical examinations and all medically necessary follow-up services/treatments throughout the time they are in DFCS custody. These shall be conducted in accordance with the time periods recommended by the AAP.

Each foster child, birth through age 3, will be provided with a developmental assessment by a qualified professional within 30 days of foster care placement, and each child older than 3 will be provided with a developmental assessment, if there are documented factors that indicate an assessment is warranted. All foster children shall be provided with needed follow-up developmental services.

The developmental assessment and the comprehensive health assessment may be conducted in one clinical visit.

a) Early Intervention Program

All children in custody, age birth up to 36 months, shall be referred to the First Steps Early Intervention program, through the local Health Department, for assessment and follow-up services as needed.

The *Education for All Handicapped Children Act* (P.L. 94-142), enacted in 1975, provided for free appropriate public education for all handicapped children. This Act was amended in 1986 to include handicapped infants, toddlers and preschool children. It was further amended (including adding "developmentally delayed" 3-5 year olds) and renamed *Individuals with Disabilities Education Act* (IDEA) in 1990. It has since been amended in 1997, 2000 and 2004 and is now known as The *Individuals with Disabilities Education Improvement Act* of 2004 (P.L. 108-446). The early intervention portion of the law is now Part C- "Infants and Toddlers with Disabilities" program.

MISS. CODE ANN. § 41-87-5 defines eligible infants, toddlers and children as "*children from birth through thirty-six (36) months of age who need early intervention services*" based on further defined criteria.

b) Medical Records

The *Social Security Act* (42U.S.C. 675 § 475(1)(c)) requires that the child's most recent available medical and educational records for children in custody be maintained in the child's case record. The DFCS Worker must provide a copy of the updated medical and educational records of the child to the placement provider at the time of each placement.

c) Immunizations

MISS. CODE ANN. § 41-88-3(1), charges the Mississippi State Department of Health (MSDH) with the responsibility "*for assuring that all children in the state are appropriately immunized*

against vaccine-preventable diseases…according to the recommendations of the national Advisory Committee on Immunization Practices (ACIP)".

MISS. CODE ANN. § 41-23-37, makes it unlawful for any child to attend school until they have been vaccinated. In order to adhere to these laws, Workers shall ensure every child in DFCS custody is immunized prior to enrollment in school.

The following immunizations, given as recommended by the child's physician, shall be used to guide the Worker in meeting the health needs of the foster child. The Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) has all approved the following vaccinations:

Immunizations:

- Diphtheria, Tetanus, Pertussis (DTaP, Dt, TD);
- Polio;
- Measles, Mumps and Rubella (MMR);
- Hepatitis B; and
- Varicella (Chickenpox).

Immunizations shall be documented in MACWIS and a copy of the current paper immunization record must be kept in the child's case file as an extension of the child's case plan documentation. A copy of this record will be provided to the child's placement provider at the time of each placement or within fifteen (15) calendar days of said placement.

8. Mental Health Services

Each child 4 years old and older shall receive a mental health assessment by a qualified professional within thirty (30) calendar days of foster care placement. Each foster child who reaches the age of 4 in care shall receive a mental health assessment within thirty (30) calendar days of his/her fourth birthday. Every foster child shall receive recommended mental health services pursuant to his/her assessment, and should be screened for possible Fetal Alcohol Spectrum Disorders (FASD) to identify services to meet individualized needs. If a child is identified as having FASD, the child will be referred to the Child Development Center at University of Mississippi Medical Center (UMMC) for full FASD diagnostic evaluation by Community Mental Health Center (CMIC).

Mental health may be evaluated through EPSDT through the local Health Department or from any approved medical provider that performs this service. The form for this referral is located in MACWIS under the Case Navigation bar, EPSDT icon.

Each foster child shall receive follow up mental health services provided as recommended in the mental health assessment. Mental health services may include, but are not limited to, individual counseling, family counseling, group counseling, and medical treatment.

9. Dental/ Orthodontic Services

Every child three years old and older shall receive a dental examination within 90 calendar days of foster care placement and every six months thereafter. Every foster child who reaches the age of three in care shall be provided with a dental examination within 90 calendar days of his/her third birthday and every six months thereafter. Every foster child shall receive all medically necessary dental services.

A referral for this service can be obtained through EPSDT through the local Health Department or from any medical provider. The form for this referral is located in MACWIS under the Case navigation bar, EPSDT icon.

If a child receives a referral for orthodontic services, the COR Worker will ensure that services are provided to the child. An initial appointment will be scheduled and documented within thirty (30) calendar days with follow up as recommended by the service provider.

10.Educational Services

DFCS workers shall review the educational record of each child who enters custody for the purpose of identifying the child's general and, if applicable, special educational needs and shall document the child's educational needs within thirty (30) calendar days of his/her entry into foster care.

DFCS shall take reasonable steps to ensure that school-age foster children are registered for and attending accredited public or private schools within three business days of initial placement or any placement change, including while placed in shelters or other temporary placements.

DFCS shall make all reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood, when this is in the child's best interests and feasible, and by limiting the number of school changes the child experiences.

If change is unavoidable the child shall be enrolled in the most appropriate educational setting available to meet the needs of the child.

Determination of educational stability must be made at the time of *each* placement change in addition to the initial placement determination.

If educational needs are identified, the EPSDT and Early Intervention Programs offered through the Health Department can be utilized in further evaluation for services for children ages birth-3. For children ages 3-5, an assessment can be conducted by the local school system under the early education program. For school age children the Worker will advocate for and facilitate services through the local school system.

When further services are needed the Worker will communicate and collaborate with the parents, Resource Parents and educators to ensure the child's needs are met. These services may include but are not limited to, development of an Individualized Educational Plan (IEP), tutoring, occupational therapy, speech therapy, after school programs.

MISS. CODE ANN. § 37-13-91, states that who is or will attain age six (6) and not attained the age of seventeen (17) years on or before September 1 of the calendar year shall be enrolled and regularly attend a public school or legitimate nonpublic school. Only the following are exempted from compulsory school attendance:

1. Children who are physically, mentally or emotionally incapable of attending school as determined by the appropriate school official based on sufficient medical documentation.
2. Children who are enrolled in and pursuing a course of special education, remedial education or education for handicapped or physically or mentally disadvantaged children.
3. Children who are being educated in a home instruction program. (see MISS. CODE ANN. § 37-13-91(i), for criteria of an approved home-school program.)

Youth having attained the age of 17, who are in DFCS custody, must attend school, a job-training program, or be actively seeking employment except for the previously identified exclusions

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Educational needs of some children in DFCS custody may fall under the category of "exceptional child". MISS. CODE ANN. § 37-23-3 (1), states:

> *An exceptional child shall be defined as any child as herein defined, in the age range of birth through twenty (20) years of age with an intellectual disability, hearing impairments (including deafness), speech or language impairments, visual*

> *impairments (including blindness), emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and, by reason thereof, needs special education and related services. Such children shall be determined by competent professional persons in such disciplines as medicine, psychology, special education, speech pathology and social work and shall be considered exceptional children for the purposes of Sections 37-23-1 through 37-23-159. Such professional persons shall be approved by the State Department of Education. The mandate for the provision of educational programs to exceptional children shall only apply to the children in the age range three (3) through twenty (20). Children who are potentially in need of special educational and related services must be considered for the services on an individual basis.*

Schools that service such children with special needs are required to develop, review and revise an IEP for each child according to MISS. CODE ANN. § 37-23-5, which requires "that the program of education for exceptional children be designed to provide individualized appropriate special education and related services that enable a child to reach his or her appropriate and uniquely designed goals for success".

DFCS Worker in the county in which the child resides, or his/her designee, shall attend all IEP meetings at the child's school as long as the child is in custody and receiving special educational services. The biological parent(s), Resource Parent(s) and child placing agency worker may also attend these meetings. The Worker will document in MACWIS this educational meeting as well as file a copy of the current IEP in the child's case record.

(see also, 42 U.S. C. 675 § 475(1)(G))

a) Educational Records

42 U.S.C. 675 § 475(1)(c), requires that the child's most recently available medical and educational records for children in custody be maintained in the child's case record. The Workers will maintain in the child's case record copies of all report cards, IEP rulings, and current information on school attended and grade level achievement. The Worker will maintain these records in the child's case record as an extension of the child's case plan and will also document in MACWIS in "Demographics"

.

The DFCS Worker must provide a copy the updated medical and educational records of said child to the placement provider at the time of each placement.

b) Surrogate Parents

(1) Legal Base

The *Rehabilitation Act of 1973* (P.L. 93-112) defines a handicapped person as "any person who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment."

The participation of the parent or surrogate parent is needed at all stages of the planning process for a handicapped child. This process includes the identification, evaluation, referral, individualized education plan, and placement.

(2) Criteria

For foster children placed in foster family home, the Resource Parent shall serve as the surrogate parent, if possible. For foster children who are placed in group homes, institutions, or other residential facilities, DFCS shall appoint a surrogate parent. The child's worker must assess the surrogate parent to ensure that the following criteria are met:

- Be competent to advocate for the child;
- Have no interest which might conflict with that advocacy;
- Is not employed of the educational or residential facility;
- Knows the child personally;
- Is familiar with the child's needs;
- Is capable of vigorously representing the child at each stage of special education for handicapped children process and;
- The surrogate parents shall participate in formal training sessions as scheduled and held by the State Department of Education, which includes several one-half day meetings to inform the surrogate parent of the placement process, rights of the surrogate parent, the hearing process, procedural safeguards, information about the institution and other related matters.

(3) Procedure

Resource Family Homes

When a foster child placed in a licensed foster family home is suspected or diagnosed as handicapped, the following procedures shall be followed:

1. The COR or COS (if applicable) shall evaluate the Resource Parent as the potential surrogate parent, based on the criteria listed above.
2. If the Resource Parent is unwilling or unable to serve as the surrogate parent, the Resource Parent and the Worker shall discuss other qualified persons who might serve as the surrogate parent.
3. If no community person is appropriate, the ASWS may appoint the COR Worker or the COS (if applicable) as the surrogate parent, with approval of the assigned RD.
4. The COR ASWS shall appoint, in writing a person who is willing to serve as the child's surrogate parent. The roles and responsibilities shall be fully explained. A copy of this letter shall be sent to the COS and the Resource Parent (if Resource Parent is not the surrogate parent). The eligibility of the surrogate parent, according to the criteria listed, shall be documented in the child's case record.
5. The COR ASWS shall notify the educational facility in writing of the child's surrogate parent. The eligibility of the surrogate parent, according to the criteria listed, shall be documented in the child's case record. The eligibility of the surrogate parent, according to the criteria listed, shall be documented in the child's case record.

Other Residential Facilities

When a handicapped foster child is placed in a residential facility other than a licensed foster home, the following procedures shall be used:

1. The COR shall write the facility, asking that they identify a surrogate parent for the child. The person shall meet all the criteria listed above and be willing to serve.
2. The COR shall insure that the identified surrogate parent meets the criteria and this shall be documented in the child's case record.
3. The COR shall notify in writing the surrogate parent, the educational facility, and the residential facility of the appointment.

(4) Roles and Responsibilities

The roles and responsibilities of the surrogate parents include the following:

1. Become familiar with the child's educational needs through direct contact with the child, Resource Parent (if surrogate parent is not the Resource Parent), house parents, Worker, and school or residential staff.
2. Participate in training sessions conducted by the State Department of Education.
3. Advocate for the child if the educational needs of the child are not being met, through the following methods:

   - Coordinate with the Worker on the needs of the child;
   - Confer with school personnel on needs of child and ability of the educational system to serve the child;
   - Sign relevant educational documents;
   - Request an appeal through the appropriate educational process;
   - Request assistance from any individual, association, or organization which has its objective the well-being of children;
   - Intervene through the judicial system, if necessary.

11.Religion

Once a child enters foster care the assigned Worker will identify religious beliefs and/or affiliations of the child. Every effort to continue the child's religious traditions will be made. A child's religion should be considered in determining appropriate placement for the child. If a child is not able to be placed with a Resource Family of the same religious beliefs and/or affiliations then opportunities will be provided by the Resource Family for the child to participate in the religious activities consistent with the child's beliefs. The assigned Worker will assess and document these activities.

12.Legal Services

According to MISS. CODE ANN. § 43-21-121, a Guardian Ad Litem (GAL) will be appointed by the Youth Court to represent the best interest of the child at the time of custody.

13. Family Planning Services

Family Planning will be discussed with youth in care along with the parents and Resource Parents, when possible and appropriate, during an FTM facilitated by the COR Worker. Family planning discussions will provide the youth age appropriate support and education regarding:

- Pregnancy prevention and responsible parenthood; and
- Prevention and treatment of sexually transmitted diseases.

14. Rehabilitation Services

Rehabilitation Services are available to youth (age 18 or in the second semester of their junior year in school) through the Office of Vocational Rehabilitation in the Department of Rehabilitation Services, Rehabilitation Act of 1973 (P.L. 93-112).

General vocational rehabilitation services include a range of services from diagnosis and evaluation to vocational training and job placement. Additionally, a youth eligible for general vocational rehabilitation services might receive assistance with medical and/or health needs, special equipment counseling or other assistance that would enhance employability. Other specialized vocationally rehabilitation services can also be accessed.

The distinguishing difference between eligibility for these specialized services and general vocational rehabilitation services is the youth's vocational potential. Supported employment is specialized vocational rehabilitation service available to youths in the state. The focus group for this service is youth who demonstrate more severe disabilities and who demonstrate an on-going need for job support to retain employment.

15. Working with Mexican National Minors

Mexican National Minor is any unmarried person who is under the age of 18 and who was born in Mexico or is a national of two or more countries, one of which is Mexico.

Custodian is the person who has been entrusted with the day-to-day care of a Mexican National Minor.

"DIF" (**National System for Integral Family Development** [Spanish: *Sistema Nacional para el Desarrollo Integral de la Familia;* **SNDIF** or just **DIF**]) is the agency in Mexico responsible for children protection.

DFCS shall determine whether or not the minor is a Mexican National Minor at the time a decision is made to take protective custody. If a child is a Mexican National Minor, DFCS shall provide the child, and his/her parents or custodians, with the address and telephone number of the Mexican Consulate located in New Orleans, LA. The Consulate will assist DFCS in the process of obtaining a birth certificate or any other necessary documentation from Mexico.

Mexican Consulate
901 Convention Center Blvd.
Suite 119
New Orleans, LA 70130
(504) 272-2198

DFCS is responsible for notifying the Consulate in writing and without delay, when:

- DFCS identifies a Mexican National Minor in its custody,
- A parent or custodian of a Mexican National Minor has requested that the Consulate be notified, or
- DFCS learns that either parent of a child in its custody resides in Mexico.
  When notifying the Consulate, DFCS shall provide (when available):
- Name of the Mexican National Minor;
- Date of birth of the Mexican National Minor;
- Names of the parent(s) or custodian(s); and
- Name and telephone number of the Worker directly responsible for the case.

DFCS will cooperate with the Consulate and recognize the Consulate may need specific information regarding the cases of Mexican National Minors. A representative of the Consulate may interview a Mexican National Minor in the custody of DFCS with the consent of the Worker and ASWS.

In cases where a Mexican National Minor has been placed in the custody of the State of Mississippi and is considered eligible to obtain Special Immigrant Juvenile States (SIJS), pursuant to INA § 101(a)(27)(J)(11), 8 U.S.C.§ 101 (a)(27)(J)(ii), the Consulate shall assist DFCS in obtaining necessary documentation from Mexico from completion of the SIJS application.

The Consulate may contact DIF in order to obtain the appropriate home studies of potential families in Mexico who may be eligible to obtain custody of the minor. Upon completion of the

home study or other investigations by DIF, the Consulate shall immediately forward the information to DFCS Worker responsible for the case.

When custody of a Mexican National Minor is granted to a Mexican family, the Consulate shall coordinate with DIF in order to carry out the repatriation of the minor to Mexico, to ensure the minor's welfare and to provide whatever services are necessary. Once the Mexican National Minor is in Mexico, DIF shall be responsible for turning the minor over to the family assuming custody and shall adopt the necessary measures to ensure the minor's welfare.

DFCS and the Consulate shall communicate as needed and mutually agreed upon to discuss, clarify, and coordinate activities in areas of common interest and concern. Joint community meetings and other information exchange efforts are encouraged. DFCS and the Consulate shall support joint prevention efforts regarding the protection and welfare of Mexican families and minors and make every effort to exchange ideas and concerns of a high profile nature which may result in media attention in a timely manner.

16. Unaccompanied Refugee Minors

Unaccompanied Refugee Minors (URM) are refugee children who are separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so.

In resettlement terms, URMs are children under age 18 who are resettled alone in the United States, without a parent or relative able to care for them.

Unaccompanied youths eligible for the URM program include refugees, Cuban and Haitian entrants, asylees, victims of severe forms of trafficking and certain children granted Special Immigrant Juvenile Status.

In addition, accompanied minors may become eligible for URM program services after arrival in the U.S. through reclassification process (example; following family breakdown or a death in the family).

The State of Mississippi is one of only ten core sites around the United States who resettle unaccompanied refugee minors. Legal custody is maintained by the State of Mississippi until age 20, or 21 when ordered by the Chancery Court, and youths within the URM program receive the same benefits as all other youth in the custody of the State.

Hinds County DFCS will maintain case files on each URM and will review the appropriateness of placement and services through the Foster Care Review County Conferences.

Minors will be placed in foster care, group homes or independent living arrangements appropriate to the youth's developmental needs. Services are provided through a contract, using 100% federal funds, with two lead voluntary agencies: The Lutheran Immigration and Refugee Services (LIRS) and the United States Conference of Catholic Bishops (USCCB) who work in conjunction with the Department of State and Office of Refugee Resettlement (ORR) on the URM program.

The URM program assists unaccompanied minors in developing appropriate skills to enter adulthood and to achieve economic and social self-sufficiency. Services provided through the program include: English language training; care planning; health/mental health needs; socialization skills/adjustment support; family reunification; care and placement appropriate to the youth's needs; education/training and ethnic/religious preservation.

Generally, unaccompanied minors are not eligible for adoption.

17. Services to the Parents

a) Parents Rights and Responsibilities

Within 5 calendar days of case opening, all parents or primary caretakers shall receive a written summary of their Rights and Responsibilities which shall be fully explained using clear and consistent language.

The original of the signed Rights and Responsibilities form shall be filed in the case record and a copy given to the parent. (see Appendix N and for Spanish Appendix O)

b) Worker Contacts with Parents

Following the placement of a child or any subsequent placement move, the DFCS Worker will meet individually with the child's Parents, primary care taker or legal guardian within the first two weeks of initial placement and will document the visit in MACWIS.

Face-to-face contact or attempt shall be entered in MACWIS within 5 working days of the contact. If monthly face-to-face contact is not possible (unknown whereabouts, incarceration, institutionalization, out-of-state, etc.), the Worker shall document all attempts to make all contact.

c) Notification to Parents of Major Changes

42 U.S.C. 675 § 475(5)(c) requires that certain procedural safeguards for the rights of biological or adoptive parents or legal guardians be maintained. This includes notification to parents or

guardians of a change in the child's placement and any decision affecting visitation privileges of parents.

1. Parents, primary caretakers or legal guardians will be given 2 weeks written notice of DFCS's plan to change the child's placement or any decision which affects the visiting privileges**.** If two weeks written notice is not possible, notice will be given as soon as possible and justification for the delay shall be documented in the case record. A copy of the written notice shall be placed in the paper folder.

   DFCS will notify parents, primary caretakers, or legal guardians within 72 hours of placement change including, information regarding the circumstances of the change and information regarding the new placement. Notification may be verbal or written and documentation will be entered in MACWIS.

2. Parents, primary caretakers or legal guardians shall be given a minimum 2 week notice when a visitation plan is being modified with exceptions to include, illness of the child(ren), in the event of natural disasters, and/or emergency situations involving the child (ren), Resource Parent, and/or Worker.

Parents, primary caretaker or legal guardians will be notified within 24 hours once DFCS has been notified that a child:

- Requires scheduled surgery,
- Has been hospitalized- non-emergency,
- Has been involved in an accident (with or without injury),
- Has been named as a victim in an investigation,
- Has been diagnosed with a medical condition,
- Has been suspended or expelled from school,
- Has possible involvement in acts of delinquency,
- Has threatened suicide,
- Has runaway

Runaway refers to those children/youth in DFCS custody whose whereabouts are unknown or known but not compliant. Runaways will not receive any funds/benefits.

(1) Protocol for Reporting Runaway/Missing Youth in Care

1. Staff the incident with your ASWS/Regional Director immediately upon receipt of information regarding the status of the child.
2. Notify the child(ren)'s biological parent(s)/guardian.
3. Notify the Youth Court and Law Enforcement immediately in person or by phone of missing/runaway.

4 Notify DFCS State Office* immediately of the runaway via e-mail to runaway.dfcs@mdhs.ms.gov so that the child's status may be reported to the National Center for Missing and Exploited Children (NCMEC).

5. Obtain and/or sign a runaway petition (if the child ran away) as soon as possible, within one (1) working day.
6. Follow-up with Resource Parent/Provider within 24 hours.
7. Follow-up with law enforcement within one (1) working day. Follow up one (1) time per week until the child has been located.
8. If there are allegations of maltreatment, worker must enter a report in MACWIS within 24 hours of notification.

*Notification to DFCS State Office via e-mail to runaway.dfcs@mdhs.ms.gov .
Include all of the following information available:

- Pictures and videos of the child;
- Circumstances of the disappearance and description of clothing last worn;
- Summary of child/family history including names of parents;
- Vital statistics (DOB, health status/concerns, complexion, hair color, eye color, height, weight, identifying characteristics - scars, tattoos, piercings);
- Cellular phone number(s);

Protocol for Reporting Runaway/Missing Youth in Care continues on the next page.

- Child's friends and hangouts;
- Child's social media use/accounts;
- Name and phone number of local law enforcement agency involved.

If the child is under 18 years old, DFCS State Office will report the runaway to NCMEC. If the child is over 18 years old, DFCS State Office will assist local law enforcement with reporting the runaway to NCMEC.

NCMEC will generate posters and work with local law enforcement to locate the child.

(2) Protocol When Youth is Located or Returns

1. Notify Youth Court immediately in person or by phone that the child has been located.
2. Notify Law Enforcement immediately in person or by phone that the child has been located.
3. Notify DFCS State Office immediately via e-mail to runaway.dfcs@mdhs.ms.gov so that the child's status may be reported to NCMEC. E-mail shall include DFCS worker's agency contact numbers.
4. Notify the child's biological parent(s)/guardian, and placement providers as soon as possible; attempts to notify shall continue until contact has been made.
5. Interview/assess the child as to the reasons why they were missing/runway from care.
6. Take an updated photograph of the child and include any new physical attributes, i.e. hairstyles, tattoos and piercings (follow Photographs and Interviews policy).

Questions that may be asked, as appropriate, include but are not limited to:

- What caused you to leave or runaway?
- Did anyone encourage you to leave?

Protocol When Youth is Located or Returns continues on the next page.

- Where did you go?
- What is the first thing you did after you left?
- What types of things have you been doing while you were gone?
- Did you leave with someone? Who?
- Did anything happen to make you feel uncomfortable or that hurt you?

DFCS worker shall staff with ASWS to make appropriate referrals for placement and to medical, mental health providers and law enforcement as needed.

DFCS worker shall document in a narrative and in the case file all information gathered regarding the child during their time missing /runaway from care.

In the event a child requires emergency surgery or hospitalization parents, primary caretaker and/or legal guardians will be notified immediately by a DFCS representative.

In the event that a child fatality has occurred while in DFCS custody and the assigned Worker or a DFCS representative has been notified, the Worker or designee will make every attempt to contact the parents, primary caretaker and/or legal guardians face-to-face immediately. In situations where the parents have moved out of the COR, the state, or are otherwise transient, law enforcement may be contacted for assistance in the notification process.

Notification to the parent is not necessary if they have voluntarily released the child for adoption or their rights have been terminated.

d) Visits and Communications

Parents, primary caretaker and/or legal guardians and the assigned Worker for the child will communicate during FTMs, IMs and/or during monthly contacts regarding frequency of visitation, setting and supervision of visitations, visitation activities and quality of visitations.

(1) Frequency

Unless there is a documented reason why visitation should not occur (a no contact order is in place, a parent's rights have been terminated), every parent must have a minimum of two monthly visits with their child. The assigned Worker will work with the parents, primary

caretaker and/or legal guardians to overcome any barriers to contact, visitation and/ or involvement in the child's care.

Within 24 hours of foster care placement unless there are documented reasons why contact should not occur, the Worker will arrange a visit with child and his/her parents and with any siblings who are not in the same placement. In documented and ASWS-approved situations where a visit cannot be arranged within 24 hours, a telephone call to parents, siblings, or extended family members must be provided to the child.

kers shall make every effort to arrange visitation with incarcerated and/ or institutionalized parents or primary caretakers in accordance with the above guidelines. The Worker will document facility restrictions in the visitation plan.

Under no circumstance shall visitation between a child and his/her parents, primary caretaker and/ or legal guardians be cancelled as a disciplinary action.

Visitation should become more frequent and longer in duration as the child is moved toward reunification with parents, primary caretaker and/or legal guardians.

(2) Setting and Supervision

If a safety threat exists it may be necessary to have supervised visitations in an office setting. However, as the safety issues are resolved and the protective capacities are strengthened, visitations for parents, primary caretaker and/or legal guardians will transition to unsupervised, home or other location and/or combination.

(3) Activities

Based on reduced safety threats and increased protective capacities parents, primary caretaker and/or legal guardians will be included by the Worker and Resource Parents to participate in the activities which include but are not limited to:

- Medical and dental appointments;
- Mental health appointments;
- Educational meetings and other school events;
- Recreational activities that the child participates in;
- Religion, church and/or other spiritual events;

- Other significant life events (birthdays, graduation, holidays, etc.).

e) Drug and Alcohol Screenings

DFCS Workers may request a drug and/or alcohol screen any time there is suspicion of illicit drug use and/or prescription drug and/or alcohol abuse by a Parent/Guardian.

DFCS Workers shall not administer drug or alcohol tests of any type to clients.
DFCS Workers shall facilitate drug and/or alcohol testing of clients when ordered by the court by:

- Sending client(s) to a certified drug testing facility when client can pay for test and has transportation;
- Transporting client to a drug testing facility, if necessary, as well as paying the fee on behalf of DFCS;
- Arranging for drug testing company Worker to come to the court; or
- Requesting court personnel perform drug test.

f) Specific Circumstances that are Considered Child Abuse or Neglect Include:

- Manufacturing a controlled substance in the presence of a child or on premises occupied by a child.
- Exposing a child to, or allowing a child to be present where, chemicals or equipment for the manufacture of controlled substances are used or stored.
- Selling, distributing, or giving drugs or alcohol to a child.
- Using a controlled substance that impairs the caregiver's ability to adequately care for the child.
- Exposing a child to the criminal sale or distribution of drugs.

See Miss. Code Ann. § 41-29-313 for details of the offenses and penalties related to the purchase, possession, transfer, manufacture or distribution of listed chemicals/drugs or precursor chemicals with intent to unlawfully manufacture prohibited or controlled substances.

g) Breastfed Infants

In situations where DFCS becomes involved with a mother who is breastfeeding, every effort will be made to provide services in the home or alternative living situation to allow the child to safely remain with the mother. However, when the safety of the child cannot be reduced to allow the child to remain safely with the mother, arrangements will be made to continue breastfeeding, with supervision by DFCS or another agreement will be made to ensure that the child's needs will be met.

When a mother has issues that are contrary to the well-being of the child, such as medical conditions, drug/alcohol use, other conditions documented by the child's pediatrician and/or the mother's physician, DFCS will assist the mother and child in transitioning from breast feeding to bottle feeding.

18. Services to Resource Parents

a) Worker Contacts with Resource Parents

The COR Worker (or COS Worker when applicable), shall maintain monthly face-to-face contact with the Resource Parents and will document the purpose of the visit in MACWIS.

The Worker shall regularly communicate with non-therapeutic resource parents who have one or more foster children residing in their home and visit the home at least monthly to:

1. Share all relevant and legally disclosable information concerning the foster child;
2. Evaluate foster child's safety, needs and well-being; and
3. Monitor service delivery and achievement of service and permanency plan goals.

These visits will also include an environmental check of the home including the child's sleeping arrangements, all of which shall be documented in MACWIS.

b) Therapeutic Resource Parents

The Worker shall maintain weekly contact with therapeutic resource parents who have one or more foster children residing in their home, and shall make a minimum of two visits per month to:

1. Share all relevant and legally dis-closable information concerning the foster child;
2. Evaluate the child's safety, needs and well-being; and

3. Monitor service delivery and achievement of service goals.

All visits and contacts will be documented in MACWIS and in the child's case record.

A Private Agency worker will visit the home of therapeutic resource parents who have at least one foster child residing in the home at least once per month. These visits shall be in addition to the monthly home visit conducted by DFCS. All therapeutic resource parents who have one or more foster children residing in the home shall be visited in the home at least once per month by their private agency caseworker. The private agencies that provide services to foster children shall (1) share all relevant and legally dis-closable information concerning the foster child; (2) evaluate the foster child's safety, needs, and well-being; and (3) monitor service delivery and the achievement of service goals. DFCS shall require that such visits occur, that they are documented in the child's case record, and that remedial action is taken if such visits are not taking place.

c) Notification of Resource Parents of Placement Changes

Once a child is placed in a Resource Home the child may not be moved to another foster placement, except in emergency situations, unless DFCS specifically documents to the court and in the child's case record the justifications for that move and the move is approved by the ASWS.

DFCS shall provide Resource parents, custodial grandparents or other custodial relatives with at least 72 hours' notice of departure for any child, except in emergency circumstances or where the court orders a change in placement.

The Resource Parents, custodial grandparents or other custodial relatives of the child shall have the opportunity to contest the specific reasons documented by DFCS for the removal. If the child is placed back in the parent's home and has to be removed again later, the former Resource Parents or relatives will have the right of return placement in order to eliminate additional trauma to the child. Return placement is contingent upon the Relatives or Resource Home's current approved/licensed status.

d) Visits and Communications

Resource Parents, COR Worker, and COS Worker and the Resource Specialist will communicate during FTMs, IMs, and/or during monthly contacts and any time the need arises for communication between the parties.

Visits should be scheduled with consideration to the Resource Parents' schedule. In some circumstances, it may be appropriate and helpful for the Resource Parent to participate in the visit or supervise the visit between the family and child.

e) Respite Care

Respite Care is provided through referrals to private agencies. All respite homes must either meet current licensure standards or have been licensed and are now closed only due to the fact that they have adopted the children placed in their home. These providers must have obtained additional training in respite care through the private agency who licensed them for respite care. Respite Care Providers must have extra bed space available for a child to be placed for respite care and can have no more than 3 foster children and a total of 5 children placed in their home regardless of the status of the children's placement (foster, respite, adoptive, biological children.) Respite services are paid for through the grant(s) awarded to the private agencies.

All children in foster care and children who have been adopted from foster care are eligible for respite care. Additional information regarding respite care may be requested through the permanency unit at the DFCS State Office.

(1) Guidelines for Use of Respite Care

DFCS will collaborate with the Resource Family and child placing agency, if appropriate, to develop a respite care plan for the child, if it has been identified as a necessary support service for the family.

A child who is in the care/custody of DFCS shall not be placed in respite care without the approval of the assigned DFCS Worker and ASWS.

Resource/Adoptive parent(s) should limit respite care to two calendar days per month in order to reduce disruption to the child. Additional respite days may be needed in emergency/crisis situations or when the child is transitioning to a permanent placement.

All respite care must be pre-approved by the child's assigned Worker and ASWS unless an emergency arises. If an emergency arises the Resource Family must contact the Worker or ASWS for assistance in locating emergency respite care.

When a Resource Family is affiliated with a Child Placing Agency, the agency will be responsible for notifying the assigned DFCS Worker and/or ASWS for approval prior to placement in one of the child placement agencies respite homes. All requests for Respite Care

should be directed to the State Office Permanency unit. (See Section F for more specific information).

19.Multiple County Involvement

It is not unusual for two or more counties to have involvement in a single case where a child or children are receiving placement services. This may occur when the child is placed in a county other than the one of responsibility or because the parent(s)/care giver(s) reside in another county or it may occur under other circumstances. Whenever multiple counties are involved, each county is designated specific responsibilities and roles for the coordinated provision of placement services to the child which includes working with the parent(s) or care giver(s).

a) Role of Counties

A clear understanding of the distinct differences in the roles of the COS, COR, and Agency of Service is necessary. The RD whose area is holding custody of the child plays an important part in interpreting these roles. Occasionally, different opinions are held by the COS and Agency of Service regarding planning for the foster child. The plan set forth by the COR shall be respected by the COS and Agency of Service. If the COS or Agency of Service disagrees with the COR's plan, the COS or Agency of Service may state its opinion in writing to the COR with copies to the appropriate administrative personnel, but it is obligated to carry out the plan set forth by the COR until notified otherwise.

(1) County of Responsibility (COR)

The COR is the county having legal custody of a child in foster care, and assumes the leadership role for: planning for the child in custody, monitoring the implementation of these plans, for initiating the decision making processes, and keeping the county or agency of service informed regarding plans for the child.

The COR is responsible for providing all payment services regarding the child, and is legally and financially responsible for the child.

The COR Worker must maintain ongoing contact with the child if the child is placed in another county and must visit the child face-to-face at least once every three months. The COR Worker must communicate with the COS Worker in regard to the child and the appropriateness of the placement, and must respond to requests for assistance from the COS.

COR is responsible for working with the Youth Court in regard to the child's case and is responsible for working with the child's parents and family in regard to the achievement of permanency for the child.

The COR Worker must maintain a meaningful relationship and connection with the child as this Worker may very well be, and often is, the one stable and dependable connection the child has with parents, family, and home, and may be the only consistent and dependable person in the child's life.

(2) County of Services (COS)

When a child is placed outside of the county of residence, unless the placement is a short-term placement such an admission to a hospital or a visit with relatives or other individuals, a placement COS case is opened on the child and a COS Worker assigned to the child.

The COS is the county which has the responsibility of supervising the placement of a child whose custody is held by another county.

The COS Worker is responsible for:

- Working with the COR Worker to facilitate permanency for the child;
- Maintaining face-to-face contact with the child to the degree necessary but at least two such visits with the child per month;
- Communicating with the COR Worker to assure the child's financial and material needs are being met;
- Coordinating visitation of family, relatives, and others with the child;
- Assessing on an ongoing basis the appropriateness of the child's placement; and
- Working with the COR Worker to assure the child's sense of connectedness, continuity, and stability are addressed.

Ongoing communication and coordination of effort between the COR and COS Workers for is essential, particularly regarding the ongoing safety and well-being and continued placement appropriateness for each child and whether the placement continues to be in the child's best interest. The COS' visits, observations during those visits and reports made to the COR of those visits have a direct bearing on the decisions made by the COR.

b) Communications Between Counties

It is crucial that communication be maintained between the COR and COS and/or Agency of Service. The COR, COS, and the Agency of Service all have the responsibility to share all pertinent information, which includes case recordings, case plans, court documents, medical, social, and psychological documents, correspondence, financial records, DFCS forms and any other information pertinent to the case.

When a foster child is to be placed in a county other than the COR, the COR shall notify the COS prior to placement of the foster child.

20. Agency of Service

The Agency of Service is a licensed child caring facility where the child lives, apart from his parents or guardian, on a continuing full-time basis for a planned period of time.

The Agency of Service staff provides services for the child and shall provide the COR/COS with information regarding the child's placement in order to aid the COR in carrying out the child's case plan.

Note: The Agency of Service's contact with child(ren) does not replace the Worker's minimum twice monthly contact requirements with all the child(ren). DFCS staff is still required to make twice monthly contact with all the child(ren). The Agency of Service does not have decision making authority for the child(ren). The Worker is still responsible for the decisions regarding the care of the child(ren).

C. Family Centered Permanency Planning

1. Permanency Planning (Permanent and Concurrent)

a) Definition of Permanency Planning

Permanency planning is ongoing and begins as soon as DFCS receives a report of child abuse or neglect, and it continues through every stage of service, even when the child is not removed from the home**.** It is a systematic process of carrying out a set of plans and goal-directed activities within a time-limited period as defined in MISS. CODE ANN. § 43-15-13 and the *Adoption and Safe Families Act* of 1997 (ASFA) (P.L. 105-89). These activities are designed to help children live in families that offer continuity of lifetime relationships.

MISS. CODE ANN. § 43-15-13(8) Advises that "[a]t the time of placement, consideration should also be given so that if reunification fails or is delayed, the placement made is the best available placement to provide a permanent living arrangement for the child."

Such consideration is the major emphasis of, and the foundational premise for, Concurrent Planning.

According to the *ASFA*, reasonable efforts to finalize an alternate permanency plan may be made concurrently with reasonable efforts to reunify the child and family and that reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-state and out-of-state placements, may be made concurrently with reasonable efforts to reunify the child and family. (42 U.S.C. 671§471(a)(15)(f)).

b) Making a Permanent and Concurrent Plan

Foster care should be viewed as a temporary arrangement and not a place for children to grow up. Permanency planning must begin immediately and within thirty (30) calendar days of a child entering care. Decisions which involve the family and child must be made promptly and services provided as quickly as possible to enable the family in crisis to address problems and support achievement of the permanency goal.

Careful and thorough evaluation must be made of the family's potential and the availability of relative resources in considering the selection of a permanency plan. Diligent searches shall be made to locate natural parents and relatives of the child. Reasonable efforts shall be made to place the child in a timely manner in accordance with the permanency plan and to complete the necessary steps to finalize the permanent placement of the child. All of these steps are made with approval from the court of jurisdiction involving proceedings that included written notice to ensure participation of the child, parents, and/or caregivers.

DFCS's first priority shall be to make reasonable efforts to reunify the family when temporary placement of the child occurs or shall request a finding from the court that reasonable efforts are not appropriate or have been unsuccessful.

MISS. CODE ANN. § 43-15-13(2)(f) advises that DFCS "*shall implement concurrent planning so that permanency for the child may occur at the earliest opportunity*". Clear documentation is required for both Permanent and Concurrent Plans in order to prove to the court the compelling reasons for the plan.

Concurrent planning in a Family Centered Practice environment comprises more than having a plan in place in case the primary plan fails; it involves immediate ongoing action to assure that

issues of safety, permanency, and well-being are continually being addressed while the child is in state custody.

MISS. CODE ANN. § 43-15-13(8)(a-h) further states that DFCS shall consider the following factors when determining appropriateness of concurrent planning:

a. The likelihood of prompt reunification;
b. The past history of the family;
c. The barriers to reunification being addressed by the family;
d. The level of cooperation of the family;
e. The Resource Family's willingness to work with the family to reunite;
f. The willingness and ability of the Resource Family or relative placement to provide an adoptive home or long-term placement;
g. The age of the child;
h. Placement of siblings.

The COR Worker will identify permanent and concurrent plans for the child. After opening the case, the permanent and concurrent plans will be identified on the Child's FSP with the primary plan being listed first.

Every child in DFCS's custody shall have a permanency plan selected and documented on the FSP within thirty (30) calendar days of entry into custody. Justification for selecting a particular plan is documented along with other pertinent information under the "compelling reasons" radio button in MACWIS.

The Worker must do whatever can be done to minimize the damage being done to the child during these periods of impermanency by addressing the issues of continuity and connectedness central to healthy development that appear to be the crux of the matter of impermanency.

Steps must be taken to provide the child with a sense of continuity and to keep the child connected to family during these periods of impermanency. Placement of the child with extended family is the most obvious strategy for effectively addressing this issue, and relative placement is an appropriate concurrent plan for a child for whom reunification is the primary plan.

A major source, perhaps the major source, of continuity and connectedness for a foster child is the child's Worker. The Worker must remain involved with the child throughout the custody

episode no matter where the child is placed. In a Family Centered Practice environment, not all forms of permanency are equal. The commitment is to family, and the goal and outcome of reunification is far more valuable and desirable that any other permanency outcome.

This commitment and practice stance requires the Worker and DFCS to continue to focus on getting the family back together as long as there is a chance that reunification can occur while at the same time arranging temporary placement and providing ongoing services to the child and the family which minimize any damage which may occur as a result of the impermanency of removal. This constitutes a practice approach and methodology of dedication and perseverance and a full commitment to the family.

c) Permanent Plan Options and Achievement Criteria

Permanency Plan options are as follows:

1. Reunification with a Parent or Primary Caretaker from whom the child was removed.
2. Custody with a Relative (Worker must be seeking to identify relatives other than the one from whose home the child was removed.) (See additional information within "Custody with A Relative".)
3. Durable Legal Custody or Legal Guardianship (See Appendix P)
4. Adoption
5. Another Permanent Plan Living Arrangement (APPLA)

All permanent plan options must have a concurrent plan.

2. Reunification

When the child's permanency goal is reunification, DFCS shall identify in the service plan and make available directly or through referral those services DFCS deems necessary to address the behaviors or conditions resulting in the child's placement in foster care and to help the parents develop strategies to facilitate permanency for the child. Workers will monitor the provision of services through visits and updating of service plans.

For a child with a permanency goal of reunification, the child's assigned DFCS worker shall meet with the child's parent(s) with whom the child is to be reunified at least monthly to assess service delivery and achievement of service goals, to keep the family informed and involved in decisions about the child, and to remain current about the family's circumstances.

For children with a permanency goal of reunification, the case record shall document opportunities provided to parents in support of reunification.

Reunification with a Parent or Primary Caretaker is the first choice as a permanency plan for a child in care (unless a parent/caretaker has been convicted of any of the following offenses against his natural or adopted child: rape, sexual battery, touching, exploitation, felonious abuse or battery, carnal knowledge or murder).

Reasonable efforts requirements demand that the Worker and DFCS work diligently and concertedly with the family to provide services and solve problems to get the child back home as soon as safety can be reasonably assured.
Tasks to be completed when selecting a permanency goal of reunification:

- An ongoing Comprehensive Family Assessment (CFA) should be completed prior to reunification.
- Identify and assess the problem(s) which led to the need for foster care, the actions needed to correct the problem, and activities to be performed by all parties involved.
- Complete with the family, **and** within thirty (30) calendar days of the child's entry into custody, the FSPs for children and parents.
    - Inform parents that under State Law, MISS. CODE ANN. § 43-15-13(4) reunification should occur within six months of the child's removal from the home and that failure to comply with the FSP could result in a recommendation of another permanency plan for the child, including the possibility of the TPR and adoption.

a) Worker's Responsibilities in Achieving Reunification

The Worker shall have the following responsibilities in achieving reunification:

1. Establish permanency and concurrent plans, via an FTM, with the parents, primary caretakers, interested relatives, Resource Parents, and child(ren) within thirty (30) calendar days of the child(ren)'s entry into foster care. Reassess in three months and/or during each case review in conjunction with the CFA and each case review.
2. Review, evaluate, update and/or revise the FSP for parents and child(ren) every eighty-five (85) calendar days and submit to the ASWS who has 5 days for approval;
3. Place the child in the same county as the birth parents or primary caretakers, if possible. If not possible, document the reasons why and attempt to find placement as

close as possible or within 50 miles of the child(ren)'s home. Placement more than fifty (50) mile must be approved by the COR ASWS and RD.

4. Siblings who enter placement at or near the same time shall be placed together unless:

    a. Doing so would be harmful to one or more of the siblings;

    b. One of the siblings has exceptional needs that can be met only in a specialized program or facility; or

    c. The size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together.

    If a sibling group is separated at initial placement, the Worker shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts will be documented and maintained in the case file. Any exceptions shall have the COR ASWS and RD's approval.

5. Arrange for siblings who are separated to have a minimum of monthly face-to-face visits, specified on a visitation plan, and documented in MACWIS. Any time a face to face visit cannot be arranged, the children should have contact through phone calls or letters.

6. Develop with the parent, child, resource parents, and other involved parties, a visitation plan. The visitation schedule must be clearly documented in MACWIS.

7. Coordinate case planning and service provision activities with service providers in order to ensure that services match needs, and to monitor the effectiveness of service provision in facilitating and supporting reunification.

8. Conduct diligent searches for absent parents, primary caretakers, relatives (maternal and paternal) and other individuals who have significant connections to the child.

9. Refer for paternity to be established, if questionable.

10. Maintain monthly face-to-face contact with birth parents to assess service delivery and achievement of service goals, progress in achieving FSP, safety issues in the home, and determine what other services are needed to accomplish reunification.

11. Inform the parents of any changes in the child's circumstances, major illnesses and/or hospitalizations during placement, changes in placement, school performances, emotional difficulties, health, etc.

12. Inform the parents of their responsibility to financially support the child while in foster care, if ordered by the court, per MISS. CODE ANN. §43-15-17.

13. Documentation in the case record in MACWIS shall reflect opportunities provided to the parents in support of reunification including:

    - Involvement in service planning and access to needed services;
    - Constructive visitation and on-going contact with the child;
    - Reduction of barriers to contact, visitation, and involvement in the child's care; and
    - Use of resources to prepare the family for reunification.

For each child who has a permanency goal of reunification DFCS shall provide, subject to approval of the Youth Court such child with a ninety (90) day trial home visit, unless that child had been in custody for less than ninety (90) days. A DFCS Worker shall meet with the child privately at least 2 times per month.

A FTM shall be held when a recommendation has been made to return a child to his/her home or to place a child in the custody of the relative with the following participants:

- DFCS Worker,
- DFCS Worker's Supervisor,
- Worker from private agency, if applicable
- Foster parents (unless DFCS determines their attendance would be inappropriate)
- Biological parents or relative assuming custody, and
- The child

The Aftercare Plan includes the following:

- Services necessary to ensure the conditions leading to the foster child's placement in foster care have been addressed,
- Child safety and stability will be addressed,
- DFCS will provide or make appropriate referrals to identify services necessary to support the child during the trial home visit,
- Final discharge meeting shall include the child's Worker, Worker's Supervisor, child and parent/relative/guardian assuming custody. The following will be included in the meeting:

1. Progress during the home visit will be discussed.
2. Whether a recommendation will be made to return the child to the parent/relative/guardian.
3. If final discharge is appropriate a court hearing is requested for DFCS to be relieved of custody. (refer to Planning Case Closure)

b) Achievement Criteria- Reunification

Reunification will be considered achieved when legal and physical custody is returned to a parent or primary caretaker from whom the child was removed, and the state no longer has legal custody, care or control of the child.

3. Custody with a Relative

If it appears that placement is needed and reunification is not feasible within a short period of time, the first choice for placement is with relatives. When a child is placed out of the home, it should be in the most familiar environment possible.

When the child's permanent or concurrent plan is custody with a relative, the Worker shall be seeking to identify relatives for the placement of the child.

"Relative other than the one from whom he/she was removed" includes but not limited to step-parents, biological mother or father and other relatives who were not the principal caregivers at the time of the removal.

a) Worker's Responsibilities in Achieving Custody with a Relative

1. Enlist the family's cooperation in identifying all possible relative resources (in and out-of-state) and make contact with them in a timely manner.

The Worker must conduct a diligent search for birth parents and all relatives prior to removal, if possible, or immediately after removal of child, and continue the search during the child's time in custody.

2. Conduct a home evaluation including police and background checks of any and/or all relatives who are being considered. The home evaluation must include an assessment of the safety of the home.
3. Document in MACWIS all efforts to engage families in the planning and development of child's permanent goals.

4. Obtain approval of the plan from the court.
5. Provide support, referrals and/or financial services, when accessible and/or available.
6. Inform the court of the relatives' interest and ability to assume custody.

b) Achievement Criteria – Custody with a Relative

DFCS must supervise the placement for twelve (12) months before the recommendation for Durable Legal Custody is made to the court. The goal is achieved when legal and physical custody of the child has been granted to the relative.

4. Durable Legal Custody or Legal Guardianship

a) Durable Legal Custody

No child shall be assigned a permanency goal of durable legal custody unless there are documented efforts in the child's case record to move the child to adoption and documentation of a reasonable basis why it is in the child's best interests not to be considered for adoption.

"Durable Legal Custody" means the legal status created by a court order which gives the durable legal custodian the responsibilities of physical possession of the child and the duty to provide him with care, nurture, welfare, food, shelter, education and reasonable medical care. All these duties, as enumerated, are subject to the residual rights and responsibilities of the natural parent(s) or guardian(s) of the child or children. MISS. CODE ANN. §§ 43-21-105(y).

If the court finds that temporary relative placement, adoption or foster care placement is inappropriate, unavailable or otherwise not in the best interest of the child, durable legal custody may be granted by the court to any person subject to any limitations and conditions the court may prescribe; such durable legal custody will not take effect unless the child or children have been in the physical custody of the proposed durable custodians for at least one (1) year under the supervision of DFCS. MISS. CODE ANN. §§ 43-21-609(d)

Reviews are not to be conducted unless explicitly ordered by the youth court concerning those cases in which the court has granted durable legal custody. In such cases, the Department of Human Services shall be released from any oversight or monitoring responsibilities, and relieved of physical and legal custody and supervision of the child. MISS. CODE ANN. §§ 43-21-613(d)

b) Legal Guardianship

SEC. 475. (7) *[42 U.S.C. 675]* defines legal guardianship as "a judicially created relationship between child and caretaker which is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision making. The term 'legal guardian' means the caretaker in such a relationship."

DFCS will be released from any oversight or monitoring responsibilities in either Durable Legal Custody or Legal Guardianship unless ordered otherwise by the court. The birth parents maintain their parental rights.

c) Worker's Responsibility in Achieving Durable Legal Custody and/or Legal Guardianship

The Worker will have the following responsibilities in achieving durable legal custody and/or guardianship:

1. Enlist the family's cooperation in identifying all possible relative resources (in and out-of-state) and make contact with them in a timely manner. The Worker shall conduct a diligent search for the birth parents and all relatives prior to the removal of the child, immediately after removal of child, or at least during the child's first two months in custody and continue the search during the child's time in custody.
2. Assure that a home evaluation including police and background checks of any and/or all relatives who are being considered, has been completed. The home evaluation must include an assessment of the safety of the home.
3. Discuss alternate permanency options, including adoption, with all parties involved in terms they understand to ensure that this is the most appropriate option available for this child. (see Section G for further explanation on the role of Adoption Specialist.)
4. In conjunction with the child, relatives and parents, develop an FSP which identifies activities to be performed by all parties.
5. Document all efforts to engage families in the planning and development of child's permanent goals.
6. Inform the court of the identified individuals' interest and ability to assume durable legal custody and/or legal guardianship.
7. Obtain approval of the goal from the court.

8. Provide support such as referral, financial services, and/or other follow up services to secure the placement.
9. Complete the Durable Legal Custody Agreement with the legal guardians designated by the court.

d) Achievement Criteria - Durable Legal Custody or Legal Guardianship

Durable Legal Custody or Legal Guardianship is achieved after the court grants custody to the placement resource. No further review hearings are necessary. DFCS is relieved of custody of the child and from any oversight or monitoring responsibilities unless otherwise ordered by the court.

5. Adoption

Each family's situation shall be evaluated to determine if adoption is the most appropriate plan. If it is determined to be in the child's best interest, a referral for Termination of Parental Rights (TPR) shall be made.

MISS. CODE ANN. § 43-15-13(3) states

…For any child who has been in foster care for fifteen (15) of the last twenty-two (22) months regardless of whether the foster care was continuous for all of those twenty-two (22) months, department shall file a petition to terminate the parental rights of the child's parents. The time period starts to run from the date the court makes a finding of abuse and/or neglect or sixty (60) days from when the child was removed from his or her home, whichever is earlier.

The department can choose not to file a termination of parental rights petition if the following apply:(a) The child is being cared for by a relative; and/or (b) department has documented compelling and extraordinary reasons why termination of parental rights would not be in the best interests of the child. Before granting or denying a request by department for an extension of time for filing a termination of parental rights action, the court shall receive a written report on the progress which a parent of the child has made in treatment, to be made to the court in writing by a mental health/substance abuse therapist or counselor.

Federal Requirement: 42 U.S.C. 675

E.) In the case of a child with respect to whom the permanency plan is adoption or placement in another permanent home, documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement (APPLA) and to finalize the adoption or legal guardianship. At a minimum, such documentation shall include child specific recruitment efforts such as the use of State, regional and national adoption exchanges including electronic exchange systems to facilitate orderly in state in-state and interstate placements.

If Reunification, Durable Legal Custody or Legal Guardianship cannot be accomplished, the family situation must be evaluated regarding legal grounds for TPR.

If there are legal grounds for TPR, a referral must be made to the Permanency unit. If a parent wants to relinquish his/her rights to a child or children, permission must be received from the Permanency Unit prior to accepting a Voluntary Surrender of Parental Rights MDHS-SS-459. If county staff needs assistance in determining the sufficiency of legal grounds, a referral should be made to the Permanency unit asking that such a determination be made.

a) COR's Responsibilities in Achieving Adoption

The COR Worker shall have the following responsibilities in achieving Adoption:

- Recognize, through concurrent planning, when adoption appears to be the most appropriate and feasible goal for the child.
- Engage parents in a discussion on optional voluntary surrender of their parental rights. If the parents want to surrender, obtain permission from the Director of Permanency Unit prior to the parents signing any documents.
- Prepare and submit to the Worker's ASWS a complete TPR referral within thirty (30) calendar days after adoption becomes the permanent goal.
- Discuss the goal of adoption with the child, parents and Resource Parents. Ascertain if the Resource Parents are interested in adopting the child.
- Assist in preparation of child and family for adoption.

- Notify the Regional Resource Supervisor within 3 calendar days of the child's primary permanent plan becoming adoption.
- Update the FSP and request Adoption COS.

b) Adoption Specialist's Responsibilities in Achieving Adoption

Within 3 calendar days of_receipt of notice of a child's primary permanent plan becoming "adoption", the Regional Resource Supervisor will assign an Adoption Specialist to begin the process of locating an appropriate adoptive placement for the child.

Within fifteen (15) calendar days of the permanent plan becoming "adoption", the Adoption Specialist will convene an Adoption Planning Meeting with the COR Worker, the COS Worker, (if different), the Adoption Specialist assigned to the child and the appropriate ASWSs. Other staff may be invited. The purpose of this meeting is to develop separate service plans for the child, the birth family and the adoptive family. Each plan includes:

- Goals,
- Desired outcomes,
- Services to be performed and by whom, and
- The time frames in which the tasks will be completed.

Issues which might be addressed in the service plans include, but are not limited to:

- A comprehensive child assessment,
- The role of birth family in the child's future,
- Life book preparation,
- Completion of any medical or dental treatments for the child,
- Determination that the child has an adequate supply of clothing,
- TPR, either voluntarily or through court action,
- Compilation of documents needed for legal action, and
- Discussion with Resource Family regarding their interest in adopting the child.

Assure the goals of the service plans are met within the specified time frames.

Convene Adoption Status Meetings with the DFCS Worker, and the worker's supervisor in the following frequencies: weekly for infants from birth to twelve (12) months; monthly for all other children awaiting adoptive placement. The purpose of these meetings is:

- Review the progress of the Adoption Plan,
- Identify barriers, and
- Develop strategies to overcome the barriers in order to achieve the goal of adoption.

The Adoption Status Meeting shall be documented in the child's case record in MACWIS within 5 working days by the Adoption Specialist.

As a part of the adoption plan, the Adoption Specialist will complete an Assessment and Preparation process with the child. During this process, the Adoption Specialist shall discuss with the Resource Family and the child the possibility of adoption by the current Resource Family. The Resource Family shall be informed of the child's potential eligibility for Adoption Assistance and enter documentation of this discussion into the child's and Resource Parents' file in MACWIS.

If the current Resource Family will not or cannot adopt the child, the Resource Unit will proceed to identify an adoptive family for the child and will make every effort to place the child in a permanent adoptive home within ninety (90) calendar days of the primary plan becoming adoption. These efforts, include informing all identified potential adoptive families of the child's potential eligibility for Adoption Assistance, and shall be entered in to the narrative section of both the child's and Resource Parents' files in MACWIS. If the child is not legally free for adoption, she/he will be placed with an adoptive family who is willing to accept a Legal Risk Placement.

Once a placement has been identified, obtain approval of the proposed placement from COR supervisor prior to beginning pre-placement activities.

Coordinate with COR/COS, the pre-placement visits and activities between the child and the pre-adoptive family.

Coordinate the actual placement with the family, which will begin with the sharing of information about the child with the family and information about the family with the child. If appropriate, the family will be given an opportunity to consult with their own attorney about the risks involved and if the child is not legally free for adoption.

A series of pre-placement visits will be coordinated, and when both the child and family are comfortable with proceeding with the placement, the family will sign either the Adoption Placement Agreement or the Legal Risk Placement Form.

Provide written notification of the placement to the COR and COS, if appropriate.

Supervise the adoptive placement and communicate with the COR via regular supervisory reports of the placement.

c) Documentation of Efforts to Adopt

For every child whose permanency goal is adoption, the Resource Specialist will document in child's narratives monthly, the steps taken to find an adoptive family or permanent home. The documentation must include child specific recruitment efforts such as Adoption Resource Exchange, internet, newspaper, adoption picnic, media and/or other efforts.

Publication of a child's picture in recruitment efforts may not occur until the child is legally free for adoption- not just when the plan is adoption.

d) Achievement Criteria - Adoption

The goal of adoption is considered achieved when the child is placed with an adoptive family and the adoption has been finalized. The COR Worker will document in MACWIS the dates in the legal history detail tab.

e) Another Permanent Plan Living Arrangement (APPLA)

The ASFA created Another Planned Permanent Living Arrangement (APPLA) as the least preferred permanency option for children. APPLA is not intended to be a catch all for whatever plan is needed, but is a "living arrangement that is truly planned and permanent in nature."

"Planned" means the arrangement is intended, designed, considered, premeditated, or deliberate.

"Permanent" means endearing, permanent, or stable.

"Living arrangement" includes not only the physical placement of the child, but also the quality of care, supervision, and nurturing the child will receive. While living arrangements might not be a specific residence or facility it does imply certain stabilizing features.

If DFCS concludes, after considering reunification, adoption, durable legal custody, and permanent placement with a relative, that these permanency plans are inappropriate or unavailable for a child, DFCS may assign a permanency goal of Another Permanent Planned Living Arrangement (APPLA) for the child. In such circumstances:

1. the child must be at least 16 years old and
2. DFCS must document to the youth court a compelling reason, as of the date of the hearing, why this permanency goal is in the best interest of the child and more appropriate than reunification, adoption, durable legal custody, or permanent placement with a relative as subject to section 475A(a) of the Social Security Act.

APPLA will either involve a permanent adult caregiver of the child or at least adult parent figures playing permanent and important roles in the child's life. The decision and development of an APPLA should include the following:

- Parent(s)
- Placement provider
- Youth
- DFCS COR/COS Worker
- Guardian Ad Litem
- COR ASWS

D. Reviews

1. Supervisory Administrative Review

The DFCS Supervisory Administrative Review (SAR) is an administrative review that meets the requirements of MISS. CODE ANN. § 43-15-13(3), which require that all open cases have a supervisory review.

The SAR is completed in MACWIS at the following intervals by the COR Supervisor:

1. Initially, the SAR is required within ninety (90) calendar days after opening a placement case,
2. A SAR shall be completed at the fifteen out of twenty-two month interval, and
3. Every 12 months following the 15 month SAR.

The SAR consists of a review of the electronic and paper files as well as an individual conference with the assigned COR Worker. This review shall be printed, signed and filed in the paper case record.

2. Special Permanency Reviews

A special permanency review shall be held for all children who have been in custody for 15 of the most recent 22 months without an ASFA exception or for whom a TPR petition has not been filed.

- The special permanency review shall be held by the 15th of each month.
- The review should be scheduled by the ASWS with attendees including: the assigned Worker, assigned ASWS, and another licensed social Worker who is not involved in the direct supervision of the case and who has expertise in the area of permanency.
- This should be documented in the MACWIS narrative and all participants should be included in the participant box.
- The review should produce a written plan of action regarding the steps to be taken by DFCS, and/or any other provider of services, in order to achieve permanency in a timely manner.
- The case plan should be updated paying special attention to permanency barriers.
- These special reviews shall be held until all barriers to permanency have been resolved, a TPR petition has been filed, or an available ASFA exception has been documented in the case record.

3. Foster Care Review (FCR)

The COR should discuss the Foster Care Review (FCR) process with all families of children in DFCS custody, preferably during the FTM held within thirty (30) calendar days of the opening of the case or during a subsequent FTM. If the grandparents and placement providers are not present at the FTM when the FCR process is discussed, the COR Worker shall discuss the process with these parties either by phone or letter.

The FCR process should be discussed verbally with children in DFCS custody in words which can be easily understood. If a child is placed outside the COR, assistance may be requested from the COS in preparing the child.

The following points should be included in the discussion:

- Understanding the child's anxiety about his/her future
- The purpose of the County Conference (which is to discuss plans for the child and the parents)
- The persons who may attend the County Conference
- The child's right to decide if he/she wishes to attend and /or participate in the County Conference. (Note: See 3(a) below for criteria related to "County Conference")

In addition, the following are caseworker responsibilities related to the FCR's:

- Sending out invitations and preparing the participants for FCR;
- Updating the FSPs and all other pertinent case information;
- Filing loose case material in the case record;
- Documenting the case review in a case narrative in MACWIS;
- Submitting the case record to the ASWS for review;
- Making diligent efforts to arrange for a translator to be present for any meeting including FCR, that involves a child or parent who does not speak or comprehend English or who is hearing impaired.

The supervisor's case review will also be documented in a case narrative in MACWIS.

The COR will make diligent efforts to arrange for a translator to be present for any County Conference involving a child or parent who does not speak or comprehend English or who is deaf.

a) County Conference (a/k/a Foster Care Review Conference)

A County Conference is a key element in Family Centered Practice.

County Conferences give the family a formal opportunity to discuss the child's permanent plan, discuss what the parents have accomplished on their own FSPs and state their ideas and future plans. The Worker has an opportunity to discuss the parent's progress toward achieving permanency goals.

Participation in the County Conference by children and youth in DFCS custody, ages 6 and above, is encouraged.

The role of a Foster Care Reviewer is that of an objective collector and presenter of information, an objective moderator at County Conferences, and to assist the RD, ASWS, and Worker in identifying strengths and areas needing improvement in foster care cases.

The County Conference is scheduled and facilitated by the Foster Care Reviewer. It is usually held in the COR. The COR will provide a conference room or other appropriate space for the County Conference to be held. The assigned Worker, ASWS, or designee is responsible for seating and introducing any invited participants.

b) During the County Conference:

- The Foster Care Reviewer, who serves as the facilitator, will explain the purpose of the conference to the assembled participants and ask everyone to sign a Confidentiality statement. (see Appendix Q)
- The assigned Worker, ASWS, or designee, will explain the county's permanent plan for the child and what must be done to achieve that plan.
- The parent, the child, and other participants will be encouraged to share their thoughts and plans with the Reviewer and the group. Every participant will be given an opportunity to be heard and to ask questions.
- The Foster Care Reviewer will take notes of what is said by each participant so that a summary of what is discussed can be documented in the Youth Court Hearing and Review Summary (YCHRS) and provided to the court.

The Reviewer will use information gathered from the case record (in MACWIS and the paper file) and from information gathered during the County Conference to complete the Periodic Administrative Determinations (PAD) on Children in DFCS's Custody. The PAD contains the determinations mandated by law and other determinations related to the child's safety, permanency, and well-being.

The Reviewer will also complete the required review screens in MACWIS within **ten (10) calendar** days of the County Conference. The information entered on these screens will be compiled to produce the County Conference (Foster Care Review Conference) Report, also known as the Youth Court Hearing and Review Summary (YCHRS).

c) Legal Basis

(1) State

Pursuant to MISS. CODE ANN. § 43-15-13(3), DFCS is required to administer a system of individualized plans and biannual review for children in its custody. That system shall be for the purpose of enhancing potential family life for the child by the development of individual plans to return the child to its natural parent or parents, or to refer the child to the appropriate court for TPR and placement in a permanent relative's home, adoptive home or foster/adoptive home.

(2) Federal

The enactment of the *Adoption Assistance and Child Welfare Act* of 1980 (P.L. 96-272) amended the Social Security Act to require that DFCS conduct an administrative case review at least once every six months for each child in DFCS custody. The law mandates that the child, his parents, and their representatives be allowed to participate in the review and that procedural safeguards to protect their rights be maintained. *The Social Security Act Amendments* of 1994 (P.L. 103-432) expanded the determinations which must be made by the reviews.

(3) Provisions for Both Laws

The intent of both laws is to promote permanency planning for children by returning the children to their own home, placing them with relatives, or freeing them for adoptive placement.

The federally mandated purpose of the FCR process is to address:

- Appropriateness of the permanent plan;
- Safety of the child,
- Continuing need for placement,
- Appropriateness of placement setting,
- Level of restrictiveness (including why an out-of-state placement is most appropriate and in the best interest of child);
- Extent of compliance with the case plan for the child;
- Extent of progress made toward alleviating or mitigating the causes necessitating the placement of the child in foster care; and

- Estimated date by which a permanent plan can be achieved and the child may be returned and safely maintained, or placed for adoption or legal guardianship (durable legal custody) and
- For youth, 16 and older and the permanency plan is APPLA, determine the steps the agency is taking to ensure the resource parent(s) or child placing agency is following the reasonable and prudent parent standard and ascertain the youth has opportunities to engage in age or developmentally appropriate activities.

MISS. CODE ANN. 43-15-13 (3) additionally mandates that the Foster Care Review will address:

- Extent of the care and support provided by the parents or parent while the child is in temporary custody;
- Extent of communication with the child by parents, parent or guardian.
- Degree of compliance by DFCS and the parents with the social service plan established;
- Methods of achieving the goal and the plan establishing a permanent home for the child;
- Social services offered and/ or utilized to facilitate plans for establishing a permanent home for the child; and
- Relevant testimony and recommendations from the Resource Parent of the child, the grandparents of the child, the GAL of the child, representatives of any private care DFCS which has cared for the child, the social Worker assigned to the case, and any other relevant testimony pertaining to the case.

As a result of the FCR, mandated determinations are made based on the administrative review of the case, comments made during the County Conference, assessments and recommendations made by the COR.8

d) DFCS Compliance

(1) Invitations

The COR must invite the following persons to the child's County Conference:

- All of child's Parents (including alleged or putative fathers). If any parent's whereabouts are unknown, diligent efforts to locate him/her must be documented and an invitation mailed to the last known address. These efforts include but are not limited to:
    - Contacting relatives;
    - Sending a letter addressed to the parent in care of a relative at the relative's address;
    - Checking with the Division of Economic Assistance (including MAVERICS) and the Division of Child Support (including METSS and Parent Locator services);
    - Searching the telephone directory and the city directory;
    - Contacting all local law enforcement offices; and
    - Using the internet to check for location of incarcerated parents (www.mdoc.state.ms.us, then select inmate search).
- The subject child(ren)(regardless of age), must be allowed to attend if they want to; however, they are not required to attend.
- All of the child(ren)'s grandparents shall be invited to participate in the County Conference. MISS. CODE ANN. § 43-15-13(5)(f), provides that grandparents of the child(ren) should be present at the review to give relevant testimony. DFCS shall take reasonable steps, including written notice, to ensure the participation of the child, parents, caregivers, and relevant professionals in the review.
- The child's GAL and/or child's attorney must be invited to participate in the County Conference.
- The COS must be invited to participate in the County Conference if the child is placed outside the COR. The Resource Worker/Adoption Worker shall attend the conference and provide information regarding the child.
- Any other agency staff providing services for the child.

No attorneys except those representing the child(ren) in DFCS custody, are invited. The only attorneys permitted to attend the County Conference are the attorney for the child and/or the attorney(s) for the parents.

(2) Exceptions to Invitations

Invitations should not be sent to parents who have voluntarily surrendered their parental rights or whose parental rights have been terminated by court action. MISS. CODE ANN. § 43-15-13 (10) refers to exception to written notice.

When the parent has voluntarily surrendered parental rights, or had parental rights terminated by court action, his/her parents (who would be grandparents to the child) do not have to be invited but the COR may choose to invite these grandparents. However, Grandparents who have the child placed with them must be invited (as placement providers) even if the parents have voluntarily surrendered their parental rights or had their parental rights terminated by court action.

(3) "No Contact" Orders

If there is a standing judicial "no contact", the foster child must still be invited to and allowed to attend and participate in the County Conference, but not at the same time as the County Conference to which the parents are invited. When there is a no contact order, the COR and the Foster Care Reviewer must coordinate to schedule at a different time a separate County Conference to which the child will be invited.

(4) Time Frames for Invitations

Ten (10) calendar days prior written notice of the upcoming County Conference is required to for all parties. Copies of the invitations should be placed in the paper file. If all parents and grandparents have not been identified on either the Relationships icon in MACWIS or on Form 410 Family Resources for Children, the Worker shall, on the copies of the invitations filed in the paper record, indicate the relationship to the child of each person invited.

e) Documentation of the Review in Case Record

MISS. CODE ANN., 43-15-13(f) law also mandates that each child's case plan shall be filed with the court which awarded custody, and be made available to natural parents or Resource Parents upon approval of the court. It also requires the court to make a finding every 6 months as to the degree of compliance by DFCS and the parents with the service plan for the child.

The Foster Care Reviewer has **ten** (10) calendar days to submit to the COR the determinations and comments in Part B of the YCHRS. Part B is the documentation of the comments made during the County Conference.

The COR Worker then has **ten** (10) calendar days to complete Part C of the YCHRS and submit to the Supervisor for approval.

Part C should be completed as if the Worker is completing a court report. Even though the last tab of Part C is identified in MACWIS as "DFCS Assessment", that tab should be completed as DFCS's recommendation to the court and that is how that section is identified once the report is printed prior to filing it with the court.

The Supervisor or his/her designee must approve the report within **ten** (10) calendar days and ensure a copy is filed with the court and a stamped copy is placed in the paper record.

f) Corrective Action

The Foster Care Reviewer will notify the ASWS and the assigned Worker of any serious case issues that may require immediate corrective action. Confirmation of notification will be sent in writing by the Foster Care Reviewer to the ASWS, RD, COR Worker, FCR Program Manager/Administrator and FCR DFCS Director II.

The assigned Worker and ASWS will submit a report to the RD with a copy to the Field Operations Director concerning action taken to address the concern.

After receiving the Periodic Administrative Review (Form 4253), the ASWS and the assigned Worker will complete a case staffing which should be documented in MACWIS. The case staffing will detail any corrective action required as a result of Form 4253 notations.

The RD will pull a random list from the names on the Periodic Administrative Reviews and will view the MACWIS case record for documentation of case staffing and to determine if actions were completed.

g) Filing the Review Report with the Court

The following items are to be submitted to the court or jurisdiction no later than forty-five (45) calendar days from the date of the County Conference:

- The original plus 1 copy of the YCHRS report (part A, B, and C), plus one copy;
- The Child's Individualized Service Plan;
- The Adult (parental) Individualized Service Plan (if applicable);

- A cover letter, asking the clerk of the court to file the original report, stamp the copy "Filed", and return the copy, along with a copy of the filed Six Month Review Order, or any other order which the judge issues as a result of making the finding which is mandated in MISS. CODE ANN. § 43-15-13 (4).

4. Court Hearings

a) Shelter Hearing

A Shelter Hearing is held when a child has been taken into temporary custody and must be held within forty-eight (48) hours, excluding Saturday, Sundays, and statutory state holidays. Reasonable oral or written notice of the time, place and purpose of the hearing shall be given to the child; to his/her parent, guardian or custodian; to his/her GAL, if any; and to his/her counsel. At this hearing all parties present shall present evidence and cross-examine witnesses produced by others to ascertain whether custody is necessary.

b) Adjudicatory Hearing

MISS. CODE ANN. § 43-21-551(1), states that "Unless the hearing is continued upon a showing of good cause or the person who is subject to the cause has admitted the allegations of the petition, an adjudicatory hearing shall be held within ninety (90) calendar days after the filing of the petition to determine whether there is legally sufficient evidence to find that the child is a delinquent child, a child in need of supervision, a neglected child or an abused child. If the adjudicatory hearing is not held within the ninety (90) calendar days, the petition shall be dismissed with prejudice."

c) Disposition Hearing

MISS. CODE ANN. § 43-21-601(1), states that "If the child has been adjudicated a delinquent child, a child in need of supervision, a neglected child or an abused child the youth court shall immediately set a time and place for a disposition hearing which shall be separate, distinct and subsequent to the adjudicatory hearing. The disposition hearing, however, may be held immediately following the adjudicatory hearing unless a continuance is necessary to allow the parties to prepare for their participation in the proceedings." The judge makes a determination at this hearing whether the child will be returned to the parent(s), legal guardian, or relative or remains in the custody of DFCS.

d) Permanency Plan, Updating and Review

A child's permanency plan shall be reviewed in a court or administrative case review at least every six months. Foster care reviews shall satisfy this administrative case review requirement. DFCS will take reasonable steps, including written notice, to ensure the participation of the child, parents, caregivers, and relevant professionals in court or administrative reviews.

DFCS will take reasonable steps to ensure that a court review, which may be called a review, dispositional, or permanency hearing, is held for each child in foster care custody within 12 months of initial placement, and annually thereafter.

DFCS shall review all documented exceptions under the federal Adoption and Safe Families Act (ASFA) for children who have spent more than 17 of the previous 22 months in foster care during the child's foster care review.

e) Permanency Hearing

A Permanency Hearing is an official meeting, inside a court or administrative body, for the purpose of determining a child's permanency plan and/or reviewing the sufficiency of the one previously decided upon. Specifically U.S.C. 675 §475(5)(c) defines the purpose as *"...{to} determine the permanency plan for the child...". The purpose of permanency hearings, in general, is to compel a resolution of the case so the child does not remain indefinitely "in the system."*

MISS. CODE ANN. § 43-15-13(5), as amended, and 42 D.S.C.675§ 475(5) (C), provide the following with regard to who holds permanency hearings—"*the youth court or its designee(s) and/or the personnel within the Department of Human Services (MS Code) and "in a family or juvenile court or another court(including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court " (§475(5)(c)*

42 U.S.C. 675, § 475(5)(B) states "*the status of each child is reviewed periodically but no less frequently than once every six months by either a court or by an administrative review*." These reviews may be labeled by the reviewing as a "Six Month Review Hearing", a "Dispositional Hearing" or a "Permanency Hearing", but note - there is a difference between a Permanency Hearing and any other review of the case.

42 U.S.C. 671 § 471provides that the court or administrative body must make a findings of whether or not reasonable efforts have been made to finalize a permanent plan, and MISS. CODE ANN. § 43-15-13(8), maintains that DFCS' "*first priority shall be to make reasonable efforts to reunify the family when temporary placement of the child occurs or shall request a*

finding from the court that reasonable efforts are not appropriate or have been unsuccessful." A determination shall also be made as whether such placement continues to be appropriate and in the best interest of the child.

DFCS shall provide the youth court with jurisdiction over the child, a detailed up-to-date report on the current status of the child's placement, visitation, permanent plan progress, and service needs.

(1) Purpose of Hearing

"Permanency Hearing" is defined in 42 U.S.C. 675, § 475(5)(C) as being a *"...hearing to be held, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F)) (and not less frequently than every 12 months thereafter during the continuation of foster care), which hearing shall determine the permanency plan for the child…*" After the initial permanency hearing, subsequent permanency hearings must be held no less frequently than every 12 months during the child's continuation in foster care.

(2) Timeline

MISS. CODE ANN. § 43-21-603(7) requires that: "*Once the reasonable efforts [to maintain the child in his/her own home] requirement is bypassed, the court shall have a permanency hearing under Section 43-21-613 within thirty (30) days of the finding*."

MISS. CODE ANN. § 43-21-613(3)(a) requires that: "*…For children who have been adjudicated abused or neglected, the youth court shall conduct a permanency hearing within twelve months after the earlier of (i) an adjudication that the child has been abused or neglected; or (ii) the date of the child's removal from the allegedly abusive or neglected custodian/ parent…*"

And MISS. CODE ANN. § 43-21-613(3)(a)(ii) further requires: "*…that the youth court shall continue to conduct permanency hearings for a child who has been adjudicated abused or neglected at least annually thereafter for as long as the child remains in the custody…*"

A written court order shall result from the review hearing. It must show that a determination was made about the future status of the child, including, but not limited to, whether the child shall:

1. Be returned to the parent(s),
2. Shall be continued in foster care for a specified period of time, or
3. Be placed for adoption.

The Worker must request the Permanency Hearing in MACWIS sixty (60) calendar days prior to the hearing due date.

(3) Who Should Be Invited

DFCS is directed to invite parents and/or legal guardians, foster, adoptive or relative-care parents, and grandparents to the review hearings, and any proceedings held with respect to the child in foster care pursuant MISS. CODE ANN. § 43-21-603(5) (e). However others who may have "relevant testimony" may be invited:

- Child
- Parent(s)-birth, legal, putative, primary caretaker, adoptive or Resource Parents
- Relatives with legal custody or other custodial adults
- Extended family members
- Assigned Worker and supervisor
- County Prosecuting Attorney
- Attorney for the child and/or GAL
- Court Appointed Special Advocate (CASA)
- Law enforcement officers
- Service providers
- Other witnesses

(4) Worker's Responsibilities for Hearings and Notification of Hearings

(Some courts require this to be handled differently. It is advisable to check with your court for any local rules that are applicable)

- Notification Types include the following:

- Telephone Call
- Letter
- Summons and/or Subpoena
- Face-to-face notification

Documentation should be provided to the court by the Worker regarding who provided notice and what type of notification was used.

5. Termination of Parental Rights

Termination of parental rights (TPR) ends the legal parent-child relationship. TPRs may be effectuated via voluntary relinquishment of rights by the parent(s) or by a judicial finding by the court after parental due process.

After their child(ren) have been placed into DFCS custody, parents have a six-month period of time to work with the COR and complete an adult FSP for the benefit of the child. If the FSP is not satisfactorily completed within six months and if there are no compelling reasons to extend the FSP, DFCS may initiate a referral for TPR. (see MISS. CODE ANN. § 43-15-13(3-4)).

According to MISS. CODE ANN. § 43-15-13(4), DFCS may initiate TPR as follows:

If the conditions in the parents' FSP has not been satisfactorily met,

- *For children under the age of three (3) years, termination of parental rights shall be initiated within six (6) months, unless the department has documented compelling and extraordinary circumstances, and placement in a permanent relative's home, adoptive home or foster/adoptive home within two (2) months; and*

- *For children who have been abandoned under the provisions of Section 97-5-1, termination of parental rights shall be initiated within thirty (30) calendar days in an adoptive home shall be initiated without necessity for placement in a foster home.*

Per MISS. CODE ANN. § 43-15-13(3), DFCS shall initiate TPR proceedings: *"For any child who has been in foster care for fifteen (15) of the last twenty-two (22) months regardless of whether the foster care was continuous for all of those twenty-two (22) months… The time period starts to run from the date the court makes a finding of abuse and/or neglect or sixty (60) calendar days from when the child was removed from his/her home, whichever is earlier".*

The Worker shall inform parents of the following facts:

1. The rights and relationships of the birth parents (as well as all other biological relatives) will be legally and completely severed from the child. The parents and extended family will no longer have legal right to talk to, visit or have contact with the child(ren) when parental rights are surrendered.
2. When adopted the child will legally become a part of a new family.
3. A voluntary release of the child signed by the birth parents is generally irrevocable.

Parents must be informed of the process DFCS follows to terminate their parental rights. They must also be informed of their rights to an attorney and be offered a referral to supportive counseling.

If parents voluntarily surrender their rights, they must be asked if they understand the consequences of the surrender. DFCS may accept a voluntary surrender, regardless of the parent's age (MISS. CODE ANN. § 93-15-103 (2)), unless that parent is *non compis mentis* and/or committed to a psychiatric hospital for the mentally ill or mentally retarded.

a) Legal Basis

MISS. CODE ANN. § 93-15-103 through 93-15-111 provides the procedures and grounds for the TPR.

MISS. CODE ANN. §§ 43-15-13(3) and (4) provides additional circumstances under which TPR may be initiated.

MISS. CODE ANN. § 43-21-121 provides for the appointment of a Guardian Ad Litem (GAL) to protect the interest(s) of the child.

