

17

MANAGING FOSTER CARE SERVICES

TABLE OF CONTENTS

17.1	Introduction	3
17.2	Framework	3
	17.2.1 Practice principles.....	3
	17.2.2 Outcomes	5
17.3	Required training.....	6
	17.3.1 First three weeks requirement	6
	17.3.2 First three months requirement	7
	17.3.3 First six months requirement	7
	17.3.4 First twelve months requirement	7
	17.3.4 First twenty four months requirement	8
	17.3.5 Ongoing annual training requirement	8
	17.3.6 LDSS shall ensure worker compliance	9
17.4	Managing by data	9
17.5	Role of service worker in managing services	10
17.6	Caseload Standard.....	11
17.7	Reasonable efforts by LDSS	11
	17.7.1 Monthly supervisory conference	12
17.8	Ongoing visits with child.....	14
	17.8.1 Purpose of visits	14
	17.8.2 Approved caseworkers	14
	17.8.3 Individuals not approved as caseworkers.....	15
	17.8.4 Frequency of visits.....	15
	17.8.5 Criteria constituting a monthly face-to-face contact.....	16
	17.8.6 Visits with children in residential facilities	17

17.8.7	Recording caseworker contacts in OASIS.....	18
17.9	Child Protective Services (CPS) reporting.....	19
17.9.1	Responsibility to report	19
17.9.2	Investigating the CPS report.....	19
17.10	Working with birth parents.....	19
17.11	Working with foster parents and providers	20
17.11.1	Foster Parent Dispute Resolution.....	21
17.12	Referring children to Family Assessment and Planning Team (FAPT).....	21
17.13	Missing children or youth from foster care	22
17.13.1	Notification to law enforcement and the National Center for Missing and Exploited Children	22
17.13.2	Notification to other key partners	23
17.13.3	Continued efforts to locate.....	24
17.13.4	When missing child or youth returns.....	25
17.13.5	Discussing run away episode with child or youth	25
17.13.6	Documentation.....	26
17.12.7	Resources.....	26
17.14	Working with Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) youth in foster care	28
17.14.1	Resources	30
17.15	When child dies in foster care	30
17.15.1	Making funeral arrangements	31
17.16	Emergency/Evacuation Procedures	33
17.16.1	Emergency/evacuation responsibilities when state office closes	33
17.16.2	Emergency/Evacuation responsibilities when LDSS closes and/or when a foster child evacuates or becomes displaced	34
17.17	Completing OASIS requirements	35
17.17.1	Completing the case narrative	35
17.17.2	Completing additional documentation	36

17

MANAGING FOSTER CARE SERVICES

17.1 Introduction

Ensuring high-quality practice requires a knowledgeable, skilled, and professional workforce. Recruiting, hiring, training, and retaining qualified, culturally-diverse, culturally-competent, effective, and dedicated professionals is essential to quality practice.¹

17.2 Framework

Local departments of social services (LDSS) shall meet federal and state legal requirements, and should use sound practice principles to achieve desired outcomes and to guide decision making in managing foster care services.

17.2.1 Practice principles

Fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice in managing foster care services.

First, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in decision making regarding safety, permanency, and well-being as well as in service and educational planning and in placement decisions.
- Each individual's right to self-determination will be respected within the limits of established community standards and laws.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.

¹ Adapted from the ["Child Welfare League of America Statement on Optimal Child Welfare Service Delivery"](#).

- People can and do make positive changes. The past does not necessarily limit their potential.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

Second, we believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

- We are committed to aligning our system with what is best for children, youth, and families.
 - The practice model should guide all of the work that we do. In addition to practice alignment, infrastructure and resources should be aligned with the model. For example, training, policy, technical assistance, and other supports shall reinforce the model.
 - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
- We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families shall be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers, and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence, and well-being. As a system, we will identify and engage stakeholders and community members around our practice model to help children and families achieve success in life; safety; life in the community; family based placements; and lifelong family connections.
 - We will communicate clearly and often with stakeholders and community members. Our communication shall reinforce the belief that children and youth belong in family and community settings and that system resources shall be allocated in a manner consistent with that belief.

Third, we believe that how we do our work is as important as the work we do.

- The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our practice model. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation, and appropriate resource allocation.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
- Our organizations are focused on providing high quality, timely, efficient, and effective services.
- Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
- The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness, and guide policy decisions. We shall strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.
- As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

17.2.2 Outcomes

Managing effective, quality, and timely services for children in foster care is essential to achieving outcomes required in the federal Child and Family Services Review. The outcomes and specific measures are listed below:

Permanency Outcome 1: Children have permanency and stability in their living situations.

- Families have enhanced capacity to provide for their children's needs.
- More children in foster care achieve permanency.
- Children achieve permanency with shorter lengths of stay in foster care.
- Increased timeliness to permanency.
- Fewer children re-enter out-of-home care.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

- More children in foster care placed in close proximity to families and communities.
- More children in foster care placed with their siblings.
- Home studies are timely.
- Worker visits occur monthly.

17.3 Required training

The Code of Virginia §§ [63.2-913](#) and [63.2-1220.1](#) requires the Virginia Department of Social Services (VDSS) to establish minimum training requirements and provide educational programs for foster care and adoption service workers and their supervisors, employed by local departments of social services (LDSS). As a result of the Children's Services Transformation that began in December of 2007, child welfare training in Virginia recommitted to a competency based system of training for service workers and supervisors. Having established Core (fundamental and essential) Competencies for both workers and supervisors the resulting required training reflects both Core competencies and critical training in guidance and law that is specific to the current practice issues. The result is that all child welfare staff are trained in the same Core Competencies.

The courses listed in the following sections are required for all LDSS foster care and adoption service workers and service supervisors hired after March 1, 2013.

In addition to the courses listed below, all foster care and adoption service supervisors hired after March 1, 2013 are required to attend the Family Services CORE Supervisor Training Series – SUP5701, SUP5702, SUP5703, SUP5704. These courses are to be completed in the first two (2) years of employment as a supervisor.

For additional information on Department of Family Services training visit the [Division of Family Services Training](#) website on Fusion.

17.3.1 First three weeks requirement

The training required for new foster care and adoption service workers and services supervisors during the first three (3) weeks of employment include the following on-line courses:

- CWSE1002 Exploring Child Welfare (4 modules, on-line course)
- CWSE5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training (on-line course)

- CWSE1500 Permanency Navigating the Child Welfare Automated System: OASIS (7 modules, on-line course)

These courses are prerequisites for most of the other required courses.