MISS. CODE ANN. § 43-21-121(2) states that "the Guardian Ad Litem shall be appointed by the court when custody is ordered or at the first judicial hearing regarding the case, whichever occurs first".

b) Grounds

The grounds for TPR are based on one or more of the following eight factors which may be found at MISS. CODE ANN. § 93-15-103(3). The following grounds may apply singularly or in combination in any given case:

1. A parent has deserted without means of identification or abandoned a child as defined in MISS. CODE ANN. § 97-5-1;
2. A parent has made no contact with a child under the age of three (3) for six (6) months or a child three (3) years of age or older for a period of one (1) year;
3. A parent has been responsible for a series of abusive incidents concerning one or more children;
4. When the child has been in the care and custody of a licensed child caring agency or the Department of Human Services for at least one (1) year, that agency or the department has made diligent efforts to develop and implement a plan for return of the child to its parents, and:
   a. The parent has failed to exercise reasonable available visitation with the child; or
   b. The parent, having agreed to a plan to effect placement of the child with the parent, fails to implement the plan so that the child caring agency is unable to return the child to said parent;
5. The parent exhibits ongoing behavior which would make it impossible to return the child to the parent's care and custody:
   a. Because the parent has a diagnosable condition unlikely to change within a reasonable time such as alcohol or drug addiction, severe mental deficiencies or mental illness, or extreme physical incapacitation, which condition makes the parent unable to assume minimally, acceptable care of the child; or
   b. Because the parent fails to eliminate behavior, identified by the child caring agency or the court, which prevents placement of said child with the parent in spite of diligent efforts of the child caring agency to assist the parent;
6. When there is an extreme and deep-seated antipathy by the child toward the parent or when there is some other substantial erosion of the relationship between the parent and child which was caused at least in part by the parent's failure to visit or communicate, or prolonged imprisonment; or
7. When a parent has been **convicted** of any of the following offenses against any child:
   a. **Rape** of a child (per § 97-3-65).
   b. **Sexual Battery** of a child (per § 97-3-95(c)).
   c. **Touching** a child for lustful purposes (per § 97-5-23).
   d. **Exploitation** of a child (per § 97-5-31).
   e. **Felonious Abuse or Battery** of a child (per § 97-5-39(2)), or

f. **Carnal Knowledge** of step or adopted child or a child of a cohabitating partner (per § 97-5-41).

g. **Murder**, voluntary manslaughter, aided or abetted, attempted, conspired or solicited to commit such murder or voluntary manslaughter, or a felony assault that results in the serious bodily injury of the surviving child or another child of such parent; or

8. The child has been **adjudicated** to have been abused or neglected and custody has been transferred from the child's parent(s) for placement pursuant to MISS. CODE ANN. § 43-15-13, and a court of competent jurisdiction has determined that reunification shall not be in the child's best interest.

c) When to Initiate

DFCS is required to file a petition or join an existing petition to terminate parental rights and concurrently identify, recruit, process, and approve a qualified adoptive family:

1. When a child has been in custody for six (6) months and the parents or primary caretakers are not completing the FSP, and no compelling reasons to extend the six month time frame for completion of the goals and conditions of the FSP are present. (MISS. CODE ANN. § 43-15-13(4))
2. When a child (of any age) has been in foster care **15 of the most recent 22 months**, regardless of whether the foster care was continuous during those 22 months. A cumulative method of calculation should be used when a child has had multiple exits and entries into foster care during the 22 month period. Trial home visits and runaway episodes should not be used in calculating the 15 months in foster care. (MISS. CODE ANN. § 43-15-13(3)).
3. When a court has determined a child to be an abandoned infant, TPR shall be initiated within thirty (30) calendar days. (MISS. CODE ANN. § 43-15-201)
4. When a parent has been convicted of the following offenses against any child, pursuant to: (i) rape, (ii) sexual battery, (iii) touching for lustful purposes, (iv) exploitation, (v) felonious abuse or battery, (vi) carnal knowledge of a step or adopted child or a child of a cohabitating partner, (vii) murder of a child of such parent, voluntary manslaughter of another child of such parent, aided or abetted, attempted, conspired or solicited to commit such murder or voluntary manslaughter, or a felony assault that results in the serious bodily injury of the surviving child or another child of such parent, or (viii) a court of competent jurisdiction has determined that reunification shall not be in the child's best interest. (MISS. CODE ANN. § 93-15-103).

5. When the court of jurisdiction orders DFCS to proceed with TPR. (MISS. CODE ANN. § 93-15-103(3)).

d) Exceptions and Compelling Reasons not to File TPR

DFCS may choose not to file for TPR if any of the following apply and a court order is obtained:

1. The child is being cared for by a relative.
    a) Pursuant to 93-15-103(4), "legal custody and guardianship by persons other than the parent as well as other permanent alternatives which end the supervision by the Department of Human Services should be considered as alternatives to the termination of parental rights, and these alternatives should be selected when, in the best interest of the child, parental contacts are desirable and it is possible to secure such placement without termination of parental rights."
2. DFCS has documented compelling and extraordinary reason(s) why TPR would NOT be in the best interest of the child.
3. DFCS has not provided such services as it deems necessary for the safe reunification of the family (provided reasonable efforts are required to be made at all), or services were not available or accessible. (see 42 U.S.C. 671 § 471)

Compelling and extraordinary reasons may include but are not limited to the following:

a) As a result of a current assessment, DFCS has determined that a family setting will not meet the child's needs because of the child's severe emotional, behavioral or psychiatric needs. The case plan shall demonstrate that services have been put in place to address the problems that prevent the child from functioning in a family setting.
b) The child has a permanent disability which can be managed only with intensive assistance in a specialized setting (such as a residential group care setting, therapeutic foster home, or medical foster home) and
    1. The child's birth parent or other family member continues to be meaningfully involved in planning for the child, or
c) The parent(s) have made substantial progress in eliminating the problems causing the child's continued placement in foster care and there is a strong likelihood that the child will be able to return home safely with the next six (6) months.

All exceptions for compelling reasons must be approved by the assigned ASWS and the RD, and shall be documented clearly in the case record. Children who have been in care 15 of the last 22 months must have an exception noted or a TPR petition filed no later than the 17th month in care.

e) Worker Responsibilities

The COR Worker shall have the following responsibilities in obtaining TPR:

1. Make diligent searches to locate the parents; (see "f. Diligent Search" below)
2. Discuss with the Supervisor the documented evidence and circumstances of the case and the grounds for TPR, and obtain the Supervisor's approval to pursue TPR;
3. Initiate, through face-to-face contact, a discussion with the parents on voluntary surrender of parental rights, explaining thoroughly what TPR means for them and the child;
4. Inform the parents of DFCS's decision to pursue TPR, citing the grounds, documented evidence, and circumstances of the case. This includes the informing parent(s) that even if they are visiting with the child(ren) and are in the process of complying with an FSP for the return of the child(ren),DFCS is pursuing TPR and intends to obtain a TPR judgment;
5. Discuss the plan of adoption with the child, gaining the child's input/reaction to the decision to file a petition to TPR, and explain what the process means for the child. This discussion shall be held by the COR and if applicable by the COS;
6. Document the Adoption Discussion with the child in the Child's FSP under the "Initial/Review" tab in MACWIS.
7. Submit a TPR referral through MACWIS and a TPR packet to the Supervisor who will submit it to the RD.
    - The RD will send both an electronic and paper request to the Permanency Unit at the State Office.
    - The RD will approve the TPR request in MACWIS when the TPR packet is sent to the Permanency Unit.
    - The Permanency Unit will notify the Attorney General's (AG) office that a TPR packet has been sent.
8. Review the TPR petition for accuracy.
9. Sign the affidavit on diligent searches and return, within seven (7) calendar days to the AG's office.

10. Be knowledgeable of the case being referred for TPR and be prepared to testify in the TPR proceeding. In addition the COS may be called to testify on the case.
11. After the hearing the Worker will document results of the hearing in the child's case in MACWIS.
12. File a copy of the Judgment in the child's paper case and forward the document to the Permanency Unit.

When a child's primary permanency goal is established as adoption, DFCS shall submit a TPR packet to the State Office within 30 calendar days. Within 30 calendar days of receipt of the TPR packet by the State Office, the State Office shall:

- review the packet,
- remedy any deficiencies, and
- submit a TPR referral to the Office of the Attorney General.

Within 30 calendar days of such referral, the Office of the Attorney General shall either file the petition for TPR or document to DFCS a legal deficiency preventing timely filing. Within 10 working days of receiving documentation of a legal deficiency, the assigned DFCS Worker shall document to the Office of the Attorney General the steps to be taken to address the deficiency. The DFCS Worker and that Worker's direct supervisor shall meet in person every 30 calendar days thereafter to document progress being made to address the legal deficiency until a TPR referral has been accepted as legally sufficient by the Office of the Attorney General, who shall file the petition for TPR within 30 calendar days.

f) Diligent Searches

MISS. CODE ANN. § 43-15-13(3), states DFCS "shall make all possible contact with the child's natural parent(s) and any interested relative for the first two (2) months following the child's entry into the foster care system."

Possible sources for diligent searches include, but are not limited to:

1. Sending correspondence to all previous addresses;
2. Calling all previous telephone numbers posted in the case file;
3. Sending letters to General Delivery in a town or city where the Worker believes the parent to be residing but has no specific address;

4. Contacting motor vehicle registration;
5. Requesting a record check from local law enforcement;
6. Writing the State Department of Labor (local Employment Office), if Worker has a social security number;
7. Contacting prisons and/or state hospitals;
8. Contacting all known relatives, friends and previous employers;
9. Checking the telephone directory, county, and city directories;
10. Contacting utility and telephone companies;
11. Accessing the State and Federal Parent Locator Service through the Child Support Enforcement Office;
12. Accessing the Location Services through contact with the local post office;
13. Making a historical check through MACWIS; and
14. Utilizing Internet services.

The Worker should document all efforts to locate the **biological father** whose identity is unknown or whose identity is known but whose address is unknown.

g) TPR Packet Checklist

When submitting a TPR packet to the Permanency Unit, these items must include:

1. Birth certificate of child(ren) which includes the parent's names;
2. Attested copies of all court orders concerning the child(ren);
3. Any of Form MDHS-459 series, if applicable;
4. Psychological Evaluation of child(ren), if applicable;
5. All medical or psychological reports on parents, if available, including necessary medical releases;
6. Any summaries or court reports prepared on child(ren) or his/her family;
7. Copies of written parental FSPs, if applicable;
8. A recent color photograph of child(ren);
9. State Department of Health Form 913 (original), **with birth records attached**;

10. If a Form 459 is signed, State Department of Health Forms 914 and 915 (originals) must be included;
11. Additional items (ex. DNA test results, Social Security Cards);
12. AG's Office memorandum.

A copy of the completed/signed TPR Checklist shall be filed in the case file.

To prevent delays in processing the information, the county should submit a **complete referral** including all of the items listed above.

Upon receipt, a Permanency Unit Worker will:

- Date stamp and log the information,
- Make the appropriate number of copies,
- Set up a case record,
- Review the information, and
- Prepare a "Data Sheet" for the Director's Advisory Committee on Permanency Planning (DACOPP) members, if applicable.

h) Health Department Form 913

The COR Worker will obtain information for the Health Department form MSDH-913 and other case documentation. This information is used to:

1. Assess the child's physical and personality characteristics, current development, and special needs;
2. Determine whether the child's basic needs can best be met in an adoptive placement;
3. Help in the selection of a family for the child;
4. Provide information to prospective adoptive parents to assist in making a decision about the adoption of the child;
5. Provide information about the child and birth parents at the appropriate time;
6. Satisfy the child's need to know about the birth parents at the appropriate time.

6. Types of Referrals

a) Court Ordered

A referral may be made in cases where a court has mandated the county office to file a petition or take the necessary action needed to terminate parental rights. This request should be acted on within thirty (30) calendar days. These cases are not reviewed by DACOPP because the court order takes precedence over any DACOPP decision. DACOPP is made aware of these referrals, however, by the Permanency unit.

Some judges order the county office to bypass the state office and submit court ordered TPR referrals directly to the AG's Office. This is acceptable because the county office must comply with the court order. At the same time, the COR must submit a complete TPR referral to the Permanency unit at the State Office to prevent delays in processing.

b) Voluntary Surrender of Parental Rights

This type of referral occurs when all legal, biological and putative parents have signed the form **MDHS-SS-459 "Voluntary Surrender of Parental Rights".** Voluntary Surrender of Parental Rights is permanent and irrevocable except for showings of fraud and/or financial gain, duress or undue influence.
With the Voluntary Surrender, the parent(s) must also sign State Department of Health Form 914 or 915(originals), depending on whether or not the parent wants information about them given to the child when the child reaches adulthood.

If only one parent releases his/her parental rights, the TPR referral will be reviewed by DACOPP to determine if sufficient grounds exist to terminate the parental rights of the other parent.

If both parents have signed the MDHS-SS-459 "Voluntary Surrender of Parental Rights" in the presence of a notary public, the referral will not be reviewed by DACOPP but the Permanency Unit will obtain a legal clearance.

If the parents were not married and there is no court order establishing paternity in the man claiming to be the father or in the man the mother claims to be the father, a TPR hearing must be held for an "Unknown Putative Father" before any legal clearances may be obtained.

The Voluntary Surrender should not be offered to parents who are *non compis mentis* and/or committed to a psychiatric or state hospital.
A parent may sign one or more of the following MDHS forms:

1. MDHS-SS-459 Surrender Parental Rights and Consent to Adoption

   This form may not be executed by the birth parents until 72 hours after the birth of a child.

   Each parent must sign at least six originals of this form in the presence of the Worker and a notary public. The originals are distributed as follows:

   - Originals #1-2 each parent,
   - Original #3 filed in the case record
   - Original #4-7 four originals are forwarded to the Permanency Unit along with a complete TPR referral.

   Note: Original 459's for each child of each parent must be included in the TPR packet.

2. MDHS-SS-459A Mother's Statement Naming the Father of Child

   This form is signed by the unmarried or married mother whose abandoned husband is not the biological father of the child.

   There must be **six originals** of this form signed in the presence of the Worker and a notary public. The originals are distributed as follows:

   - Original #1 mother,
   - Original #2 filed in the case record
   - Original #3-6 four originals are forwarded to the Permanency Unit along with a complete TPR referral.

   If the named father has not established any rights, the Worker shall give him information about how he can file to establish paternity.

3. MDHS-SS-459B Mother's Statement about Unknown Father of Child

   This form is signed when the Mother cannot identify the biological father. **Six originals** must be signed in the presence of the Worker and notary public. The originals are distributed as follows:

   - Original #1 mother,

- Original #2 filed in the case record
- Original #3-6 four originals are forwarded to the Permanency Unit along with a complete TPR referral.

4. The TPR packet must be forwarded to the Permanency Unit even though both parents have signed the MDHS-SS-459 "Voluntary Surrender of Parental Rights" in the presence of a Notary Public, in order for the Permanency Unit to obtain a legal clearance.

c) Regular Referrals

This type of referral is not court ordered nor have the parents surrendered their rights.
The referral is prepared by the COR after all reasonable and diligent efforts to reunite the child with his/her family or place the child with relatives have failed.

The COR will document efforts to locate parents, if appropriate and identified legal grounds on which to terminate parental rights.

If these actions have taken place, the COR will prepare and submit a TPR referral with all required items to the Permanency unit. The referral will be reviewed by DACOPP to determine if sufficient grounds exist to terminate the parental rights.

d) Special Referrals

These referrals are considered to be "special" because three circumstances apply:

a. A child is in custody and;
b. Both parents are deceased and;
c. Relatives are not available as placement resources.

This is a special kind of rare situation because both parents are deceased and there are no rights to terminate.

Along with regular TPR referral paperwork, the COR must submit the death certificates of the parents.

In addition, if circumstances dictate, a TPR referral may also be made to TPR an Unknown Putative Father.

e) Rights of the Parents in the TPR Process

Prior to the entry of a Judgment Terminating Parental Rights the parent has a right to:

1. Receive notice of a hearing on a petition for TPR;
2. Appear and contest the petition;
3. Sign and execute a written voluntary release to relinquish parental rights to DFCS, regardless of the parent's age;
4. Continue visits with child until TPR is finalized or until court has restricted or discontinued visits due to other factors;
5. Obtain legal counsel prior to the date for which the TPR hearing is set.

f) Evaluation of TPR Referrals

Evaluation of a TPR referral is conducted by the Permanency Unit TPR Coordinator. Referrals that are not court ordered are reviewed by the (DACOPP). If DACOPP requires additional information, a request will be submitted to the COR. When the review is completed, DACOPP will forward the review sheet and letter to the RD and COR.

The Permanency Unit will adhere to the following TPR procedures:

1. All TPR referrals are submitted from the COR to the Permanency Unit Director at the State Office;
2. The TPR referral will be given to the TPR Coordinator who will determine the need for a DACOPP referral before proceeding;
3. The Permanency Unit Director and TPR Coordinator will review the material in the referral packet for current and correct information before submitting it to the AG's office;
4. A copy of the TPR packet along with a receipt will be hand delivered to the AG's Office by the Permanency Unit;
5. The AG's Office will sign the receipt stating that the TPR package was received from the Permanency Unit;
6. Additional information may be requested by the AG from the COR Worker, Placement Director or DFCS Director;
7. The Permanency Unit Director will provide–the RD with a copy of any information requested by and sent to the AG's Office;

8. The Permanency Unit Director will log all out-going and in-coming mail concerning the TPR;
9. When information comes from the AG's Office it will be logged and sent to the RD to be disbursed to the correct supervisor;
10. Once the AG's Office drafts an affidavit for the COR Worker to review and correct as needed, the Affidavit will be amended and sent to the Permanency unit Director, who will log then mail it to the RD;
11. The corrected Affidavit will be hand-delivered to the AG's Office by the Permanency unit;
12. The Permanency unit Director will review the Petition and sign it as Next of Friend and send a copy to the RD and Director of Field Operation for the log and case file;
13. The AG will schedule a court date in Chancery Court;
14. The AG's Office will provide a quarterly docket to the Permanency unit;
15. The AG's Office will provide the Permanency unit Director a copy of the TPR Judgment which the Permanency unit Director will send to the RD, and TPR Coordinator. This Judgment is also logged.

g) Attorney General's Office

A Special Assistant Attorney General will draft the petition and send it to the COR Worker and supervisor to review and to make any corrections or additions needed. The Worker should carefully review the petition for accuracy, making sure all the appropriate grounds are included, before routing it to the Placement Director for signature.

During the TPR process, the COR must notify the AG's Office of any changes in the case or with the family. Any questions or concerns must be discussed with the Special Assistant Attorney General handling the case or assigned to the region.

If the petition is correct it should be forwarded immediately to the Placement Director for signature. Within fourteen (14) working days of the COR's receipt of the petition, it must be signed by the RD and returned to the AG's office.
The attorney handling the case will notify the county of the date of the hearing and will help prepare staff for the court appearance. The petition may be presented to the court for adjudication at any time after the expiration of thirty (30) calendar days after process has been received by the respondent(s).

VIII. FISCAL ASPECTS OF FOSTER CARE

A. Board Payment

The "board payment" for foster children is determined by DFCS dependent upon the appropriation of the Mississippi Legislature. The board rate is based on the age, Supplemental Security Income (SSI) status, or non-SSI disability status, or special needs of the child. The total includes amounts for board, replacement clothing, and child's personal allowance as well as personal items.

Refer to the "Resource Board Payment Schedule."

As soon as the foster child is able to understand, the Worker shall explain to him/her the total amount of the board payment, the breakdown for board, replacement clothing, etc., the amount of any monetary contribution by the parent(s) and the amount of any payment from Social Security, V.A., Court Ordered Child Support, etc.
The board rate terminates the last day of the month the child reaches his/her 20th birthday or 21st birthday if custody is through a Chancery Court Order.

The board payment consists of state and federal money based on a matching formula. The federal funds are derived from Titles IV-E and IV-B of the Social Security Act.

1. Title IV-E Funds

Title IV-E funds are used for children placed by court order and who meet or would have met AFDC (July 1, 1996) criteria as outlined in Section E, Federal Statute 42 U.S.C.472(a)(3)(A) and 472(a)(3)(B)

2. Title IV-B Funds

Title IV-B funds are used for the children who do not meet the criteria for Title IV-E. These are referred to as CWS funds.

B. Resource Board Payment Schedule (Effective July 1, 2013)

Age/Status	Board	Clothing	Allowance	Payment	Daily Per Diem
0-8	$574.90	$80.00	$30.00	$684.90	$22.83
9-15	$658.40	$80.00	$50.00	$788.40	$26.28
16-21	$721.60	$80.00	$60.00	$861.60	$28.72
Special Needs I	$792.70	$80.00	**	$902.70	$30.09
Special Needs II	$854.50	$80.00	**	$964.50	$32.15
Foster Teen Parent	$1,296.50	$160.00	$90.00	$1,546.50	$51.55
*Emergency Shelters	$4,336.20	-	-	$4,336.20	$144.54
Therapeutic Resource/ Group Homes	$2,743.30	$80.00	**	$2,853.30	$95.11
Related Therapeutic Placement	$1,240.00	$80.00	**	$1,350.00	$45.00

**Personal Allowance shall be based on the age of the child and is included in the total board payment.
Clothing and personal allowances are included in the total board payment. Rates are based on a 30-day month and shall be prorated by per diem. A full month board payment for February will be slightly less and 31-day months will be slightly more.

When the board payment is prorated, clothing allowances shall be prorated at the rate of $2.67 per day and personal allowances shall be prorated based on the following:

- Ages 0-8 shall be prorated at a rate of $1.00 per day
- Ages 9-15 shall be prorated at a rate of $1.67 per day
- Ages 16-21 shall be prorated at a rate of $2.00 per day
- Foster Teen Parents shall be prorated at a rate of $3.00 per day

*****Emergency Shelters will not be required to provide clothing and personal allowances to children placed in those facilities. Clothing and personal needs will be provided by the County of Responsibility on an as needed basis.

Resource homes must be licensed in order to be eligible for board payment, whether child is placed there prior to home becoming licensed or after home became licensed. Payment will be made only for dates home is appropriately licensed with child placed appropriately therein. However, if a licensed home pending renewal fails to become licensed timely resulting in license lapsing short-term due to MDHS/DFCS staff error or inaction, the County of Responsibility shall make payments to the resource home utilizing county funds until the licensing criteria are met and the license is renewed.

If the amount of the board payment is based on age alone, this amount is determined by the age of the foster child on the first day of the month for which payment is being made; if necessary, an adjustment in the board rate will be made the following month, after the child's 9th or 16th birthday.

Resource homes are not eligible to receive the foster teen parent rate until the child is born, brought home from the hospital and placed in the home with the foster teen parent.

Therapeutic resource/group homes will only receive the therapeutic rate for those children with a therapeutic designation; all others will receive a per diem rate of $45.00 per day. Therefore, if a sibling does not have a therapeutic designation and is placed in the therapeutic home with a sister/brother who has a therapeutic designation in order to place the siblings in the same home, the therapeutic resource/group home will receive the therapeutic rate for only one of the children in the sibling group. If a child is placed with a foster teen parent, the therapeutic rate will only be received for the parent, unless the child has a therapeutic designation.

Payments will be made based on the number of nights a child physically spends in the placement; 12:01a.m. will begin a new day. Board payments will not be paid for the placement from which a child is removed, when temporarily moved to another placement such as trial home placements, incarceration (jails or detention centers), medical and/or behavioral institutions, attending college and/or placed on runaway status; nor will payments be made in the event that the home's license lapses (Refer to the board payment exceptions following.).

Board Payment Exceptions to Overnight Visit(s) and Temporary Move(s)

When a Resource Home or Residential Facility has committed to the child (ren) returning to their home or facility after an overnight visit, receiving respite, medical and/or behavioral treatment, a placement change in MACWIS will not be required if they meet the following criteria:

- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for 0-3 days (72 hours), prior approval from ASWS and RD shall be obtained in writing

through e-mail and documented in MACWIS.

- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for more than 72 hours, but not more than 14 days, and will return to the resource placement or facility, prior approval from ASWS, RD and Field Operations Director shall be obtained in writing through e-mail and documented in MACWIS.
- In the event of an extraordinary circumstance concerning a youth in custody, it may be brought to Executive management (Deputy Administrator, DFCS Director and/or Field Operations Director) for consideration. The extraordinary circumstance shall be staffed with ASWS and RD. Upon staffing, when determined that further review is appropriate, only then will the matter be brought to the attention of DFCS Executive management for consideration. The extraordinary circumstance and decision shall be obtained in writing through e-mail and documented in MACWIS.

1. Special Board Rate

Special Needs I

A foster child qualifies for the Special Needs I board payment if the child has:

- A mental health or medical diagnosis, and
- Applied for SSI and the application is pending or been denied.

Documentation must be submitted to the Permanency Unit in State Office and should include one of the following:

- Medical records,
- Mental health assessment,
- Development assessment,
- SSI application or denial letter.

Only current documentation, defined as within the previous six months, will be accepted.

Special Needs II

A foster child qualifies for the Special Needs II board payment rate if the child receives SSI.

A copy of the SSI letter that states the child is approved must be submitted to the Eligibility Unit in State Office.

If a child receives SSI, then that child's board payment is reimbursed out of SSI.

Special Note: If a child is IV-E eligible and SSI is denied because of foster care board payment/income and ONLY because of foster care board payment/income, then the child will still qualify for the Special Needs II rate.

Therapeutic Rate

A foster child qualifies for a Therapeutic board payment rate if the child has a DSM-IV Axis I diagnosis. A foster child who has therapeutic needs and has a documented DSM-IV Axis I diagnosis and who is placed in a resource certified by the Department of Mental Health as being a therapeutic placement will be eligible for a therapeutic board rate.

A current Psychological Evaluation, defined as within the previous twelve months, must be submitted to the Permanency Unit in State Office along with a recommendation for therapeutic placement from the referring facility, mental health or medical practitioner.

Medically Fragile

The following standards are guidelines for a child to be determined Medically Fragile:
The child has a medical condition or multiple medical diagnoses which:

- Are life threatening in nature, or
- Require specialized medical care in the home, or
- Will require corrective major surgery or recurrent surgeries, or
- The prognosis for full recovery is negligible and the child is not expected to ever live independently.

A Medically Fragile child may qualify for the Special Needs I, Special Needs II or Therapeutic rate.

2. Foster Teen Parent Board Rate

Foster Teen Parents who have children of their own and who are placed in the same foster home or group home as their child are eligible for this rate when the Teen's child is not in the custody of DFCS.

3. Contractual Rates

A limited number of placements are available for foster children needing highly specialized therapeutic services.

Placements in these programs require written authorization by the DFCS Director. Referrals must be made through the proper channels to the Permanency unit utilizing the residential services application located on the DFCS "P" drive.

C. Child's Own Income

Some foster children may have funds available to them such as Social Security, Veterans Administration, SSI, or parental contributions. These funds may be used to reimburse DFCS for the foster board payment, but the funds must have been received in the county prior to being considered for reimbursement purposes.

If the child receives less than the board payment, the full amount of the child's benefit shall be applied to the reimbursement.

If the child receives more than the board payment, only the amount of the board payment shall be reimbursed.

However, if a child is placed in a facility that provides contractual residential services, all but $50.00 monthly of the child's own money shall be sent to the **Accounts Receivable Unit in the State Office.** The $50.00 is not part of the board payment. It becomes a part of the child's cash reserve. The check shall be made out to **Treasurer, State of Mississippi.** A check coding memorandum shall be attached to the check each month. The child's cash reserve shall be used to purchase those services needed for the child. The child's income and cash reserve shall be used only for that child. The child's own money shall be used prior to requesting regional or state funds.

1. Lump Sum Payments

When a child in custody receives a lump sum payment of SSI for past months of eligibility for SSI, the county Worker and bookkeeper should follow the instructions from the Social Security Administration regarding the handling of these monies. In some instances the lump sum amount must be put into a special savings account to be used for needs identified by Social Security. There are also special restrictions on the transfer of these funds once the child is released from

DFCS custody. Consult the local Social Security Office for clarification on the handling of these payments.

2. Social Security Benefits

If a child entering foster care receives Social Security benefits or is potentially eligible for benefits, application for those benefits shall be made through the local Social Security Administration office. If eligible, the check shall be sent directly to the COR. When the custody of a child is removed from the county, the Social Security Administration shall be notified.

All foster children who receive Social Security benefits shall be informed about this income, why they receive it, and how it is used.

a) Direct Payment of Social Security Benefits to Child

When the foster child reaches the age of 18 and is still in high school, the Social Security check shall be sent directly to the child rather than to county office. It is important that the Worker plan with the child for this change.

When the competent foster child receiving Social Security benefits reaches the age of 17, the Worker shall discuss with the child the fact that after 18, he/she will begin to receive the check in his/her own name. The year between his/her 17th and 18th birthdays should give the Worker, the child, and the Resource Parents' sufficient time to examine and reach an agreeable plan on how these checks should be handled.

The following options are available:

1. The child may endorse his/her check and give it to the Worker in the COR. The Worker shall present the check for deposit following the usual bookkeeping procedures.
2. The child may refuse to release his/her check to DFCS and may work out an independent financial arrangement with the Resource Parents. The Worker shall inform the child of the benefits he/she would lose under this option, i.e., spending allowance, special clothing needs, medical expenses, etc.

   If this option is chosen and agreed to by the Resource Parents, the Worker shall request from the court the release of custody. If the child is placed in foster care by voluntary consent of the natural parent (s), they shall be notified of this decision.

3. The child may refuse to release his/her check to DFCS and may elect to become independent. His/her plans shall be discussed and evaluated with him/her thoroughly and frequently during the year.

If the county believes that the 18 year old foster child is not competent to use his/her money wisely, the COR shall apply to the local Social Security office to be made payee of the check. The local Social Security Administration office will explain the documentation necessary for this procedure.

3. Use of Trust Funds

Trust funds of a foster child cannot be used to "supplant or replace public assistance benefits of any city, county, state, federal, or other governmental agency that has legal responsibility to serve persons with disabilities that are the same or similar to the impairments of the beneficiary."

Trust funds should be used for costly, extraordinary needs that cannot be met from the usual resources, not for those routine things normally provided for children in the custody of DFCS.

a) Expenditure of Trust Funds

A written request for expenditure of trust funds shall be submitted through the RD to the DFCS Director.

1. The request shall describe the purpose for which the funds will be used, relating it to the purposes described in the "Declaration of Trust" and certifying that the expenditure is necessary to maintain the beneficiary's good health, safety, or welfare.
2. A committee comprised of the Director of Permanency Unit, the Director of the Division of Administration, and the appropriate RD shall meet to review the request and to make a recommendation.
3. The committee shall submit their written recommendation to the DFCS Director. The Director shall forward the recommendation to the Director of Budgets and Accounting, for disbursement of the specified amount of Trust Funds.

b) Termination of Trust

Prior to termination of the custody of a child, the ASWS shall contact the Director of Budgets and Accounting, for the handling of the Trust.
The entire sum of funds in the child's Trust Fund shall only be released for the following reasons:

1. Child turns age 21.
2. Child is adopted.
3. Child is deceased. The Trust Account then goes to the estate.

When a child turns 21 the Worker shall request that the AG's office establish a general guardianship and transfer the Trust to that person in order for SSI eligibility to continue. To do otherwise would jeopardize eligibility since dissolving the Zebley Trust increases resource amount.

c) Special Needs

"Special Needs" refers to the requisites for maintaining the beneficiary's good health, safety, and welfare when they are not being provided by any public agency office, or department of any city, county, or state government, or by any other public or private agency.

The Trustee will set up an account by using a Declaration of Trust. The Declaration grants discretion to the Trustee in disbursing funds to meet the "special needs" of the beneficiary.

4. Child Support

42 U.S.C. 654 § 454 (Title IV-D) and 42 U.S.C. 671 §471 (Title IV-E) requires the provision of child support services for Title IV-E foster children. Child support services are also available to CWS foster children. These services include the establishment of paternity and the obtaining of financial support. Child support shall be pursued for every foster child and shall be included in every court order.

MISS. CODE ANN § 43-15-17, provides that, upon court order, the parent(s) are responsible for reimbursing the department for foster care payments made on behalf of his/her child, based upon financial ability to pay, until such time as there is a termination of parental rights regarding the child or the child is adopted.

Workers shall include in their written court summaries a request for court ordered child support from the parents or guardians of all children placed in DFCS custody. The Worker shall, while giving testimony during youth proceedings, back up the written request by verbally petitioning the court to order the parents or guardians to pay such child support. Regardless of eligibility, all Workers shall pursue and file child support through the MDHS-Division of Field Operations (DFO) for every child in DFCS custody. The Agency shall seek child support

payments from any absent/noncustodial parent or guardian. The Worker shall submit the appropriate referral documentation to DFO.

The Child Support Parent Locator Service shall be utilized to conduct diligent searches for absent/noncustodial parents to promote family preservation or facilitate adoptions.

DNA/Genetic Testing

If a judge orders DNA testing, MDHS will pay for this testing, when a referral has been submitted to DFO, as noted above.

DNA testing may be arranged, at DFCS county expense, without the referral to DFO by contacting the DNA Diagnostic Center (DDC).

5. Working Child

Income earned by a foster child in part-time work or full-time work is disregarded by DFCS as far as any reimbursement to DFCS for board payment. Workers should counsel with the child on the use of the money, understanding the child's needs to be in control of the money earned. Most foster children will want to meet some of their personal needs, such as dating expenses, entertainment, etc. with their wages. This should be encouraged as well as the need to use some of the wages for clothes, college expenses, savings, etc.

When a foster child works more than 30 hours per week, DFCS shall determine if the child remains in need of supervision and if he/she should remain in foster care. If foster care is required, the Worker shall counsel with the child regarding his/her plans. The child must understand that his/her status will be determined by the court holding jurisdiction.

Some foster children make financial arrangements with the Resource Parents and remain in the foster home. Others need assistance of the Worker in locating alternative living arrangements.

6. Savings Bonds

Savings bonds may be purchased for the child with his/her own funds. However, the savings bond shall still count as a resource in determining SSI and Medicaid eligibility.

D. School Lunches

"The Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296) was enacted on 12/13/10. The Act, in Section 102, amends a key provision of the National School Lunch Act (42 USC 1758) to make any foster child categorically eligible, without the necessity of an application, for free school meals if their 'care and placement is the responsibility (of an agency that administers a state IV-B or IV-E plan)' or if a court has placed (the child) with a caretaker household."

Resource Parents shall be informed of this resource. Resource Parents shall protect the confidentiality of the child working directly with a designated school official in completing the application for free lunches.

E. Federal-State Monies

There are some needs of foster children which can be purchased with a combination of state and federal money.

Funds are requested through MACWIS. Refer to Section A for a more detailed discussion. These funds require that expenditures be made only when needs of children are involved. The criteria for use of funds are outlined in this section and shall be followed in the development of a financial plan for a child in custody.

1. Clothing and Child's Personal Allowance

When no board payment or contractual per diem is being received for a foster child (example – foster child is placed with an unlicensed relative pursuant to Court Order or child is in college, etc.), a clothing and personal allowance shall be provided through other funds available to the county (regional, county fund's child, child's own money, court ordered child support, other). Refer to Section A for a discussion of funding sources.

Foster children have a variety of needs for which DFCS is responsible. (See Section A "Child Clothing").

Special Allowances

Up to $100.00 per month, if needed, can be given to a foster child who has a special need that is not met with their board payment or monthly allowance. This is not an allowance that is given to a foster child every month regardless if they have their own funds or not. Written justification should be recorded in the comment box in MACWIS when the service is requested and should state thoroughly what the special allowance is needed for and why it is needed. If a foster child

is using the special allowance for a trip, a hand receipt is all that is required. If a special allowance is given to purchase any other items, itemized receipts are required to be returned to the bookkeeper within 10 days. The check should be made payable to the vendor from which the items are being purchased. Issuance of special allowances is a casework decision made by the Worker and approved by the ASWS.

Below are the standardized allowances inclusive of age range and amounts. Christmas and Birthday allowances may be issued in check form to the foster child.

Allowance Guidelines for Child's own funds, County Fund's Child or Regional Funds are listed below.

Initial Clothing	*Amount*
	Up to – As needed
Ages 0 through 2	$ 100.00
Ages 3 through 6	$ 140.00
Ages 7 through 12	$ 200.00
Ages 13 and over	$ 240.00

Initial clothing is a one-time only service when a child enters custody for the first time. If a child leaves custody and returns to custody, an initial clothing allowance cannot be issued again. If there are extenuating circumstances and a child re-enters custody and is in need of the Initial Clothing Allowance, prior written approval must be obtained from the DFCS Budget and Financial Planning Unit before the service is entered. All other clothing requests should be requested under Child Clothing.

Christmas Allowance

Ages 0 through 2	30.00
Ages 3 through 5	50.00
Ages 6 through 12	70.00
Ages 13 and over	90.00

Birthday Allowance

Ages 0 through 2	10.00
Ages 3 through 5	15.00
Ages 6 through 12	20.00
Ages 13 and over	25.00

2. Child Care

Funding may be available through the Child Care and Development Block Grant (CCDBG) for foster care children from birth up to twelve (12) years of age or for special needs foster children up to age eighteen (18).

The state has elected to consider a child in Foster Care as a family of one (1) for the purpose of determining income eligibility. The foster board payment is considered in determining eligibility. The co-payment fee of five dollars ($5.00) will be assessed and paid by the Resource Parents who must be working or in an educational or training program.
A "Referral for Child Care Services/Foster Care" form shall be completed by the respective Worker from DFCS and sent to the Early Childhood Care and Development (ECCD) who authorizes child care services.

Resource Parents shall not be allowed to reenroll a child with a provider prior to the issuing of a certificate. Workers must inform the ECCD when child care services are to be terminated for foster care children.

Title IV-E funding is also available for child care if the following criteria are met:

1. The child must be Title IV-E eligible.
2. The child must be placed in a DFCS licensed foster family home.
3. If two Resource Parents, each must work a minimum of 30 hours per week, if a single Resource Parent, he/she must work a minimum of 30 hours per week.
4. The child care provider must be licensed by the State Department of Health.

The county Worker can arrange to pay for the day care costs of a Title IV-E eligible child who meets the above criteria using regular approval expenditure of funds procedure and reimbursement procedure as with other regional funds expenditures.

3. Family Planning Services

Family Planning information and services shall be a part of every adolescent in foster care's case plan.

On August 22, 1996, President Clinton signed into law the welfare reform bill, Personal Responsibility and Work Opportunity Reconciliation Act, P.L. 104-193. Funds were allocated through this legislation to conduct abstinence education. Two of the stated purposes of this Act

were to: 1) Prevent and reduce the incident of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidents of these pregnancies and; 2) Encourage the formation and maintenance of two-parent families.

MDHS Division of Economic Assistance established "Just Wait" Abstinence Unit to address the issue of out-of-wedlock births, teen pregnancy, and other "at risk" behavior of Mississippi's young people. Educational material including video tapes are available through this Unit to be utilized with foster children. Documentation shall be made in child's case regarding services provided by the "Just Wait" program.

The Mississippi State Department of Health provides medical, informational, and educational services through a Family Planning program. DFCS provides funds through Social Services Block Grant for clients less than 21 years old who are not on Medicaid. The Health Department provides this service for Medicaid eligible teens as well. This service allows teens to delay childbearing until they are physically, emotionally, and economically prepared to have children. Adolescents in foster care should be referred to the local Health Department for these services. Referral and services provided shall be recorded in the child's case record.

4. Rehabilitation Services

Rehabilitation Services are available to youth (age 18 or in the second semester of their junior year in school) through the Office of Vocational Rehabilitation in the Department of Rehabilitation Services, per federal eligibility criteria and guidelines.

General vocational rehabilitation services include a range of services from diagnosis and evaluation to vocational training and job placement. Additionally, youth eligible for general vocational rehabilitation services might receive assistance with medical and/or health needs, special equipment counseling or other assistance that would enhance employability.

Other specialized vocationally rehabilitation services may also be accessed. The distinguishing difference between eligibility for these specialized services and general vocational rehabilitation services is the youth's vocational potential. Supported employment is specialized vocational rehabilitation service available to youths in the state. The focus group for this service is youth who demonstrate more severe disabilities. Additionally, they are youth who demonstrate that they need ongoing job support to retain employment.

5. Medicaid for Foster Children

The *Social Security Act* and the Mississippi Code allow Medicaid coverage for children in foster care. § 43-13-115(23) regards as potentially eligible, "*Children certified by the Mississippi*

Department of Human Services for whom the state and county departments of human services have custody and financial responsibility who are in foster care on their eighteenth birthday as reported by the Mississippi Department of Human Services shall be certified Medicaid eligible by the Division of Medicaid until their twenty-first birthday."

a) Eligibility for Medicaid

All children in the custody of DFCS are entitled to medical expenses being paid. The primary sources of funding are Medicaid and County/State funds.

Foster children are Medicaid eligible when:

- The child receives SSI. The Medicaid benefits are authorized by the Social Security Administration.
- The child is eligible for and receiving TANF and/or Medicaid in the home of a parent or relative. The eligibility determination and authorization are handled by the Economic Assistance Staff in the county of residence.
- The child meets the following eligibility requirements:

Custody – The child must be in the sole custody of DFCS.

Resources – The child's own resources shall not exceed $10,000. The MACWIS system will automatically terminate Medicaid if the child's resources exceed $10,000 in any given month.

The Worker shall make every effort to maintain the child's resources below the $10,000 requirement. Children who receive SSI Medicaid will not be affected by the $10,000 resource limit; however, SSI has a resource limit of $2,000 which will terminate SSI Medicaid and monetary benefits.

Income – Refer to Section E, "Eligibility" for more information.

b) Effective Date of Eligibility

Medicaid eligibility is retroactive to the first day of the month in which Medicaid eligibility was approved.

c) Identification Card

Children who are eligible for Medicaid will be issued a onetime plastic Medicaid card. The card will be mailed directly to the child's foster home or to the home of the child's relative when the child is in relative placement. When the child is in a facility the card will be mailed to the COR. In the event the child is placed outside his own county, the COR Worker shall be responsible for obtaining the card from the placement and moving the card with the child.

In the event a child going into foster family care needs medical attention and does not yet have his unique number or Medicaid identification card, the ASWS should certify to the physician or medical facility that the child is eligible for Medicaid, explain the situation, and agree to make the identification number available immediately upon its receipt.

d) Duplicate Card

If the Medicaid card is lost, the COR Worker shall request a duplicate Medicaid card from EDS at 1-800-884-3222.

Child Removed from Foster Care

When a child leaves custody, the COR worker shall place a copy of the Medicaid Card in the child's case record for future reference and the Original Card shall be given to the child or parent/guardian.

Some children who are removed from foster care will retain their Medicaid eligibility as TANF recipients. For these special provisions, please refer the case to Economic Assistance.

e) Medicaid Services

Medicaid services for children birth to age 20 (or 21 if by Chancery Court order) are provided if medically necessary. Please call the Department of Medicaid/State Office for specific questions.

f) EPSDT

All foster children shall be referred to EPSDT as a part of Medicaid eligibility.

g) Expanded EPSDT

Expanded EPSDT services are **Prior Authorized** services accessed through a Medicaid "Plan of Care" (POC) Form. A wide range of services may be requested if it is determined to be medically necessary for a child.

Some of the services that may be requested through this program include**:** psychological testing; individual therapy; group therapy; extended number of monthly prescriptions; extended number of annual physician visits; extended number of annual hospital days.

The POC form may be completed by anyone but must be signed by a physician. Processing will take approximately 5-10 working days from the day the EPSDT Unit at Medicaid receives a POC form.

A POC form must be submitted and any disapproval documented before a request for State Funds will be considered.

h) Purchase of Insurance for Foster Children

MISS. CODE ANN., § 43-15-5 provides for DFCS to purchase "*hospital and medical insurance coverage for those children placed in foster care by the state or county departments of human services who are not otherwise eligible for medical assistance under the Mississippi Medicaid Law. [DFCS] shall be further authorized to purchase burial or life insurance not exceeding One Thousand Five Hundred Dollars ($1,500.00) for those children placed in foster care by the state or county departments of human services. All insurance coverage authorized herein may be purchased with* ***any funds other than state funds*** *available to [DFCS], including those funds available to the child which are administered by [DFCS]".*

The insurance policy should be filed in the child's record.

IX. INDEPENDENT LIVING SERVICES

Mission Statement

> **To provide youth and young adults in care with an array of services and resources to prepare them for the transition from foster care to successful adulthood.**

The Independent Living Program (ILP) assists adolescents in acquiring basic life skills in their progress toward self-sufficiency. Youth are eligible for Independent Living Services based on the following criteria:

1. Youth in DFCS custody age fourteen (14) through twenty-one (21) are eligible to receive Independent living services and participate in Independent living activities.
2. Youth who leave DFCS custody at age 18 through 21 are eligible for Aftercare services until the age of 21; and
3. Youth who leave custody after the age of 21, but who are enrolled in post-secondary educational and vocational programs may be eligible based on the criteria detailed in the **Educational and Training Voucher (ETV) Program** (See Section D Education Voucher (ETV) Program).

Some services are provided through a contractual agreement to include: life skills training; Teen Advisory Board training/meeting, facilitation, youth conferences, after care services and other services as appropriate.

Mississippi Band of Choctaw Indian youth are eligible for Independent Living Services based on the same criteria for DFCS youth in care.

MDHS/DFCS Independent Living staff and contact staff shall communicate scheduled Independent Living activities and events to the Mississippi Band of Choctaw Indians' Independent Living Program Coordinator. Changes to policy and services shall be communicated to invite the Mississippi Band of Choctaw Indians participation in MDHS/DFCS Independent Living Program and Services.

A. Worker's Responsibility in Providing Independent Living Services

The Worker will have the following responsibilities in providing Independent Living Services:

- Shall refer youth age fourteen (14) to Independent Living (IL) contract provider to participate in IL services and activities. IL services provided by the contractor shall be provided in the County of Service (COS) and/or County of Responsibility (COR).
- The COR and/or COS worker shall transport, coordinate transportation and or develop a transportation plan for youth to and from scheduled IL module trainings, Teen Advisory Board Meetings (TAB), retreats, conferences and other IL related activities.

- The transportation plan must include who will transport the youth to all of the Independent Living activities. (Note: the transporter may be a Family Protection Worker/Specialist, ASWS, Resource Parent, Group Home Staff, Homemaker, Volunteer/Mentor, Case Aide, Independent Living Specialist, or any designated staff.)
- Shall provide each youth transitioning to independence with at least 6 months advance notice of the cessation of any health, financial, or other benefits that will occur at the time of transition.
- Each foster youth 14-20 years old, regardless of his/her permanency plan, shall be provided with an opportunity to participate in the creation of an Independent Living service plan for Independent Living ~~in~~ preparation. DFCS shall provide each eligible youth with Independent Living services as set forth in his/her service plan.

DFCS shall ensure that each youth transitioning to independence has available the following:

- A source of income;
- Health care;
- Independent living stipends;
- Education and training vouchers;
- Resource guide necessary to assist youth in locating and enrolling in educational or vocational programs appropriate to their needs, interests, abilities and goals i.e.; high school or GED programs, colleges or universities, vocational training programs and special education services.

Supply the youth with a list of community resources suitable to meet the youth's future needs.

Ensure that services are provided for the youth to make the transition from foster care to living independently.

Let the youth know that he/she can contact the Worker when needed.

Make sure the youth receives start-up stipend, and any other resources available through DFCS.

Document the preparation being made with the youth to help the transition from care to living independently.

DFCS shall assist youth in obtaining or compiling the following documents and such efforts shall be documented in the child's case record:

- An identification card;

- A social security or social insurance number;
- A resume, when work experience can be described;
- A driver's license, when the ability to drive is a goal;
- An original copy of the youth's birth certificate;
- Religious documents and information;
- Documentation of immigration, citizenship, or naturalization, when applicable;
- Documentation of tribal eligibility or membership;
- Death certificates when parents are deceased;
- A life book or a compilation of personal history and photographs, as appropriate;
- A list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties;
- Previous placement information; and
- Educational records, such as high school diploma or general equivalency diploma, and a list of schools attended, when age-appropriate.

1. Roles and Responsibilities of the Worker

1. Ninety (90) calendar days prior to the youth's 14th birthday or within thirty (30) calendar days of entering custody, the COR Worker shall complete the Independent Living assessment and review the "Foster Care Handbook for Youth in Care".
2. At the first FTM after the youth reaches age 14, an Independent Living Plan shall be developed**,** and updated every ninety (90) days thereafter.
   a. The COR ASWS, COR/COS Worker, Independent Living Specialist, Resource Parents, and Birth Parents/Guardians shall meet to review the Independent Living Assessment and develop an Independent Living Plan.
   b. The Independent Living Plan must include a description of all programs and services that will help the youth prepare for transition from foster care to Independent Living (IL).
   c. Each Independent Living Plan **must** be completed in MACWIS. The IL Contractor must use the same plan used by MDHS.
   d. When the youth reaches his/her 14th birthday, the child's FSP **must** include a documented Transitional Living Plan (TLP).
3. The COR and COS Workers must inform the youth of all Independent Living activities and arrange for participation, including transportation. The transportation plan must include who will transport the youth to all of the Independent Living activities. (Note:

the transporter may be a Family Protection Worker/Specialist, ASWS, Resource Parent, Group Home Staff, Homemaker, Volunteer/Mentor, Case Aide, Independent Living Specialist, or any designated staff.)

4. The COR Worker shall provide recommendations to the Youth Court Judge, during Review Hearings, that identify specific services being provided and services needed to help the youth transition from foster care to living independently.
5. The COR Worker **must** input the data (life skills modules) sent from the Independent Living Specialist into MACWIS. The data may also include the Worker's assessment of the youth's understanding and ability to apply life skills.
6. The COR Worker is responsible for carrying out the plan that is established in the youth's FSP.

2. Roles and Responsibilities of the ASWS

The COR ASWS is responsible for the following:

- Assuring the demographics tab in MACWIS is updated every ninety (90) days to reflect updates and changes in contact information, physical address, employment/military status, milestones/achievements in education and special education information (IEP updates).
- Communicate all Independent Living announcements, scheduled activities and events to supervised workers.
- Assuring the appropriate people participate in the development of the Independent Living Plan
- Reviewing the FSP, ILP and TLP for completeness and appropriateness
- Approving FSP in MACWIS
- Approving the Independent Living Plan and TLP located under the Independent Living plan icon in MACWIS
- Approving Stipends in MACWIS
- Approving Retreat/Conference applications in MACWIS

B. Credit Check Policy and Procedure

SEC. 475 [42 U.S.C. 675] 475(5)(I)

> *Each child in foster care under the responsibility of the State/Tribe who has attained 14 years of age receives without cost a copy of any consumer report (as defined in section 603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care, and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report.*

Credit/identity theft checks will be done on all youth in the Mississippi Department of Human Services (MDHS) / Division of Family and Children Services (DFCS) custody beginning at age14 to age 20. Credit/identity theft checks will be obtained annually. All youth will be asked to sign a written acknowledgement form giving MDHS/DFCS permission to submit their personal information to the credit bureau's (Equifax, Experian and Transunion).

A copy of the signed acknowledgement form shall be maintained in the youth's County of responsibility (COR) case file. Upon receiving the acknowledgement form, the Division of Independent Living will proceed with contacting the three (3) major credit reporting bureaus to obtain a credit report. Once a credit report is received the COR worker will review the report with the youth and maintain a copy in the youth's COR case file. If discrepancies are found on a youth's credit report, the COR worker will follow the resolution protocol to resolve findings. All efforts made to resolve discrepancies will be documented in MACWIS under the Independent Living tab as a narrative.

1. Resolution Protocol

If there are any inaccuracies found on the youth's credit report, the COR worker will be responsible for the following:

- Assist the youth with filing a police report with the local law enforcement agency.
- Assist the youth with contacting the three major credit bureaus.
- Assist the youth with contacting creditors and financial institutions.

- Assist the youth with obtaining legal counsel if needed (The Mississippi Attorney General's office will be contacted).
- Assist the youth with contacting Social Security Administration.
- Assist the your with filing a complaint with Federal Trade Commission.
- For technical assistance workers can contact the Independent Living office at (601)-359-4754.
- COR will ensure that resolution protocol has been started to resolve inaccuracies or discrepancies found in youth credit report prior to leaving care.

2. Roles and Responsibility of Workers (State Office, Front Line Staff and ASWS'S)

- An acknowledgement form must be signed by all youth at age 14 to acknowledge that they have been informed that their credit/identity check will be performed to ensure that their credit/identity has not been used.
- Upon receiving the consent form, the Division of Independent Living will proceed with contacting the three (3) major credit reporting bureaus to obtain a credit report.
- After the credit report is received it will be entered into MACWIS for the COR worker to review with the youth in family team meeting.
- For each credit report obtained the COR will have the youth sign an acknowledgement form stating their credit report has been reviewed with them. The original acknowledgement form will be filed in the COR file and a copy will be filed at State Office Independent Living file.

As part of the Foster Care Independence Act (FCIA) of 1999, the Administration for Children and Families (ACF) is required to develop and implement a data collection system to (1) track the independent living services states provide to youth, and (2) develop outcome measures that may be used to assess state performance in operating their independent living programs. The data collection system is called the National Youth in Transition Database (NYTD).

Section 477 (f) of Public Law 106-169 (FCIA), which established the John H. Chafee Foster Care Independence Program, requires ACF to develop a data collection system that can:

A. Track the number and characteristics of youth receiving independent living services,
B. Track the type and quantity of independent living services provided to the youth by States, and

C. Track State performance on certain outcome measures

The NYTD collects data on the following three reporting populations:

A. The served population includes all youth who receive an independent living service paid for or provided by the state agency during the reporting period.

B. The baseline population includes all youth who are in foster care as defined in 45 CFR 1355.20 and reach their 17th birthday during Federal fiscal year (FFY) 2011, and such youth who reach a 17th birthday during every third year thereafter (45 CFR 1356.81 (b)).

C. The follow-up population includes all youth who reach their 19th and 21st birthday in a Federal fiscal year and who have participated in the data collection as part of the baseline population.

The baseline and follow-up populations will participate in a web based survey to be administered by the state NYTD Coordinator and the Transitional Care Coaches **(contract provider)**. Both populations will be contacted by e-mail, U.S. Mail, and telephone for notification of survey participation.

3. Role of MDHS/DFCS Staff:

National Youth In Transition Database (NYTD)

The MDHS/DFCS County of Responsibility (COR) Worker will be responsible for maintaining current and accurate demographic data in MACWIS on youth ages 14 and older. The COR worker will also be responsible for updating Independent Living Plans every 90 days on youth starting at age 14 until he/she is released from MDHS/DFCS custody. The COR worker will review/update the following information in MACWIS every 90 days and/or as the demographic information changes:

A. Date of Birth

B. Sex

C. Race

D. Current Placement

E. Member of a Federally recognized tribe **(if applicable)**
F. Educational Level **(Current Grade)**
G. Special Education Ruling **(if applicable)**

H. Independent Living Assessment

I. Academic Support **(GED preparation, GED classes, tutoring, etc...)**

J. Post-Secondary Educational Support **(Tutoring, ACT/SAT Prep. College application assistance, financial Aid etc…)**
K. Career Preparation **(Vo Tech, Job Corps, job training programs)**

L. Identified Mentor

C. Programs and Services

The ILP includes the following services:

1. Independent Living Module Training Workshops

Independent Living Module Training Workshop are based on a nationally recognized curriculum approved by DFCS. Module Training Workshops are based on assessments, personal contact, the Independent Living Plan and the TLP. The curriculum contains the following components:

- Community Resources and Transportation
- Communication Skills and Social Development
- Employment
- Money Management
- Decision Making and Study Skills
- Housing, Daily Living Skills
- Self-Care
- Youth Law issues

Six (6) Training Module Workshops will be held in all thirteen (13) regions one (1) time each contract year. Training Module Workshops will be scheduled and facilitated by Transitional Care

Coaches (selected contract provider) beginning October 1st and ending September 30th of each Federal fiscal year.

2. Youth Retreats

Youth Retreats are held throughout the state. Some are open to youth ages 14-15, while others are open to youth ages 16-18. The COR Worker will submit an application for approval in MACWIS for the youth to attend the scheduled Retreat. Overnight Youth Retreats are held each year covering all geographical areas of the state. The purpose of these retreats is to enhance the life skills learned in the Module Training Workshops. Additional life skills include:

- Team building
- Leadership development
- Positive self-expression,
- Socialization
- Self esteem
- Positive values

3. Statewide Youth Conference

A Statewide Youth Conference is held annually to benefit youth from ages 16-21. The purpose of the Youth Conference is to reinforce the life skills presented throughout the year through various activities and motivational speakers. The COR Worker will submit an application for approval in MACWIS for the youth to attend the annual youth conference.

4. Stipends

Stipends are paid for youth's accomplishments and participation in Training Module Workshop. Stipends are discussed more fully under "Stipend Requirements and How to Apply" in " D" below.

5. Transitional Independent Living Placements

Transitional Independent Living Placements are available to youth ages 18 through age 21 with approval from the State Independent Living Director or a designee. Youth 17 who have obtained a high school diploma, GED, or Certificate of Completion will also be considered for placement.

6. Quarterly Newsletter

A newsletter that contains information about the ILP is distributed quarterly to youth statewide. Submissions from the youth are encouraged for inclusion in the newsletter.

7. Handbook for Youth in Care

"Handbook for Youth in Care" is available to all youth in the custody who are fourteen (14) or older when entering custody. The Handbook highlights programs, services, brochures, and guidelines for the youth while in care. This Handbook is available through the county where the youth resides. The Handbook shall be reviewed with the youth by the Worker at the time of the Independent Living Assessment.

8. Teen Advisory Board

Teen Advisory Board (TAB) Teen Advisory Board (TAB) is a youth leadership and advocacy training program coordinated through the Independent Living State Office. Each region is allotted a TAB team consisting of approximately five (5) youth, based on participation and eligibility. No fewer than three (3) youth should represent each region. Participants are nominated by Regional DFCS and IL contractor staff, and are accepted as participants by the existing TAB membership. TAB members will participate in leadership training activities and active advocacy efforts to improve the foster care experience for all youth in care. TAB participation is voluntary, and will not be used as an inducement or punishment for youth behavior.

D. Stipend Requirement and How to Apply

The Chafee Foster Care Independence Act of 1999 (P.L. 106-169) provides funding for the following stipends:

1. Pre-Assessment Stipend (Initial)

An initial stipend is available to all youth who complete a Life Skills Pre-Assessment form. This stipend is given only upon initial enrollment in the Independent Living Services.

The Independent Living Specialist will document the completion of the pre-assessment and will notify the COR Worker that it has been completed by the youth. The Worker will submit the stipend request to the Independent Living Coordinator through MACWIS under "State Funds".

2. Post-Assessment Stipend (Final)

The final stipend is available to all youth who participate in the ILP and complete a Post-Assessment. This stipend is given after completion of the Post-Assessment upon the child being released from custody.

The Independent Living Specialist will document the completion of the post-assessment and will notify the COR Worker that it has been completed by the youth. The Worker will submit the stipend request to the Independent Living Coordinator through MACWIS under "State Funds".

3. Module Training Workshop Stipend

A stipend can be earned for the completion of one (1) Module Training Workshop.

These training workshops are available through the contract provider. Youth will receive a stipend from the contract provider at the successful completion of a module training workshop.

4. Youth Retreat Stipend

The Youth Retreat Stipend can be earned for attending a Youth Retreat.

The retreats are planned through the Independent Living contract provider. Transitional Care Coaches will document satisfactory participation in the retreat and will notify the COR Worker. The IL contract provider will issue the retreat stipend to all participating youth at the successful completion of retreat activities.

5. Youth Conference Stipend

A youth will receive a cash stipend for successful completion of participation in the Annual Youth Conference.

The ILP's private contractor will pay this stipend to the youth at the completion of the conference. (Youth are eligible to receive a Youth Conference Allowance prior to attending the Youth Conference. The allowance will be requested in MACWIS by the COR Worker.)

6. Newsletter Stipend

A stipend is available to youth who submit an article, poem or other creative writing, a letter to the editor, or an editorial to the State Independent Living Coordinator for consideration for publication in any MDHS publication.

The youth may send the submission directly to the State Independent Living Coordinator, MDHS Permanency Unit, the COR/COS Worker who will submit the writing for the youth. The COR Worker will request the stipend in MACWIS and, upon approval, will issue the check directly to the youth.

7. Personal Enhancement Stipend

The Personal Enhancement Stipend is available to youth that need additional financial assistance with secondary (Middle/High School) educational needs/activities and college prep activities. Secondary educational needs/activities can be defined as, but are not limited to fees/dues for sport/extra-curricular activities, tutoring, GED and ACT/SAT prep. College prep activities including but are not limited to housing fees, college/post –secondary application fees and college/post-secondary registration fees. A justification letter from the COR worker shall be submitted to the State Independent Living Director for approval.

8. Senior Year Stipend

A stipend is available to help defray senior/final year expenses for youth receiving a high school diploma, GED or a Certificate of Attendance at the close of the school/program year in which the stipend is requested. The youth shall also be a participant in ILP activities.

This stipend should be requested in MACWIS by the COR Worker under "State Funds" during the youth's senior year. The stipend must be issued to the vendor(s). However, a reimbursement payment may be issued to an individual/party, including the youth, in the event a purchase was previously made but proof of payment was rendered. An itemized receipt must be presented to the COR bookkeeper before a check can be issued.

A statement from the youth's school verifying enrollment, as a senior/final year with anticipated graduation/completion being that same academic/program year, must be filed in the child's case record and documented in MACWIS. Typical senior/final year expenses include: pictures, invitations, cap and gown, prom attire, senior trip expenses. All purchases must be receipted and all receipts kept in the COR office.

9. High School Graduation Stipend

A Graduation Stipend is available to all youth in custody who receive a high school diploma. A copy of the diploma must be filed in the paper case record in the COR office.

This stipend can be accessed from the appropriate MACWIS screen. This one-time stipend should be issued to the youth as a graduation gift to spend as the youth wishes. A signed receipt from the youth must be sent to the bookkeeper in the COR.

10. General Education Diploma (GED)/Certificate of Attendance Stipend

A General Equivalency Diploma (GED) Stipend is available to all youth in custody who receive a Certificate of Attendance, or pass the GED. A copy of the certificate or diploma must be filed in the paper case record in the COR office.

This stipend can be accessed from the appropriate MACWIS screen. This one time stipend should be issued to the youth as a gift to spend as the youth wishes. A signed receipt from the youth must be sent to the bookkeeper in the COR.

11. College Bound Stipend

A College Bound Stipend is available to youth in care who plan to attend a post-secondary education program. This stipend is requested through the appropriate MACWIS screens after the COR Worker receives verification that the youth has been accepted in a post-educational program.

The stipend must be issued to the vendor(s). A reimbursement payment may be issued to an individual/party, including the youth, in the event a purchase was previously made, but proof of payment was rendered. All purchases must be receipted and given to the COR bookkeeper before a check is issued and all receipts kept in the COR office.

Allowable purchases are items needed to furnish a residence (on or off campus) such as: bedspread, curtains, rugs, refrigerator, microwave, trunk, bookcase, small appliances, computer, furniture items, and books/resource materials.

12. College Graduation Stipend

A College Graduation Stipend is available for youth until their 21st birthday who complete a two-year community college, four-year college/university or full completion of a vocational program.

Upon proof of graduation, this one-time stipend should be requested in MACWIS by the COR Worker and must be given to the bookkeeper in the COR.

13. Start-Up Stipend

A Start-Up Stipend is available to youth who leave care after turning age sixteen (16) and who have participated in the available ILP activities. The youth must have been in care for a minimum of six (6) months.

This stipend may be requested during the six months prior to release from custody and up to the six months following release from custody.

Youth who have been approved for the Independent Living Placement shall have the option to utilize this one-time stipend upon approval. This stipend must be issued directly to the vendor(s). A reimbursement payment may be issued to an individual/party including the youth in the event a previous purchase was made and proof of payment was rendered. All purchases must be receipted and given to the COR bookkeeper before a check is issued and all receipts kept in the COR office.

Acceptable purchases may include any items associated with the establishment of a home such as: dishes, cooking utensils, appliances, linens, furniture, cleaning supplies, curtains, and rugs.

In addition, a youth released from custody at age 17 or older and already has a job may use a portion of this stipend to assist in the purchase or repair of a vehicle, if the vehicle is needed in the youth's job and as long as the youth already has the minimal essential items needed to live independently. The youth must show proof of having a driver's license and state required liability insurance.

The COR Worker should request this one-time stipend through the appropriate MACWIS screens.

14. Youth Trainer Stipend

The Youth Trainer Stipend is available to youth participating in Teen Advisory Board Activities (TAB). This stipend will be given to youth that attend State Level TAB meetings and for youth who co-facilitate Independent Living and Teen Advisory Board trainings. The Independent Living Unit will notify the COR worker of a youths participation in IL and/or TAB trainings/meetings.

* Youth from the Mississippi Band of Choctaw Indians are eligible for the above listed stipends. The youth generally reside in the following counties in Mississippi: Attala, Jones, Kemper, Leake, Neshoba, Newton, Scott and Winston.

* A Worker who receives a stipend request from a Mississippi Band of Choctaw Indians youth must complete a Case Management service in MACWIS, requesting the appropriate support service for the particular stipend. This request can be entered from the county location in which the youth resides.

E. Driver's License for Youth in Care

A Resource Parent, a group home administrator who has responsibility of the youth in care, a court-appointed guardian, an employer of the youth or, if there is no guardian or employer, any other responsible person who is willing to assume the financial obligation (liability) imposed under MISS. CODE ANN. § 63-1-25, may choose to sign the application for a driver's license, unless restricted by a court order. Youth shall be at least age 16, to obtain a driver's license.

A youth who is seventeen (17) years of age or older may sign a license application without an adult's signature but may not drive until he/she is covered by liability insurance.

F. Motor Vehicles for Youth in Care

Resource Parents or any other responsible adult may purchase a motor vehicle for a youth in custody unless restricted by a court order. The COR ASWS and Worker must approve of the plan prior to the purchase of a vehicle. That plan must be well documented in MACWIS under the TLP; "Transportation" Radio Button.

G. Transitional Living Plan

The Transitional Living Plan (TLP) is a plan documenting how a youth will move from DFCS custody into other programs or to self-sufficiency.

Within ninety days of the youth's 14th birthday, or within thirty (30) days of coming into custody, the TLP shall be incorporated into the FSP. The COR Worker shall complete on the IL Plan/TL Plan screen in MACWIS the youth's post-custody living arrangement, means of income, educational/vocational training plans, food and clothing, health care, transportation, access to a mentor/Resource Family, and access to positive peer support.

The IL Plan/TL Plan shall be developed jointly by the COR Worker and ASWS, youth, and IL Specialist. The TLP shall be updated and modified as needed each time the youth's FSP is reviewed and updated. Any tasks that need to be completed in order to accomplish the IL Plan/TL Plan shall be added to the tasks and goals under the FSP.

Twelve (12) months prior to the anticipated release of custody date, the COR Worker and Independent Living Specialist (contractor), youth, and Resource Parent(s) shall meet to determine services needed to assist the youth in preparing for his/her independence. During this meeting, youth shall be notified of any health, financial or other benefits that will cease after case closing.

The COR Worker should be discussing with the youth a range of living arrangements and engage him/her in an evaluation of the risks and benefits of each option. The Worker should also be discussing the availability of affordable healthcare options within the community. Child care options should be discussed with teen parents.

The Worker shall inform all youth transitioning out of care that he/she is eligible for Medicaid through age twenty-one (21). It shall be the Workers responsibility to assist the youth with completing the necessary documents to continue Medicaid services and to ensure he/she has received his/her Medicaid card prior to transitioning out of care. As part of the Exit Interview form and for future reference, the COR Worker will secure from the youth information on how he/she may be contacted upon leaving custody.

H. Independent Living Placements

An Independent Living Placement is a placement in an apartment house, or rooming house with supervision from a licensed placement agency. A youth who has attained age 18**,** meets the requirements listed in the "Responsibilities of the Youth" in section I.3. below, and is in the

custody of DFCS will be considered for placement. A youth who has attained age 17, in addition to the above requirements, must obtain a high school diploma, certificate of attendance or GED.

The youth's Worker, ASWS and Independent Living Specialist must recommend this placement to the SAILS Advisory Board before final approval by the Independent Living Coordinator. COR/COS Workers shall collaborate services to support placement. The application is completed by the Independent Living Specialist after consulting with the COR Worker.

1. Placement Requirements:

a. Be approved by Youth Court prior to application submission (court order must be attached to application);

b. Permanency plan shall be Another Planned Permanent Living Arrangement (APPLA);

c. Be located to provide reasonably convenient access to school, place of employment, and other essential services;

d. Comply with all fire, sanitation, and safety regulations as determined by DFCS Licensure Standards as set for Child Placing Agencies;

e. Be affordable based on the youth's established budget;

f. Have a transportation plan that has been approved by the ASWS.

g. Have provisions to allow for a roommate if the conditions are followed as found in "Responsibilities of the Youth" at No. 3 below**.**

h. All requests for Independent Living placements shall be presented to SAILS Advisory Board for consideration;

i. The State Independent Living Coordinator, with the recommendations of the SAILS Advisory Board, approves all Independent Living placements; and

2. Role of the Child Placing Agency:

a. Sign the lease or rental agreement;

b. Provide a contractual agreement of responsibilities for the youth to sign. This agreement shall be updated as circumstances such as changes in the level of income or work schedule changes;

c. Accept the board payment and disseminate the funds to the landlord for rent and any surplus funds to the youth; and

d. Make on-site visits as directed by the child placing agency policy and in accordance with DFCS licensing standards for child placing agencies.

3. Responsibilities of the Youth:

a. Be capable of creating a budget based on income and living within the created budget;

b. Be employed and/or attending school with a plan to meet the needs of his/her budget;

c. Be an active participant and maintain involvement in the ILP;

d. Have a plan to cover the initial expenses;

e. Be willing to sign and comply with a contract from the licensed placing agency, delineating specific rules and requirement. If the contract is not satisfactorily met, the youth must leave the Independent Living Placement Program;

f. Teen parents shall provide verification of completing parenting classes; and

g. Be willing to allow planned and unplanned visits to the residence by the Worker, the Specialist, the Placement Agency, and other DFCS staff.

h. Provide assistance to DFCS Worker to secure necessary documentation.

i. If the youth wishes to live with a roommate(s), the roommate(s) shall:

   1. Be a biological sibling who is also in DFCS custody;
   2. Be of the same sex, if not biological siblings, and have separate bedrooms; and
   3. Be presented to the SAILS Advisory Board for approval if the roommate is not in the custody of DFCS. The SAILS Advisory Board will give consideration of the requests on a case-by-case basis.

4. Responsibilities of the Worker:

a. Present the placement to Youth Court for approval during a Review/Permanency Hearing;

b. Change/update the placement in MACWIS to Supervised Independent Living.

c. Ensure that an adequate living arrangement is in place for every person transitioning to independence and to provide supervised household management practice when possible.

d. Assist youth in conjunction with the Transitional Care Coach in selecting appropriate housing, avoiding conflict of interest regarding rental property;

e. Document independent living services received during time of placement on the youth's Independent Living plan.

f. Locate and approve a mentor for the youth;

g. Be available to meet with the State Office Independent Living Director or a designee and the child placing agency staff; and

h. Enter the appropriate placement information by selecting Supervised Independent Living on the appropriate MACWIS screen after placement has been confirmed.

i. Ensures that basic resources are in place, including a source of income, affordable health care, access to at least one committed, caring adult, access to cultural supports and access to positive peer support.

j. Initiate development of an aftercare plan in advance of case closing.

k. Ensure that children receiving independent living services and/or education and training vouchers and those who are aging out of foster care have information and education about the importance of having a health care power of attorney or health care proxy and to provide the youth with the option to execute such a document.

l. Document this on the youth's Independent Living Plan/ Assessment and Transitional Living Plan.

m. Assist each youth aging out or being released from care with updating their healthcare information and removing DFCS as Power of Attorney. This shall be documented on the youth's TLP.

n. Give the youth 6 mos. advance notice of the cessation of any health, financial, or other benefits that will occur at time of transition.

5. Responsibilities of the ASWS:

a. Approve youth's apartment placement recommendation

b. Review for approval the application and the appropriate placement information in MACWIS; and

c. Review for approval the release of the appropriate funds for Independent Living Support Services and Independent Living Placement Services.

I.Education and Training Voucher Program (ETV)

The ETV Program is a federal program that provides supplemental resources to meet the *cost of attendance* in post-secondary educational and vocational programs, as defined in the Higher Education Act of 1965, for all youth aging out of custody. This program makes vouchers of up to $5,000 per year available to eligible youth attending post-secondary education.

Additionally, the following individuals will be considered for ETVs:

1. Youth currently in custody of DFCS;
2. Youth who have left custody at the age of 16 years or older, and have not yet reached 21 years of age, must have been in custody for at least six (6) consecutive months after the age of 16;
3. Youth who were adopted at age 16 and have not yet attained 21 years of age;
4. Youth who graduate high school, receive a GED, or a certificate of attendance;
5. Youth who have participated in the ETV Program prior to their 21st birthday in order to continue receiving ETV funds until their 23rd birthday;

Youth must first apply for and have received confirmation from the institution through an award letter to include the Pell Grant, MTAG, scholarships, or other grants, if applicable.

There are fall and spring enrollment periods for all ETV applications. Youth enrolling in school during the fall must have their ETV applications submitted prior to the two week fall approval period. Youth who do not enroll in the fall will be allowed to submit ETV applications prior to the two week spring approval period. Once a youth is approved and enrolled in the ETV program his/her enrollment will be in effect for one year. A new ETV application must be submitted annually.

The amount that a youth attending school full-time may receive is limited to $5,000 which must be utilized during the fiscal year. Part-time students may receive $2,500 per fiscal year. The applicant must use the following criteria:

1. Be enrolled in an institution of higher education, as defined by the higher education which:
    a. Awards a Bachelor's Degree or is not less than a two-year program (Associate's Degree)
    b. Provides not less than one year of training towards gainful employment, or;

c. Provides training for gainful employment through a vocational program that has been in existence for at least two years.

2. Be in good standing with the college, university or vocational training school;
3. Be maintaining a grade point average of 2.0 on a 4.0 scale. If the grade point average is below 2.0, the youth has one semester to reestablish a 2.0 grade point average;
4. Be making progress towards completing the programs they are enrolled in;
5. Priority will be given to the full time students in the event of ETV funding being depleted during the federal fiscal year.

1. ETV Approval Process

1. The COR or COS Worker will coordinate a plan to complete financial aid application/packet with youth (FASFA, MTAG, Institution);
   - The youth must first apply for, and have received confirmation or disapproval notices from applications made for the Pell Grant, MTAG, scholarships, or other grants the youth may have applied for. The sources and amounts of any other funds that may be available to the youth must also be considered.
2. The COR Worker shall notify the State Independent Living Coordinator that ETV funds are needed.
3. The State Independent Living Coordinator will send the ETV notification to DFCS Administration Unit Director to ensure the COR has ample State Funds in (MACWIS) for the county to select an ETV Support Service;
4. The State Independent Living Coordinator will notify by phone or e-mail, the COR Worker to expedite entering the ETV support service request in MACWIS by selecting the ETV Support Service;
5. The COR Worker will enter the ETV request in MACWIS;
   An electronic tickler notice is received by the COR ASWS to review/approve the ETV request in MACWIS;
6. An electronic tickler notice is sent to the State Independent Living Coordinator;
7. The State Independent Living Coordinator will review/approve the ETV request in MACWIS;
8. The ETV tickler will go to the COR bookkeeper to be expedited;
9. The COR bookkeeper will prepare payment for the approved ETV Support Service provider (vendor or youth).

A Worker who receives an ETV request from a youth out of care and eligible for the ETV program shall complete a case management service in MACWIS and will request the appropriate support service for the ETV voucher. This request can be entered from any county location, regardless of the originating COR.

A reimbursement payment may be issued to an individual/party including the youth in the event a purchase was made and proof of payment was rendered. **An itemized receipt must be given to the COR bookkeeper before a check is issued.**

The following limitations will apply for ETV fund requests (Note: all require enrollment in school):

- Youth may receive a monthly allowance of $150.
- Youth may receive a maximum of $750 for computer needs.
- Youth may receive a maximum of $1,000 for transportation needs (insurance, repairs, maintenance).
- Youth may receive $150 a month toward off campus housing.

All other Cost of Attendance may be requested without limit until the allotted funds are depleted for each child.

2. Cost of Attendance

For the purpose of this policy, the term "cost of attendance" means:

1. Tuition and fees normally assessed a student carrying the same academic workload as determined by the institution, and including costs for rental or purchase of any equipment, materials, or supplies required of all students in the same course of study;
2. An allowance for books, supplies, transportation, and miscellaneous personal expenses, including a reasonable allowance for the documented rental and purchase of a personal computer for a student attending the institution on at least a halftime basis as determined by institution;
3. An allowance (as determined by the institution) for room and board costs incurred by the student;
    a. An allowance determined by the institution for a student without dependents residing at home with parents;

b. A standard allowance (determined by the institution) for students without dependents residing in institutionally owned or operated housing based on the amount normally assessed most of its residents for room and board; and

c. An allowance for all other students based on the expenses reasonably incurred by such students for room and board;

4. Tuition and fees and an allowance for less than half-time students (as determined by the institution) for only books, supplies and transportation (as determined by the institution) and dependent care expense;
5. Tuition and fees only for students engaged in a program of study by correspondence and if required, books and supplies, travel, and room and board costs incurred specifically in fulfilling a required period of residential training;
6. Tuition and fees only for incarcerated students and, if required, books and supplies;
7. Reasonable costs for a student enrolled in an academic program in a program of study abroad approved for credit by the student's home institution;
8. An allowance for a student with one or more dependents, based on the estimated actual expenses incurred for such dependent care and based on the number and age of such dependents;
9. An allowance (as determined by the institution) for student with a disability, including special services, personal assistance, transportation, equipment, and supplies that are reasonably incurred and not provided for by other assisting agencies;
10. A student receiving all or part of the student's instruction by means of telecommunications technology; no distinction shall be made with respect to the mode of instruction in determining costs;
11. A student engaged in a work experience under a cooperative education program, an allowance for reasonable costs associated with such employment (as determined by the institution);
12. A student who receives a loan under this or any other Federal law, or at the option of the institution, a conventional student loan incurred by the student to cover a student's cost of attendance at the institution, an allowance for the actual cost of any loan fee, originated fee, or insurance premium charged to such student or such parent on such loan, or the average cost of any such fee or premium charged by the Secretary, lender, or guaranty agency making or insuring such loan, as the case may be; or

Note: If expenses related to the student's personal vehicle are not a part of the cost of attendance, they are not allowable expenses under the voucher program

3. Institution of Higher Education

General Provisions- Title I (20 U.S.C. 1001 et seq.) is amended to read as follows:

Title I- General Provisions, Part A- Definitions

Sec. 101. General Definition of Institution of Higher Education

A. **INSTITUTION OF HIGHER EDUCATION**- For purposes of the Higher Education Act, other than title IV, the term institution of higher education' means an educational institution in any State that:

1. Admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate;
2. Is legally authorized within such State to provide a program of education beyond secondary education;
3. Provides an educational program for which the institution awards a bachelor's degree or provides not less than a 2-year program that is acceptable for full credit toward such a degree;
4. Is a public or other nonprofit institution; and
5. Is accredited by a nationally recognized accrediting agency or association, or if not so accredited, is an institution that has been granted pre-accreditation status by such an agency or association that has been recognized by the Secretary for the granting of pre-accreditation status, and the Secretary has determined that there is satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time.

http://www2.ed.gov/policy/highered/leg/hea98/sec101.html

X. PLANNING FOR CASE CLOSING

A. Developing the Plan:

In developing a plan for case closing when the child is being reunited with his/her family, the COR worker should:

- Assess with the family their readiness for the return of the child.
- Determine with the family a time frame for return. . This might include longer and more frequent visits to the home by the COR/COS Worker.

- Involve the Resource Family to achieve a smooth transition.
- Plan with the family for an FTM, identifying those persons who should be invited.
- Facilitate the FTM in the development of the post-placement plan.
- Secure court approval for the return home; inform the Court of the plan of services to support reunification.
- Make appropriate referrals and ensure all services will be in place at the appropriate time.

When a plan to return a child to his/her home or to a relative, the following shall occur:

- A FTM shall be held which shall include:

    1. Assigned Worker,
    2. Worker's ASWS,
    3. Private agency representative,
    4. Resource Parents,
    5. Biological parents or the relative, and
    6. Child

The purpose of the meeting is to develop an aftercare plan that identifies the services necessary to ensure that the conditions, which lead to the child's placement, have been addressed and the child's safety and stability will be assured. DFCS will take the necessary steps to facilitate access to all services to support the child's or reunification.

B. Service Delivery: (for a minimum of three months)

In overseeing the delivery of required services when the child is reunited with his/her family, the COR worker should:

- Provide supportive casework services to the family and the child.
- Monitor the provision of services and assess the effectiveness with the family.
- Assess with the family the need for other services.
- Make appropriate referrals as needed.
- Engage family's support network as needed.

- Assess with the family their strengths in maintaining stability and the time frame for case closure.
- Notify all collaborating service providers, including tribal governments if appropriate.
- Inform Court, as appropriate, of plan to close case.
- Terminate relationship with family and child.
- Close case.

XI. CASE CLOSING AND AFTERCARE

A. Introduction

Although it is sometimes not possible for various reasons, it is always preferable for a child to be removed from foster care through prior planning by the Worker and ASWS.

The child (if age appropriate) and family should be engaged in this planning and be kept informed of the progress toward meeting the established goals in order for the child to leave foster care. After receiving proper approval from the court holding jurisdiction the child may be:

- Reunified with Parent or Primary Caregiver (from whom the child was removed);
- Custody with a relative;
- Durable legal custody/guardianship with relative or guardian;
- Adopted; or
- Reached the age of 20.

B. Trial Home Visit

For each child who has a permanency goal of reunification and who is, in fact, placed in the home for the purpose of reunification, DFCS shall provide, subject to the approval of the youth court, such child with a 90-day trial home visit, unless that child had been in custody for less than ninety (90) days.

During any trial home visit period, a Worker shall meet with the child in the home at least two times per month, and each meeting shall occur without the parent or caretaker present.

C. Approval by ASWS

Prior to any child leaving foster care, except through death or if the child is involved in an unauthorized absence, either by their own actions or actions of others, the COR Worker should discuss the plans with the ASWS. After ASWS approval is obtained, careful planning for the departure shall be implemented. The ASWS shall be kept informed of each step and additional approval obtained, as necessary, in order to assure a smooth transition.

D. Notification to the Courts

Prior to the actual return or trial return to the parents, the Worker must also seek approval of the court.

The Worker shall request a review hearing with the judge and recommend a trial return home with DFCS maintaining custody and supervision. The resulting court order shall be filed in the case record.

E. Planning for Youth Age 18 to Leave Custody

If a youth leaves custody after attaining the age of eighteen (18), the following criteria shall be met.

a. Youth has a safe place to live, whether with others or alone.

b. Youth has a means of supporting himself or herself after release.

c. Youth has been notified in writing, at least thirty (30) calendar days in advance, that emancipation will be sought.

d. Youth has a mentor and/or a Resource Family.

In such cases, the following steps should be taken:

Worker shall staff with the ASWS and discuss the specific discharge plans. A Review Hearing shall be requested in order to present this placement option to the court. The Worker shall submit a written report to the Youth Court with the following information included:

- A detailed explanation of services that will be provided to the child, Resource Family (if applicable), relatives or other support systems identified by DFCS;
- A detailed plan for a 90-day trial placement. During any trial visit period, the COR/COS Worker shall meet with the child in the placement at least two times per month, and each meeting shall occur without the parent or caretaker present.