17.3.2 First three months requirement

The training required for new foster care and adoption service workers and services supervisors during the first three months of employment includes the following instructor led courses and require the worker to have completed the three previous courses:

- CWS3000 Foster Care New Worker Policy Training with OASIS
- CWS3010 Adoption New Worker Policy Training with OASIS
- CWS5011 Case Documentation

17.3.3 First six months requirement

The training required for new foster care and adoption service workers and services supervisors during the first six months of employment includes:

- CWSE3030 Normalcy for Youth in Foster Care
- CWSE4050 Psychotropic Medications in the Child Welfare System

17.3.4 First twelve months requirement

The training required for new foster care and adoption service workers and supervisors during the first twelve months of employment includes the following instructor led courses:

- CWS1021 The Effects of Abuse and Neglect on Child and Adolescent Development.
- CWS1031 Separation and Loss in Human Services Practice.
- CWS1041 Legal Principles in Child Welfare Practice. (prerequisites: CWSEE1041, SCV Child Dependency Case Processing)
- CWS1061 Family Centered Assessment. (prerequisites: CWSE1002, CWSE5692, CWSE1500FC, CWS3000 or CWS3010)
- CWS1071 Family Centered Case Planning. (prerequisites: CWSE1002, CWSE5692, CWSE1500FC, CWS3000 or CWS3010)

- CWS1305 The Helping Interview. (prerequisite: CWS3000 or CWS3010)
- CWSE3041 Working with Children in Placement. (prerequisite: CWS3000)
- CWS4020 Engaging Families and Building Trust-Based Relationships. (prerequisite: CWS3000 or CWS3010)
- CWS3081 Promoting Family Reunification. (prerequisite: CWS3000 or CWS3010)
- CWS5307 Assessing Safety Risk and Protective Capacity. (prerequisite: CWS3000)
- CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention (prerequisite: CWSE4015 Trauma-Informed Child Welfare Practice)

17.3.4 First twenty four months requirement

The training for new foster care and adoption service workers and supervisors during the first 24 months of employment include:

- CWS3021 Promoting Birth and Foster Parent Partnerships. (prerequisite: CWS3000)
- CWS3061 Permanency Planning for Teens-Creating Lifelong Connections. (prerequisite CWS3000 or CWS3010)
- CWS3071 Concurrent Permanency Planning. (prerequisite: CWS 3000 or CWS3010)
- CWS5305 Advanced Interviewing: Motivating Families for Change.
- DVS1001 Understanding Domestic Violence.
- DVS1031 Domestic Violence and Its Impact on Children.

17.3.5 Ongoing annual training requirement

All foster care and adoption service workers and supervisors are required to attend a minimum of 24 contact hours of continuing education/training each year. For those workers and supervisors hired on or after January 1, 2013, the first year of this requirement should begin no later than two (2) years from their date of hire, after the completion of their initial in-service training detailed above.

Continuing education activities to be credited toward the 24 hours should be pre-approved by the local department of social services supervisor or person managing

the permanency program. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, seminars and conferences.

Documentation of continuing education activities is the responsibility of the local department of social services. VDSS recommends that the timeframe for the annual 24 hours of continuing education be within each calendar year. However, it is at the discretion of the LDSS to determine this time frame as long as it is consistent throughout all child welfare divisions in an agency.

17.3.6 LDSS shall ensure worker compliance

It is the responsibility of the LDSS to ensure that staff performing foster care/adoption duties within their agency have met the minimum standards. The Permanency supervisor or the person managing the Permanency program at the local level shall maintain training documentation in the worker's personnel record. The supervisor shall assure that the workers who report to them complete the required training within the given timeframes.

17.4 Managing by data

In an effort to use data to inform management, improve practice, measure effectiveness, and guide policy decisions, the Division of Family Services has several available data tools. Information about how to access and use each data tool is detailed below. Data tools and additional information about each tool can also be found on the [Reporting and Analysis page](#) on the DSS internal website.

- **SafeMeasures.** SafeMeasures compiles and analyzes information extracted directly from OASIS and presents it in a series of reports. These reports help assess whether federal, state, and local requirements are being met, track agency, unit, and worker performance over time, and monitor workload. SafeMeasures is updated twice a week, on Monday and Wednesday, allowing workers access to current caseload data. SafeMeasures also has drill-down capability on each measure which allows supervisors and caseworkers to look at a process outcome measure and see exactly which cases are on track according to that measure. Tutorials and manuals for SafeMeasures can be found on the [Fusion](#) webpage and in the documentation section of SafeMeasures itself. [SafeMeasures](#) can be accessed directly on the SafeMeasures website.
- **Virginia Child Welfare Outcome Reports (VCWOR).** The [VCWOR](#) is an Access database available for download on the DSS Fusion website. Foster care measures include Adoption and Foster Care Analysis Reports (AFCARS) data such as goal, placement, entry, and exit. In addition, raw data files for rolling fiscal years are available for download. The VCWOR also contains the Children's Services System Transformation Outcome reports that are updated on a monthly basis. Finally, like SafeMeasures, the foster care data available through the

VCWOR allows for drill-down capability in order to monitor the children behind the numbers.

- **Chapin Hall Multistate Foster Care Data Archive.** The Multistate Foster Care Data Archive organizes Virginia's administrative data into a robust and flexible longitudinal database. A web tool provides access to data used for the generation of a variety of individual or aggregated reports. Virginia, along with 17 other states, is a member of the Archive, which further allows for reports to be run comparing Virginia with other states. By using this longitudinal research tool, states can better understand the foster care placement outcomes including time to reunification, time to adoption, placement stability, and reentry. This website can be accessed from the [Reporting and Analysis page](#) or directly on the [Multistate Foster Care Data Archive](#) website.
- LDSS staff should email the Program Manager of the VDSS Outcome Based Reporting and Analysis Unit for access to and questions regarding these tools.

17.5 Role of service worker in managing services

The service worker plays a central and essential role in managing foster care services. The service worker ensures that the process of providing services:

- Respects the family's culture, traditions, and language.
- Is designed to achieve permanency for the child.
- Meets federal, state, and local requirements, including but not limited to foster care plans, case reviews, hearings, purchasing, and documentation.
- Continually identifies, seeks out, reassesses, reconnects, and engages maternal, paternal, and extended family members and other individuals who are significant in the child's life.
- Uses a wraparound process, including:
 - Addressing the unique needs and issues of the child and family through:
 - Building on the strengths and resources of extended family members, significant individuals, natural supports, and providers.
- Involves coordinating services and supports across significant individuals, natural supports, and providers.
- Uses data to support decision making and improve quality of practice.

- Involves consistent and regular communication with providers of direct services with the child and family to ensure consistent messages are being provided to the child, family, and providers.
- Is assessed regularly through frequent contacts with the child, family members, and service providers.
- Is flexible and responsive to meeting the changing needs, circumstances, and opportunities of the child, birth parents, and family members through eliminating, adjusting, and/or adding new services and supports as needed.
- Supports and builds the confidence of the child and family in their new or strengthened skills and resources.

17.6 Caseload Standard

Virginia's General Assembly passed legislation in 2019 (§ [63.2-913.1](#)) requiring VDSS to establish a caseload standard limiting the number of foster care cases that can be assigned to each service worker. The caseload standard must be reviewed and updated annually on the basis of time and work necessary to effectively manage each foster care case.

Caseload size has a significant impact on achieving permanency. Not only do unmanageable caseloads impact the foster care cases directly, they also have significant secondary effects on worker retention and well-being.

The current caseload standard is 15 foster care cases maximum per foster care service worker. Each child in foster care is considered an individual foster care case.

17.7 Reasonable efforts by LDSS

Reasonable efforts shall consistently be made to achieve permanency for the child as quickly as possible. Services shall be provided to the child and all involved parties (e.g., birth parents, relatives, foster/adoptive parents, siblings, etc.) beginning at the initial contact with the child and family. When the goal is reunification, services to the birth parent or caretaker that begin prior to or at removal will ensure that the parent or caretaker has adequate time to remedy the conditions that brought the child into care.

Service workers shall document in the case file that reasonable efforts (e.g., assessment, service planning, and service provision) were made to prevent or eliminate the need to remove a child from his or her home and to reunify the family when temporary placement of the child occurs. Documented efforts shall include a diligent relative search and decisions made during Family Partnership Meetings (FPM) if such meetings were held (see [Section 2](#)).

Once the decision is made that a child shall be placed outside the home, the service worker should begin planning for permanency and recommend the most appropriate placement resource that builds upon the strengths and addresses the needs of the child (see [Section 6](#)). Children placed with relatives or other appropriate caregivers should receive counseling and other specified supports to minimize the trauma of separation from their family.

All reasonable steps shall be taken to place siblings together (see [Section 6.4](#)). When the child is separated from siblings, the service worker shall provide for frequent and regular visits and communication between siblings ([see Section 6.4.5](#)). Other family members and significant individuals to the child should be encouraged to connect and maintain involvement with the child, consistent with the child's safety, best interests, and personal desires (see [Section 2.6](#)).

The child and family should be encouraged and supported in participating in a comprehensive assessment of their strengths and needs, including educational, developmental, health, dental, and mental/behavioral health assessments of the child (see [Section 5](#)). The complement of services and supports required to achieve the child's permanency goal and to meet the unique needs of the child and family should be provided in a timely manner, based on their assessed needs and their individually tailored service plan. Children in placement who exhibit behavior or mental health conditions should receive appropriate therapeutic services to ameliorate those conditions, helping the child to be able to function at the highest possible level.

Managing foster care services involves more than identifying and managing the array of services and providers. It also involves critical services to assist and support the family through the changes that service intervention requires. Early efforts to provide coordinated services among courts and public and private child welfare professionals will facilitate improved outcomes.

17.7.1 Monthly supervisory conference

Supervisory conferences provide the service worker with the benefit of an additional perspective on all aspects of a foster care case. Supervisory conferences may be held more frequently than monthly based on the skill of the service worker and the dynamics of the case. Supervision consists of two parts: task supervision where the goal is completing critical elements of the case, and solution-focused supervision which uses coaching to improve skills in specific areas of practice. The coaching conversation using the [Practice Profiles](#) can be integrated into any supervision session. Use either the [Critical Activities Wheel](#) or the [Practice Profiles Self-Assessment](#) to partner with the service worker to identify specific sub-skills in the Practice Profiles. The Supervisor uses the Practice Profiles to balance the quality of case practice with requirements in guidance. Supervisory conferences shall be documented under the "Contacts" section of OASIS. The purpose of the supervisory conference is to discuss:

- The parent's progress on the service plan.

- Dynamics including, but not limited to:
 - Any clinical issues.
 - The child's well-being in placement.
 - Additional services needed by all individuals involved in the case.
 - Changes to the service plan.
 - Plans for achieving the permanency goal.
- Updates to the assessment regarding the family and the foster care. The family's potential for reunification.
- Whether services that have been provided by the LDSS are appropriate for supporting improvement or progress.

Critical decisions are made in consultation with the supervisor and should consider opinions and recommendations from the child, family, relatives, professionals, or others involved with the family. Decisions are to be documented in OASIS.

Although all decisions affecting children and families are important and should be discussed in supervision, the following decisions are identified as the most critical ones affecting children and families:

- Whether reunification remains a viable goal;
- The status of finding and involving any relatives in the plan for the child and family;
- When to begin trial visits;
- Whether to decrease or increase the frequency or the duration of parent and/or sibling visits with the child and whether the visits will be supervised;
- Whether to change a child's placement;
- Whether parental rights will be terminated and an alternate permanent home sought;
- Whether children will be placed apart from siblings who are also placed in substitute care; or
- Whether to petition the court to terminate LDSS custody.

17.8 Ongoing visits with child

17.8.1 Purpose of visits

Caseworker visits shall be well-planned and focused on issues pertinent and meaningful to case planning.

The focus of caseworker visits should be on the child's safety, well-being, and progress to permanency. Key elements to consider in the meaningfulness of such visits include:

- The stated purpose and function of the visit with goals and areas of exploration determined in advance of the visit.
- The child's age and developmental level and the best manner in which to communicate with the child.
- Who, in addition to the child, can provide information about the child and service plan goals and outcomes.
- The safety of the child's environment.
- Adequate time to discuss the child's, provider's, and family's case plan and the completion of actions necessary to support children and families in achieving the goals established in their plans. This includes a discussion of the performance by the LDSS in following through on assigned responsibilities.
- Examining changes in the child's, provider's, and family's circumstances on an ongoing basis.

See [Home Visit Guidance Tool](#) on the forms page in Fusion.

17.8.2 Approved caseworkers

All children in foster care shall have a monthly face-to-face contact with an approved caseworker. The following individuals are considered approved caseworkers for the purpose of these contacts:

- The primary LDSS service worker.
- Other service workers (e.g., the supervisor, chief of services, LDSS director when appropriate) who attend case planning staffings for the child on an ongoing basis and are known by the child either through attendance at service planning meetings, family team meetings, or through other meetings, court, or administrative hearings or conferences.