- Before the end of any trial home visit, there shall be a final family team meeting, which shall include the child's Worker, the Worker's ASWS, the child, and the parent or relative assuming custody, to determine the appropriateness of a final discharge.

F. Custody Beyond Age 20

Youth Court jurisdiction terminates when a child reaches age twenty (20) or sooner if determined by the youth court (MISS. CODE ANN., § 43-21-151(2)).

If DFCS determines the need to retain custody of a child beyond age twenty (20), the COR may petition the Chancery Court for continued custody until the child reaches age 21. This petition must be filed prior to the child's 20th birthday. MACWIS will send the COR Worker a tickler 60 days prior to the youth's 20th birthday alerting the Worker of potential pending legal action.

Orders of the following type shall be transmitted to the AG's office immediately for handling:

1. Orders where custody of a child 18 years of age or older was placed with DFCS without prior Youth Court involvement.
2. Orders specifying that DFCS is to maintain custody or oversight of a child on/or after a child's twentieth birthday.
3. Any custody order entered by the Chancery Court.

Upon termination of the jurisdiction of the Youth Court, the case record may be closed.

G. Closeout Procedures in MACWIS

In order to close a case in MACWIS, the Worker must complete the Final Case Plan and end all services within 10 days of case closure.

The parents' Final FSP will not be submitted until:

1) All tasks and goals have been ended and closing evaluation completed;
2) The assessment updated;
3) A closing summary narrative has been entered; and
4) An After Care Planning FTM narrative entered

For "placement" cases, the Worker is also responsible for end-dating custody for each child on the "Legal History" tab in MACWIS. Any ICPC outgoing action must be withdrawn or closed before ending custody and the child cannot have any pending support services or any funds left in his or her account.

The last step on the child's record is to complete the Final FSP which includes end-dating the permanency and concurrent plan**s**, if applicable, and updating necessary tabs.

A child's FSP cannot be closed if eligibility and/or a TPR Request are still pending.

After approving the final FSP, the ASWS should end-date the case in MACWIS using the "Case Assign/Transfer" icon.

On the "narrative" screen in MACWIS, the Worker shall list all documents given to the youth upon discharge from custody.

H. Personal Documents to be Given To A Child/Youth or (Parent/Guardian) Upon Discharge from Custody

Whatever the reason for leaving custody, the Worker shall ensure that the child/youth or parent/guardian receives the following documents:

1. Birth certificate;
2. Social Security card;
3. Identification card or driver’s license;
4. Death certificates, if parents are deceased; and
5. Documentation of immigration, citizenship, or naturalization, if applicable.

Other documents supplied, at no cost, to the youth/parent/guardian upon discharge from custody should include:

6. Medicaid card;
7. Educational documents (including high school diploma or general equivalency diploma and a list of all schools attended);
8. A resume (if work experience can be described);
9. Medical/immunization records;

10. Religious documents and information;
11. List of known relatives, with relationship, and contact information;
12. Previous placement information;
13. Passport;
14. Any life books compiled during youths stay in custody;
15. Copy of all court orders;
16. Photographs; and
17. Resource guide.

I. Aftercare Services

Aftercare services shall be offered to youth starting at age eighteen (18) to twenty-three (23) through the IL contract provider. COR workers shall complete and submit the Aftercare referral form to the contract Transitional Care Coach in their region. Aftercare services provided by the contractor include Independent Living Placements, Emergency Services, Continuing Independent Living/Life Skill assistance, Education assistance, and Mental Health referral.

XII. APPENDICES

Appendix A

Form DFCS 518
Revised 02/2011

NOTICE OF PARENT/GUARDIAN'S RIGHTS
PLACEMENT CASES

You have rights and responsibilities while you are involved with the DFCS of Family and Children's Services (DFCS). These are the rights and responsibilities for parents and/or guardians of children who are in the custody of the Mississippi Department of Human Services. The normal hours of operation for the DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE RIGHT TO:

1. Regular visits and other contact with your child, such as letters and telephone calls. *****
2. Give input into decisions affecting your child.
3. Identify and discuss your family's strengths and areas needing improvement with your worker to develop your Family Service Plan.
4. Expect your child to be free from abuse, neglect and exploitation.
5. Expect your child not to receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits as punishment.
6. Expect your child to be disciplined in a manner that is appropriate to how mature he/she is, his/her developmental level, and his/her medical condition. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.
7. Help decide the long term plan for your child and to be notified of changes in the plan.
8. Have help in correcting the problems that caused your child to be placed outside your home.
9. Have office phone numbers and office addresses for your worker and your worker's supervisor.
10. Participate in your child's county conferences and court hearings.
11. Refuse any service or treatment recommended by DFCS unless court ordered.
12. Two weeks' notice before your child's placement or visit schedule changes.******
13. Ask to meet with your child's Resource Parents.
14. Have your child's Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your case.

15. Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.

> **** This right may be withheld by the judge.***
>
> ***** In emergency situations we may not be able to notify you.***

_____ / _____ _____
Client(s) initials **Worker initials**

YOU HAVE THE RESPONSIBILITY TO:

1. Help financially to support your child
2. Remember your child on birthdays and holidays with visits, gifts, calls, or cards.
3. Complete your part of your Family Service Plan**.** This **may include** paying for the cost or part of the cost of a task.
4. Ask for and be a part of all Family Team Meetings.
5. Help develop your child's visitation plan.
6. Give 48 hours' notice if you can't come to a visit with your child.
7. Give to your worker the names, phone numbers, and addresses of your relatives who may be able to care for your child.
8. Give your worker all medical and educational information about your child.

_____ / _____ _____
Client(s) initials **Worker initials**

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

_____ / _____ _____
Client(s) initials **Worker initials**

TERMINATION OF SERVICES:

Services provided by DFCS may be ended for the following reasons:

1. Your Family Service Plan has been successfully completed and your child is returned home safely.
2. Legal custody is given to someone other than you by the court.
3. Your child becomes an adult.
4. You choose to give up your rights as a parent.*****
5. The court ends your rights as a parent.*****

**** The court can order continued services in all of these situations except those involving the surrender or termination of parental rights.***

_____ / _____ _____
Client(s) initials **Worker initials**

The court of your county has the authority to modify any of the statements above.

Client(s): _____ / _____ **Date:** _____

Worker: _____

Appendix B

Form MDHS-SS-456

Contract for Foster Care

THIS AGREEMENT is entered into this day, between (a) _____ and (a) _____ as parents or legal guardian of (b) _____, and the (c) _____ County Department of Human Services.

WITNESSETH:

Because I/we, (d) _____, as parent of the above named child, are presently in need of a proper home situation and guidance of my/our child, we agree to enter into this agreement with the above named County Department of Human Services for voluntary foster placement with said County Department of Human Services exceed 180 days.

I.

(1) Parent agrees to place said child, into the temporary full care and custody of said County Department of Human Services for the purpose of placing said child into a foster home or other appropriate placement.

(2) That said County Department of Human Services has the immediate right to place said child in a suitable environment as deemed necessary and proper for the wellbeing of said child, including the authorization of medical and surgical procedures upon the advice of a licensed physician.
Parents further release and discharge the Department of Human Services, its employees, agents and others acting on its behalf from any and all claims, demands, liability and damages of whatsoever nature, arising out of this foster placement.

(3) Parents agree to pay (e) _____ dollars per (f) _____ as support, to help cover the expense of this placement.

(4) Parents agree to cooperate with the said County Department of Human Services to develop a schedule of visits and contracts with said child working toward the return of said child within a specified time period, not to exceed 180 days.

II.

(1) The above named County Department of Human Services agrees to accept temporary full care and custody of said child, and place said child in a suitable environment.

(2) The above named County Department of Human Services agrees to pay a board payment to the people/person designated as the foster parent of said child, and to supervise the foster home in accordance with the approved standards of foster care as established by the State Department of Human Services.

(3) The above named County Department of Human Services agrees to cooperate with the natural parents in establishing a schedule of visits, and further to develop a plan, including the provision of available support services, leading towards the return of said child within a specified period not to exceed 180 days.

III.
Both parties acknowledge and expressly agree to the following:

1. This contract does not award full permanent care and custody of said minor, and this contract does not award full permanent care and custody of said minor, and this contract does not in any way amount to a release of said child for adoption, or act as a waiver of any parental rights, provided that said parties act in good faith to fulfill the intent of this agreement.
2. The failure of the parents to provide the monthly child support payments without proper cause and failure to cooperate with the above named County Department of Human Services for the return of said child, or the failure to maintain contact with said child either personally, by phone or by mail, shall constitute sufficient cause for said County Department of Human Services to seek court ordered custody on the grounds of neglect by abandonment and/or to begin the process of Termination of Parental Rights, and the placement of said child for adoption under the laws of the State of Mississippi.
3. It is further understood that parents are entitled and encouraged to maintain contact with their child and the Department of Human Services shall make every effort to arrange visits at the mutual convenience of the Department of Human Services and the parents, unless barred from doing so by Court Order, or upon the written advice and counsel of a qualified psychological source.
4. It is understood and agreed that said parents may regain the custody and control of said child, upon two weeks' notice in writing to the (g) _____ County Department of Human Services.
5. This Contract will expire 180 days from the date of its signing.

WITNESS OUR SIGNATURES:

_____	_____
Father(signature or mark) Date	Area Social Work Supervisor Date
_____	_____

Mother(signature or mark) Date Witness Date

Witness Date

Appendix C

Form MDHS-SS-459

Surrender of Parental Rights and Consent to Adoption to the Mississippi Department of Human Services

KNOW ALL MEN BY THESE PRESENTS, that I, _____(name of parent) being the _____(relationship to child) of _____(full name of child, as on birth certificate) a male/female minor who was born on _____, _____ at _____, _____(date of birth/ city/ state) being of the opinion that it is in the best interest of my said child that he/she be placed under the exclusive care, custody and control of the Mississippi Department of Human Services, an administrative agency of the State of Mississippi, and that he/she be free for adoption, I do hereby relinquish and surrender all my parental rights to said child to the Mississippi Department of Human Services and enter my consent to said adoption, and by these presents do hereby make, constitute and appoint the Director, Office of Social Services, in his/her official capacity, and his/her successors in office, or his/her duly authorized agent or representative, to exercise exclusive care, custody and control over the person and estate of said child. I do also hereby grant and give unto said Director, and his/her successors in office, or his/her duly authorized agent, full power and authority to do and perform any and all acts which he/she may deem to be in the best interest of my said child, including, but not limited to, the authority to consent to the adoption of said child. This relinquishment includes the rights of inheritance, provided the rights of inheritance shall not be affected until the entry of a final decree of adoption.

That this SURRENDER OF PARENTAL RIGHTS AND CONSENT TO ADOPTION is irrevocable, and that I will not, in any manner whatsoever at any time hereafter, interfere with the custody of my said child or attempt to assert any parental or other rights in connection with said child;

That I hereby understand that the signing of this form expressly waives any service of process or any summonses, or any notice of any kind in any court proceedings regarding the welfare or the adoptive placement of the aforesaid child;

That I have freely and voluntarily entered into this agreement, after careful consideration. I fully understand the meaning of this document and the consequences of my decision to voluntarily give up my parental rights to my child. I further state that no one has threatened nor otherwise pressured me to sign this document, nor has anything been offered or received for my signing of this form.

WITNESS my signature on this, the _____ day of _____, A.D., 20_____.

WITNESS: Parent's SIGNATURE:

_____ _____

STATE OF _____
COUNTY OF _____

THIS DAY, personally came and appeared before me, the undersigned authority, in and for the aforesaid County and State, the within named _____, who acknowledged to me that he/she signed and delivered the above the foregoing written instrument on the day and year therein mentioned as his/her own free act and deed.

GIVEN UNDER MY HAND AND OFFICIAL SEAL of office on this, the ____day of _____ A.D., 20_____.

_____ _____

My Commission Expires: NOTARY PUBLIC

Appendix D

Form MDHS-SS-459A

MOTHER'S STATEMENT NAMING FATHER OF CHILD

STATE OF _____
COUNTY OF _____

THIS DAY personally came and appeared before me, the undersigned Notary Public, in and for the aforesaid jurisdiction the within named_____(mother's full name) who, first having been by me duly sworn, on oath states the following;

That I, _____(mother's full name) am the biological mother of _____(full name of child as on birth certificate) a female/male child born on the _____day of _____(month), A.D., 20_____(year), and that _____(name of putative father) is the biological father of said child, whose last address known to me was _____(street/city/state/zip).

That _____(name of putative father) and I are not now nor have we ever been married.

After having been fully advised that the making of false statement of identity under oath is punishable as perjury, I, the undersigned affiant, state that the matters and fact as herein set forth are true and correct, and I do hereby make this affidavit of my own free will and accord.

_____
MOTHER'S SIGNATURE

SWORN TO AND SUBSCRIBED before me on this, the _____day of _____, A.D., 20_____.

_____
NOTARY PUBLIC

My Commission Expires:

_____

Appendix E

Mississippi State Department of Health
Vital Records
Post Office Box 1700, Jackson, MS 39215-1700

Acknowledgement of Paternity

Information needed to identify original birth certificate

Child's Name	1. Child- Name (First) (Middle) (Last)			2. Date of Birth (*Month, Day, year*)	3. County of Birth	
Father's Information To Appear On Revised Certificate And Residence Information	4. Name (First) (Middle) (Last)		5. Race (White, Black, etc.)	6. Date of Birth (Month, Day, Year)		
	7. State of Birth	8. Origin or Descent (Cuban, Mexican, Afro-American, etc.)	9. Social Security Number	10. Education (Highest Grade completed)	Elementary	College
	11. Residence- State	12. County	13. City or Town	14. Street and Number or Rural Location		

I, _____(Name of Father)

Certify and acknowledge that I am the natural father of the child whose name appears in item (1) above, and that all information in items (4-14) is correct. My rights and responsibilities and right to rescind (cancel) paternity have been explained to me. It is also understood that I have the right to request a genetic test through the Department of Human Services within sixty (60) days.

SIGNATURE _____
Sworn to and subscribed
Before me this the _____ day of _____, _____

SIGNATURE OF NOTARY _____

My commission expires _____

I, _____(Name of Mother)

Certify and acknowledge that the person named in item (4) is the father of the child whose name appears in item (1), and that all information in items (1-3) is correct. My rights and responsibilities and right to rescind (cancel) paternity have been explained to me.

SIGNATURE _____
Sworn to and subscribed
Before me this the _____ day of _____, _____

SIGNATURE OF NOTARY _____

My commission expires _____

Rights and Responsibilities: Execution of this acknowledgement of paternity shall result in the same legal effect as if the father and mother had been married at the time of the birth of this child. The Office of Vital Records may make this acknowledgement of paternity available to the Division of Child Support Enforcement of the Mississippi Department of Human Services for use in establishing paternity and child support obligations. The father has the right to request a genetic test within the sixty (60) day time frame through the Mississippi Department of Human Services. Once the sixty (60) day time frame expires execution of this acknowledgement of paternity shall result in the same legal effect as if the father and mother had been married at the time of the birth of this child.

Right to Rescind: A signed voluntary acknowledgement of paternity is subject to the right of any signatory to rescind the acknowledgement within the earlier of: (i) sixty days; or (ii) the date of a judicial proceeding relating to the child, including a proceeding to establish a support order, in which the signatory is a party.

Instructions:

1. This form cannot be used for paternity acknowledgement if the mother is married or was married at any time between the conception and birth of this child.
2. All information requested on this form must be supplied.
3. The completed form must be signed and sealed by a Notary Public,

4. If the mother's name has been changed, by marriage, court order or other means, from that which is recorded on the birth certificate, documentation of that change (such as the marriage license or court order) must be included to explain the difference between the notarized signature and the name on the birth certificate.
5. Send to the address at the top of this form:
   a. this completed form,
   b. any required accompanying documentation,
   c. the fee of $25.00 check, bank, or postal money order.

A certified copy of the revised certificate will be sent upon receipt and processing of these documents and the correct fee. **BASED ON THIS ACKNOWLEDGEMENT OF PATERNITY THE BIRTH CERTIFICATE WILL REFLECT THE LAST NAME OF THE CHILD TO BE THE SAME AS THAT OF THE ACKNOWLEDGED FATHER.**

Mississippi State Department of Health Revised 5-15-09 Form No. 564

Appendix F

Form DFCS 515
Revised 02/2011

Foster Child Information
Information provided in this document is confidential.

Child's Name:_____ **DOB:**_____
(Nickname) _____

Date placed in Licensed Resource/Relative/Group Home/Facility _____

Name of Home/Facility_____
The following information is being provided at the time of placement and any other relevant information not available at this time will be provided within fifteen (15) calendar days of placement.

☐ Birth Certificate (Copy)
☐ Social Security Card (Copy)
☐ Insurance/Medicaid Card (Copy)
☐ School Records (Copy)
☐ Immunization Record (Copy)

☐ **PARENT INFORMATION:**

Mother:_____
Father_____

PLACEMENT REASON OR ALLEGATION:
_____
_____
_____

- Behavioral Issues:
- _____
  _____
- Medical or Mental Health Diagnosis:
  _____
  _____
- Medications: _____Yes _____No

- If yes, please specify the name, dosage and frequency:_____
  _____
- Have all medications been provided to caregiver? _____Yes _____No
- Does the child have any known allergies (drugs, food, other)? _____Yes ____No

  If so List:_____

- Scheduled appointments and location of each. If the caregiver is needed to provide transportation for appointments, please make arrangements with them now._____
  _____
- Child's favorite Foods:_____
- _____
- Special Diet (i.e.; formula, food etc.)Was it provided?_____
- Comfort item (teddy, blanket, cup)? _____

- If child requires car seat or baby bed, was that provided? _____

- Visitation Plan with Parent:_____

- Visitation Plan with Sibling(s):_____

  The following information was given to _____ at the time of placement for _____ in the _____home.

- **Worker Contact Information (office and emergency).**

  COR Worker (COR) _____
  COS Worker (COS) _____

  Signed:_____ , Date_____
  COR/COS Worker
  Signed:_____, Date:_____
  Licensed Resource Parent/Relative/ Group Home/ Facility Representative

If unable to contact any of the above in case of an emergency, please call the Mississippi Centralized Intake staff at 1-800-222-8000 and they will assist you in locating a worker or local law enforcement at 911.

Appendix G

Form DFCS 513
Revised 02/2011

Emergency Placement Checklist

1. _____ Local law enforcement background check
2. _____ MACWIS background check
3. _____ Gun safety (weapons stored away safely)
4. _____ All utilities working
5. _____ Telephone
6. _____ Clear access to exits
7. _____ Hazardous substances safeguarded
8. _____ Premises free of rodent and insect infestation
9. _____ Operable refrigerator, stove, oven
10. _____ Functional sewage system
11. _____ Interior plumbing with running cold and warm water

Date of Visit: _____

Completing Worker: _____

Resource Name: _____

Address: _____

_____

_____

Home Phone: _____
Alternate Phone: _____

Comments:

_____

_____

Appendix H

Form DFCS 521
Revised 02/2011

Consent Form

Psychotropic medication recommendation: (to be completed by licensed medical professional)

Identifying information:		
Child's name:		Date of birth:
Sex: ○ Male ○ Female	Height:	Weight:
Prescribing health care provider:		Telephone number:
Facility name:	Facility address:	
Clinical information: (to be completed by licensed medical professional)		
Child(s) placement name:		
Concurrent medical diagnoses:		

All current psychotropic medication:

Medication/dosage/ administration schedule	Medication/dosage/ Administration schedule	Medication/dosage/ Administration schedule
Discontinued psychotropic medication:		

New medications and recommendations: (does not include dosage changes)

Name of medication:	Dosage/route/frequency of administration:
Target symptoms:	Potential side effects:
Tests/procedures required before/during medication regimen:	
Alternative treatments:	
Potential side effects reviewed with child: ○ Yes	Foster parent/guardian: ○ Yes

○ No	○ No Foster parent(s) name:_____

Child's name: _____ **Case Name: _____**

Name of medication:	Dosage/route/frequency of administration:
Target symptoms:	Potential side effects:
Tests/procedures required before/during medication regimen:	
Alternative treatments:	
Potential side effects reviewed with child: ○ Yes ○ No	Foster parent/guardian: ○ Yes ○ No Foster parent(s) name:_____

Signatures:

_____ _____
COR Worker **Date**

_____ _____
ASWS/ Designee **Date**

Consultation with the DFCS Nurse _____
Date

Notification: (to be completed by caseworker)
○ Legal parent(s) were notified of psychotropic medication(s): _____Yes _____No Comments:

Appendix I

Form MDHS-SS-410

Case Name: _____
Case Number: _____
Primary Clients: _____
_____
_____
_____

FAMILY RESOURCES FOR CHILDREN

	Name	Address	Phone	Remarks
Mother				
Father				
Mother's Siblings (list every one)				
Father's Siblings (list every one)				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				

OTHER SIGNIFICANT RELATIVES AND FRIENDS

Relationship	Name	Address	Phone	Remarks

Appendix J

Form MDHS-SS-426

Child's Name: _____ Date of Birth: _____ Sex: _____

CHILD'S MEDICAL RECORD

Any Complaint?

Menstrual History (adolescent girl)

Height: Weight:

Skin:

Scalp and Hair:

Eyes: Pupillary Reaction: _____ Rt. Lt.
Vision Without Glasses: _____ _____ _____
Vision With Glasses: _____ _____ _____
Eyegrounds: _____ _____ _____
Other: _____ _____ _____

Ears: Otoscopic: _____ Rt. Lt.
Hearing: _____ _____ _____
Audiometer (if indicated): _____ _____ _____
Other: _____ _____ _____

Nose: _____

Teeth: _____
Condition: _____
Occlusion: _____
Hygiene: _____
Other: _____

Throat: Pharynx: _____
Tonsils: _____
Adenoids: _____
Glands: _____
Thyroid: _____
Chest: _____
Breasts: _____
Heart: _____

Lungs: _____
Abdomen: _____

Secondary Sex Characteristics: _____
Genitals: _____
Reflexes: _____
Extremities: _____
Feet: _____
Posture & Spin: _____

Nutrition:

Signs of Endocrine Imbalance: _____
Other: _____

Urinalysis: Color, Reaction, Sp.G.: _____ Sugar, Albumin, Micros.: _____ Blood Pressure: _____ Blood Hemoglobin, Count, etc.: _____ Other Tests: _____
Impression & Advice (Include Psychological and Social Factors)

Examining Physician: _____Date of Examination: _____

Appendix K

Form 522 E

APPLICATION FOR CERTIFIED MISSISSIPPI BIRTH CERTIFICATE
Mississippi State Department of Health
Vital Records
Post Office Box 1700, Jackson, Mississippi 39215-1700

Full Name on Birth Record	First:		Middle:	Last:
Has Name Changed Since Birth ? Yes _____ No _____			If so, what was original name?	
Date of Birth	Month:	Day:	Year:	State File Number If Known:
Place of Birth	County:		City:	State:
Sex: Male _____ Female _____			**Race:**	
Full Maiden Name of Mother	First:		Middle:	Last:
Full Name Of Father	First:		Middle:	Last:
PERSON REQUESTING CERTIFIED COPY				
Relationship To Applicant:			**Purpose For Which Needed:**	
Signature of Applicant:				**Date:**

A Birth Record Search Requires Advance Payment of A *Non Refundable* Search Fee of $15.00 and Valid Photo Identification.

The $15.00 fee entitles the applicant to one Certified copy of the birth record on file of it the record is not found a "Not on File" statement will be issued. Surrounding counties and five years centered on year of birth are searched if record is not located within county or year specified. $15.00 x _____ = _____

Additional Certified copies of the same record ordered at the same. $5.00 for each additional certified copy. $5.00 x _____ = _____

Total Amount Enclosed. Check or Money Order payable to Mississippi Vital Records. Mississippi law allows an additional Service charge for dishonored checks. (DO NOT SEND CASH)

	No. of copies	Amt. Enclosed
Totals	_____	_____

APPLICANT NAME/DELIVERY INFORMATION

Pursuant to Section 41-57-2 of the Mississippi Code of 1972, Annotated and as defined by Mississippi State Board of Health Rules and Regulations only person having legitimate and tangible interest in a birth certificate is entitled to obtain a copy. Anyone obtaining a copy of a birth certificate under false pretenses is subject to the penalties as described in Section 41-57-27 of the Mississippi Code.

PRINT YOUR MAILING ADDRESS HERE

Applicant Name (Type or Print)			
Delivery Address (include apt number)			
City:	State:	ZIP Code:	Phone Number, including area code:

DO NOT WRITE IN THE SPACES BELOW – FOR OFFICE USE ONLY

12-36	S.C.	SUP.
37-66	S.C.	P.
S.C.	C.D.	CWA.

Mississippi State Department of Health Revised 5-29-09 Form 522-E

Appendix L

Form DFCS 520
Revised 08/2011

NOTICE OF RIGHTS & RESPONSIBILITIES FOR YOUTH 14 AND OLDER IN FOSTER CARE

These are the rights and responsibilities for youth fourteen (14) and older in the custody of the Mississippi Department of Human Services. The normal hours of operation for the DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE *RIGHT* TO:

1. Know why you are in foster care and how we will meet your needs.
2. Know what progress your family will have to make before you may return home.
3. Visit with your family unless the youth court judge says that you cannot.
4. Know your social worker, to know his/her supervisor, to know their office phone numbers and addresses, and to know how to get help from your social worker.
5. Be free from abuse, neglect and exploitation.
6. To fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
7. Not receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits as punishment. You will not receive remarks that make fun of you or your family or any threats of losing your placement or shelter.
8. Be disciplined in a manner that is appropriate to how mature you are, you developmental level, and your medical condition. You must be told why you were disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.
9. Expect a safe and healthy place to stay while you are away from your home and to know all the rules and regulations of your placement.
10. Take part in decisions made about you, to attend court hearings unless the youth court judge says you cannot, to attend foster care review conferences and to participate in designing your Family Service Plan (FSP).
11. An advocate who represents your best interests in court (Guardian Ad Litem) and to have contact information for him/her and the right to counsel.

12. Know when your placement or your visits with your family are about to change. (Your social worker will tell you as soon as they know there will be a change.)
13. Participate in Independent Living activities such as skills groups and retreats to help prepare you to live on your own if you cannot return home.
14. Be treated with dignity and respect and receive services without regard to race, color, creed, religion, national origin, sex, age, disability, or political affiliation.

_____ _____
Client initials **Worker initials**

YOU HAVE THE *RESPONSIBILITY* TO:

1. Let someone know if you feel you have been treated unfairly by:
    - Talking with your social worker about the problem.
    - If the problem is not resolved, asking your social worker or another worker to arrange for you to talk with the ASWS.
    - If the problem is still not resolved, asking the ASWS to let you talk with the RD.
    - If there is still a problem, calling the state complaint/grievance unit at 1-601-359-4330.
2. Participate in Independent Living activities such as skills groups and retreats to help prepare you to live on your own if you cannot return home.
3. Obey the rules and regulations of your placement and know what the consequences will be if you do not.
4. Understand that your behavior can disrupt your placement causing unnecessary moves.
5. Treat others with dignity and respect without regard to race, color, creed, religion, national origin, sex, age, disability or political affiliation.

_____ _____
Client initials **Worker initials**

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your parent's written permission or by order of the court. However, information may be

shared with law enforcement or the Office of the District Attorney without your parent's written permission. We may contact other people to assess your safety.
Confidentiality laws limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

_____ _____
Client initials **Worker initials**

Client: _____ **Date: _____**

Worker: _____ **Date: _____**

Appendix M

Form DFCS 519
Revised 08/2011

NOTICE OF RIGHTS & RESPONSIBILITES CHILDREN 13 & UNDER IN FOSTER CARE

You have rights and responsibilities while you are involved with the DFCS of Family and Children's Services (DFCS). These are the rights and responsibilities for children thirteen and under who are in the custody of the Mississippi Department of Human Services. The normal hours of operation for the DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays.

YOU HAVE THE RIGHT TO:

1. You have the right to know why you are in foster care and how we will take care of you.
2. You have the right to visit with your family unless the youth court judge says you cannot do so.
3. You have the right to know your social worker, to know his/her boss, to know their phone numbers and to know how to get help from your social worker.
4. You have the right to expect a safe and healthy place to stay while you are away from your home and to know all the rules and regulations of the place you are staying.
5. Be free from abuse, neglect and exploitation.
6. To fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
7. Not receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits as punishment. You will not receive remarks that make fun of you or your family or any threats of losing your placement or shelter.
8. Be disciplined in a manner that is appropriate to how mature you are, you developmental level, and your medical condition. You must be told why you were disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.
9. You have the right to take part in decisions made about you, to know when court hearings are held, and to ask for the help of a lawyer
10. You have the right to know when your place to stay or your visits with your family are about to change. (Your social worker will tell you as soon as they know there will be a change.)

11. You have the right to be treated with dignity and respect and receive services without regard to race, color, creed, religion, national origin, sex, age, disability, or political affiliation.

_____ _____
Client initials **Worker initials**

YOU HAVE THE RESPONSIBILITY TO:

Let someone know if you feel you have been treated unfairly by:
1. Talking with your social worker about the problem.
2. If the problem is not fixed, asking your social worker or someone else to arrange for you to talk with the ASWS (Area Social Worker Supervisor). This person is your social worker's boss.
3. If the problem is still not fixed, asking the ASWS to let you talk with his/her boss.
4. After all of that, if there is still a problem, calling the state complaint/grievance unit at 1-800-222-8000.

_____ _____
Client initials **Worker initials**

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your parent's written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your parent's written permission. We may contact other people to assess your safety.

Confidentiality laws limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

_____ _____
Client initials **Worker initials**

Client: _____ **Date: _____**

Worker: _____ **Date: _____**

Appendix N

CLIENTS' RIGHTS

You have rights and responsibilities while you are involved with the DFCS of Family and Children's Services (DFCS). The normal hours of operation for DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays by contacting your local law enforcement.

YOU HAVE THE RIGHT TO:

- **Know what has been reported to DFCS about your family;**
- **Participate in decisions affecting your family;**
- **Have office phone numbers and office addresses for your worker and your worker's supervisor;**
- **Participate in any court hearings held in your case;**
- **Refuse any service or treatment recommended by DFCS unless court ordered;**
- **Know the status of your case and when it is nearing closure;**
- **Have your Native American (Indian) ancestry recognized and respected. (We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your case);**
- **Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation;**
- **And, file a formal grievance**.

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with medical providers, law enforcement, the Office of the District Attorney, and the youth court without your written permission. We may contact other people regarding the safety and well-being of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

Appendix O

Clientes Derechos y Responsabilidades

Ud. tiene derechos y responsabilidades, mientras que esté involucrado con la División de Servicios para Familias y Niños (DCFS). Las horas normales de operación para DFCS son de las 8:00 am a las 5:00 pm de lunes a viernes, excepto días festivos estatales. En caso de emergencia, después de las horas normales, fines de semana, y / o en días festivos estales, Ud. puede contactar a la policía local at 1-800-222-8000.

USTED TIENE EL DERECHO A:

•Saber lo que se le ha informado a la agencia acerca de su familia;
•Participar en las decisiones que afectan a su familia;
•Saber los números de teléfono de oficina de su trabajador y el supervisor de su trabajador;
•Participar en todas las audiencias legales llevadas a cabo en su caso;
•Rechazar cualquier servicio o tratamiento recomendado por DFCS excepto si es ordenada por la corte;
•Conocer el estado de su caso y cuando está a punto de cierre;
•Pedir que su estatus como Indio Nativo de los EEUU sea reconocido y respetado. (Le informaremos a la Oficina de Asuntos Indígenas sobre nuestra participación con su familia y seguir las decisiones de la tribu para manejar su caso);
•Ser tratado con dignidad y respeto y recibir servicios sin importar la edad, raza, color, credo, religión, origen nacional, sexo, discapacidad o afiliación política;
•Y, presentar una queja formal

USTED TIENE LA RESPONSABILIDAD DE:

•Cooperar con su trabajador y participar en las decisiones de servicio;
•Darle los nombres completos, fechas de nacimiento, números de seguro social y otra información necesaria solicitada a su trabajador;
•Pedir y ser parte de todas las Reuniones del Equipo de la Familia;
•Notificar a su trabajador de cualquier cambio en sus circunstancias;
•Pagar los gastos o una parte de algunos gastos (tales como la monotorización de drogas o un examen médico) si se solicita;
•Tratar a los demás con dignidad y respeto, sin importar la raza, color, credo, religión, origen nacional, sexo, edad, discapacidad o afiliaciónpolítica.

CONFIDENCIALIDAD:

La información de su familia es confidencial y privada. No revelaremos ninguna información sin su permiso por escrito o por orden de la corte; sin embargo, en circunstancias según el Código MS 43-21-353(6) la información podrá ser compartida con los proveedores médicos, la Oficina del Fiscal del Distrito, y el tribunal de menores sin su permiso escrito. Es posible que nos comuniquemos con otras personas con respecto a la seguridad y el bienestar de su hijo. Las leyes de confidencialidad, además, limitan la información que podemos compartir con Ud. Nosotros no podemos nombrar a la persona que recoge la información de cualquier investigación, o darle una copia de cualquier investigación.

Appendix P

Form DFCS 512
Revised 07/2013

Durable Legal Custody Agreement

We, the undersigned Resource Parent(s), Relative/Non-Relative, and _____county Department of Human Services, believing that it is in the best interest of
_____
That he/she be allowed to remain in the home of_____
and be raised as a member of the family group until said child reaches adulthood, do hereby agree and covenant the following:

The intent of this Agreement is to provide continued care for the above named child in the same home in order to restore and create a permanent and stable foundation for said child.

The Resource Parent/Relative/Non-Relative of said child agree to act as the primary parental figures of said child until he/she becomes and adult, marries, or is otherwise freed from minority.

Further, we expressly acknowledge the intent of this Agreement and hereby agree that we will not seek the removal of said child from our home except under the most serious and emergency circumstances, acknowledging our willingness to accept legal, physical and financial responsibility if Durable Legal Custody is accepted and ordered by the Court.

We further acknowledge that the option of adoption was presented and discussed and determined not to be in the best interest of said child and agree and understand we are accepting legal and physical custody of this child and that any board payment and/or Medicaid being received through MDHS will end at the time the court finalizes custody.
We understand that DLC only becomes effective by order of the court.

WITNESS OUR SIGNATURES:

_____ _____
Resource Father/Relative/Non-Relative **Resource Mother/Relative/Non-Relative**

_____ _____
COR ASWS **Date** **COS ASWS** **Date**

_____
Licensure Specialist **Date**

_____
Adoption Specialist **Date**

Appendix Q

Form DFCS 501
Revised 08/2011

Confidentiality Form

Statement Regarding Confidential Information

In order to protect the alleged victim, alleged perpetrator, and the facility, and in order for the Department of Human Services to conduct a fair and impartial investigation, I agree not to discuss with anyone other than Law Enforcement staff the contents of any interviews conducted with me by the Department of Human Services, nor to discuss any allegations of abuse/neglect regarding the above, due to confidentiality requirements of the Youth Court Act, Sections 43-21-251 thru 267.

Signed: _____

Date: _____

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section E: Eligibility Foster Care Financial Assessment

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ELIGIBILITY FOSTER CARE FINANCIAL ASSESSMENT

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and it's Division of Family and Children's Services hereinafter will be known as "DFCS".

I. OVERVIEW OF TITLE IV-E ELIGIBILITY

A. Introduction

Mississippi Department of Human Services (MDHS)/ Division of Family and Children's Services (DFCS) has been designated to administer or supervise the administration of the Title IV-E State Plan. DFCS also administers or supervises the administration of the State Child Welfare Services Plan under Subpart 1 of Title IV-B of the Social Security Act.

With direction from the youth court, DFCS has the responsibility for placing children in Resource Homes or child care institutions. Payments are made for each child whose placement and care in a Resource Home or child care institution is the responsibility of DFCS, which administers the approved State Title IV-E plan, or any other public agency with whom the DFCS has made an agreement, which is still in effect.

The Title IV-E Program, authorized by Title IV, Part E of the Social Security Act, provides funds to states for maintaining certain children in foster care or in adoptive families. It also provides funds for the administration of the program and for the training of staff who work with the children. Children classified as Title IV-E eligible must have some relationship to the general Aid to Families with Dependent Children (AFDC) program under Title IV, Part A of the Social Security Act and must meet certain other criteria outlined in this Section.

Other funds used for board payments are Title IV-B, (Subpart 1), Child Welfare Service (CWS) or through local funds. Local funds are available when a child has income available to cover all or part of the monthly board payment. Local funds are used in conjunction with Title IV-E and CWS funds. Medicaid is funded through Title XIX.

For purposes of title XIX, any child with respect to whom foster care maintenance payments are made under this section is deemed to be a dependent child as defined in section 406 (as in effect as of July 16, 1996) and deemed to be a recipient of aid to families with dependent children under part A of this title (as so in effect). For purposes of subtitle I of title XX, any child with respect to whom foster care maintenance payments are made under this section is deemed to be a minor child in a needy family under a State program funded under part A of this title and is deemed to be a recipient of assistance under such part. (42 U.S.C. 672 § 472 (h)(1)

The Title IV-E program is coordinated at the local level with the programs at the State or local level assisted under Titles IV-A, IV-B and XX of the Act and under all appropriate provisions of

Federal law. The Title IV-E plan for foster care and adoption assistance payments is in effect in all political subdivisions of the State and is mandatory upon those political subdivisions administering it. (1) the State agency administering the approved State Title IV-E plan, or (2) any other public agency with whom the State agency administering or supervising the administration of the approved State Title IV-E plan has made an agreement which is still in effect. http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2007/pi0702b.htm (*See* also, (42 U.S.C. 671 § 471)

Payments:

- Foster care maintenance payments for a child in foster care may cover the cost of (and the cost of providing) the following:
    - food,
    - clothing,
    - shelter,
    - daily supervision,
    - school supplies,
    - a child's personal incidentals,
    - liability insurance with respect to the child,
    - reasonable travel to the child's home for visitation with family, or other caretakers
    - reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.

Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such items must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences. (*See* Social Security Act, Sec. 472 (b)(1) & (2))

B. Determination of Title IV-E Eligibility

Title IV-E benefits are an individual entitlement for certain children in out-of-home placement. There are two major categories of Title IV-E status: Eligibility and Reimbursability.

Eligibility is determined in accordance with a voluntary placement agreement or a judicial determination. The "contrary to the welfare" determination must be made in the first court ruling that sanctions (even temporarily) the removal of a child from home. If the determination

regarding "contrary to the welfare" is not made in the first court ruling pertaining to removal from the home, the child will not be eligible for Title IV-E foster care maintenance payments for the duration of that stay in foster care. (42 U.S.C. 672 § 472(a) (2) (A)(ii)); 45 CFR § 1356.21(b)(1)(ii)

Eligibility is determined when the child enters an out-of-home placement. A child is Title IV-E eligible if the basic criteria are met when the child entered care. Eligibility for foster care funding and Medicaid is an ongoing process which involves:

a) Initial determination of eligibility; redetermination of Medicaid eligibility every twelve (12) months; and
b) The identification and collection of overpayments made to foster homes/child care facilities.

Reimbursability is determined on a monthly basis. The reimbursability criteria must be met for the state to receive federal support for the child. An assessment of several Title IV-E criteria is required to determine whether the child is federally reimbursable in any particular month. The child must be eligible to be reimbursable. However, once eligibility is established, a child may lose and regain reimbursability depending on changes in the circumstances of placement.

Foster board payments may be made to Resource Homes, group homes, emergency homes, or other facilities licensed by the agency for the purpose of providing foster care.

Administrative costs associated with a child who is potentially eligible for benefits under Title IV-E State Plan and at imminent risk of removal from the home, shall be considered for expenditure only if (a) reasonable efforts are being made to prevent the need for, or if necessary to pursue, removal of the child from the home and (b) a determination or re-determination has occurred not less often than every 6 months as to whether the child remains at imminent risk of removal from the home.

There are several criteria which a child must meet to be eligible for Title IV-E benefits. The eligibility conditions are summarized first, followed by a detailed discussion. The key factor of Title IV-E eligibility is the correct wording of the court order.

A removal of a child from the home must occur through either a written voluntary placement agreement, binding on all parties to the agreement, entered into by a parent or other legal guardian which leads to a physical or constructive removal (i.e., a non-physical or paper removal of custody) of the child from the home, or through a judicial order for a physical or constructive removal of the child from a parent or specified relative. (42 U.S.C. 672 § 472(a)(2)(A)(i-ii))

A removal has not occurred in situations where legal custody is removed from the parent or specified relative but the child remains with the same specified relative in that home under supervision by the MDHS/DFCS. A child is considered constructively removed on the date of the first judicial order removing custody, even temporarily, from the parent or appropriate specified relative or the date that the voluntary placement agreement is signed by all relevant parties. 45 CFR 1356.21(k)

II. ELIGIBILITY REQUIREMENTS

A. Judicial Determination of Custody

(42 U.S.C. 672 § 472(a)(2)(A)(i-ii)) requires that, for eligibility under Title IV-E foster care, a child's removal from his home must either be pursuant to a voluntary placement agreement or the result of a judicial determination.

When a child is removed from the home, through a voluntary placement agreement or a judicial determination, the child's care become the sole responsibility of DFCS in order to be Title IV-E eligible. Children placed in the joint custody of DFCS and another person/facility will not be Title IV-E eligible.

B. Judicial Language

The judicial determinations for Title IV-E eligibility are intended to ensure that children are not removed from their homes unnecessarily. The first judicial determination must be to the effect that "continuation in the home would be contrary to the welfare of the child" or "removal was in the best interest of the child."

There must also be a judicial determination that "reasonable efforts were made to prevent the child's removal from the home." This determination must be made even if the removal is only temporary.

In emergency situations, time does not allow for reasonable efforts to be made to prevent removal; therefore, the court order must indicate that "due to an emergency situation, reasonable efforts to prevent removal were not possible." If reasonable efforts were not made, there must be documentation that reasonable efforts are now being made to return the child to the home.

"The contrary to the welfare determination will be made in the first court ruling that sanctions (even temporarily) the removal of a child from home. If the determination regarding contrary to the welfare is not made in the first court ruling pertaining to removal from the home, the child will not be eligible for Title IV-E foster care maintenance payments for the duration of that stay

in foster care." (45 CFR § 1356.21 (c))

For Title IV-E eligibility and pursuant to MISS. CODE ANN. § 43-21-603(7), the judicial determination must contain language as follows:

- "Removal was in the best interest of the child" or "to remain in the home would be contrary to the welfare of the child"
- "Reasonable efforts have been made to maintain the child within his own home"
- "The circumstances are of such an emergency nature that no reasonable efforts have been made to maintain the child within his own home and there is no reasonable alternative to custody and;"
- "Reasonable efforts will be made to return the child," or
- "Reasonable efforts to maintain the child within his home shall not be required if the court determines that:"
    - "The parent has subjected the child to aggravated circumstances. (including but not limited to abandonment, torture, chronic abuse, and sexual abuse); or"
    - "The parent has been convicted of murder or convicted of voluntary manslaughter of another child of that parent; or"
    - "The parent has aided or abetted, attempted, conspired, or solicited to commit that murder or voluntary manslaughter; or a felony assault that results in the serious bodily injury to the surviving child or another child of that parent; or"
    - "The parental rights of the parent to a sibling have been terminated involuntarily; and"
    - "The effect of the continuation of the child's residence within his own home will be contrary to the welfare of the child and that the placement of the child in foster care is in the best interest of the child."

The first court order must specify "contrary to the welfare of the child," which defines the first month in which DFCS may collect federal reimbursement for the child, assuming all other criteria are met.

In situations where DFCS was unable to obtain a court order which contained clear language indicating the court's determination regarding the best interests of the child and the reasonable efforts of DFCS to prevent the removal of the child, a *Nunc Pro Tunc* (meaning "now for then") order cannot be used by the court to make a retroactive determination of the removal circumstances.

Bench notes do not constitute acceptable documentation of judicial determinations. In accordance with the regulations, the only acceptable alternative documentation of judicial determinations, absent language in a court order, is a transcript of the court proceedings. We recommend that the State agency collaborate closely with the judicial system to assure that the necessary judicial determinations are made and appropriately recorded for children who must be removed from their homes.

Court orders that reference state law to substantiate judicial determinations are not acceptable, even if State law provides that a removal must be based on a judicial determination that remaining in the home would be contrary to the child's welfare or that removal can only be ordered after reasonable efforts have been made. (45 CFR § 1356.21(d)(3))

Further, a judicial determination must be obtained that states reasonable efforts were made to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) within twelve (12) months of the date the child is considered to have entered foster care, and at least once every twelve (12) months thereafter while the child is in foster care.

If such a judicial determination is not made, the child becomes ineligible under Title IV-E at the end of the month in which the judicial determination was required to have been made, and will remain ineligible until such a determination is made. (45 CFR § 1356.21(b)(2))

Quick Reminder: "Voluntary Placement Agreements", "Constructive Removal" and "Voluntary Releases for Adoption" are not the same and not interchangeable phrases. Children who are voluntarily released (Voluntary Release for Adoption is signed) to DFCS prior to a judicial determination are not Title IV-E eligible.

Constructive Removal: is a paper removal. This means DFCS has obtained legal custody of the child but does not physically remove the child from the home where the abuse or neglect. (see http://www.sccgov.org/ssa/fosterca/fcchap17.pdf)

Voluntary Placement: is an out-of-home placement of a child, by or with participation of DFCS, after the parents or guardians have requested the assistance of DFCS and signed a voluntary placement agreement, (see http://www.ssa.gov/OP_Home/ssact/title04/0472.htm)

Voluntary Placement Agreement: is a written binding agreement between DFCS and the parents or guardians of a child and which specifies, at a minimum, the legal status of the child and the rights and obligations of the parents or guardians, the child, and DFCS while the child is in placement. (see http://www.ssa.gov/OP_Home/ssact/title04/0472.htm)

Voluntary Release for Adoption: is a written affirmation that the surrendering parent(s) voluntary released their parental rights to their child.

1. Voluntary Placement Agreements

"Voluntary placement agreements" contain several criteria which set them apart from voluntary releases for adoption:

- The assistance of the DFCS has been requested by the parents or legal guardians
- There is a written agreement, binding to all parties, which specifies the legal status of the child and rights and obligations of parents, child, and DFCS while the child is in placement
- It cannot exceed 180 days
- It can be revoked at any time by the parent or legal guardian

If a voluntarily placed child meets all other Title IV-E requirements, s/he may be Title IV-E funded up to 180 days from the date of the Agreement.

Prior to the release, while the Agreement is in effect, the DFCS can petition the court for a judicial determination regarding the removal of the child. If the court determines that Title IV-E eligibility can be established beyond the 180 days.

The child cannot remain Title IV-E funded for more than 180 days without the judicial determination by a court to the effect that such a placement is in the best interest of the child. (42 U.S.C. 672 § 472(e); 45 CFR § 1356.22(b))

2. Goal of Services Provided to Parents or Other Relatives

Federal requirements governing Title IV-E foster care specify that the goal of services provided parents or other relatives will be to:

- Return the child to his own home;
- Arrange placement with other relatives;
- Make other appropriate plans for the child's permanent care such as adoption;
- Make some other plans that best meets the needs of the individual child.

These services must be provided on a regular basis during the time of placement of the child in foster care. The safety, permanency, and well-being of the child must be addressed at each

review of the child's plan and documented in the case record. (*See* Section D, "Foster Care", for more details regarding requirements for the child's permanency plan.)

C. AFDC Eligibility Requirements 472(a)(3)(A)(i);(ii)(I)(II);(3)(B)

AFDC relatedness refers to the fact that in order for a child to be classified as Title IV-E eligible, he must have some relationship to the general AFDC program authorized under Title IV, Part A IV-A of the Social Security Act.
This relationship can be established if any one of the following criteria is met:

- In the month the child was removed from the home, the child was in an active AFDC case;
- In the month the child was removed from the home, the child would have been eligible for AFDC had an application been made; or
- In the six months prior to the month the child was removed from the home, the child was living with a qualified relative and would have been eligible for AFDC if an application had been made.

For those children who were not in an active AFDC grant at the time of removal, but there exists the potential that these children could be Title IV-E eligible if application were made, the following AFDC eligibility conditions apply:

- Age
- Enumeration
- Residence
- School Attendance
- Citizenship
- Living in the home of a specified relative
- Deprivation
- Need as determined by:
    - Resources ($10,000) family unit
    - Income

ELIGIBILITY FOSTER CARE FINANCIAL ASSESSMENT

1. Age

The age limit for Title IV-E funding is eighteen (18) years of age. The Worker will have documented evidence of the child's date of birth in the social service case record.

Examples of documentation are birth certificates, school records, hospital records, immunization records, etc. Title IV-E funds cannot be utilized without verification of the child's age documented in the social service case record.

A child will lose Title IV-E eligibility and reimbursability when s/he reaches the age of eighteen (18).

2. Enumeration

The application for and disclosure of a Social Security account number is a technical factor of eligibility.

Only those children for whom there is in the case file a validated Social Security Number, or for whom an application for a Social Security Number has been completed are eligible for Title IV-E.

3. Residence

The child must be a resident of the State of Mississippi. Residents of the State of Mississippi are persons who are voluntarily living in Mississippi with the intention of making their home here. The child does not become ineligible for Title IV-E on the basis of residence in the event out-of-state placement is made or the child moves out of state with his Resource Parents or adoptive parents.

4. Compulsory School Attendance

It is mandatory that the child must attend school according to Mississippi mandatory school attendance law and that documentation is maintained in the case record.

[DFCS has a system that] provides assurances that each child who has attained the minimum age for compulsory school attendance under State law and with respect to whom there is eligibility for a payment under the State plan is a full-time elementary or secondary school student or has completed secondary school, and for purposes of this paragraph, the term "elementary or secondary school student" means, with respect to a child, that the child is –

(A) enrolled (or in the process of enrolling) in an institution which provides elementary or secondary education, as determined under the law of the State or other jurisdiction in which the institution is located;

(B) instructed in elementary or secondary education at home in accordance with a home school law of the State or other jurisdiction in which the home is located;

(C) in an independent study elementary or secondary education program in accordance with the law of the State or other jurisdiction in which the program is located, which is administered by the local school or school district; or

(D) incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child; (42 U.S.C. 671 § 471 (a)(30))

5. Citizenship and Alienage

The child must be a citizen of the United States or an alien lawfully admitted for permanent residence or otherwise residing in the United States under color of law.

If the child is an alien, the case record must have verification that the child is a legal alien. The alien should have an INS 1-151 (Alien registration card), an INS 551 (Reentry permit), or an INS-I-94 (Refugee green card). In any case where the child is an alien disqualified by the Immigration and Nationality Act, the child is ineligible for receiving Title IV-E funds.

Subject to Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, if the child is an alien disqualified under section 245A(h) or 210(f) of the Immigration and Nationality Act from receiving aid under the State plan approved under section 402 in or for the month in which the agreement described in paragraph (2)(A)(i) was entered into or court proceedings leading to the determination described in paragraph (2)(A)(ii) were initiated, the child shall be considered to satisfy the requirements of paragraph (3), with respect to the month, if the child would have satisfied the requirements but for the disqualification. (42 U.S.C. 672 § 472(4))

Additionally, the state shall have in effect procedures for verifying the citizenship or immigration status of any child in foster care under the responsibility of the state under this part or part B, and without regard to whether foster care maintenance payments are made under 472(a)(27) on behalf of the child. (See, 42 U.S.C. 671 § 471 (a)(27)

No payment may be made to parents with respect to any applicable child for a fiscal year that:

1) *Would be considered a child with special needs under 473(c)(2);*
2) *Is not a citizen or resident of the United States; and*
3) *Was adopted outside of the United States or was brought into the United States for the purpose of being adopted.*

A child that is not a citizen or resident of the US and was adopted outside of the US or brought into the US for the purpose of being adopted may be eligible for adoption assistance payments if the initial adoption of the child by parents is a failure and the child is subsequently placed into foster care. (*See* Social Security Act, Sec. 42 U.S.C. 673 § 473(a)(7))

6. Living with a Specified Relative

If a child was not removed from a parent, s/he had to have been living with another relative who comes within the fifth degree of relationship. The child and relative must live together in a place of residence maintained by the relative as his home. The child must also have qualified for AFDC during the month the child came into custody.

The following relationships meet the requirement of specified relative:

- Parents (either by birth, legal adoption or step relationship)
- Grandparents (up to great-great-great)
- Siblings (half, whole, step)
- Aunts/uncles (up to great-great)
- Nieces/nephews (up to great-great)
- First cousins
- Children of a first cousin (first cousin once removed)
- Spouses of any person named in the above groups even after the marriage is
- Terminated by death or divorce.
- Verification of specified relative relationship can be achieved through private or public records (i.e. birth certificates, marriage certificate, divorce decrees, family Bible, or court order)

Removal has not occurred in situations where legal custody is removed from the parent or specified relative yet the child remains with the same relative in that home under supervision by the DFCS.

The child must have been living with the parent or specified relative, and was AFDC eligible in that home in the month of the voluntary placement agreement or initiation of court proceedings; or

The child must have been living with the parent or specified relative within six months of the month of the voluntary placement agreement or the initiation of court proceedings, and the child would have been AFDC eligible in that month if s/he had still been living in that home. (See, 45 CFR 1356.21(k))

7. Deprivation

Deprivation of parental support is a condition for AFDC eligibility. A child is deprived of the support of one of his parents for one of the following reasons:

a) Parental absence from the home due to:

- Parental absence from the home may be due to lack of marriage, voluntary separation, desertion, or divorce.

- Deprivation exists when a parent lives at an address separate and apart from the child except when:

  - (l) the parent left home to seek or accept employment or
  - (2) the parent is absent solely because of active duty in the uniformed service of the United States.

- Continued absence exists when a parent is out of the home and the nature of the absence is such that it terminates or interrupts that parent's functioning as a provider of maintenance, physical care, or guidance for the child.

- The known or indefinite duration of the absence precludes the child from relying on the parent's support and care of the child, thus increasing the responsibilities of the caretaker relation with whom the child lives.

Deprivation will be established in relation to one or both legal and/or natural parents. If the child has a legal father and a different natural father, deprivation must be established in relation to both fathers.

In the case of a legally adopted child, deprivation is established only in relation to the adoptive parent(s). Deprivation is automatically established in cases where an individual has adopted a child.

For Title IV-E purposes, deprivation must be established in relation to the home from which the child was removed or in relation to the specified relative's home at the time AFDC relatedness is being determined.

- Living with both parents. When a child is living with both the mother and father at the time of removal, the condition of deprivation shall be established in relation to one or both parents being incapacitated or in relation to the unemployment of the parent who is the principal wage earner.
- Living with one parent. When a child is living with only one parent at the time of removal, the condition of deprivation shall be established in relation to the absent parent.
- Living with qualified relative. When the child is not living with either parent at the time of removal and was removed from the home of a specified relative (a relative within the 5th degree) and both parents are living together or separately, the condition of deprivation will be established in relation to both absent parents.
- Living with someone other than parents or qualified relative. When the child is not living with either parent at the time of removal and was removed from the home of someone other than a specified relative, the condition of deprivation shall be established in relation to the specified relative's home at the time AFDC eligibility is being considered (during the six-month exception).
    - For example, if a child is removed from the home of a non-relative, the Worker may be able to establish that the child lived with his parent or a specified relative within the six months prior to court proceedings. This time will be considered to determine if the child would be AFDC eligible had an application been made. Whether or not deprivation is met must be established on the parent's situation.

If the child is removed from a non-relative and has not lived with a parent or a qualified relative within six months prior to custody, the child is not Title IV -E eligible.

a) Incapacity

Incapacity is a condition of deprivation which is applicable to the physical or mental incapacity of one or both parents. Medical documentation and a medical review are required for a determination of incapacity if the parent is not receiving a disability type of assistance, such as Supplemental Security Income (SSI) or Social Security.

b) Death

Death of a parent must be verified with supporting evidence such as a death certificate or verification from Social Security, etc. that the child(ren) receives survivor's benefits.

c) Unemployment of the Parent who is the Principal Wage Earner.

When both parents are in the household at the time of removal and neither are disabled or employed, the Worker can make a determination as to whether the principal wage earner is unemployed. The Worker must have verification of wages/unemployment for the past two years to determine the primary wage earner.

D. Support from an Absent Parent

When a child is placed in care, the right of assignment of child support becomes the responsibility of the county to whom custody was given.
The Worker is responsible for identifying and reporting both legal parents of the child to Child Support Enforcement (CSE) for the collection and assignment of child support.

The Worker will enter the Eligibility Determination information Mississippi Automated Child Welfare Information System (MACWIS), MACWIS will refer all legal and putative parents to CSE. Through the Interface System, the Child Support referral will be sent to the designated county child support office.

Assignment of support rights cannot be waived or excused. If child support has been ordered the Worker will mail a copy of the order to the county CSE Office. CSE will determine whether to pursue admission of paternity and child support from the absent parent. The Worker is responsible for obtaining as much identifying information on the absent parent(s) as possible to ensure the referral will be complete. If additional information is required by CSE, the child support worker will contact the Worker who submitted the referral. (42 U.S.C. 671 § 471(a)(17))

Only legal parents (which includes adoptive parents) and putative fathers will be reported. Step-parents are not legally responsible for step-children.

If a child has been a recipient of AFDC at any time prior to custody, child support assigned and collected by CSE will be subject to recoupment of the AFDC benefit received by the child. Recoupment of the benefit will be deducted from the child's support payment before the payment will be forwarded to DFCS. Only the amount received at DFCS will be applied toward the child's

board payment. If a child's funding source changes from Title IV-E to CWS or vice versa, CSE must be notified.

1. Resources

The amount of real and personal property that can be reserved for the child's family unit cannot exceed $10,000 per family unit. (see 42 U.S.C. 672 § 472 (a)(3)(B))

The family unit consists of foster children, mother, father, and any siblings under the age of eighteen (18) who are in the home at the time of the child's removal. After initial eligibility is determined, only the child's personal resources will be applied to the $10,000 resource limit.

MACWIS will automatically assess the child's $10,000 resource limit on a monthly basis.

Changes in a child's funding source may occur frequently as a result of the $10,000 resource limit.

The Worker will disregard the home property occupied by the family unit as resources and any resources which are unavailable (such as property in probate proceedings, divorce litigations). For eligibility purposes, the family units combined equity value of personal and household effects cannot exceed $10,000.

Methods for verification of resources include such sources as car tags, tax receipts, or bank statements. The Worker will inquire as to cash value on life insurance, burial plots, etc. The Worker will request the family unit to give and/or verify resource information; however, if the family refuses to provide resource information and verification, eligibility for Title IV-E funding cannot be determined.

The maximum amount of resources a child may have in order to be eligible for Title IV-E funding is $10,000. The Worker will use these resources to assist in meeting the needs of the child. By using these funds to keep the resources under the maximum amount, the Worker will help the child to remain Title IV-E and Medicaid eligible.

2. Income

The child’s Title IV-E eligibility must be based on the income requirements for the family members in the home from which he was removed. A regular AFDC budget is used to determine this eligibility.

MACWIS will make the determination based on the information input by the Worker. The initial eligibility budget will include the family unit which consists of the legal parent(s) and any

siblings under the age of eighteen (18) who live in the household from which the children were removed.

The household's income will be verified before a Title IV-E eligibility determination can be made. Income consists of earned and unearned income, such as wages, unemployment, Social Security, SSI, veteran benefits, railroad retirement, child support, contributions, etc.

Verification for Social Security Administration /SSI benefits will be obtained through notices of award, and in some instances, can be verified through the MAVERICS system. Wage stubs, employer's statement and income tax forms may be used to verify earned income. Unearned income must be verified through the source from which it is received.

When the child is removed from the home of a specified relative rather than the legal parent, the child is considered to be a separate "assistance unit" and eligibility is determined using only the income and resources of the child and his/her immediate sibling group who reside with the relative from which s/he was removed.

The Worker may find it to be more beneficial for DFCS to include some members of the household as members of the assistance unit and other times it may not be beneficial. The Worker will review each case to determine the most advantageous assistance unit composition.

In situations where a couple is legally married or in situations where a couple is not legally married, and both have children from prior unions, the Worker will consider the household as having two separate assistance units. The child from the union shall not be considered a member of the assistance unit unless one of the deprivation factors is applicable to that child.

When a foster child has income, either earned or unearned, his/her income will be used to reimburse the DFCS for the monthly payments made to the Resource Home or child caring institution. Note the following procedures.

- Wages: The earnings are considered in the eligibility determination only if the child is between the ages of sixteen (16) and twenty-one (21) and not attending school.
- Child Support: The CSE (Title IV-D) staff will follow established procedures for transfer of such payments to appropriate county bookkeeping staff and will report the amount of the current obligation and any surplus transmitted that month from previous Title IV-D computations to the county bookkeeper.
    - County bookkeeper will document, in MACWIS, the amount received and the child's income will automatically be evaluated.
- Unearned Income: Social Security and VA benefits are considered in the determination of

eligibility and in the determination of the child's net income to be included in MACWIS to ensure reimbursement. SSI is not counted in the child's test budget; however, the income will be used to reimburse the board payment.

E. Transfer of Child to Tribal Agency

45 CFR Part 1356.67
The State agency has established and maintains procedures for the transfer of responsibility for the placement and care of a child under a State title IV-E plan to a Tribal title IV-E agency or an Indian Tribe with a title IV-E agreement. At a minimum, the State agency transfer procedures:

1. Are established and maintained in consultation with Indian Tribes;
2. Do not affect a child's eligibility, receipt of services, or payment under title IV-E or the medical assistance program operated under title XIX;
3. Establish eligibility for title IV-E at the time of transfer, if an eligibility determination is not already completed; and
4. Provide for essential documents an information necessary to continue a child's eligibility under title IV-E and Medicaid programs under title XIX to the Tribal title IV-E agency or an Indian Tribe with a title IV-E agreement, including but not limited to the following:
    - All judicial determinations to the effect that continuation in the home from which the child was removed would be contrary to the welfare of the child and that reasonable efforts described in section 471(a)(15) on the Act have been made;
    - Other documentation the State agency has that relates to the child's title IV-E eligibility under sections 472 and 473 of the Act;
    - Information and documentation available to the agency regarding the child's eligibility or potential eligibility for other Federal benefits;
    - The case plan developed pursuant to section 475(1) of the Act, including health and education records of the child pursuant to section 475(1)(C) of the Act; and
    - Information and documentation of the child's placement settings, including a copy of the most recent provider's license or approval.

(Not applicable to Tribes)

III. REIMBURSABILITY REQUIREMENTS

A. Placement

To be Title IV-E reimbursable, the child must be placed in a licensed Resource Home or licensed

child care institution.

1. Resource Home

A Resource Home for children is one licensed by DFCS as meeting the standards established for licensing. The term "Resource Home" includes adoptive homes. (See Section F policy)

2. Child Care Institution

A Child Care Institution is a child-caring institution, either private or public, which accommodates no more than twenty-five (25) children and is licensed by the State as meeting the standards established for licensing.

In order for a child care institution to be eligible for title IV-E funding, the licensing file for the institution must contain documentation which verifies that safety considerations with respect to the staff of the institution have been addressed. (45 CFR 1356.30(f))

3. Adoptive Placement

An Adoptive Placement is an adoptive home that meets licensure requirements which has been approved through the Adoption Unit of DFCS.

4. Non-Reimbursable Placements

Detention Facilities – detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent are not considered Title IV-E reimbursable.

> *The term shall not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent. (42 U.S.C. 672* § 472 (c)(2))

Relatives – Foster board payments are not made to children placed with relatives unless the relative becomes a licensed foster home.

A child may meet all of the Title IV-E eligibility criteria at the time of removal except that s/he is not placed in one of the reimbursable placements outlined in 1-3 above.

There is no time limitation on the child becoming Title IV-E reimbursable if all factors, except placement, are met initially. If later, the child enters an approved facility, thereby meeting all of the factors, s/he should become Title IV-E reimbursable.

Administrative costs associated with an otherwise eligible child who is in an unallowable facility or an unapproved or unlicensed relative home, and who is removed in accordance with section 472(a) from the home of a relative specified in section 406(a) (as in effect on July 16, 1996), shall be considered only for expenditures: (a) for a period of not more than the lesser of 12 months or the average length of time it takes for the State to license or approve a home as a foster home, in which the child is in the home of a relative an application is pending for licensing or approval of the home as a foster family home; or (b) for a period of not more than 1 calendar month when a child moves from a facility not eligible for payments under this part into a foster family home or child care institution licensed or approved by the State. (http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/qaHistory.jsp?citID=36&id=794)
(*See,* 42 U.S.C. 6720§472(i)(1)(A) and 45 CFR 233.90(v)(c)(1))

B. Foster Teen Parent

When a child in custody gives birth to a child, special instructions apply. If the baby is taken into custody, the baby will have eligibility determined as a foster child.

Section 475(4)(B) of the Social Security Act requires that foster care maintenance payments for a minor parent in foster care cover a child of such parent if the child is placed with the minor parent. Neither the statute nor regulations require the State to have placement and care responsibility for the child in order for such costs to be included in the minor parent's foster care maintenance payment. Good social work practice suggests that the minor parent's case plan include the needs of the child and that the child's needs and interests be addressed during the six-month periodic reviews and permanency hearings held on behalf of the minor parent. However, the State is not required to satisfy these requirements independently on behalf of the child because s/he is not under the State's responsibility for placement and care and, therefore, pursuant to Federal law and regulations, is not in foster care.

However, if the baby is not placed in custody and is placed in the same home as the mother, a special board rate will be given to the Resource Parents to help with the care for both minor mother and baby. The board payment will remain the special rate for the duration of the custody episode, provided the child remains in the home with the mother and is not in custody.

> *In cases where (i) a child placed in a foster family home or child-care institution is the parent of a son or daughter who is in the same home or institution, and (ii) payments described in subparagraph (A) are being made under this part with respect to such child, the foster care maintenance payments made with respect to such child as otherwise determined under subparagraph (A) shall also include such amounts as may be necessary to cover the cost of the items described in that subparagraph with respect to such son or daughter*. (42 U.S.C. 675 §475(4)(B))

> *(j) Child of a minor parent in foster care. Foster care maintenance payments made on behalf of a child placed in a foster family home or child care institution, who is the parent of a son or daughter in the same home or institution, must include amounts which are necessary to cover costs incurred on behalf of the child's son or daughter. Said costs must be limited to funds expended on items listed in the definition of foster care maintenance payments in §1355.20 of this part.* (45 CFR §1356.21(j))

IV. MEDICAID ELIGIBILITY

The medical expenses of all children in the custody of DFCS are paid, and the primary sources of funding are Medicaid and local/state funds.

Foster children are Medicaid eligible when the child:

- Receives SSI. The Medicaid benefits are authorized by the Social Security Administration.
- Is eligible for and receiving Medicaid in the home of a parent or unlicensed relative. The eligibility determination and authorization are handled by the Division of Medicaid office in the county of residence.
- Meets the following eligibility requirements:

A. Custody

The child must be in the sole custody of the DFCS. Children placed in joint custody of DFCS and another person(s) will have their Medicaid eligibility determined by the local county Medicaid Office. Application must be made by the joint custodian or the COR Worker if the joint custodian is not a licensed resource home.

B. Resources

The child's own resources cannot exceed $10,000. MACWIS automatically re-evaluates the child's resource limits for Medicaid eligibility every month. The Worker will make every effort to maintain the child's resources below $10,000.

Children who receive SSI Medicaid will not be affected by the $10,000 resource limit. However, SSI has a resource limit of $2,000 which will terminate SSI Medicaid and monetary benefits.

C. Income

The child's monthly unearned income will be tested against the 185% AFDC need rate for one child which is $403. If the child's monthly unearned income exceeds $403, the child will be ineligible for Title IV-E Medicaid. The child's own unearned monthly income will then be tested against the State Foster Care Need Standard. The State Foster Care Need Standard is the set amount of money established by the State for the foster care of this child. The amount may vary depending on the age and circumstances of the child and the type of home or institution in which s/he is placed. MACWIS will test, on a monthly basis; the child's income against the board rate the child is eligible for based on the age of the child and the placement.

If the child's unearned income is below this rate, the child is eligible for CWS Medicaid.

A child in a licensed relative placement will have his/her Medicaid eligibility determined by testing his monthly unearned income against the regular board payment rate based on age for CWS Medicaid.

If the child's unearned income exceeds the amount of the board rate, the child is ineligible for Medicaid through the foster care system. The Worker will refer the relative/child's assigned worker) providing care, who may be eligible for Medicaid, to the Division of Medicaid office.

Medicaid Card. Children who are eligible for Medicaid will be issued a one-time plastic Medicaid card. The card will be mailed to the County of Responsibility (COR). In the event the child is placed outside his own county, the COR Worker will be responsible for obtaining the card (or) placement and moving the card with the child. A duplicate Medicaid card can be requested from the Electronic Data System (EDS) by the Worker, should the card be misplaced. When the child leaves custody, the Worker should retrieve the card from the placement and give the card to the child's custodian or to the child, if the child is age eighteen (18) or older and file a copy of the card in the child's case file.

D. Interstate Compact Placement of Children/COBRA Medicaid

Title IV-E foster children receiving Title IV-E adoption assistance and ICPC children who are Title IV-E eligible in the state of origin are eligible for Medicaid in the state in which they reside provided a) the Worker has written verification that the child is Title IV-E eligible in the state of responsibility and b) the child is in a licensed Resource Home/facility in Mississippi.

The Worker will be responsible for initiating Medicaid for ICPC/COBRA children provided the children have entered the state through ICPC. If the children are not known to ICPC at State Office, the Worker will direct the Resource Home/Facility to the county Economic Assistance

office for application of Medicaid benefits.

E. Third Party Liability

DFCS is required to take all reasonable measures to determine the legal liabilities of a "third party" to pay for medical services. The Worker will report all Third Party Liabilities (TPL) to Eligibility either by documentation to the Eligibility Unit or by entering the information in MACWIS. The Worker will make direct inquiry to the parent(s) or guardian regarding whether the child has any type of private insurance coverage.

F. Refugees and/or Unaccompanied Minors

The Worker will be alert to any children coming into care who may qualify for federal funds under the Refugee Act of 1980 (see 45 CFR 400). The funds are available for an eight (8) month period beginning with the first month of entry into the United States. For unaccompanied refugee minor cases, funds are available as long as the child is in care.
There are two broad categories of children who may qualify for refugee funding:

- Those entering the United States with their families.
- Those designated as "unaccompanied minors" on the 1-94 cards.

Since the plan for these children does not include "returning the child to the home", these children must be certified for Child Welfare System (CWS) funds and not Title IV-E. The children will also be eligible for Medicaid benefits. To be eligible for foster care refugee funds, one of the following conditions must be met:

- The child must have been removed from the home of a family receiving refugee financial and medical assistance and the child must have been included in the grant, or
- The child has appropriate refugee or alien status as established by the National Immigration Service (NIS) and the child has been in the United States less than eight months, or
- The child entered this country without a family and has received appropriate unaccompanied minor status by the NIS.

G. Child Welfare Service Eligibility

Payments for Title IV-E foster care end one month following child's eighteenth (18th) birthday. Children who are not eligible for Title IV-E foster care payments will have their needs tested to determine eligibility for foster care payments to be made from Title IV-B, CWS, funds. The

criteria for CWS eligibility are that the child:

- Must be in the custody of the DFCS and under twenty (20) years of age if the court order is by the youth court or under twenty-one (21) years of age if the order is by the chancery court.
- Must be placed in an approved Resource Home or child caring facility.
- Own unearned income must not be over the amount of the board payment for his/her age group.
- Cannot have resources which exceed $10,000.

If all of the above criteria are met, the child will be eligible for foster care payment to be made from CWS funds.

Use of "Local" Funds:

The child's own monthly income, if any, is considered "local" funds. The child's own income up to the amount of that child's board payment will be used and applied toward his board payment each month.

Documentation of the receipt of income for a child will be made in MACWIS and MACWIS will evaluate that information in relationship to eligibility and the amount to be applied to the monthly board rate.

V. PROCESSES

A. Initial Eligibility Determination Process

The following process will be used to determine initial eligibility:

In order to meet this initial determination timeline, the COR Worker will have five (5) days to send the Eligibility Unit a copy of the court order that includes "reasonable efforts" language; child's birth certificate (or application); child's Social Security card (or application), proof of income; and resources. The Eligibility Unit then will have five (5) days from receipt of required documents are received to approve a placement for a child as their work load permits.

If documentation is missing, the Eligibility Unit will notify the Worker via the Eligibility tab/screen in MACWIS. The Worker will have 5 days to return the needed documents. This documentation notification will be sent to the Worker and the Area Social Work Supervisor (ASWS) by e-mail.

ELIGIBILITY FOSTER CARE FINANCIAL ASSESSMENT

The Eligibility Unit will determine eligibility for Title IV-E, CWS and Medicaid.

1. Change in Placement

The Worker will enter custody and placement information in MACWIS within three days of the date of custody. When Title IV-E eligibility information and documentation are received, it should be entered into MACWIS by the COR Worker on the appropriate eligibility screens. The eligibility process should be completed in MACWIS within 10 days from the date of custody.

All court orders, verification of birth, Social Security card, verification of income and resources must be maintained in the case file. MACWIS will determine the child's eligibility for Title IV-E, CWS, and Medicaid based on the information entered by the Worker.

In the event of the placement change, the COR Worker will have five (5) days from the date of the change to enter a placement change. The Eligibility Unit will have five (5) days to approve the placement change.

B. Redetermination Process

Re-determinations on children in custody are completed annually and notices of these re-determinations are generated by MACWIS as follows:

- First notice will be sent to the COR Worker as a tickler sixty (60) days prior to the anniversary month of the effective date of the previous eligibility determination.
    - Following the Permanency Hearing, the COR Worker must verify that the court order contains the appropriate language.
    - This must be documented in MACWIS by selecting “Court” then click the “Legal History” icon.
    - Go to “Detail” Tab and click “add new button”.
    - Enter the new information, making sure to check the “yes” button for the “reasonable efforts” made to finalize a permanent plan question on "Edit Permanency Hearing Record".
- Thirty (30) days from the generation of the first tickler, the COR Worker will receive an alert and the ASWS will receive a tickler.
- Forty-four (44) days from the generation of the first tickler, the ASWS will receive an alert and the Regional Director (RD) will receive a tickler.

Prior to time for re-determination, the Worker will receive a tickler as a reminder to review the child's case and complete the redetermination process.

The re-determination process for obtaining Permanency Orders and Medicaid continue. However, as of April 1, 2010, it is no longer necessary to re-determine IV-E eligibility based on income, resources, or deprivation.

C. Change Process

In the event of a change in custody and/or placement, the COR Worker will have five (5) days to enter the information in MACWIS. The Eligibility Worker will have 5 days to approve placement changes.

The COR Worker shall enter changes as soon as they occur. MACWIS will automatically assess the changes and adjust the eligibility status and make the appropriate board or stop IV-E payments. (i.e. when a child reaches eighteen (18) years old.)

It is imperative for the COR Worker to enter the custody removal and placement change dates as soon as they occur to avoid over and under payments to the resource placements.

D. Overpayment Process

The Eligibility Unit, as well as other units, will identify over- and under-payments by viewing the board payment register screen in MACWIS.

If the Resource Parent receives an overpayment, the Resource Parent will send the overpayment to Budgets & Accounting at the State Office.

To reduce erroneous over/under board payments, a daily confirmation tickler process was added to MACWIS for the purpose of notifying the FPS worker that a placement board payment for a child must be confirmed (the process will escalate the tickler up to the ASWS on the 1st day of the month and to the RD on the 4th day of the month if the tickler is not worked). These placement board payments must be confirmed by the 7th of each month or the prior business day if the 7th occurs on the weekend or a holiday.

E. Debit Cards

All recipients of the Adoption Subsidy payments or Foster Care Board payments will receive the payments via the Mississippi Debit MasterCard.

1. Adoption Subsidy payments are designed as a supplemental financial benefit to assist families adopting an eligible child with special needs who would not likely be adopted otherwise. The child must be determined eligible for adoption subsidy by the Resource Specialist and approved by the Resource ASWS.
2. Board payments are available for eligible child(ren) placed in the custody of the DFCS and whose placement and care are entrusted to a licensed resource home or child care institution. Eligibility is determined when the child enters an out-of-home placement.

In order to issue a debit card, the payee must have an e-payment account established through the Master Client Tracking System (MCTS). The MCTS will not accept payees who do not have a validated Social Security Number and date of birth. MACWIS will interface with the Social Security Administration for the purpose of validating the Social Security Number of all payees. If the Social Security Number is not validated by Social Security Administration, a tickler will be generated to the Worker currently assigned to the case.

Adoption subsidy and foster care board payments are controlled by the data entered into MACWIS. It is the responsibility of the Worker to ensure that the correct data is gathered and input into the MACWIS in a timely manner.

After the eligibility has been established and payment authorized, the process is as follows:

- It is the responsibility of the Worker to complete the eligibility process within the timelines set forth in policy. The Resource Parents must be advised of the procedures for payment and method of payment delivery.
- Payments will be issued on the fifteenth (15th) of the following month.

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section F: Licensure Policy

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LICENSURE

I. DFCS OVERVIEW

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. Introduction

The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services, (DFCS) is designated by MISS. CODE ANN. § 43-15-5 (1) to "administer and supervise the licensing and inspection of all private child placing agencies" and "provide for the care of dependent and neglected children in foster family homes or institutions. DFCS is responsible for setting and developing standards for "single application" (foster, adopt, kinship care) Resource Homes. This includes placing children in suitable foster and adoptive homes approved by licensed child placing agencies in cases where restoration to the biological family is not safe, possible or appropriate, thus creating Resource Families, both temporary and permanent. In Mississippi many children who are freed for adoption are adopted by their Resource Family.

MDHS is the designated agency to provide social services under P.L. 93-647 (*Child Support Enforcement and Paternity Establishment Program, CSE)*, Title XX of the *Social Security Act*, (Social Services Block Grants, SSBG); Title IV-A (*Temporary Assistance for Needy Families, TANF)*,, Title IV-B, *Child Welfare Services*, Title IV-E, *Foster Care and Adoption Assistance*, and related programs of social services.

To qualify for federal funds administered through these programs, a facility serving children must be licensed or certified by DFCS as meeting the minimum standards; Compliance with all applicable state and federal laws is required.

MISS. CODE ANN. § 43-15-13(2) states:

> *The Department of Human Services shall establish a foster care placement program for children whose custody lies with the department, with the following objectives:*
>
> *a) Protecting and promoting the health, safety and welfare of children;*
>
> *b) Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible when the child can be cared for at home without endangering the child's health and safety;*

c) *Remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children;*

d) *Restoring to their families children who have been removed, by the provision of services to the child and the families when the child can be cared for at home without endangering the child's health and safety;*

e) *Placing children in suitable adoptive homes approved by a licensed adoption agency or family protection specialist, in cases where restoration to the biological family is not safe, possible or appropriate;*

f) *Assuring safe and adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption…; and*

g) *Providing a family protection specialist or Worker or team of such specialists or Workers for a family and child throughout the implementation of their permanent living arrangement plan. Wherever feasible, the same family protection specialist or Worker or team shall remain on the case until the child is no longer under the jurisdiction of the youth court."*

B. Intent

DFCS will work to assure that each child in its care and custody has a family who meets his/her needs for safety, permanency and well-being. Prospective Resource Parents must possess the skills, or have the potential to develop the skills, to meet the needs of children in the care and custody of DFCS.

To achieve this goal DFCS has standardized requirements that are child centered and family focused, which requires finding a family for each child, rather than finding a child for each family.

Through the use of these standards, DFCS seeks to develop a pool of Resource Families who reflect the diverse racial, ethnic and minority status of the children in its care.

The primary basis for selection is the applicant's potential to meet the needs of children who have been abused and/or neglected and who require placement with a Resource Family.

While all applicants may not want to provide both foster and adoptive care, the same licensing process is required in either program area. All applicants applying to become a Resource Family shall go through an initial screening, assessment home study, pre-service training, and meet the resource licensing requirements.

This policy is designed to provide clear and concise instructions regarding the licensing process of families so children who are in the care of DFCS will be placed in the most protective environment as it relates to their safety, permanency, and well-being.

C. Legal Basis for Authority

1. Federal Laws

a) Multi-Ethnic Placement Act (MEPA):

The *Improving America's Schools Act* (P.L. 103-382) contains the *Multi-Ethnic Placement Act of 1994* (MEPA). An amendment to this Act is part of the *Small Business Job Protection Act of 1996* (P.L. 104-188) and is known as the *Interethnic Adoption Provisions Act of 1996* (IEP). MEPA-IEP prohibits agencies receiving Title IV-E foster care funds from

> *deny[ing] any person the opportunity to be an adoptive or foster parent … or delay[ing] or deny[ing] the placement of a child … solely on the basis of race, color or national origin of the adoptive or foster parent or the child …*

(PL 103-382, § 553 a.1.A-B)

These factors must be applied on an individualized basis, not by general rule "in the best interest of the child."

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

A Licensure Specialist and/or County of Responsibility (COR) Worker must document all factors considered in the selection of a placement for a child. *MEPA* is viewed in conjunction with Title VI of the *Civil Rights Act of 1964* which prohibits recipients of federal financial assistance from discriminating based on race, color, or national origin in their programs and activities and from operating their programs in ways that have the effect of discriminating on the basis of race, color, or national origin.

MEPA as amended by *IEP* calls for the diligent recruitment of foster and adoptive families that reflect the racial and ethnic diversity of children in foster care. To comply with MEPA/IEP, DFCS shall focus its recruitment process on developing a pool of potential Resource Families who are willing and able to foster or adopt the children needing placement.

To develop this pool of potential Resource Families, recruitment shall be both general and targeted. All members of the community should be reached by use of the general media such as radio, television, and print. In addition, information should be disseminated to targeted communities through community organizations such as religious institutions, neighborhood centers, civic clubs, schools, workplaces, and medical facilities.

42 U.S.C. 675 § 475(5) (a.) mandates that any child removed from his/her parent or guardians' home should be placed in the least restrictive (most family like) setting available and in close proximity to the parents' home, consistent with the best interests and special needs of the child. Therefore, priority shall be given to placing a child within a 50 mile radius from his/her original home, unless he/she is freed for adoption, consistent with the child's best interest and special needs.

b) Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248):

Sec. 152. C. Requirement to complete background checks before approval of any foster or adoptive placement and to check national crime information databases and state child abuse registries; suspension and subsequent elimination of opt out.