- Case aides, volunteers, and Bachelor or Master's level student interns as long as they meet the criteria in the preceding bullet and are specifically assigned to provide ongoing assistance in a particular case.
- Children's Services Act (CSA) Coordinators may be considered caseworkers for the purpose of conducting face-to-face contacts.
- The workers in the agency in the receiving state authorized by the Interstate Compact to provide supervision for a child placed outside Virginia with relatives, in a foster home, or an adoptive home.

17.8.3 Individuals not approved as caseworkers

The following individuals may NOT be considered caseworkers for the purpose of conducting face-to-face contacts:

- Service workers who do not have the level of familiarity with the child and his plan for permanency as described above.
- Individuals (e.g., case aides, volunteers, student interns) providing general assistance (e.g., transporting clients, data entry, helping parents in job searches, assisting in preparing case materials for referral).
- Licensed Child Placing Agency or children's residential services staff.
- Court-Appointed Special Advocates.
- Other Family Assessment and Planning Team members.

17.8.4 Frequency of visits

17.8.4.1 In-state visits with child under age 18 and young adults over 18 in the Fostering Futures Program

A caseworker shall have a monthly face-to-face visit with the child, including those youth in independent living arrangements, in the child's home or placement if the youth is under age 18. A caseworker shall also have a monthly face-to-face visit with the young adult who is over the age of 18 and in the Fostering Futures Program. When courtesy supervision is provided by another agency, that agency is responsible for the face-to-face visits.

17.8.4.2 Visits and contacts with youth 18-21 who turned 18 prior to July 1, 2016

If the youth is age 18 and over, there shall be face-to-face visits between the youth and the LDSS caseworker preferably monthly but at least quarterly. At least once every three months the visit shall be in the residence of the child.

The needs of the youth should determine the frequency of visits beyond the minimum requirements.

Some type of contact with the youth age 18 and over, such as a phone call or email, shall be made on a monthly basis.

17.8.4.3 Out-of-state visits

A caseworker shall have a face-to-face visit with the child in an out-of-state placement at least monthly where more than half of the visits occur in the child's place of residence.

Ongoing visits with a child placed outside Virginia with relatives, in a foster home, or an adoptive home will be made by the agency in the receiving state authorized by the Interstate Compact to provide supervision. Additional information regarding the placement of children outside Virginia is included in [Sections 6.16.5](#) and [6.17.3](#).

Caseworker visits for children placed out-of-state must begin when the child is placed pursuant to the approval of the placement by the ICPC office in the receiving state. It is the responsibility of the sending state to provide the receiving state with the Form 100B, documenting the date of the child's placement with the approved resource. Supervision shall be initiated promptly upon the receiving state agency's receipt of the 100B. However, in accordance with [ICPC Regulation NO. 11](#), the receiving state can and should begin supervision **prior to** the receipt of the 100B if the receiving state has been informed by other means that the child has been placed.

ICPC does not apply to young adults over the age of 18. Please see [section 14](#) for information regarding visitation with Fostering Futures participants who live out of state.

See ICPC policy governing supervision of youth in out-of-state placements ([Vol. VII, Section III, Chapter E](#)).

17.8.5 Criteria constituting a monthly face-to-face contact

Monthly face-to-face contacts shall:

- Occur within each and every calendar month. If a child is seen twice in one calendar month (e.g., July 1 and July 31), but not in another calendar month (e.g., August), the child is not considered to have been seen each and every calendar month. As a result, the child remains in the overall count of children who should be visited but since he was not seen each and every calendar month, all face-to-face contacts made with this child are omitted from the overall state percentage of visits.

- Be face-to-face. Only contacts made where the caseworker actually sees the child in person may be counted and visits shall be well-planned, focused, and meaningful.
- Occur in the child's place of residence more than 50 percent of the time. "Place of residence" means where the child is placed or is living and includes:
 - Foster homes.
 - Group homes.
 - Residential facilities.
 - The child's home when the child is on a trial home visit for the entire month.
 - May include a medical or psychiatric hospital when the child remains in the placement and care of the LDSS.
- Include one-on-one time with the child. This provides the opportunity for the service worker to assess the child's safety, the opportunity for the child to share any concerns he may have, and for the child to be to provide input in his permanency plan.

17.8.6 Visits with children in residential facilities

Onsite monthly visits are required for children placed in residential facilities. When a child is placed out-of-state, arrangements may be made with a worker in the other state to conduct the visit. A worker shall have a face-to-face visit with the child, including those youth in independent living situations, at least monthly. Over half of the visits shall occur in the child's place of residence.

If there is suspicion of a licensing violation in any Virginia public or private facility serving children, hospital, treatment, or rehabilitation center, the appropriate licensing authority should be notified. Website locations for the licensing authorities in Virginia are listed below:

- [Virginia Department of Behavioral Health and Development Services' Licensed Provider Search.](#)
- [Board of Juvenile Justice's List of Regulated Residential Programs.](#)
- [VDSS' Search for A Children's Residential Facility.](#)

If the agency is located outside of Virginia, the appropriate state's Child Abuse Hotline can be found by contacting the Childhelp National Child Abuse Hotline at 1-800-4-A-CHILD.

If a situation in an in-state or out-of-state facility warrants a child protective service abuse and neglect complaint, the complaint should be filed through normal reporting channels.

17.8.7 Recording caseworker contacts in OASIS

Face-to-face contacts shall be entered into OASIS **immediately but no later than 30 days** following the contact. On the "Case/Collateral Contact Information" screen, service workers shall complete the following:

- In the "Type/Location" field, select the appropriate type of "Face-to-Face" contact that occurred. On the current OASIS Contact Types pick list, the following options are to be used:
 - "Face-to-Face" (Child's Current Place of Residence) shall always be selected for all contacts that occur in the child's place of residence including the foster home, group home, residential facility, or independent living arrangement. No other selection from the pick list should be made if the contact occurred in the child's designated place of residence.
 - "Face-to-Face" (Home) shall only be selected when the contact occurs in the child's home (i.e., the home where the child is to be reunified with the adults from whom he was removed) and only when the child is on a trial home visit.
 - "Face-to-Face" (Court), "Face-to-Face" (DSS office), "Face-to-Face" (Child Care Provider), "Face-to-Face" (School) shall be selected when appropriate.
 - "Face-to-Face" (Residential Facility) shall only be selected if the worker contact occurs with the child while the child is on a pre-placement visit to the residential or group home site.
 - "Face-to-Face" (Other) should **ONLY** be selected when the place of the visit is not already included in the items noted above (e.g., contact at the Virginia Youth Advisory Council conference; contact at a friend's house).
- Complete the date and time of the contact.
- Under "Purpose," select "worker visit" along with any other pick list item that applies.

- In the “Comments” text field, summarize the information necessary to communicate that the contact was meaningful. Information specific to the child’s safety, well-being, and efforts to achieve permanency should be included in the comments section.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

17.9 Child Protective Services (CPS) reporting

17.9.1 Responsibility to report

Any person employed in a LDSS who suspects a child has been abused or neglected in a foster care placement shall report the matter immediately to the LDSS where the child resides or the state’s Child Protective Services hotline at 1-800-552-7096 ([§ 63.2-1509](#)).

The Code of Virginia requires that any person 18 years of age or older associated with or employed by a public or private organization responsible for the care, custody or control of children shall be a mandated reporter of suspected child abuse or neglect. This includes all foster and adoptive, and respite families.

17.9.2 Investigating the CPS report

A CPS worker in the locality which assumes jurisdiction of a valid report shall be responsible for conducting the investigation. The foster care service worker shall cooperate with the CPS investigation and be kept informed and involved in any decision to remove the child. The LDSS holding custody or having placed the child, if different from the agency of the child's residence, shall be notified of the report of abuse or neglect.

17.10 Working with birth parents

The relationship and frequency of direct contact between the service worker and the family plays a critical role in achieving timely permanence for the child. Keeping the same service worker involved with the family over time, whenever possible, helps provide stability and continuity in services for the child and family.

Service workers should establish frequent and regular face-to-face contacts with birth parents to build a trusting relationship that can serve to facilitate progress and support of the parent in achieving the goals for the child and family. For cases with the goal of reunification, the service worker shall have face-to-face contact with the birth parents or prior custodians a minimum of once every two months and at every critical decision-making point throughout the case ([§ 63.2-906](#)). Contact should be no less than monthly. Telephone contacts, emails, and other forms of indirect contact also serve to strengthen the worker-parent relationship.

These contacts afford an opportunity for the service worker to:

- Discuss the child and family's progress regarding the service plan goals.
- Discuss the parents' goals and plans for the child returning home.
- Address any barriers or challenges to reunification.
- Develop additional plans for how the parents will access and use other support systems once the child returns home.

17.11 Working with foster parents and providers

As team members, foster parents and providers:

- Should be contacted as often as needed but at least monthly.
- Shall participate in meetings related to service planning for a child in the home or placement.
- Shall be given all reasonably ascertainable background, medical, and psychological records of the child including information as to whether the child was the subject of an investigation as the perpetrator of sexual abuse ([§ 63.2-900](#)), and shall keep this information confidential. They shall be given the Foster Care Plan, including Part B, and educational and medical information about the child.
- Shall be asked to gather mementoes (report cards, pictures, awards, etc.) that will go with the child when he leaves or may be utilized in preparation of a life book. Life Books help children and youth develop and sustain a culturally sensitive, positive identity through identifying, maintaining, and building a history of memories and connections. All children and youth should have a life book that belongs to them and accompanies them through the course of their involvement in foster care. See [Section 9.5.3](#) for information on life books, including best practice guidance on creating and maintaining life books.
- Shall be given notice, whenever possible, as specified in family foster care placement agreement, when a change in placement is to occur.

As stated above, foster parents and providers shall participate in meetings related to service planning and be given notice, whenever possible, when a change in placement is to occur. As placement change is a critical decision point, the service worker is required to hold an FPM when a change in placement is planned (Section [2.9](#), [6.5](#), and [6.10](#)). The input and engagement of foster parents and providers in making placement decisions is vital to ensuring placement stability. When indicators of a possible placement disruption are observed, service workers should schedule

an FPM as quickly as possible to explore all possible options to support placement stability.

17.11.1 Foster Parent Dispute Resolution

Foster parents have a right to file a complaint regarding alleged violations of collaboration, communication, access, and transparency between the local boards and LCPAs and the foster parents.

Prior to filing a formal complaint, the foster parent shall contact the service worker assigned to the foster home and provide a description of the alleged violation. For LDSS approved homes, this would be the family recruitment service worker assigned to the home. For LCPA approved homes, this would be the foster care service worker for the child in foster care. The service worker shall respond within five business days and explain any corrective action to be taken in response to the foster parent's complaint. If the foster parent and service worker are unable to informally resolve the complaint, the foster parent may file a written complaint through the dispute resolution process with the foster care supervisor or designee. The supervisor shall respond to the complaint within five business days with the findings regarding the alleged violation and any correction action that will be taken.

If the foster parent disagrees with the supervisor's response, the foster parent may appeal the resolution to the local director by filing a written notice of appeal. The appeal shall include a description of the alleged violation, and a copy of the foster care supervisor's report. The director shall hold a meeting with all the parties within seven business days to determine the validity of the alleged violation and the appropriateness of the response from the service worker and supervisor. A summary of the meeting shall be documented by the service worker after approval by the foster care supervisor. The director shall issue written documentation of findings to all parties, and when applicable, recommendations for corrective actions.

17.12 Referring children to Family Assessment and Planning Team (FAPT)

When serving as case manager for a FAPT case, the service worker is responsible for:

- Providing information to the FAPT to be used in updating and revising the Individual Family Service Plan (IFSP) and/or the Foster Care Plan.
- Notifying the child, birth parent(s), family members, and foster parents in advance of the location and time for all FAPT meetings, as appropriate.
- Engaging the child, family, and foster and adoptive parents in the FAPT process to help assess, plan, and implement services. These individuals have the right and should be encouraged and supported to either speak at the meetings or

submit written recommendations. The FAPT shall consider their opinions in developing the service plan.

- Participating in all FAPT reviews, and encouraging the parent(s) to participate in FAPT reviews.
- Complying with local and state CSA policies and procedures.

17.13 Missing children or youth from foster care

Child welfare is charged with ensuring that children exit foster care to a safe, permanent family. This charge is supported by an agency's capacity to manage instances in which children and youth in the agency's custody may be missing or runaway from a foster care placement. Missing foster care children/youth may be defined as those who have either left voluntarily (runaways) or involuntary (abduction or lost), and cannot be accounted for by the agency responsible for their care and placement.

Each LDSS should have a plan specific to their community and in collaboration with local law enforcement utilizing the recommendations in this section. (See the [National Center for Missing and Exploited Children](#) and its [checklist](#) of actions to take in the initial stages of a missing child or youth.)

All activities undertaken to locate children and youth missing from foster care should be clearly and completely documented in OASIS.