"(C) provides that the State shall –

(i) check any child abuse and neglect registry maintained by the State for information on any prospective foster or adoptive parent and on any other adult living in the home of such a prospective parent, and request any other State in which any such prospective parent or other adult has resided in the preceding 5 years, to enable the State to check any child abuse and neglect registry maintained by such other State for such information, before the prospective foster or adoptive parent may be finally approved for placement of a child, regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child under the State plan under this part;

(ii) comply with any request described in clause (i) that is received from another State; and

(iii) have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the State, and to prevent any such information obtained pursuant to this subparagraph from being used for a purpose other than the conducting of background checks in foster or adoptive placement cases."

D. Definitions

Child Placing Agency

A private agency which places children in single-family Resource Homes for the purpose of temporary foster care or adoption. Child Placing Agencies that provide placement resources for children in the custody of DFCS must be licensed by DFCS to do so and must provide placement services in accordance with DFCS policies and guidelines.

Fictive Kin

A term used to refer to individuals who are unrelated to the child by birth, marriage, or adoption but who have an emotionally significant relationship that takes on the characteristics of a family relationship.

Foster Care

The 24-hour care and supervision of a child in the custody of DFCS which is provided by a licensed Resource Family in a single-family home or in a licensed residential child caring agency in a group care setting.

Care includes the provision of food, lodging, clothing, shelter, support, ordinary transportation, recreation and training which is appropriate for the child's age and mental and physical capacity. It also includes working with the child's birth parents, contributing to the creation and updating of the child's life book and personal history, and assisting the child in maintaining cultural and ethnic connections.

Home Study

The process by which a family and their home are determined to be a suitable placement for a child for the purposes of temporary foster care or adoption. Child Welfare Gateway assigns three purposes to the home study process:

- Educate and prepare the family for placement
- Evaluate the fitness of the family
- Gather information that will help match the family with a child whose needs they can meet.

Kinship Care

The placement of children with relatives such as an adult brother or sister, a cousin, niece or nephew, uncle or aunt, grandparent, or fictive kin.

First priority for placement shall be given to a relative when it is suitable and appropriate to do so. If a child is in the custody of the DFCS and placed with a relative, the relative must be licensed as a Resource Family within ninety (90) days of placement.

Regional Records Review Committee

The Regional Records Review Committee consists of the Regional Director (RD), Licensure ASWS, County ASWS in the county where the applicant's home is located and/or Regional ASWS. The Committee is convened to evaluate all background information from all sources on resource applicants in order to provide input to assist the Licensure ASWS in determining approval of licensure. The Director of DFCS or Bureau Director of Protection, Prevention may opt to be a part of any Regional Records Review Committee on a case by case basis.

Relative Caregiver

An individual within the third degree of relationship or a step-parent of the child and is responsible for the primary care and supervision of the child. Relationship may be established by blood, marriage or adoption.

Residential Child Caring Agency

A public or private agency that provides residential child care in a group setting and not in a private residence. If a Residential Child Caring Agency provides placement services for a child who is in the custody of DFCS for the purpose of temporary foster care, it must be licensed by DFCS to do so and must provide placement services in accordance with DFCS policies and guidelines.

Resource Home

A single-family home licensed to provide care for a child in the custody of DFCS when that child cannot return safely to his/her own home for a period of time, temporarily or permanently. A Resource Home may be a foster, adoptive, or kinship care home.

Resource Specialist

A Resource Specialist is either a Licensure Specialist or an Adoption Specialist.

Resource ASWS

A Resource ASWS is either a Licensure ASWS or an Adoption ASWS.

II. RECRUITMENT OF RESOURCE HOMES

The goal of recruitment is to create a pool of available Resource Families who reflect the racial, cultural, and ethnic heritage of the children needing care, and who are willing and qualified to meet their needs.

Recruitment activities are regionally based and will be reflective of the needs of each region. Each region will develop a recruitment plan that will be reviewed and modified as needed. Recruitment Methodologies include but are not limited to:

1. Use of media, including the internet, to create a positive perception of DFCS and to create public awareness about the need for Resource Parents;
2. Child-specific, child centered, and targeted recruitment strategies;
3. Licensure Specialists meeting with public groups/organizations to inform them of the need and criteria to become a Resource Family;
4. Engaging existing Resource Families as part of the recruitment process;
5. Engaging the faith community;
6. Engaging the business community;
7. Engaging existing DFCS staff;
8. Working closely with a child and/or his/her family to identify a family resource already connected to the child by kinship or other established relationship;
9. Use of recruitment brochures and DFCS information.

A. Orientation and Screening

The inquiry, by a prospective applicant, is the first contact a prospective applicant has with DFCS requesting information about resource licensing. This inquiry can be in person, by telephone, mail or e-mail. Any DFCS staff may obtain resource inquiry information and relay this to the Licensure Specialist via email or Mississippi Automated Child Welfare Information System (MACWIS) intake. The basic information should include an address and daytime phone number. A Licensure Specialist will make contact with the prospective applicant within 24 hours of receiving this information. If the inquiry has not been entered in MACWIS, the Licensure Specialist will enter it upon receipt.

When additional intake information is needed, the Licensure Specialist may send the applicant the Resource Home Inquiry Application, Appendix A.

LICENSURE

All persons who contact DFCS and are interested in becoming a licensed Resource Parent will be considered. The inquiry may be screened out on initial contact if the very basic requirements (*See* below) are not met and the potential applicant is not a kinship care placement. These basic requirements include:

- At least 21 years of age
- Number of children in the home is less than 5
- Legally married couple (not separated) or legally single (not cohabitating)
- MACWIS clearance
- No known criminal history
- Legal Mississippi resident

If the above criteria are not met, the inquiry may be screened out by the Licensure Area Social Work Supervisor (ASWS). (*See* Appendix B for "Notice of Action Inquiry Screen Out Form") A notice that the Inquiry did not meet screening qualifications shall be sent by the Licensure ASWS to the family identifying the unmet criteria. An inquiry screened out for one of the above reasons is not eligible for an Administrative Grievance Hearing. (*See* section VII below).

If it is determined that the family may proceed in the application process, the Licensure ASWS will assign the inquiry to the appropriate staff within 48 hours in order to conduct licensing activities.

The Licensure Specialist will give verbal information and mail or deliver a standard informational packet to the inquirer. This informational packet shall include:

- An Introductory Letter from Licensure Unit (*See* Appendix C);
- Brochures explaining the expectations of Resource Parents, basic licensing requirements, and steps to becoming licensed;
- Information about the kinds of children in care and the need for Resource Families to partner with DFCS staff and birth family;
- Contact information for DFCS staff in the county of residence;
- Invitation to an orientation meeting with dates, times, and places to be held within the next month.

1. Orientation

Orientation shall be held regionally at least twice a month whether in a scheduled group format with public notification or with individual applicants when needed.

The Licensure Specialist shall provide potential applicants with at least three (3) invitations to attend an orientation meeting in their area over a period of one (1) month. All adults residing in the home who will participate in the care of the child must participate in all aspects of the licensing process. When a married couple applies, both spouses must participate in all aspects of the process.

At least one personal contact shall be made to potential applicants prior to each orientation session to encourage attendance. If the potential applicant does not attend an orientation meeting within the first month of inquiry, the inquiry may be closed and the Licensure Specialist will send a notice to indicate such to the family.

Orientation Curriculum will include the following:

- The process and sequence of events to become a licensed Resource Family home include:
    - Child abuse, criminal history, and sexual offender record checks;
    - Pre-service training requirements;
    - References, confidentiality, cultural diversity;
    - The elements of a home study;
    - The role of the Licensure Specialist
- The DFCS policy to accept applications from persons interested in fostering or adopting "special needs" children and the definition of a "special needs" child. Foster and adoptive parents may be approved simultaneously.
- The requirement to work with birth families toward reuniting the child and the birth family and to work as a member of the care and treatment team.

DFCS adheres to federal laws, including MEPA and the Civil Rights Act of 1964 which prohibit policies procedures or actions that serve to deny any person the opportunity to become a Resource Family or an adopted parent on the basis of race, color, or national origin of that person, or the child involved; or which delay or deny any placement of a child in foster care or for adoption on the basis of race, color, or national origin of the foster caregiver(s), of the adopted parent(s) or of the child involved.

Once applicants have completed Orientation and expressed a desire to continue in the licensing process, the Licensure Specialist may provide the family with the home study application, Form 480B (*See* Appendix D) and initial home study packet documents including Structured Analysis Family Evaluation (SAFE) Questionnaire 1.

2. Screening

Following orientation and receipt of Home Study application the Licensure Specialist must complete the screening process, which includes:

- Fingerprinting applicant;
- Local criminal background checks on all household members 14 and older;
- MACWIS check for history with DFCS;
- Checking DFCS records in the county where applicant resides (paper files for history prior to MACWIS);
- Child Abuse Central Registry Check Form 482 (*See* Appendix E);
- Record check evaluation;
- Sex Offender Registry (http://state.sor.dps.ms.gov)

Based on the information that is compiled during the orientation and screening phase, a prospective family may be denied a license by the DFCS Office Director, Regional Records Review Committee and /or recommendation of the Licensure Specialist with approval by the Licensure ASWS. A Notice of Action with detailed information regarding the Fair Hearing Process (*See* section VII below) will be sent by certified mail to the applicant.

a) Criminal History and Clearance

Any applicant or person residing in the home who has been convicted of a crime or who has a pending indictment of a crime, whether misdemeanor or a felony, that bears negatively upon the individual's fitness to have responsibility for the safety and well-being of children, will be evaluated as to their fitness to provide child care or be licensed as a Resource Parent.

This evaluation will include, but is not limited to; child abuse or neglect, domestic violence, crimes against children, crimes involving violence which includes rape, sexual assault or homicide, physical assault, battery or drug-related offenses. If one of the following felony offenses has been committed, a license shall not be granted:

- Felony offense against a spouse or former spouse;
- Felony offense against children including child pornography, child abuse or neglect;
- A crime involving violence, including sexual assault, rape or homicide, but not including other physical assault/battery;
- Or within the last five years, a felony physical assault or battery;
- Or, within the last five years, a felony drug related offense.

The offenses listed above are based on the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) pertaining to whether an applicant could receive payment if a child is placed with applicant. Refer to The Adam Walsh Child Protection and Safety Act as the official reference for this information. Approval for the initial application based on The Adam Walsh Child Protection and Safety Act is obtained through the Protection Unit and the DFCS Division Director. Approval from the DFCS Division Director to continue the licensure process does not in any way provide approval for the licensure of the resource home.

Other types of_convictions or pending indictments shall be considered on a case-by-case basis through the Regional Records Review Committee.

b) Evaluating Criminal Records or Substantiated Abuse/Neglect Reports

If, during the background check, it is found that an applicant or household member has been a perpetrator in a substantiated Abuse, Neglect, and Exploitation (ANE) assessment or through fingerprinting, or if via local law enforcement checks it is found that an applicant or household member has been convicted of a crime or pending indictment of a crime, the Licensure Specialist shall obtain a copy of the ANE report, criminal conviction record and/or law enforcement background check and follow the evaluation process through the Record Review Committee. These records will be reviewed by the Licensure Specialist *and* Licensure ASWS.

After allowing the applicant the opportunity to clarify, or challenge the accuracy of, the information contained in the FBI Identification Record or other criminal or DFCS records, the Licensure ASWS may deny the application based on the consideration of all background information. The findings will be documented in the applicant's resource file, and a Notice of Action will be mailed to the family;

OR

The Licensure ASWS may submit all the background records to the Regional Records Review Committee for further evaluation. All FBI Identification Records would have been screened by the Protection Unit based on the Adam Walsh Child Protection and Safety Act as it applies to

licensure of the Resource Home. However, the Bureau Director of Protection or DFCS Division Director may request to be included on the Regional Records Review Committee. This assessment along with the applicant's or household member's Criminal History Justification Form will be submitted to the Regional Records Review Committee to be combined with other background information.

An evaluation shall consider the nature and seriousness of the crime or ANE Assessment in relation to:

1. Time elapsed since the crime was committed;
2. Degree of rehabilitation;
3. Likelihood that the person will commit the crime again;
4. Number of crimes committed by the person (history).

The Regional Records Review Committee shall convene via email, by telephone conference or face-to-face within ten (10) working days to review the records and make a determination on the home's eligibility to proceed with licensure. The Licensure ASWS shall document the Committee's findings in the applicant's resource home file and will provide the family with written notification via Notice of Action (*See* section VII below) of the outcome and determination of the Regional Record Review Committee within five (5) days of the meeting. Approval from the Records Review Committee to continue the licensure process does not in any way provide approval for the licensure of the Resource Home.

The United States Department of Justice requires that fingerprint images must be submitted twice before a request can be made for the records to be checked using an applicant's name only. If an applicant's fingerprints cannot physically be obtained, follow designated fingerprint procedures for that circumstance.

3. Employees of DFCS

DFCS employees may not be licensed for placement of children who are in DFCS custody. However, exceptions are made in cases of relative/ fictive kin placements.

Specific guidelines for the employee/potential relative Resource Parent must be approved by the employee's immediate supervisor, RD, Director of Permanency Unit, and Director of DFCS.

A written agreement of guidelines shall be a part of the employee's resource home file. This agreement shall address: (*See* Appendix F)

- Name of private agency responsible for licensing and supervising placements made with the family;
- Method to ensure that employee will not have DFCS decision-making authority over child placed in home;
- Method of supervision of any children placed in the home;
- Limits agreed upon regarding children placed in the home and access to MACWIS records of child and birth family.

4. Withdrawal of Application

When a prospective Resource Family applicant desires to withdraw an application the Licensure Specialist shall:

- Document the withdrawal in the file;
- Complete a *Notice of Action-Licensing Decision* (*See* Appendix G);
- Obtain a written statement of withdrawal, whenever possible.

5. Confidentiality of Information

Information concerning the Resource Family may be released only with the written consent of the Resource Parent. (*See* Appendix H)

A Resource Parent may request to review his/her own licensing file. Access is permitted but third party information must be excluded. The file may be reviewed in the presence of a DFCS worker and they may receive a copy of their Home Study (not including references).

All Resource Parent applicants shall sign a Confidentiality Statement (*See* Appendix I) acknowledges their understanding and willingness to maintain confidentiality as they work with the child(ren), families, and DFCS staff.

B. Assessing the Home

1. Home Environment

The Home Environment Checklist (*See* Appendix J) shall be completed and entered in MACWIS every 6 months from the date of the Resource Home License.

a) Requirements

- The Resource Home shall be well heated/cooled and well ventilated.
- At all times the home shall have a working telephone, mobile or land-line.
- The home shall be safeguarded, inside and out, against hazardous chemicals, cleaning materials, toxic substances, hazardous objects and equipment, medications, and firearms.
- The home and premises shall be free of rodents and insects.
- A home shall not rely on portable space heaters as the sole source of heat and shall not use such space heaters during sleeping hours. The home's fireplaces, floor furnaces, freestanding stoves and open-faced heaters shall be screened or otherwise adequately guarded.
- The home shall have protective covers for all electrical outlets not in use in all areas occupied by children age 6 and under or any mentally challenged child.
- The home's outside play area should be maintained clean and free of hazards to the health and physical well-being of the family
- The home shall have a continuous supply of clean drinking water. If the water is not from a city or community water supply, the Resource Parent(s) shall provide evidence that a state or local health authority has approved the water system.
- All licensed homes must have a functional sewage system. The Licensure Specialist shall conduct a visual site inspection to insure there is no standing water or sewage. If the Licensure Specialist observes visible sewage or a strong odor is noted, the county Health Department will be contacted for assistance.
- The home shall have interior plumbing with running warm and cold water.
- Documentation of:
    - any smokers at the home,
    - where the person will smoke when the foster child is present and
    - each Resource Family members' understanding that smoking in the Resource Home or vehicle when the foster child is present is prohibited. Resource Families will designate an area of the home for smoking where the foster child will not be present

b) Safety

(1) Fire Safety and Prevention

(a) Smoke detectors:

The Resource Home shall have at least one single station operable smoke detector approved by a nationally recognized testing laboratory in the home:

(1) in each living area in a multiple-story dwelling; and

(2) located in close proximity to the sleeping area. If the house floor plan has separate sleeping areas, one smoke detector should be located in each sleeping area.

(b) Fire extinguishers:

In a Resource Home where the floor space is less than 3000 square feet, at least one (1) 5-pound (+) A-B-C fire extinguisher (usually red in color) shall be:

(1) Located near an exit door of the kitchen;

(2) On each level of a multiple story dwelling;

(3) Readily visible and accessible according to fire code for the area; and

(4) Always charged.

(c) Evacuation Plan: (*See* Appendix K)

- A Resource Home shall have visible a written plan and procedure for emergencies and evacuation of the home during any type of fire or natural disaster, including contact person if the family must relocate.
  - Foster child in a Resource Home shall give each foster child an age appropriate explanation of the emergency and evacuation plan.
  - Resource Parent(s) shall ensure that the foster child can follow the plan in the event of a fire, emergency or natural disaster.
  - This explanation and assurance shall be completed within 48 hours after the foster child has been placed in their home and a written plan posted in a location and in language the child can read.
- All exits (doors, hallways, and stairs) shall be maintained clear and ready for use.

- A window can serve as a second exit only if:
  - (1) It is accessible to children and caregivers;
  - (2) It can be readily opened; and
  - (3) It is a size and design which permits a child or caregiver to pass through it.
    - a. If the licensed home has an occupied second story, a retractable ladder shall be available for the windows.
- There is an emergency release mechanism installed and maintained on windows with security bars or devices.

(2) Disaster Preparedness Plan (*See* Appendix L)

In the case of any natural or man-made disaster, Resource Families are, first and foremost, instructed to follow the directives of local public safety authorities concerning evacuation and returns to affected areas.

Resource Families are authorized to take foster children out of county or out of state based on the directives of the local public safety authorities. The Resource Parent shall notify the foster child's worker as soon as practical, when evacuating and give the worker a contact phone number and location.

If the worker is unreachable, the Resource Parent should relay the contact information to the child's worker via 1-800-222-8000 (MDHS "Hotline").

Instructions for Disaster Preparedness shall be presented to each Resource Family during the home study process and documented with an Acknowledgement Form.

The Emergency Evacuation/Disaster Plan will be completed by the Resource Family and the information will be entered in MACWIS as a "physical home environment" narrative. A hard copy shall be placed in Resource Family file that is kept in the office of the Licensure ASWS. A copy of the Emergency Evacuation/Disaster Plan should be forwarded to the Permanency Unit in the State Office.

(3) Policy Exceptions Related to a Natural/Man-Made Disaster

Workers must consider "safety" vs. "permanency" in every situation, including disasters. In a disaster, safety comes first and Licensure Specialists must make sure the child is not at risk for harm if placed in a Resource Family home.

If the Resource Family experiencing a disaster is due for license renewal and has not received all their in-service training, their home will be re-licensed for one year in which time the family shall complete their training. Exceptions to this include:

1. Worker will use guidelines and timeframes found in **Resource Family Relocation (*See* section VI.C.1.)**
2. If a Resource Family loses their home in a disaster, DFCS will allow the family to live in temporary housing such as tents, Quonset huts, temporary housing provided by Federal Emergency Management Assistance (FEMA) and other approved shelters, or in certain situations, the family may move in with friends and/or family whose homes were not destroyed. This should be reviewed on a case by case basis. DFCS will accept the Corp of Engineers' approval of the temporary home's sewage and water systems.
3. Background checks, through law enforcement and DFCS records, will be conducted on all persons age 14 and older who reside in the home.
4. Resource Family licensure policy does not allow a foster child to sleep with an adult.
5. The Licensure Specialist will physically observe the temporary home and obtain information about the family's sleeping arrangements. If bed space is limited, allowance will be made for mattresses, inflatable beds, cots, etc. to be used as alternative sleeping arrangements. In camper-like FEMA temporary housing, floor space is very limited. If these temporary beds are used, floor passage ways for evacuation must be maintained.
6. DFCS will make reasonable efforts to contact the authorities to request FEMA housing for the family.
7. The federal agency authorizing the use of FEMA temporary housing, dictates standards with which the user must comply. If licensed families are residing in FEMA temporary housing, they must comply with the standards of this federal agency whose staff make monthly inspections of the housing.

(4) Tornado Safety

Each Resource Home shall have a tornado safety plan which directs all household members to a tornado shelter or the safest area of the home. All new foster children placed in a Resource Home shall be instructed on the safety plan for tornadoes within 48 hours of placement as per the evacuation plan noted above.

(5) Household Pets

The Resource Family shall show verification that all domesticated household pets and outdoor animals that are accessible to foster children, have current vaccinations.

The Resource Family shall provide supervision to the foster child when any pets are present. Pets that exhibit aggressive tendencies toward DFCS staff during the home study process may be cause for denial of a license. In such cases, an acceptable safety plan must be developed and approved by the Licensure Specialist.

2. Interior Home Environment

The Resource Home shall be safe and sanitary. However, kitchens, bathrooms and bedrooms are more specifically discussed in detail below:

(1) Kitchen: The home shall have a kitchen equipped for safe and sanitary preparation, serving and storage of food. The home shall have an operable refrigerator, stove and oven.

(2) Bathrooms: The home shall have at least one flushing toilet with a seat and lid, one wash basin, and one bathtub or shower, all of which are clean and in good working order. At least one bathroom shall be accessible without going through a bedroom. A lid latch on the toilet may be necessary if there are young children in the home.

(3) Bedrooms, Bedding and Sleeping Arrangements: a Resource Family shall provide safe sleeping arrangements, which also accommodate the privacy needs of a foster child, as described in this section:

(a) The bedrooms shall have a finished ceiling, floor-to-ceiling permanently affixed walls, a door, finished flooring and ventilation.

(b) The foster child shall have access to a bathroom without going through another bedroom.

(c) All bedrooms shall have doors which can be opened and closed.

(d) No more than four same sex children shall share a bedroom.

(e) The Resource Family shall provide each foster child with a standard bed appropriate to the child's age and needs. A standard bed does not mean a cot, couch, convertible couch, portable bed, sleeping bag or mat.

(f) No foster child shall sleep in a bunk bed of more than two tiers. Only foster children age 7 and above only shall sleep in the top bunk of the two-tier bunk bed and shall have access to a ladder and protective railing on all open sides.

(g) Each child shall have his/her own bed and a place for his/her own belongings with one exception: two siblings of the same sex may share a full sized bed or larger, if documented as being appropriate in each child's case record.

(h) Children under 18 months of age shall sleep in a crib. Children who are 18 months or older and developmentally delayed shall sleep in a bed that is appropriate to the child's age and needs. When a child is old enough to move from a crib to a regular bed, there must be an available bed for the child.

(i) Children over 18 months of age shall not sleep in the same room with an adult who has reached his/her 21st birthday. An exception will be allowed when it has been documented that a child has severe physical or emotional handicap that requires close attention and monitoring by the Resource Parent. (*See* also, "K" below)

(j) Children over the age of 3 years shall not share a room with a child of the opposite gender.

(k) Notwithstanding any other provision of this section, a foster child who is a parent may share a room with her own child.

(l) Each child shall be provided with:

a. a sanitary mattress with a waterproof protective mattress cover,

b. a clean pillow,

c. clean bed linens,

d. blankets or covers as appropriate to the weather,

e. separate and accessible drawer space for personal belongings, and

f. sufficient closet space.

3. Exterior Home Environment

(1) The play area shall be fenced if there are conditions which may pose a danger to a child playing outside. The age and developmental abilities of the child are considerations for determining risk to the child.

(2) There must be safety measures for a swimming pool or any body of water located at or near the Resource Home.

(a) The home shall have safety floatation devices readily available.

(b) Life saving equipment and devices shall be visible, readily accessible, in good repair and ready for immediate use.

(c) A Resource Parent or other responsible adult shall supervise a foster child who is in the swimming pool or near the body of water.

(3) At least one Resource Parent or an adult who is currently certified in Cardiopulmonary Resuscitation (CPR) shall be present in the swimming pool area or near the body of water when a foster child is in the area.

(4) Each Resource Parent must be certified to administer CPR.

(5) A Resource Family who will be utilizing a plastic, above ground, temporary pool shall immediately inform the Licensure Specialist of their purchase and use. Discussions of safety shall be documented in the Resource Family file in MACWIS. Resource Parent(s) must be certified in CPR at this time.

4. Transporting Foster Children

Resource Families must be able to provide transportation for children in care. Resource Parents, who transport children in their own vehicles, shall provide proof the following:

- A current driver's license
- Current Auto License Plate and Tag
- Current automobile liability insurance
- Current driving record validation
- Attend Car Seat Safety Training (if applicable)

Resource Families should have a transportation plan at all times. When applicable, the transportation plan must include car seat safety training, child safety seats for infants and young children or booster seats for older children, less than eight (8) years of age or weighing less than 80 pounds.

Driving records will be checked and validated annually.

Upon receipt of the driving records, MDHS State Office staff will review them to ensure the Resource Parent is not a high risk driver. If an applicant seeking to become a Resource Parent is determined to be a high risk driver the application may be denied. If the application to become a

Resource Parent is denied as a result of driving records validation, the applicant will be notified pursuant to the Fair Credit Reporting Act.

If a current Resource Parent is determined to be a high risk driver, there will be cause for implementing a new transportation plan.

DFCS defines a high risk driver as a person who has any of the following convictions, whether contested or not, within a 12 month period:

1. Three or more moving violations
2. Operating a vehicle while intoxicated
3. Hit and Run driving
4. Vehicular negligent injury
5. Reckless operation of a vehicle

All other persons transporting children in care must meet the same requirements as the Resource Family.

Smoking in a vehicle is prohibited.

Anyone transporting a foster child is prohibited from carrying any type of weapon in their vehicle while the foster child is in the vehicle.

Children in DFCS custody who are transported in a vehicle must be in an age appropriate passenger restraint system at all times in order to comply with MISS. CODE ANN. § 63-7-301. The Resource Parent shall also provide adequate passenger supervision. Documentation of a completed and signed Transportation Statement and Checklist (*See* Appendix M) shall be entered in MACWIS within thirty (30) days of completion. A copy of updated documents shall be added to the resource file.

C. Assessing the Family

1. Resource Parent Characteristics

a) Residence

Applicants must be residents of the state of Mississippi. A legal alien may obtain a Resource Home license if all adult household members are legally in the United States. If legal status is in question, request to see immigration documents. Permanent resident status can be verified by

checking the applicant's Immigration and Naturalization Service Form I-551 (green card). Check with immigration if status remains in question. (*See* www.IRS.gov)

b) Age

The applicant(s) must be at least 21 years of age.

c) Finances

The applicant(s) must be financially self-sufficient and have an adequate income, exclusive of the foster care maintenance payment, to meet the needs of the Resource Family. The Financial Statement (included in the Resource Home Study Application) shall be completed as a part of the Resource Family application to verify the sufficiency of income. The Resource Family applicant shall provide verification of all current household income and expenses.

d) Relationship Status

Married applicants must verify they are legally married. Previous marriages and divorces must be verified. Applicants may not have unrelated adults living in the home.

e) Employment / Time to Parent

During the home study process, the Licensure Specialist will discuss with the applicant(s) their plans related to employment and their willingness and ability to take time from work, as necessary, to meet the needs of the children.

Applicant(s) working outside the household must have a plan for safe, stable and reliable childcare as well as sufficient work flexibility to meet the needs of the children as determined by DFCS.

A Resource Family applicant(s) shall not:

(1) Conduct home business activities that prevent the applicant from caring for a child in accordance with licensing requirements. If an applicant conducts a business activity within the home, the applicant shall provide a statement explaining how the activities related to this business will not interfere with care of a foster child.

(2) Provide personal or foster care services in the home for unrelated adults.

(3) Resource Parents who operate licensed child care services from their homes (for children not placed in their home by DFCS) are subject to the policies of the Mississippi Department of Health. A Resource Parent operating a child care business

from their home may not receive payment from another source for providing child care for a foster child placed in their home by DFCS and for whom they are receiving, or expect to receive, a board payment.

2. Acceptance of Foster Child

The applicant(s) must have knowledge and understanding of:

(1) The type of children needing placement;

(2) Child development;

(3) Separation, loss, and attachment issues; and

(4) Appropriate child behavior management practice.

The applicant must be able to protect children from harm, give and receive appropriate affection and have the ability to maintain the child's permanent connections. The applicant(s) must also have the willingness and ability to commit the time necessary to provide supervision and guidance.

At least one parent in the home must be able to assist a child with checking homework assignments and giving help as needed with their homework.

a) Ability to Handle Survival Behavior

Since foster children often engage in survival behaviors, applicants' experience in handling these behaviors and their insight regarding survival behaviors and other common behaviors of foster children should be explored.

The worker and the applicant should develop, and discuss in detail, disciplinary plans for specific typical behavioral problems for foster children in the age range for which they are being licensed and the disciplinary plan(s) should be written into the home study**.**

All licensed Resource Families will sign Form 457A (*Affirmation of Understanding Regarding MDHS/DFCS Policy Regarding Corporal Punishment)* stating they understand that they shall not use any form of corporal punishment on a foster child placed in their home. (*See* Appendix N).

b) Resource Applicants must Demonstrate:

- Their understanding that the use of corporal punishment or mechanical restraints of any kind cannot be used.
- The ability to discipline the foster child with kindness based on the child's age and developmental stage and taking into consideration the child's past traumas and experiences.
- The understanding that they may not withhold food for any reason.
- An understanding that verbal abuse, threats and remarks of a derogatory nature regarding any foster child or his/her birth family is inappropriate and unacceptable.

c) Willingness to Work with Birth Parents

The applicant's ability to support the involvement of the child's parents and other relatives and willingness to maintain permanent connections regardless of the permanency plan should be thoroughly discussed and documented in the home study.

3. Physical and Mental Health

The applicant(s) shall possess competent physical, cognitive, mental and emotional capacities with reasonable life expectancy that is anticipated to continue through the minority of the child.

DFCS may request the applicant(s) or other household members to provide additional medical, mental health, or substance abuse evaluations.

If at any time the Licensure Specialist has reason to suspect alcohol or drug abuse by the applicant, licensed Resource Parent, or any household member living in the home the resource applicant, licensed Resource Parent, or family member living in the home may be asked to undergo drug or alcohol evaluations. If suspicion of the alcohol abuse or drug abuse is founded, the applicant may be denied or the licensed Resource Home may be subject to closure.

All members of the Resource Family must provide a statement of capability from a treating physician or mental health therapist, if being treated for any physical or mental health condition which may preclude compliance with licensing requirements.

The Resource Family applicant must provide a signed and dated Form 4404 *(Examination of Resource/Adopt Applicant)* (*See* Appendix O) by a licensed medical practitioner who shall have examined the person within six months prior to the date of the application, and which shall:

(1) Include a description of the general health of the applicant and identify any medical problem or physical condition that may prevent or limit the person from caring for a foster child, or that may negatively impact a foster child;

(2) Include a list of all regularly prescribed medications and the purpose of each medication.

4. Food Supply

The Licensure Specialist will determine whether the home provides food with good nutritional content and food in sufficient quantity to meet the individual needs of the foster child. Some children entering care may require a special diet which should be documented in the child's case and Resource Parents are expected to meet these nutritional needs.

5. Adult/Child Ratios

The Resource Parent(s) shall provide foster care for no more than three (3) foster children in their home at any given time. There shall be no more than two teen parents or pregnant teens in the home.

The Resource Parent(s) shall care for no more than five (5) children total, including the Resource Parent's own biological or adopted children. The home shall have no more than two (2) children age 2 and under or who have therapeutic needs.

Notwithstanding the above, a sibling group may be placed together in the same foster home in excess of these limits, but only upon;

- Written recommendation of the Licensure Specialist and Licensure ASWS and;
- Written approval of the RD determining that the foster children can be maintained safely in the Resource Home.

6. References

The applicant(s) shall supply four (4) character references to the Licensure Specialist. Only one of these 4 references may be a close relative (parent, sibling, grandparent, aunt, uncle, or first cousin). Adult children who do not live in the home should be contacted as additional references.

The Licensure Specialist must also seek at least 2 additional references not named by the applicants. These references may be school personnel, law enforcement staff, clergy, other licensed Resource Parents, neighbors, or other DFCS staff.

References must understand that the information given by them to the Licensure Specialist may be discussed with the applicants, but the name of the person giving the information will not be shared.

Though the Resource Family's home study may be shared with them, the reference's specific comments must be kept confidential. It is always a significant clue when people are unwilling to give a reference for an applicant.

The Licensure Specialist shall send the SAFE Reference Form (*See* DFCS Connection Website – "Forms" Section under "Permanency") to each reference.

III. TRAINING

MISS. CODE ANN. § 43-15-13(6) instructs "The State Department of Human Services, with the cooperation and assistance of the State Department of Health, shall develop and implement a training program for foster care parents to indoctrinate them as to their proper responsibilities upon a child's entry into their foster care."

A. Pre-Service Training

DFCS uses a pre-service training curriculum to be completed by the applicant(s). All adults residing in the home who will participate in the care of a foster child are expected to attend pre-service training.

The applicant will be provided with at least three (3) invitations to attend a pre-service training in their area over a period of three (3) months. If the applicant has not begun pre-service training within three (3) months of attending orientation, the inquiry may be closed and the Licensure Specialist will send a notice of such to the applicant.

The required paperwork by the Licensure Specialist and applicant will be completed during the preparation training. The individual family assessment can be initiated at any point in the process based on the specialist's assessment that the applicant may be appropriate for licensure.

If the documentation to be completed by the applicant is not returned to the DFCS within 30 days following the completion of pre-service training, the application will not be processed. The Licensure Specialist will send written notification that the documentation must be submitted within 15 days or the application will be denied. A Notice of Action stating such will be mailed to the applicant.

In the event the applicant cannot follow through with the application process, the pre-service training is valid for a period of 24 months. Resource Parent training classes shall begin every 60

days in every region with individualized training available as needed and as at times convenient for the foster family.

Experienced licensed Resource Families may function as co-trainers/leaders in the training process when possible and as appropriate. Trainers will conduct only one 3-hour session of the MISSISSIPPI PATH *(Parents as Tender Healers)* pre-service training per week. Exceptions can be made for relatives allowing a faster track with the current curriculum.

All caretakers in the home are expected to complete 27 hours of pre service training which consists of:

- Mississippi PATH (15 hours)
- Universal blood borne pathogens (1 hour video)
- Car Seat Safety (up to 3 Hours)
- First Aid and CPR Training (up to 5 hours)
    - Resource Parents who have a swimming pool or body of water on their property must be CPR certified.
- Travel/Finance Training (up to 3 hours)

Applicants are issued a "Mississippi PATH Participant's Handbook" that focuses on the following areas**:**

1. *Team Work and the Children Served*. (The importance of ensuring Resource Families and kinship caregivers are active members of the team working with birth parents toward reunification and fostering permanent connections. Orientation to DFCS is also included.)
2. *Separation and Attachment* (Sibling issues and connection to culture and long term need for connection to relatives is addressed.)
3. *Developmental Stages* (Understanding of the different stages of development of a child and the impact sexual abuse has on development.)
4. *Behavior Management* (Discussion of different behavior problems the Resource Family will encounter with children and how to handle them).
5. *Permanent Connections* (Woven into this module is support of kinship caregivers and the TPR process).

B. In-Service Training

Resource Families will receive ongoing training through support groups as well as specific training that may be identified as needed by Resource Families and DFCS staff. All adults residing in the home who will participate in the care of a foster child must receive no less than ten (**10)** hours of ongoing annual training.

Training certificates (*See* Appendix P), letters, or verification of training shall be provided to each Resource Parent for each training session attended. Resource Parent(s) shall be required to remain in the entire training session to be eligible to receive a certificate or verification of training.

Home-based or on-line training modules are available to Resource Parent(s); however no more than **(5) five** clock hours of the required **(10) ten** hours of in-service training may be obtained through these types of training.

Resource Parent(s) will provide certificate or proof of completion of training to their Licensure Specialist within fourteen (14) days of receipt of certification. The Licensure Specialist will file the certificate in the Resource Family file and document in MACWIS.

If the Resource Parent(s) have exceeded the required number of in-service training hours, the Licensure Specialists' documentation shall reflect the actual hours. Up to three (3) in-service training hours may be carried over to the next year.

1. Approved In-Service Training

Resource Parents shall be permitted to attend any training session, seminar, workshop or conference specifically dealing with children or parenting issues that has been approved by the National Association of Social Workers, Mississippi Chapter or the Child Welfare Training Institute (CWTI).

The Licensure ASWS may approve in-service training hours for training provided in support groups, training provided by Licensure or Adoption Specialists, or any training approved for continuing professional education.

Certificates of the training provided by the support groups will be signed by the DFCS staff providing the training or by a representative of the agency who provided the training (i.e., Southern Christian Services). Training or training material may not be repeated for credit within any 12 month recertification period.

Resource Parents completing home-based in-service training (in the form of a video or book) will submit, within fourteen (14) days, a written or typed comprehensive report describing the material covered, what was learned and the implication of the material in their work with foster children.

The training material must be pre-approved by the Licensure ASWS.

C. ICPC and Private Licensing Agency Related Training Issues

When a licensed Resource Parent moves from another state into Mississippi, utilizing appropriate Interstate Compact on the Placement of Children (ICPC) channels, pre-service training may be waived for initial licensure in Mississippi. However, all adults residing in the home who will participate in the care of a foster child are expected to attend orientation prior to being licensed in Mississippi. The family must also complete Mississippi pre-service training requirements within their first year of Mississippi Licensing.

All other licensing requirements must be met, but documentation from the family's sending state file may be substituted (references, medicals, pet vaccinations, criminal background checks, etc.), if the Licensure Specialist and Licensure ASWS determine the information is within adequate timeframes.

D. Logistics of the Home Study

1. Home Visits and Interviews

According to the SAFE Home Study recommendations the Licensure Specialists shall conduct a minimum of three (3) home visits and a minimum of four (4) home study interviews with the applicants as outlined below. Each home visit should be conducted approximately one week apart.

1. First Home Visit

a. *Interview One* is a joint interview that is conducted after the applicants have completed the Home Study Application and SAFE Questionnaire 1. Use this interview to "get to know the applicants."

2. Second Home Visit

a. *Interview Two* and *Three* are conducted separately, scheduled back-to-back, with each applicant after administering SAFE Questionnaire 2.

3. Third Home Visit

a. *Interview Four* is a joint interview that should focus on the marriage or support system for a single applicant and their parenting plan. This is also where questions that still need answering are addressed.

All household members shall be interviewed privately and can be completed during one of the home visits above.

2. References

References may complete a written statement using the SAFE Reference Form which is returned to the Licensure Specialist or the reference may additionally be interviewed by the Licensure Specialist via phone or in person as needed.

E. Expedited Resource Licensure

All foster care settings, including relative, fictive kin placements, and court ordered non-relative placements, shall be screened prior to the initial placement of foster children to ensure that children receive safe, sufficient, and appropriate care. Additional screens shall be completed at least once annually thereafter and within two weeks of a reported change in the residents of a resource home.

Screens shall include criminal and local law enforcement checks and child welfare background checks (MACWIS checks) of all household members who are at least fourteen (14) years old. The *Emergency Placement Checklist*, which is included in the *COR packet for Expedited Relative Placement* must be completed by COR/County of Service (COS) Worker. (*See* Policy Section at http://dfcsmacweb/DFCSWEB/)

No foster child shall be placed in a home prior to the completion of the *Emergency Placement Checklist* during a walkthrough of the home and DFCS receipt of all background check results.

DFCS shall maintain an expedited process for licensing screened relative, fictive kin caregivers and court ordered non-relative placements to enable a child to be placed quickly with relatives/fictive kin/court ordered non-relatives upon entering foster care. The licensing process for these placements shall take place in two steps:

1. an emergency process that enables a child to be placed with relatives/fictive kin/court ordered non-relatives as soon as the child enters placement, following an initial screen of the relative's home, and

2. a full licensing process, to be completed no later than 90 calendar days after the child has entered placement.

DFCS may waive non-safety licensing requirements for relatives/fictive kin foster placements in individual cases, in accordance with federal regulations. All placements approved for expedited placement shall undergo the full licensing procedure within 90 calendar days of the child's placement in the home.

study will be considered expedited when a foster child has been placed in an unlicensed home and the COR/COS Worker has completed the COR packet for Expedited Relative Placement or if the court has ordered such placement prior to a home being licensed.

The following steps shall be completed by the COR/COS Worker within 24 hours of a child entering MDHS custody and placed in an unlicensed home:

- The COR Worker shall complete the COR packet for Expedited Relative Placement **prior** to a child physically being placed in an unlicensed home.
- Once completed, this packet must be scanned and emailed or faxed to the Licensure ASWS and copied to the Licensure Specialist for the county in which the child is placed. This email should be copied to the COR ASWS/RD. The original packet shall be placed in the child's file. The COR/COS Workers should work together to compile this packet at the time of placement; however this is ultimately the responsibility of the COR Worker.
- The COR Worker will enter the Resource Inquiry/Expedited Relative Placement Intake in MACWIS.
- The COR Worker shall enter the child's placement into MACWIS as Expedited Pending Relative Resource.
- The Licensure ASWS or the Licensure Specialist shall initiate the home study by presenting the Resource Unit Packet for Expedited Relative Placements to the Resource Parent applicant within three (3) business days.

The Licensure Specialist will have thirty (30) calendar days from the date of placement to complete the initial home study, which shall be approved for placement only if requirements are met. The Permanency Unit Packet forms, an interview with the Resource Parent applicant(s), statements from references, and a home visit shall be completed.

This completed packet and interviews give the Licensure Specialist enough information to enter the basic home study information in MACWIS. When the home study information is initially submitted, the Licensure ASWS shall approve the home study as Approved/License Pending.

This is the first level of approval that must be completed in thirty (30) days. A start date for licensure will not be required.

The full licensure procedure must be completed within ninety (90) calendar days of the child's placement in the home. When all documentation for licensure requirements is submitted, the Licensure ASWS shall review, approve (if requirements are met), and enter the licensure start date in MACWIS.

The Licensure ASWS shall issue a Resource Home license to the family as outlined in License Approval (See section V.C. below) naming the specific child(ren) for whom the home is licensed. The Licensure ASWS shall notify the COR ASWS, COR Worker, and RD that the home is licensed for a specific child(ren) and the family is eligible for a board payment from the day of licensure. A copy of the license shall be sent to the State Office Eligibility Unit and the Licensure Specialist for the family file.

The COR Worker shall complete a placement change in MACWIS within two (2) working days of the notification that the home has been fully licensed, showing the child placed in a licensed home.

Any barriers to licensure and all efforts to get the home licensed must be documented in the child's file and Resource Family file. If the home remains unlicensed after forty-five (45) days of the child's placement in the home and it appears that the home will not become licensed within ninety (90) days of the child's placement, the assigned Licensure Specialist will staff the case with his/her Licensure ASWS, the COR Worker, the COR Supervisor and the COS Worker (if applicable) to discuss barriers, solutions, other placement options, and to agree on a recommendation to the court regarding placement.

If it is an expedited placement whether court ordered or not, the COR worker will notify the court in writing of licensure action taken by DFCS. If the home is licensed, DFCS may recommend the child remain in the placement. If the home cannot be licensed, DFCS will recommend the child be moved.

1. Waivers

Federal guidelines allow states to waive non-safety related standards for the licensure of relative/fictive kin Resource Homes. The guidelines clearly state that waivers are to be used only on a case-by-case basis and that "all foster care licensing standards should provide equal protection in terms of safety, sanitation, civil rights, and admission policies for all children in care, regardless of their special situations. Children living in the homes of relatives are entitled to no less protection than children living in non-relative foster homes."

LICENSURE

Source: Federal Child Welfare Procedures Manual; ACYF-CB-PIQ-85-11

Legal Reference: Social Security Act, § 471(a)(10), and 472(c)

When considering a waiver, the Licensure ASWS, Licensure Specialist, COR Worker, and COR ASWS shall discuss and document the following in both the child's file and the Resource Family file:

1. Why is this relative the best placement for this child?
2. What other placement options are available for the child, and why is this one better than the others?
3. Will the child be safe in this home?
4. How will the waiver of this standard impact the child and relative caregiver?
5. What, if anything, can be done to help the relative meet the standard being considered for a waiver?
6. How is the standard requested for waiver not safety related?

All waivers must be submitted in writing to the Licensure ASWS for first approval and then submitted to Permanency Unit at State Office for final approval. A copy of the request should be sent to the RD where the home is located.

State Office Permanency Unit will respond within two (2) working days of receipt of request for waiver. The waiver request and Permanency Unit response should be entered into a narrative in both the child's file and the Resource Family file.

The following DFCS standards have been identified as non-safety related standards that ***may*** be waived in certain circumstances. These standards are NOT to be waived as a matter of general practice when licensing relative caregivers.

- Must be age 21 or older
- Employment validation
- At least one bathroom accessible without going through a bedroom
- Must have access to schools and churches
- Adequate play area
- Married or single/unrelated adult in the home
- Proof of income without board payment

- Bed space (Children 18 months and under must sleep in a crib)
- Bedrooms must have doors which can be opened and closed

2. Interim Placement

The "Interim" selection on the MACWIS home study approval tab will allow a Licensure ASWS to create a "Placement Only" resource. No license will be created when the Interim is selected. This selection is used when an Expedited Home Study is not licensed, but is needed to show placement in MACWIS for the children who were placed in the home pending licensing. Once the Interim is selected, the Licensure ASWS will have to choose one of the following reasons for this type of selection:

- Home doesn't meet requirements
- Child no longer in custody
- Child removed
- License not wanted

IV. SPECIALIZED HOMES

A. Medical/Treatment Resource Homes

A licensed Resource Family home specializing in the care of medically fragile children shall comply with all foster home requirements as well as the following conditions:

1. Provide a specialized license, degree, certification, training or experience that documents and demonstrates an expertise to work with children with special medical/treatment needs, (i.e. doctor, registered nurse, licensed practical nurse, emergency medical technician, special education teacher, clinical therapist, etc.);
2. Demonstrate the ability to care for children with special needs such as feeding tubes, heart monitors, oxygen, fetal alcohol syndrome, cerebral palsy, diabetes, diagnosed emotional or behavioral illnesses or disorders, etc.;
3. Agree to be licensed for no more than two (2) medically fragile foster children at any given time. Placement of more than two medically fragile foster children may be considered in cases of sibling groups or other extraordinary circumstances. Approval must be requested from the Licensure ASWS and RD prior to any placement. If the specialized home is caring for the siblings of a medically fragile child, these siblings will not receive the special care board rate unless they have also been certified as eligible for that benefit;

4. Understand that specialized Resource Parents shall provide transportation and accompany the foster child with special needs to all school, treatment, and medical appointments, as well as ensuring that any follow-up visits are kept;
5. Agree to stay in the hospital with a child placed in their home should the child be hospitalized;
6. Maintain the child's important records, including medical documents, immunization records, and a health journal for each child with special needs placed in their home;
7. Maintain adequate school/educational records on each child with special needs placed in their home;
8. Participate as a member of the service team through at least one of the following methods:
   a) Personal attendance at Family Team Meetings (FTM)s, County Conferences, Court Hearings, IEP Meetings, etc.
   b) Telephonic conference calls.
   c) Provision of a written report on the child's progress including any recommendations for service

1. Training Requirement for Medical/Treatment Resource Homes

In addition to the 27 hours of pre-service training requirements, prior to providing a specialized license, the Licensure Specialist will verify eight (8) hours of specialized training, by a certified provider, specifically addressing the medical needs of children who meet medically fragile criteria. If a specific child has been identified for a specific home, the parent's 8 hours of specialized training should reflect the individual medical needs of that child.

In order to maintain Medical/Treatment Resource Home status, specialized Resource Parents for medically fragile children must complete 12 hours of in-service training annually. These hours must be relevant to the specific child(ren) in their home.

Additionally, specialized Resource Parents must show documentation of ongoing knowledge and ability to care for the special medical needs of the child(ren) placed in their care. If no medically fragile children are placed in the home, in-service training hours must specifically address the medical needs of children who meet medically fragile criteria. CPR and First Aid Certification must be maintained.

B. Teen Parent Resource Home

A Resource Parent may seek and obtain a license for up to two (2) foster children who are pregnant or foster children who have parental responsibilities for their own child. The teenager's

child may or may not be in DFCS custody. This Resource Parent shall comply with all Resource Home licensure requirements including the following:

1. n teenage parents. These 8 hours will include:
   a. Parenting the Teenage Parent (2 Hours)
      i. Setting Boundaries
      ii. Appropriate House Rules/Expectations
      iii. Contracting and Consequences
      iv. Communicating with Teens
   b. Teaching the Teen to Parent (4 Hours)
      i. Teaching Financial Responsibilities
      ii. Teaching Parental Sacrifices
      iii. Teaching the Roles of a Parent
      iv. Teaching Values
      v. Teaching Child Growth and Development
      vi. Teaching Appropriate Discipline
      vii. Teaching Communication
   c. Transitioning to Independence (2 Hours)
      i. Training with the Independent Living Specialist to receive Independent Living curriculum.
      ii. Overview of the Independent Living Services
2. Agree to foster no more than two teen parents at any given time.
3. Agree to provide transportation, accompany and support the teen parent in meeting parental responsibilities for her child(ren) including child care/day care, school enrollment or meetings, treatment or medical appointments, and other services based on the teen parent or child;
4. Assist pregnant teens residing the Resource Family home with arrangement for pre-natal care, doctor appointments, follow-up medical visits and hospital arrangement for delivery in coordination with the COR Worker;
5. Model appropriate parenting methods for the teen parent and work with her to adequately care for and nurture her child(ren);

6. Teach and assist the teen parent in obtaining and maintaining necessary documentation and important records, including but not limited to: birth records, medical documents, immunization records, and other relevant information for both herself and her child;
7. Demonstrate the ability not to undermine the teen parent's care for her child, nor initiate any legal proceedings (i.e., termination of parental rights or adoption proceedings) involving the teen parent's child;
8. Participate as a member of the service team through at least one of the following methods:
   a. Personal attendance at FTMs, County Conferences, Court Reviews, etc.
   b. Telephonic conference calls.
   c. Provision of a written report on the progress of the teen parent and child including any recommendation for service.

The Licensure Specialist must upgrade the license status of each specialized home. During the one year re-evaluation period, these families must receive a total of **12** hours of in-service training. A minimum of two (2) of these hours will be participation in the Independent Living Program with the teen parent.

C. Respite

Respite care is provided through referrals to private agencies. All respite homes must be licensed Resource Homes or licensed respite homes.

These providers must have obtained additional training in respite care through the private agency who licensed them for respite care. Respite care providers must have extra bed space available for a child to be placed for respite care and can have no more than 3 foster children and a total of 5 children placed in their home regardless of the status of the children's placement (foster, respite, adoptive, biological children.) Respite services are paid for through the grant(s) awarded to the private agencies.

All children in foster care and children who have been adopted from foster care are eligible for respite care. Additional information regarding respite care may be requested through the permanency unit at the DFCS State Office.

V. LICENSING DECISION

The final decision regarding the licensing of Resource Homes rests with the DFCS Licensure ASWS with input and recommendations from the Licensure Specialist. The application may be:

- Withdrawn by the applicant
- Denied by the Permanency Unit
- Approved by the Permanency Unit.

All screened-in applications must be processed and a written decision given to the applicant within:

- One Hundred-Twenty (120) days of the date the applicant completed the Orientation and Screening Phases, or
- Ninety (90) days for expedited relative placements.

If the licensing time frame exceeds the days allowed, reasons must be clearly documented in the Resource Family file in MACWIS and in the child's file if it is an expedited relative placement.

A. Recommendation for Placement

When the Licensure Specialist has concluded that a family is appropriate for licensure, the Licensure Specialist will submit the SAFE Home Study and make a recommendation of approval in the MACWIS home study.

The Recommendation for placement should include:

- Particular strengths of the family;
- Areas of concern;
- Most appropriate special needs for this family;
- Special needs this family is equipped to handle; if any
- Age of children recommended for this family; and
- Family's interest in adoption, foster care, or both.

B. Grounds for Denial

If the decision is to deny the license, the Licensure Specialist must state the reasons in the Notice of Action. The Notice of Action shall be sent to the applicant by certified mail with a copy of the notice to the State Office Permanency Unit.

Denial of a potential resource applicant must not be made on the basis of the RCNO of the child(ren) in care or the RCNO of the applicant.

1. Grounds for denial may include but are not limited to:

- A person residing in a home who has been convicted of a crime that would prevent licensure.
- A person residing in a home who has a record of evidenced child maltreatment.
- A person residing in the home refusing to submit to background checks.
- The minimum standards are not met.
- There is "just cause" to deny the license. "Just cause" exists when:
  - The conditions in the home would or could be physically, mentally or emotionally harmful to a child placed in the home.
  - When the applicant has a history of alcohol or drug use without documentation of successful treatment and after-care.
  - The applicant has been involved in illegal activity.
  - The applicant makes ethnic or racial slurs about certain groups of people or expresses other extremist views during the home study process.
  - The applicant shows an inability to work with DFCS.
  - A person, residing in the home or not residing in the home, that has been determined a high risk driver with the responsibility of transporting the child(ren).

Supporting documentation from the SAFE Questionnaire, observed conditions, statements made by the applicant, the applicant's family or references, etc., must be documented clearly in the study. The Licensure Specialists' feelings are not sufficient for documentation purposes.

C. License Approval

The Licensure ASWS shall review all documents submitted by the Licensure Specialist as well as the completed SAFE home study. The following documents shall be submitted as applicable:

- Home Study Application
- Physical Exam of Resource Applicant – "Medical" Form 4404 for each adult applicant – signed and dated by medical personnel

- Verification of pet vaccinations
- Evacuation Plan/Disaster Preparedness Plan (and signed acknowledgement) (*See* Appendices K and L)
- Contract for Designation of Resource Home - Form 457 (signed and dated) (*See* Appendix Q)
- Affirmation of Understanding Regarding Use of Corporal Punishment - Form 457A (signed and dated)
- Resource Family Purchase Order Agreement (*See* Appendix R)
- Current marriage license and copy of divorce decrees/death certificates as applicable
- Transportation Statement and Checklist with supporting documentation.
- Central Registry check
- Local law enforcement background check results
- Fingerprinting clearance through FBI
- Pre-Service training certificates
- Copies of applicant's Life Stories

The Resource ASWS is the licensing authority for the licensing of Resource Homes in the State of Mississippi and shall hold the original documents/official Agency file for each Resource Home licensed in their region. (*See* section A "Administrative Policy" Section A for format to file documents.)

If the decision is to approve the license, Resource Specialist or Resource ASWS shall send the certificate of licensure to the following:

- Applicants (original);
- County of Residence ASWS;
- State Office Eligibility Unit; and
- Resource Family file.

1. Certificate of License should include the following information:

- Name of licensee
- Particular home address for which the license is issued

- Number of foster children who may be cared for in the home at one time
- Indicate if the home is child-specific
- The beginning date
- Ending date
- Indicate any special limitations

VI. ONGOING SUPPORT

Licensed Resource Parents need regular ongoing consultation and supervision. These functions run concurrently with placement activities. Supervision and consultation should be provided via a team approach involving both Licensure Specialist and the County Worker monitoring the child's placement.

The Licensure Specialist will support Resource Families by being involved in the following activities:

- Participating with Resource Families in FTMs which address:
  - Permanency issues;
  - Issues in working with the birth family; and
  - Issues regarding the care of the child.
- Providing ongoing active support in order to strengthen the placements and prevent disruptions in the Resource Home.
- Initiating FTM when placement is at risk of disrupting.
- Assessing and securing services for Resource Parents to prevent and reduce stress and family crisis.
- Encourage Resource Families' active participation in FTM(s), foster care reviews (county conferences) and court hearings.

The Licensure Specialist will make weekly contact for the first month of the first placement into a newly licensed Resource Family.

The Licensure Specialist will maintain ongoing monthly contact (face to face, telephone, letter, email, etc.) with each licensed resource.

Ongoing monthly contact with all Resource Families will focus on:

- Working with birth family toward maintaining connections and achieving the child's permanency plan;
- Discipline issues with child;
- Marital issues brought about with placement;
- Provision of available services necessary to maintain placement; and

A. Monitoring and Renewal

A Home Environment Checklist is a tool used to guide on-going assessments of Resource Homes for continuing compliance with home environment standards. The Home Environment Checklist shall be completed by the Licensure Specialist every six months after licensing the home.

The Home Environmental Checklist should be completed by a County Worker during a home visit at any moment the worker thinks there should be a check completed. Documentation of the Home Environment Checklist should be entered by the Worker in the Resource Family file in MACWIS within thirty (30) days of completion.

If the County Worker uncovers a concern, the concern must be reported to the Licensure ASWS and/or Licensure Specialist within three (3) working days.

The following shall be monitored during such assessments (See also section II.B.1.a of this policy section):

1. The home shall be well heated/cooled and well ventilated.
2. At all times the home shall have a working telephone, mobile or landline.
3. The home shall be safeguarded, inside and out, against hazardous chemicals, cleaning materials, toxic substances, hazardous objects, equipment, medications, and firearms.
4. The home and premises shall be free of rodent and insect infestation.
5. A home shall not rely on portable space heaters as the sole source of heat and shall not use such space heaters during sleeping hours. The home's fireplaces, floor furnaces, freestanding stoves and open-faced heaters shall be screened or otherwise adequately guarded.
6. The home shall have protective covers for all electrical outlets not in use in all areas occupied by children age 6 and under or any mentally challenged child.
7. The home shall have a well maintained outside play area, clean and free of hazards to the health and physical well-being of the family.

8. The home shall have a continuous supply of clean drinking water. If the water is not from a city or community water supply, the Resource Parent(s) shall provide evidence that a state or local health authority has approved the water system.
9. All licensed homes must have a functional sewage system.
10. The home shall have interior plumbing with running warm and cold water.
11. There shall be no exposed wiring within the home.
12. All household members are included in the Resource Home case file.

B. Re-evaluation

The re-evaluation process will occur annually and include the following:

1. A statement from a licensed health care provider that the Resource Parent(s) are physically capable of caring for the foster children in their home. A complete physical is not required at the time of recertification. Resource Parents shall also provide a list of all medications currently taken by the Resource Parents and reasons for those medicines.

   If at any time during the year a Worker feels the health of a Resource Parent(s) may impede their ability to care for the foster children in his/her home, the Licensure Specialist shall request an updated doctor's statement, list of medications and reasons for those medicines.
2. Local background checks (not fingerprinting) are required every year at the time of reevaluation. Fingerprinting is done every five years.

   Note: Background checks must also be completed within two (2) weeks of a new household member entering the Resource Home; and background checks, including fingerprinting, are required of all household members who are 14 years of age or older.
3. Home visit conducted by the Licensure Specialist;
4. Complete the *Home Environment Checklist* during the home visit. Discuss issues and concerns in providing care.
5. Discuss the means of discipline being used with the children currently placed in the home. Discuss and have signed the Affirmation of Understanding Regarding Use of Corporal Punishment – Form MDHS-457A.
6. Review, discuss, and sign the Contract for Designation of Resource Home.
7. Discuss confidentiality issues and sign new Confidentiality Statement.

8. Verification of in-service training (10 hours annually per parent and 12 hours for specialized homes).
9. Verify pet vaccinations.
10. Complete Transportation Checklist.
11. Provide updated emergency evacuation/disaster plan.
12. Gather updated financial statement and verification of income.
13. Verify updated CPR training.
14. The Licensure Specialist shall contact the county workers and county ASWS who have had children placed in the home to determine if there are any ongoing issues. This discussion must be documented in the child's file and Resource Family file in MACWIS.

C. License Changes

Any changes in life circumstances must be reported to the Licensure Specialist prior to a planned change (i.e. marriage, adding household member, relocation, etc.) or within forty-eight (48) hours of unplanned changes (loss of job, death of household member, etc.). A new assessment of the home/family must be completed with any of the following changes:

1. Resource Family Relocation

If the Resource Family moves, a description of the new home, including sleeping and play space, along with the Home Environmental Checklist shall be required within fourteen (14) days of the move.

If relocation involves a move to another county, the Licensure Specialist in the original county shall complete the appropriate MACWIS screens indicating relocation, giving the new Resource Home address, and adjusting the license expiration date which shall be sixty (60) days from the date of relocation. The Licensure Specialist shall inform the family that their license will expire within 60 days of relocation unless a relocation study in completed. The Licensure Specialist shall also notify the COR worker(s) of any child(ren) placed in the home of the Resource Family's intent to move.

Once this information is entered by the Licensure Specialist, it shall be sent to the Licensure ASWS for approval/disapproval. The Licensure ASWS will then transfer the resource case to the new county of residence Licensure ASWS for assignment to a Licensure Specialist. The relocation summary shall then be completed within the sixty (60) days, prior to the expiration of the license.

2. Family Moves Out of State

A Resource Family who moves out of state is no longer eligible for a Mississippi Resource Home license. Plans for moving out of state must be discussed with the child's COR Worker prior to the move in order to determine whether a child's possible move with the Resource Family is consistent with the child's permanent plan.

If all parties (county worker, the court, guardian ad litem, the parents, etc.) are in agreement with the move, the child may move with the Resource Family. A request will be made through the ICPC Unit.

The Resource Parents must sign a Release for Confidential Information for their Resource Home File to be forwarded to another state.

The Resource Family must apply for a license in the other state within thirty (30) days of the move and complete the other state's licensing procedure within ninety (90) days. The Mississippi Resource Home license will remain in effect for the ninety (90) day period of time. If the Mississippi license is due to expire within the ninety (90) days, the license renewal must be completed prior to the move.

3. Licensure Change in Number/Characteristics of Children

If the license change request is for a change in the number of children, an outline of sleeping arrangements and documentation of a discussion of the family's physical and emotional capacity for additional children is required on the appropriate screen in MACWIS by the Licensure Specialist.

Increasing the number of children that a Resource Home is licensed for is at the discretion of the Licensure Specialist based on an assessment of the abilities and resources of the Resource Parent(s). The Licensure ASWS has the authority to approve this request. Only under emergency circumstances and with prior approval from the RD where the home is located, can a COR Worker place more children in a home than the home is licensed for and for only up to 72 hours. In addition to the RD approval there must also be approval from the Licensure Specialist and Licensure ASWS within the 72 hour time frame. This approval is given through the completion of a license change in MACWIS.

For children under age 18 months, a baby bed or crib for sleeping must be in the home prior to the child being placed in the home. Placement of a sibling group exceeding the standard (no more than a total of 5 children in the home) must be recommended by the Licensure Specialist and Licensure ASWS and approved by the RD. This approval shall be documented in the Resource Family file, a narrative in MACWIS and the case file.

4. Licensure Change in Marital Status

If a single Resource Parent marries, it shall be necessary to document the change and to interview the additional household member(s), and enter the information in a MACWIS license change narrative.

A complete background check should be completed prior to the marriage, if possible, but no later than 2 weeks after a new spouse enters the Resource Home. The new spouse of a licensed Resource Parent shall complete pre-service training within the first year of marriage.

Resource Parents who have foster children placed in their home may experience separation or divorce. When this occurs, the Licensure Specialist, in coordination with the County Worker, must evaluate their circumstances to determine if it is in the best interest of the children to remain in the home and whether the licensed father or the licensed mother retains placement of the children when the separation occurs.

The children will not be moved automatically unless there is violation of some other licensing requirement involved. The couple will need to inform their Licensure Specialist and the County Worker immediately of their separation and where they and the children will be living.

Within six months of the couple separating, they must provide proof of divorce or marital counseling toward reconciliation, and that they have obtained counseling for the foster children dealing with separation and attachment.

If these criteria are met, the home shall remain licensed but no additional children will be placed in the home until an assessment by the Licensure Specialist shows that the family has had an adequate period of adjustment.

5. Death/Change in Household

If one of the Resource Parents dies, it will be necessary to discuss with the widow/widower what services they may need as a result of their loss. The Licensure Specialist will complete the appropriate screens in MACWIS to remove the deceased person from the case.

The home shall remain licensed but no additional children will be placed in the home until an assessment by the Licensure Specialist shows that the family has had an adequate period of adjustment. The foster children will also be assessed to see if they are in need of counseling to address grief and loss issues related to the death of the Resource Parent of household member.

6. Addition of Household Members

All additions and changes in household members must be reported to the Licensing Specialist prior to changes being made. If prior notice is not possible, changes must reported within forty-eight (48) hours of the addition/change. Criminal background checks, including fingerprinting and FBI clearance, will be completed on additional household members 14 years of age and older within 2 weeks of the reported change. Failure to report changes in household members and completing background checks may result in the Resource Home license being revoked.

D. Policy Violations and Adverse Actions

1. Corrective Action Plans

The Corrective Action Plan is a formal documentation of the identified needs to be addressed by the Resource Family, the tasks to be completed to reach the desired solution, the timeframe for completion, and action to be taken if the plan is not completed within the given timeframe. The purpose of the Corrective Action Plan is to assist the Resource Family in meeting all the standards of licensing and remain a Resource Home that can better meet the needs of the children that may be placed in the home.

The Corrective Action Plan will list the conditions that need to change so the Resource Family will improve in the area of deficiency. This can include, but is not limited to, parenting skills, discipline techniques, physical home conditions, parent conduct, etc. The Corrective Action Plan should be developed with the family (which helps assure compliance), Licensure Specialist, and COR Worker, when appropriate.

This Plan must be reviewed and approved by the Resource Family, Licensure Specialist, Licensure ASWS, the COR Worker/ASWS and RD.

2. Concerns Regarding Quality of Care

All concerns that arise regarding the quality of care in a Resource Home shall be assessed to ensure the safety, well-being, and permanency of children. Immediate danger to a foster child requires immediate action on the part of the COR Worker and Licensure Specialist. Adverse licensing actions may take time but the needs of the child may require immediate action.

When the reported deficiencies raise questions about the quality of care but do not appear likely to cause immediate physical, mental, or emotional harm to the child, the Licensure Specialist should immediately inform the COR/COS Worker(s) of the conditions and provide the Resource Family the opportunity to meet with the COR Worker, Licensure Specialist, and Licensure ASWS to discuss the deficiencies and create a written Corrective Action Plan.

For a first violation, the Resource Family will be offered training and supportive services to address the problem through the Corrective Action Plan. If the Resource Parent(s) refuses to enter into a written commitment to improve the deficiencies, the resource license may be suspended or revoked. All reported deficiencies and Corrective Action Plans will be documented in the MACWIS Resource Family file as a narrative with a hard copy of a Corrective Action Plan filed in the Resource Home file.

If there is a second violation of the same policy within a six month period, the home shall be closed. If there is a second violation but of a different policy within a six month period, the Licensure Specialist may:

- Request a second Corrective Action Plan;
- Recommend suspension; and
- Recommend closure, depending on the circumstances and nature of the violation.

If the reported deficiencies in the Resource Home present an **immediate threat** to the physical, mental, or emotional well-being of a child, immediate action shall be taken to protect the child. At no time will a child be left in an unsafe environment. The Licensure Specialist shall inform the Licensure ASWS who shall ensure that any COR Worker/ASWS with a child placed in the home is notified of the existence of the conditions so that the child(ren) may be removed. If the COR Worker/ASWS is unavailable and the child is in an unsafe environment the Licensure Specialist shall notify his/her ASWS to request approval for removal of the child. The Licensure Specialist shall show the home as "not accepting placements" in MACWIS and following the assessment, the Resource Home license may be suspended or revoked.

3. Complaints, Policy Violations, Maltreatment or Other Concerns Reported to DFCS Worker

When a DFCS Worker receives a written or verbal complaint which indicates a possible Resource Home policy violation, DFCS shall either:

- Conduct an assessment of the allegations to assess compliance with policy; or
- Allegations of maltreatment or corporal punishments of child in foster care shall be reported to Centralized Intake for screening. (*See* Policy section B "Intake")
- All complaints/concerns shall be documented in the resource home narrative.

4. Conviction of a Crime

If there is reason to believe that a Resource Parent or household member has been convicted of a crime or pending indictment of a crime, the Licensure Specialist shall obtain a copy of the criminal conviction record and/or law enforcement background check and follow the evaluation process. (*See* "Evaluating Criminal Records" at II.A.2.b above).

These records should be reviewed by the Licensure Specialist and Licensure ASWS. If the Licensure ASWS concludes that the records need further review to make a determination, the records will be sent to the Regional Records Review Committee.

A further evaluation shall consider the nature and seriousness of the crime in relation to:

1. Time elapsed since the crime was committed;
2. Degree of rehabilitation;
3. Likelihood that the person will commit the crime again; and
4. Number of crimes committed by the person (history).

If the crime merits suspending or revoking the license, proceed to take action on the license.

5. Removing a License (Closures)

Serious concerns regarding quality of care or repeated policy violations (such as criminal convictions, substantiated abuse/neglect, falsifying documentation, violating confidentiality or discipline policies, etc.), or other conditions posing a danger to a child may result in placing a HOLD on the license or revocation of a license.

The Licensure Specialist shall identify and document specific violations of licensing requirements and the specific policies violated through a MACWIS narrative in the Resource Family file. When these violations meet the threshold for removing a family's license, the recommendations for placing a HOLD or revocation of the license and supporting information will be forwarded to the Licensure ASWS. The Licensure ASWS shall send a copy of the Notice of Action to the Resource Family as well as the COR Worker and the ASWS of any children placed in the home. A copy of the Notice of Action shall be filed in the Resource Home file.

Each case should be considered individually and the reasons for closure thoroughly reviewed. Reasons for closure include, but not limited to:

- The family requests their home be closed;
- The family moves out of state;
- The family refuses to cooperate with the regulations and policies of DFCS, such as failure to cooperate with the implementation of the permanent or concurrent plan of the child;
- Use of corporal punishment;
- Failure to complete a corrective action plan;
- The family cannot or will not take action to meet DFCS licensing requirements; and
- There is an evidenced report of physical, sexual or emotional abuse or neglect of a child.

6. Placing a HOLD on the License (Not Accepting Placement)

The date of the HOLD of a license is effective immediately upon delivery of the Notice of Action to the Resource Home by the Licensure Specialist. Placing a HOLD on a license will be shown in MACWIS as "not accepting placement" until the license is revoked and the home is closed or the deficiencies are corrected through a Corrective Action Plan.

Conditions may exist in a Resource Home that threaten the health, safety, and well-being of a child in the home, but can be corrected by the family. Such instances shall be assessed on a case by case basis as to whether or not the child can remain safely in a home. At no time will a child be left in a situation where the child's safety or wellbeing is uncertain. Rather than revoking the home's license DFCS has the option of placing a HOLD on the license for a specific period of time and allow the family to complete the Corrective Action Plan.

If the family fails to acknowledge the existence of the threatening condition and/or to sign the Corrective Action Plan or if the family is unable or unwilling to complete the Corrective Action Plan within the agreed upon timeframe, the Licensure Specialist shall initiate action to revoke the license and close the home.

7. Revoking the License and Closing the Home

With any decision to take adverse action on a Resource Home license, the Licensure Specialist should review the situation with the Licensure ASWS to determine if and what action should be taken, taking into consideration the specific circumstances of the Resource Family.

Courses of action other than revocation may be more appropriate. Improving the services and care provided by a Resource Family to meet standards is preferable to losing a trained, experienced Resource Family.

The Licensure Specialist will make a recommendation for closure in MACWIS and send a copy of the Notice of Action to the Resource Family as well as the COR Worker and ASWS of any children placed in that home. A copy of the Notice of Action shall be filed in the Resource Home file. The date this notice is sent shall be added to the MACWIS "closure" tab. The Resource Family will have ten (10) days to initiate the Administrative Grievance Hearing Process. (See Appendix S) (*See* VII.A-B below).

If the Resource Family does not respond to the Notice of Action with a request for a hearing, the home will be closed in MACWIS by the Licensure Specialist and approved by the Licensure ASWS.

If the Resource Family requests an appeal, the home will remain on HOLD until the appeal hearing is completed. The Resource Home license will then be closed or reinstated as determined by the outcome of the appeal hearing.

Each case should be considered individually and the reasons for closure thoroughly reviewed. Reasons for closure include, but not limited to:

- The family requests their home be closed;
- The family moves out of state;
- The family refuses to cooperate with the regulations and policies of DFCS; such as failure to cooperate with the implementation of the permanent or concurrent plan of the child;
- The family cannot or will not take action to meet DFCS licensing requirements;
- There is an evidenced report of physical, sexual or emotional abuse or neglect of a child;
- There is criminal involvement of a person residing in the home;
- The family is operating without due regard for the health, sanitation, hygiene, comfort, or well-being of the children in the home;
- The Resource Parent(s) are misusing the funds provided by DFCS;

- The family fails to meet one or more requirements in the Contract for Designation of Resource Home;
- The family refuses to cooperate with an unannounced visit.

8. Notice of Actions

The Resource ASWS shall provide the Resource Family with written notice of any adverse action with regard to the license status.

The notice shall include the following:

- The condition requiring suspension or revocation.
- The specific policy violation.
- The type of action.
- The right to appeal the action.

The Notice of Action shall be sent to the Resource Parent(s) by certified mail with a copy of the notice to the State Office Permanency Unit.

VII. ADMINISTRATIVE GRIEVANCE HEARING

A. Appeal Process for Licensing Decisions

An Administrative Grievance Hearing is afforded to individuals who disagree with a DFCS decision and/or action in the event that formal application for licensure or renewal of a license is denied, or a license is suspended or revoked, an application for adoption is denied, or an adoption case is closed, or there is an adverse decision for an applicant or recipient of adoption assistance.

This process is provided to:

1. Resource Parents;
2. Resource Parent applicants;
3. Adoptive parents;
4. Adoptive applicants;
5. Facility licensure applicants;
6. Licensed facility providers; and

7. Licensed child placing agency providers.

B. Administrative Grievance Appeal Process

A Resource Parent (whether licensed or in the application process) shall first request a conference with the Licensure Specialist, Resource Licensing ASWS, and RD within ten (10) days of notification of an adverse action regarding his/her license. A conference shall be held within thirty (30) days of this request and a written notice of action of the decision made by the RD following this conference shall be given to the family with a copy to the State Office Permanency Unit Director within ten (10) days of the conference.

In the event a decision or action by DFCS as described above cannot be resolved at the regional level, the aggrieved party may file an appeal by submitting, in writing, a request for an administrative hearing.

The written notice of appeal is sent to: DFCS, Permanency Unit, P.O. Box 352, Jackson, Mississippi 39205. This request for a hearing must be received by DFCS within ten (10) working days of the date DFCS' written notice of the regional decision was sent to the individual or agency. The administrative hearing shall be held no later than sixty (60) calendar days after the receipt of the request for a hearing.

The Permanency Unit will contact the Hearing Officer and provide the request information. The Hearing Officer is appointed by DFCS but has no involvement with DFCS decisions regarding licensure or approvals for adoption or other matters from which the individual or party appeals other than during the hearing process. The Hearing Officer shall schedule a date, time and place for the administrative hearing.

At least thirty (30) calendar days prior to the hearing, the Hearing Officer will send notices via Certified U.S. Mail, Return Receipt Requested, to all involved parties. The Hearing Officer will notify the Permanency Unit who, in turn will notify the appropriate staff person responsible for the case.
The appealing party shall be afforded all applicable safeguards of procedural due process.

The worker, supervisor or other appropriate DFCS staff will be prepared to present the reasons for DFCS' decision and will be present at the hearing.

At the Administrative Grievance Hearing, each party may be represented by an attorney. The appealing party shall have the right to call, examine and cross examine witnesses. The Hearing Officer may require the presence of witnesses and evidence on behalf of the applicant, licensee, or DFCS.

Each party shall file with the Hearing Officer, at least ten (10) days prior to the hearing, a list of witnesses they plan to call to testify at the hearing and produce documentary evidence on his/her behalf. The list shall contain the following:

- Name(s);
- Current contact information (city, phone number, etc.); and
- Brief description of testimony.

Each party will be responsible for notifying his/her witnesses of any changes regarding the hearing process and any changes therein.

The Hearing Officer shall have the authority to maintain the decorum of the hearing and shall take reasonable steps to do so when necessary, including clearing the room of any person who is disruptive or of witnesses not under examination.

During the Administrative Hearing, the Hearing Officer shall hear or receive evidence on the case in chief. The appealing party shall follow in presenting the same. (In the appeal process, the burden of proof shall be on DFCS.)

If there is a withdrawal of the appeal, the appealing party is required to furnish evidence of the reasons for the withdrawal to the Hearing Officer in order for the appeal to be dismissed.

In order to preserve the record, the Hearing Officer will make an electronic recording of the hearing.

After all evidence is heard or received, and the hearing is complete, the Hearing Officer shall, within thirty (30) days of the hearing, prepare and file a written findings of facts with a recommended decision and forward same to the DFCS Director, who shall make the final decision as to whether the denial, suspension, probation, or revocation is sustained.

The decision shall be in writing and shall contain findings of fact and rulings of licensure standards and law, and shall be mailed, via Certified U.S. Mail, Return Receipt Requested, to each party or, when a party is represented by an attorney, to his/her attorney. The decision of the Director is final and binding.

VIII. OTHER ASPECTS OF RESOURCE FAMILY CARE

A. Income taxes

Resource Families will be encouraged to consult a certified public accountant of their choice for guidance regarding claims on foster children residing in their home. DFCS staff shall not offer tax advice.

B. Liability

Resource Families will be encouraged to consult an insurance agent of their choice for guidance regarding claims on foster children residing in their home. DFCS staff shall not offer insurance advice.

C. Court Ordered Home Studies

Court ordered home studies will be referred to the Resource ASWS to assign for handling.

The Resource ASWS will notify the court and/or applicants of DFCS' fee for court ordered home studies. This uniform letter to award home study fees (*See* Appendix T) and court order to award home study fees may be utilized.

The requested fee is $650 to cover the cost of the home study and fingerprinting. Checks should be made payable to the Treasurer, State of Mississippi, and sent directly to the Resource ASWS prior to the home study being assigned or initiated.

When a request for a home study is made by a court, other than youth court, or private attorney, the requesting party should be informed that the request must contain the home study fee before the home study can be completed.

Once payment is received, the Resource ASWS, shall forward the payment to DFCS Administration and Finance, 750 North State Street, Jackson, Mississippi, 39202. The completed home study summary will be submitted to the Resource ASWS for review prior to submission to the court. If the court waives the fee, the Licensure Specialist and/or Resource ASWS shall notify the court of the cost of the fingerprinting fee charged to DFCS.

D. Re-Licensing a Closed Resource Home

When a previously licensed Resource Family decides to reapply, the following procedure should be followed:

Resource Home closed for less than one year

The Licensure Specialist must update the home study in MACWIS including a description of the reason the resource home was closed as well as reasons why the family decided to reapply. The updated home study should include details of any changes made to the home and/or changes in household members. The following documents must be secured for the re-opening of the resource home:

1. Home Environment Safety Checklist
2. MDHS Medical Form 4404 (for each applicant - signed and dated by medical personnel)
3. Financial Statement (including proof of income)
4. Verification of Pet Vaccinations (for all domesticated animals on the premises)
5. MDHS Contract Form 457 (signed and dated)
6. MDHS Affirmation of Corporal Punishment Form 457A (signed and dated)
7. Family Resource Purchase Order Agreement
8. Current Marriage, Divorce, and/or Death Certificates, if applicable
9. Transportation Checklist, if any documents have expired
10. Local Law Enforcement Checks

The Re-open Resource button can be found on the Resource Directory screen. This button is available only to the Resource ASWS. It only enables with an inactive resource home highlighted. When clicked, it changes the status of the resource home to expired. The resource home is assigned to the Resource Worker for the county. Then the Resource Reassignment icon is enabled so the Resource ASWS can reassign the resource home to another worker if necessary. The worker is then able to complete a Reevaluation to create a current license. The License Start Date should be entered and then the License End Date will calculate out one year from the Start Date.

If the home has been inactive for more than one year a new Resource Inquiry should be entered instead of opening the inactive resource.

Resource Home closed for over one year but less than three years

The Licensure Specialist must create a new resource inquiry in MACWIS and update the home study including a description of the reason the resource home was closed as well as reasons why the family decided to reapply. The updated home study should include details of any changes

made to the home and/or changes in household members. The following documents must be secured for the re-opening of the resource home:

1. Home Environment Safety Checklist
2. MDHS Medical Form 4404 (for each applicant - signed and dated by medical personnel)
3. Financial Statement (including proof of income)
4. Current Employer Validation
5. Verification of Pet Vaccinations (for all domesticated animals on the premises)
6. Evacuation Plan/Disaster Preparedness Plan (and signed acknowledgement)
7. MDHS Contract Form 457 (signed and dated)
8. MDHS Affirmation of Corporal Punishment Form 457A (signed and dated)
9. Family Resource Purchase Order Agreement
10. Current Marriage, Divorce, and/or Death Certificates, if applicable
11. Transportation Checklist, if any documents have expired
12. Central Registry Check
13. Local Law Enforcement Checks
14. CPR training (certification if own swimming pool)
15. Proof of 5 hours of in-service training

Resource Home closed over 3 years

When a resource home has been closed over 3 years and the family wishes to re-license their home, the family will have to repeat the initial licensing process; including orientation and pre-service training. All initial documentation must be completed for consideration in re-licensing.

IX. APPENDICES

APPENDIX A

Form DFCS 480
Revised 8/2011

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

Resource Home Inquiry Application

All PERSONS LIVING IN THE HOME INCLUDING BOARDERS

Name	Relationship	Date of Birth	Social Security #
	Self		

Present Address _____
City _____ State _____ Zip Code _____
County _____ Yrs. at address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

Marital ☐ Married ☐ Single ☐ Divorced ☐ Widowed Yrs. Married:
Estimated Bring Home $ _____ Sources _____
Employer: _____ Phone _____
Employer: _____ Phone _____

Characteristics of Child You Would Consider Taking

Gender	Number	Race	Minimum Age	Maximum Age
Males				
Females				

LICENSURE

Either	_____	_____	_____	_____
	_____	_____	_____	_____

Have you ever applied to be licensed or have been licensed with another agency? ☐ yes ☐ no If yes, which agency? _____

Note: This application is not considered valid until all household members age 14 and older have signed MDHS Form 482A – Permission for Background Check.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

The Mississippi Department of Human Services does not discriminate on basis of race, color, national origin, age, sex, or handicap. The completion and return of the application does not place you under any obligation to the Department of Human Services. It will aid us in selecting the child best suited for your home. We shall treat this information as confidential.

Form DFCS-432A
Revised 7/2011

APPENDIX B

NOTICE OF ACTION
Inquiry Screen Out

Case Name: _____

Case Number: _____

Date: _____

To: _____

Address _____

City _____ State _____ Zip code _____

This is to notify you that your resource or adoption inquiry has been screened out due to not meeting the following initial requirement(s) :

- ☐ At least 21 years of age
- ☐ Number of children in the home is less than 5
- ☐ Legally married couple (not separated) or legally single (not cohabitating)
- ☐ MACWIS clearance
- ☐ No known criminal history
- ☐ Legal Mississippi resident

Please contact your worker for clarification if you don't understand the decision or if your circumstances change and you are able to meet the licensing requirement(s) listed above. This decision is final and not subject to an Administrative Grievance Hearing.

Respectfully,

APPENDIX C

Form MDHS-SS-450
Revised 7/2011

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

Date:

Dear Prospective Resource Parents,

Thank you for your interest in becoming a Resource Parent. This letter and enclosed information packet contains a great deal of information about the process of becoming a licensed Resource Home for fostering and/or adoption. Please take the time to review this information carefully to help you determine if becoming a licensed Resource Parent is in the best interest of you and your family.

Enclosed you will find a brochure explaining the expectations of Resource Parents, basic licensing requirements, and the steps necessary to becoming licensed. You are also provided with some information about the kinds of children in care and the need for resource families to partner with DFCS and the child's birth family in achieving permanency for our children. All of this information is provided to better assist you in making this very important decision.

After reviewing this information, the next step of the process is to attend an Orientation Meeting provided by DFCS. All adult household members that will participate in caring for a potential foster child must attend the Orientation Meeting. A list of upcoming Orientation Meetings with dates, times, and locations within the next month is included for your convenience. If you do not attend one of these Orientation Meetings within the next month, your resource inquiry will be closed. If you would like to proceed with the licensing process, please be sure to attend or contact us if you are unable to attend one of these scheduled meetings.

We hope that you will decide to continue in this process, as DFCS needs families who are willing and able to provide for our children's safety and well-being and work with DFCS and birth families to help foster permanent connections for our children. We look forward to meeting you and assisting you through this process. If you have any questions, please do not hesitate to contact me at the information provided below.

Respectfully,

LICENSURE

Name _____

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Fax Number _____

Email _____

LICENSURE

APPENDIX D

HOMESTUDY APPLICATION FORM

APPLICANT INFORMATION			
APPLICANT # 1		**APPLICANT # 2**	
Full Legal Name:		Full Legal Name:	
Maiden Name:		Maiden Name:	
Previous Names:		Previous Names:	
Date of Birth:	Age:	Date of Birth:	Age:
Social Security Number:		Social Security Number:	
Birthplace:		Birthplace:	
Gender:		Gender:	
Religion:		Religion:	
Education:		Education:	
Occupation:		Occupation:	
Employer:		Employer:	
Employer phone number:		Employer phone number:	
Home number:			
Cell number:		Cell number:	
Email address:		Email address:	

HOUSING INFORMATION:					
Address:					
City:		State:		Zip Code:	
County:		Years at this address:			
Setting:	☐ Rural	☐ City Limits	☐ Own	☐ Rent	
Type:	☐ House	☐ Apartment	☐ Mobile Home	☐ Other	
Number of Bedrooms:		Number of Unoccupied Beds:			

CHILDREN: (If more than 4 children use back side of page to record additional information)

Name	Social Security Number	Sex	Date of Birth	Age	Living With Whom

OTHER ADULTS LIVING IN APPLICANT'(S) HOME: (If more than 2 other adults use back side of page to record additional information)					
Name	Social Security Number	Sex	Date of Birth	Age	Relationship

MARRIAGE or DOMESTIC PARTNERSHIP (If more than 1 past marriage or past domestic partnership use back side of page to record additional information)	
Date of Current Marriage:	
Past Marriage or Domestic Partnership - Applicant # 1 Name of Ex-Spouse/Partner:	**Past Marriage or Domestic Partnership - Applicant # 2** Name of Ex-Spouse/Partner:
Date Begun:	Date Begun:
Date Ended:	Date Ended:

I am/We are interested in:

☐ **A** We are interested in being licensed as resource/adopt parents and are willing to accept children on a short term basis. We want to work with the agency and the birth parents or relatives as you try to reunify children with their family. We are NOT interested in adopting at this time.

☐ **B** We are interested in being licensed as resource/adopt parents and are willing to accept children into our home as long as they need a substitute home. We want to work with the agency and the birth family to assist in reunifying a child with his/her family. We are really NOT interested in adopting, but if a child lives with us for a period of time and we become attached, we would probably apply to adopt that child.

☐ **C** We want to be licensed as a resource/adopt home, but our ultimate goal is really adoption. However, we would accept children into our home if the agency staff believes the child is at high risk of needing a permanent home. We realize these children will still be visiting with birth family and a relative may be identified as a suitable placement. The concurrent plan may be reunification or relative placement along with adoption. If the child is freed for adoption, we would certainly be interested in adopting that child.

☐ **D** We are interested in being licensed as a resource/adopt home, but our goal is adoption and we want/do not want much legal risk. We understand that children placed in our home would not yet be freed for adoption, but their permanent plan of adoption has already been approved by the court

and TPR is underway. We do not want to be involved with birth family and hope that a child placed in our home will have no further contact with birth family.

☐ **E** We are interested in being licensed as a resource/adopt home for a specified child or children. We have the following relationship to the child (ren):

_____
_____
_____
_____.

TYPE OF CHILD YOU MAY CONSIDER

Gender	#	Min. Age	Max Age	Race You Would Accept (Check all that apply)	Special Needs (Check all that apply)
Male				☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Bi-racial ☐ Any Race	☐ Mild ☐ Moderate ☐ Severe
Female					☐ ADHD ☐ FAS ☐ Psychological Diagnosis ☐ Behavior Problems ☐ Medical Diagnosis ☐ Other
Either					

PREVIOUS FOSTER CARE/ADOPTION APPLICATIONS

Have you previously applied for foster care/adoption, either as an individual, a couple or in a previous relationship?
☐ Yes ☐ No If yes, which agency? _____

Have you previously started or completed a foster care/adoption education program?

☐ Yes ☐ No If yes, which agency? _____

Have you previously started or completed a foster care/adoption homestudy?

☐ Yes ☐ No If yes, which agency? _____

SAFETY CHECKLIST

1. Household Requirements

Yes	No	N/A	Will comply	
				Well-ventilated home with finished ceiling and floors and permanently affixed walls
				Stable supply of heat and cooling provided and maintained to rooms being occupied
				Steps or railings sturdy, appropriately spaced and in good repair
				Electrical outlets covered (for children under age 6) and not overloaded.
				Electrical appliances and cords out of young children's reach
				Radiators, hot water pipes and fireplaces covered
				Exits and stairways gated or otherwise secured for infants and young children
				Cleaning materials inaccessible to young children
				Toys safe, clean and in good repair
				Knives, scissors and other sharp instruments kept out of the reach of young children
				Retractable ladder for second story window, for emergency use
				Cords on blinds and drapes constructed without loops and kept out of the reach of young children
				Television sets on tables or stands stationed securely
				Electricity with no exposed wiring
				Premises free of rodent and insect infestation
				Continuous supply of clean drinking water
				Functional sewage system
				Kitchen: Operable stove, refrigerator, oven with running hot and cold water
				Bathrooms: Flushing toilet, wash basin, bathtub/shower (all in working order)

2. Communication

Yes	No	N/A	Will comply	
				Telephone access available
				List of emergency telephone numbers readily accessible

				Provide agency with emergency contact name and number of person who will know where you are if you ever need to evacuate your home due to a disaster.

3. Weapons

Yes	No	N/A	Will comply	
				Weapons, including firearms, air rifles, bows and hunting slingshots are made inoperable when not in use and are stored in locked cabinets, inaccessible to children
				Ammunition stored separately from weapons in containers in locked cabinets

4. Fire Safety

Yes	No	N/A	Will comply	
				Smoke Detector(s) in working order located between bedrooms and remainder of home
				Written Fire Evacuation Plan established and regularly reviewed with all family members
				Flashlight(s) in working order; easily accessible in emergency
				Fire extinguisher(s) in working order for all levels (Min. 5lbs)
				Exits and hallways well-lit and uncluttered
				Fireplace/woodstoves installed as per specification of the local fire department
				Fireplace screens or front guards in use; combustible deposits removed regularly

5. Sleeping Arrangements

Yes	No	N/A	Will comply	
				Adequate bed space with suitable mattress for each child. (No more than 4 children in a bedroom)
				Bedrooms occupied by children do not have external door locks. Doors that open and close
				Bedrooms occupied by children have a window
				Clothing storage space available for child's personal belongings
				Access to bathroom without going through another bedroom
				Protective railings and access ladder for a stacked bunk beds. (No foster child under age 7 should sleep on top bunk)
				Babies under 18 months will not sleep in an adult bed, on a couch, or chair but will always sleep in a safety-approved crib.

6. Medicines and Hazardous Substances

Yes	No	N/A	Will comply	
				Medications and other potentially hazardous pharmaceutical substances stored in locked cabinets inaccessible to children
				Other potentially hazardous household substances (e.g. bleach, cleaning fluids, pesticides) stored inaccessible to children

7. Specific Safety Precautions

Yes	No	N/A	Will comply	
				Swimming pools and other bodies of water on property are safeguarded
				Internet adult sites, adult videos, and other such adult materials are inaccessible to children
				Precautions in place to protect children from second-hand smoke. Designated smoking area outside the home

8. Pets

Yes	No	N/A	Will comply	
				Pets have vaccinations that are up-to-date
				Pets do not exhibit aggressive tendencies

9. Automobile Safety

Yes	No	N/A	Will comply	
				Automobile in safe operating condition
				Valid Driver's License for each person driving children
				Proof of insurance
				Equipped with child safety seats for infants/young children
				Equipped with booster seats for older children, less than 8 years of age or weighing less than 80 lbs.

Personal References

Please list 4 personal references. Only ONE (1) reference can be a close relative. If married, list at least TWO (2) references that know you as a couple and be certain to provide addresses (with zip codes) and day time telephone numbers. Please do not list an employer as a reference. We will also be contacting 2 unnamed references during the course of the home study. By signing this application, you are providing your permission.

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip Code
Telephone _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Relationship _____

FINANCIAL INFORMATION

All applicants should have sufficient income to support their households and any additional foster children, without board payment assistance. Board Payments may take up to several months to begin and applicants are responsible for daily costs associated with foster children. Should an exceptional expense occur, before board payment begins, this should be discussed with the County Worker. *Please attach proof of income and expenses.*

LICENSURE

ANNUAL EMPLOYMENT INCOME	THIS YEAR	LAST YEAR
Name of Applicant 1		
Name of Applicant 2		
TOTAL ANNUAL INCOME		

Monthly Income			
Employment Income	$_____	Child Support	$_____
Retirement	$_____	TANF	$_____
Social Security	$_____	Other	$_____
SSI	$_____	**Total Income**	**$**_____

Monthly Expenses			
House/Rent Payment	$_____	Utilities	$_____
House Insurance	$_____	Phone	$_____
Car Payment	$_____	Food/Groceries	$_____
Car Insurance	$_____	Credit Cards	$_____
Life Insurance	$_____	Furniture	$_____
Medical Insurance	$_____	Church Tithes	$_____
Other Insurance	$_____	Other	$_____
Child Support	$_____		
		Total Expenses	**$**_____

ASSETS	VALUE
Real Estate: Home	$
Real Estate: Other	$
Vehicles	$
Savings e.g. IRA	$
Investments: e.g. Stocks / / Mutual Funds	$
Bank Accounts	$
Other Assets: (specify)	$

TOTAL ASSETS	$

LIABILITIES	**TOTAL AMOUNT OWED**
Mortgage	$
Bank Loans (car payment)	$
Personal Loans	$
Credit Cards	$
Other Debts / Liabilities	$
TOTAL LIABILITIES	$

Have you ever filed for Bankruptcy? ☐ Yes ☐ No If yes, when? _____
What were the circumstances regarding the bankruptcy?
_____
_____

INSURANCE:

Homeowner's / tenants' insurance policy:

I/We have ☐ I/We will obtain ☐

Life insurance policies:

Applicant 1:

Applicant 2:

Other insurance (health, disability, etc.):

1:

2:

Note: This application is not considered valid until all household members age 14 and older have signed MDHS Form 482A – Permission for Background Check.

ACKNOWLEDGEMENTS

I/We, the undersigned, submit this application with the following acknowledgements:

I/We give full permission to the licensing practitioner to communicate and exchange information about me/us, in written or verbal form, with other child welfare agencies, private and international adoption agencies, physicians, mental health professionals, references, other adoption licensees and practitioners, government agencies/departments, and other sources, as necessary, in order to further my/our application.

I/We confirm that the information given on this financial statement is accurate and complete to the best of my/our knowledge. I/We understand that any false statement, or omitted information in this application, may jeopardize my/our application.

LICENSURE

I/We understand that any false statement, or omitted information in this application, may jeopardize my/our application.

_____ _____
Signature of Applicant # 1 Date

_____ _____
Signature of Applicant # 2 Date

Reviewed By: _____
(Licensure Specialist)

Date reviewed and signed: _____

APPENDIX E

Form MDHS-SS-482
Revised 01-16-09

Date_____

TO: Child Abuse Central Registry
Division of Family and Children's Services
Office of Social Services
P.O. Box 352
Jackson, MS 39205 FAX # 601/ 576-2584

FROM: Name _____

Title _____

MDHS/Division _____

Address _____

Please check all that apply to the following applicant:

- Foster/Adoption Resource Parent: _____
- MDHS Employee: ____
- Relative Resource Parent: ____
- Priority Processing (relative Resource Parent only):_____
- Volunteer/Internship: _____
- Other (please specify) _____

PLEASE PRINT

Name _____

Address _____

Date of Birth _____

Social Security Number _____

Telephone Number where applicant can be reached _____

To be completed by MDHS Office of Family and Children's Services Staff

Findings:
_____No information found in the central registry.
_____The following information was found in the central registry.

_____

Signature _____ Date_____

Form DFCS 503
Revised 2/7/12

APPENDIX F

MDHS Employee Resource Home Licensure Agreement
Name of Employee _____ Name of Supervisor _____ Name of Licensing Agency _____ Child(ren) _____ COR _____ COR Worker _____
To ensure that there is no conflict of interest and that the above mentioned MDHS employee shall assume no DFCS decision making authority over the child(ren) placed in their home, the following agreement has been reached.
It is the policy of DFCS that neither the employee's resource home or child(ren) placed in the home shall be supervised by any person working directly with the employee. This includes the employee's supervisor, office coworkers, and subordinates. The following method of supervision shall be utilized.
A DFCS employee licensed as a resource home shall not access MACWIS case information or paper files on any children placed in their home. All parties have agreed to the following limits regarding children placed in the home and access to MACWIS records of the child(ren) and birth family.
By signing below, the DFCS employee acknowledges he/she understands that any violation of DFCS policy and/or the Employee Resource Home Licensure Agreement may result in personnel action against the employee.
Employee _____ Date _____ Supervisor _____ Date _____ Regional Director _____ Date _____ Director of Permanency _____ Date _____

LICENSURE

Director of DFCS _____ Date _____

Form DFCS 432B

APPENDIX G

NOTICE OF ACTION Licensing Action
Case Name: _____ Case Number: _____ Date: _____ To: _____ Address _____ City _____ State _____ Zip code _____ This is to notify you that the following action has been taken on your case and why: Resource ASWS Signature: _____
Please contact your worker for clarification if you don't understand the decision. If you are not satisfied with the decision, please complete the space below and return within 10 working days to the address below. Your grievance will be heard by your Licensure Specialist, the Licensure supervisor and the Regional Director or designee. You will be notified of the date and place the conference will be held and you may have witness to support you present.

☐ I am not satisfied with the action taken and wish to file a grievance because:	
_____	_____
Signature	Date

LICENSURE

Return to:			
Name	_____		
Title	_____		
Address	_____		
City		State	Zip Code

Form DFCS 528
Revised 05/22/12

APPENDIX H

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

Consent to Disclose Information

I, hereby authorize _____, with _____ to
(person or position) (agency)
release the information described below to the following:

Mississippi Department of Human Services
Division of Family and Children's Services

Attention: _____
_____
_____

The purpose or need for this disclosure is _____
_____.
The specific information to be released is _____
_____.

Name: _____
Social Security Number: _____
Date of Birth: _____

I understand that I may revoke this consent at any time except to the extent that action has been taken thereon. I further understand that this consent will expire **90 days** from the date authorized below, and cannot be renewed without my written consent.

_____ _____
(Authorized Signature) (Date)

Note to program receiving this information:

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CPT Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

APPENDIX I

Form DFCS 483
Revised 8/2011

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

Confidentiality Statement

Resource Parents are entrusted with confidential information about children in their care, and learn additional confidential information about children and their families as a result of their work as Resource Parents. It is the child's family and child's right and expectation that confidential information will be respected and safe-guarded by the DFCS. As partners in the provision of children's services, Resource Parents are bound by the same expectations of protecting confidential information as are DFCS Workers and staff. This means that no information learned as a result of their work as Resource Parents is to be shared outside of that professional service, even if identities are "disguised."

Casual conversations about client information with friends, relatives, other Resource Parents, and others not involved with direct services to the client are prohibited. The identity of the foster child or any information that may identify the child as a foster child should be protected and not divulged. There shall be no sharing of photographs or information about the foster child and/or the child's family on social networking sites or by any other means that would constitute violating the confidentiality of the client.

Information to be shared with other service providers; such as, medical, mental health, education etc., should be discussed with the foster child's worker prior to disclosing information. Information disclosed will be on a need to know basis to assist that specific provider with providing necessary services for the child or child's family.

Any breach of confidentiality is considered a serious violation of Resource Home licensing policy and will result in adverse action to the resource license.

By signing below, you acknowledge that you fully understand the confidentiality policy regarding foster children and their families and that you agree to abide by this policy.

LICENSURE

Signatures:			
Resource Father	_____	Date	_____
Resource Mother	_____	Date	_____
Witness	_____	Date	_____

APPENDIX J

Form DFCS 522
Revised 8/2011

Home Environment Checklist

Worker: _____

Case Name: _____

Date of Visit: _____

- ☐ Working smoke detector(s) for all levels (Test)
- ☐ Fire extinguisher for all levels (Min. 5 lbs.), readily visible and operable
- ☐ Protective covers for outlets (for children under the age of 6)
- ☐ Protective railings and access ladder for all stacked bunk beds
- ☐ Safeguards for swimming pools and other bodies of water
- ☐ Gun safety requirements
- ☐ Fireplace screens or other stoves/open-faced heaters adequately guarded
- ☐ Electricity
  - ☐ no exposed wiring
- ☐ Heating/Cooling
- ☐ Telephone
- ☐ Reliable Transportation ☐ Valid driver's license ☐ Proof of insurance
- ☐ Well-ventilated home with:
  - ☐ Safe (age-appropriate) sleeping arrangement ☐ Door that can be opened and closed
  - ☐ Finished flooring ☐ Access to bathroom without going through another bedroom
  - ☐ Adequate storage space for personal belongings ☐ no more than four (4) children in bedroom
- ☐ Continuous supply of clean drinking water
- ☐ Functional sewage system
- ☐ Adequate bed space for all household members
- ☐ Written emergency and evacuation plan
- ☐ Clear access to exits (doors, hallways, and stairs)
- ☐ Retractable ladder for second story window
- ☐ Operable stove, refrigerator, and oven
- ☐ Kitchen: safe and sanitary with running hot and cold water
- ☐ Bathroom: flushing toilet, wash basin, bathtub/shower (all in working order)
- ☐ Operable doors, windows, steps (latch, safety locks, guard rails, window screens, etc.)
- ☐ Bedroom with:
  - ☐ Safe (age-appropriate) sleeping arrangement ☐ Door that can be opened and closed
  - ☐ Finished flooring ☐ Access to bathroom without going through another bedroom
  - ☐ Adequate storage space for personal belongings ☐ no more than four (4) children in bedroom

APPENDIX K

Form DFCS 488A
Revised 7/2011

EMERGENCY EVACUATION / DISASTER PLAN

If your family was suddenly required to evacuate the area due to a natural disaster, where would your family relocate? Who would DFCS be able to contact regarding your whereabouts:

Planned Evacuation Destination

In-State Contact		Out-of-State Contact
	Name:	
	Address:	
	City:	
	State:	
	Phone Number:	

Resource Family Emergency Contact Numbers

Wife's #:

Husband #:

Written Plan in event of Tornado

Family will go to: (storm shelter, neighbor's storm shelter, hall closet, bathroom, etc.)

Written Plan in event of Fire

If 2 story home, are there ladders from second floor windows? ☐ yes ☐ no

What adult is assigned to each young child (or child's room) to ensure safety in exiting the home?

Name the landmark where all family members will meet once outside the home:

EVACUATION PLAN FOR

_____

Please draw the floor plan of your home, label all rooms and exits. List an outdoor meeting spot where the family will meet in the event of a home fire.

Outdoor Meeting Spot:

_____

APPENDIX L

Form DFCS 488
Revised 7/2011

Mississippi Department of Human Services
Division of Family and Children Services

Interim Disaster Preparedness Plan
Resource Families

The Department of Human Services, Division of Family and Children Services values the dedicated resource, adopt, and relative families who provide care for children. This document is prepared in an effort to aid those families in maintaining personal safety, and providing communication and continuity of services in the event of a disaster.

This is the beginning of a more comprehensive Disaster Preparedness Plan that will be evolving over the next several months. Additional policy and information will be published as it becomes available.

Community disasters can come in many different forms. While Mississippians are most familiar with hurricanes, it is important to consider other natural and man-made disasters. Some of the information provided will relate specifically to hurricanes, but year-round preparedness warrants planning as well.

Prior preparation

- Develop a family emergency communication plan.
    - In case family members are separated from one another during a disaster (parents at work, children in school or day care) have a plan for getting back together.
    - Ask an out-of-state relative or friend to serve as the "family contact". After a disaster it's often easier to call long distance than it is locally. Make sure everyone in the family knows the name, address and phone number of the contact person.
- Maintain a supply of water and non-perishable food.
- Keep handy a change of clothes, battery operated radio, flashlights, and extra batteries.

- Be sure DFCS has updated information for an emergency contact located out-of-state who will most likely know the whereabouts of your family.
- Maintain written information for each foster child including:

    - Full name
    - Social Security Number
    - Medicaid number
    - Medical information
    - Names and doses of prescriptions
    - Worker's name and phone number

When forewarning is available

- Resource families should follow the directives of local public safety authorities concerning evacuation and may take foster children out of county or out of state based on the directives and the family's emergency plan.

    - Notify Worker is leaving the area and furnish contact information, along with anticipated return date. If Worker is unreachable, contact **1-800-222-8000**.

- Assure an ample supply of medication is included in preparations along with the written information outlined above.

Following a disaster

- Resource families should follow directives of local public safety authorities regarding a return to the affected area.

- If location or contact information changes, report changes to Worker or to **1-800-222-8000**. If relocating within Mississippi you may contact the local office from the list provided.

- Resource families may learn the current status of other resource families, and birth families by calling **1-800-222-8000**.

- Resource families may contact their Worker through **1-800-222-8000**. The person accepting the call will forward the concern, question or information to the Worker or other identified staff who will return the resource family's call.

- If medical attention is needed for a foster child while in another state, resource families should call **1-800-222-8000** for assistance in using Mississippi Medicaid. This information will be provided to DFCS staff.

Disaster Preparedness Plan Acknowledgement

This signature acknowledges receipt of the Division of Family and Children's Services Interim Preparedness Plan. It is my responsibility to read this plan, which serves as a general guide regarding emergencies and evacuations of natural and manmade disaster.

_____ _____
Resource Father Signature Date

_____ _____
Resource Mother Signature Date

In the event of a disaster (and emergency evacuation) – Mississippi Department of Human Services, Division of Family and Children's Services, needs a phone contact number as to your location, especially if foster children are placed in your care.

Please provide the name and number of someone that your DFCS Worker can contact to locate you. This may be someone (as a relative or support person) with whom you will be in immediate contact.

_____ _____
Name of Contact Person (in the event of disaster) Phone Number

APPENDIX M

Mississippi
MDHS-DFCS-514
Section A & F, Revised 05-24-16

MISSISSIPPI DEPARTMENT OF HUMANS SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

TRANSPORTATION STATEMENT AND CHECKLIST

I _____, understand that as a condition of my employment
Print Name (Employee/Applicant)
or service as a Resource Parent/Household Member with the Mississippi Department of Human Services, Division of Family and Children's Service (MDHS/DFCS), I am responsible for and required to have and maintain reliable transportation. I further understand that I am required to maintain a valid Driver's License, current vehicle registration and current automobile liability policy with limits in an amount equal to or greater than the minimum amounts required by Mississippi law. It is my responsibility to provide verification of reliable transportation annually upon request from the proper authority. In addition, I understand that when transporting service recipients in any vehicle, I am responsible for ensuring the use of age appropriate passenger restraint systems including appropriate car seats, and for providing adequate supervision for passengers in the vehicle. I also agree to participate in a–training program, provided by MDHS/DFCS, regarding adequate passenger restraint and supervision.

_____ _____
Signature **Date**

- ☐ **Employee**
- ☐ **Resource Parent**
- ☐ **Household Member**
- ☐ **Other _____ (Specify Role)**

_____ _____
Witness **Date**

LICENSURE

Mississippi
MDHS-DFCS-514A
Section A & F, Revised 05-24-16

TRANSPORTATION STATEMENT AND CHECKLIST

Name: _____ **Title:** _____
Print Name of Driver (Employee/Applicant)

By: _____ **Title:** _____
Print Name of Authorized DFCS Staff

Requirement	Initial Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial	Annual Check Date/Initial
Transportation Statement Signed					
Valid Driver's License					
Valid Driving Record Date Of Validation Validated Results (attach copy)					
Current Vehicle Registration License Plate/Tag					
Current Automobile Liability Insurance With Limits In An Amount Equal To/Or Greater Than The Minimum Amounts Required By Mississippi Law					
When Transporting Service Recipients, Insure The Use Of Age Appropriate Passenger Restraint Systems, Including Appropriate Car Seats and Properly Maintained Seat Belts					
Participate In A Training Program Provided by MDHS/DFCS For Adequate Passenger Restraint And Supervision					
Provide A Written Transportation Plan (Resource Parents Only, When Applicable)					

An **original** form along with supporting documentation must be maintained in employee's MDHS Human Resource personnel file or other applicable file.
A **copy** and supporting documentation must be maintained in the county employee file or other applicable file.
An **original** form must be maintained in the Resource family's case file along with supporting documentation.

LICENSURE

Mississippi
MDHS-DFCS-514B
Section A & F, Revised 05-24-16

TRANSPORTATION STATEMENT AND CHECKLIST
Corrective Action Form

_____
Print Name of Driver (Employee/Applicant)

Unmet Requirement	Corrective Action Plan/Task
Transportation Statement Signed	
Valid Driver's License	
Valid Driving Record	
Current Vehicle Registration License Plate/Tag	
Current Auto Liability Insurance	
Age Appropriate and Properly Maintained Passenger Restraint Systems	
Participation in Restraint Training Program	
Provide A Transportation Plan (Resource Parents Only, When Applicable)	

_____ /_____ _____
Print Name (Employee/Applicant) **Signature** **Date**

_____ /_____ _____
Print Name Completed By Authorized DFCS Staff **Signature** **Date**

APPENDIX N

Form MDHS-SS-457A
Revised 8/2011

Mississippi Department of Human Services
DIVISION OF FAMILY AND CHILDREN SERVICES

AFFIRMATION OF UNDERSTANDING REGARDING DHS POLICY FORBIDDING THE USE OF CORPORAL PUNISHMENT BY RESOURCE PARENTS

NOTE: This form is signed by both Resource parent(s) in the presence of the Resource Specialist. The Resource Specialist will thoroughly discuss with the Resource Parent(s) DFCS policy regarding discipline of foster children, and the reason for this policy. DFCS believes that due to the abuse that DFCS children have been subjected to in the past that corporal punishment would not be in the best interest of the children.

I hereby affirm that I have discussed the MDHS/DFCS policy regarding discipline of foster children by Resource Parent(s). I understand that MDHS policy strictly forbids the use of corporal punishment of any kind.

I also understand that children in the custody of the MDHS/DFCS often have special needs and circumstances and that corporal punishment may have a further damaging effect on these children. I agree not to spank, switch, slap, hit, or use any unapproved or degrading means of punishment (i.e. withholding food, locking child out of home, cursing at the child, etc.) I understand that children need discipline and that there are other methods, such as withholding privileges or grounding, praise and rewards, which I may use to modify undesirable behavior.

If at any time I have a question about discipline or when I have a problem with a foster child in care, I understand that I/we should call the Resource Specialist for counsel and recommendations regarding disciplinary needs or concerns.

I agree that if I enroll an MDHS foster child in school, I will sign the "No Spanking" – No Corporal Punishment form with the school so that the school personnel cannot use corporal punishment on the MDHS foster child either.

SIGNED:_____ DATE:_____
(RESOURCE PARENT)

SIGNED:_____ DATE:_____
(RESOURCE PARENT)

SIGNED:_____ DATE:_____
(RESOURCE SPECIALIST)

APPENDIX O

Form MDHS-SS-4404
Revised 5/2011

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
PHYSICAL EXAMINATION OF RESOURCE / ADOPT APPLICANT

Name **Address**

City **State** **Zip Code**

Birth Date **Height** **Weight**

Medical History – (Indicate Date)
Illness:

☐ Alcoholism	☐ Disease of Circulatory System	☐ HIV/ AIDS
☐ Arthritis	☐ Disease of Nervous System	☐ Kidney Disorder
☐ Asthma	☐ Tuberculosis	☐ Pelvis Disorder
☐ Cancer	☐ Ulcer	☐ Paralysis
☐ Colitis	☐ Epilepsy	☐ Heart Disease
☐ Diabetes	☐ Rheumatism	☐ OTHER

Explanation for any of above:

_____

_____

List of current medications and reason for each medication:

_____

_____

_____

Comments on emotional stability of patient:

_____

_____

LICENSURE

General Physical:

- ☐ Eyes
- ☐ Ears
- ☐ Teeth
- ☐ Lymph Glands
- ☐ Skin
- ☐ Heart
- ☐ Abdomen
- ☐ Throat
- ☐ Thyroid
- ☐ Tonsils
- ☐ Extremities
- ☐ Lungs
- ☐ Blood Pressure
- ☐ Tenderness

TB, Skin Test

Results:_____

May we use this report in discussion with our clients? ☐ yes ☐ no

_____
Physician (or Nurse Practitioner) Signature Date

_____
Address

APPENDIX P

Mississippi Department of Human Services

Certificate of Participation
(EXAMPLE ONLY)

has successfully completed hours of pre-service training with the MS PATH training curriculum.

Session	Date
Session I	
Session II	
Session III	
Session IV	
Session V	

DFCS Resource Specialist

APPENDIX Q

Form MDHS-SS-457
Revised 10/2008

CONTRACT FOR DESIGNATION OF RESOURCE HOME

Whereas I/we _____ (Husband) and/or _____ (Wife), desire to have my/our home licensed as a Resource Home by the _____ County Department of Human Services (herein known as the DFCS), I/we hereby agree to accept and care for the child placed in our home by the DFCS upon the terms and conditions contained in Part A of this Contract: and whereas, the DFCS desires to have a home available for the child in custody of the DFCS until such time as permanent homes are made available for the child, the DFCS agrees to provide for each child placed in the above home the assistance provided for in Part B of this Contract, subject to the home of (Mr./Ms.) _____ herein referred to as the (Last Name) _____ home, first being approved and being licensed as a Resource Home.

Part A

1.

____/____ I/We understand that the actual permanent legal custody of a child placed in our home for care will remain in either the natural parent or parents of the child of the DFCS according to the facts of the individual case, and that by placing a child in our home for foster care, the DFCS does not confer any right to custody in us. We hereby expressly waiver any right to custody of a child placed in our home for care, unless the child is made free for adoption by the written decision and action of the court.

2.

___/___ I/We understand that a child who is placed in the custody of the DFCS will be in need of immediate placement and that the DFCS must be able to depend on our home being available for foster children. Therefore, we expressly agree to take into our home for care only the child who is placed through the DFCS or a child who is placed with the consent of the DFCS and to treat a child who is placed in my/our home as members of my/our family group.

3.

___/___ I/We clearly understand that the DFCS will be attempting, as quickly as possible, to establish permanent homes for all children entrusted to the DFCS's custody, preferably in the home of the child's natural parent(s). I/we agree to cooperate with the DFCS in carrying out the DFCS's plans for any foster child placed in my/our home, including the plan to return a child to his/her parents, to transfer a child to another foster home or institution, or any other plan which the DFCS may have.

4.

I/we understand that all foster children placed in my/our home are wards of the State of Mississippi and I/we agree to obey all laws of the state of Mississippi regarding foster children; as well as all of the regulations of the State Department of Human Services concerning foster children. I/We expressly agree to the following rules:

__/__ A. I/We agree to carry out all directions of the DFCS for care of the foster care and to cooperate in maintaining approved standards of child care established by the DFCS. I/We expressly acknowledge the State Department of Human Services' regulations regarding corporal punishment and agree to abide by them.

__/__ B. I/We agree to permit representatives of the DFCS to visit our home and talk with the foster child whenever desired. I/We understand that these visits will be planned to suit my/our convenience insofar as it possible to do so, but may be without notice if circumstances warrant.

__/__ C. I/We agree to immediately report to the DFCS any illness or accident to the foster child, change of address, sickness in family, or anything of emergency nature.

__/__ D. I/We agree that the child will not be given up to his/her parents or any other person except by a representative from DFCS, unless permission has been directly given to us by the DFCS, or unless a letter giving such permission, signed by the Resource Specialist and /or the resource Area Social Worker Supervisor is presented.

__/__ E. I/We agree to allow parents, relatives, and friends who are approved by the DFCS, to visit the foster child at specified intervals, previously arranged at mutually convenient times for all parties concerned.

__/__ F. I/We agree to work with the DFCS regarding any complaint or suggestion concerning the child, and to refer parent(s) or guardian(s) who have complaints to the DFCS.

__/__ G. I/We agree to give the DFCS a reasonable amount of time (not less than two weeks) to make other plans for the care of the child if I/we find it necessary to request the removal of the child from my/our home.

__/__ H. I/We agree that in the event any civil action in any court should arise concerning any foster child during the time when the child is in custody of the State Department of Human Services, then I/We shall notify DFCS immediately, and if any court action has begun, that DFCS is a necessary party and will be given notice of the same.

__/__ I. I/We agree that I/we shall not remove any foster child from the State of Mississippi without permission from the Area Social Worker Supervisor and the youth court with jurisdiction.

Part B

The DFCS agrees that, subject to the above named home being approved as a licensed home, the following allowances shall be paid each month for each child placed in the home by the DFCS so long as the child remains in the above named home as a foster child by the DFCS.

1.

__/__ The DFCS agrees to pay a board allowance for each child placed at the rate per month allowed by the Mississippi state Legislature and the regulations of the State Department of Human Services in effect while the child is in the above named foster home. This allowance is to be used to purchase food (including school lunches), personal incidentals (including haircuts, cleaning, toothbrushes, clothing, hair brushes, combs, and shoe polish), medicine chest items, household supplies, fuel, lights, water, and family activities.

2.

__/__ The DFCS agrees to pay a spending money allowance for each child according to the regulations of the State Department of Human Services in effect while the is in the above named resource home. This allowance will be included in the board payment check.

__/__ This Contract is to be in effect the day that the above named home is approved as a licensed home by DFCS and shall end the day that the above named home ceases to be an approved resource home by DFCS.

__/__ The above named County DFCS does not guarantee that any minimum number of children shall be placed in the above named home.

LICENSURE

__/__ This Contract is subject to any changes in laws of the State of Mississippi concerning licensed resource homes and any changes in the State Department of Human Services' regulations concerning licensed Resource Homes.

__/__ I/We agree to have no more than five children in my/our home, with no more than two foster children under the age of two or two foster children with therapeutic needs in the above named home.

Signatures:

_____	_____
Resource Parent (Father)	**Resource Area Social Work Supervisor**
Date: _____	**Date:** _____
_____	_____
Resource Parent (Mother)	**Resource Specialist**
Date: _____	**Date:** _____

APPENDIX R

Form DFCS 504
Revised 08/2011

RESOURCE FAMILY PURCHASING AGREEMENT

By signing this agreement, I acknowledge that purchases made on behalf of any child placed in my care must be made in accordance with the Division of Family & Children's Services policy.

I also agree that I will not purchase items for reimbursement other than those for which I have obtained prior approval.

I agree if unauthorized items are purchased, I will reimburse the Division of Family & Children's Services county office.

_____
Resource Parent

_____
Resource Parent

_____
Resource Specialist

_____
Date

Original to be filed in Resource Family Case Record
Copy to be given to Resource Family

Resource Family Purchasing Agreement 3/2008

RESOURCE FAMILY PURCHASING AGREEMENT

Below is a list of acceptable items that can be purchased. This list is to be used as a guide and is not all inclusive. Always check with your worker BEFORE items are purchased.

CLOTHING

Shoes, shirts, socks, undergarments, hats, coats, belts, pants, dresses, shorts, skirts, dressed, skorts, jackets, gloves, school uniforms, pajamas, robes, swimwear, sweaters, scarves.

SCHOOL SUPPLIES

Pens, pencils, rulers, paper, scissors, back pack, glue, book fees, poster board, crayons, markers, paint, nap mats, binders, notebooks, folders, calculators, workbook fees, school pictures, tutoring, band instruments, athletic equipment (if not provided by the school), plastic tubs-Lysol-Kleenex-paper towels-hand soap (if required by the teacher).

PERSONAL HYGIENE

Hair care products, oral hygiene products, feminine hygiene products, deodorant, soap, body wash, diapers, diaper wipes, lotion, Vaseline, razors, shaving cream.

PRESCRIPTION DRUGS/MEDICATION

Prescription drugs, medication not covered by Medicaid, food supplement substitutes that are PRESCRIBED by a physician for infants or food for children on special diets.

FOOD NEEDS

Food needs ONLY – this does NOT include paper products, cleaning supplies, tobacco or alcohol.

SPECIAL ALLOWANCES

Are requested for specific uses and must be spent only for items that have been approved for purchase.

UNMET OTHER PERSONAL NEEDS

Are requested for specific uses and must be spent only for items that have been approved for purchase.

Resource Family Purchasing Agreement 12/2011

Appendix S

Form DFCS-432C
Revised 7/2011

NOTICE OF ACTION Regional Grievance Hearing Decision
Case Name: _____ Case Number: _____ Date: _____ To: _____ Address _____ City _____ State _____ Zip code _____
This notice is to confirm in writing the decision of the Regional Grievance Hearing, requested by you and held on _____ concerning your dissatisfaction with the following licensing decision:
After hearing both parties and reviewing the details of the case, the following decision has been reached: Respectfully, Regional Director
If you are not satisfied with this decision and wish to pursue a State Office Administrative Grievance Hearing, please complete the space below and return within 10 working days to: **DFCS Permanency Unit, P.O. Box 352, Jackson, MS 39205 or fax to 601-359-4360**. Your hearing will be held within 60 days of receipt of the written request and shall be heard by a Hearing Officer appointed by the Attorney General's Office. You will be notified of the date and place the hearing will be held and your right to attorney representation.

LICENSURE

☐ I am not satisfied with the Regional Grievance Hearing decision and wish to appeal to the State Office Administrative Grievance Hearing because:
Signature Date

APPENDIX T

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

[DATE]

TO: All Youth Court Judges, Chancellors, Family Masters, Referees, etc.

FROM: Division Director of Family and Children's Services

SUBJECT: MDHS, Division of Family and Children's Services, Home Study Fees

Dear Sirs and Mesdames,

In the event the Division of Family and Children's Services is contacted by the courts to conduct a Home Study in a private civil action such as an adoption, a divorce or a child custody matter in accordance with Mississippi Code of 1972, as annotated and amended, §93-17-12, there will be a fee charged for this service.

The fee for this service is $650. The check or money order should be made payable to the State Treasury/State of Mississippi and mailed or delivered to the Regional Resource Supervisor at the MDHS address below. This fee must be paid, in full, before the Home Study will be conducted by DFCS.

Mail check to: _____
_____
_____
_____

If you have any additional questions, please contact _____ (name/title) at (__)_____
.

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section G: Adoption Policy

LICENSURE

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LICENSURE

I. OVERVIEW

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and it's Division of Family and Children's Services hereinafter will be known as "DFCS".

II. INTRODUCTION

The Mississippi Department of Human Services (MDHS) is the agency designated, by MISS CODE ANN § 93-17-31 through 93-17-31 for establishing procedures for handling adoptions within Mississippi. MDHS has designated the Adoption Unit of the Division of Family and Children's Services (DFCS) to have responsibility for adoptive placements made by and through the DFCS.

A. Purpose

The primary purpose of the DFCS's Adoption Program is to foster permanent connections for children whose permanent plan is adoption.

B. Legal Base

Responsibility for providing adoption services to children is authorized under Title IV-B and Title XX of the Social Security Act and MISS. CODE ANN. § 43-15-13. The State Statute places responsibility with the State Department of Human Services to establish policy and procedures designed to appropriately place children in permanent homes. This includes placing children in suitable adoptive homes approved by a licensed adoption agency or licensed social worker, in cases where restoration to the biological family is not safe, possible or appropriate.

C. Civil Rights

Adoption services and resources for children will be provided without discrimination and such services cannot be based on race, color, national origin or religious affiliation.

Multi-Ethnic Placement Act (MEPA):

The *Improving America's Schools Act* (P.L. 103-382) contains the *Multi-Ethnic Placement Act of 1994* (MEPA). An amendment to this Act is part of the *Small Business Job Protection Act of 1996* (P.L. 104-188) and is known as the *Interethnic Adoption Provisions Act of 1996* (IEP). MEPA-IEP prohibits agencies receiving Title IV-E foster care funds from

> *deny[ing] any person the opportunity to be an adoptive or foster parent … or delay[ing] or deny[ing] the placement of a child … solely on the basis of race, color or national origin of the adoptive or foster parent or the child …*

(PL 103-382, § 553 a.1.A-B)

These factors must be applied on an individualized basis, not by general rule "in the best interest of the child."

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

A Licensure Specialist and/or County of Responsibility (COR) Worker must document all factors considered in the selection of a placement for a child. *MEPA* is viewed in conjunction with Title VI of the *Civil Rights Act of 1964* which prohibits recipients of federal financial assistance from discriminating based on race, color, or national origin in their programs and activities and from operating their programs in ways that have the effect of discriminating on the basis of race, color, or national origin.

MEPA as amended by *IEP* calls for the diligent recruitment of foster and adoptive families that reflect the racial and ethnic diversity of children in foster care. To comply with MEPA/IEP, DFCS shall focus its recruitment process on developing a pool of potential resource families who are willing and able to foster or adopt the children needing placement.

D. Prohibitions

Each employee of DFCS is prohibited from both the participation in making an independent adoption placement and/or the independent adoption of any child known to the employee through his/her position with DFCS. Violation of this policy is a Group 3 offense and may result in termination of employment.

E. Definitions

Adopt: To take by choice into a relationship; to take voluntarily (a child of other parents) as one's own child.

Involuntary Placement: Youth Court awards legal custody of a child to the MS Department of Human Services based on allegations of child abuse/neglect/exploitation.

Voluntary Placement: A legal parent requests placement of a child into foster care due to the parent's illness or hospitalization or the legal parent wants to make an adoptive plan for their child.

Adoption Disruption: An adoption process that ends prior to adoption finalization, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents.

Adoption Dissolution: A reversal or voiding of an adoption after it has been legally finalized. This results in the child's return to (or entry into) foster care or placement with new adoptive parents.

Adoptive Placement: A social process carried out through the framework of law, whereby a legal parent/child relationship is created between the child and adoptive parent(s). Actual placement for adoption will not be made until the child is legally free for adoption as certified by the Attorney General's Office (AG).

Legal Risk Adoptive Placement: The placement of a child into a home for the purpose of adoption prior to the child being legally freed for adoption. These placements are shown as foster home placements, but a legal risk adoptive placement agreement is signed by the adoptive parents and Adoption Specialist. Legal risk adoptive placements may be made for Safe Babies, abandoned infants, infants whose biological mother has signed surrender and the father is unknown, or for any child whose permanent plan of adoption has been approved through youth court.

Interlocutory Decree: A court order granting legal custody or guardianship to the adoptive petitioners prior to the Final Decree of Adoption. DFCS may or may not recommend an Interlocutory Decree on a case by case basis. The Interlocutory Decree is often used when the adoptive parents must move out-of-state before DFCS can recommend final adoption or before the Chancellor deems it is appropriate to render a decision on final adoptions.

Final Decree of Adoption: The decree of the court granting and finalizing the adoption and vesting legal custody of the child with the adoptive parents.

Post Adoptive Services: Supportive Services provided to an adoptive family after the finalization of an adoption to assist in a wide range of issues such as explaining adoption issues for children, providing financial assistance through an adoption subsidy, linking the family to therapeutic services needed to meet the child's special needs, providing search assistance, etc. in order to strengthen and maintain the continuity of placement in the adoptive family.

F. General Functions/Responsibilities

MDHS has the following functions in carrying out its responsibilities for the care and protection of children in need of adoption:

1. *Developing policies and standards* for the administration of DFCS's Adoption Service Program.
2. *Assessing and preparing* children for transitioning to adoption.
3. *Assessing and preparing* families for adoptive placements.
4. *Placing children* in adoptive homes, as appropriate, and providing post-placement and post-adoption services to the adoptive family.
5. *Providing social services to all parent(s)* (married or unmarried) who seek help in making adoptive plans for their children.
6. *Providing* as requested by the court, social information on independent adoption petitioners.
7. *Serving as a consultant to agencies* providing adoption services, as well as agencies interested in developing an adoption program.
8. *Recommending legislation* which will further protect the child, the biological parents, and the adoptive parent(s).
9. *Informing* the community/public of adoption practices from both a legal and a child behavior perspective.

III. DEVELOPMENT OF ADOPTION PLAN

A. Role of COR Worker

The COR Worker shall have the following responsibilities in achieving Adoption:

- Recognize, through concurrent planning, when adoption appears to be the most appropriate and feasible goal for the child.
- Engage parents in a discussion on optional voluntary surrender of their parental rights. If the parents wish to surrender, the COR Worker must obtain permission from the Director of the Permanency Unit prior to the parents signing any documents.
- Prepare and submit to the Worker's Area Social Work Supervisor (ASWS) a complete Termination of Parental Rights (TPR) referral within the time frame allowed by policy. (*See* Section D, TPR)
- Discuss the goal of adoption with the child, parents and Resource Parents. Ascertain if the Resource Parents are interested in adopting the child.
- Assist in preparation of child and family for adoption.

- Notify the Adoption ASWS within 3 calendar days of adoption becoming the child's permanent or concurrent plan.
- Update the Family Service Plan (FSP) and request Adoption County of Service (COS).
    - There may be two Adoption COS Direct Services if the child is placed outside their COR.
    - One Adoption COS Direct Service should be established for the Adoption Specialist in the child's COR and one within the child's COS.
- The COR worker will continue to be responsible for the case, and will work toward the permanent plan as appropriate, and will visit with the child face to face at least twice a month or quarterly if placed outside the COR.

B. Role of Adoption Specialist

The child's Adoption Specialist will immediately begin the assessment and preparation for adoption process with the assigned child, the birth family and the placement resource. The preparation for adoption process should include working with the child on his/her life book (including the preparation of child's written life story) and following a strategic plan for transitioning the child to adoption.

- An Adoption Specialist will be assigned to work with an assigned COR Worker within ten (10) working days of adoption becoming the child's permanent or concurrent plan.
- The Adoption Specialist and the Worker will begin the process of securing an adoptive placement for the child.
- The Adoption Specialist will also begin compiling the child's file in preparation for adoption assistance certification.
- The Adoption Specialist shall inform the current and any other identified Resource Parent of the child's potential eligibility for Adoption Assistance and enter documentation of this discussion into the child's and Resource Parent's files in MACWIS.
- Within fifteen (15) calendar days of adoption becoming the child's permanent or concurrent plan. The COR Worker along with the Adoption Specialist shall prepare an adoption plan that identifies the child specific activities that DFCS will undertake to achieve the permanent/concurrent goal of adoption and the timeframes in which the activities will be undertaken.

- The Adoption Specialist shall be responsible for the following:
  - Consulting with private and public professionals.
  - Identifying and ensuring the provision of targeted services necessary for the child to be adopted.
  - Adoption Status Meeting with the DFCS Worker, Adoption Specialist, and the Worker's direct ASWS to review the progress being made in achieving the goal of adoption and shall occur weekly for infants and monthly for all other children awaiting adoption and must be documented in the child's case record.

C. Adoption Plan

The DFCS Adoption Unit is responsible for adoptive placement planning for all children in DFCS custody whose permanent plan is adoption. The assigned Adoption Specialist will work with the child, the COR Worker, the birth family (as appropriate), and all other persons vested in this child's life to develop a strategic plan to transition the child to permanency through adoption and help the child maintain those life-long connections already in place. This plan will be developed through Adoption Status Meetings.

This team will prepare a written plan for adoption. This adoption plan will identify the following:

- Child-specific recruitment activities,
- Time frames to complete the assigned activities and
- Assigned workers to complete the specific activities.

D. Adoption Status Meeting

Within 15 calendar days of adding adoption as a permanent/concurrent plan, the Adoption Specialist will convene an Adoption Status Meeting with the COR Worker, COR ASWS, and other staff familiar with this child.
Adoption Status Meetings serve three (3) primary purposes:

- To review the progress of the adoption plan
- To identify barriers to adoption and
- To develop strategies that overcome barriers in order to achieve the goal of adoption.

Adoption Status Meetings will be held monthly for children over 12 months of age and weekly for children 12 months of age and younger.

Each subsequent Adoption Status meeting will update the progress that has been made to move the child toward adoption. Steady progression toward permanency must be documented from the date adoption has been added to the permanent/concurrent plan until permanency is achieved indicating who completed each task and in what time frame.

E. Documentation of Efforts toward Adoption

The Adoption Status Meetings shall be documented in the child's case file by the Adoption Specialist within 5 working days after the meeting is held.
Documentation of the Initial Adoption Status Meeting Includes the following:

- Date when Adoption was added to the permanent/concurrent plan
- Date of TPR hearing, if set, or discussion of parental surrender of rights
- Summary of previous discussion of adoption with the child.
- Tentative date when the Adoption Specialist will meet the child and begin the assessment and preparation process for adoption.
- All maternal and paternal relatives are contacted
- The need to re-evaluate any possible relatives for adoptive placement or to foster permanent connections is established.
- Description of any fictive kin relationships or other life-long connections that have been established.
- COR Worker's discussion with the current placement resource about adopting the child
- COR Worker's recommendation of the current placement resource to adopt
- Name the Resource Family who plans to adopt, if it is the plan.
- Adoption Specialist will plan to meet the Resource Parent to assess and prepare the family for adoption.
- Discussion of continued contact with birth family following adoption, if in the best interest of the child.
- Schedule a Family Team Meeting to be held with birth family/kin, Resource Parents, COR staff, and Adoption Specialist to address birth family visitation/contact, if found to be in the child's best interest

- Discussion of sibling placements
- Adoption Specialist will begin the assessment of sibling placement to determine if they can be adopted together.
- If the child is placed out of state, assessment of the home including whether the home is licensed, family willingness to adopt, etc.

F. Ongoing Adoption Status Meetings

- The Adoption Specialist will review the file to select all necessary documentation needed in order to certify the child for Adoption Assistance.
- The Adoption Specialist will make referrals for necessary services that must be provided before an adoption can be finalized.
- Update the Comprehensive Child Assessment and preparation document.
- Update assessment of siblings being placed together. If plan becomes separate placements, give update on visitation plan/ responsibilities.
- Description of how permanent connections are being fostered
- Identify barriers to the transition to adoption.
- COR Worker will update on TPR process/ permanent/concurrent plan progress or barriers to achieving permanency.
- All progress toward a permanent placement will be discussed at monthly status meeting.
- Outline: "Who will do what & when"
    - Scheduling an appointment, requesting records, researching needed services, making appropriate referrals, contacting relatives, etc.

G. INFANTS up to 12 months of age

Once adoption is added to an infant's permanent/concurrent plan an initial Adoption Status Planning meeting is held. Weekly Adoption Status Meetings will be held until the permanency plan is achieved.

- When a mother wishes to place her infant for adoption, the child shall be referred to the Adoption ASWS for placement into an adoptive home upon entering DFCS custody or discharge from the hospital, where applicable.

- The Adoption Unit will make an appropriate adoptive placement through the Placement Committee Process (which can be held by phone) and Adoption Status Meeting. These placement efforts will be documented in the child's case.
- The Adoption Specialist will provide COS services, preparation and assessment for the child(ren) and adoptive family, assist the family in mediating future contact between the birth family and adoptive family, and supervise the adoptive placement throughout the adoption process.

If the COR is working with the biological parents to make plans for an adoption prior to the child's birth, the COR ASWS shall inform the Adoption ASWS of these plans and provide background information on the child, when possible. This will enable the Adoption Unit to plan for a potential placement into an Adoptive Home.

After the birth of the child, the Adoption ASWS shall be notified of the birth by the COR ASWS. The following information on the child will be provided at that time:

1. Birth date
2. Birth weight and length
3. Race
4. Physical condition of the child, as reported by the attending physician

The Adoption Specialist will accompany the COR Worker to the hospital for the child's discharge and will proceed with placement into the identified adoptive home. The following information/documentation shall be submitted to the Adoption Specialist upon the child's discharge from the hospital or at the time the parent(s) signs the surrender of parental rights, form 459. (See Appendix A)

1. Social Summary and Form MSDH-913, Medical and Social History. (Must be obtained from the MS Department of Health)
2. Form MDHS-SS-430 Obstetrical and Newborn Record. (See Appendix B)
3. *Form MDHS-SS-459 and 459A (See Appendix C) or 459B (See Appendix D) signed by the Mother.
4. *Form(s) MDHS-SS-459 signed by the Father(s).
5. State Department of Health forms 914 or 915 (Must be obtained from the MS Department of Health), Authorization to Disclose.

**Forms for the Surrender of Parental Rights and Consent to Adoption cannot be executed by the biological parents until 72 hours (three days) after the birth of the child.*

H. Abandoned Infants and Safe Baby

According to MISS. CODE ANN. § 43-15-201, an emergency medical services provider, without a court order, shall take possession of a child who is seventy-two (72) hours old or younger if the child is voluntarily delivered to the provider by the child's parent and the parent did not express intent to return for the child. MISS. CODE ANN. § 43-15-203 states, no later than the close of the first business day after the date on which possession of a child is taken by said provider, the provider shall notify the Department of Human Services. The Department of Human Services shall assume the care, control and custody of the child immediately upon receipt of notice.

MDHS Protocol for Safe Babies:

1. A Safe Baby should be reported through Centralized Intake.
2. Report is received in the county where the child is surrendered and assigned to a worker by ASWS.
3. Worker responsibility:
    a. Make contact with the child.
    b. Contact Adoption ASWS to identify a legal risk adoptive placement. *See Note below.
    c. Name the child before leaving hospital (allow the potential adoptive family to name the child, if possible.)
    d. Coordinate with hospital staff to apply for birth certificate and Social Security card.
    e. Contact Youth Court judge to request court order for custody.
    f. Assist Unit with placement, as needed.
    g. The COR shall *not* make diligent searches to locate the parents.
4. Submit required information to the Eligibility Unit and obtain Medicaid number.
5. Adjudicate the baby through the youth court.
6. Provide Medicaid number to the hospital for the Safe Baby.
7. Obtain medical records from the hospital.
8. Complete TPR Packet and submit to the Regional Director (RD) within 30 days.

9. Follow all relevant DFCS policy related to the custody and placement of a child.
10. The COR Worker shall visit the child quarterly in their pre-adoptive placement.
11. The Adoption Specialist for the county of residence of the adoptive family shall be the only COS assigned worker and shall visit the child twice monthly with one visit taking place in the placement setting.

*Note: The Adoption ASWS shall convene a telephone conference Placement Committee Meeting with all Adoption Specialists in the region in order for all potential legal risk adoptive families to be presented for placement. The child shall then be matched with the most appropriate family. If all other factors are equal, then the family who has been approved and waiting for placement for the longest period of time shall be given priority. If there are no appropriate placements available within the region (outside the county where the child was surrendered), the Adoption ASWS shall contact the surrounding regions and convene a telephone placement committee with other Adoption staff until the most appropriate placement is secured.

Protocol for other abandoned babies:

Babies who are over 72 hours old or who are abandoned in places other than with emergency medical service providers do not meet the Mississippi State Law as a Safe Baby. There are similarities in the protocols for handling these reports, but also several differences.

1. Report of an abandoned baby shall be made through Centralized Intake with the maltreatment type of physical neglect.
2. Report is received in the county where the child was found and assigned as an investigation to a county worker.
3. The COR Investigating Worker responsibilities:

    - Follow protocol a – g above, as appropriate.
    - Make a diligent search for birth parents and all relatives of child.
    - Complete a full investigation and report findings to the youth court and the District Attorney's Office.
    - Follow all relevant DFCS policy related to the custody and placement of a child.
    - Abandoned babies will be adjudicated through youth court as neglected children.

IV. ADOPTIVE PLACEMENTS

A. Child Assessment and Preparation for Adoption

Comprehensive Child Assessment: The development of a document that contains information used to identify and/or understand the child/youth's past and current experiences and how they relate to current behavior, development and functioning. The Comprehensive Child Assessment is used to ascertain the child/youth's future needs and to facilitate timely decision making, planning, and placement with a permanent family. It is the foundation for developing the child's ISP. (Comprehensive Child Assessment Format, See Appendix E)

Child/Youth Preparation: The sharing of information with the child/youth to assist him/her in understanding past experiences. Child/Youth Preparation is used to engage the child/youth in planning for the future, including placement with a permanent family.

Collaboration: The structured cooperation of the Worker, family, other service providers, caregivers, and other relevant persons. They work on shared goals to ensure that the child/youth's best interests are the primary consideration during the assessment, decision making, planning, preparation, and placement process.

The Adoption Specialist will work with every child in care who has a permanent plan of adoption on the Comprehensive Child Assessment and Preparation process. Each time contact is made with the child or new information is gathered, the Comprehensive Child Assessment will be updated. The Comprehensive Child Assessment must also include information from the Strength and Risk Assessment (SARA) which is initiated by the COR Worker.

B. Current Resource Family Adoption

A Resource Parent, who has been providing foster care for a child for 6 months or more, shall be given preference as an adoptive parent for that child once he/she becomes legally available for adoption unless there is documentation as to why the placement is unsuitable for adoption.

1. Resource Parent Application To Adopt A Particular Child

Form 471 (Foster Parent Application to Adopt a Particular Foster Child) should be completed when the child's permanent plan is approved as adoption in youth court or a TPR packet is submitted and the child has resided in the current Resource Home six (6) months or more. (*See* Appendix F).

Every adoption of a foster child initially placed in a licensed Resource Home must have a child-specific adoptive home study, known as the Adoption Addendum, completed and entered in

Mississippi Automated Child Welfare Information System (MACWIS). There are at least three (3) ways that families who may be interested in adopting are licensed for placement of a child: (Adoption Addendum, *See* Appendix G)

- The current Resource Family who plans to adopt was licensed as an MDHS Resource Home approved for foster services, adoptive services, or both foster and adoptive services.
- The current Resource Family was licensed as an MDHS Foster Home only.
- The current Resource Family was licensed by a private agency as a therapeutic foster care provider.

2. Approval of Resource Parents to Adopt

Upon completion of the Adoption Addendum, the Adoption Specialist will submit the Family File, including the following to the Adoption ASWS:

- Form 471- Application to Adopt
- Copy of the original home study
- Adoption Addendum (also copied into family file in MACWIS)
- Signed Background Information for each child
- Statement 11-5-91 (if there was publication on TPR for either parent)
- Newly signed Discipline Statement
- Adoption Assistance Agreements (2 originals)
- Supplemental Security Income (SSI) Letter (if applicable)
- Contingency Plan
- Option for Legal Representation (Private or Referral for Law School)

The Adoption Specialist shall submit the Adoption Addendum and all necessary documentation within 60 days of a child being freed for adoption unless there are documented reasons for delay which is in the best interest of the child. The Adoption ASWS will review and provide a written approval or denial within 10 days of receipt of the documentation.

3. Finalization of Resource Parent Adoption

Written instructions to the Resource Parent(s) on how to proceed with the adoption will be provided when the Adoption ASWS approves the family to adopt through the Adoption Approval Letter. This approval letter will also instruct the Resource Parent(s) to submit a copy of the Final Decree of Adoption to the Adoption Specialist. The Adoption ASWS will forward the family file and approval letter to the state office Adoption Unit where all legal documents will be prepared and mailed to the representing attorney.

The Adoption Specialist shall provide a copy of the Final Adoption Decree to the State Office Adoption Unit. When the Final Decree of Adoption is received in the Adoption Unit, a letter will be sent to the COR requesting the closed county case be sent to the Adoption Unit where it will be secured in a sealed adoption file. All Direct Services are closed in MACWIS.

Note: If the Resource Family does not follow through with the finalization within 6 months of receiving the adoption approval letter the Adoption Unit will notify the resource family that recruitment efforts for an Adoptive home for the child must be initiated.

C. Recruitment of Adoptive Placements

1. Child Specific Recruitment for an Adoptive Family

When a child's permanent/concurrent plan includes adoption and the child and siblings are not placed together in a permanent home, the Adoption Specialist will begin child specific recruitment for an adoptive family. Within 30 days of receiving the case the Adoption Specialist will compile the initial file for the child, which includes the following:

- Gather and organize all pertinent documents which include:
  - background information,
  - questionnaires,
  - Birth Certificate,
  - Social Security card,
  - Medicaid card,
  - immunization records,
  - IEP documentation, and
  - report cards

- Meet the child, take pictures, and begin assessing and preparing the child for adoption (See Child Assessment for Adoption and Preparing the Child for Adoption above.)
- Each participant at monthly status meetings will continue to be assigned a child specific recruitment activity until child is placed in a potential adoptive home.
- Pre-placement visitation plan with a potential adoptive family will be outlined at an Adoption Status Meeting.

a) Mississippi Adoption Resource Exchange (MARE)

Legal Base

The Mississippi Adoption Resource Exchange (MARE) was authorized under the MISS. CODE ANN. § 43-15-19, effective July, 1978. This law specifies that "the Department of Human Services shall maintain a MARE Registry, which shall contain a total listing of all children freed for adoption, as well as a listing of all persons who wish to adopt children and who are approved by a licensed agency in the State of Mississippi."

The MARE was established as a resource to aid in meeting the priority goal of Adoption Service to provide a permanent, loving, home for every child who needs one. The Exchange will facilitate bringing together available "waiting" children and families prepared to adopt them.

Implementation Procedures

All children in the custody of DFCS who are legally free for adoption and who have no identified adoptive family must be posted on a photo listing web site in order to comply with the MARE.

The initial biographical sketch and picture of all children freed for adoption with no identified family will be posted by the Adoption Specialist within 10 days of the child being freed for adoption. These pictures and biographical sketches can be viewed directly on the computer in any DFCS office.

Explanation to Child

Prior to posting, the Adoption Specialist should explain to the child, in an age appropriate manner, that he/she is being posted on a photo listing web site in an effort to identify an appropriate adoptive family by allowing other Adoption staff throughout the state to view information to help match a family to the child's needs and desires. Further, it should be

explained that the listing is comprised of the child's first name, age, a short biographical sketch, and a color picture.

Posting and Updating

The Adoption Specialist has the responsibility for posting and updating the child's listing with current information. The "waiting" child will be served best when information concerning the child is correct and current. Therefore, the Adoption Specialist shall update the listing of any change in the child's circumstances. Examples of changes that might occur are: (a) removal of a child from foster care, (b) request to adopt child by foster parents, (c) correction of a minor disability, (d) change from special education to regular classroom setting, or (e) acquisition of new medical or psychological information. All changes shall be made to the Child Assessment document with a summary from any medical, educational or psychological evaluation that has been completed.

Distribution

MISS. CODE ANN. § 43-15-19,

> *(1) The State Department of Public Welfare shall maintain a Mississippi Adoption Resource Exchange registry, which shall contain a total listing of all children freed for adoption as well as a listing of all persons who wish to adopt children and who are approved by a licensed adoption agency in the State of Mississippi. Said registry shall be distributed to all county welfare directors and licensed adoption agencies within the state and shall be updated at least quarterly. The State Department of Public Welfare shall establish regulations for listing descriptive characteristics while protecting the privacy of the children's names. Listed names shall be removed when adoption placement plans are made for a child or when a person withdraws an application for adoption.*
>
> *(2) Adoptive parents shall be given the option of having their names placed in the registry. They shall be required to give written authority to the county welfare department to place their names in the registry and said authorization shall be forwarded to the state department of public welfare, division of social services, for approval.*

b) Posting on Adoptuskids.org Website

DFCS adheres to the belief that a child benefits from living in an adoptive home in a location with familiar surroundings, both cultural and geographic. In seeking adoptive homes for children in custody of DFCS, the Adoption Specialist will first explore resources within Mississippi. If there is no appropriate home in Mississippi for a particular child, a referral will be made to Adoptuskids.org. This website involves children and families from across the United

States. Placement of a child for adoption will not be denied or delayed when an approved family is available outside of the county or state of jurisdiction.

- Referral forms, including the child's first name, age, a short biographical sketch, and a color picture should be submitted directly to Adoptuskids.org for posting on the website. The referral to Adoptuskids.org shall be made when the Adoption ASWS, RD, or State Office Adoption Unit personnel have reviewed information on the child's case and recommend that referral to Adoptuskids.org is appropriate.

c) Adoption Hotline

The Adoption Hotline is located in the DFCS State Office and answered by the Adoption Unit Staff. Individuals who call the Hotline are provided with basic information on the foster/adopt process and mailed or emailed an application. Callers who express interest in becoming a Home will be mailed an application. The applicant is instructed to return the application directly to the Adoption ASWS in the area where the family resides.

The Adoption Hotline number available in Mississippi is 1-800-821-9157.

d) Wednesday's Child

Wednesday's Child is a service that helps find permanent, adoptive homes for foster children who cannot return home. The Carlisle Corporation began sponsoring the program in Mississippi in 1987.

All children who are freed for adoption and have no identified adoptive family shall be given the opportunity to be filmed and appear on Wednesday's Child. The Adoption Specialist shall discuss this opportunity with the child and assess the child's receptiveness and readiness to be taped. Children will not be coerced in any way to appear on Wednesday's Child, but will be prepared and assessed for the appropriateness of this recruitment effort.

e) Other Child-Specific Recruitment Efforts

Children will be prepared and assessed for other child-specific recruitment efforts prior to having any type of public appearance or material submitted to TV, radio, internet, magazine, newspapers or other media. All such child-specific recruitment efforts will be completed with the full knowledge and support of the child for whom the recruitment is being conducted.

f) Application Process for the Adoption of a Child

Focus on Child's Needs

Families wanting to adopt infants and preschool age children should be informed that there is no assurance of the availability of the type child they desire. Inquiries for children under the age of 6 (non-special needs) will be assessed and the family will be contacted to discuss the possibility of adopting older children or a sibling group.

Priority for "Special Needs" Children

Families who express an interest in adopting "Special Needs" children are given priority in the home study process. "Special Needs" children include those where one of the following circumstances presents a placement barrier:

- Older children, ten to eighteen years old
- Membership in a family group of brothers and/or sisters of two or more
- Emotionally disabled
- Mentally and/or physically disabled
- Medical conditions
- Sexually abused children, children who act out sexually or are sexually active
- Pregnant girls who plan to keep the baby in the Resource Home
- Children with severe behavior problems

Licensing Resource Homes for Adoption Only

Families who are only interested in adopting children can request to be licensed to provide adoption services only. After completing pre-service training, if the family continues to request licensure for "Adoption Only" their application should be re-assigned to an Adoption Specialist and the home study will be completed by the Adoption Specialist serving the family's county of residence.

If a family is applying to adopt a specific child for whom DFCS is actively recruiting an adoptive home, the application should be initially assigned to an Adoption Specialist. Top priority is given to completing home studies for families who are interested in adopting children who are free for adoption and for whom DFCS is actively recruiting an adoptive home.

In order for a family to be licensed for "Adoption Only" they shall meet all licensing standards as outlined in DFCS Licensure Policy, Section F. Families interested in adoption only may be considered for legal risk adoptive placements. A license change adding foster home services must be completed prior to placement of a child in the home who is not legally free for adoption, allowing the family to be eligible to receive foster care board payments. Families licensed as adoption only who accept placement of a child legally free for adoption may be eligible to receive the child's Adoption Assistance beginning at the date of placement.

Any exceptions to licensure policy for "Adoption Only" families shall be requested in writing and submitted to the Permanency Unit Director in State Office. These requests will be considered on a case-by-case basis only for non-safety related items.

2. Placement of Children with Adoptive Families

a) Placement Committee Meetings

The purpose of Placement Committee Meetings is for an Adoption Specialist to present all known information about a child who is in need of a permanent placement to a committee of staff who is familiar with the Resource Family who could possibly meet the needs of the specific child. After learning the child specific information, the staff is then given an opportunity to present information to the committee about a specific family who may be willing and able to meet the child's needs. Once all staff has the opportunity to present a family, the committee will discuss which family seems to be best prepared to meet the needs of the specific child, and then the committee makes a tentative selection with the most appropriate family.
Following is the schedule for Placement Committee Meetings:

- Regional Placement Committee Meetings are held monthly.
- Multi-Regional Placement Committee Meetings are held quarterly (2 or more regions meet together, along with private child placing agency staff).
- Statewide Placement Committee Meetings (representatives of each region's Resource Unit staff and private agencies) are held every 6 months. These meetings include telephone conferencing and in person attendees in the State Office.
    - Child's Information will be presented to Regional Placement Committee to request a "foster to adopt" or adoptive placement for the child.
    - If the child is not matched at the Regional Placement Committee, the child's information will be submitted to the Adoption Unit for statewide distribution to all DFCS Resource staff in order to search current licensed homes for a possible placement match. If any Resource Specialist in the state identifies a possible

match, the Resource Specialist will contact the child's Adoption Specialist and present the family at the child's next Adoption Status Meeting.

- If the child is not matched at the Regional Placement Committee Meeting or prior to a quarterly multi-regional Placement Committee Meeting, then he/she will be presented at the Multi-regional Placement Committee Meeting.
- If the child is not matched at Multi-regional Placement Committee Meeting, the child will be presented at Statewide Placement Committee Meeting.

b) Selection of Homes for Children through the Placement Committee

Multi-Ethnic Placement Act (MEPA) of 1994 (P.L. 103-382) and amended in 1996 (P.L. 104-188), prohibits those agencies receiving Title IV-E foster care funds from denying or delaying an individual or couple the opportunity to be an adoptive or Resource Parent or delaying or denying placement of a child on the basis of race, color or national origin of the prospective Resource Parent or child. These factors must be applied on an individualized basis, not by general rule "in the best interest of the child.

c) The Placement Process

Placement of a child for adoption is a legal and social process. The child must be legally free for adoption as certified by the AG's Office prior to DFCS entering into an adoptive placement agreement with the new adoptive family. Legal risk adoptive placements may be made prior to the child being legally freed for adoption with **legal risk adoptive placement agreements** in place.

Many factors must be considered in the selection of the prospective home for a child. The Placement Committee uses its professional judgment in matching families to our awaiting children that best meet the needs of the children.

Among the child-related factors often considered are the child's:

- current functioning and behaviors
- medical, educational and developmental needs of the child
- history and past experience
- cultural needs

- interest and talents
- attachment to current caretakers

Among the factors that agencies consider in assessing a prospective family's suitability to care for a particular child is the ability to:

- form relationships and to bond with the specific child
- help the child integrate into the family
- accept the child's background and help the child cope with his/her past
- accept the behavior and personality of the specific child
- validate the child's cultural background
- meet the child's particular educational, developmental or psychological needs

Once a family has been selected for a particular child, the Adoption Specialist for the child, along with the Adoption Specialist for the family, will make a presentation of the child to the potential adoptive family. The presentation should be done in a face-to-face interview with the adoptive parents. The presentation will include all the information available on the child, particularly information on any special needs, as well as photographs, and video if available. Full disclosure of the child's problems and background, as well as the financial aspects of adoption, must be discussed with all adoptive parents.

The prospective adoptive parent(s) shall have the opportunity to decide whether they consider the child appropriate for them. After being presented all known information about the child, the family should be clearly informed that they are not obligated to accept placement of the particular child and refusal to accept a particular child does not prohibit their being considered for another child at a later time. Regardless of the family's decision, the Adoption ASWS and State Office Adoption Unit should be notified immediately in order that planning may proceed or be changed.

If the placement of the particular child is declined, it is important that the Adoption Specialist evaluate whether the family is refusing placement of the particular child, or manifesting their conflicts about parenthood or adoption. If the family decides to proceed with the placement, the Adoption Specialist will present the family to the child (if age appropriate) using a picture book prepared by the family.

The Adoption Specialist and county staff will formulate a specific placement plan at an adoption status meeting. This plan will outline dates, times, and locations of pre-placement visits and placement along with who will be responsible for transporting the child for each visit. This plan will be confirmed in writing to the child's COR Worker and the Adoption ASWS and the family's Adoption Specialist with copies to the appropriate COR ASWS and RD(s). The Adoption Specialist will share the information with the potential adoptive family and the child's current placement family or staff at placement facility.

The removal of the child from the current Resource Home or placement facility should be planned very carefully. The primary concern should be to prepare the child for separation from his/her Resource Family or staff so that his/her adjustment in the new living situation will be no more difficult than it has to be. To do so, it is important to be supportive of the Resource Family and considerate of their feelings so they will be able to help the child separate from them.

Resource Parents or staff at a placement facility will be encouraged to prepare information for the adoptive parents regarding the child's schedule, habits, likes, and dislikes and other information which will help the child separate from them and transition into a new home.

On the day of placement, the COR/COS Worker is responsible for making sure that all of the child's belongings go with the child. The Adoption Specialist will be responsible for obtaining all necessary documents to give to the new adoptive parents in order to enroll the child in school or day care. These documents will include the school withdrawal forms, immunization records, copy of birth certificate and social security card, and a copy of Medicaid card.

The adoptive parents will be instructed by the Adoption Specialist to write at least one letter or email to the Resource Parents about the adjustment of the child in the new home. Continuing contacts between Resource Parents and the adoptive parents are encouraged.

At the time of placement, the adoptive family will be given the following information on the child.

- written background information and a Comprehensive Child Assessment,
- names and addresses of physicians,
- non-identifying information on the birth parents,
- names, date of birth and address of all siblings,
- placement and case history of the child, and
- current functioning of the child with emphasis on medical, psychological and emotional issues.

On the date of the placement the Adoption Placement Agreement shall be completed. The child will be removed from the foster home status and placed in an adoptive home status. The COR will be notified to enter a placement change and show the child in the new home as an adoptive placement which will end the foster board payment, keep the child/children's Medicaid open. The case on the child remains open in the COR until the finalization of the adoption.

d) Purchase of Adoption Service from Licensed Adoption Agencies

DFCS works in cooperation with licensed private adoption agencies through Purchase of Service Agreements/Contracts for the placement of special needs children. Licensed child placing agencies are invited to attend Placement Committee Meetings and present possible adoptive families. If a child who is free for adoption is placed in a private agency family for the purpose of adoption, the family is eligible to receive an adoption subsidy for the child, and the provider agency is paid for the placement and supervision of the child through a Purchase of Service Agreement/Contract. These contracts are negotiated with each child placing agency prior to placement.

Legal risk adoptive placements may be made with a family who is licensed by a private agency. If the child is approved for therapeutic foster care and is matched with a family who is licensed to provide therapeutic foster care, the placement shall be shown as a therapeutic foster home placement with the appropriate therapeutic board rate. The family shall sign a legal risk adoptive placement agreement if TPR is eminent (child is having no documented contact with birth family and reunification services have ended).

If the child is not approved for therapeutic foster care and is matched with a family licensed by a private agency, the agency representative must agree to the Purchase of Service Agreement/ Contract for their services and the family will receive a basic board payment until the adoption finalizes. Placement is shown with the therapeutic agency, identifying the particular family, and showing the rate type as "regular." A legal risk adoptive placement agreement shall be signed at the time of placement.

e) Supervision of Adoptive Placements

A major role of the Adoption Specialist during the supervisory period is to provide support, including assistance with parenting skills, to the adoptive family. The Adoption Specialist supervising an adoptive placement shall be notified of any request for services received in the county during the placement of a child in an adoptive home.

A minimum of six months supervision is required for each adoptive placement. This may be all the time that is necessary for an infant placement. However, the supervisory period will be determined by the adjustment of the child to the new family environment. The six months may

be extended, if needed to stabilize the placement. The adoptive family will also be encouraged to attend the Adoption Support Group meetings before placement and after for continued post adoptive support.

Certain questions may be raised by the adoptive parents during the supervisory period. These may include the following:

- **Income Tax** – Adoptive parents should check with their tax advisor regarding any deductible expense related to adoption.

  Adoption Assistance (Federal IV-E or State IV-B) is generally not counted as income on Federal Income Tax Returns and the child receiving Adoption Assistance generally may be counted as a dependent if the adoptive parent contributed a certain amount of the child's total support during the calendar year. Adoptive parents should contact the Internal Revenue Service (IRS) with any questions about whether or not the child may be claimed for income tax purposes.

  Federal and State Tax credit information shall be given to all adoptive parents during the process of assessing and preparing them for adoption. This tax credit information shall include the North American Council on Adoptable Children (NACAC) website which maintains updated information regarding the tax credit laws. This website is http://www.nacac.org.

- **Insurance** – DFCS encourages the adoptive family to apply for health insurance once the child is placed in an adoptive placement. Insurance companies have varying policies about insuring a child prior to completion of adoption. Upon request, the Adoption Unit will supply a statement to adoptive parents for insurance purposes. The Adoption Placement Agreement is often accepted by insurance companies. Omnibus Budget Reconciliation Act 1993 guarantees adopted children the same access to health insurance as birth children. Children are covered at the time of placement and for pre-existing conditions. If a child is on Medicaid and private insurance, the private insurance must be listed as Primary and Medicaid as Secondary.

- **Surgery** – If the child requires surgery, the COR shall be notified and the consent of the legal custodian or designee shall be obtained.

The aim of supervision after placement is to see the family established. The worker's approach must be positive and helping rather than authoritative. The family should be given adequate interpretation regarding the purpose of supervision to lessen the anxiety which could be created. It should be explained that the Adoption Specialist is a source of security rather than a threat.

The Adoption Specialist also has responsibility for assisting the child and parents to form an integrated family.

For adoptions of very young children, the "telling of adoption" could be a troublesome area. The Adoption Specialist shall emphasize to the adoptive parent(s) the importance of integrating the child's past, as well as present, into the adoptive family through letting the child understand from the beginning that he was adopted. Having grown up knowing that he/she was adopted and having been free to talk with his/her adoptive parents while growing up will help the child cope with identity issues later.

During the supervisory period, the Adoption Specialist will make a minimum of two visits each month to the home of the adoptive family. The first visit will occur within two weeks of placement. The Adoption Specialist will speak to the child in private in the home during the supervisory visits. One visit may occur in a setting other than the home.

The number of contacts with the adoptive family may vary greatly, depending on the individual situation.

f) Disruption of Adoptive Placement

When an adoptive placement is at risk of disrupting, every measure shall be taken to preserve the family and prevent disruption. The COR or COS Worker and/or Adoption Specialist, upon receiving indication that an adoptive placement is at risk of disrupting, shall take the following steps:

1. When possible, provide additional appropriate services to support placement stability and prevent disruption.

2. Immediately notify all necessary DFCS staff; if child is placed in a COS, the COS Worker(s) shall contact the COR Worker(s) to provide information about issues surrounding the possible disruption. Notification shall be given to COR ASWS, Adoption Specialist and Adoption ASWS. Notification shall also be given to Guardian Ad Litem.

3. Initiate and schedule a Family Team Meeting (FTM) with all necessary DFCS staff (COR and COS Worker, COR ASWS, Adoption Specialist, Adoption ASWS) adoptive parents, age appropriate child and any other support system identified by the adoptive parents.

    - The FTM Adoptive Placement Disruption may be attended by conference call for any participant having documented barriers that would hinder attendance.

4. Document the FTM in the DFCS electronic case management data information system; include the reasons for the meeting, recommendation and/or determinations.

All states are required by section 422(b)(12) of the Social Security Act to collect and report information on children who were adopted from other countries and who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption.

If it is determined that removal from the adoptive placement is necessary based on the child's safety and best interest and resulting in a placement disruption, notification to the Adoption Unit in State Office shall be initiated. Adoption ASWS shall ensure the Report of Adoption Disruption or Dissolution Form 557 is completed as thoroughly as possible, and submitted to the Adoption Unit at disruptedadoptions@mdhs.ms.gov .