17.13.1 Notification to law enforcement and the National Center for Missing and Exploited Children

The LDSS shall provide immediate verbal notification to the appropriate local law enforcement agency and National Center for Missing and Exploited Children (NCMEC) within 24 hours upon receiving information on any child that is missing or who is running from care. The LDSS should follow up by sending subsequent written notification within 48 hours or as required by law enforcement protocol. The LDSS should ask law enforcement to enter information about the child into the FBI's National Crime Information Center (NCIC) database which includes information on missing persons.

Once a report is filed with law enforcement, the LDSS shall contact the NCMEC at 1-800-843-5678. NCMEC can only accept reports from the legal guardian. See [section 17.13](#) for additional information regarding required activities during the initial stages of a missing child or youth.

Information to be shared with law enforcement and the NCMEC (as appropriate) includes:

- Biographical information and photographs.

- Names and addresses of friends, relatives, present and former foster parents and placement staff, and acquaintances.
- Suspected destinations.
- Prior disappearances and outcome.

Other information regarding special circumstances that should be highlighted in communications with law enforcement officials may include, but are not limited to:

- Child younger than 13 years of age.
- Child or youth intellectually disabled.
- Child or youth that is drug dependent, including prescribed medication and/or illegal substances and if the dependency is life-threatening.
- Child or youth missing more than 24 hours before being reported to law enforcement.
- Child or youth believed to be in a life-threatening situation.
- Child or youth believed to be in the company of adults who may endanger his safety.
- Other circumstances involved in the disappearance that would cause a reasonable person to conclude that the child or youth may be considered “at imminent risk”.

If the worker believes that a child or youth has unwillingly left the foster care placement or has been removed by an unauthorized person, the worker should request that the child be placed on the Amber Alert System when making the report to law enforcement. The local law enforcement officials will determine if Amber Alert criteria are met and will activate the network when appropriate.

17.13.2 Notification to other key partners

When a child or youth has runaway or is discovered to be missing from the foster care placement and the child or youth’s whereabouts are unknown, the service worker should provide:

- Immediate verbal notification to:
 - The parents unless the parents cannot be found or have had their parental rights terminated.
 - The child’s or youth’s guardian ad litem (GAL).

- Notification within 24 hours, or as soon as possible, of the disappearance to:
 - Family members.
 - Service providers.
 - Other appropriate persons.

The service worker should discuss with all parties the collaborative efforts they can all take to locate the child or youth.

17.13.3 Continued efforts to locate

The service worker shall continue to make efforts to locate the child or youth each month that the child or youth remains missing or on runaway status. See the [NCMEC](#) and its [checklist](#) of actions to take in the initial stages of a missing child or youth. Youth usually run from or to something. Data shows most youth run to friends, family, or the streets. It is very important to know who and how to contact their friends or family. It is also very important to be aware of the youth's hangouts and activities.

Efforts to locate the child or youth shall include, but are not limited to, contacting:

- Law enforcement.
- Birth parents, family members, and relatives.
- Former caregivers.
- Other agencies that may be providing services.
- The [National Center for Missing and Exploited Children](#) at 1-800-843-5678.

Efforts should also be made to track the child or youth's activities via Facebook or other social media sites. It will be necessary to work with the police or the National Center for Missing and Exploited Children to obtain access to restricted pages.

The case of a missing child or youth should be staffed on a quarterly basis with a supervisor to ensure that efforts made to locate the child or youth have been sufficient and no other actions are needed.

When information regarding the possible location of a missing child or youth is received, the service worker should staff immediately with a supervisor to assess the most appropriate course of action to secure the child's safety.

All activities taken to locate children and youth missing from foster care should be clearly and completely documented in OASIS.

17.13.4 When missing child or youth returns

When the child returns to the foster care placement after being reported to law enforcement as a runaway or missing person, the service worker should ensure that appropriate law enforcement are notified immediately, but no later than 24 hours after the service worker was notified, of the child or youth's return. When the child or youth had been placed on the Amber Alert system, the service should notify law enforcement within one hour of the child or youth's return, consistent with the protocol established by local law enforcement.

Parents and the GAL should be notified as soon as possible after the service worker has been notified of the child's return.

Other parties notified of the runaway or missing status of the child should be notified of the child or youth's return within 24 hours but no later than 48 hours of the child or youth's return.

17.13.5 Discussing run away episode with child or youth

Engaging the youth is essential when they return. It is important for the youth to feel welcome, supported, and cared about. Their immediate needs should be met. The worker should always talk to a youth about a run episode. The main focus of the discussion is to determine if the youth is okay and to gather enough information to develop a plan to help the youth not to want to run in the future. Remember to focus on a solution and be nurturing. The information obtained in this process may prevent a future run and help the service worker develop targeted information.

Some questions to ask may include:

- Are you ok?
- Do you need any supports, services, medical attention?
- What do you need right now to feel safe?
- Is there anything I can do to make it easier to stay?
- Was there anything that would have changed your mind to keep from running?
- What did you hope to happen when you left?
- Did you have a plan on how to take care of yourself and did it work out?
 - This question may help lead to where they ran to, what they did, who they contacted, and what happened to them on the run

- What made you decide to return?
- What are your plans for the future?
- What do you want to see happen in the next 3 months?

Note: If a youth runs to see biological family, assess current safety issues, and consider placement with family or increase family visits.

The Preventing Sex Trafficking and Strengthening Families Act ([P.L. 113-183](#)) also requires that the child be screened to determine if he/she is a possible victim of sex trafficking. See [Section 12.5.1](#) for additional information on resources and tools to be used when screening a child for sex trafficking. Additionally, LDSS shall report within 24 hours to law enforcement after receiving information on a child or youth who has been identified as being a sex trafficking victim.

17.13.6 Documentation

The LDSS shall clearly and completely document all activities taken to locate children and youth missing from foster care in OASIS. The service worker shall also document in OASIS whether the youth is a known victim of sex trafficking either prior to or while in foster care. Documentation shall include:

- Efforts made to locate the child or youth, as well as any tasks or actions assigned through case staffing with the supervisor.
- All continuing efforts to locate the child in collaboration with law enforcement, family members, GAL, [NCMEC](#), and other appropriate persons.
- Efforts made to persuade the youth to return to foster care, if a youth is located and refuses to return.
- Discussions with the child or youth after a return to care so that this information may be used to prevent another run episode.
- Indication as to whether the youth is a known victim of sex trafficking prior to or while in foster care.

17.12.7 Resources

- The [National Runaway Safeline](#) (formerly known as the National Runaway Switchboard) was established in 1971 and serves as the federally designated national communication system for runaway and homeless youth. Services are provided through funding from the Family and Youth Services Bureau in the Administration for Children and Families, U.S. Department of Health and Human Services and private funders.