The MDHS-DFCS 557 form is located on the DFCS Connection under Policy Forms Section B and Section G.

g) Abuse and Neglect in Adoptive Placements

All investigations into reports of maltreatment, including corporal punishment, of children in DFCS custody must be initiated within 24 hours and completed within 30 calendar days, including supervisory approval. All reports of suspected maltreatment shall be reported immediately to Mississippi Centralized Intake (MCI). Immediate danger to the foster child placed in a pending adoption placement requires immediate action on the part of the COR Worker and Adoption Specialist. The COR Worker and Adoption Specialist shall work together to evaluate each case individually and determine if removal is necessary based on the child's safety needs and best interest. (See Section B, *Reports of Maltreatment in Foster Care*)

After reporting the allegations to MCI all reports involving alleged child abuse and neglect, unusual incidents and other situations or circumstances affecting the health, safety, or well-being of a child shall be promptly reported to the Adoption ASWS and RD. The following steps shall be taken:

- A Serious Incident Report (SIR) shall be completed by the COR Worker or Supervisor and submitted for approval through the automated SIR located at http://dfcsmacweb/SIR
- The RD assigns a Worker who has had training in Maltreatment in Resource Homes /Facilities.
- The Adoption ASWS and Adoption Specialist are notified of the report and may accompany the investigating Worker to the adoptive home.

- The adoptive home is made unavailable for further placements pending the outcome of the assessment. MACWIS does this automatically upon entering the report as a Resource Home.
- The Adoption Specialist provides support to the adoptive family during the time the assessment is being conducted, but may not discuss the assessment itself.
  Upon completion of the Abuse, Neglect and Exploitation (ANE) assessment
    - The RD and Adoption ASWS shall collaborate regarding the findings of the ANE assessment to determine the best course of action to be taken concerning the adoptive home license status and/or follow up. The Adoption ASWS shall notify the adoptive family in writing of the assessment findings, whether any policies have been violated, and the licensing action taken, if any.
    - The letter will be copied to the RD, Adoption Specialist and State Office Permanency Unit.
    - The Adoption Specialist will support the adoptive family and provide in-person explanation regarding the current status of the license.
    - Licensing actions are based on the assessment outcomes. (Refer to Section F)

Substantiated Maltreatment

If the result of an ANE assessment of an adoptive home before finalization is a substantiated report of child abuse or neglect, the resource license may be revoked and the home may be closed or a corrective action plan put in place to prevent the disruption of the placement and maintain safety, permanency and well-being for the child.

In the event of an adoptive placement disrupting and the child is removed from the adoptive placement; notification shall be given to the Adoption Unit in State Office. The Adoption ASWS shall ensure the Report of Adoption Disruption or Dissolution Form 557 is completed and submitted to the Adoption Unit at disruptedadoptions@mdhs.ms.gov .

The MDHS-DFCS 557 form is located on the DFCS Connection under Policy Forms Section B and Section G

For further information on policy violations and adverse actions see DFCS Policy, Section F.

h) Finalizing the Adoption

At the end of the supervisory period, the Adoption Specialist supervising the placement will prepare a family file, with a memo summarizing the placement and recommending that the family be allowed to finalize the adoption. This file will be sent to the Adoption ASWS for approval. The Adoption ASWS will send the family an adoption approval letter and forward the family file to the State Office Adoption Unit. The State Office Adoption Unit staff will gather all legal documents in order to prepare the packet to send to an attorney for the finalization of the adoption. The Adoption ASWS, upon approval of the recommendation to finalize, will instruct the family to do the following:

1. Have their attorney submit in writing on the attorney's letterhead to the Adoption Unit Director that he/she is representing said family.
2. Obtain and submit a medical statement on the child to the Attorney representing the adoptive parent.

A copy of the letter to the family will be sent to the Adoption Specialist. The Consent and Statement of Property, along with other necessary legal documents, will be sent from the Adoption Unit to the family's attorney who will prepare the adoption petition. The attorney or the Chancellor may ask the Adoption Specialist to be present at the time of the Adoption Hearing. The Adoption Specialist should attend the Hearing when requested.

A child over the age of 14 must be made a party to the adoption and must either execute a consent or be personally served with process (MISS CODE ANN § 93-17-5).

The adoptive family has some options on how they will handle the finalization of the adoption:

1. They may select their own attorney and pay the attorney fees, court cost, and revised birth certificate fees themselves.
2. They may select a private attorney to handle the adoption and MDHS/DFCS will pay the non-recurring expenses such as attorney fees, court costs and fee for the revised birth certificate (maximum $600 per child).
3. They may use the Mississippi Law School Adoption Clinic to assist in the finalization of the adoption.

The Adoption Specialist will need to state which option the family has chosen when the family file is submitted to the State Office Adoption Unit.

If the family chooses to use a private attorney, the Adoption Unit staff will send the legal documents directly to the attorney. Upon receipt of the Final Decree of Adoption and an itemized

Statement from the attorney, the Director of the Adoption Unit will request a check be issued to pay the fees.

It is the Adoption Specialist's responsibility to obtain from the adoptive parent(s) a copy of the Final Decree of Adoption which allows the case records to be closed. It will be necessary, of course, for the adoptive parent(s) to request this be provided by their attorney.

A memorandum will be sent from the Director of the Adoption Unit to the COR informing them the Final Decree of Adoption has been granted and requesting the closed county case record be sent to the Adoption Unit. A copy of the memo will be sent to the COS who will route their file back to the COR. The Adoption Specialist for the adoptive family will close the family's case and route it to the Adoption Unit. When closed cases are routed to the Adoption Unit, a cover memo should accompany the case record(s) which indicates the child's original name and the name of the adoptive family so the Adoptive Unit staff can know which cases are to be filed together.

If there is more than one child in the case, the material on the child adopted should be pulled from the County case record and sent to the Adoption Unit. If the material on a particular child cannot be separated from the case file, the County should notify the Adoption Unit in writing.

The Adoption Specialist who provided Adoption COS Services shall enter a closing summary narrative in the child's case in MACWIS. The summary shall address the following:

- Name of adoptive parents
- Date of adoption finalization
- The child/family's need for post-adoptive services
- Information given to the family regarding accessing future post-adoptive services
- Whether an open case management will be maintained by the Adoption specialist in order to provide specific post adoptive services

Closed adoption cases are sealed records under Mississippi State law (refer to MISS. CODE ANN. § 93-17-201-223). NO information can be given from a sealed record unless a court order has been issued by the chancery court that granted the adoption. Any request for information related to a closed adoption case should be referred to the State Office Adoption Unit.

i) Social Security Death and Disability Benefits for Children who are Adopted

The Social Security Act provides that an adopted child, who was or is eligible for benefits under his birth parents' coverage, may continue to be eligible to receive these benefits after adoption. Families should be told that not every child will be eligible for benefits, but some children will be or may become eligible. They should be told that DFCS will communicate with them about this if their child is affected and that confidentiality will be preserved by DFCS and by Social Security Administration (SSA). They should also be told that they may choose, at the appropriate time, whether or not they wish to apply for benefits.

The following procedure will be initiated after issuance of the Final Decree of Adoption for children formerly in the custody of MDHS and for whom benefits were received by MDHS.

- Social Security benefits received by the COR and not used for the child's maintenance shall be returned to the Social Security office.
- The COR will return to SSA the funds received subsequent to the issuance of the Final Decree, and SSA will be informed that the adoptive parents are being notified that the child may be eligible to receive continuing benefits.
- The Adoption Specialist will notify the adoptive parents of the possibility of continuing benefits.
- The COR will furnish the Adoption Specialist the Claim Number of the worker under whose earnings benefits are to be paid. The Adoption Specialist will in turn give this information to the adoptive family.
- The adoptive parents should then apply for benefits at the Social Security office nearest them. They will be expected to provide the Claim Number mentioned above, and a certified copy of the child's Final Decree of Adoption. If benefits are granted, the Claim Number and the adoptive name of the child will appear on the face of the check.

Should a child be eligible for benefits under the adoptive parents' coverage, the parents are advised to apply under both accounts. Payment will be made under the account which provides for the highest benefit for the child.

j) Veterans' Benefits for Children Who Are Adopted

The adopted child who was eligible for Veterans' Benefits prior to adoption may continue to be eligible after adoption. Adoptive parents should be made aware of this possibility. Adoptive parents should be told that they will be notified by the Adoption Specialist if their child is affected and that confidentiality will be preserved by the DFCS and by Veterans Administration.

The following procedure will be initiated after issuance of the Final Decree for children formerly in the custody of DFCS and for whom the DFCS received benefits:

- Veterans' Benefits received by the COR and not used for the child's maintenance will be disbursed to the adoptive parents for the benefit of the child when the Final Decree of Adoption has been issued.
- The COR will return to Veterans Administration funds received subsequent to the issuance of the Final Decree, and Veterans Administration will be informed that the adoptive parents are being notified that the child may be eligible to receive continuing benefits.
- The Adoption Specialist will notify the adoptive parents of the possibility of continuing benefits and request that the adoptive parents authorize the COR in writing to furnish their names and address to Veterans Administration. The adoptive parents should be told that when their names and address are furnished to Veterans Administration, they may expect a representative of that agency to call on them. The Veterans Administration is required to contact the child periodically throughout his eligibility for benefits.

V. POST ADOPTIVE SERVICES

Post Adoptive Services are services provided to adoptive families after the adoption has been finalized. Requests made to county staff involving an adopted child should result in an immediate contact to the Adoption Specialist or Adoption ASWS for consultation. These requests are handled on a case by case basis and assigned to the most appropriate Adoption Specialist. The Adoption Specialist will assess the situation and either provide the needed services or assist the family in location of the needed resource.

The Adoption Specialist will refer the family to the appropriate Adoption Support Group if the family is not presently attending one. The Adoption ASWS will be notified when services are requested by any adoptive family. If the County Worker opens a prevention or protection case, an Adoption COS line of services is initiated upon opening the case. If no county case is being opened, an Adoption Specialist may open an Adoption Case Management and provide necessary services to the family.

A. Mississippi Courts

By virtue of the Adoption Law of the State of Mississippi (MISS. CODE ANN. § 93-17-1 through 93-17-67 recompiled as amended), the Chancery Judge has the authority to request the Department of Human Services to make adoption home studies and reports to the court concerning any proposed adoption. The request is made to the County DFCS Office and the service is provided by the Adoption Specialist for that county. The court order that is issued

requesting the home study should include the fee of $650. The check should be made payable to the State Treasury/State of Mississippi.

1. Court-Ordered Adoption Home Studies

The request for a Chancery Court ordered independent adoption home study must come from the Judge rather than from the petitioners or their attorney.

The home study process should be carried out in line with DFCS policy on all Adoption Studies. All additional information requested by the Judge should be included.

2. Follow-up Supervision of Placement

If the Chancery Court requests follow-up supervision of the placement, this service should be provided by the Adoption Specialist. In this event supervisory reports are made to the Chancery Court who has jurisdiction of the case.

B. Out-of-State Adoptions

1. Home Studies and/or Placement Supervision

Requests from out-of-state adoption agencies for Home Studies and/or placement supervision for a particular child are made to the Interstate Compact on Placement of Children (ICPC). DFCS policy provides for free exchange of information with public agencies with written consent of adoptive parents. The placement of children across state lines shall receive prior approval through the ICPC Office.

2. Interstate Compact Application Request and Placement, ICPC 100A and 100B

The state of Mississippi requires that Form ICPC-100A and 100B be secured when an unrelated child either comes into the State of Mississippi for Adoption, or is placed for adoption outside the State. The procedures as outlined in the ICPC, DFCS Policy Section H, are to be followed.

C. Release of Information

MISS. CODE ANN. § 93-17-207(1)(2) states that MDHS "shall release non-identifying information maintained as provided in Section 93-17-205 for a reasonable fee, including the actual cost of reproduction, to any of the following persons upon request made with sufficient proof of identity:

1. An adoptee eighteen (18) years of age or older;
2. An adoptive parent;
3. The guardian or legal custodian of an adoptee; or
4. The offspring or blood sibling of an adoptee if the requester is eighteen (18) years of age or older."

It also states in the section that "information released pursuant to subsection (1) of this section shall not include the name and address of the birth parent, the identity of any provider of health care to the adoptee or to the birth parent and any other information which might reasonably lead to the discovery of the identity of either birth parent". It is permissible to release the age of the parents and non-identifying medical information.

All such requests for information shall be referred to the State Office Adoption Unit.

D. Ensuring Permanency Post Adoption

Adoption is a permanent life-time and legally binding commitment. It is a commitment of self, family resources, love, emotional support and energy. This is explained at length with a family prior to adoption. If an adoptive family is faced with circumstances for which they are not prepared, post-adoption services are available.

If the adoptive family is brought to the attention of DFCS after an adoption has been finalized, either due to an ANE allegation or a request for services, the adoptive family shall be treated like any other family with priority given to assessing the child's safety and maintaining the family unit.

The Adoption ASWS will be notified when services are requested by any adoptive family (whether this is a report of abuse or neglect or a request for services). If the COR Worker opens a prevention case, an Adoption COS line of service shall also be opened. If no county case is opened, an Adoption Specialist may open an Adoption Case Management and provide necessary services to the family. Adoptive families may receive post-adoption services even when no abuse or neglect is present.

ADOPTION ASSISTANCE

I. INTRODUCTION

DFCS supports the premise that every child has the right to a permanent home. Adoption Assistance is designed as a supplemental financial benefit to assist families adopting an eligible

child with special needs who would be unlikely to be adopted otherwise. The purpose of Adoption Assistance is to reduce financial barriers that may impede the special needs child's opportunity for adoption. Authorization of Adoption Assistance is based upon the needs of the child.

II. LEGAL BASE

Enabling legislation for Mississippi's Adoption Assistance Program was enacted by the Mississippi Legislature in 1979 with the passage of the Mississippi Adoption Supplemental Benefits Law of 1979. Its purpose is to supplement the Mississippi Adoption Law by making possible through public supplemental benefits the most appropriate adoption for each child certified by MDHS (MISS. CODE ANN. § 93-17-53).

The Adoption Assistance and Child Welfare Act of 1980, (P. L. 96-272), passed by Congress, was signed into law on June 17, 1980. Section 101 of the law amended Title IV of the Social Security Act and created a new Part E - IV-E Payments for Foster Care and Adoption Assistance. It makes federal financial participation in Adoption Assistance payments available for eligible children with special needs.

P.A. 105-89, the Adoption and Safe Families Act (ASFA), signed on November 19, 1997 by the President amended certain sections of the Social Security Act.

III. TYPES OF ADOPTION ASSISTANCE

DFCS will provide two types of Adoption Assistance:

1. IV-E, which provides a monthly maintenance payment and eligibility for Medicaid benefits.

2. IV-B, which provides a monthly maintenance payment and eligibility for Medicaid benefits.

3. With the new ASFA, P.L. 105-89 as of July 1, 1998 States must provide Medical Insurance or Medicaid for every child who is adopted and eligible to receive Adoption Assistance.

IV. VISUAL COMPARISON BETWEEN IV-E AND IV-B ADOPTION ASSISTANCE

A. IV-E

1. Special needs criteria
2. IV-E Foster Care (Temporary Aid to Needy Families (TANF) family) OR SSI
3. Automatic Medicaid eligibility
4. Title XX Services
5. Can begin at time of placement with adoptive family (prior to finalization) when Adoption Assistance Agreements are in place.
6. Child can be eligible to receive IV-E Deferred Adoption Assistance based on the Medical and Mental history of the biological parents and Medicaid. The Adoption Assistance Forms must be signed before finalization.

B. IV-B

1. Special needs criteria
2. Child Welfare Services (CWS) Foster Care (Non-IV-E or SSI)
3. Child eligible to receive IV-B Medicaid or Medical Insurance if an Adoption Assistance Agreement has been signed before finalization.
4. Not automatically eligible for the Title XX services.
5. Can begin at time of placement with adoptive family (prior to finalization) when Adoption Assistance Agreements are in place.
6. Child can be eligible to receive IV-B Deferred Adoption Assistance based on the Medical and Mental history of the biological parents and Medicaid. The Adoption Assistance Forms must be signed before finalization.

V. IV-E ADOPTION ASSISTANCE (FAS)

IV-E Adoption Assistance utilizes Title IV-E funds matched with State funds. A recipient of Federal Adoption Assistance must:

1. Be determined at initial entry into foster care to have been eligible or would have been eligible for IV-E Foster Care, OR

2. Meet all of the requirements of Title XVI with respect to eligibility for SSI benefits in the month in which the adoption is finalized. OR

3. Effective Federal Fiscal Year (FY) 2010, which started October 1, 2009, children who have been in foster care for at least 60 consecutive months and/or who meet age requirements are eligible for IV-E adoption assistance as long as they meet the definition of a special needs child and are not eligible for IV-E foster care due to the birth parent's income – but meet all other IV-E requirements. Siblings to any child who meet these criteria and are being adopted by the same family are also eligible.

Children become eligible if they turn the listed age any time during the fiscal year.

Federal Fiscal Year	Age of Eligibility	Date of Birth
2012 [10/01/11-09/30/12]	**12 and older**	**Prior to October 1, 2000**
2013 [10/01/12-09/30/13]	**10 and older**	**Prior to October 1, 2003**
2014 [10/01/13-09/30/14]	**8 and older**	**Prior to October 1, 2006**
2015 [10/01/14-09/30/15]	**6 and older**	**Prior to October 1, 2009**
2016 [10/01/15-09/30/16]	**4 and older**	**Prior to October 1, 2012**
2017 [10/01/16-09/30/17]	**2 and older**	**Prior to October 1, 2015**
2018 [10/01/17-09/30/18]	**All children**	

4. The child is a child of a minor parent who is in foster care and received IV-E foster care payments that covered both the minor parent and the child, and the child meets the definition of a child with special needs.

5. The child previously was eligible for IV-E Adoption Assistance and meets the definition of a child with special needs. In the situation of a child who was adopted and received IV-E adoption assistance, but the adoption dissolved or the adoptive parents died, the child continues to be eligible for IV-E adoption assistance in a subsequent adoption. The only determination that must be made is whether the child is a child with special needs. Because IV-E adoption assistance eligibility does not have to be re-established for subsequent adoptions, the manner of a child's removal from the adoptive home, including whether the child is voluntarily relinquished to an individual or a private agency, is irrelevant.

Each child in DFCS custody who is legally freed for adoption must have his/her case reviewed for determination of eligibility for IV-E Adoption Assistance. If eligible, this information will be shared with DFCS staff and with interested prospective adoptive parent(s).

A. Establishing Child's Eligibility for IV-E Adoption Assistance

The Adoption Specialist is responsible for compiling the information needed to determine a child's eligibility for IV-E Adoption Assistance. The child must be determined eligible for Adoption Assistance by the Adoption Assistance Supervisor and approved by the Director of the Adoption Unit as requiring Adoption Assistance to assure adoption. Each of the following conditions must be met and documented in the child's case record which is maintained in the State Office Adoption Unit:

1. The child must be legally free for adoption.
2. The child must be in the legal custody of MDHS or a licensed child-placing Agency in Mississippi.
3. The child must be determined to have been initially eligible or would have been eligible for IV-E Foster Care as set out in Volume IV or must meet all of the requirements of Title XVI with respect to eligibility for SSI benefits in the month in which the Adoption Decree is granted.

In order for a child to be considered a special needs child for the purposes of the adoption assistance program, all of the following criteria must be met and documented in the child's file and in MACWIS:

a. The Youth Court Judge determined that the child cannot or should not be returned to the home of his parents. This must be stated in a Court Order issued within 180 days of a custody order or Voluntary Surrender.

b. The child must be determined by the Agency to be a child with one or more special needs as follows:

   i. Physical disability

   ii. Mental disability (I.Q. of 70 or less)

   iii. Developmental disability

   iv. Emotional disturbance

   v. Age (must be Six (6) years old or older)

   vi. Membership in a sibling group (or fictive sibling group) of two (2) or more children being placed together – fictive sibling is defined as unrelated children who have resided in the same home for at least 6 months and who have developed significant emotional ties to each other.

   vii. Medical conditions

   viii. Factors in the child's or biological family's medical history or background place the child at risk to acquire a medical condition, a physical, mental, or developmental disability or an emotional disorder. Current information is required to document the above risk factors. Documentation of an unknown medical history may also be a risk factor.

Children who are determined to have special needs will be further assessed for their level of special needs. There are 6 levels:

1. **Deferred -** Includes children under the age of 6 who have documented risk factors for special needs in their background, but currently have no known special needs. This would include documented mental or medical health issues in the family, unknown background, history of abuse or neglect, or risk factors documented by the child's birth records.

2. **Basic Special Needs -** Includes age, sibling group membership, a single developmental, mental health or medical diagnosis not serious in nature, i.e. Eczema, speech delays, allergies, etc.

3. **Special Needs I** – When a child has ongoing medical conditions requiring frequent medical attention or daily medications or interventions and the SSI application is either pending or been denied

4. **Special Needs II –** When a child is receiving SSI benefits at the time of adoption.

5. **Therapeutic Rate** – When a child has multiple diagnoses (either mental health or medical conditions or a combination) for which he/she continues to receive therapeutic intervention.

   OR

   The adoptee has a single diagnosis which is causing significant impairment in multiple settings (home, school, peers, etc.).

6. **Medically Fragile Rate** – When an adoptee has a medical condition or multiple medical diagnoses which :

   a) Are life threatening in nature, or

   b) Require specialized medical care in the home, or

   c) Will require corrective major surgery / recurrent surgeries, or

   d) The prognosis for full recovery is negligible and the child is not expected to ever live independently.

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		Must be in Child's Adoption Assistance File
Deferred	**$0 payment Medicaid only**	Documentation of all risk factors which may include no known background information, documentation of mental or medical history of birth family, documentation of risk factors in birth records, documentation of Abuse or neglect.
Basic Rate	**Payment Cannot Exceed:**	**Must be in Child's Adoption Assistance File**
0 – 3	$325	Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation
4 – 5	$335	Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation
6 – 9	$355	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
10-12	$375	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
13-15	$390	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
16-21	$400	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
Special Needs I Any age	$440	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions
Special Needs II Any age	$500	Birth certificate, developmental assessment/ Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions, copy of most recent SSI letter
Therapeutic Any age	$700	Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions
Medically Fragile Any age	$900	Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records which show multiple diagnose and level of care required, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions

B. Significant Emotional Ties

DFCS must make reasonable efforts to place the child without IV-E Adoption Assistance which must be documented in the child's case record by the Adoption Unit Staff.

EXCEPTION: When the best interest of the child would not be served by such efforts, as in the case of a child whose Resource Parent(s) are applying to adopt and significant emotional ties have developed between the Resource Parent(s) and child over a minimum of 6 months. This issue must be addressed by the Adoption Specialist in the adoption addendum home study.

The Adoption Specialist or Adoption ASWS shall complete the adoption eligibility in MACWIS by checking all criteria that applies for each child. Application for Adoption Subsidy Eligibility, Form MDHS-433, (See Appendix H) shall be completed by the Adoption Specialist and potential adoptive family, submitted to the Adoption ASWS for approval and forwarded to the Adoption Unit in State Office to make a final determination of a child's eligibility for an adoption subsidy. The State Office Designee in the Adoption Unit will complete the Adoption Eligibility Administrative Determination in MACWIS and approve or deny the subsidy request.

Following the Adoption Eligibility Approval process, the Adoption Specialist will then use the Application for Adoption Subsidy Form MDHS-433 to negotiate an Adoption Assistance Agreement with the adoptive family. Once the subsidy has been negotiated, the Adoption Specialist will complete the Adoption Assistance Agreement MDHS Form-431 with the Adoptive family.

C. Criteria for Adoptive Parent(s) to Receive IV-E Adoption Assistance

The following criteria must be met for the adoptive parent(s) to receive IV-E Adoption Assistance.

1. The applicants must be approved by the Adoption Unit or another licensed adoption agency as adoptive parent(s).
2. The child being adopted must have been determined eligible for IV-E Adoption Assistance.
3. The IV-E Adoption Assistance Agreement Form MDHS-431 (See Appendix I) must be negotiated between the Adoption Specialist and the adoptive parent and executed by designated staff of the Adoption Unit. The negotiations will take into consideration the needs of the child and the circumstances of the family.

D. Receipt of SSI

A child's eligibility for SSI automatically makes that child eligible for IV-E Adoption Assistance of a minimum amount of $500. The adoptive parent(s) will apply for SSI upon receipt of the Final Decree of Adoption. The amount of the SSI payment will be affected by the Adoption Assistance payment.

The adoptive parents of the child eligible to receive title IV-E adoptive assistance payments and SSI benefits may make application for both programs. The child, if eligible, may receive benefits from both programs although the adoptive parents MUST make full disclosure to both agencies of assistance being received. However, SSI will count dollar for dollar the income of the title IV-E adoption assistance paid to the parents thus decreasing the SSI benefit by the amount of the adoption assistance payment (See SSI Program Operations Manual) (ACYF-PIQ-83-5 issued 12-14-83).

SSI (Title XVI) is a needs based program and requires a test of income and resources of the adoptive parents in determining the amount of SSI benefits to which a disabled child may be entitled. If or when the parental resources and income exceed a maximum level determined by SSI, the child is no longer eligible for SSI payments.

E. Initiation of IV-E Adoption Assistance Payment

When a certified special needs child is placed with adoptive parent(s), and an Adoption Assistance Agreement is in place, payments will begin at the time of placement, prior to the Final Decree of Adoption for IV-E and IV-B.

EXCEPTION: Children Receiving SSI Benefits

For foster children receiving SSI benefits, the adoptive family shall receive a special needs II, therapeutic, or medically fragile foster board rate for the child throughout the adoptive placement. The child's SSI check will continue to offset the board payment during the adoptive placement. Upon finalization of the adoption, the foster board payment will end and adoption assistance will begin. The adoptive family will go to the Social Security Office and apply to be the child's SSI payee.

When the adoptive placement is made, Adoption Unit Staff will instruct the COR to complete a change of placement in MACWIS and show the child in an adoptive placement. No foster board payment will be made as adoption assistance will begin as of the date of the adoptive placement.

The Adoption Specialist shall submit an Adoptive Placement Agreement and Adoption Assistance Agreement through the Adoption ASWS to the State Office Adoption Unit. The Adoption Assistance Specialist in the state office will then set up the child's adoption assistance in MACWIS to issue a debit card and generate payments to the card. The child's Medicaid will continue to be open through foster care until the adoption finalizes.

The amount of the adoption assistance agreement may not exceed the amount of the foster care maintenance payment that would have been paid for that specific child if the child had been in a foster family home.

The amount of the adoption assistance is not based upon a schedule of itemized needs and countable income. It is determined through discussion and negotiation process between adoptive parents and an Adoption Specialist-representative of the state DFCS. The agreed upon payment will be expected to combine with the parents' resources to cover the ordinary and special needs of the child projected over an extended period of time. Anticipation and discussion of these needs are part of the negotiation of the amount of the adoption assistance payment and the adoptive parents are free to make decisions about expenditures for the child, once adopted, without further DFCS approval.

The amount of the adoption assistance payment can be adjusted up to the maximum allowable payment or reduced, with the concurrence of the adoptive parent(s) when the projected needs of the child change.

Adoption Assistance monthly money payments are subject to the Federal and State funding provided to DFCS. DFCS is obligated to maintain the payment as set out in the adoption assistance agreement unless an across-the-board reduction or increase is made in the foster care maintenance payment rate which is also made to the adoption assistance rate.

Because the title IV-E Adoption Assistance Program does not include a list of special allowances and standard items in the foster care maintenance program, the child's ordinary and special needs are accounted for during the negotiation of the adoption assistance agreement. Therefore, it should not be necessary for the adoptive parents to return to DFCS for special assistance as these needs occur unless it is to request a change in the adoption assistance payment.

F. IV-B Adoption Assistance

State Adoption Assistance utilizes state funds matched with Title IV-B funds. The preceding manual material for Federal Adoption Assistance will apply to State Adoption Assistance with the following exceptions:

1. The child must have been determined ineligible for IV-E Foster Care.
2. Child must be in the legal custody of DFCS.
3. A State Adoption Assistance Agreement, Form MDHS-431, must be negotiated between the Adoption Specialist and the adoptive parent(s), who are adopting a child approved for IV-B Adoption Assistance.

Amount of the Adoption Assistance payment cannot exceed the foster board rate for the age of the child. The payment can be less.

Agreement forms are completed at the time of placement except for children eligible for SSI Benefits. These children remain eligible for SSI and continue to draw during the supervisory period, so Agreement forms for children receiving SSI are completed at the end of the supervisory period immediately prior to the finalization of the adoption.

G. Criteria for Adoptive Parent(s) to Receive IV-B Adoption Assistance

1. The applicants must be approved by the Adoption Unit or another licensed adoption agency as adoptive parents.
2. The child being adopted must be eligible for IV-B Adoption Assistance.

H. Underpayments/Overpayments

DFCS will make retroactive and corrective payments, when applicable. In the event of overpayments, attempts will be made to recoup through MDHS's Claim Unit.

I. Annual Review of IV-E Adoption Assistance

Adoption Assistance is subject to annual review which is handled by mail by the Adoption Unit staff that will:

- Send a written notice of the review requirement to the adoptive parent(s) no less than 45 days prior to the anniversary date of the Adoption Assistance Agreement including a questionnaire verifying the child is still in the home and any changes which may have occurred affecting the amount of Adoption Assistance Payments.
- If applicable, new adoption assistance agreement forms will be included.
- The adoptive parents will return the completed questionnaire and signed agreement forms to the Adoption Unit.

- Designated Adoption Unit staff will then sign the Adoption Assistance Agreement Forms and one will be returned to the adoptive parents.

J. Termination of Adoption Assistance

Termination will occur in any of the following circumstances:

1. Upon the conclusion of the terms of the Agreement.
2. Upon the adoptive parent(s)' request.
3. Adoption assistance payments will terminate when the child reaches the age of 18. Adoption assistance may be provided as a State option until the child is 21 years of age if the child has a mental or physical handicap which warrants continuation and/or if the child is still in high school. (MISS. CODE ANN. § 93-17-67). See Criteria for Extending Adoption Assistance beyond age 18 section below.
4. The child becomes emancipated as a minor
5. The child enters the military
6. The child marries
7. Upon the child's death.
8. Legal custody is granted to someone other than the adoptive parents
9. Parental Rights have been terminated or surrendered
10. Upon the death of parent(s) of the child (one in a single parent family and both in a two-parent family), Adoption Assistance payments are made only to adoptive parents who have entered into signed agreement with the state agency. (ACYF-PIQ-84-4). However, the ASFA, P.A. 105-89, makes it possible for the Assistance to follow the child if re-adopted. See Re-adoption After Death/Disability Section below.
11. If MDHS determines that the adoptive parents are no longer providing support to the child. Adoptive parents are considered to no longer provide support when their child is placed in the legal custody of another person or agency (such as re-entering foster care.)

K. Criteria for Extending Adoption Assistance Beyond Age 18

Title IV-E Adoption Assistance payments may only be continued beyond age 18 for IV-E eligible children who have a mental or physical disabling condition which warrants continuation of benefits. Title IV-E children (excluding mental or physical handicapping conditions) who are enrolled in high school and become age 18 may not continue to be eligible for IV-E Adoption

Assistance payments. The state has the option of switching this group of IV-E recipients to State Adoption Assistance if it so desires.

1) If the child is still in high school, the adoption assistance can be provided through the end of the month of graduation with documentation showing the child is still in school.

   Accepted documentation would include one of the following for each semester the child remains in high school:

   - Copy of most recent report card
   - Letter from the school stating the child is currently attending in good standing
   - Copy of the child's attendance record
   - Copy of the child's IEP

   All children whose adoption assistance is provided after age 18; ONLY due to high school attendance must be funded by IV-B state funds.

2) If a child is in a General Education Diploma (GED) program on their 18th birthday, the Adoption Assistance may be extended for a period of 4 months (one semester of school). Documentation will be needed to verify the child's attendance in the GED Program. No further extensions will be granted.
3) If the child has a documented mental or physical disability, the adoption assistance can be provided (at 6 month intervals) until age 21 or until the adoptee becomes eligible for SSI. Documentation of mental or physical disability must be provided as well as documentation of efforts to gain SSI approval. A letter explaining that the adoptee can NOT receive both SSI and Adoption Assistance must be sent to the family. The family will provide copies of letters received from SSI at 3 month intervals to show efforts to gain SSI approval.

   Acceptable documentation to establish a current mental or physical disability would include:

   a. Medical records with diagnosis (within the past year) of a medical condition which requires specialized care on a daily basis or upcoming surgeries/procedures OR
   b. Psychological evaluation with diagnosis (within the past year) OR
   c. Letter or notes from therapist establishing the child is continuing in on-going therapy for a particular diagnosed condition OR

d. Copy of current IEP that shows child's disabilities

If the child was receiving IV-E Adoption Assistance before age 18 and meets the criteria of having a mental or physical disability, the child will remain on IV-E eligibility until approved for SSI or until their 21st birthday. If the child was previously on IV-B Adoption Assistance, they will continue to be IV-B eligible if an extension is granted.

An Application for Extension of Adoption Assistance Beyond Age 18, Form 431-B (See Appendix J) will be mailed to the adoptive parent(s) prior to the adoptee's 18th birthday. The family must submit this application to their Adoption Assistance Specialist to request an extension of the subsidy. The Adoption Unit Director will give written approval/disapproval to continue the Adoption Assistance along with an established time frame for each adoptee.

A new contract for an adoptee over the age of 18 must be signed by adoptive parents, Adoption Assistance Specialist and Director of the Adoption Unit.

VI. RE-ADOPTION AFTER DEATH / DISABILITY OF ADOPTIVE PARENT

Upon receipt of documentation (obituary or death certificate) of adoptive parent's death, the child's adoption subsidy will be terminated. If the child is placed with another family and that family is interested in receiving the child's adoption subsidy, a referral will be made to the Adoption ASWS to open a post-adoption case management service. The assigned Adoption Specialist will enter resource home inquiry.

The family will need to provide the Adoption Specialist with a copy of the adoptive parent's death certificate or obituary. All household members over age of 14 must be fingerprinted and a walk-through of the home completed. When this basic information is entered in MACWIS and the home approved for placement with a service type of adoption domestic, the Adoption Specialist can then complete Adoption Assistance Agreements and a Placement Agreement with the new family.

A subsidy can begin when the agreements are signed and can continue for up to 3 months, giving the family time to finalize the new adoption. Once the family re-adopts, all criteria that applies for other adoptive families will apply to these families who re-adopt. If any extenuating circumstances arise that pose a barrier to adoption, the Adoption Unit Director shall be notified and a decision made on a case-by-case basis to determine if the subsidy can continue.

This same protocol shall be followed if the parent becomes disabled and can no longer care for their child. The parent may sign a surrender of parental rights and agree to the re-adoption of

their child or a court may determine that a parent is no longer competent and therefore is unable to care for the child.

A. The Interstate Compact on Adoption and Medical Assistance (ICAMA)

The ICAMA is the principle means relied upon by its members to regulate and coordinate the interstate delivery of services to adopted special needs children. The ICAMA provides that between states party to the Compact, the state where the adoptive family resides will furnish Medicaid to the special needs child.

VII. COMPACT PROCEDURES

Specific procedures govern the operation of the Compact between the party states. In general, the procedures direct and explain the rights and obligations of the states, the adopted child and the adoptive parents involved in interstate transactions. Through ICAMA procedures and forms, (Form 7.01, Notice of Eligibility for Medicaid (See DFCS Web Connection Website) and Form 7.02, Notice of Action (See DFCS Web Connection Website), a consistent, uniform and efficient process establishes and documents Medicaid entitlement in a new residence state.

The state responsible for financial subsidy of the assistance (or current residence state) completes Form 7.01 and attaches to it a certified copy of the adoption assistance agreement. These documents are sent to the new residence state and take the place of an application for Medicaid. In addition, the documents identify the person in the new residence state who will serve as the point of contact for the family.

Form 7.02 notifies the parents that the current residence state has taken the necessary actions to initiate Medicaid benefits in the new residence state. The responsibilities of the parents for Medicaid and other needed services specified in the adoption assistance agreement are also included.

Form 7.02 is designed to be widely applicable to all adoptive families covered by the Compact. Together Forms 7.01 and 7.02 provide the specific details regarding interstate transfer of services. For example, Form 7.02 informs parents that 60 days after the moving date new claims against the current state Medicaid account will not be honored. Form 7.01 indicates the expected date of Medicaid account closure in the current residence state.

Staff in the Adoption Unit processes the ICAMA forms when a Mississippi family moves to another state or a Mississippi child is placed for adoption in another state. When an adoptive family moves into Mississippi from a party state, the ICAMA forms are sent to the Adoption Unit in order to initiate Mississippi Medicaid for the eligible children.

VIII. PRE-EXISTING CONDITIONS

Under certain specified conditions, if the adoptive parent(s) are able to prove to DFCS's satisfaction that all facts relevant to their request for adoption assistance were not presented at the time adoption assistance was discussed, the State may reverse an earlier decision to deny benefits under Title IV-E.

According to federal regulations 45 CFR 1356.40 (b)(1), the adoption assistance agreement must be signed and in effect at the time of or prior to the final decree of adoption in order to provide assistance under title IV-E.

However, if there are extenuating circumstances, the adoptive parents may request a fair hearing under section 471 (a)(12) of the Act. If the hearing determines that all the facts relevant to the child's eligibility were not presented at the time of the request for assistance, the State may reverse the earlier decision to deny benefits under Title IV-E (ACYF-PIQ-88-06 Issued 12-2-88).

IX. RE-NEGOTIATION OF ADOPTION ASSISTANCE POST FINALIZATION

An adoption subsidy may be re-negotiated after the finalization of adoption throughout the minority of the child. The 2 most common reasons for re-negotiation are:

1. The child's subsidy was deferred and there is now documentation of special needs which are related to the child's risk factors noted on the Deferred Adoption Assistance Agreement:

   Documentation is needed to support the above request:

   Medical and / or mental health diagnosis within the last 6 months provided by physician or mental health professional.

2. The child's special needs are more severe than at the time of adoption finalization

   Documentation is needed to support the above request:

   Medical and /or mental health documentation that child has multiple diagnoses or a single diagnosis that causes significant impairment in multiple settings. Documentation of current and on-going treatment related to the diagnoses.

An adoptive parent can request to re-negotiate the child's adoption subsidy when either of these situations applies. The parent shall be given the MDHS-Form 431-A to complete and submit to their Adoption Assistance Specialist in the State Office. (See Appendix K)

The Adoption Assistance Specialist will review the file and make a recommendation to the Adoption Unit Director or designee who will approve or deny the request. A written response (Notice of Action) will be returned to the adoptive parent. If approved, a new Adoption Assistance Agreement will be completed and signed by all parties. The re-negotiated rate will begin as of the date the Adoption Unit received all documentation needed to determine that the child qualified for the new subsidy.

X. ADOPTION OF CHILD BY BIRTH PARENT(S)

A biological parent whose parental rights have been terminated and who later adopts his/her biological child cannot receive Title IV-E Adoption Assistance.

The purpose of the Title IV-E Adoption Assistance is to provide assistance to adoptive families who adopt special needs children. A child cannot be considered a child with special needs, unless among other things, the state has determined the child cannot return to the home of his biological parents.

The child would be returned to the home of the biological parent and a determining factor for Title IV-E eligibility in section 473 (c)(1) would not be present. Assistance for eligible families in this situation could be TANF and/or SSI. (ACYF-PIQ-89-04 Issued 08-08-89).

When in the best interest of a child to do so, DFCS may assist the biological parent in the re-adoption of the child by making and supervising a trial home placement and making a recommendation to the court for placement and subsequent adoption. Mississippi College Law School Adoption Clinic may be able to assist the parent in finalizing this adoption.

Items needed for Private Licensed Child-Placing Agency to request adoption assistance.

The following items are needed in order to request certification for Adoption Assistance and/or non-recurring adoption expenses:

1. Document(s) which legally frees child for adoption and places custody with a licensed child placing agency.
2. Documentation of special needs (must be current – within the past six months) such as:
    a. Psychological Evaluation
    b. Medical Report

   c. Reports from mental health professionals
   d. Other documentation as determined by DFCS Adoption Unit
3. Birth Certificate (child must be under the age of 18 or 21 if SSI eligible)
4. Documentation of SSI eligibility (a copy of the most recent SSI award notice).
5. Date registered on the MARE.
6. Date featured on "Wednesday's Child" or other television recruitments.
7. Other recruitment efforts made to place without Adoption Assistance or documentation of strong emotional ties with foster parent who wishes to adopt and cannot adopt without adoption assistance.
8. Child's Social Security number
9. Child's Medicaid number

XI. MEDICAID CARDS FOR IV-E ADOPTION ASSISTANCE RECIPIENTS FROM OTHER STATES

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 allows IV-E Foster Children and children receiving IV-E Adoption Assistance to be eligible for Medicaid coverage in the State where they reside. The children are automatically eligible for Medicaid coverage.

Correspondence will be routed through the ICPC if the child has not been adopted. If the child has been adopted, correspondence will be routed to the Adoption Assistance Supervisor, Adoption Unit.
Families from non-ICAMA states will be instructed to send to the Adoption Unit:

1. The Federal (IV-E) Adoption Assistance Agreement form 431 (the most recent agreement form). The agreement form will verify the child's date of birth.
2. A copy of the state of origin's letter requesting Mississippi Medicaid.
3. A copy of the child's social security card.
4. A copy of the state of origin's annually certified renewal agreement of need for continued Adoption Assistance.
5. Race and sex of child.
6. Current address and telephone number of the adoptive family.

ICAMA states will submit to the Adoption Unit the ICAMA papers and each child's most recent IV-E Adoption Assistance Agreement form.

All documentation shall be sent to the Adoption Unit no later than the 14th day of each month in order to generate a Mississippi Medicaid card for the child. The card is mailed directly to the adoptive family home address by Mississippi Medicaid. Written notification of changes of address are to be mailed to the Adoption Unit.

For foster children from other states who are placed for adoption with Mississippi families but are not yet receiving Adoption Assistance from the sending state, DFCS Workers shall follow the procedures for Receipt of Medicaid cards for IV-E foster children (Foster Care Policy Section D). The Adoption Unit shall be notified when the sending state begins Adoption Assistance eligibility, and the procedures for Request for Mississippi Medicaid card for IV-E Adoption Assistance Recipients from other states will be followed.

A. Procedure for Child in MDHS/DFCS Custody with Interstate Compact Placement for Adoption

Child has to be in custody of DFCS or a licensed child-placing agency; legally free for adoption; and have been certified as a child with special needs.

1. An approved home study is received from the other state by the ICPC Adoption Specialist.
2. The ICPC Worker routes the case with the approved home study to the Administrator, Adoption Unit for approval or disapproval.
3. If the child has been certified eligible for IV-E Adoption Assistance, the Federal Adoption Assistance Agreements are completed by the Adoption Assistance worker.
4. Agreements plus a letter are sent to the origin state by the ICPC worker.
5. The approved negotiated Agreement forms are received by the ICPC worker; the forms are routed for approval to the Administrator Adoption Unit.
6. ICAMA forms and the Agreement are completed and mailed to the origin state to notify the state of the child's receipt of Adoption Assistance.

NOTE: IV-E approved Agreement forms need to be in place prior to placement of the child.
A non-IV-E child who was determined eligible for Mississippi Adoption Assistance but was to be placed for adoption through ICPC would follow the same procedures, except the family approved to adopt a Non-IV-E child would be a licensed Resource Home for foster care payments.

The family would inquire in the other state's Department of Human Services, Social Services Department as to the child's eligibility to receive the resident state's Medicaid services.

B. Non-Recurring Adoption Expenses

DFCS may provide reimbursement for non-recurring adoption expenses incurred by adoptive parents in the adoption of a child with special needs.

- Eligibility – In order to be eligible for reimbursement of non-recurring expenses, the following criteria must be met:

    a. DFCS must determine the child cannot or should not return home.
    b. DFCS must determine the child meets the definition of a special-needs child.
    c. An adoption assistance agreement must be signed and approved by the DFCS prior to finalization of the adoption.
    d. The child must have been placed for adoption in accordance with all applicable laws.

Families adopting children through licensed child-placing agencies, independent adoptions, and inter-country adoptions may be eligible for reimbursements of non-recurring expenses provided that placement is not in violation of the law and provided all criteria in this section are met, including the DFCS definition of a special-needs child.

There is no means (income/resources) tests for adoptive parents in determining eligibility for non-recurring expense reimbursement. However, adoptive parents may not be reimbursed for expenses for which they have otherwise been reimbursed.
The child's eligibility for Title IV-E Adoption Assistance is not a requirement for reimbursement of non-recurring expenses.

- Benefits – Only the one-time expenses of adoption for which the adoptive parents are responsible for payment are considered to be non-recurring expenses. These include the reasonable and necessary adoption expenses which are directly related to the legal adoption of a child with special needs, which are not incurred in violation of state or federal law, and which have not been reimbursed from other sources or other funds, including attorney fees, court costs, criminal records clearance, the adoption home study performed by a licensed child-placing agency, medical and psychological evaluations required by DFCS or the agency, supervision of the placement, and the reasonable costs of lodging and food for child and/or adoptive parents necessary to complete the adoption process.

  The maximum amount of reimbursement will not exceed $1,000.00 per child.
- Procedures – During the home study process, the Worker shall advise applicants of the availability of reimbursement for expenses under the conditions described in this section. At the time of placement and until the issuance of the Final Decree of Adoption, the Adoption

Unit may enter into an assistance agreement with the adoptive parents for reimbursement of non-recurring expenses.

Adoptive parents must pay for expenses incurred and provide the Adoption Unit with the original paid receipts in order to claim reimbursement. All claims for reimbursement must be made within two years of the date of the Final Decree of Adoption.

In interstate placements, the state which enters into the agreement for on-going state or federal Adoption Assistance will also be responsible for reimbursement of non-recurring expenses. If there is no on-going subsidy, the state where the adoption is to be finalized will be responsible for reimbursement.

XII. APPENDICES

Appendix A

Form MDHS-SS-459

Surrender of Parental Rights and Consent to Adoption to the

Mississippi Department of Human Services

KNOW ALL MEN BY THESE PRESENTS, that I, _____(name of parent) being the _____(relationship to child) of _____(full name of child, as on birth certificate) a male/female minor who was born on _____, _____ at _____, _____(date of birth/ city/ state) being of the opinion that it is in the best interest of my said child that he/she be placed under the exclusive care, custody and control of the Mississippi Department of Human Services, an administrative agency of the State of Mississippi, and that he/she be free for adoption, I do hereby relinquish and surrender all my parental rights to said child to the Mississippi Department of Human Services and enter my consent to said adoption, and by these presents do hereby make, constitute and appoint the Director, Office of Social Services, in his/her official capacity, and his/her successors in office, or his/her duly authorized agent or representative, to exercise exclusive care, custody and control over the person and estate of said child. I do also hereby grant and give unto said Director, and his/her successors in office, or his/her duly authorized agent, full power and authority to do and perform any and all acts which he/she may deem to be in the best interest of my said child, including, but not limited to, the authority to consent to the adoption of said child. This relinquishment includes the rights of inheritance, provided the rights of inheritance shall not be affected until the entry of a final decree of adoption.

That this SURRENDER OF PARENTAL RIGHTS AND CONSENT TO ADOPTION is irrevocable, and that I will not, in any manner whatsoever at any time hereafter, interfere with the custody of my said child or attempt to assert any parental or other rights in connection with said child;

That I hereby understand that the signing of this form expressly waives any service of process or any summonses, or any notice of any kind in any court proceedings regarding the welfare or the adoptive placement of the aforesaid child;

That I have freely and voluntarily entered into this agreement, after careful consideration. I fully understand the meaning of this document and the consequences of my decision to voluntarily give up my parental rights to my child. I further state that no one has threatened nor otherwise pressured me to sign this document, nor has anything been offered or received for my signing of this form.

WITNESS my signature on this, the _____ day of _____, A.D., 20_____.

WITNESS: Parent's SIGNATURE:

_____ _____

STATE OF _____
COUNTY OF _____

THIS DAY, personally came and appeared before me, the undersigned authority, in and for the aforesaid County and State, the within named _____, who acknowledged to me that he/she signed and delivered the above the foregoing written instrument on the day and year therein mentioned as his/her own free act and deed.

LICENSURE

GIVEN UDNER MY HAND AND OFFICIAL SEAL of office on this, the ____day of _____ A.D., 20_____.

_____ _____

My Commission Expires: NOTARY PUBLIC

Appendix B

Form MDHS-SS-430

Obstetrical and Newborn Record

Birth:

☐ Male

☐ Female child of _____ _____ Race: _____

Family Name Mother's Given Name

Hospital Number _____ _____ Attending Physician _____

Mother Infant Mother

Time _____ Attending Physician _____

a.m. p.m. Day Month Year Infant

Maternal History:

Mother's age _____ Blood type _____ RH _____

Total # previous pregnancies ____ # Premature ____ # Neonatal deaths ____ # Now living ____

Maternal disease:

Complications of this pregnancy:

Drugs taken during pregnancy:

Prenatal S.T.S.: Date _____ Results _____ If ever positive, give summary of treatment:

Maternal chest X-ray: Date _____ Results _____ HIV: Date _____ Results _____

Hep B: Date _____ Results _____ Other Significant lab. Results _____

Present Delivery:

LICENSURE

Duration of gestation _____ Mo. Of pregnancy prenatal care started _____ EDC _____

Labor induced? _____ How? _____ Why? _____

Duration of labor: 1st stage _____ 2nd stage _____ 1st or 2nd stage oxytocic _____

Membrane ruptured: Spontaneously _____ artificially _____ # hours before delivery _____

Presentation _____ Position _____ Type delivery _____

Reasons if operative _____

Analgesia (type and time before delivery) _____ Total Amount _____

Anesthesia (type and duration before labor) _____ Amount _____

Placenta: Normal _____ Abnormal (describe) _____

Complications of delivery:

_____

Infant Record:

Breathed Spontaneously (time) _____ Resuscitation required? _____

Eye prophylaxis _____ Blood type _____ RH _____ P K U Date _____ Results _____

T4 Date _____ Results _____ Sickle(s) Hgb. Date _____ Results _____

HIV Screen Date _____ Results _____

APGAR Score _____ One Minute; _____ Five minutes

Describe complications (tone, color, cry, injuries, malformations)

LICENSURE

Birth weight _____ Birth length _____ Chest circ. _____ Head circ. _____

_____

Neonatal Course in Hospital:

Feeding: Breast only _____ Formula only _____ Breast and Formula _____

Content of formula _____

Progress in nursery (include weight gains or losses, feeding or sleeping difficulties, diarrhea, respiratory distress, rashes, or other significant details)

Discharge: Date _____ Weight _____ Length _____ General condition _____

Impressions and Recommendations:

Signature _____

Date _____

Appendix C

Form MDHS-SS-459-A

Mother's Statement Naming Father of Child

STATE OF _____

COUNTY OF _____

THIS DAY personally came and appeared before me, the undersigned Notary Public, in and for the aforesaid jurisdiction the within named _____ (Mother's full name) who, first having been by me duly sworn, on oath states the following;

That I, _____ (Mother's full name), am the biological mother of _____ (Full name of child as on birth certificate), a female/male child born on the _____ day of _____, A.D., 20_____, and that _____ (Name of putative father) is the biological father of said child, whose last address known to me was_____(Street)

_____ (City/ State/ Zip)

That _____ (Name of putative father) and I are not now nor have we ever been married.

After having been fully advised that the making of false statement of identity under oath is punishable as perjury, I, the undersigned affiant, state that the matters and fact as herein set forth are true and correct, and I do hereby make this affidavit of my own free will and accord.

_____

Mother's Signature

SWORN TO AND SUBSCRIBED before me on this, the _____ day of _____, A.D., 20_____.

_____

Notary Public

My Commission Expires:

_____

Appendix D

Form MDHS-SS-459-B

Mother's Statement About Unknown Father

STATE OF _____

COUNTY OF _____

THIS DAY personally came and appeared before me, the undersigned Notary Public, in and for the aforesaid jurisdiction the within named _____ (Mother's full name) who, first having been by me duly sworn, on oath states the following;

That I, _____ (Mother's full name), am the biological mother of _____ (Full name of child as on birth certificate), a female/male child born on the _____ day of _____, A.D., 20_____, and I do not know the identity of said child's biological father is because at or about the time the said child was conceived (Reason)

_____

_____

_____

After having been fully advised that the making of false statement of identity under oath is punishable as perjury, I, the undersigned affiant, state that the matters and fact as herein set forth are true and correct, and I do hereby make this affidavit of my own free will and accord.

_____

Mother's Signature

SWORN TO AND SUBSCRIBED before me on this, the _____ day of _____, A.D., 20_____.

_____

Notary Public

My Commission Expires:

_____

Appendix E

Comprehensive Child Assessment Format

Identifying Information

- Name
- Race
- Birthplace
- Current placement
- Physical description of child/youth
- Age (identify developmental issues that may have affected or are affecting this child/youth.

Legal Status

- State the reason the child/youth was removed from the birth family
- Describe efforts to be made or that have been made to reunite the child/youth with birth family.
- Identify why efforts are not being made or were not made to reunify the child/youth with the birth family. (per ASFA)
- Describe, if relevant, events leading to TPR/permanent wardship.

Physical Description

- Describe the child/youth's physical appearance, such as height and weight, hair color, eye color, etc.
- Indicate any outstanding or unusual features or birthmarks.
- Describe the child/youth's level of physical functioning and activity.

Culture

- What is the child/youth's religion?
- What is the child/youth's cultural background?
- What ethnic/cultural group does the child/youth identify?
- What experiences has the child/youth had with this ethnic/cultural group?
- Which language(s) does the child/youth speak or understand?
- Which cultural traditions, values and beliefs are important to the child/youth?

Daily Routine

- Describe the child/youth's daily routine.
- List the child/youth's favorite books, toys and games, foods, possessions, hobbies, interests, and special activities.

(Appendix E continues)

- Identify any special pet the child/youth has or had.
- Describe the child/youth's level of care of possessions.
- List suggestions that the child/youth's current caregiver has for future caregivers regarding what works best for this child/youth in terms of daily routine.

Placement History (Child/Youth's Placement History Summary)

- List the child/youth out-of-home placements (where, when and the age of the child/youth at the time of placement), including those occurring prior to entry into care (with relatives, hospitalizations etc.)
- Identify significant people and events in the child/youth's life, explaining each relationship and what happened.
- Explain the child/youth's perception of these events and relationships; for example, describe the messages to the child/youth.

Family History (Genogram)

Birth Family

- Family history information based on interviews with family members, current and prior caregivers, information from records, the initial service plan for the child/youth/family, etc.
- Factual, historical information about family members, including birth dates, physical descriptions, health information, relationship with the child/youth.
- Parents' and siblings' birth dates, ethnicity and last known location.
- Identify extended family members with whom the child/youth has had or has expressed an interest in having ongoing contact.
- Identify any extended family members who may be available for permanency planning or permanency supports.

Siblings

- Indicate the current status of all siblings. Are they with parents, relatives, in placement, previously adopted, etc.?
- Indicate whether the siblings are in care; placed in same family as the child/youth; or if not placed with this child/youth, why the child/youth and sibling(s) were not placed together and should not be placed together in adoption.
- What are the permanency plans for other children?
- What is or will be the plan for contact between siblings?

(Appendix E continues)

- What is the expectation or plan for parental and sibling visitation if the permanent plan for this child/youth is not to return home or be placed with siblings?
- If the child/youth has sibling-like relationships with children/youth who are not related by birth, describe each relationship and the plans for future contact.

Perception of Birth Family

- Define the child/youth's own understanding of why he/she was removed from the home and the permanent plan made for the child/youth.
- Indicate whether the child/youth currently has contact with the birth family.
- List the child/youth's stated feelings about the birth family.
- List the Worker's impressions of the child/youth's true feelings about the birth family.
- What issues need to be addressed prior to and after the permanent placement, such as closed, open, or semi-open adoption?
- What can adoptive parent(s) or other permanent family expect in terms of the child/youth's attachment to the birth family?
- If not returned to parent(s), what interest does the child/youth have in locating birth parents, either now or in the future?
- If the child/youth has a significant relationship with another family (relative, foster parent, etc.) describe the child/youth's perception of this relationship, possibility of permanency in this relationship, and plans for contact once the permanent plan is implemented (if not with this relationship).

Relationships

Adult

- Describe the child/youth's interaction with birth parents during visits, or the nature of past visits with the parents if there is no contact with them at this time.
- Who are the significant adults in this child/youth's life?
- Are any of the adults someone whom the child/youth considers as a" psychological parent"?
- How does the child/youth relate to the significant adults in his/her life and to strangers?
- How does the child/youth seem to express any significant differences in relating to males or females?
- How does the child/youth relate to authority figures, such as teachers, counselors, therapists, Worker, etc.?

(Appendix E continues)

Others Living in the Child/Youth's Home

- Indicate the child/youth's interaction pattern with other persons living in the home/residential setting.
- Are there persons to whom the child/youth feels closer to than others?

- Does the child/youth react to other children/youth being placed or leaving the foster home/residential setting? If so, how?

Peers

- What is the child/youth's interactions with peers:
- Describe any differences between the child/youth's interactions with school and neighborhood peers.
- Does the child/youth relate better to children/youth who are younger, older, or the same age?
- Is there a significant difference in relating to male and females?
- Does the child/youth relate better in large groups, small groups, or one on one?
- Does the child/youth have one or two special friends?
- Does the child/youth make friends easily, or is he/she a loner?

Community

- Is the child/youth involved in community or social activities such as YWCA/YMCA, Girl/Boy Scouts, sports, band, dance, etc.?
- Does the child/youth identify with a specific community?
- Are there any other special relationships that the child/youth has in the community (church, teachers, etc.)?

Medical History

- Indicate all significant medical information on the child/youth including birth history and a record of the child/youth's immunizations. (*Ensure that medical records are in the child/youth's file.)*
- When was the child/youth's most recent physical examination?
- Are there any medical issues that require follow-up?
- Does the child/youth have any physical conditions requiring ongoing attention?
- Indicate any known family illnesses or history of disease, such as heart problems, high blood pressure, diabetes, sickle cell anemia, etc.
- Describe the child/youth's dental health.

(Appendix E continues)

- Are there any dental needs that require follow-up such as braces, filling of cavities, or treatment of gum disease?
- What is the child/youth's level of eyesight, hearing, etc.?
- Is there a need for corrective lenses or hearing aid?
- List all injuries with dates, treatment, and long-term impact.

Developmental History

- Indicate developmental milestones. Were they age appropriate?
- Indicate any developmental delays or reactions to stress.

Sexual Development

- Indicate age appropriateness of the child/youth's sexual development.
- Is there a known history of sexual abuse?
- Is there a suspicion of sexual abuse?
- Is there a history of sexual acting out? (be specific) If so, has treatment been provided?
- Is there a current pattern of sexual acting out? If so, has treatment been provided?
- What is the child/youth's level of understanding of sexual behavior?
- What have been the child/youth's sexual experiences? Are they age appropriate?
- Are there any sexual identity issues with this child/youth?

Academic Functioning

Educational History

- What is the child/youth's educational history? (Be as specific as possible where and when the child/youth has attended school, starting with preschool. List reasons for changes in school.)
- What was the child/youth's level of scholastic achievement in each grade?
- Has special education ever been recommended? If so, has it been provided?
- What is the reason for special education?
- Is there a copy of a past testing or past IEP in the child/youth's file?

Current School Placement

- Indicate the name of the child/youth's school, grade and teacher(s).
- Is there a school social worker involved with the child/youth?
- What are the child/youth's strengths and weaknesses in academic functioning?
- What are the child/youth's academic interest?
- What are the child/youth's most recent report card grades?
- Would the child/youth benefit from academic tutoring?

- If the child/youth has been placed in special education, when was this determination made?
- What was the date of the child/youth's most recent IEP consultation testing?
- What special educational services are needed?
- What special educational services are provided?
- What is the child/youth's level of accomplishment?
- Is there a current IEP in the child/youth's file?

Testing

- Indicate results of all testing done with this child/youth. (Ensure that copies of test reports are included in the child/youth's record.)
- Who was the examiner? When and where was the testing completed? What were the findings?
- Is there a need for further testing of the child/youth?

Educational Plan

- What are this child/youth's educational goals or projection for the future?
- What do the child/youth's current family and eventual permanent family need to do to assist the child/youth in meeting educational needs or projections?
- Also, note whether or not the child has developed a strong and positive relationship in the academic environment.

Emotional Functioning

- Give a brief history of the emotional development of the child/youth.
- How are the child/youth's emotional history and experiences impacting current behavior?
- What might the child/youth's permanent family expect in the future as a result of early experiences in the birth family, such as violence, neglect and the number and types of moves.
- What is the child/youth's self-image?
- What is the child/youth's level of self-esteem?
- Describe times or situations in which the child/youth regresses, is afraid, experiences loneliness, withdraws, is aggressive, or acts out.
- Describe what the child/youth needs from a parent (what type and amount of affection, attention, discipline, need for closeness or distance, bedtime preparation, support during night fears).
- What are the child/youth's relationships with adults and peers?
- Indicate the child/youth's existing attachments.
- With whom or what has the child/youth had a prior emotional attachment?
- How has the child/youth dealt with separation from these people/places/things?

(Appendix E continues)

- Is there evidence that the child/youth has difficulty with attachment?
- Which defenses does the child/youth employ to cope with strong feelings of anger, rejection, abandonment, separation/attachment etc.?
- Does the child/youth play appropriately with children/youth of the same age?
- Does the child/youth act out behaviorally in the foster home/residential setting? What is the acting out behavior?
- Is there a history of lying, stealing, fire setting or any destructive behaviors with the child/youth? If so, what has been done to address these behaviors?
- What is the child/youth's sense of right and wrong?
- What is the child/youth's level of cooperation and attention span?
- What controls need to be in place for this child/youth?
- Has the child/youth been in therapy? If so, when and where?
- If the child/youth is or has been in therapy, who is the therapist; and what are the findings and recommendations? (Note any testing, medication, psychiatric history.)
- What does the child/youth need in order to separate from current caregiver, if possible?
- What is the child/youth's level of emotional functioning?

Attitude Toward and Readiness for Adoption

- What are the child/youth's stated feelings about returning home or another permanent placement?
- Has the child/youth identified any preferences and concerns about placement? If so, what are these?
- Has the child/youth identified any situations and placements that would make her/him most comfortable? If so, what are those?
- What is the child/youth's understanding of permanency options: return home, relative or foster care, adoption and how each of these placement options does or does not provide permanency for him/her?
- What is the child/youth's ability to attach to new parents and at what level can the child/youth attach?
- Which services are needed to prepare the child/youth for placement with a permanent family?

Financial Supports for Child Following Adoption

- Child's certification for Adoption Assistance based on special needs
- Social Security benefits (SSDD or SSI)
- Veteran's Benefits

Appendix F

Form MDHS-SS-471

Foster Parents Application to Adopt a Particular Foster Child

This form is to be completed by licensed foster parents who are interested in being considered as potential adoptive parents for a particular foster child in their home who is legally free for adoption and in the custody of the Mississippi Department of Human Services.

Home Telephone _____

His Work Telephone _____

Her Work Telephone _____

Foster Mother	Foster Father
Name: _____	Name: _____
Birth date: _____ Race: _____	Birth date: _____ Race: _____

Present address: _____ County: _____
Street

_____ Years at this address _____
City State Zip

Previous address: _____ County: _____
Street

_____ Years at this address _____
City State Zip

Own children living in home:
Name: _____ Birth date: _____ Adopted? _____ Date: _____
Name: _____ Birth date: _____ Adopted? _____ Date: _____
Name: _____ Birth date: _____ Adopted? _____ Date: _____
Name: _____ Birth date: _____ Adopted? _____ Date: _____

(Appendix F continues)

List all foster children living in home:
Name: _____ Birth date: _____ County of Responsibility: _____

Name: _____ Birth date: _____ County of Responsibility: _____

Name: _____ Birth date: _____ County of Responsibility: _____

Name: _____ Birth date: _____ County of Responsibility: _____

Name: _____ Birth date: _____ County of Responsibility: _____

Name: _____ Birth date: _____ County of Responsibility: _____

Name of Foster Child you are applying to adopt _____

Date child was placed in your foster home _____

Comments you would like to make about your desire to adopt this child: _____

_____

_____

_____

_____

_____

Date: _____ Foster Father's Signature: _____

Date: _____ Foster Mother's Signature: _____

After completion by foster parents, this form is to be given to child's Worker.

Recommendation of County of Service

_____

_____

_____

_____

(Appendix F continues)

Worker's Signature: _____ Date: _____

ASWS's Signature: _____ Date: _____

Date Child Freed for Adoption _____

Recommendation of County of Responsibility:

_____

_____

_____

_____

Worker's Signature: _____ Date: _____

ASWS's Signature: _____ Date: _____

After completion by County of Service and County of Responsibility, this form is to be mailed directly to the Adoption Unit.

Appendix G

Adoption Addendum

- Household members, sleeping arrangements, and safety equipment in the home
- Changes since the last home re-evaluation
- Adoption Issues Training
- Adoptee's personality, school adjustments, and emotional ties to the foster family
- Child's Special needs and certification of adoption assistance
- Resource Parents' understanding of the child's special needs and plans to meet these needs permanently
- Resource Parent's realistic goals for the child
- Resource Parent's lifetime commitment and contingency plan
- Resource Parent's monthly income, monthly expenses and etc.
- Resource Parent's need for adoption assistance (Child on SSI?)
- Efforts made to place the child without adoption assistance
- Discipline used by the Resource Parent
- Presentation of the background information on the child to the Resource Parents
- Plan to maintain sibling contact with children who are not placed in this home and with other significant people in the child's life
- Information regarding other children residing in the home, (ages, grade, personality – birth, foster, adopted or relative's children)
- Interaction among all household members
- Interview all children privately
- Feelings of other children in the home about this pending adoption
- Children's description of family rules and discipline
- Adoptee(s) understanding of adoption
- Adoptee(s) feelings about being a part of this family forever
- Changes expected by finalizing this adoption
- Child's understanding of roles of the birth parents/adoptive parents
- Items child has from birth family
- Adoption Specialist's recommendation and ASWS approval

Appendix H

Form DFCS 433

Application for Adoption Subsidy

I. Child's Information:

CHILD'S BIRTH NAME _____
LAST FIRST MIDDLE

CHILD'S ADOPTIVE NAME (if previously adopted)

_____
LAST FIRST MIDDLE

CHILD'S SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ SEX _____ RACE/ETHNIC GROUP _____

CURRENT ADDRESS:

_____

II. Legal Status of Child:

Father: ___Relinquished ___Court Terminated Date _____
Mother: ___Relinquished ___ Court Terminated Date _____
Child legally free for adoption: _____ (date)
Section 11-5-91 applies _____ Does not apply

Custody of child with authority to consent to adoption: _____
Name of Agency

III. Current Foster Care Rate (based on child's age/special needs) $ _____

Steps taken to place child for adoption without a subsidy unless the child's record documents that the best interest of the child would not be served by such efforts and therefore are not applicable:

____ Child has significant emotional ties to foster parent. (This is ONLY intended to document why an exhaustive search was not conducted to find an adoptive family that is willing to adopt without a subsidy.)

(Appendix H continues)

Child listed with MS Adoption Exchange Registry _____.
Date

Child taped for Wednesday's Child: _____.
Date

Child presented at Statewide Placement Committee: _____.
Date

Child featured on AdoptUSkids website: _____.
Date

Eligibility for Assistance: Title IV-E / Foster Care: _____ SSI: _____
Title IV-B / Foster Care: _____ (State Subsidy only)

IV. GENERAL DIAGNOSTIC STATEMENT: (Child Assessment – to include a summary of child's history, description of barriers to adoption, justification for proposed subsidy, prognosis of adoption without subsidy and a chronological list of child's placements for foster care and / or adoption.) Attach on a separate sheet.

As with any child placed for adoption, information may become known, issues and problems may arise in the future that are unknown to anyone at this time and could not be reasonably anticipated by the placing agency.

V. REASONS SUBSIDY IS NEEDED:

____ Child is one with special needs. (Check all barriers which are present and/or which existed at the time of placement for adoption and represent basis for subsidy.)

	Other Barriers:	Risk Factors:
___ Physical Disability*		
___ Mental Disability*	___ Age (over 6)	___ Child's Medical History*
___ Emotional Disturbance*	___ Sibling group membership	___ Birth Parents' Background*
___ Developmental Disability**	___ Other (Specify) _____	

*__***Requires a current statement (within a year of certification) signed by a physician, psychiatrist, psychologist or therapist, which describes the condition(s) and includes diagnosis, treatment, and prognosis, to be attached to this form.***__

(Appendix H continues)

*****If the child is developmentally delayed resulting in educational delays or has a significant learning processing difficulty, a statement from the school or from a licensed medical / mental health professional needs to be attached. A copy of a current IEP can substitute for the school's written statement.***

Child meets criteria for: (Check one)

___ Deferred ___ Basic rate of $ _____
___ Special Needs I $ _____ ___ Special Needs II $ _____
___ Therapeutic rate of $ _____ ___ Medically Fragile rate of $ _____

_____ _____
ADOPTION SPECIALIST DATE RESOURCE ADOPTION ASWS

___ Maximum Subsidy approved $ _____ per month ___ No Subsidy approved

Reason(s) _____

_____ _____
Adoption Unit Director or Designee Date

VI. FAMILY RESOURCES AVAILABLE TO MEET THE CHILD'S SPECIAL NEEDS: (To be completed by the adoptive family with the agency worker.)

This section is only to evaluate family and community resources available to meet the special needs of the child in order to determine what additional services the child will need. This is not a means test as the child's subsidy will be based solely on the special needs of the child.

What is your family's gross monthly income? (Do not include foster or subsidy payment.):_____

Number of persons supported by that income: ____ Total number of persons in the home: _____

List additional financial sources and amounts available to members of the household (i.e. foster care, child support)
_____

(Appendix H continues)

Does anyone in your family have unusual costs, such as medical or educational expenses? If yes, please explain:

_____

_____

What financial resources, other than your income, are available to meet this child's needs? (Indicate amount by appropriate category.):

$ _____SSD (disability of parent) include a copy of letter from SSA
$ _____ SSA (survivors / death of birth parent) include a copy of the letter from SSA
$ _____ SSI (child's disability) include a copy of the letter from SSA
$ _____ Child Support (being received by adoptive family)
$ _____ other
(specify) _____

Will this child become eligible for additional benefits based on adoption by you? Indicate kind of benefits and amount:

_____

In thinking about the needs of this child and the resources (financial, extended family, community services, etc.) available to you your family, what will be REQUIRED in addition to those resources to continue support of this child in your household? (Attach additional page if necessary.)

_____

_____

What current services are needed/being provided that will need to continue post finalization? (Day care services, dental services, therapeutic foster care services etc.)

_____

_____

_____

(Appendix H continues)

Will the child named in this application be added to your medical insurance policy? __yes __no
If yes, please complete the following:

Name of Insurance Company _____

Address (street, city, state, zip) _____

Name of Policy Holder _____ SS Number: _____

Group/Plan# _____ Policy ID # _____

VII. NEGOTIATION OF PROPOSED SUBSIDY: (Using Section V of this form as the maximum subsidy available, please indicate below the subsidy necessary in order to meet the needs of this child.)

Please circle the letter if this service is necessary and enter amounts where indicated.

A. Non-recurring Adoption Expenses
The Department agrees to pay for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of $600. The expenses must:

1) Directly relate to the legal adoption; and,
2) Not be in violation of state or federal law; and
3) Not have been reimbursed from other sources of funds

Expenses covered are:

1) Attorney Fees
2) Court Cost
3) Revised Birth Certificate
4) Other _____

B. MAINTENANCE: (Select the Adoption Subsidy for which the child is eligible as shown in Section V and enter amount requested)

(Subsidy amount must not exceed the foster care board rate)

___ Eligible for Title IV-E Federal Adoption Assistance
___ (1) Medicaid Only (check if appropriate)
___ (2) Deferred* (No Medicaid at the time of Adoption)

(Appendix H continues)

___ (3) Long Term (monthly cash payment) $ _____
___ (4) No Subsidy Needed

*Deferred means, no adoption assistance payment is provided at the time of the adoption; however, due to the above documented risk factors in the child's medical history or background, or the medical history or background of the child's biological family; the child is at risk to acquire a medical condition, a physical, mental, developmental or emotional disorder. Current documentation will need to be submitted to the agency if this child develops special needs related to these risk factors.

C. MEDICAL CARE:

Medical and dental services will be provided through the Medicaid Program (Title XIX of the Social Security Act).

D. SOCIAL SERVICES:

Social Services will be provided through the Social Services Block Grant Program Title XX.

The Adoption Assistance payment, Title XIX Medical Services and Title XX Social Services are available regardless of the state of residence. Families moving out-of-state will be provided with a contract in the new state using the Interstate Compact on Adoption and Medical Assistance Program. Title XIX Medical Services and Title XX Social Services vary from state to state and are available to the child in accordance with the procedures of the state in which the child resides.

Interstate Compact on Adoption Medical Assistance (ICAMA)

If your family moves out-of-state after the finalization of the adoption, your family must contact the adoption unit to access medical assistance services in the new state. The adoption unit should be contacted 60 days prior to moving out-of-state.

(Appendix H continues)

E. OTHER:

If you receive SSI payments for this child, it is the adoptive parent(s)' responsibility to inform the Social Security Administration if the child is also receiving adoption assistance payments.

APPLICATION STATEMENT
IMPORTANT – READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN

HAVING BEEN INFORMED TO OUR SATISFACTION OF THE PARENTAL HISTORY AND BACKGROUND FACTS IN CONNECTION WITH THE ABOVE-NAMED CHILD, WE DECLARE OUR DESIRE TO HAVE SAID CHILD PLACED IN OUR HOME FOR THE PURPOSE OF LEGAL ADOPTION.

WE HEREBY APPLY FOR AN ADOPTION SUBSIDY, AS PROVIDED FOR IN THE RULES AND REGULATIONS OF THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES.

IN COMPLETING AND SIGNING THIS APPLICATION, I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN ADDITION, I AM AWARE THAT IF I MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION, OR USE OTHER FRAUDULENT METHODS TO OBTAIN ASSISTANCE TO WHICH I AM NOT ENTITLED TO OR GREATER THAN THAT TO WHICH I AM ENTITLED, I CAN BE FOUND GUILTY OF A FELONY OR MISDEMEANOR UNDER APPROPRIATE STATE OF FEDERAL LAW; AND,

I AM AWARE THAT I HAVE THE RIGHT TO A FAIR HEARING AND / OR STATE APPEAL IN THE EVENT OF A DENIAL, REDUCTION, OR TERMINATION OF MY ASSISTANCE, AND IN OTHER MATTERS FOR WHICH SUCH APPEAL RIGHTS EXIST AND TO RETAIN LEGAL COUNSEL AT MY EXPENSE IN CONNECTION WITH SUCH HEARINGS.

_____	_____	_____	_____
ADOPTIVE PARENT	DATE	ADOPTIVE PARENT	DATE

(Appendix H continues)

RIGHT OF APPEAL AND FAIR HEARING

If you believe the agency has been unfair or has made a mistake concerning your eligibility, you have the right to appeal. This means you will be given a hearing by the agency's administration at which time you will be given an opportunity to present your case for a review by persons not responsible for the original decision to be sure the agency's action was a proper one.

Appendix I

Form DFCS 431

CASE NAME _____

CASE NUMBER _____

ADOPTION ASSISTANCE AGREEMENT

This agreement is being made and entered into between the Mississippi Department of Human Services, (hereinafter "MDHS/DFCS"), and

_____
Adoptive Parent(s) Full Name(s)

_____
Address Telephone

It is agreed and understood that the MDHS/DFCS will provide:

☐ IV-E Federal Adoption Assistance ☐ IV-B State Adoption Assistance

to assist in the provision of proper care for my / our child, _____ ,
Child's Birth Name

born _____ This child is certified for Adoption Assistance based on the following current
Date of Birth

Special Needs: ☐ Age ☐ Sibling Group Membership

☐ Medical Diagnosis of: _____

☐ Psychological: _____

☐ Mental Disability: _____

☐ Developmental Disability: _____

☐ Other: _____

(Appendix I continues)

PROVISIONS OF AGREEMENT

I. Assistance

A. Non-recurring adoption expenses (list specific items and cost of each) Maximum $600.00

__X__ Court Cost __X__ Attorney Fees __X__ Revised Birth Certificate

☐ Other (This is marked when there are other fees. Example: additional GAL fees.)

B. Monthly Cash Payment: ☐ YES $ _____ ☐ NO
(Amount)

The amount of this monthly cash payment (Adoption Assistance) is based on the needs of the child and the circumstances of the adoptive parent(s) and has been determined by mutual agreement between the adoptive parent(s) and MDHS/DFCS. The amount of the payment does not exceed the foster care maintenance payment of the child if he/she were in a Resource Family home in the State of Mississippi. Adjustments in cash assistance payments may be made with the concurrence of the adoptive parent(s) based upon changes in the needs of the child, changes in the circumstances of the adoptive family, or changes in the maximum allowable Adoption Assistance payment. Documentation of changes in the child's needs or family's circumstances may be required.

Please check one of the following. You may not select both C and D.

☐ C. Adoption Assistance payment will begin at the time of placement. An Adoption Assistance Agreement is in place for the Adoptive Placement of a certified special needs child placed with adoptive parent(s).

☐ D. Adoption Assistance payment will begin at finalization of adoption. An Adoption Assistance Agreement is in place for an Adoptive Placement of a certified special needs child placed with adoptive parent(s).

E. Schedule of Payments Increase by Age
The Adoption Specialist should initial in this section that the terms of the increase in subsidy have been explained to the adoptive parent(s); the adoptive parent(s) should initial that he/she concurs with the increase in Adoption Assistance payments.

Adoptive Parent(s) _____ ; _____ Adoption Specialist _____

II. Deferred Agreement

Because the child is at risk of developing special needs due to known background documentation, the child is eligible for Deferred Adoption Assistance and a Deferred Assistance Agreement is in place, prior to finalization. The child who is Child Welfare System (CWS) eligible is currently ineligible for Medicaid but receives Non-Recurring Adoption Assistance because the child does not currently exhibit diagnosable difficulties. Children with IV-E eligibility receive Non-Recurring Adoption Assistance and Medicaid even if child does not currently exhibit diagnosable difficulties.

(Appendix I continues)

Child's "At Risk" Factor _____
Documentation _____

III. Medical Care

An Agreement will not be processed if this section is not completed by the adoptive parent(s) and the Adoption Specialist. The parent(s) and the adoption worker should initial either A or B.

☐ A. IV-E - Children who are eligible for Title IV-E Adoption Assistance are automatically eligible for Title XIX Medicaid and Title XX Services in their state of residence under the Consolidated Omnibus Budget Act (COBRA), P.L. 99-272, effective October 1, 1996. Mississippi is a member of the Interstate Compact on Adoption and Medicaid Assistance.

☐ B. IV-B - Medicaid benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to the child in accordance with the procedures of the state in which the child resides.

MDHS/DFCS shall provide this financial assistance regardless of the child's state of residence as long as the child was adopted through DHS in the State of Mississippi.

IV. Notification of Change

A. The adoptive parent(s) will immediately notify MDHS/DFCS, in writing, if they are no longer legally responsible for the support of the child or are no longer supporting the child.

B. MDHS/DFCS will notify the adoptive parent(s) in writing of across-the-board changes in Adoption Assistance payments. Adjustments may be made, if requested in writing by the adoptive parent(s).

C. MDHS/DFCS may renegotiate an Adoption Assistance Agreement if the adoptive parent(s) request an increase in payments due to a change in their circumstances and a higher foster care rate would have been paid on behalf of the child if the child had still been in foster care, depending on availability of funds.

D. Adoption Assistance payments made on behalf of a child cannot exceed the amount the child would have received if the child had been in a Resource Family home.

E. Parents will notify MDHS/DFCS of changes of address in writing.

V. Annual Review/Medicaid Form

A. The Annual Review/Medicaid Form is reviewed annually by the adoptive parent(s) and MDHS/DFCS.

B. MDHS/DFCS shall notify the adoptive parent(s), in writing, 45 days before the renewal and shall supply the adoptive parent(s) with the appropriate forms.

VI. Termination

Termination will occur in any of the following circumstances:

A. Upon the conclusion of the terms of the Agreement.

(Appendix I continues)

B. Upon the adoptive parent(s)' request.

C. Adoption subsidy payments will terminate when the child reaches the age of 18. Adoption subsidy may be provided as a State option until the child is 21 years of age if the child has a mental or physical handicap that warrants continuation. Section 93-17-67 of the Mississippi Code provides subsidy to a child up to age 21 if the DFCS State Office Administrator determines that the treatment or rehabilitation for which payment is being paid is in the best interest of the child.

D. The child becomes emancipated as a minor.

E. The child enters the military

F. The child marries.

G. Upon the child's death.

H. It is determined that the adoptive parents are no longer financially supporting the child.

I. Legal custody is granted to someone other than the adoptive parents.

J. Parental Rights have been terminated or surrendered.

MDHS/DFCS may require the repayment of any and all Adoption Assistance payments which the adoptive parents received erroneously.

VII. Appeal

Adoptive parent(s) may appeal MDHS/DFCS's decision to reduce, change or terminate Adoption Assistance in accordance with rules and procedures of the Administrative Grievance Hearing and Appeal process. Information may be requested from MDHS/DFCS. Mail request to: **Mississippi Department of Human Services, Division of Family and Children's Services, Adoption Unit, Post Office Box 352, Jackson, Mississippi, 39205-0352.**

This agreement will expire on the child's 18th birthday: _____
(Specify date of 18th birthday)

Effective date for Titles XIX and XX: _____

Effective date of Adoption Assistance Payment: _____

Adoptive Mother's Signature	Date	Adoptive Father's Signature	Date

Authorized MDHS/DFCS Representative's Signature	Title	Date

Adoption Assistance Agreement approved by
Adoption Area Social Work Supervisor on: _____
Date

_____
Signature of Adoption Area Social Work Supervisor

LICENSURE

Signed copy of the Adoption Assistance Agreement given / sent to adoptive parent(s): _____
Date
_____

Appendix J

Form DFCS 431-B

Application for Extension of Adoption Assistance beyond Age 18

Adoptive Parent(s):
_____

Child: _____ Child's DOB: _____

Parent(s)' written request for an extension of Adoption Assistance beyond child's 18th Birthday:
_____
_____
_____
_____
_____

Parent Signature:
_____

1.__ Child will be 18 years of age on _____ and is still in high school

Documentation needed to support the above request:
Documentation showing the child currently enrolled and in good standing in high school (i.e. current report card, class schedule, current IEP, letter from school). This documentation must be submitted for each semester of school up until graduation.

2.__ Child will be 18 years of age on _____ and is in GED program

Documentation needed to support the above request:
Current documentation showing the child is enrolled in and attending a GED Program. Only one extension for a 4 month period of time (1 semester) can be granted for youth in GED Program.

(Appendix J continues)

3.__ Child will be 18 years of age on _____ and has a diagnosed disability.

Documentation needed to support the above request:
Current (within 6 months) medical and/ or mental health documentation showing that youth has a mental or physical disabling condition along with proof that an application for SSI has been filed. On-going documentation of the progress in securing SSI approval must be submitted every 3 months after initial extension.
NOTE: Youth can NOT receive both Adoption Assistance AND Supplemental Security Income. Adoption Assistance must be reported to Social Security office at the time of application.

Child's Name: _____

_____*MDHS Staff completes Below this Line*_____

Post-Adoption Specialist Recommendation:

____Approve, child meets standards for an extension.

____Deny, child does not meet standards for an extension.

Comments:
_____
_____

Signature: _____ Date: _____
Post-Adoption Specialist

Adoption Unit Director Decision:

____Approve, child meets standards for an extension.

_____ _____
Contract Start Date Contract Thru Date

__IV-E __IV-B

____Deny, child does not meet standards for an extension.

(Appendix J continues)

Comments:
_____
_____
_____

Signature: _____ Date: _____
Adoption Unit Director

Appendix K

Form DFCS 431-A

Application for Re-negotiation of Adoption Assistance

Adoptive Parent(s): _____

Child's Name: _____Child's DOB: _____

Child's Birth Name (if different): _____

Parent(s)' written request: (Amount of subsidy requested based on child's specific special needs) _____
_____
_____
_____

Parent Signature: _____

Reason for Request: (check one) Date of Request: _____

1.__ Child's subsidy was deferred and there is now documentation of special needs

Documentation needed to support the above request:
Medical and / or mental health diagnosis within the last 6 months provided by physician or mental health counselor.

2.__ Child's special needs are more severe than at the time of adoption finalization

Documentation needed to support the above request:
Medical and /or mental health documentation that child has multiple diagnoses or a single diagnosis that causes impairment in multiple settings. Documentation of current and on-going treatment related to the diagnoses.

(Appendix K continues)

MDHS Employees complete second page.

Child's Name _____

Child's current subsidy: __ IV-E __IV-B

__Deferred __Basic __ Other Current amount: $_____

Post-Adoption Specialist Recommendation:

____Approve, child meets standards for: (check one)
__basic rate __Special Needs I
__Special Needs II __ therapeutic rate __ medically fragile rate

Recommended New Monthly Payment Amount: $_____

____Deny, child does not meet standards for a higher rate.

Comments: _____
_____

Signature: _____ Date: _____
Post-Adoption Specialist

Adoption Unit Director Decision:

____Approve, child meets standards for a higher rate.

_____ _____
Contract Start Date Contract Thru Date

__IV-E __IV-B New Monthly Amount: $_____

____Deny, child does not meet standards for a higher rate.

Comments: _____
_____

Signature: _____ Date: _____
Adoption Unit Director

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section H: Interstate Compact on the Placement of Children

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INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

I. DFCS OVERVIEW

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. History

The need for common rules governing the interstate movement of children was recognized in the 1950s when a group of social service administrators and children's advocates identified barriers for placing children out-of-state for adoption and foster care. Although there were some federal statutes that regulated interstate movement, they did not provide sufficient and consistent protections for children moved between states. The group found that a sending state could not compel the receiving state to provide protection or support services for a child nor could a receiving state compel a sending state to remain financially responsible for the child.

In response to this group's findings, Interstate Compact on the Placement of Children (ICPC, also known as the Compact) was drafted and first signed in 1960. ICPC is not a federal law but is a contractual agreement among the Member States. All 50 states, the District of Columbia and the U.S. Virgin Islands are members of the ICPC. However, it is open to joinder by all U.S. territories and possessions as is, with Congressional consent, Canada and any/all of its provinces.

Mississippi's ICPC laws begin at MISS. CODE ANN. § 43-18-1. These laws were implemented to ensure protection and services to children who are placed across state lines for foster care or as a preliminary step to an adoption.

II. LEGAL BASIS for AUTHORITY

ICPC is a "uniform law" enacted by all 50 states, the District of Columbia and the U.S. Virgin Islands, to ensure protection and services to children who are placed across state lines and is open to joinder by all U.S. territories/possessions and, with consent of Congress, Canada and any/all its provinces.

The Compact is designed to give each child requiring placement across state lines the maximum opportunity for appropriate and desirable care, to insure that both sending and receiving authorities are able to make informal decisions regarding the suitability of a proposed placement, and to establish and maintain jurisdictional responsibility.

A. Mississippi's ICPC

Mississippi joined the Compact as a Member State in 1976 via State statute MISS. CODE ANN. § 43-18-1 establishes that MDHS/DFCS has statutory responsibility to ensure that all private and

public child placing agencies, licensed or approved to operate in the State of Mississippi, comply with Compact procedures in the movement of children into or out of Mississippi. Furthermore, approval for the importation of children for placement in a Mississippi home is the legal responsibilities of MDHS under the authority of the *Administration of Child Welfare Act (MISS. CODE ANN. 43-18- 3).*

B. Safe and Timely Inter-State Placement of Foster Children Act 2006

The primary purpose of Safe and Timely Interstate Placement of Children in Foster Care Act of 2006 (P.L. 109-239) is to improve protections for children and to hold States accountable for safe and timely placements of children across State lines. The Act mandates states to complete an interstate home study within 60 days after a home study request is received. If failure to complete the home study within this period is beyond a state's control (e.g., background checks), then the law allows an additional 15 days; total of 75 days for completion. Incentive payments to states for timely home studies are provided if the State completes the interstate home study in 30 days or less.

C. Multi Ethnic Placement Act (MEPA)

The *Improving America's Schools Act* (P.L. 103-382) contains the *Multi-Ethnic Placement Act of 1994* (MEPA). An amendment to this Act is part of the *Small Business Job Protection Act of 1996* (P.L. 104-188) and is known as the *Interethnic Adoption Provisions Act of 1996* (IEP). MEPA-IEP prohibits agencies receiving Title IV-E foster care funds from

> *deny[ing] any person the opportunity to be an adoptive or foster parent … or delay[ing] or deny[ing] the placement of a child … solely on the basis of race, color or national origin of the adoptive or foster parent or the child …*
> (PL 103-382, § 553 a.1.A-B)

These factors must be applied on an individualized basis, not by general rule "in the best interest of the child."

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

D. Indian Child Welfare Act (ICWA) PL 95-608

To ensure that the heritage of Indian children is recognized, protected, and monitored in and out of state, the following information concerning a child's Native American Heritage should be included with the ICPC request:

1. Is parent or child of Native American heritage?
2. Is parent eligible for tribal membership?
3. Is parent registered with a Native American tribe?
4. Is child eligible for tribal membership?
5. Has child been registered with a Native American tribe?

Multi Ethnic Placement Act (MEPA) and Title VI do not impact the placement preferences for an American Indian child who is a member of, or is eligible for membership in a federally recognized tribe. MEPA and Title VI apply fully to American Indian children who are not covered under ICWA.

III. DEFINITIONS

Age of Majority - the chronological time when a child legally ceases to be considered a minor and assumes legal control over his/her person, actions and decisions, thereby terminating the legal authority, control and responsibility of his/her parents, custodian or guardian. The term generally applies to individuals from age 18 to 21.

Approved Placement – *See* Regulation 3 Definitions (7)

Assessment - an evaluation of a prospective placement by a public child placing agency in the Receiving State to determine if the placement meets the individualized needs of the child, including but not limited to the child's safety and stability, health and well-being, and mental, emotional, and physical development. An assessment is applicable only to a placement by a public child placing agency.

CFSA – a generic acronym used, for purposes of this policy, to identify every state's child and family services agency.

Compact Administrator - the Director of a state CFSA.

Deputy Compact Administrator – the Program Manager of a state ICPC office or his/her immediate supervisor.

Child – *See* Regulation 3 Definitions (13)

Compact – an abbreviated name for the ICPC.

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Contracted Child Placing Agency - any private corporation, agency, foundation, institution, or charitable organization, or any private person or attorney that facilitates, causes, or is involved in the placement of a child from one state to another and that is not an instrumentality of the state or acting under color of state law.

Emancipation – *See* Regulation 3 Definitions (22).

Foster Care – *See* Regulation 3 Definitions (26).

Home State - the state in which a child lived with a parent or a person acting as a parent for at least six consecutive months immediately preceding the time of filing of a petition or comparable pleading for support and, if a child is less than six months old, the state in which the child lived from birth with a parent or a person acting as a parent.

A period of temporary absence is counted as part of the six-month or other period. For purposes of the ICPC if a child is under the jurisdiction of a Mississippi Court or under the control and custody of a Mississippi Agency the child's home state is Mississippi.

Home Study – *See* Regulation 3 Definitions (30).

ICPC – *See* Regulation 3 Definitions (31).

Interstate Compact Specialist - an employee of CFSA ICPC office who is responsible for processing ICPC referrals under the supervision of the Deputy Compact Administrator.

Jurisdiction – *See* Regulation 3 Definitions (36).

Kinship Care – the care given to a child when s/he is placed with an individual who is at least 21 years of age and either: a relative of the foster child by blood, marriage, or adoption; an individual, identified by a relative of the foster child by blood, marriage, or adoption, in a sworn affidavit, to have close personal or emotional ties with the foster child or child's family which pre-dated the child's placement with the individual.

Legal Guardianship – *See* Regulation 3 Definitions (38).

Legal Risk Placement – *See* Regulation 3 Definitions (39).

MDHS/ICPC Unit/Administrator/Specialist – Mississippi's ICPC Unit is housed at State Office. All ICPC requests (incoming and outgoing) must come through the MDHSICPC Unit. There are no county or regional ICPC units in any Member State.

Member State – a state that has enacted the ICPC. (*See also*, "Party State" below)

Non-Custodial Parent – *See* Regulation 3 Definitions (42).

Party State – also known as "Member State" or "Receiving State" or "Sending State".

Permanency - a process that includes involvement of the youth as a participant or leader in finding a permanent connection with at least one (1) committed adult who provides:

- a safe, stable, and secure parenting relationship,
- love, unconditional commitment,
- lifelong support in the context of reunification,
- a legal adoption or guardianship, where possible, and
- the opportunity to maintain contacts with important persons including siblings.

Physical Custody - physical possession of a child by any person. It is considered to be the date a child entered into foster care.

Placement – *See* Regulation 3 Definitions (48).

Priority Request - a court order to expedite the placement of a child in another state that meets the legal requirements of ICPC Regulation VII for a priority placement.

Progress Reports - reports completed by the child's Sending State's worker, usually on a quarterly basis, once a child has been placed in a Receiving State pursuant to this Compact.

Provisional Placement – *See* Regulation 3 Definitions (53).

Receiving Agency - the agency in the state in which the child is to be placed.

Receiving State – *See* Regulation 3 Definitions (55).

Relative – *See* Regulation 3 Definitions (56).

Residential Facility – *See* Regulation 3 Definitions (60).

Resource Provider – a person (individual or organization) who is responsible for a child/youth (age birth to 21 years) who is in placement through ICPC, such as:

- a caretaker,
- employee or volunteer, whether compensated or non-compensated,
- in an out-of-home care setting who is responsible for the child's/youth's welfare;
- a person who legally or voluntarily assumes the care, custody, maintenance or support of the child/youth; and
- any other staff person in an out-of-home care setting regardless of whether or not the person is responsible for the care or supervision of the child/youth.

Sending Agency/Agent - the agency/agent from which the placement of a child is initiated. MISS. CODE ANN. § 43-18-1.II.b. specifically defines "the Sending Agency" as:

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a party state, officer or employee thereof; a subdivision of a party state, or officer or employee thereof; a court of a party state; a person, corporation, association, charitable agency or other entity which sends, brings, or causes to be sent or brought any child to another party state.

Sending State – *See* Regulation 3 Definitions (63).

State – *See* Regulation 3 Definitions (65).

Supervision – *See* Regulation 3 Definitions (68).

Supervision Reports - *See* Regulation 3 Definitions (69). (*See* Appendix A)

Title IV-E Eligibility Status – determination of whether a child in need of an out-of-state placement will be eligible for Medicaid. This information may be obtained from the Eligibility Unit in the Sending State.

Visit/Visitation – *See* Regulation 9 (1-7)

Form ICPC-100A - a form initiated by the Sending Agency to request approval to place a child in another state. It provides relevant information regarding the placement and serves as the actual contract between the Sending and Receiving States. A placement cannot be made until the Compact Administrators (or designee) from both states have approved and signed the ICPC-100A.

Form ICPC-100B – a form used to confirm the placement of a child in a Receiving State with an approved ICPC resource. It serves the following additional purposes: (a) as a report on the child's placement status, indicating the date of placement or a change in placement; and (b) is prepared for other status changes in cases, such as withdrawal of the proposed placement request; completion of child's treatment, custody of the child is transferred to a relative or parent, status change from foster care to adoption, child reaches the age of majority or is legally emancipated, Sending State terminates jurisdiction with/without concurrence of the Receiving State; child returns to Sending State, child moves to another state, or the approved resource is not used for the placement.

<u>Regulation No. 3</u>

Definitions and Placement Categories: Applicability and Exemptions

1. Intent of Regulation No. 3: To provide guidance in navigating the ICPC regulations and to assist its users in understanding which interstate placements are governed by, and which are exempt from, the ICPC.

(a) Nothing in this regulation shall be construed to alter the obligation of a receiving state to supervise and report on the placement; nor to alter the requirement that the placement resource(s) comply with the licensing and other applicable laws of the receiving state after placement of the child in the receiving state.

(b) Age restrictions: The ICPC Articles and Regulations do not specify an age restriction at time of placement, but rather use the broad definition of "child." The sending state law may

permit the extension of juvenile court jurisdiction and foster care maintenance payments to eligible youth up to age 21. Consistent with Article V, such youth should be served under ICPC if requested by the sending agency and with concurrence of the receiving state.

2. Placement categories requiring compliance with ICPC: Placement of a child requires compliance with the Compact if such placement is made under one of the following four types of placement categories:

(a) Four types of placement categories:

(1) Adoptions: Placement preliminary to an adoption (independent, private or public adoptions)

(2) Licensed or approved foster homes (placement with related or unrelated caregivers)

(3) Placements with parents and relatives when a parent or relative is not making the placement as defined in Article VIII (a) "Limitations"

(4) Group homes/residential placement of all children, including adjudicated delinquents in institutions in other states as defined in Article VI and Regulation No. 4.

(b) Court involvement and court jurisdiction legal status**:** The above placement categories may involve placement by persons and/or agencies that at the time of placement may not have any court involvement (i.e., private/independent adoptions and residential placements). Where there is court jurisdiction with an open court case for dependency, abandonment, abuse and/or neglect, the case is considered a public court jurisdiction case, which requires compliance with ICPC Article III (*see* Regulations No. 1, No. 2, No. 7 and No. 11) note exemption for selected "parent" cases as described below in Section 3, "cases that are exempt from ICPC regulations. In most public court jurisdiction cases the court has taken guardianship and legal custody away from the "offending" caregiver and has given it to a third party at the time placement of the child is made with an alternative caregiver. However, in select cases identified below, the sending court may not have taken guardianship or legal custody away from the parent/guardian, when the ICPC-100A -2- ICPC .requesting permission to place is sent to the receiving state. Those cases are identified on the ICPC-100A with the legal status of "court jurisdiction only" as explained below.

(c) Court jurisdiction only: The sending court has an open abuse, neglect or dependency case that establishes court jurisdiction with the authority to supervise, remove and/or place the child. Although the child is not in the guardianship/custody of an agency or the court at the time of completing ICPC-100A, the agency or the court may choose to exert legal authority to supervise and or remove and place the child and therefore is the sending agency. As the sending agency/court it would have specified legal responsibilities per ICPC Article V, including the possible removal of the child if placement in the receiving state disrupts or the

receiving state requests removal of the child. There are several possible situations where "court jurisdiction only" might be checked as the "legal status" on the ICPC-100A:

(1) Residential placement (Regulation No. 4): The court has jurisdiction, but in some situations, such as with some probation (delinquent) cases, guardianship remains with the parent/relative, but the court/sending agency is seeking approval to place in a receiving state residential treatment program, and has authority to order placement and removal.

(2) Contingency/concurrent request in cases where removal may become necessary (Regulations No. 2 or No. 7): The child may be in the custody of the offending parent or relative while the public agency tries to bring the family into compliance with court orders and or agency service (case) plan. (Some states call this an order of "protective supervision" or "show cause.") The court may have requested an ICPC home study on a possible alternative caregiver in a receiving state. It is understood at time of placement the court would have guardianship/legal custody and Article V would be binding.

(3) Parent/relative relocated to receiving state (Regulation No. 1): If the sending court selects to invoke ICPC Article V and to retain court jurisdiction even though the family/relative has legal guardianship/custody and has moved to the receiving state, then the sending court may request a home study on the parent/relative who has moved with the child to the receiving state. By invoking ICPC the sending court is bound under Article V. If the receiving state determines the placement to be contrary to the interests of the child, the sending court must order removal of the child and their return to the sending state or utilize an alternative approved placement resource in the receiving state. The ICPC-100A must be signed by the sending judge or authorized agent of the public agency on behalf of the sending court in keeping with ICPC Article V.

3. Placements made without ICPC protection:

(a) A placement with a parent from whom the child was not removed: When the court places the child with a parent from whom the child was not removed, and the court has no evidence that the parent is unfit, does not seek any evidence from the receiving state that the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent. Receiving state shall have no responsibility for supervision or monitoring for the court having made the placement.

(b) Sending court makes parent placement with courtesy check: When a sending court/agency seeks an independent (not ICPC related) courtesy check for placement with a parent from whom the child was not removed, the responsibility for credentials and quality of the "courtesy check" rests directly with the sending court/agency and the person or party in the receiving state who agree to conduct the "courtesy" check without invoking the protection of the ICPC home study process. This would not prohibit a sending state from requesting an ICPC.

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(c) Placements made by private individuals with legal rights to place: Pursuant to Article VIII (a), this Compact does not apply to the sending or bringing of a child into a receiving state by the child's parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or the child's non-agency guardian and leaving the child with any such parent, relative or non-agency guardian in the receiving state, provided that such person who brings, sends, or causes a child to be sent or brought to a receiving state is a person whose full legal right to plan for the child: (1) has been established by law at a time prior to initiation of the placement arrangement, and (2) has not been voluntarily terminated, or diminished or severed by the action or order of any court.

(d) Placements handled in divorce, paternity or probate courts: The compact does not apply in court cases of paternity, divorce, custody, and probate pursuant to which or in situations where children are being placed with parents or relatives or non-relatives.

(e) Placement of children pursuant to any other Compact: Pursuant to Article VIII (b), the Compact does not apply to any placement, sending or bringing of a child into a receiving state pursuant to any other interstate Compact to which both the state from which the child is sent or brought and the receiving state are party, or to any other agreement between said states which has the force of law.

4. **Definitions**: The purpose of this section is to provide clarification of commonly used terms in ICPC. Some of these words and definitions can also be found in the Interstate Compact on the Placement of Children, ICPC Regulations, Interstate Compact on Juveniles, and federal statutes and regulations.

(Note: source of definition is identified right after the word prior to the actual definition.)
(1) **Adoption**: the method provided by state law that establishes the legal relationship of parent and child between persons who are not so related by birth or some other legal determination, with the same mutual rights and obligations that exist between children and their birth parents. This relationship can only be termed adoption after the legal process is complete (*see* categories or types of ICPC adoptions below).

(2) **Adoption categories**:

(a) ***Independent adoption***: adoptions arranged by a birth parent, attorney, other intermediary, adoption facilitator or other person or entity as defined by state law.

(b) ***Private agency adoption***: an adoption arranged by a licensed agency whether domestic or international that has been given legal custody or responsibility for the child including the right to place the child for adoption.

(c) ***Public adoption***: Adoptions for public court jurisdiction cases.

(3) **Adoption home study**: (definition listed under "home studies")

(4) **Adjudicated delinquent**: a person found to have committed an offense that, if committed by an adult, would be a criminal offense.

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(5) **Adjudicated status offender**: a person found to have committed an offense that would not be a criminal offense if committed by an adult.

(6) **Age of majority**: the legally defined age at which a person is considered an adult with all the attendant rights and responsibilities of adulthood. The age of majority is defined by state laws, which vary by state and is used in Article V, "…reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state" (*see* definition below of "child" as it appears in Article II).

(7) **Approved placement**: the receiving state Compact Administrator has determined that "the proposed placement does not appear to be contrary to the interests of the child."

(8) **Boarding home**: as used in Article II (d) of the ICPC, means the home of a relative or unrelated individual whether or not the placement recipient receives compensation for care or maintenance of the child, foster care payments, or any other payments or reimbursements on account of the child's being in the home of the placement recipient (has same meaning as family free).

(9) **Case history**: an organized record concerning an individual, their family and environment that includes social, medical, psychological and educational history and any other additional information that may be useful in determining appropriate placement.

(10) **Case plan**: (*see* "service plan" definition)

(11) **Central Compact office**: the office that receives ICPC placement referrals from sending states and sends ICPC placement referrals to receiving states. In states that have one central Compact office that services the entire state, the term "central Compact office" has the same meaning as "central state Compact office" as described in Regulation No. 5 of the ICPC. In states in which ICPC placement referrals are sent directly to receiving states and received directly from sending states by more than one county or other regional area within the state, the "central Compact office" is the office within each separate county or other region that sends and receives ICPC placement referrals.

(12) **Certification**: to attest, declare or swear to before a judge or notary public.

(13) **Child**: a person, who by reason of minority, is legally subject to parental guardianship or similar control.

(14) **Child welfare caseworker**: a person assigned to manage the cases of dependency children who are in the custody of a public child welfare agency and may include private contract providers of the responsible state agency.

(15) **Concurrence to discharge**: when the receiving ICPC office gives the sending agency written permission to terminate supervision and relinquish jurisdiction of its case pursuant to Article V leaving the custody, supervision and care of the child with the placement resource.

(16) **Concurrence**: when the receiving and sending Compact Administrator agree to a specific action pursuant to ICPC, i.e., decision as to providers.

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(17) **Conditions for placement**: as established by Article III apply to any placement as defined in Article II(d) and regulations adopted by action of the Association of Administrators of the Interstate Compact on the Placement of Children.

(18) **Courtesy**: consent or agreement between states to provide a service that is not required by ICPC.

(19) **Courtesy check**: a process that does not involve the ICPC, used by a sending court to check the home of a parent from whom the child was not removed.

(20) **Court jurisdiction only cases**: the sending court has an open abuse, neglect or dependency case that establishes court jurisdiction with the authority to supervise and/or remove and place the child for whom the court has not taken guardianship or legal custody.

(21) **Custody**: (*see* physical custody, *see* legal custody)

(22) **Emancipation**: the point at which a minor becomes self-supporting, assumes adult responsibility for his or her welfare, and is no longer under the care of his or her parents or child placing agency, by operation of law or court order.

(23) **Emergency placement**: a temporary placement of 30 days or less in duration.

(24) **Family free**: as used in Article II (d) of the ICPC means the home of a relative or unrelated individual whether or not the placement recipient receives compensation for care or maintenance of the child, foster care payments, or any other payments or reimbursements on account of the child's being in the home of the placement recipient (has same meaning as boarding home).

(25) **Family unit**: a group of individuals living in one household.

(26) **Foster care**: If 24-hour-a-day care is provided by the child's parent(s) by reason of a court-ordered placement (and not by virtue of the parent-child relationship), the care is foster care. In addition to the federal definition (45 C.F.R. § 1355.20 "Definitions") this includes 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments that are made.

(27) **Foster home study**: (*see* definition under home studies)

(28) **Foster parent**: a person, including a relative or non-relative, licensed to provide a home for orphaned, abused, neglected, delinquent or disabled children, usually with the approval of the government or a social service agency.

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(29) **Guardian** [*see* ICPC Regulation No. 10 section 1(a)]: a public or private agency, organization or institution that holds a valid and effective permanent appointment from a court of competent jurisdiction to have custody and control of a child, to plan for the child, and to do all other things for or on behalf of a child for which a parent would have authority and responsibility for doing so by virtue of an unrestricted parent-child relationship. An appointment is permanent for the purposes of this paragraph if the appointment would allow the guardianship to endure until the child's age of majority without any court review, subsequent to the appointment, of the care that the guardian provides or the status of other permanency planning that the guardian has a professional obligation to carry out.

(30) **Home Study** (*see* Safe and Timely Interstate Placement of Foster Children Act of 2006): an evaluation of a home environment conducted in accordance with applicable requirements of the state in which the home is located, to determine whether a proposed placement of a child would meet the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional and physical development.

(a) ***Adoption home study***: a home study conducted for the purpose of placing a child for adoption with a placement resource. The adoption home study is the assessment and evaluation of a prospective adoptive parent(s).

(b) ***Foster home study***: a home study conducted for the purpose of placing a child with a placement resource who is required to be licensed or approved in accordance with federal and/or receiving state law.

(c) ***Interstate home study*** (*see* Federal Safe and Timely Act): a home study conducted by a state at the request of another state, to facilitate an adoptive or foster care placement in the state of a child in foster care under the responsibility of the state [*see* foster care definition(s)].

(d) ***Parent home study***: applies to the home study conducted by the receiving state to determine whether a parent placement meets the standards as set forth by the requirements of the receiving state.

(e) ***Relative home study***: a home study conducted for the purpose of placing a child with a relative. Such a home study may or may not require the same level of screening as required for a foster home study or an adoptive home study depending upon the applicable law and/or requirements of the receiving state.

(f) ***Non-relative home study***: a home study conducted for the purpose of placing a child with a non-relative of the child. Such a home study may or may not require the same level of screening as required for a foster home study or an adoptive home study depending upon the applicable law and/or requirements of the receiving state.

(g) ***Safe and Timely Interstate Home Study Report*** (*see* Federal Safe and Timely Act): an interstate home study report completed by a state if the state provides to the state that requested the study, within 60 days after receipt of the request, a report on the results of the

study. The preceding sentence shall not be construed to require the state to have completed, within the 60-day period, the parts of the home study involving the education and training of the prospective foster or adoptive parents.

(31) **ICPC**: a Compact between states and parties pursuant to law, to ensure protection and services to children who are placed across state lines.

(32) **Independent adoption entity**: any individual authorized in the sending state to place children for adoption other than a state, county or licensed private agency. This could include courts, private attorneys and birth parents.

(33) **Intrastate**: existing or occurring within a state

(34) **Interstate**: involving, connecting or existing between two or more states.

(35) **Interstate home study**: (*see* definition under Home studies).

(36) **Jurisdiction**: the established authority of a court to determine all matters in relation to the custody, supervision, care and disposition of a child.

(37) **Legal custody**: court-ordered or statutory right and responsibility to care for a child either temporarily or permanently.

(38) **Legal guardianship** (*see* 45 C.F.R. § 1355.20 "Definitions"): a judicially created relationship between child and caretaker that is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision-making. The term legal guardian means the caretaker in such a relationship.

(39) **Legal risk placement** (legal risk adoption): a placement made preliminarily to an adoption where the prospective adoptive parents acknowledge in writing that a child can be ordered returned to the sending state or the birth mother's state of residence, if different from the sending state, and a final decree of adoption shall not be entered in any jurisdiction until all required consents or termination of parental rights are obtained or are dispensed with in accordance with applicable law.

(40) **Member state**: a state that has enacted this Compact (*see* also definition of state).

(41) **Non-agency guardian** [*see* ICPC Regulation No. 10 section 1(b)]: an individual holding a currently valid appointment from a court of competent jurisdiction to have all of the authority and responsibility of a guardian as defined in ICPC Regulation No. 10 section 1(a).

(42) **Non-custodial parent**: a person who, at the time of the commencement of court proceedings in the sending state, does not have sole legal custody of the child or physical custody of a child.

(43) **Non-offending parent**: the parent who is not the subject of allegations or findings of child abuse or neglect.

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(44) **Non-relative**: a person not connected to the child by blood, marriage or adoption, or otherwise defined by the sending or receiving state.

(45) **Parent**: a biological, adoptive parent or legal guardian as determined by applicable state law and is responsible for the care, custody and control of a child or upon whom there is legal duty for such care.

(46) **Parent home study**: (*see* definition under home studies)

(47) **Physical custody**: Person or entity with whom the child is placed on a day-to-day basis.

(48) **Placement** (*see* ICPC Article II (d) "Definitions"): the arrangement for the care of a child in a family free, in a boarding home or in a child-caring agency or institution, but does not include any institution caring for the mentally ill, mentally defective or epileptic, or any institution primarily educational in character, and any hospital or other medical facility.

(49) **Placement resource**: the person(s) or facility with whom the child has been or may be placed by a parent or legal custodian; or, placed by the court of jurisdiction in the sending state; or, for whom placement is sought in the receiving state.

(50) **Progress report**: (*see* "supervision report" definition)

(51) **Provisional approval**: an initial decision by the receiving state that the placement is approved subject to receipt of required additional information before final approval is granted.

(52) **Provisional denial**: the receiving state cannot approve a provisional placement pending a more comprehensive home study or assessment process due to issues that need to be resolved.

(53) **Provisional placement**: a determination made in the receiving state that the proposed placement is safe and suitable and, to the extent allowable, the receiving state has temporarily waived its standards or requirements otherwise applicable to prospective foster or adoptive parents so as to not delay the placement. Completion of the receiving state requirements regarding training for prospective foster or adoptive parents shall not delay an otherwise safe and suitable placement.

(54) **Public child-placing agency**: any government child welfare agency or child protection agency or a private entity under contract with such an agency, regardless of whether they act on behalf of a state, county, municipality or other governmental unit and which facilitates, causes or is involved in the placement of a child from one state to another.

(55) **Receiving state** (*see* ICPC Article II (c) "Definitions"): the state to which a child is sent, brought or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

(56) **Relative**: a birth or adoptive brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, first cousin, niece, nephew, as well as relatives of half-blood or marriage and those denoted by

the prefixes of grand and great, including grandparent or great grandparent, or as defined in state statute for the purpose of foster and or adoptive placements.

(57) **Non-relative**: a person not connected to the child by blood, marriage or adoption.

(58) **Relative home study**: (*see* definition under home studies)

(59) **Relocation**: the movement of a child or family from one state to another.

(60) **Residential facility or residential treatment center or group home**: a facility providing a level of 24-hour, supervised care that is beyond what is needed for assessment or treatment of an acute condition. For purposes of the Compact, residential facilities do not include institutions primarily educational in character, hospitals or other medical facilities (as used in Regulation 4, they are defined by the receiving state).

(61) **Return**: the bringing or sending back of a child to the state from which they came.

(62) **Sending agency**: (*see* ICPC Article II (b) "Definitions"): a party state, officer or employee thereof; a subdivision of a party state, or officer or employee thereof; a court of a party state; a person, corporation, association, charitable agency or other entity having legal authority over a child who sends, brings, or causes to be sent or brought any child to another party state.

(63) **Sending state**: the state where the sending agency is located, or the state in which the court holds exclusive jurisdiction over a child, which causes, permits or enables the child to be sent to another state.

(64) **Service (*case*) plan**: a comprehensive individualized program of action for a child and his/her family establishing specific goals and objectives and deadlines for meeting these goals and objectives.

(65) **State**: a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Northern Marianas Islands, and any other territory of the United States.

(66) **State court**: a judicial body of a state that is vested by law with responsibility for adjudicating cases involving abuse, neglect, deprivation, delinquency or status offenses of individuals who have not attained the age of eighteen (18) or as otherwise defined by state law.

(67) **Stepparent**: a man or woman married to a parent of a child at the time of the intended placement or as otherwise defined by the sending and/or receiving state laws, rules and/or regulations.

(68) **Supervision**: monitoring of the child and the child's living situation by the receiving state after a child has been placed in a receiving state pursuant to a provisional approval or an approved placement under Article III(d) of the ICPC or pursuant to a child's relocation to a receiving state in accordance with Regulation No. 1 of the ICPC.

(69) **Supervision report**: provided by the supervising case worker in the receiving state; a written assessment of a child's current placement, school performance and health and medical

status, a description of any unmet needs and a recommendation regarding continuation of the placement.

(70) **Timely Interstate Home Study**: (*see* definition under home studies)

(71) **Visit**: as defined in Regulation No. 9.

IV. SCOPE OF ICPC

A. What the Compact Does

The Compact law establishes orderly and uniform procedures for the interstate placement of children and assigns responsibility for those involved in placing the child. The ICPC contains 10 Articles and every state's ICPC contains basically the same Articles. Each Article defines a specific function of the law including identifying the types of placements and placers subject to the law; the procedures to be followed in making an interstate placement; and the specific protections, services, and requirements brought by enactment of the law.

B. Types of Placements Covered

Articles II (d), III and VI of the ICPC identify the four types of placements of children which are subject to compliance:

1. Placement preliminary to an adoption.
2. Placements into foster care, including foster homes, group homes, residential treatment facilities, and institutions.
3. Placements with parents and relatives when a parent or relative is not making the placement.
4. Placements of adjudicated delinquents in institutions in other states.

Not all placements of children into other states are subject to compliance with the Compact. The Compact does not include placements made in medical and mental health facilities or in boarding schools, or "any institution primarily educational in character." (MISS. CODE ANN. § 43-18-1.II.d.)

C. Who Must Use the Compact?

Article II (b) of the ICPC defines who must use the Compact when they "send, bring, or cause a child to be brought or sent" to another member state. These agencies, courts, persons, and other entities called " the Sending Agent" are:

1. A state party to the Compact, or any officer or employee of a party state.
2. A subdivision, such as a county or a city, or any officer or employee, of the subdivision.
3. A court of a party state.
4. Any person (including parents and relatives in some instances), corporation, association, or charitable agency of a party state.

D. Limitations

Not all Sending Agents who place children out of state are required to seek compliance under the ICPC. Article VIII (a) of the ICPC excludes from coverage, placements made from certain individuals to certain enumerated individuals. Specifically:

1. The sending or bringing of a child by a parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or the child's non-agency guardian who has responsibility for the child and leaving the child with a parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt or the child's non-agency guardian in the receiving state.
2. Exclusion from ICPC occurs <u>only</u> when both the Sending Agent and the placement recipient belong to the enumerated classes of individuals. EX: a placement of a child made by a parent whose rights to plan for the child have not been diminished by a court action or through a custodial action and the placement is with an "adult uncle or aunt" of the child in another State is exempt from compliance with the ICPC.
3. Placements of children across state lines which result from the exclusive jurisdiction of a divorce court are not subject to compliance with the ICPC. Specific examples include requests for a study or supervision of a parent in another state or a change in custody between divorced parents, whether agreed upon or adversarial or a change in visitation schedule or supervision during a visitation schedule which is based on a divorce court action.

Child Protective Services investigations require contacts in other states which include: reports on the circumstances of a child or family and the location of a child or an adult. This includes enrollment in school, supervision, a well-being check and other services that are not subject to ICPC procedures. Contact the Child Protective Services Hotline in each state for further information and/or assistance.

E. Safeguards Offered by the Compact

Articles I and V of the ICPC outlines the safeguards provided for both the child and the parties involved in the child's placement:

1. Provides the Sending Agency the opportunity to obtain home studies and an evaluation of the proposed placement. (*See* Appendix B)
2. Allows the prospective Receiving State to ensure that the placement is not "contrary to the interests of the child" and that its applicable laws and policies have been followed before it approves the placement.
3. Guarantees the child legal and financial protection by addressing these responsibilities with the Sending Agency or individual.
4. Ensures that the Sending Agency does not lose jurisdiction over the child once the child moves to the Receiving State.
5. Provides the Sending Agency the opportunity to obtain supervision and regular reports on the child's adjustment and progress in the placement.

These safeguards are routinely available when the child, the person, or responsible agency and the placement are all in a single state or jurisdiction. When the placement involves two states or jurisdictions, however, these safeguards are available through the Compact.

F. Procedures for Making Compact Placement

Articles I, III, and V serve as the basis for the procedures for ICPC compliance including the referral and home study processes, the basis for and the authority to issue a decision regarding the placement, the case-management and closure processes, including permanency or disruption for each child. It details specific procedural application and best practice for compliance.

G. Penalties for Illegal ICPC Placements

Article IV of the ICPC specifies penalties which may be taken if violations are made under Article III and V of the ICPC. Interstate placements made in violation of the law constitute a violation of the "laws respecting the placement of children of both the state in which the Sending Agency is located or, from which it sends or brings the child and of the receiving state" (Article IV).

Violators are subject to punishment or penalties in both jurisdictions in accordance with their laws. In addition to liability for any such punishment or penalty, any violation shall constitute full and sufficient grounds for suspension or revocation of any license, permit or other legal authorization held by the Sending Agent which empowers or allows a child to be placed.

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V. ARTICLES OF THE ICPC

A. Article I. Purpose and Policy

It is the purpose and policy of the party state to cooperate with each other in the interstate placement of children to the end that:

a) Each child requiring placement shall receive the maximum opportunity to be placed in a suitable environment and with persons or institutions having appropriate qualifications and facilities to provide a necessary and desirable degree and type of care.

b) The appropriate authorities in a state where a child is to be placed may have full opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child.

c) The proper authorities of the state from which the placement is made may obtain the most complete information in order to evaluate a projected placement.

d) Appropriate jurisdictional arrangements for the care of children will be promoted.

B. Article II. Definitions

As used in this compact:

a) "Child" means a person, who by reason of minority, is legally subject to parental guardianship or similar control.

b) "Sending Agency" means a party state, officer or employee thereof; a subdivision of a party state, or officer or employee thereof; a court of a party state; a person, corporation, association, charitable agency or other entity which sends, brings, or causes to be sent or brought any child to another party state.

c) "Receiving state" means the state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

d) "Placement" means the arrangement for the care of a child in a family free or boarding home or in a child-caring agency or institution but does not include any institution caring for the mentally ill, or any institution primarily educational in character, and any hospital or other medical facility.

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C. Article III. Conditions for Placement

a) No Sending Agency shall send, bring, or cause to be sent or brought into any other party state any child for placement in foster care or as a preliminary to a possible adoption unless the Sending Agency shall comply with each and every requirement set forth in this article and with the applicable laws of the receiving state governing the placement of children therein.

b) Prior to sending, bringing or causing any child to be sent or brought into a receiving state for placement in foster care or as a preliminary to a possible adoption, the Sending Agency shall furnish the appropriate public authorities in the receiving state written notice of the intention to send, bring, or place the child in the receiving state. The notice shall contain:

   1) The name, date and place of birth of the child.
   2) The identity and address or addresses of the parents or legal guardian.
   3) The name and address of the person, agency or institution to or with which the Sending Agency proposes to send, bring, or place the child.
   4) A full statement of the reasons for such proposed action and evidence of the authority pursuant to which the placement is proposed to be made.

c) Any public officer or agency in a receiving state which is in receipt of a notice pursuant to paragraph (b) of this article may request of the Sending Agency, or any other appropriate officer or agency of or in the Sending Agency's State, and shall be entitled to receive there from, such supporting or additional information as it may deem necessary under the circumstances to carry out the purpose and policy of this compact.

d) The child shall not be sent, brought, or caused to be sent or brought into the receiving state until the appropriate public authorities in the receiving state shall notify the Sending Agency, in writing, that the proposed placement does not appear to be contrary to the interests of the child.

D. Article IV. Penalty for Illegal Placement

The sending, bringing, or causing to be sent or brought into any receiving state of a child in violation of the terms of this compact, shall constitute a violation of the laws respecting the placement of children of both the state in which the Sending Agency is located or from which it sends or brings the child and of the receiving state. Such violation may be punished or subjected to penalty in either jurisdiction in accordance with its laws. In addition to liability for any such punishment or penalty, any such violation shall constitute full and sufficient grounds for the

suspension or revocation of any license, permit, or other legal authorization held by the Sending Agency which empowers or allows it to place, or care, for children.

E. Article V. Retention of Jurisdiction

a) The Sending Agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, and disposition of the child which it would have had if the child had remained in the Sending Agency's state, until the child is adopted, reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state. Such jurisdiction shall also include the power to effect or cause the return of the child or its transfer to another location and custody pursuant to law. The Sending Agency shall continue to have financial responsibility for support and maintenance of the child during the period of the placement. Nothing contained herein shall defeat a claim of jurisdiction by a receiving state sufficient to deal with an act of delinquency or crime committed therein.

b) When the Sending Agency is a public agency, it may enter into an agreement with an authorized public or private agency in the receiving state providing for the performance of one or more services in respect of such case by the latter as agent for the Sending Agency.

c) Nothing in this compact shall be construed to prevent a private charitable agency authorized to place children in the receiving state from performing services or acting as agents in that state for a private charitable agency of the sending state; nor to prevent the agency in the receiving state from discharging financial responsibility for the support and maintenance of a child who has been placed on behalf of the Sending Agency without relieving the responsibility set forth in paragraph (a) hereof.

F. Article VI. Institutional Care of Delinquent Children

A child adjudicated delinquent may be placed in an institution in another party jurisdiction pursuant to this compact but no such placement shall be made unless the child is given a court hearing on notice to the parent or guardian with opportunity to be heard prior to his being sent to such other party jurisdiction for institutional care and the court finds that:

a) Equivalent facilities for the child are not available in the Sending Agency's jurisdiction; and

b) Institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship.

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G. Article VII. Compact Administrator

The executive head of each jurisdiction party to this compact shall designate an officer who shall be general coordinator of activities under this compact in his jurisdiction and who, acting jointly with like officers of other party jurisdictions, shall have power to promulgate rules and regulations to carry out more effectively the terms and provisions of this compact.

H. Article VIII. Limitations

This compact shall not apply to:

a) The sending or bringing of a child into a receiving state by his parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or his guardian and leaving the child with any such relative or non-agency guardian in the receiving state.

b) Any placement, sending or bringing of a child into a receiving state pursuant to any other interstate compact to which both the state from which the child is sent or brought and the receiving state are party, or to any other agreement between said states which has the force of law.

I. Article IX. Enactment & Withdrawal

This compact shall be open to joinder by any state, territory or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and, with the consent of Congress, the Government of Canada or any province thereof. It shall become effective with respect to any such jurisdiction when such jurisdiction has enacted the same into law. Withdrawal from this compact shall be by the enactment of a statute repealing the same, but shall not take effect until written notice of the withdrawal has been given by the withdrawing state to the Governor of each other party jurisdiction. Withdrawal of a party state shall not affect the rights, duties and obligations under this compact of any Sending Agency therein with respect to a placement made prior to the effective date of withdrawal.

J. Article X. Construction & Severability

The provisions of this compact shall be liberally construed to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full

force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

VI. ICPC PROCEDURES

Prior to sending any child into a Receiving State for placement in foster care, an adoption, a child-caring agency or institution, the Sending Agency shall furnish the appropriate public authorities in the Receiving State notice of the intent to send or place a child.

If it is determined to be in the best interest of the child to be placed in another state, the county worker will discuss the request for interstate placement with the Area Social Work Supervisor (ASWS). If the plan appears suitable, and the ASWS approves, the worker will proceed as follows:

A. Sending County's Responsibility

1. Procedure A: Home Study Requests to Place a Child in a Parent or Foster Placement in Another State

(Sending State Priority Home Study Request, *See* Appendix C)
(Receiving State Priority Home Study, *See* Appendix D)

1. To initiate an ICPC request for a Home Study and Placement approval, the referring worker shall submit an original and (2) copies of the ICPC referral packet to the ICPC office for review and processing. The ICPC referral packet shall contain the following documents: (*See* Appendix E)

    a. ICPC Referral Checklist (*Go to* http://dfcsmacweb/DFCSWEB/).

    b. Cover letter: Include type of request, whom request is for and reason for placement.

    c. Social Summary: It should include background information and current assessment.

    d. Current Custody Order and other pertinent court documents (signed and dated).

    e. Financial/Medical Plan and appropriate supporting documentations. (*Go to* http://dfcsmacweb/DFCSWEB/)

    f. Individual Service Plan (ISP)

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g. Individual Educational Plan (IEP), psychological and/or psychiatric assessment or any document that specifies the child's needs, if available, school records, Birth Certificates and Social Security Cards.

h. Indian Child Welfare Act (ICWA). Indicate heritage, eligibility, compliance in the memo of request.

i. Form ICPC-100A, fully completed on each child. (*Go to* http://dfcsmacweb/DFCSWEB/)

j. Reference Form. (*See* Appendix F)

k. Statement of Interest Form (*Go to* http://dfcsmacweb/DFCSWEB/)

2. To initiate an ICPC request for an out-of-state Adoptive Placement the following additional documents are needed along with the above listed items:

a. Documents that reflect that the child is legally "free" for adoption which must include one of the following for each parent.

b. Termination of Parental Rights (TPR)

c. Parental Relinquishment

d. Death Certificate, if either of the biological parents are deceased

e. Child Evaluation

f. Statement of Interest Form

3. To initiate an ICPC request for a **Private Adoptive Placement the referring worker shall submit** an original and (2) copies of the following documents:

a. Private Adoption Checklist (*See* appendix H)

b. ICPC 100A Form

c. TPR order or Relinquishment

d. Placement Agreement

e. A current copy of agency's license

f. Hospital Records: Medical Records, Discharge Summaries, etc.

g. Social History of Birth Parents

h. Birth Parents Counseling Summary

i. Current Adoptive Home Study (*See* Adoption Checklist)

j. Private Adoptions Only: Statement of Expenses paid to birth parent(s) by adoptive parent(s)

k. Other: Any other documentation to meet the requirements of another state

l. Prepaid Federal Express envelope

Send this information via Federal Express to:

Mississippi ICPC
Department of Human Services
Division of Family & Children's Services/ICPC
750 North State Street
Jackson, Mississippi 39202
601-359-4999

2. Procedure B: Request to Place a Child in a Residential Child Caring Facility (Congregate Care)

ICPC approval is required prior to placing a child in a residential facility in another state.

To initiate an ICPC request to place a child in a residential child caring facility, the referring worker shall submit original and (2) copies of the following documents to the Receiving State's ICPC office*:*

a. Social Summary: It should include background information and reason for placement, along with current assessment of the child and family.

b. Most recent court order reflecting the child's legal status.

c. A letter of acceptance from the facility.

d. Form ICPC -100A fully completed.

3. Procedure C: ICPC Jurisdiction Referral

1. The appropriate Court assigned court liaison or DFCS worker will prepare an ICPC Court Jurisdiction Referral. The ICPC Court Jurisdiction Referral will be mailed in triplicate to the ICPC office or a complete copy of the ICPC Court Jurisdiction Referral will be scanned and e-mailed to the designated ICPC Administrator.
2. The ICPC Court Jurisdiction Referral will be entered in the current child welfare information system by the appropriate DFCS worker upon receipt.

3. An ICPC Court Jurisdiction Referral on a non-custodial child is limited to following required documents which are part of the court file:
   a) An ICPC 100A form Interstate Compact Placement Request properly completed and signed by the Judge or designated judicial officer who is identified as the sending agent with jurisdiction over all matters related to the child's placement and custody.
   b) Cover Letter
   c) Current Social History to include at a minimum, the child's name, date of birth, and other demographic information as included in the Court file.
   d) Order of Reference Order and other pertinent court documents, including petitions, and order of adjudication of dependency/neglect or court order of protective supervision and if appropriate, court documents regarding delinquency or unruly adjudications.

Any supporting documents in the court file to substantiate the reason the child is before the court including medical, behavioral or other documents and the intent of further court action if not specified in other documents above.

4. Procedure D: Conversion of Intrastate Placement into Interstate Placement

Relocation of Family Units (*See* Appendix I, Regulation 1)

a) Intent

Situation: During the course of an in-state placement, circumstances require a Mississippi resource move to another state and per the family permanency plan (or equivalent); the DFCS custodial child who is placed with them is to remain in placement with them pending permanency.

1. With the filing of an ICPC Regulation #1 Referral as prescribed below, the child may move with the approved Mississippi resource prior to the issuance of a placement decision by the Receiving State ICPC office.
2. The Mississippi resource home will be required to meet the resource home approval and/or licensure in the Receiving State for the continued placement of the child, however, supervision/contact with the child and family is implemented by the Receiving State within thirty (30) days of receipt of the referral packet.

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b) ICPC # 1 Referral

The ICPC Reg. #1 Referral will include the following most current, required documentation:

1. ICPC Referral Checklist
2. An ICPC 100A. This form should contain the new address.
3. Cover Letter
4. Family Functional Assessment (or equivalent) or current social history (or equivalent) as appropriate
5. Family Permanency Plan
6. Custody order and other pertinent court documents (signed and dated) including previous petitions, and custodial orders.
7. ICPC Medical-Financial Plan and appropriate supporting documents.
8. Individual Education Plan, Social Security Card and Birth Certificates or equivalency
9. Approved or valid resource home study/re-assessments including all documents such as criminal history/ fingerprint results.
10. Form ICPC 100B, Interstate Compact Report on Child's Placement Status which specifies the date on, and the address to, which the child/resource family relocated. (*Go to* http://dfcsmacweb/DFCSWEB/)

c) Time Frame

A decision on provisional approval will be granted within five (5) business days of receipt of the ICPC - 100A and complete home study request packet. The decision will be provided, in writing, to the Sending State Compact Administrator by facsimile, mail, overnight mail or electronic transmission, if acceptable.

5. Procedure E: Regulation No. 2 (*See* Appendix I, Regulation 2)

Regulation 2 Covers:

- Children not yet placed through an approved home study
- Changing status of child already placed,
- Child already in receiving state without approval,
- Supervision terminated, jurisdiction retained,

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Specific evidence of pre-screening of prospective placement is required to be included in ICPC packet. This is to prevent sending requests for placements with resource providers who are not interested or clearly will not pass.

Case manager must include the following:

- a signed statement that the potential placement is interested in having the child placed and will cooperate
- name and correct physical and mailing address of placement
- number and type of bedrooms in the home
- sufficient financial resources or
- explanation for how children will be fed, clothed and cared for
- acknowledgement by prospective placement that a criminal records and child abuse history check will be completed.

Report of home study (not actual home study) must be sent within 60 days and can include final approval or denial – consistent with Safe and Timely Interstate Placement of Children Act.

- If not a complete home study, must state what education and training is still required and the estimated time frame.
- If approved the Sending State will have six months to make the placement

If the home study is denied the Sending State can request reconsideration within 90 days, with or without a new home study

Return of Child to Sending State

If child is in Receiving State without prior approval and Receiving State requests return, the Sending State must bring child back within 5 business days unless agreement has been reached between compact administrators on alternative placement.

If child in Receiving State was placed with approval and approval withdrawn, the child must return within 5 business days unless agreement is reached between compact administrators on alternative placement.

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6. Procedure F: ICPC Procedures for Priority Placement of Child Under

Regulation 7 (*See* Appendix I, Regulation 7)

Regulation 7 Covers

a) Unexpected dependency due to a sudden or recent incarceration, incapacitation or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental or physical condition of a parent or guardian, or

b) The child sought to be placed is four years of age or younger, including older siblings sought to be placed with the same proposed placement resource; or

c) The court finds that any child in the sibling group sought to be placed has a substantial relationship with the proposed placement resource. Substantial relationship means the proposed placement has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child; or

d) The child is currently in an emergency placement.

The placement must be with parent, stepparent, grandparent, adult aunt or uncle, adult brother or sister, or guardian. Regulation 7 does not apply:

- if child already placed in receiving state in violation of ICPC
- does not apply to foster care or adoption placements (unless placement already licensed

Court must enter order of compliance making finding that child meets Reg. 7 criteria with specific findings as needed. The Court can ask for **provisional placement** – same as if child placed in shelter in receiving state. The Provisional placement is not a final approval and can be withdrawn.

Courts can ask for jurisdiction to be relinquished upon approval of placement with a parent.

Before entering an ICPC order the case manager must provide to the court and court must find that a signed statement has provided the following:

- a signed statement that the potential placement is interested in having the child placed and will cooperate
- name and correct physical and mailing address of placement
- number and type of bedrooms in the home
- sufficient financial resources or
- explanation for how children will be fed, clothed and cared for
- acknowledgement by prospective placement that a criminal records and child abuse history check will be completed.
- If placement is with a parent, is there a request to relinquish jurisdiction.

Time Frames for entry of order and processing of request:

- 3 days from receipt of order the local county refers packet to the MS ICPC State office
- 2 days for MS ICPC State office to send packet out, if it is complete
- 2 days for Receiving State ICPC office to send to their local office
- 15 days for Receiving State local to complete home study and return to Receiving State ICPC office
- 3 days for Receiving State to make determination on placement when packet received from local office
- 20 days total in Receiving State to complete request and make a decision
- Judicial recourse possible in Receiving State if time frames not honored.

7. Procedure G: Interstate Compact Unit's Responsibility

The Interstate Compact Unit:

1. Reviews the request for the home study to determine that all relevant information has been furnished before submitting the request to the Receiving State's ICPC office for approval.
2. If the MDHS/ ICPC Specialist determines that the ICPC referral is incomplete the ICPC Specialist shall:

a. Call or send an e-mail to the referring worker to notify him or her of missing documents or information required to complete the ICPC referral within three (3) business days of receiving the referral.

b. If the MDHS/ ICPC Specialist receives no response within the time frame, a second call or e-mail may be made to the referring worker or, to his/her supervisor and the MDHS/ ICPC Specialist shall return the incomplete ICPC referral to the referring worker with a transmittal outlining the reason it is incomplete.

c. If the ICPC referral packet is complete, the MDHS/ ICPC Specialist shall sign the ICPC Placement Request and send the request to the Receiving State with two (2) copies of the transmittal letter and one (1) copy for the referring worker.

d. If the ICPC request is denied, the MDHS/ ICPC Specialist shall inform the referring worker of the denial via ICPC – 100A form (MDHS-SS-497A). When necessary, the worker shall make arrangements to ensure the return of the child to Mississippi.

e. When the completed home study is received, the Receiving State's Compact Administrator will review the study and indicates approval or disapproval of any proposed placement on the form ICPC – 100A (MDHS-SS-497A). The signed forms will be returned, with two copies of the home study, to Sending State's Compact Office.

8. Procedure H: Children Placed in Mississippi from another State

a) Receiving State Responsibilities

Article I (b) *"The appropriate authorities in a state where a child is to be placed may have full opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child."*

1. Mississippi Department of Human Services, Division of Family and Children's Services adheres to federal laws including MEPA and the Civil Rights Act of 1964, which prohibits policies, procedures that deny any person the opportunity to become a foster caregiver or an adoptive parent on the basis of race, color, or national origin of that person, or of the child involved; or which delay or deny any placement of a child in foster care or for adoption on the basis of race, color, or national origin of the foster caregiver(s), of the adoptive parent(s) or the child involved.

    a) If an ICPC request is received from a state that is non-MEPA compliant the sending state shall be notified that Mississippi ICPC is unable to consider non-MEPA compliant requests. If the sending state

still wishes the home to be considered Mississippi can only address RCNO if the child has had an individualized assessment that concludes that RCNO should be considered. Documentation regarding this request should be documented in a narrative in MACWIS under the Home Study.

2. State ICPC Office will review all referrals and resultant ICPC documents received from appropriate "sending agents" and determine completeness of all required documents as well as determine appropriateness of the authorizing signatures.
3. State ICPC Office will enter and/or manage a centralized ICPC database in the current child welfare information system as well as maintain a centralized paper file on each ICPC record.
4. If additional information is needed before a Referral or other documents can be processed to a receiving state, the State ICPC Office will notify the DFCS worker, court liaison, or appropriate party (sending agent) utilizing the ICPC transmittal and/or the current child welfare information system.
5. Additional information requested is to be mailed in triplicate to the State ICPC office or a copy scanned and e-mailed to the designated MS ICPC Administrator within ten (5) working days by the DFCS worker, court liaison, or appropriate party (sending agent). The Designated MS ICPC worker will be responsible to enter the information in the current child welfare information system.
6. If the requested information is not provided within 5 working days by the appropriate party, or a written notice documenting the reason the information or documents are not available and a proposed date as to when they may be available, the ICPC Office will return the referral packet to the DFCS worker, Court liaison or appropriate party. The Referral will be void; closed and documented as such in the current child welfare information system.
7. All ICPC Referrals must meet minimum requirements to be processed to the Receiving State. No limitations exist on the number of ICPC Referrals which may be submitted by the DFCS or court liaison or appropriate MS party (sending agent). No limitations exist pertaining to a timeframe within which an ICPC Referral may be submitted.
8. The State ICPC Office will process all complete ICPC Referrals to the Receiving State ICPC office in paper form by mail. The ICPC Administrator will scan and e-mail complete ICPC Referrals to a Receiving State with express permission of that State. Please note that some ICPC Party States are not equipped with personnel and equipment to accept ICPC Referrals or other

documents in any electronic medium or their policy limits use of electronic medium to emergency only. A copy of the ICPC transmittal will be mailed to the DFCS workers, court liaison, or appropriate party for their record; an electronic notation including the date of the transaction will be entered in the current child welfare information system by the ICPC Administrator.

9. Pending the issuance of a written decision by the receiving State ICPC office regarding placement of the child with that out-of-state resource, the DFCS worker or appropriate MS party with jurisdiction or custody of the child is not authorized to place the child across state lines under the ICPC. The DFCS worker or appropriate MS party responsible for planning for the child is responsible to maintain the child in an intra-state placement pending determination of appropriateness of the out-of-state resource per the ICPC.

Study:

Article I (b) *"The appropriate authorities in a state where a child is to be placed may have full opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child."*

1. The Receiving State ICPC will assign the ICPC Referral to the appropriate local agency in their State or the private licensed agency as designated on the purchase of service agreement or the designated private licensed child placing agency to conduct an assessment or study on the placement resource. In ICPC referrals to Residential Treatment Centers, the "assignment" involves verification of the RTC licensure.
2. Upon assignment, the Receiving State Administrator may request additional or supporting information as it may deem necessary to conduct a valid assessment or study of the proposed resource.
3. Requests for additional or supporting information from a Receiving State will be transmitted through the ICPC Office to the DFCS, court liaison, or appropriate party utilizing the ICPC transmittal and/ or the current child welfare information system. Additional information requested is to be submitted to the ICPC office in triplicate within five (5) working days by the DFCS worker, court liaison, or appropriate party and documented in the record including the current child welfare information system. If the additional material needed is scanned, one copy of the additional or supporting information must be mailed to the MS ICPC office within two (2) working days of receipt of requested information.
4. All studies or assessment reports on the resource home in another State are conducted in accordance to applicable Federal and State laws and policy and licensing standards of the Receiving State. Designated public/private authorities in

the receiving State determine the appropriateness of the placement resource for the specific child or children designated in the ICPC Referral based on the conclusions of their study or report or the licensing/regulatory authorities. An appeal or administrative review of the study decision or the study process is filed with the Receiving State authorities and subject to their applicable laws and policy and licensing standards.

5. The Receiving State ICPC Administrator is responsible for forwarding the study or assessment report to the ICPC office within sixty (60) calendar days with or without issuing a decision for placement under the ICPC.

6. A study or assessment reports issued by a Receiving State ICPC Administrator without a decision on the ICPC 100A is considered a notice of circumstances of the resource in the Receiving State. Placement of a child in the custody/guardianship of DFCS with the out-of-state resource based on such a study or assessment report without a decision on the ICPC 100A does not meet Departmental policy as an approved resource placement nor provides full legal or financial protections for the child as designated under the ICPC. If a DFCS worker, court liaison or appropriate party determines to make a placement, it will be considered in violation of Article III of the Compact and places the child "at-risk". The receiving state is under no obligation to provide services on behalf of the child placed or resource family pursuant to ICPC.

7. The ICPC Administrator is responsible to notify the DFCS Worker, court liaison, or appropriate party of the receipt of such a study or assessment report without a decision on the ICPC 100A from the Receiving State regarding the placement of the specific child or children with the out-of-state resource. Notification is in writing via ICPC transmittal and electronically, in the current child welfare information system.

8. DFCS Worker, or court liaison or other MS party (sending agent) will have 14 days after receipt of a study or assessment report issued without a decision on the ICPC 100A to notify the ICPC Administrator by written notice whether placement will be made or whether the ICPC Referral is being withdrawn or of their continued interest in pursuing the placement after approval on the ICPC 100A.

   a) **Placement Made (Violation of Article III)**: The written notice should specifically cite the name of the child and date of birth, current location of the child, and name of the placement resource in the receiving state, date child was allowed to be placed, circumstances of the child's placement, recognition statement of ICPC Violation III and "at risk" status and responsibility for the child and to the placement resource if placement disrupts. Notice is to be signed and dated by DFCS or court liaison or the MS party (sending agent) and supervisor and mailed in triplicate to the ICPC office or one copy of the

notice can be scanned and e-mailed to the appropriate ICPC Administrator. A copy of any notice scanned and e-mailed to the ICPC Administrator will be mailed within two (2) business days to the ICPC State Office. The information will be entered into the current child welfare information system by the ICPC Administrator and the ICPC instance closed as a Violation with no further services available under the ICPC.

b) **ICPC Referral Withdrawn**: An ICPC 100B, Interstate Compact Report on the Child's Placement Status should be completed and mailed in triplicate to the ICPC office or scanned and e-mailed to the designated ICPC Administrator. Upon receipt, the ICPC Administrator will document the Withdrawal in the current child welfare information system and authorize the closure of the ICPC instance as "Referral Withdrawn."

c) **Defer Placement pending Approval**: Written notice to be mailed in triplicate by the DFCS, court liaison or other MS party (sending agent) to the ICPC office in the Receiving State along with a statement of intent to defer the placement of the child with the proposed placement until additional information has been secured on the resource and a decision issued under the ICPC. No ICPC 100B is required for a notice of intent to defer placement.

Decision:

Article III (d) "The appropriate public authorities in the receiving state shall notify the sending agency, in writing to the effect that the proposed placement does not appear contrary to the interest of the child. "

1. If the decision for the placement of the child with the designated resource is denied by the Receiving State ICPC Administrator on the ICPC 100A, will forward the ICPC 100A denying the placement and the study or report which documents the reasons for denial to the DFCS Worker. The ICPC record will be closed "Placement denied".
2. The ICPC Worker will enter the information in the current child welfare information system. The ICPC Worker will authorize the closure of the ICPC instance as "placement denied" in the current child welfare information system.
3. If the decision for the placement of the child with the designated resource is approved by the Receiving State ICPC Administrator on the ICPC 100A, will mail and scan and e-mail the ICPC 100A approving the placement and the study or report which documents the study process and approval to the DFCS Worker. The ICPC 100a and the study/documents are to be maintained in the record. Approvals for placements under the ICPC are valid for a period of six (6) months commencing from the date of the signature of the Receiving State

ICPC Administrator. The information will be entered in the current child welfare information system.

4. The DFCS Worker is responsible to determine whether or not to use the approved placement, pursuant to the family permanency plan.
5. If the placement resource is approved and the placement will not be used or cannot be utilized within the 6 month time frame, the DFCS Worker will mail a completed ICPC Form 100B; Interstate Compact Report on the Child's Placement Status (CS-0523) in triplicate to the ICPC office and specifies that the approved placement will not be used.

Case Management:

1. Quarterly written progress reports are to address the child's safety, well-being, adjustment and services as specified on the family permanency plan (or equivalent) in order for the child to achieve permanency.
2. The ICPC Form 100B, Interstate Compact Report on the Child's Placement Status also serves as the notice to the receiving state to initiate their responsibility to monitor the continued licensure or approval status of the resource home in their state for compliance with Federal IV-B and IV-E.
3. The Receiving State is responsible to continue monthly supervisory contacts and quarterly written progress reports addressing the status of the child's placement and their safety, well-being and permanency until the child has achieved permanency through adoption; reaches the age of majority, becomes self-supporting or is discharged with the written concurrence of the Receiving State ICPC office.
4. The Receiving State ICPC Administrator is responsible to provide written concurrence to discharge further services to a child under the ICPC if the permanency goal is legal custody returned to parent or legal custody given to relatives or guardianship granted to relatives or others, or the Sending State's jurisdiction over the child may be terminated. The Receiving State ICPC Administrator will base concurrence upon the recommendations contained in the written progress reports.

Closure:

1. The DFCS Worker, court liaison, or appropriate party will mail three (3) copies of the ICPC form *100B, Interstate Compact Report on the Child's Placement Status* appropriately documenting court action and three (3) copies of any pertinent court order, which has been signed and dated to the ICPC office within thirty (30) days of the court action or will mail or scan and e-mail a copy of the

completed ICPC 100B, Interstate Compact Report on the Child's Placement Status and the pertinent court order to the ICPC Administrator.

2. The ICPC Office will forward the documents to the Receiving State authorizing the closure of the ICPC record. No further services are available under the Compact.
3. The ICPC Office will document the date and reason for the closure in the current child welfare information system; effectively authorizing the closure of the ICPC instance. No further services are available under the Compact.

b) Receiving County Responsibilities

1. The MDHS/ ICPC Deputy Administrator will forward the original and one (1) copy of the request to the appropriate supervisor for assignment to a worker to complete a home study.

- The laws and policies of the sending state govern the conditions of custody and discharge.
- A timely home study must be completed and a criminal history and central registry check are mandatory for all persons living in the home.
- The assigned home study worker shall conduct a home study with written recommendation of the approval or denial of the placement request, and forward it to the ICPC Office within 60 calendar days of the date of receipt of the request.
- For all approved placements, legal jurisdiction and financial responsibility for the child remain with the sending state.

All studies or assessment reports on potential placement resources in MS pursuant to the ICPC which are assigned to DFCS Regions or their contract agencies or an authorized public or private agency are to be completed within the following timelines which are projected from the current child welfare information system Intake Services Start Date:

a) ICPC Ref. #7 Priority Study	20 working days
b) Foster/Adoptive Study	60 calendar days
c) Re-assessment or Up-date	30 calendar days

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c) Supervision

The Receiving State should provide supervision in a placement even though the placement is with a parent. The Receiving State should provide services for the child and the family once the placement has been approved through the compact and 100B has been received confirming date of placement. The Receiving State is responsible for the following:

- Ensures requested services are received.
- Completes quarterly reports.
- Notifies the ICPC office in the sending state when problems occur.
- Any out-of-state youth is bound by MS (the receiving states') law.
- The receiving state maintains supervision until notification from the sending state that jurisdiction has been terminated
- Provides three (3) copies of quarterly progress reports.
- All reports are to be sent to the ICPC office for forwarding to the sending state's ICPC office.

d) Closure Requests

- Receiving state recommends dismissal and case closure or return of child to sending state.

Note: if a placement is unsuccessful, the sending state is responsible for the youth's return.

If legal action is pending against a youth it must be resolved prior to their departure from MS

9. Procedure I: Placement with Non-Member State/Territory for a Placement of a Child out of Mississippi

1. For placement in a Non-Member State/Territory, the Sending State or agency will follow the same procedure outlined in Child's Placement out of Mississippi with Member State. (*See* IV, A. et seq above)
2. A non-member state/territory is not legally required to accept the MDHS-SS-497A (ICPC - 100A) as Mississippi's statement of responsibility. MDHS/ ICPC staff may be requested to provide a written statement or to complete the non-member territory's own agreement forms. These forms will need to be forwarded to the MDHS/ ICPC for signature.

3. The Request should be addressed to the MDHS/ ICPC Unit and it will be forwarded to the appropriate person in the receiving territory.
4. Upon receipt of the evaluation and recommendation from the non-Compact member territory, the MDHS/ ICPC Administrator will forwards a copy to the sending office.

10. Procedure J: Non-Member State/Territory Placement into Mississippi

1. The Receiving State or agency will follow the same procedure as outline in the Child's Placement into Mississippi with Compact State. The request from the non-member territory will not include the form ICPS 100A since these are used only by members of the Compact.
2. The non-member state/territory will be directed to remain financially and legally responsible for the child as part of the home study/supervision process. A statement to that effect must be signed by the Chief Executive Officer in that territory.
3. The request for that responsibility statement will be made by the MDHS/ ICPC Deputy Administrator after the evaluation and recommendation are received from the worker.
4. The responsibility statement of financial and legal responsibility must be obtained before placement of the child into Mississippi can be approved.

11. Procedure K: Responsibility for On-Going Services

a) The Sending State Shall:

1. Clarify services needed, and request quarterly supervision and progress reports. The information about supervision and reports is specified on the MDHS-SS-497A (ICPC - 100A).
2. Retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care treatment and disposition of the child.
3. Retain jurisdiction until the child is adopted, reaches majority, becomes self-supporting or is discharged.
4. Continue to have financial responsibility for support and maintenance of the child during the period of placement.

b) The Receiving State Shall:

1. Provide services to the child as designated by the Sending Agency on ICPC – 100A (MDHS-497A).
2. Provide other special services which are agreed to by both Sending and Receiving State.
3. Make face to face visits with child and family twice monthly with one visit taking place in the child's placement.
4. Provide progress reports to the sending state or agency designated on the ICPC 100A. Form. The original with two copies of the progress report should be sent directly to the MDHS/ ICPC Unit.

12. Procedure L: ICPC – Mississippi Automated Child Welfare Information System (MACWIS) Procedures

a) Incoming ICPC Request

All Children in custody crossing state lines for placement must be entered in the MDHS MACWIS. For all incoming ICPC Requests, the ICPC Unit will be responsible for reviewing for complete information. The referral(s) will be entered in the following manner:

Parent Home Study Requests

a. ICPC Unit will enter the request into MACWIS with the oldest child as **Head of Household.**
b. The request is entered through the New Intake tab by choosing the following:
   i. Type of Request (parent, foster care, adoption)
   ii. State (from)
   iii. County (to)
   iv. Date entered
   v. Child(ren) name, DOB, and Race
   vi. Resource name, Age, Race, and address
c. The request will be **screened in** MACWIS.
d. MACWIS will assign request to the county Intake Supervisor**.**

e. The Intake Supervisor will assign request to county worker for evaluation.

Foster and Adoptive Homes Study Requests

a. The above procedures will be followed in MACWIS for Resource Home Requests with the exception of following county actions:

   i. The request will be screened in MACWIS to the county where the prospective family resides.

   ii. MACWIS will assign request to the County Intake Supervisor**.**

   iii. The Intake Supervisor in the county where the prospective family resides will assign the request to the Resource Supervisor who will assign the request to a Resource/Adoption Specialist.

Supervision of ICPC Cases

Once a placement has been licensed and approved in MACWIS, the ICPC Unit will forward the approval to the Sending State. The Sending State will forward an ICPC 100 - B form showing when placement is made. The ICPC 100 - B Form will be sent to the county worker. The county worker will open a supervision case in MACWIS and begin monitoring the placement.

b) Outgoing ICPC Requests

(1) All ICPC outgoing requests **must** be entered in the State's MACWIS. The worker will go to the ***ICPC Outgoing Screen*** and ensure following information is entered:

a. Child(ren) name(s)

b. State (to)

c. Date request is sent to State Office (SO)

d. Priority Status

e. Children in Family

f. County

g. Worker

h. Service Type (ICPC Outgoing)

i. Type of Care

j. Start Date

k. Resource information (name, address, phone number)

l. Checklist of documents sent (at least one item must be checked)

(2) All outgoing ICPC Requests must be forwarded to the MS ICPC Office **(**original and 2 copies**)** and, if sending the request electronically, give the ICPC Unit prior notice.

(3) Home Studies must be completed by the county worker in MACWIS. MACWIS will generate a tickler to the ICPC Unit when the home study is complete.

B. Permanency Hearing

"Permanency Hearing" is defined in 42 U.S.C. 675, § 475(5)(C) as being a

> *"…hearing to be held, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F)) (and not less frequently than every 12 months thereafter during the continuation of foster care), which hearing shall determine the permanency plan for the child…*"

Timely Permanency Hearings are required for every child including ICPC children from Mississippi who are placed in another state and is the responsibility of the county office with oversight of the child. A copy of the Permanency Dispositional court order should be forwarded to the Mississippi ICPC Office and the receiving state ICPC office where the child is placed. After the initial permanency hearing, subsequent permanency hearings must be held no less frequently than every 12 months during the child's continuation in foster care.

C. Joint Responsibilities of Receiving and Sending States

1. Responsibility to Inform Respective State of Status Changes

It is both the Receiving and Sending State's responsibility to inform the other state of any change of status in Interstate Placement.

a. The form MDHS-SS-497B (ICPC 100B) will be completed by the respective public or private agency when the following circumstances occur:

- Placement is made.
- Change in address.
- Placement cancelled/withdrawn

- Placement is terminated.

b. The state or agency reporting the change of status will completes an original and three (3) copies of the MDHS-SS-497B (ICPC 100B), and sends it to the DFCS Interstate Compact Unit.

c. The county worker must open an ICPC supervision case once the children have been placed in the approved placement.

2. Direct Contact with other States

County workers should not make a direct request for a home study to an out of state county office nor should the county worker accept the same from another state. All ICPC requests must be made through the MDHS/ ICPC Office.

If it appears that a child has been placed out of state without proper clearance, the ASWS should notify the MDHS/ ICPC Unit immediately.

The MDHS/ ICPC Unit will expedite requests whenever possible and will work with the worker to facilitate a prompt response when needed for court hearings.

D. Cooperative/Reciprocal Services Provided

DFCS provides cooperative/reciprocal services to other states' social services agencies, private agencies, and courts, upon referral, when there is reported abuse, neglect, or dependency of minor children. International Social Services and national agencies serving children and/or families may make referrals and are provided cooperative services. All such requests must include a court order and shall be referred through the MDHS/ ICPC Office.

1. Types of Services Rendered

Reciprocal cooperative services most frequently requested are listed below:

1. Home studies -
    a. to evaluate a proposed home for the placement of a child, may or may not result in the placement of the child across state lines. Such requests include placement with parents, relatives, foster homes or adoptive homes. Foster home studies may be completed according to either the receiving or sending states' policy.
    b. custody home studies in divorce and custody proceedings, with accompanying court order. A fee must be paid in advance, before the study

is initiated. Payment in the form of cashier's check or money order should be made to the Treasurer of the state to whom the request is made.

2. Supervision of placement of a child who is placed with foster or adoptive parents.
3. Evaluations

    a. of family situations for Family and Juvenile Courts, regarding custody of Children when neglect or abuse is involved.

    b. of a proposed plan for adoption and supervision for the child, pending legal proceedings in cases where adoptive parents have had to move to another state.

    c. of a proposed plan for adoption and supervision for the child, pending legal consummation of the adoption, assisting in the completion of the legal proceedings in cases where adoptive parents have had to move to another state.

4. Transfer of an adoptive home resource to a child placing agency in another state when the applicants move while the study is in process, or an adoption is pending.

2. Visits under the ICPC of a Child into another State

1. A visit may not be extended or renewed in a manner which causes/will cause it to exceed thirty (30) days or the school vacation period. (*See* Definitions)
2. A visit is with a parent or relative or significant kin who is known to the child and who has not, nor will not, assume legal or physical responsibility for the child to the extent that: (a) a claim for financial assistance may be filed; or (b) enrollment in school or responsibility for medical service, except in an emergency, is authorized during the visit.
3. No study, background checks or supervision of the visit is necessary.
4. A child who remains in a "visit" for over thirty (30) days with a resource that has not been assessed under provision of the ICPC is considered to be in an unapproved placement which is a violation of ICPC Article III and the child is considered to be "without proper guardianship".
5. The child is, then, considered "at risk" and subject to a protective services referral. Protections allowable under the ICPC are not available to the child in the Receiving State.

3. Disruption of a Mississippi Child Placed in another State through ICPC

When a child, in Mississippi custody guardianship and placed in another state under an approved ICPC, disrupts the placement, the Receiving State should immediately advise the MDHS/ ICPC Unit. The Sending State (Mississippi) retains jurisdiction over the child and maintains the responsibility to plan for the child, including the responsibility to remove the child from the placement.

E. Termination of Responsibility

1. Responsibilities for providing supervision and requested reports are terminated with the concurrence of both states when:

   a. Child is adopted.

   b. Child reaches majority age.

   c. Child becomes self-supporting, or marries.

   d. Child is discharged from court wardship, with both Sending and Receiving States' concurring that there is no further need for supervision.

   e. When placement becomes unsuitable or unworkable, the responsible state must make an alternate plan for the child's return.

2. The termination of placement of foster children placed out-of-state in foster homes are illegal under the Compact. Provisions must be made for the foster children's placement in other homes.

3. Sending and Receiving States notify each other of termination of responsibilities by means of the ICPC 100B (MDHS-SS-497B).

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

VII. APPENDICES

Mississippi
Form DFCS 523

Appendix A

Mississippi Family and Children's Services

Interstate Compact on the Placement of Children (ICPC)

SUPERVISION REPORT

Name of Child(ren)	**Name of Caretaker(s)**	**Date of Report**
Caseworker **Phone:**	**Address of Placement**	**Reporting Period**

Dates and locations of Face-to-Face Contact:

Discuss child(ren)'s current circumstances, addressing safety in placement and well-being:

Child(ren)'s school performance. If applicable attach copies of report card, IEP or evaluations:

Child(ren)'s health & medical status including dates of medical and dental appointments, names of service providers records, evaluations and therapy reports if applicable.

Discuss any special accomplishments/ progress made by the child(ren) during this supervision period.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Supervisor Report, continues)

Mississippi Family and Children's Services

Discuss any changes in resource family's physical environment:

Discuss any special challenges experienced by resource family:

Supervising Worker's Recommendation:

☐ Continued Placement
☐ Establish Guardianship
☐ Return custody to parent, terminate jurisdiction
☐ Finalize Adoption
☐ Other (specify)

Signature Worker:

_____

Signature Supervisor:

_____

Signature ICPC:

_____

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Appendix B
HOME EVALUATION GUIDE

The attached guide is to be used as the format for all ICPC Regulation 7 Priority Home Evaluations. It will give a composite picture of the family and will provide a base from which to make an informed decision about placement.

The attached guide should be used for a priority home evaluation.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

ICPC-101
August 1996

Appendix C

SENDING STATE
PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC materials

Name of Child[1] _____ Age _____ Mother's Name _____

Ethnic Group _____ DOB _____ Father's Name _____

PROPOSED CARETAKER

NAME: _____ Marital Status: S, M, Sep., D, W Living with _____
(name of person)

ADDRESS:
_____

Telephone Home #: _____ Work #: _____ Social Security # _____

Relationship to child identified above: _____

Best time of day to contact caretaker: _____ Employer _____
(If applicable)

Alternate Contact Name & Address:
_____
_____

ASSESSMENT OF CHILD

Case Plan Attached: Yes No (circle one) Financial/Medical Plan attached: Yes No (circle one)

Special Needs:
_____

Handicaps: Mental/Physical
_____
_____

Service Needs/Treatment Requirements:
_____
_____
_____.

School Information:
_____
_____.

Other required pertinent information regarding child and family will follow: yes no (circle one)

Worker's Name: _____ _____
(please print) (Tel. #)

Worker's Signature: _____ _____
(date)

Supervisor's Signature: _____ _____ _____
(if required) (date) (Tel. #)

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

ICPC-102

August 1996

Appendix D
Receiving State's Priority Home Study

(Each section must be completed)

Name of Child*to be placed_____ Age_____ Sending State_____
Ethnic Group_____ DOB _____
Dates of telephone contact _____ Dates of Home Visits _____
_____ _____
_____ _____

PROPOSED CARETAKER/SPOUSE
Name: _____ SS# _____
Address:_____
Telephone (Home) _____ (Work) _____

Marital Status: M S Sep. D W (Circle One)
Living With: Name _____
Length of relationship (if not marital) _____

Caretaker's Employer's Name & Address:
_____
Phone: _____

Caretaker's Spouse: _____
Spouse's Employer's Name & Address _____
_____
Phone:_____

YOU MUST SUBMIT INCOME VERIFICATION
Household Income: $_____yearly _____monthly _____bi-weekly_____ weekly
(Provide and Circle only one)
Is present income adequate? _____
Head of Household:_____(Name on rent receipts, utility bills, etc.)
Number of Members in Household: _____
Relationship to proposed caretaker: _____
Relationship of proposed caretaker to child: _____

Reason for wanting to care for children: _____
How did you hear about child's situation? _____
Do you understand the situation that caused this request? _____

HOME AND COMMUNITY

Adequacy of space:

Will the child have his/her own bed? Yes _____ No _____
Closet Space? Yes _____ No _____

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Receiving State's Priority Home Study, continues)

Will the child share a bed room? Yes _____ No _____
Housekeeping Standards: _____
Potential hazards, safety problems (specify)
_____
_____
Proposed caretaker and other family members state that they are in basic, good health and free of communicable diseases: Yes _____ No _____ If "no", explain:
_____
_____
Appropriateness of neighborhood: _____
Proximity to school, medical services, etc. : _____
Ability to protect child from offender: _____
Willingness to provide care (Time-limited?) Open-ended?) _____
Appropriateness of child care plans: _____
Forms of discipline: _____
Willingness and ability to care for child without financial help: _____
Willingness to accept/apply for AFDC? Yes _____ No _____
Requests Foster Care Benefits? Yes _____ No _____
Willingness to undergo licensure? Yes _____ No _____

SPECIAL NEEDS
Ability of caretaker, community, schools to meet child(ren)'s special needs:
_____
_____
School progress/problems:
_____
_____
Family known to Public/Social Services Agencies Yes _____ No _____ If yes, explain
_____
_____
Previous contacts with Public/Social Service Agencies:
_____
_____

OTHER ADULTS IN HOUSEHOLD
(List separately/Use additional sheet to list household members if needed)
Name: _____Age:_____
Relationship to proposed caretaker: _____
Relationship to child to be placed: _____

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Receiving State's Priority Home Study, continues)

Attitude towards placement: _____
Name: _____Age_____
Relationship to proposed caretaker: _____
Relationship to child to be placed: _____
Attitude towards placement: _____

CLEARANCES (in receiving state law)
Police/Sheriff:

_____
_____
_____

Child Abuse and Neglect:

_____
_____
_____

AREA OF CONCERN
Did you visualize or anticipate any potential problem areas with this case (explain)?