Services offered by NRS include:

- 1-800-RUNAWAY crisis hotline is available 24-hours a day throughout the United States and its territories, including Puerto Rico, the U.S. Virgin Islands, and Guam.
- Information and Referrals which is a database of more than 13,000 youth and family resources such as counseling, shelter services, and alcohol/drug services.
- Conference calls assisting the youth in contacting family or services.
- Message services for youth who want to relay messages to parent/guardians or the parent/guardian may leave messages for the youth.
- Let's Talk: a free runaway prevention curriculum for teenagers, families and those that support them.
- Home Free: a service in partnership with Greyhound Lines, Inc. to help reunite runaway youth with family or guardians by providing a free bus ticket home.
- The [National Center for Missing and Exploited Children](#) (NCMEC) offers multiple resources, such as:
 - Taking reports of missing children who have run away.
 - [Checklist](#) of actions to take in the initial stages of a missing child.
 - Case management teams within the Critical and Runaway Unit that provide technical assistance to law enforcement and support the runaway's family. They will coordinate the creation and dissemination of posters to help generate leads. Information about the child must be entered in the FBI's National Crime Information Center to create a poster.
 - Legal resources for runaway children.
 - Appropriate referrals for families in crisis and needing emotional support to NCMEC's Family Advocacy Division and/or Team HOPE.
- [Virginia's Missing Children Clearinghouse](#) is administered through the Virginia Department of State Police. The Clearinghouse:
 - Links to all Virginia law enforcement agencies through the Virginia Criminal Information Network, the FBI, all U.S. police agencies through

the National Crime Information Center, and all children's clearinghouses through computer hookups with NCMEC.

- Helps coordinate efforts between local, state, and federal agencies in recovering missing children.
- Provides tips on handling specific situations.

[Shared Hope International](#) addresses human trafficking, including the foster care population

17.14 Working with Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) youth in foster care

According to the Williams Institute, approximately 7.2% of youth identify as lesbian, gay, bisexual, or queer, and 2.25% of youth identify as transgender. However, 19.1% of youth in foster care identify as LGBTQ. LGBTQ youth in care report experiencing significant discrimination related to their actual or perceived sexual orientation, gender identity and gender expression. All youth in foster care deserve to be treated with dignity and respect and be placed in an affirming environment that will support safety, permanency, and well-being. This is often more difficult for LGBTQ youth due to biases and discrimination among placement providers and service providers. These youth are at a significantly higher risk of harassment and violence than their peers. They have a higher rate of suicide and placement instability. Service workers play an important role in ensuring that the needs of LGBTQ youth are consistently met. Service workers should:

- Explore own beliefs and practice affirming language.
- Be prepared to respond in a positive, supportive, and affirming manner should a youth disclose an LGBTQ identity.
- Avoid making assumptions about the youth's LGBTQ identity based on the youth's appearance or stereotypes.
- Empower youth by:
 - Consulting with the youth during the placement process to ensure that the team can work cohesively to identify a safe and affirming placement that will achieve permanency.
 - Permitting the youth to buy and wear clothing that is consistent with their gender identity and expression.
 - Applying the same grooming rules and restrictions regarding hair, makeup, shaving, etc. equally to all youth, regardless of LGBTQ identity. Staff should permit transgender and gender nonconforming

youth to use approved forms of personal grooming consistent with their gender identity and gender expression.

- Asking the youth to share the name and pronouns that they would like others to use when referring to them, and asking those in the youth's life to use them.
 - Ensuring the youth is able to access the natural supports that they have identified.
- Seek placements in families that provide a safe and affirming environment. Regularly evaluate the youth's overall safety, including consultation with the youth, as it relates to their sexual orientation, gender identity and gender expression in terms of placement, emotional, and physical well-being.
 - Identify and make referrals to service providers that are educated in working with LGBTQ youth.
 - Ensure youth receive developmentally appropriate sexual and reproductive health services.
 - Work with the youth's school to address use of names and pronouns, clothing and grooming options, bathroom and locker room use and participation in athletics and other sex-segregated activities.
 - Become familiar with resources in the community for LGBTQ youth and connect youth to all available resources.
 - Provide support and resources to the youth's school, family, placement provider, and anyone else identified by the youth.
 - Ensure that everyone working with the youth is accepting of the youth and does not attempt to change the youth's sexual orientation, gender identity, or gender expression. Conversion therapy and any other treatment intended to change the youth's sexual orientation, gender identity, or gender expression is prohibited.
 - Protect the youth's confidentiality by treating the youth's decision to disclose as sensitive information and do not disclose information about a youth's LGBTQ identity without the youth's consent unless disclosure is necessary to comply with state or federal law or required by court order.
 - Ensure that LGBTQ youth have access to health care providers who are knowledgeable about LGBTQ health issues and capable of inclusive and affirming conversations about a youth's health care needs. This includes ensuring that transgender youth have access to necessary transition-related treatment, as determined based on their individual needs by qualified medical personnel familiar with the relevant standards of care.

- Promptly and appropriately intervene when a youth faces physical, verbal, or sexual abuse or harassment based on actual or perceived sexual orientation, gender identity, or gender expression.

17.14.1 Resources

- Human Rights Campaign-
 - [All Children-All Families: LGBTQ Resources for Child Welfare Professionals](#)
 - [Glossary of terms](#)
- Healthychildren.org- [Supporting LGBTQ Youth in Foster Care](#)
- Child Welfare Information Gateway- [Working with LGBTQ Youth and Families](#)
- “This is a Book for Parents of Gay Kids: A Question and Answer Guide to Everyday Life” by Dannielle Owens-Reid
- Hot Lines:
 - The Trevor Helpline 866-4-U-Trevor (488-7386)
 - National Gay and Lesbian Youth Hotline 800-347-TEEN (8336)
 - GLBT National Youth Talkline 800-246-PRIDE (7743)
 - Gay, Lesbian, Bisexual, and Transgender National Hotline 888-843-GLNH (4564)
 - CDC Information Line 800-CDC-INFO (232-4636)

17.15 When child dies in foster care

When notification is received that a child has died in foster care, the service worker shall immediately notify the agency director and complete the following steps:

- Make a report to the Child Protective Services division of the child’s death.
- Notify the VDSS Regional Director of the fatality or the Regional Foster Care Consultant if the director is not available.
- The service worker shall submit to the regional director a written summary of the incident within three (3) hours (or by 9 a.m. the following business day for reports alerted after hours). This summary should then be forwarded to the VDSS Division Director of Family Services or his designee as soon as possible for:

- Any case receiving media attention.
- Any open foster care case.
- Any case where a youth age 18 and over is receiving IL services.
- This report should include at a minimum:
 - The cause of death, if known.
 - Time of death.
 - Location of death.
 - Circumstances surrounding the child or youth's death and any witnesses. Witnesses may include physicians, police, placement providers or school personnel.