_____

PLAN FROM SENDING STATE
Is the submitted case plan suitable/adequate for this proposed placement: Yes ____ No ____
(If no, explain below)

_____
_____

Recommended changes in the case plan or goal?

_____
_____

Financial/Medical Plan adequate for this child? Yes ___ No ___ (If no, explain below)

_____
_____

Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency? Yes _____ No _____ (If yes, explain)

_____
_____

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Receiving State's Priority Home Study, continues)

STUDY NARRATIVE
Discuss any areas which cannot be addressed by this abbreviated study. Expound on any area(s) needing clarification.

_____
_____
_____
_____

WORKER'S RECOMMENDATIONS: For Placement ____Against Placement ____
(Explain below)

_____
_____

Signatures: _____ Position: _____

_____ Position: _____

Date: _____

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Appendix E
ICPC Referral Packet Residential Treatment Facility

When a child's parent or legal guardian is proposing to place a child into a residential treatment facility in another state, the Referral Packet must contain the following:

- Cover letter (in triplicate) that includes the financial and medical plan for each child
- Form ICPC-100A (original and 4 copies) completed and signed by "sending party" for each child
- Social history (in triplicate) for each child that includes the basis on which the particular residential treatment facility was selected
- Educational, medical, psychiatric, and/or psychological reports (in triplicate) on each child, if appropriate
- Verification of each child's eligibility for Title IV-E Medicaid benefits, current and in the proposed placement

When an agency or a court is proposing to place a child into a residential treatment facility, the agency or an officer of the court is responsible for preparing the ICPC Referral Packet, using the guidelines developed by the Sending State ICPC office. A copy of the court order (in triplicate) must be included to show who has legal custody of the child.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Appendix E, continues)

CONTENT
ICPC REFERRAL PACKET

Proposed Placement with Birth Parent, Relative, or Foster Care

The ICPC Referral Packet for placement with a birth parent, relative or foster care in another Member State should include:

- Form ICPC-100A on each child, completed and signed by person/agency with authority to be the "Sending Agency" as defined in Article II (b) (**original and 4 copies**)
- Cover letter (**in triplicate**) that includes –
    a. Reason out-of-state placement is being pursued;
    b. Statement indicating the person/agency/court that has legal custody of each child;
    c. Permanency goal and brief statement of case plan for each child (including identification of specific service(s) needed by each child) and the expected achievement date(s);
    d. Plans for meeting cost of care in other state, including who is financially responsible for each child;
    e. Indication of each child's eligibility or ineligibility for
- Title IV-E Medicaid benefits;
- SSI benefits;
    a. Request for evaluation of the proposed caretaker and identifying information about the proposed caretaker, including type of resource (e.g., foster family, relative family, etc.).
- Social summary on EACH child (**in triplicate**)
- Court order(s) on EACH child (**in triplicate**) that shows –
    a. Court has jurisdiction over each child;
    b. Date of adjudicatory hearing for each child;
    c. Person/agency who has legal custody of each child;
    d. Person/agency who has physical custody of each child.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Mississippi

Form DFCS 524

Appendix F

References

ASSOCIATION OF ADMNISTRATORS OF
THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

REFERENCES

	Made Contact		(Please explain below)	
			Positive	Negative
	( ) yes	( ) no	( )	( )

Name: _____
Street Address: _____
City, State, Zip: _____
Telephone:
Home _____
Work _____

Name: _____
Street Address: _____
_____
City, State, Zip: _____
Telephone:
Home _____
Work _____

Name: _____
Street Address: _____
_____
City, State, Zip: _____
_____
Telephone:
Home _____
Work _____

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Appendix G

Heading for the report to the court:
This report should have the court heading at the top in order for it to be filed in the proper court file.

Example:

IN THE _____CIRCUIT COURT OF THE JUDICIAL CIRCUIT,
IN AND FOR _____COUNTY, MISSISSIPPI

In the Interest of
Child's Name: _____ Case No.: _____
DOB: _____ Division: _____

Body of the Report:

PRE-SCREENING FORM REG-2

Pursuant to the requirements of Regulation 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), I, _____*{full legal name}*, certify that the following information is true:

1. I have communicated directly with the potential placement resource, _____*[name of person with whom child to be placed]*.

2. The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.

3. The name, correct address, available telephone number or other contact information, date of birth, and social security number of the placement resource is as follows:

   _____Name of placement resource

   _____Address of placement resource

   _____City/State/Zip Code

   _____Telephone numbers/contact information

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Appendix J- Regulation 2, continues)

4. The name, correct address, available telephone number or other contact information, date of birth, and social security number of all adults in the home is as follows:

   _____Name of adult

   _____Name of adult

   _____Mailing Address of placement resource

   _____Physical Address of placement resource

   _____City/State/Zip Code

   _____Telephone numbers/contact information

5. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:

   Number of bedrooms: _____
   Number of adults residing in the home: ____
   Number of children residing in the home, including child to be placed: _____

6. _____ *[name of person with whom child to be placed}* has or will access financial resources to feed, clothe, and care for the child, including child care.

7. _____ *[name of person with whom child to be placed}* acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state.

   Dated:

   _____
   Signature
   Title:
   Printed Name:
   Address:
   City, State, Zip:
   Telephone Number:
   Fax Number:

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Heading for the report to the court:

This report should have the court heading at the top in order for it to be filed in the proper court file.

Example:

IN THE _____CIRCUIT COURT OF THE JUDICIAL CIRCUIT,
IN AND FOR _____COUNTY, MISSISSIPPI

In the Interest of
Child's Name: _____ Case No.: _____
DOB: _____ Division: _____

Body of the Report:

PRE-SCREENING FORM REG-7

Pursuant to the requirements of Regulation 7, Section 7(a) of the Interstate Compact on the Placement of Children (ICPC), I, _____*{full legal name}*, certify that the following information is true:

1. I have communicated directly with the potential placement resource, _____*[name of person with whom child to be placed]*.
2. The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
3. _____ *[name of person with whom child to be placed}* is the:

__father
__mother
__stepparent
__grandparent
__guardian
__adult aunt
__adult uncle
__adult brother
__adult sister

of _____*{name of child}*.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Appendix J- Regulation 7, continues)

4. The name, correct address, available telephone number or other contact information, date of birth, and social security number of the placement resource is as follows:

   _____Name of placement resource

   _____Address of placement resource

   _____City/State/Zip Code

   _____Telephone numbers/contact information

   _____Date of Birth

   _____Social Security Number

5. The name, correct address, available telephone number or other contact information, date of birth, and social security number of all adults in the home is as follows:

   _____Name of adult

   _____Name of adult

   _____Address of placement resource

   _____City/State/Zip Code

   _____Telephone numbers/contact information

   _____Date of Birth

   _____Social Security Number

6. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:

   Number of bedrooms: _____
   Number of other rooms in the home: _____
   Number of adults residing in the home: ____
   Number of children residing in the home, including child to be placed: _____

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

(Appendix J- Regulation 7, continues)

7. _____ *[name of person with whom child to be placed}* has or will access financial resources to feed, clothe, and care for the child.

   If the child needs child care, it will we provide as follows:

   _____

   _____N/A

8. _____ *[name of person with whom child to be placed}* acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state and that, to the best knowledge of the placement resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.

In the Interest of _____(child's name) (page 3)
Statement of Case Manager/Potential Placement/Party under ICPC Regulation 7

9. I am unaware of any fact that would prohibit the child being placed with the placement resource. Also, I have completed and am prepared to send all required paperwork to the sending state ICPC office, including the ICPC 100A and Form 101.

Dated:

_____
Signature
Title:
Printed Name:
Address:
City, State, Zip:
Telephone Number:
Fax Number:

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Mississippi
Form DFCS 525

Appendix H
Adoption Request Checklist

ICPC ADOPTION REQUEST CHECKLIST
(All Requests Must be Submitted in TRIPLICATE)

Adoptive Home Study and Conversion Requests

☐ ICPC-100A form requesting adoptive home study
☐ TPR and all other court orders / legal documents on child(ren)
☐ Complete social / medical / psychological / educational history on child(ren)
☐ IV-E documentation on child(ren)
☐ Financial / Medical Plan
☐ Certification of first time adoptive parents pre-adoptive training requirements
☐ Cover letter

Newborn Adoptive Placements Requests (MS does not accept UNBORN baby requests)

☐ ICPC-100A form requesting adoptive placement
☐ TPR Order (needed if finalizing in MS) or Relinquishment (approved as a "legal risk" placement)
☐ Family History / Medical / Genetic Questionnaire signed by birthparents or explanation if both have not completed this
☐ Family History Pregnancy and Delivery Information Questionnaire
☐ Hospital records: discharge summary, medical records
☐ Social history of birth mother and birth father
☐ Birth parents counseling summary
☐ Adoptive home study
☐ Private adoptions only: statement of expenses paid to birth parent(s) by adoptive parents
☐ Certification of first time adoptive parents pre-adoptive training requirements
☐ Other: Any other documentation to meet the requirements of another state
☐ Overnight courier envelope for the Receiving State with postage to contain 2 copies of request
☐ Send this information via overnight courier ONLY to:
Mississippi ICPC
Department of Human Services/ Division of Family & Children's Services
750 North State Street
Jackson, MS 39202

Older Children Adoptive Placement Requests

☐ ICPC-100A form requesting adoptive placement
☐ TPR Order or Relinquishment (if pending, may approve as "legal risk placement")
☐ Social history of birth mother and birth father
☐ Current adoptive home study
☐ Current foster home license
☐ Documentation of 3 pre-adoptive placement visits (for special needs children only)
☐ Certification of first time adoptive parents pre-adoptive training requirements
☐ Other: Any other documentation to meet the requirements of another state

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Appendix I

Regulations 1-11

Regulation No. 1

Conversion of Intrastate Placement into Interstate Placement; Relocation of Family Units

1. A placement initially intrastate in character becomes an interstate placement subject to the Interstate Compact on the Placement of Children (ICPC) if the child's principal place of abode is moved to another state, except as set forth herein.
2. Intent: This Regulation addresses the request for approval for placement of a child in an approved placement resource in the receiving state where the sending state has already approved the placement in the sending state and the resource now desires to move to the receiving state. The intent of Regulation 1 is to ensure that an already safe and stable placement made by a sending agency in the sending state will continue if the child is relocated to the receiving state. Additionally, it is the intent of this Regulation for supervision of the placement to be uninterrupted, for the family to comply with the requirements of the receiving state, and for both states to comply with all applicable state and federal laws, rules and regulations.
3. Applicability to Relocation: This Regulation shall apply to relocation of a child and the placement resource where supervision is ongoing. A request for a home study solely for the purpose of a periodic assessment of the placement where there is no on-going supervision shall not be governed by this regulation and shall be a matter of courtesy between the states. Nothing shall prohibit a sending state from contracting privately for a periodic assessment of the placement.
4. Applicability to Temporary Relocation: If a child is brought into the receiving state by an approved placement resource for a period of ninety (90) days or less and remains with the approved placement resource, approval of the receiving state is not required. Either the sending or receiving state may request approval of the placement, and, if the request is made, the sending and receiving states shall take the necessary action to process the request if the sending and receiving states agree to do so.

   Supervision by the receiving state is not required for a temporary relocation of ninety (90) days or fewer; however, pursuant to section 422(b)(17) of the Social Security Act 422 U.S.C. 622, supervision by the sending agency is required. Supervision may be provided as a courtesy to the sending state. If supervision is requested, the sending state shall provide a Form 100B and the information required in Section 5(b) below.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

If a child is brought into the receiving state by an approved placement resource for a temporary placement in excess of ninety (90) days or if the temporary relocation will recur, full compliance with this regulation is required.

The public child placing agency in the sending state is responsible to take action to ensure the ongoing safety of a child placed in a receiving state pursuant to an approved placement under Article III(d) of the ICPC, including return of the child to the sending state as soon as possible when return is requested by the receiving state.

5. Provisional Approval:

a) In any instance where the decision to relocate into another state is made or it is intended to send or bring the child to the receiving state, or the child and existing family unit have already been sent or brought into the receiving state, an ICPC-100A and its supporting documentation shall be prepared immediately upon the making of the decision, processed within five (5) business days by the sending agency's state compact administrator and transmitted to the receiving state compact administrator with notice of the intended placement date. The sending agency's state compact administrator shall request that the receiving state respond to the case within five (5) business days of receipt of the request and with due regard for the desired time for the child to be sent or brought to the receiving state. If the family unit and child are already present in the receiving state, the receiving state's compact administrator shall determine within five (5) business days of receipt of the 100A and complete home study request packet whether provisional approval shall be granted and provide the decision in writing to the sending state compact administrator by facsimile, mail, overnight mail or electronic transmission, if acceptable.

b) The documentation provided with a request for prompt handling shall include:

1. A form ICPC-100A fully completed.
2. A form 100B if the child is already present in the receiving state
3. A copy of the court order pursuant to which the sending agency has authority to place the child or, if authority does not derive from a court order, a statement of the basis on which the sending agency has authority to place the child and documentation that supervision is on-going.
4. A case history for the child, including custodial and social history, chronology of court involvement, social dynamics and a description of any special needs of the child.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

5. In any instance where the sending state has required licensure, certification or approval, a copy of the most recent license, certificate or approval of the qualification of the placement resource(s) and/or their home showing the status of the placement resource(s), as qualified placement resource(s).
6. A copy of the most recent home study of the placement resource(s) and any updates thereof.
7. Copies of the progress reports on the family unit for the last six months and the most recent judicial review court report and court order completed in the sending state.
8. A copy of the child's case/services/permanency plan and any supplements to that plan, if the child has been in care long enough for such a plan to be required.
9. An explanation of the current status of the child's Title IV-E eligibility under the Federal Social Security Act.

c) Requests for prompt handling shall be as provided in paragraph 5(a) hereof. Some or all documents may be communicated by express mail or any other recognized method for expedited communication, including electronic transmission, if acceptable. The receiving state shall recognize and give effect to any such expedited transmission of an ICPC-100A and/or supporting documentation, provided that it is legible and appears to be a complete representation of the original. However, the receiving state may request and shall be entitled to receive originals or duly certified copies if it considers them necessary for a legally sufficient record under its laws.

d) In an instance where a placement resource(s) holds a current license, certificate or approval from the sending state evidencing qualification as a foster parent or other placement resource, the receiving state shall give effect to such license, certificate or approval as sufficient to support a determination of qualification pursuant to Article III(d) of the ICPC, unless the receiving state compact administrator has substantial evidence that the license, certificate, or approval is expired or otherwise not valid. If the receiving state requires licensure as a condition of placement approval, or the receiving state compact administrator determines that the license, certificate, or approval from the sending state has expired or otherwise is not valid, both the sending state and the placement resource shall state in writing that the placement resource will become licensed in the receiving state.

e) The receiving state shall recognize and give effect to evidence that the placement resource has satisfactorily completed required training for foster parents or other parent training. Such recognition and effect shall be given if:

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

1. the training program is shown to be substantially equivalent to training offered for the same purpose in the receiving state; and
2. the evidence submitted is in the form of an official certificate or document identifying the training.

6. Initial Home Study Report:

a) Pursuant to the Safe and Timely Interstate Placement of Foster Children Act of 2006, within sixty (60) days after receiving a home study request, the receiving state shall directly or by contract conduct, complete, and return a report to the sending state on the results of the study of the home environment for purposes of assessing the safety and suitability of the child remaining in the home. The report shall address the extent to which placement in the home would meet the needs of the child. In the event the parts of the home study involving the education and training of the placement resource remain incomplete, the report shall reference such items by including a prospective date of completion.

b) Approval of the request may be conditioned upon compliance by the placement resource with any licensing or education requirement in the receiving state. If such condition is placed upon approval, a reasonable date for compliance with the education or licensing requirement shall be set forth in the documentation granting approval.

7. Final Approval or Denial:

a) Pursuant to Article III(d), final approval or denial of the placement resource request shall be provided by the receiving state compact administrator as soon as practical but no later than one-hundred and eighty days (180) days from receipt of the initial home study request.

b) If necessary or helpful to meet time requirements, the receiving state may communicate its determination pursuant to Article III(d) to the sending agency and the sending agency's state compact administrator by "FAX" or other means of facsimile transmission or electronic transmission, if acceptable. However, this may not be done before the receiving state compact administrator has actually recorded the determination on the ICPC-100A. The written notice (the completed ICPC-100A) shall be mailed, sent electronically, if acceptable, or otherwise sent promptly to meet Article III(d) written notice requirements.

8. Nothing in this regulation shall be construed to alter the obligation of a receiving state to supervise and report on the placement; nor to alter the requirement that the

placement resource(s) comply with the licensing and other applicable laws of the receiving state after arrival therein.

9. A favorable determination made by a receiving state pursuant to Article III(d) of the ICPC and this regulation means that the receiving state is making such determination on the basis of the best evidence available to it in accordance with the requirements of paragraph 5(a) of this regulation and does not relieve any placement resource or other entity of the obligation to comply with the laws of the receiving state as promptly as possible after arrival of the child in the receiving state.

10. The receiving state may decline to provide a favorable determination pursuant to Article III(d) of the Compact if the receiving state compact administrator finds that the child's needs cannot be met under the circumstances of the proposed relocation or until the compact administrator has the documentation identified in subparagraph 5(b) hereof.

11. If it is subsequently determined by the receiving state Compact Administrator that the placement in the receiving state appears to be contrary to the best interest of the child, the receiving state shall notify the sending agency that approval is no longer given and the sending state shall arrange to return the child or make an alternative placement as provided in Article V(a) of the ICPC.

12. Supervision:

    Within thirty (30) days of the receiving state compact administrator being notified by the sending state compact administrator or by the placement resource that the placement resource and the child have arrived in the receiving state, the appropriate personnel of the receiving state shall visit the child and the placement resource in the home to ascertain conditions and progress toward compliance with applicable federal and state laws and requirements of the receiving state. Subsequent supervision must include face-to-face visits with the child at least once each month. A majority of visits must occur in the child's home. Face-to-face visits must be performed by a Child Welfare Caseworker in the receiving state. Such supervision visits shall continue until supervision is terminated by the sending state. Concurrence of the receiving state compact administrator for termination of supervision should be sought by the sending state prior to termination. Reports of supervision visits shall be provided to the sending state in accordance with applicable federal laws and as set forth elsewhere in these regulations.

    The public child placing agency in the sending state is responsible to take action to ensure the ongoing safety of a child placed in a receiving state pursuant to an approved placement under Article III(d) of the ICPC, including return of the child

to the sending state as soon as possible when return is requested by the receiving state.

13. Words and phrases used in this regulation have the same meanings as in the Compact, unless the context clearly requires another meaning.
14. This regulation is adopted pursuant to Article VII of the Interstate Compact on the Placement of Children by action of the Association of Administrators of the Interstate Compact on the Placement of Children at its annual meeting of April 2010.

Regulation No. 2

***Public Court Jurisdiction Cases*: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives**

1. Intent of Regulation No. 2: The intent of this regulation is to provide at the request of a sending agency, a home study and placement decision by a receiving state for the proposed placement of a child with a proposed caregiver who falls into the category of: placement for public adoption, or foster care and/or with parents, or relatives.
2. Regulation No. 2 does apply to cases involving children who are under the jurisdiction of a court for abuse, neglect or dependency, as a result of action taken by a child welfare agency: The court has the authority to determine supervision, custody and placement of the child or has delegated said authority to the child welfare agency, and the child is being considered for placement in another state.

a) Children not yet placed with prospective placement resource: This Regulation covers consideration of a placement resource where the child has not yet been placed in the home. ICPC Regulation No. 7 Expedited Home Study can be used instead of Regulation No. 2 for this category when requirements are met for an expedited home study request.

b) Change of status for children who have already been placed with ICPC approval: This regulation is used when requesting a new home study on the current approved placement resource. This might include an upgrade from unlicensed relative to licensed foster home or to adoption home placement category (*see* Regulation No. 3 section 2(a) Types of Placement Categories).

c) Child already placed without ICPC approval, except when the child has relocated with the caregiver to the receiving state pursuant to Regulation 1: When a child has been placed in a receiving state prior to ICPC approval, the case is considered a violation of ICPC and the placement is made with the sending state bearing full

liability and responsibility for the safety of the child. The receiving state may request immediate removal of the child until the receiving state has made a decision per ICPC. The receiving state is permitted to proceed, but not required to proceed with the home study/ICPC decision process, as long as the child is placed in violation of ICPC. The receiving state may choose to open the case for ICPC courtesy supervision but is not required to do so, as is required under ICPC Regulation No. 1 Relocation of Family Unit Cases.

3. Placements made without ICPC protection: Regulation No. 2 does not apply to:

a) A placement with a parent from whom the child was not removed: When the court places the child with a parent from whom the child was not removed, and the court has no evidence that the parent is unfit, does not seek any evidence from the receiving state that the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent, the receiving state shall have no responsibility for supervision or monitoring for the court having made the placement.

b) Sending court makes parent placement with courtesy check: When a sending court/agency seeks an independent (not ICPC-related) courtesy check for placement with a parent from whom the child was not removed, the responsibility for credentials and quality of the courtesy check rests directly with the sending court/agency and the person or party in the receiving state who agree to conduct the courtesy check without invoking the protection of the ICPC home study process. This would not prohibit a sending state from requesting an ICPC.

4. Definitions and placement categories: (*See* Regulation No. 3)

5. Sending state case documentation required with ICPC-100A request: The documentation provided with a request for prompt handling shall be current and shall include:

a) A Form ICPC-100A fully completed.

b) A Form ICPC-100B if the child is already placed without prior approval in the receiving state. The receiving state is not obligated to provide supervision until the placement has been approved with an ICPC-100A signed by the receiving state ICPC office, unless provisional approval has been granted.

c) A copy of the current court order pursuant to which the sending agency has authority to place the child or, if authority does not derive from a court order, a statement of the basis on which the sending agency has authority to place the child and documentation that supervision is on-going.

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d) Signed statement required from assigned sending agency case manager:

1. confirming the potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
2. including the name and correct physical and mailing address of the placement resource and all available telephone numbers and other contact information for the potential placement resource.
3. describing the number and type of bedrooms in the home of the placement resource to accommodate the child under consideration and the number of people, including children, who will be residing in the home.
4. confirming the potential placement resource acknowledges that he/she has sufficient financial resources or will access financial resources to feed, clothe, and care for the child, including child care, if needed.
5. that the placement resource acknowledges that a criminal records and child abuse history check will be completed for any persons residing in the home required to be screened under the law of the receiving state.

e) A current case history for the child, including custodial and social history, chronology of court involvement, social dynamics and a description of any special needs of the child.

f) Any child previously placed with placement resource in sending state: If the placement resource had any child placed with them in the sending state previously, the sending agency shall provide all relevant information regarding said placement to the receiving state, if available.

g) Service (case) Plan: A copy of the child's case/service/permanency plan and any supplements to that plan, if the child has been in care long enough for a permanency plan to be required.

h) Title IV-E Eligibility verification: An explanation of the current status of the child's Title IV-E eligibility under the Federal Social Security Act and Title IV-E documentation, if available. Documentation must be provided before placement is approved.

i) Financial/Medical Plan: A detailed plan of the proposed method for support of the child and provision of medical services.

j) A copy of the child's Social Security card or official document verifying correct Social Security Number, if available, and a copy of the child's birth certificate, if available.

6. Methods for transmission of documents: Some or all documents may be communicated by express mail or any other recognized method for expedited

communication, including FAX and/or electronic transmission, if acceptable by both sending and receiving state. The receiving state shall recognize and give effect to any such expedited transmission of an ICPC-100A and/or supporting documentation, provided that it is legible and appears to be a complete representation of the original. However, the receiving state may request and shall be entitled to receive originals or duly certified copies of any legal documents if it considers them necessary for a legally sufficient record under its laws. All such transmissions must be sent in compliance with state laws and/or regulations related to the protection of confidentiality.

7. Safe and Timely Interstate Home Study Report to be completed within sixty (60) calendar days. This report is not equivalent to a placement decision.

a) Timeframe for completion of Safe and Timely Interstate Home Study Report: As quickly as possible, but not more than sixty (60) calendar days after receiving a home study request, the receiving state shall, directly or by contract, complete a study of the home environment for purposes of assessing the safety and suitability of the child being placed in the home. The receiving state shall return to the sending state a report on the results of the home study that shall address the extent to which placement in the home would meet the needs of the child. This report may, or may not, include a decision approving or denying permission to place the child. In the event the parts of the home study involving the education and training of the placement resource remain incomplete, the report shall reference such items by including an anticipated date of completion.

b) Receiving state placement decision may be postponed: If the receiving state cannot provide a decision regarding approval or denial of the placement at the time of the safe and timely home study report, the receiving state should provide the reason for delay and an anticipated date for a decision regarding the request. Reasons for delay may be such factors as receiving state requires all relatives to be licensed as a foster home therefore ICPC office cannot approve an unlicensed relative placement request until the family has met licensing requirements. If such condition must be met before approval, a reasonable date for compliance shall be set forth in the receiving state transmittal accompanying the initial home study, if possible.

8. Decision by receiving state to approve or deny placement resource (100A).

a) Timeframe for final decision: Final approval or denial of the placement resource request shall be provided by receiving state Compact Administrator in the form of a signed ICPC-100A, as soon as practical but no later than one hundred and eighty (180) calendar days from receipt of the initial home study request. This six (6)-month window is to accommodate licensure and/or other receiving state requirements applicable to foster or adoption home study requests.

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b) Expedited communication of decision: If necessary or helpful to meet time requirements, the receiving state ICPC office may communicate its determination pursuant to Article III(d) to the sending agency's state Compact Administrator by FAX or other means of facsimile transmission or electronic transmission, if acceptable to both receiving and sending state. However, this may not be done before the receiving state Compact Administrator has actually recorded the determination on the ICPC-100A. The written notice (the completed ICPC-100A) shall be mailed, sent electronically, if acceptable, or otherwise sent promptly to meet Article III(d) written notice requirements. The receiving state home study local agency shall not send the home study and/or recommendation directly to the sending state local agency without approval from the sending and receiving state ICPC offices.

c) Authority of receiving state to make final decision: The authority of the receiving state is limited to the approval or denial of the placement resource. The receiving state may decline to provide a favorable determination pursuant to Article III(d) of the Compact if the receiving state Compact Administrator finds that based on the home study, the proposed caregiver would be unable to meet the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional and physical development.

d) Authority of sending court/placing agency: When the receiving state has approved a placement resource, the sending court/placing agency has the final authority to determine whether to use the approved placement resource in the receiving state. The receiving state ICPC-100A approval expires six months from the date the 100A was signed by receiving state.

9. Reconsideration of an ICPC denial: (requested by the sending ICPC Office)

a) Sending state may request reconsideration of the denial within 90 days from the date 100A denying placement is signed by receiving state. The request can be with or without a new home study, *see* items 9(a)(1) and 9(a)(2) below. After 90 days there is nothing that precludes the sending state from requesting a new home study.

1) Request reconsideration without a new home study: The sending ICPC office can request that the receiving state ICPC office reconsider the denial of placement of the child with the placement resource. If the receiving state ICPC office chooses to overturn the denial it can be based on review of the evidence presented by the sending ICPC office and any other new information deemed appropriate. A new 100A giving an approval without a new home study will be signed.

2) Request new home study re-examining reasons for original denial: A sending ICPC office may send a new ICPC home study request if the reason for denial has been

corrected; i.e., move to new residence with adequate bedrooms. The receiving state ICPC office is not obligated to activate the new home study request, but it may agree to proceed with a new home study to reconsider the denial decision if it believes the reasons for denial have been corrected. This regulation shall not conflict with any appeal process otherwise available in the receiving state.

b) Receiving state decision to reverse a prior denied placement: The receiving state ICPC office has 60 days from the date formal request to reconsider denial has been received from the sending state ICPC office. If the receiving state ICPC administrator decides to change the prior decision denying the placement, an ICPC transmittal letter and the new 100A shall be signed reflecting the new decision.

10. Return of child to sending state/Receiving state requests to return child to sending state:

a) Request to return child to sending state at time of ICPC denial of placement: If the child is already residing in the receiving state with the proposed caregiver at the time of the above decision, and the receiving state Compact Administrator has denied the placement based on 8(c) then the receiving state Compact Administrator may request the sending state to arrange for the return of the child as soon as possible or propose an alternative placement in the receiving state as provided in Article V(a) of the ICPC. That alternative placement resource must be approved by the receiving state before placement is made. Return of the child shall occur within five (5) working days from the date of notice for removal unless otherwise agreed upon between the sending and receiving state ICPC offices.

b) Request to return child to sending state after receiving state ICPC had previously approved placement: Following approval and placement of the child, if the receiving state Compact Administrator determines that the placement no longer meets the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional, and physical development, then the receiving state Compact Administrator may request that the sending state arrange for the return of the child as soon as possible or propose an alternative placement in the receiving state as provided in Article V(a) of the ICPC. That alternative placement resource must be approved by the receiving state before placement is made. Return of the child shall occur within five (5) working days from the date of notice for removal unless otherwise agreed upon between the sending and receiving state ICPC offices.

The receiving state request for removal may be withdrawn if the sending state arranges services to resolve the reason for the requested removal and the receiving and the sending state Compact Administrators mutually agree to the plan.

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11. Supervision for approved placement should be conducted in accordance with ICPC Regulation No. 11.

Regulation No. 3

See Regulation No. 3 under part III. Definitions.

Regulation No. 4

Residential Placement

1. In determining whether the sending or bringing of a child to another state is exempt from the provisions of the Interstate Compact on the Placement of Children by reason of the exemption for various classes of institutions in Article II (d), the following concepts and terms shall have the following meanings:

a) "Primarily educational institution" means an institution which operates one or more programs that can be offered in satisfaction of compulsory school attendance laws, in which the primary purpose of accepting children is to meet their educational needs; and which does not do one or more of the following:

   1) accept responsibility for children during the entire year;
   2) provide or hold itself out as providing child care constituting nurture sufficient to substitute for parental supervision and control or foster care;
   3) provide any other services to children, except for those customarily regarded as extracurricular or co-curricular school activities, pupil support services, and those services necessary to make it possible for the children to be maintained on a residential basis in the aforementioned school program or programs.

b) "Hospital or other medical facility" means an institution for the acutely ill which discharges its patients when they are no longer acutely ill, which does not provide or hold itself out as providing child care in substitution for parental care or foster care, and in which a child is placed for the primary purpose of treating an acute medical problem.

c) "Institution for the mentally ill or mentally defective" minors means a facility which is responsible for treatment of acute conditions, both psychiatric and medical, as well as such custodial care as is necessary for the treatment of such acute conditions of the minors who are either voluntarily committed or involuntarily committed by a court of competent jurisdiction to reside in it.

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Developmentally disabled has the same meaning as the phrase "mentally defective."

d) Treatment for a chronic mental or behavioral condition, as described in this regulation, that is 24-hour care away from the child's parental home is foster care as such term is used in Article III of ICPC.

2.

a) Admission for treatment of an acute condition includes the treatment and care of minors who are mentally ill or developmentally disabled and who require stabilization of such condition for short-term treatment. Such short term treatment is exempt from the Interstate Compact on the Placement of Children.

b) Placement for treatment of a chronic condition includes the treatment and care of minors who may be mentally ill, emotionally ill, or developmentally disabled and require treatment beyond what was required for stabilization of the underlying acute condition. Treatment modalities for chronic conditions may include psychotherapy and psychopharmacology.

c) Any placement of a minor for treatment of that minor's chronic mental or behavioral condition into a facility having treatment programs for acute and chronic conditions must be made pursuant to the Interstate Compact on the Placement of Children. The Interstate Compact on the Placement of Children becomes applicable once the minor is placed for treatment of a chronic condition regardless of whether that child was originally placed in the same facility for treatment of an acute condition.

d) A minor may be accepted into a residential treatment center without first having been in that facility for the treatment of an acute condition

3. An institution for the mentally ill or developmentally disabled may accept a child for treatment and care without complying with ICPC, if the treatment and care and other services are entirely out-patient in character.

4. The type of funding source or sources used to defray the costs of treatment or other services does not determine whether the Interstate Compact on the Placement of Children applies. Such determination is made on a case-by-case basis.

5. The type of license, if any, held by an institution is evidence of its character, but does not determine the need for compliance with ICPC. Whether an institution is either generally exempt from the need to comply with the Interstate Compact on the Placement of Children or exempt in a particular instance is to be determined by the services it actually provides or offers to provide.

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Regulation No. 5

Central State Compact Office

It shall be the responsibility of each state party to the Interstate Compact on the Placement of Children to establish a procedure by which all Compact referrals from and to the state shall be made through a central state compact office. The Compact Office shall also be a resource for inquiries into requirements for placements into the state for children who come under the purview of this Compact.

Regulation No. 6

Permission to Place Child: Time Limitations, Reapplication

The following regulation, originally adopted in 1991 by the Association of Administrators of the Interstate Compact on the Placement of Children, is amended in 2001 and declared to be in effect, as amended, on and after July 2, 2001.

1. Permission to place a child given pursuant to Article III (d) of the Interstate Compact on the Placement of Children shall be valid and sufficient to authorize the making of the placement identified in the written document ICPC-100A, by which the permission is given for a period of six (6) months commencing on the date when the receiving state compact administrator or his duly authorized representative signs the aforesaid ICPC-100A.
2. If the placement authorized to be made as described in Paragraph 1. of this Regulation is not made within the six (6) months allowed therein, the sending agency may reapply. Upon such reapplication, the receiving state may require the updating of documents submitted on the previous application, but shall not require a new home study unless the laws of the receiving state provide that the previously submitted home study is too old to be currently valid.
3. If a foster care license, institutional license or other license, permit or certificate held by the proposed placement recipient is still valid and in force, or if the proposed placement recipient continues to hold an appropriate license, permit or certificate, the receiving state shall not require that a new license, permit or certificate be obtained in order to qualify the proposed placement recipient to receive the child in placement.
4. Upon a reapplication by the sending agency, the receiving state shall determine whether the needs or condition of the child have changed since it initially authorized the placement to be made. The receiving state may deny the placement if it finds that the proposed placement is contrary to the interests of the child.

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5. State's jurisdiction, finalization of adoption by the child's current caretakers or the granting of legal guardianship to the child's current caretakers.

6.

a) The receiving state shall respond to any report of abuse or neglect of a child placed in the receiving state pursuant to an approved placement under Article III(d) of the ICPC and will respond in the same manner as it would to a report of abuse or neglect of any other child residing in the receiving state.

b) If the receiving state determines that a child must be removed from his or her home in order to be safe, and it is not possible for the child placing agency in the sending state to move the child at the time that the receiving state makes this determination, the receiving state shall place the child in a safe and appropriate setting in the receiving state. The receiving state shall promptly notify the sending state if a child is moved to another home or other substitute care facility.

c) The receiving state shall notify the central compact office in the sending state of any report of child abuse or neglect of a child placed in the receiving state pursuant to an approved placement under Article III(d) of the ICPC, regardless of whether or not the report is substantiated. Notification of the central compact office in the sending state will occur as soon as possible after such a report is received.

d) It is the responsibility of the public child placing agency in the sending state to take action to ensure the ongoing safety of a child placed in a receiving state pursuant to an approved placement under Article III(d) of the ICPC, including return of the child to the sending state as soon as possible when return is requested by the receiving state.

e) Pursuant to Article V of the ICPC, it is the responsibility of the public child placing agency in the sending state to take timely action to relieve the receiving state of any financial burden the receiving state has incurred as a result of placing a child into substitute care after removing the child from an unsafe home in which the child was previously placed by the public child placing agency in the sending state pursuant to Article III(d) of the ICPC.

7.

a) The child placing agency in the sending state is responsible for case planning for any child placed in a receiving state by the child placing agency in the sending state pursuant to an approved placement under Article III(d) of the ICPC.

b) The child placing agency in the sending state is responsible for the ongoing safety and well-being of any child placed in a receiving state by the child placing agency in the sending state pursuant to an approved placement under Article III(d) of the

ICPC and is responsible for meeting any identified needs of the child that are not being met by other available means.

c) The receiving state shall be responsible to assist the sending state in locating appropriate resources for the child and/or the placement resource.

d) The receiving state shall notify the central compact office in the sending state in writing of any unmet needs of a child placed in the receiving state pursuant to an approved placement under Article III(d) of the ICPC.

e) If the child's needs continue to be unmet after the notification described in (d) above has occurred, the receiving state may require the child placing agency in the sending state to return the child to the sending state. Before requiring the return of the child to the sending state, the receiving state shall take into consideration the negative impact on the child that may result from being removed from his or her home in the receiving state and shall weigh the potential for such negative impact against the potential benefits to the child of being returned to the sending state. Notwithstanding the requirement to consider the potential for such negative impact, the receiving state has sole discretion in determining whether or not to require return of a child to the sending state.

Regulation No. 7

Expedited Placement Decision

1. Intent of Regulation No. 7: The intent of this regulation is to expedite ICPC approval or denial by a receiving state for the placement of a child with a parent, stepparent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian, and to:

a) Help protect the safety of children while minimizing the potential trauma to children caused by interim or multiple placements while ICPC approval to place with a parent or relative is being sought through a more comprehensive home study process.

b) Provide the sending state court and/or sending agency with expedited approval or denial. An expedited denial would underscore the urgency for the sending state to explore alternative placement resources.

2. This regulation shall not apply if:

a) the child has already been placed in violation of the ICPC in the receiving state, unless a visit has been approved in writing by the receiving state Compact

Administrator and a subsequent order entered by the sending state court authorizing the visit with a fixed return date in accordance with Regulation No. 9.

b) the intention of the sending state is for licensed or approved foster care or adoption. In the event the intended placement [must be parent, stepparent, grandparent, adult aunt or uncle, adult brother or sister, or guardian as per Article VIII(a)] is already licensed or approved in the receiving state at the time of the request, such licensing or approval would not preclude application of this regulation.

c) the court places the child with a parent from whom the child was not removed, the court has no evidence the parent is unfit, does not seek any evidence from the receiving state the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent.

3. Criteria required before Regulation No. 7 can be requested: Cases involving a child who is under the jurisdiction of a court as a result of action taken by a child welfare agency, the court has the authority to determine custody and placement of the child or has delegated said authority to the child welfare agency, the child is no longer in the home of the parent from whom the child was removed, and the child is being considered for placement in another state with a parent, stepparent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian, must meet at least one of the following criteria in order to be considered a Regulation No. 7 case:

a) unexpected dependency due to a sudden or recent incarceration, incapacitation or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental or physical condition of a parent or guardian, or

b) the child sought to be placed is four years of age or younger, including older siblings sought to be placed with the same proposed placement resource; or

c) the court finds that any child in the sibling group sought to be placed has a substantial relationship with the proposed placement resource. Substantial relationship means the proposed placement has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child; or

d) the child is currently in an emergency placement.

4. Provisional approval or denial:

a) Upon request of the sending agency and agreement of the receiving state to make a provisional determination, the receiving state may, but is not required to, provide provisional approval or denial for the child to be placed with a parent or relative,

including a request for licensed placement if the receiving state has a separate licensing process available to relatives that includes waiver of non-safety issues.

Upon receipt of the documentation set forth in Section 7 below, the receiving state shall expedite provisional determination of the appropriateness of the proposed placement resource by:

1) performing a physical "walk through" by the receiving state's caseworker of the prospective placement's home to assess the residence for risks and appropriateness for placement of the child,
2) searching the receiving state's child protective services data base for prior reports/investigations on the prospective placement as required by the receiving state for emergency placement of a child in its custody,
3) performing a local criminal background check on the prospective placement,
4) undertaking other determinations as agreed upon by the sending and receiving state Compact Administrators, and
5) providing a provisional written report to the receiving state Compact Administrator as to the appropriateness of the proposed placement.

b) A request by a sending state for a determination for provisional approval or denial shall be made by execution of an Order of Compliance by the sending state court that includes the required findings for a Regulation No. 7 request and a request for provisional approval or denial.

c) Determination made under a request for provisional approval or denial shall be completed within seven (7) calendar days of receipt of the completed request packet by the receiving state Compact Administrator. A provisional approval or denial shall be communicated to the sending state Compact Administrator by the receiving state Compact Administrator in writing. This communication shall not include the signed Form 100A until the final decision is made pursuant to Section 9 below.

d) Provisional placement, if approved, shall continue pending a final approval or denial of the placement by the receiving state or until the receiving state requires the return of the child to the sending state pursuant to paragraph 12 of this regulation.

e) If provisional approval is given for placement with a parent from whom the child was not removed, the court in the sending state may direct its agency to request concurrence from the sending and receiving state Compact Administrators to place the child with the parent and relinquish jurisdiction over the child after final

approval is given. If such concurrence is not given, the sending agency shall retain jurisdiction over the child as otherwise provided under Article V of the ICPC.

f) A provisional denial means that the receiving state cannot approve a provisional placement pending the more comprehensive home study or assessment process due to issues that need to be resolved.

5. Sending agency steps before sending court enters Regulation No. 7 Order of Compliance: In order for a placement resource to be considered for an ICPC expedited placement decision by a receiving state, the sending agency shall take the following minimum steps prior to submitting a request for an ICPC expedited placement decision:

a) Obtain either a signed statement of interest from the potential placement resource or a written statement from the assigned case manager in the sending state that following a conversation with the potential placement resource, the potential placement resource confirms appropriateness for the ICPC expedited placement decision process. Such statement shall include the following regarding the potential placement resource:

1) s/he is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
2) s/he fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his or her guardian, under Article VIII(a) of the ICPC.
3) the name and correct address of the placement resource, all available telephone numbers and other contact information for the potential placement resource, and the date of birth and social security number of all adults in the home.
4) a detail of the number and type of rooms in the residence of the placement resource to accommodate the child under consideration and the number of people, including children, who will be residing in the home.
5) s/he has financial resources or will access financial resources to feed, clothe and care for the child.
6) if required due to age and/or needs of the child, the plan for child care, and how it will be paid for.
7) s/he acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home required to be screened under the law of the receiving state and that, to the best knowledge of the placement resource, no one residing in the home has a criminal history or child abuse history that would prohibit the placement.

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8) whether a request is being made for concurrence to relinquish jurisdiction if placement is sought with a parent from whom the child was not removed.

b) The sending agency shall submit to the sending state court:

1) the signed written statement noted in 7a, above, and

2) a statement that based upon current information known to the sending agency, that it is unaware of any fact that would prohibit the child being placed with the placement resource and that it has completed and is prepared to send all required paperwork to the sending state ICPC office, including the ICPC-100A and ICPC Form 101.

6. Sending state court orders: The sending state court shall enter an order consistent with the Form Order for Expedited Placement Decision adopted with this modification of Regulation No. 7 subject to any additions or deletions required by federal law or the law of the sending state. The order shall set forth the factual basis for a finding that Regulation No. 7 applies to the child in question, whether the request includes a request for a provisional approval of the prospective placement and a factual basis for the request. The order must also require completion by the sending agency of ICPC Form 101 for the expedited request.

7. Time frames and methods for processing of ICPC expedited placement decision:

a) Expedited transmissions: The transmission of any documentation, request for information under paragraph 10, or decisions made under this regulation shall be by overnight mail, facsimile transmission, or any other recognized method for expedited communication, including electronic transmission, if acceptable. The receiving state shall recognize and give effect to any such expedited transmission of an ICPC-100A and/or supporting documentation provided it is legible and appears to be a complete representation of the original. However, the receiving state may request and shall be entitled to receive originals or duly certified copies if it considers them necessary for a legally sufficient record under its laws. Any state Compact Administrator may waive any requirement for the form of transmission of original documents in the event he or she is confident in the authenticity of the forms and documents provided.

b) Sending state court orders to the sending state agency: The sending state court shall send a copy of its signed order of compliance to the sending state agency within two (2) business days of the hearing or consideration of the request. The order shall include the name, mailing address, e-mail address, telephone number and FAX number of the clerk of court or a designated court administrator of the sending state court exercising jurisdiction over the child.

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c) Sending agency sends ICPC request to sending state ICPC office: The sending state court shall direct the sending agency to transmit to the sending state Compact Administrator within three (3) business days of receipt of the signed Order of Compliance, a completed ICPC-100A and Form 101, the statement required under Paragraph 7 above and supporting documentation pursuant to ICPC Article III.

d) Sending State ICPC office sends ICPC Request to Receiving State ICPC office: Within two (2) business days after receipt of a complete Regulation 7 request, the sending state Compact Administrator shall transmit the complete request for the assessment and for any provisional placement to the receiving state Compact Administrator. The request shall include a copy of the Order of Compliance rendered in the sending state.

e) Timeframe for receiving state ICPC office to render expedited placement decision: no later than twenty (20) business days from the date that the forms and materials are received by the receiving state Compact Administrator, the receiving state Compact Administrator shall make his or her determination pursuant to Article III(d) of the ICPC and shall send the completed 100-A to the sending state Compact Administrator by expedited transmission.

f) Timeframe for receiving state ICPC office to send request packet to receiving local agency: The receiving state Compact Administrator shall send the request packet to the local agency in the receiving state for completion within two (2) business days of receipt of the completed packet from the sending state Compact Administrator.

g) Timeframe for receiving state local agency to return completed home study to central office: The local agency in the receiving state shall return the completed home study to the receiving state Compact Administrator within fifteen (15) business days (including date of receipt) of receipt of the packet from the receiving state Compact Administrator.

h) Timeframe for receiving state ICPC Compact Administrator to return completed home study to sending state: Upon completion of the decision process under the timeframes in this regulation, the receiving state Compact Administrator shall provide a written report, a 100A approving or denying the placement, and a transmittal of that determination to the sending state Compact Administrator as soon as possible, but no later than three (3) business days after receipt of the packet from the receiving state local agency and no more than twenty (20) business days from the initial date that the complete documentation and forms were received by the receiving state Compact Administrator from the sending state Compact Administrator.

8. Recourse if sending or receiving state determines documentation is insufficient:

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a) In the event the sending state Compact Administrator finds that the ICPC request documentation is substantially insufficient, s/he shall specify to the sending agency what additional information is needed and request such information from the sending agency.

b) In the event the receiving state Compact Administrator finds that the ICPC request documentation is substantially insufficient, he or she shall specify what additional information is needed and request such information from the sending state Compact Administrator. Until receipt of the requested information from the sending state Compact Administrator, the receiving state is not required to continue with the assessment process.

c) In the event the receiving state Compact Administrator finds that the ICPC request documentation is lacking needed information but is otherwise sufficient, s/he she shall specify what additional information is needed and request such information from the sending state Compact Administrator. If a provisional placement is being pursued, the provisional placement evaluation process shall continue while the requested information is located and provided.

d) Failure by a Compact Administrator in either the sending state or the receiving state to make a request for additional documentation or information under this paragraph within two (2) business days of receipt of the ICPC request and accompanying documentation by him or her shall raise a presumption that the sending agency has met its requirements under the ICPC and this regulation.

9. Failure of receiving state ICPC office or local agency to comply with ICPC Regulation No. 7: Upon receipt of the Regulation No. 7 request, if the receiving state Compact Administrator determines that it will not be possible to meet the timeframes for the Regulation No. 7 request, whether or not a provisional request is made, the receiving state Compact Administrator shall notify the sending state Compact Administrator as soon as practical and set forth the receiving state's intentions in completing the request, including an estimated time for completion or consideration of the request as a regular ICPC request. Such information shall also be transmitted to the sending agency by the sending state Compact Administrator for it to consider other possible alternatives available to it.

   If the receiving state Compact Administrator and/or local state agency in the receiving state fail(s) to complete action for the expedited placement request as prescribed in this regulation within the time period allowed, the receiving state shall be deemed to be out of compliance with this regulation and the ICPC. If there appears to be a lack of compliance, the sending state court that sought the provisional placement and expedited placement decision may so inform an appropriate court in the receiving state, provide that court with copies of relevant

documentation and court orders entered in the case, and request assistance. Within its jurisdiction and authority, the requested court may render such assistance, including the holding of hearings, taking of evidence, and the making of appropriate orders, for the purpose of obtaining compliance with this regulation and the ICPC.

10. Removal of a child: Following any approval and placement of the child, if the receiving state Compact Administrator determines that the placement no longer meets the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional, and physical development, then the receiving state Compact Administrator may request the sending state Compact Administrator arrange for the immediate return of the child or make alternative placement as provided in Article V (a) of the ICPC. The receiving state request for removal may be withdrawn if the sending state arranges services to resolve the reason for the requested removal and the receiving and sending state Compact Administrators mutually agree to the plan. If no agreement is reached, the sending state shall expedite return of the child to the sending state within five (5) business days unless otherwise agreed in writing between the sending and receiving state Compact Administrators.

Regulation No. 8

Change of Placement Purpose

An ICPC-100B should be prepared and sent in accordance with its accompanying instructions whenever there is a change of purpose in an existing placement, e.g., from foster care to pre-adoption even though the placement recipient remains the same. However, when a receiving state or a sending state requests a new ICPC-100A in such a case, it should be provided by the sending agency and transmitted in accordance with usual procedures for processing of ICPC-100As.

Regulation No. 9

Definition of a Visit

1. A visit is not a placement within the meaning of the Interstate Compact on the Placement of Children (ICPC). Visits and placements are distinguished on the basis of purpose, duration, and the intention of the person or agency with responsibility for planning for the child as to the child's place of abode.

2. The purpose of a visit is to provide the child with a social or cultural experience of short duration, such as a stay in a camp or with a friend or relative who has not assumed legal responsibility for providing child care services.
3. It is understood that a visit for twenty-four (24) hours or longer will necessarily involve the provision of some services in the nature of child care by the person or persons with whom the child is staying. The provision of these services will not, of itself, alter the character of the stay as a visit.
4. If the child's stay is intended to be for no longer than thirty (30) days and if the purpose is as described in Paragraph 2, it will be presumed that the circumstances constitute a visit rather than a placement.
5. A stay or proposed stay of longer than thirty (30) days is a placement or proposed placement, except that a stay of longer duration may be considered a visit if it begins and ends within the period of a child's vacation from school as ascertained from the academic calendar of the school. A visit may not be extended or renewed in a manner which causes or will cause it to exceed thirty (30) days or the school vacation period, as the case may be. If a stay does not from the outset have an express terminal date, or if its duration is not clear from the circumstances, it shall be considered a placement or proposed placement and not a visit.
6. A request for a home study or supervision made by the person or agency which sends or proposes to send a child on a visit and that is pending at the time that the visit is proposed will establish a rebuttable presumption that the intent of the stay or proposed stay is not a visit.
7. A visit as defined in this regulation is not subject to the Interstate Compact on the Placement of Children.

Regulation No. 10

Guardians

1. Guardian Defined.

As used in the Interstate Compact on the Placement of Children (ICPC) and in this Regulation:

a) "Guardian" means a public or private agency, organization or institution which holds a valid and effective permanent appointment from a court of competent jurisdiction to have custody and control of a child, to plan for the child, and to do all other things for or on behalf of a child which a parent would have authority and responsibility for doing by virtue of an unrestricted parent-child relationship. An appointment is permanent for the purposes of this paragraph if the appointment

would allow the guardianship to endure until the child's age of majority without any court review, subsequent to the appointment, of the care that the guardian provides or the status of other permanency planning which the guardian has a professional obligation to carry out. Guardian also means an individual who is a non-agency guardian as defined in subparagraph (b) hereof.

b) "Non-agency guardian" means an individual holding a currently valid appointment from a court of competent jurisdiction to have all of the authority and responsibility of a guardian as defined in subparagraph (a) hereof.

2. Prospective Adoptive Parents Not Guardians.

An individual with whom a child is placed as a preliminary to a possible adoption cannot be considered a non-agency guardian of the child, for the purpose of determining applicability of ICPC to the placement, unless the individual would qualify as a lawful recipient of a placement of the child without having to comply with ICPC as provided in Article VIII (a) thereof.

3. Effect of Guardianship on ICPC Placements.

a) An interstate placement of a child with a non-agency guardian, whose appointment to the guardianship existed prior to consideration of the making of the placement, is not subject to ICPC if the sending agency is the child's parent, stepparent, grandparent, adult brother or sister, or adult uncle or aunt.

b) An appropriate court of the sending agency's state must continue its jurisdiction over a non-exempt placement until applicability of ICPC to the placement is terminated in accordance with Article V (a) of ICPC.

4. <u>Permanency Status of Guardianship.</u>

a) A state agency may pursue a guardianship to achieve a permanent placement for a child in the child welfare system, as required by federal or state law. In the case of a child who is already placed in a receiving state in compliance with ICPC, appointment of the placement recipient as guardian by the sending state court is grounds to terminate the applicability of the ICPC when the sending and receiving state compact administrators concur on the termination pursuant to Article V (a). In such an instance, the court which appointed the guardian may continue its jurisdiction if it is maintainable under another applicable law.

b) If, subsequent to the making of an interstate placement pursuant to ICPC, a court of the receiving state appoints a non-agency guardian for the child, such appointment shall be construed as a request that the sending agency and the receiving state concur in the discontinuance of the application of ICPC to the placement. Upon

concurrence of the sending and receiving states, the sending agency and an appropriate court of the sending state shall close the ICPC aspects of the case and the jurisdiction of the sending agency pursuant to Article V (a) of ICPC shall be dismissed.

5. Guardian Appointed by Parent.

If the statutes of a jurisdiction so provide, a parent who is chronically ill or near death may appoint a guardian for his or her children, which guardianship shall take effect on the death or mental incapacitation of the parent. A non-agency guardian so appointed shall be deemed a non-agency guardian as that term is used in Article VIII (a) of ICPC, provided that such non-agency guardian has all of the powers and responsibilities that a parent would have by virtue of an unrestricted parent-child relationship. A placement with a non-agency guardian as described in this paragraph shall be effective for the purposes of ICPC without court appointment or confirmation unless the statute pursuant to which it is made otherwise provides and if there is compliance with procedures required by the statute. However, the parent must be physically present in the jurisdiction having the statute at the time that he or she makes the appointment or expressly submits to the jurisdiction of the appointing court.

6. Other Definitions of Guardianship Unaffected.

The definitions of "guardian" and "non-agency guardian" contained in this regulation shall not be construed to affect the meaning or applicability of any other definitions of "guardian" or "non-agency guardian" when employed for purposes or to circumstances not having a bearing on placements proposed to be made or made pursuant to ICPC.

Regulation No. 11

Responsibility of States to Supervise Children

1. Definitions:

a) “Central Compact Office” means the office that receives ICPC placement referrals from sending states and sends ICPC placement referrals to receiving states. In states that have one central compact office that services the entire state, the term “central compact office” has the same meaning as “central state compact office” as described in Regulation 5 of the ICPC. In states in which ICPC placement referrals are sent directly to receiving states and received directly from sending states by more than one county or other regional area within the state, the “central compact office” is the office within each separate county or other region that sends and receives ICPC placement referrals.

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b) "Child Welfare Caseworker" means a person assigned to manage the cases of dependency children who are in the custody or under the supervision of a public child welfare agency.

c) "Public Child Placing Agency" means any government child welfare agency or child protection agency or a private entity under contract with such an agency, regardless of whether they act on behalf of a state, county, municipality or other governmental unit and which facilitates, causes or is involved in the placement of a child from one state to another.

d) "Supervision" means monitoring of the child and the child's living situation by the receiving state after a child has been placed in a receiving state pursuant to an approved placement under Article III(d) of the ICPC or pursuant to a child's relocation to a receiving state in accordance with Regulation 1 of the ICPC.

2. A receiving state must supervise a child placed pursuant to an approved placement under Article III(d) of the Interstate Compact on the Placement of Children (ICPC) if supervision is requested by the sending state, and;

a) the sending agency is a public child placing agency, and

b) the agency that completed the home study for placement of the child in the receiving state is a public child placing agency, and

c) the child's placement is not in a residential treatment center or a group home.

3. Supervision must begin when the child is placed in the receiving state pursuant to an approved placement under Article III(d) of the ICPC and the receiving state has received a form 100B from the sending state indicating the date of the child's placement. Supervision can and should begin prior to receipt of the form 100B if the receiving state has been informed by other means that the child has been placed pursuant to an approved placement under Article III(d) of the ICPC.

4.

a) Supervision must continue until:

1) the child reaches the age of majority or is legally emancipated; or

2) the child's adoption is finalized; or

3) legal custody of the child is granted to a caregiver or a parent and jurisdiction is terminated by the sending state; or

4) the child no longer resides at the home approved for placement of the child pursuant to Article III(d) of the ICPC; or

5) jurisdiction over the child is terminated by the sending state; or
6) legal guardianship of the child is granted to the child's caregiver in the receiving state; or
7) the sending state requests in writing that supervision be discontinued, and the receiving state concurs.

b) Supervision of a child in a receiving state may continue, notwithstanding the occurrence of one of the events listed above in 5(a)(1–7), by mutual agreement of the sending and receiving state's central compact offices.

5. Supervision must include face-to-face visits with the child at least once each month and beginning no later than 30 days from the date on which the child is placed, or 30 days from the date on which the receiving state is notified of the child's placement, if notification occurs after placement. A majority of visits must occur in the child's home. Face-to-face visits must be performed by a Child Welfare Caseworker in the receiving state. The purpose of face-to-face visits is to help ensure the on-going safety and well-being of the child and to gather relevant information to include in written reports back to the Public Child Placing Agency in the sending state. If significant issues of concern are identified during a face-to-face visit or at any time during a child's placement, the receiving state shall promptly notify the central compact office in the sending state in writing.
6. The Child Welfare Caseworker assigned to supervise a child placed in the receiving state shall complete a written supervision report at least once every ninety (90) days following the date of the receipt of the form 100B by the receiving state's central compact office notifying the receiving state of the child's placement in the receiving state. Completed reports shall be sent to the central compact office in the sending state from the central compact office in the receiving state. At a minimum such reports shall include the following:

a) Date and location of each face-to-face contact with the child since the last supervision report was completed.
b) A summary of the child's current circumstances, including a statement regarding the on-going safety and well-being of the child.
c) If the child is attending school, a summary of the child's academic performance along with copies of any available report cards, education-related evaluations or Individual Education Program (IEP) documents.
d) A summary of the child's current health status, including mental health, the dates of any health-related appointments that have occurred since the last supervision report

was completed, the identity of any health providers seen, and copies of any available health-related evaluations, reports or other pertinent records.

e) An assessment of the current placement and caretakers (e.g., physical condition of the home, caretaker's commitment to child, current status of caretaker and family, any changes in family composition, health, financial situation, work, legal involvement, social relationships; child care arrangements).

f) A description of any unmet needs and any recommendations for meeting identified needs.

g) If applicable, the supervising caseworker's recommendation regarding continuation of the placement, return of legal custody to a parent or parents with whom the child is residing and termination of the sending state's jurisdiction, finalization of adoption by the child's current caretakers or the granting of legal guardianship to the child's current caretakers.

7.

a) The receiving state shall respond to any report of abuse or neglect of a child placed in the receiving state pursuant to an approved placement under Article III(d) of the ICPC and will respond in the same manner as it would to a report of abuse or neglect of any other child residing in the receiving state.

b) If the receiving state determines that a child must be removed from his or her home in order to be safe, and it is not possible for the child placing agency in the sending state to move the child at the time that the receiving state makes this determination, the receiving state shall place the child in a safe and appropriate setting in the receiving state. The receiving state shall promptly notify the sending state if a child is moved to another home or other substitute care facility.

c) The receiving state shall notify the central compact office in the sending state of any report of child abuse or neglect of a child placed in the receiving state pursuant to an approved placement under Article III(d) of the ICPC, regardless of whether or not the report is substantiated. Notification of the central compact office in the sending state will occur as soon as possible after such a report is received.

d) It is the responsibility of the public child placing agency in the sending state to take action to ensure the ongoing safety of a child placed in a receiving state pursuant to an approved placement under Article III(d) of the ICPC, including return of the child to the sending state as soon as possible when return is requested by the receiving state.

e) Pursuant to Article V of the ICPC, it is the responsibility of the public child placing agency in the sending state to take timely action to relieve the receiving state of any financial burden the receiving state has incurred as a result of placing a child into

substitute care after removing the child from an unsafe home in which the child was previously placed by the public child placing agency in the sending state pursuant to Article III(d) of the ICPC.

8.

a) The child placing agency in the sending state is responsible for case planning for any child placed in a receiving state by the child placing agency in the sending state pursuant to an approved placement under Article III(d) of the ICPC.

b) The child placing agency in the sending state is responsible for the ongoing safety and well-being of any child placed in a receiving state by the child placing agency in the sending state pursuant to an approved placement under Article III(d) of the ICPC and is responsible for meeting any identified needs of the child that are not being met by other available means.

c) The receiving state shall be responsible to assist the sending state in locating appropriate resources for the child and/or the placement resource.

d) The receiving state shall notify the central compact office in the sending state in writing of any unmet needs of a child placed in the receiving state pursuant to an approved placement under Article III(d) of the ICPC.

e) If the child's needs continue to be unmet after the notification described in (d) above has occurred, the receiving state may require the child placing agency in the sending state to return the child to the sending state. Before requiring the return of the child to the sending state, the receiving state shall take into consideration the negative impact on the child that may result from being removed from his or her home in the receiving state and shall weigh the potential for such negative impact against the potential benefits to the child of being returned to the sending state. Notwithstanding the requirement to consider the potential for such negative impact, the receiving state has sole discretion in determining whether or not to require return of a child to the sending state.

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section I: Limited English Proficiency (LEP) Policy

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LIMITED ENGLISH PROFICIENCY (LEP)

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

I. LIMITED ENGLISH PROFICIENCY (LEP) OVERVIEW

Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d
Prohibition against exclusion from participation in, denial of benefits, and discrimination under federally assisted programs on grounds of race, color, or national origin.

No person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity overseen by the Mississippi Department of Human Services (MDHS) and receiving Federal financial assistance.

Mississippi Department of Human Services – Division of Family and Children's Services (MDHS-DFCS) shall ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of MDHS-DFCS is to ensure meaningful communication with LEP clients and their authorized representatives while they are involved with MDHS-DFCS. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. **(documents applicable to our agency).** All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge.

Language assistance shall be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretations or translation services, or technology and telephonic interpretation services. All staff shall be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals shall be trained in effective communication techniques, including the effective use of an interpreter.

MDHS-DFCS shall conduct a regular review of the language access needs of our client population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

II. DEFINITIONS

For the purpose of this policy, the terms listed below shall have the following meaning:

- **Client** is any person who inquires about or is eligible to receive services under any MDHS-DFCS foster care and adoption program or service.
- **Bilingual/ Multilingual Staff** is a MDHS-DFCS staff member who has demonstrated proficiency in English and at least one other language, and who can interpret accurately, impartially, and effectively to and from such language(s) and English using any specialized terminology necessary for effective communication, but whose main job responsibilities are other than interpretation. A MDHS-DFCS staff member who only has a rudimentary familiarity with a language other than English, or who has not demonstrated proficiency in that language and English, shall not be considered "Bilingual/Multilingual Staff" under this agreement.
- **Volunteer** is any individual that performs work or provides services on behalf of MDHS-DFCS without payment for their time or services.
- **Contractor** is any entity that provides services directly to applicants or participants on behalf of MDHS-DFCS under a contractual agreement, which includes monies allocated to MDHS-DFCS as Federal financial assistance from HHS.
- **Frequently-Encountered Language** is any language spoken by a significant number or percentage of the population eligible to be served to likely to be directly affected by MDHS-DFCS's programs and services.
- **Interpreter** is a person who has demonstrated proficiency in both spoken English and at least one other language; and who can interpret accurately, impartially, and effectively to and from such language and English using any specialized terminology necessary for effective communication; and who understands interpreter ethics and client confidentiality needs. A person who has rudimentary familiarity with a language other than English, or who has not demonstrated proficiency in that language and English, is not to be considered an "interpreter" under this agreement.
- **Language Assistance** is oral and written language services needed to assist LEP individuals to communicate effectively with MDHS-DFCS staff and contractors to provide LEP individuals with meaningful access to, and an equal opportunity to participate fully in the services, activities, programs or other benefits administered by MDHS-DFCS.
- **Limited-English Proficient (LEP) Individual** is an individual who does not speak English as his or her primary language and who has limited ability to read, write, speak or understand English in a manner that permits him or her to communicate

effectively with MDHS-DFCS and have meaningful access to and participate fully in the services, activities, programs, or other benefits administered by MDHS-DFCS.

- **Participant** is any person who receives services under any MDHS-DFCS foster care and adoption program.
- **Primary Language** is the language that an LEP individual identifies as the language that he or she uses to communicate effectively, and is the language that the individual prefers to use to communicate with MDHS-DFCS.
- **Sub-recipient** is an entity that receives Federal assistance which is received as a pass-through from MDHS-DFCS in order to carry out a federally-funded program for participants in the same manner if MDHS-DFCS if MDHS-DFCS were to administer the program directly, but does not include an individual applicant or participant who is a beneficiary of the program.
- **Mississippi Automated Child Welfare Information System (MACWIS)** is a case management system that allows caseworkers to document casework activities across all stages of service delivery.
- **Vital Documents** shall include, but are not limited to: Documents that must be provided by law; Notices of Privacy Practices; Consent and Release forms; Letters or notices for: visitation with children, Family Team meetings, Reasonable Efforts or Foster Care Review Conferences, referrals for services; Time-sensitive notices, including notices of court appearances, child neglect or abuse investigation and or litigation-related deadlines; Form or written material related to individual rights; Notice of rights, requirements, or responsibilities; and Notices regarding the availability of free language assistance services for LEP individuals.

III. PROCEDURES

A. MDHS-DFCS Shall Provide All LEP Clients with any Language Assistance Needs

Pursuant to MDHS-DFCS policy, MDHS-DFCS is committed to providing competent language assistance at no cost and in a timely manner to LEP individuals to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs or other benefits administered by MDHS-DFCS. This includes ensuring effective communication between MDHS-DFCS staff members, contractors, and/or sub recipients and LEP individuals.

MDHS-DFCS also recognizes that child welfare services are necessary for the protection of life and safety of children. To that end, MDHS-DFCS is committed to ensuring that

children in mixed-status or immigrant households have equal and meaningful access to child welfare programs and services administered by MDHS-DFCS.

B. Identifying LEP Persons and Their Language

MDHS-DFCS shall identify the language and communication needs of the LEP person. Staff will use a language identification card and/or posters to determine the language. If the LEP person does not read or recognize any of the languages included in one of the methods described above, DFCS staff shall use a telephone interpreting service to identify the individual's primary language then contact the MDHS-DFCS interpreter assigned to their specific region for further assistance.

If an LEP individual requests an interpreter, one shall be provided. **Under no circumstances shall a staff member deny a request for an interpreter based solely on whether an LEP individual can answer short questions by nodding or through the use of questions to which the answers are simply "yes" or "no".** Regardless of the type of language assistance provided, the language assistance provider, bilingual/multilingual staff, contract/volunteer interpreter, language telephone interpreting service and/or community organization, shall be competent to interpret or translate.

1. Documentation

The primary language of each LEP individual shall be documented in MACWIS and in a conspicuous location in the individual's record to alert staff that language assistance services must be provided. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record. Coordination between all MDHS-DFCS departments concerning language assistance needs will be handled through, but not limited to, telephone, email, or written communication.

2. "I Speak" Cards

To serve as an aid to the LEP population, "I Speak" cards have been developed for Spanish and Vietnamese speaking clients and are available to all county offices and are also posted on the DFCS connection website. These cards may be used by clients to introduce themselves to county staff and indicate their need to have interpreter services. The cards provide the person's name and a reference to Federal regulations regarding language assistance. As LEP clients are served in county offices, workers

should provide the cards to these clients for future use when requesting services. *See* Appendix A.

C. Providing Notice to LEP Persons

MDHS-DFCS will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas of all county offices and other points of entry. Notification will also be provided through one of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

D. Obtaining a Qualified Interpreter

1. **The DFCS Interpreter Supervisor and Staff** shall ensure that each LEP individual receives competent oral and written language assistance services necessary to ensure meaningful access to all aspects of MDHS-DFCS foster care and adoption programs.

   This includes emergency child protective encounters, in-home contacts, prevention services contacts, child visitation, and office visits. MDHS-DFCS may offer to schedule appointments for LEP individuals at specified times in order to minimize waiting times and to ensure the availability of appropriate qualified language interpreters, provided that the use of an appointment facilitates the provision of the language assistance and does not impede or delay the individual's access to benefits and/or services provided by MDHS-DFCS.

2. **The DFCS Language Assistance Coordinator** shall continue to work with appropriate personnel at each level of the organization (i.e. division, county office, etc.) and coordinate language assistance services for their respective levels. The DFCS Language Assistance Coordinator is responsible for the following, but not limited to:

   - MDHS-DFCS shall maintain an accurate and current list showing names, languages, phone numbers and hours of availability of every language assistance resource available to the workers. This list shall be posted in each county office and made available to all staff;
   - Contacting the appropriate bilingual staff member to interpreter, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

- Keeping up to date and accurate lists of outside contract/volunteer interpreters if a bilingual staff interpreter is not available or does not speak the needed language.

E. Use of Family and Friends as Interpreters

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, an MDHS-DFCS bilingual staff member will assure that competent interpreter services will be provided to the LEP person.

No minor or alleged perpetrator of the abuse and neglect will be used to interpret, if the family member or friend is not competent or appropriate under the circumstances, MDHS-DFCS shall provide interpreter services in place of or, if appropriate, in addition to the person selected by the LEP individual in order to ensure confidentiality of information and accurate communication.

F. Providing Written Translations

1. When translation of vital documents is needed, those documents will be submitted for translation to the Interpreter Program Supervisor at the DFCS state office who will then have them translated into frequently-encountered languages. Original documents being submitted for translation will be in final, approved form with updated and accurate legal information.
2. MDHS-DFCS will set benchmarks for translation of vital documents into additional languages over time.

G. Timely, Competent Language Assistance

The Mississippi Centralized Intake Unit (MCI) shall utilize their on call list of interpreters in order to assist LEP persons who need to make a report of abuse or neglect to MDHS-DFCS. Once the report is taken the MCI worker shall document in the report summary if the client is LEP and that interpreter services will be needed. The area social

work supervisor and county worker shall then refer to the interpreter assigned to their region for further assistance.
MDHS-DFCS language assistance coordinator shall ensure that every county office is provided with a list identifying all available language interpreters that shall include their contact information, languages for which each interpreter is qualified, regions each interpreter is responsible for, and hours of availability.

H. Language Assistance Standards

MDHS-DFCS shall require that MDHS-DFCS staff interpreters and translators, bilingual/multilingual staff, interpreters from community organizations and contractors providing language assistance services, including interpretation and translation, are capable of competently performing their duties. Competency of language assistance service providers may be established by a variety of means including self-attestation of the interpreter after having reviewed the interpreter competency standards. Whether self-attestation or another means is used to establish competency, MDHS-DFCS shall take reasonable steps to ensure that the individuals providing the interpretation and translation are capable of facilitating effective communication between LEP persons and MDHS-DFCS.

MDHS-DFCS shall require that all applicable sub-recipients and contractors/volunteers are informed of the LEP requirements. MDHS-DFCS shall further ensure that contractors/volunteers who provide services directly to clients and applicants on behalf of MDHS-DFCS complete an individualized assessment corresponding to the requirements herein, including, but not limited to, the provision of language assistance services, training for staff, and complaint procedures. MDHS-DFCS shall provide information to and oversee the applicable sub-recipients and contractors as necessary to monitor compliance with these requirements.

<u>Standards for interpreter competency shall include the following:</u>

1. Communicate in both English and the LEP individual's primary language accurately and effectively;
2. Interpret to and from English and the LEP individual's primary language accurately and impartially;
3. Possess appropriate knowledge of specialized terms and concepts used frequently in the provision of the MDHS-DFCS' services and programs or possess willingness to ask for clarification, as needed, from any or all parties, about unfamiliar terms and concepts;

4. Understand and follow the obligation to maintain confidentiality;
5. Understand the roles of interpreters and the ethics associated with being an interpreter; and
6. For those providing written translations, have the ability to translate written documents effectively.

I. Monitoring Language Needs and Implementation

On an ongoing basis, MDHS-DFCS will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, MDHS-DFCS will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from community organizations, etc.

J. Complaint Procedures

Information is available to a client regarding complaint procedures. The forms are available in each county office and the DFCS Connection Website at http://dfcsmacweb/DFCSWEB/ and the MDHS Website at http://www.mdhs.state.ms.us/. All questions and complaints will be forwarded to the MDHS-DFCS Language Assistance Coordinator at the DFCS state office for review and response. *See* Appendix B English and Appendix C Spanish.

K. Prohibition Against Retaliation and Intimidation

MDHS-DFCS shall not retaliate, intimidate, threaten, coerce, or discriminate against any person who has filed a complaint, assisted, or participated in any manner in the investigation of matters addressed in this policy.

L. Notice of Non-Discrimination Policy

MDHS-DFCS prohibits discrimination and/or the exclusion of individuals from its facilities, programs, activities and services based on the individual person's race, national origin, color, creed, religion, sex, sexual orientation, age, disability, veteran status, or inability to speak English. A notice of MDHS-DFCS non-discrimination policy will be posted in each county office.

M. Monitoring

To ensure effective language assistance and access to services, the MDHS-DFCS language assistance coordinator shall monitor the provision of language assistance services to LEP individuals. The monitoring program shall include site visits to offices that shall either be randomly selected or shall target offices which produce a disproportionate number of complaints about the adequacy of language services. The site visits will determine whether language assistance services are provided to LEP persons when they visit MDHS-DFCS offices or contact an office by telephone.

These site visits shall include:

1. Unannounced site visits conducted every six (6) months; and
2. Review LEP individuals' case records to assess whether primary languages are properly recorded in all case records and whether such persons are provided adequate language assistance services;
3. Assess MDHS-DFCS staff and contractors' knowledge about MDHS-DFCS' language assistance policies and procedure;
4. Review the accuracy of the list(s) containing the availability of bilingual staff, interpreter, and other resources;
5. Request feedback from LEP individuals and advocates;
6. Review the posting of signs in the offices;

On a statewide basis, the monitoring plan shall include:

7. Review complaints filed by LEP individuals to determine adequacy of language assistance services;
8. Review the development and distribution of translated MDHS-DFCS documents.

N. MDHS-DFCS Sub-Recipients and Contractors

MDHS-DFCS shall require that all applicable sub-recipients and contractors are informed of the LEP requirements and shall further ensure that contractors who provide services directly to applicants and participants on behalf of MDHS-DFCS complete an individualized assessment and implement a written policy corresponding to the requirements herein, including, but not limited to, the provision of language assistance services, training for staff, and complaint procedures. MDHS-DFCS shall provide

information to and oversee the applicable sub-recipients and contractors as necessary to monitor compliance with these requirements.

O. MDHS-DFCS Internal Data Collection

MDHS-DFCS shall maintain a centralized record-keeping system that facilitates coordination between MDHS-DFCS programs, divisions, branches, and units and assures the ready availability of data regarding the provision of language assistance services to LEP individuals.

IV. APPENDICES

Appendix A – I Speak Cards

Appendix B – Complaint Form-English

Appendix C – Complaint Form-Spanish

LIMITED ENGLISH PROFICIENCY (LEP)

APPENDIX A – I Speak Cards

Hello, my name is _____

I speak limited English. I need competent language assistance in Spanish to have full and effective access to your programs. Under Title VI of the 1964 Civil Rights Act, public agencies are obligated to provide competent language assistance to limited-English-proficient individuals. Social and health service agencies may call HHS Office for Civil Rights at 1-800-368-1019 for more information. Food Stamp and WIC agencies may call USDA Office of Civil Rights at 1-888-271-5983. All other agencies may call U.S. Department of Justice, Civil Rights Division, at 1-888-848-5306.

Hola, mi nombre es _____

Hablo muy poco inglés. Necesito ayuda en español para poder tener acceso completo y efectivo a sus programas.
Bajo el Titulo VI del Decreto de Derechos Civiles de 1964, las oficinas públicas están obligadas a proporcionar ayuda competente, en su propio idioma, a las personas con limitaciones en el inglés, Para más información, las oficinas de servicios sociales y de salud pueden llamar a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos (HHH) al l-800-368-1019. Las oficinas de estampillas para comida y del Programa de Nutrición Suplemental Especial para Mujeres, Bebés, Niños (WIC) pueden llamar a la Oficina de Derechos Civiles del Departamento de Agricultura de los Estados Unidos (USDA) al 1-888-271-5983. Todas las otras oficinas pueden llamar a la División de Derechos Civiles del Departamento de Justicia de los Estados Unidos al l-888-848-5306.

LIMITED ENGLISH PROFICIENCY (LEP)
APPENDIX B – Complaint Form (English)

STATE of MISSISSIPPI

Phil Bryant, Governor
Department of Human Service
Richard A. Berry, Executive Director

Civil Rights Complaint Form

To: **Mississippi Department of Human Services**
Civil Rights Compliance Officer
750 North State Street, 6TH floor, Resource Development Unit
Jackson, Mississippi 39202

Complainant's Name: _____

Complainant's Contact Information*

Mailing Address:
_____
_____
_____

Phone Number(s):
Home: _____
Work: _____
Cell: _____

E-Mail address: _____

*We will use any information provided to contact you unless you ask us not to.

Date(s) of Unfair Treatment: _____

Tell us how you believe you have been treated unfairly by the Department of Human Services or anybody providing services on behalf of the Department of Human Services. Please state below the basis on which you believe these unfair actions were taken. See page 2, for additional space to respond:

____ **Race/Color:** _____
____ **National Origin:** _____
____ **Sex:** _____
____ **Religion:** _____
____ **Age:** _____
____ **Disability:** _____
____ **Political Beliefs:** _____

Nondiscrimination--What if you think you have been treated unfairly? This section tells you what to do. In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

LIMITED ENGLISH PROFICIENCY (LEP)

Under Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (202)720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-3257(TDD). USDA and HHS are equal opportunity providers and employers.

Note: If this complaint involves the Food Stamp Program or the Food Nutrition Program, you may send your complaint directly to the USDA, Regional Director, Civil Rights Office 61 Forsyth Street, SW Room 8T36 Atlanta, GA. 30303 or call (404)562-0532 (voice) and (202)720-6382 (TDYY). If you file your complaint with DHS, it will be forwarded to the USDA for a response.

Please explain any relevant information to your complaint. (Attach additional pages if needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

Have you filed this complaint somewhere else? _____Yes _____ No

If Yes, with what agency have you filed the Complaint: _____

Signed:_____ **Date:** _____ / _____ / _____

If we do not respond to your complaint within thirty-five (35) business days, please call the Compliance Officer at (601) 359-4541.

LIMITED ENGLISH PROFICIENCY (LEP)
APPENDIX C – Complaint Form (Spanish)

ESTADO DE MISSISSIPPI
Phil Bryant, Gobernador
Departamento de Servicios Humanos
Richard A. Berry, **Director Ejecutivo**

Formulario para queja de derechos civiles

Para: Mississippi Departamento de Servicios Humanos (Department of Human Services)
Funcionario de cumplimiento de derechos civiles (Civil Rights Compliance Officer)
750 N. State Street, 6th Floor, Resource Development Unit
Jackson, MS 39202

Nombre del demandante:_____

Información de contacto del demandante*
Dirección de correo: **Números de teléfono:**

_____ **Casa:**_____
_____ **Trabajo:**_____
Celular:_____

Dirección de correo electrónico:_____

*Usaremos toda la información proporcionada para comunicaros con usted, a menos que usted no pida lo contrario.

Fecha o fechas del trato injusto:_____

Indique de qué manera considera que recibió un trato injusto del Departamento de Servicios Humanos o de alguna persona que proporcione servicios en nombre de dicho Departamento. Mencione a continuación el motivo por el cual usted considera que se llevaron a cabo las acciones injustas. Siga en la página 2 si necesita más espacio para su repuesta.

____ **Raza o color:**_____
____ **País de procedencia:**_____
____ **Sexo:**_____
____ **Religión:**_____
____ **Edad:**_____
____ **Discapacidad:**_____
____ **Ideología política:**_____

No discriminación: ¿Qué sucede si usted considera que recibió un trato injusto? Esta sección le indica lo que debe hacer. De acuerdo con las leyes federales y las políticas del Departamento de Agricultura de los EE.UU. (USDA, *U.S.*

LIMITED ENGLISH PROFICIENCY (LEP)

***Department of Agriculture*) y del Departamento del Salud y Servicios Humanos (HHS, *Department of Health and Human Services*), está prohibido que esta institución discrimine por motivos de raza, color, pías de precedencia, sexo, edad o discapacidad. Según la Ley de Cupones de Alimentos (Food Stamps Act) y las políticas de USDA, se prohíbe la discriminación por motivos de religión o ideología política. Para presentar un queja de discriminación, comuníquese con el USDA o el HHS. Escriba a USDA, Director, Officer of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410; o llame al (202)720-5964 (voz y TDD). Escriba a HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington D.C. 20201; o llame al (202)619-3257 (TDD). El USDA y el HHS son proveedores y empleadores con igualdad de oportunidades.**

Nota: si esta queja se relaciona con los Programas de cupones del alimentos o Food Nutrition, puede enviar su queja directamente a: USDA, Regional Director, Civil Rights Office 61 Forsyth Street, SW Room 8T36 Atlanta, GA. 30303; o llamar al (404)562-0532 (voz) y (202)720-6382 (TDYY). Si presenta una queja al DHS, se enviará al USDA para obtener una repuesta.

Proporcione toda la información pertinente a su queja. (Adjunte páginas adicionales si lo necesita.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

¿Presentó esta queja en otro lugar? _____ Sí _____ No

Si la respuesta es Sí, ¿ante cuál organismo presentó su queja? _____

Firmado: _____ Fecha: _____/_____/_____

Si no respondemos a su queja en un plazo de treinta y cinco (35) días hábiles, llame al Funcionario de Cumplimiento al (601)359-4541.