The service worker should also notify the following parties about the child's death immediately:

- The child's parents.
 - If the parent cannot be located, the service worker notifies relatives who have been involved with the child.
 - If the child was under the care and control of the local department of social services at the time of death; the worker may notify the child's parents, even if they have had their parental rights terminated or have executed a relinquishment.

Within 24 hours (or as soon as possible, when a particular party cannot be reached within 24 hours):

- The agency attorney.
- Any legal counsel retained by the parents.
- The guardian ad litem for child and/or parents, if applicable.

17.15.1 Making funeral arrangements

The LDSS should ensure that culturally appropriate funeral arrangements are made and carried out for the child or youth who dies while in the custody of the local department of social services.

If the biological family is not able to assume responsibility, the worker should contact a local funeral home to provide a dignified funeral service within the acceptable

standards of the community. To the extent possible, consider the wishes of the biological family and foster family in making arrangements for the child's burial or cremation.

17.15.1.1 Involving biological parents

The service worker should involve the child's biological parents in the funeral arrangements to the maximum extent feasible, even if parental rights are terminated; if the service worker determines doing so is appropriate.

For example: parental involvement may not be appropriate if rights have been terminated and the child is in a pre-adoptive placement but may be appropriate if a parent has remained in contact with the child or the placement was not considered permanent.

Regardless of legal status, a parent may wish to help with arrangements, express preferences and contribute resources to cover the costs of the child's funeral.

The service worker consults with biological parents whose rights have not been terminated to request that:

- The parents pay reasonable and necessary burial or cremation expenses; and
- The parents spend the proceeds from an insurance policy for the child or any known funds or accounts set up for the child on the funeral expenses.

If the parents are able to fully or partially fund the children's funeral, they may do so by paying the funeral home or other vendor directly.

If a family is unable to assume responsibility for funeral expenses, family participation may be included in such activities as providing clothing, scheduling of services, and provision of clergy. These may be coordinated through the local funeral director and the agency. If the religious affiliation of the biological parents is unknown and cannot be reasonably determined, the religious affiliation of the foster and adoptive parents may be used in the selection of clergy.

17.15.1.2. Involving foster and adoptive parents and other significant individuals

The service worker should invite foster and adoptive parents and other individuals significant to the child's life to participate in the planning of the child's funeral arrangements. The service worker does not solicit contributions from foster parents or other significant individuals. However, if they voluntarily

indicate that they wish to contribute to some of the funeral expenses, they may do so by paying the funeral home or other vendor directly.

17.15.1.3 Accessing funding

The service worker should check to see if the LDSS is holding any available funds that may be utilized on funeral expenses.

If the birth family or other local resources are unable to fully fund the cost of a funeral for a child who died in foster care, for title IV-E children, the VDSS Division Director of Family Services or his designee may approve up to \$2000 per child for reasonable and necessary burial or cremation expenses.

Payment amounts shall be entered into Cost Code 81107 if the child was in a residential facility and into Cost Code 81110 if the child was in a foster home.

For non-title IV-E children, if it is determined that funds are needed, the service worker shall refer the child to the Family Assessment and Planning Team (FAPT), in accordance with local Community Policy and Management Team (CPMT) procedures to access CSA funding.

17.15.1.4 Next steps

The LDSS should identify individuals impacted by the child's death, including the biological family and siblings, foster and adoptive families and their children, extended family, and others that had a significant connection to the child. The LDSS should coordinate the provision of grief and loss counseling services through local community resources and supports as appropriate.

After funeral proceedings have been concluded and the family has had ample time to grieve, if the family has other children for whom the LDSS is providing services, the service worker should schedule a family team meeting to modify the service plan regarding the other children. If there are no other children being served, the LDSS can offer the family a family team meeting to address the family's current needs and facilitate any appropriate referrals to community-based resources or services prior to closing the child's case.

17.16 Emergency/Evacuation Procedures

17.16.1 Emergency/evacuation responsibilities when state office closes

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. If the state office is forced to close or relocate due to an emergency or natural disaster, service provision will continue to be offered through

the LDSS. The following responsibilities should be fulfilled on the state, regional and local levels in the event that a natural disaster or other emergency occurs.

VDSS responsibilities

- VDSS will maintain the Active Foster Care Report in an Excel file on an external hardware (jump drive). The jump drive will be in the possession of the Foster Care Program Manager.
- VDSS staff will be available by the state hotline toll- free number for the community to contact for child welfare related service needs, referral information for services, and to notify the state office of displaced clients in the event the situation impacts the LDSS and the local office can not be reached. The toll-free number will be given to the media and disseminated to local departments of social services.

Regional responsibilities

- Regional staff will serve as the liaison and primary point of contact between the LDSS and VDSS in the event of an emergency situation that causes the state office to close. Regional staff will be in touch with LDSS staff in their regions and will be responsible for forwarding home office broadcasts and communications to key LDSS personnel when those agencies are unable to access the VDSS system.

17.16.2 Emergency/Evacuation responsibilities when LDSS closes and/or when a foster child evacuates or becomes displaced

Local responsibilities

- The LDSS, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. It is essential that local agencies maintain close communication with their Regional Specialists during system outages. This will enable the regional offices to contact other regional and state staff to enlist support from available staff statewide. It is recommended that all local agencies have at least one laptop computer configured for dial-up access.
- The regional offices serve as operation centers for service referrals and information throughout the state. Virginia also operates “211” Information and Referral hotline that is available for locating services and assistance. In addition, alternative contact information for divisional staff can be highlighted on the Department’s website to make it easier for clients and other states to contact the necessary people.

- The LDSS shall ensure foster families and providers develop plans that help protect their families and also provide communication information for use in emergency situations ([Emergency Plans Form](#)). In the event the foster family or other provider needs to evacuate, information regarding their whereabouts and contact information shall be communicated to the LDSS. If the LDSS can not be reached, the information shall be communicated to VDSS via the hot-line and VDSS will enter the information into OASIS.

17.17 Completing OASIS requirements

OASIS shall be kept up-to-date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system, while the other mandated elements are highlighted in yellow.

The service worker is responsible for entering and updating all case data in OASIS as soon as possible, but **no later than 30 days** after each activity or event. The only exceptions are:

- Children's placement changes shall be entered into the system **within five (5) calendar days** of any placement change.
- The foster care case should be closed **within five (5) business days** after the child leaves the care of the LDSS.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

17.17.1 Completing the case narrative

The case narrative shall include a detailed chronological account of what is occurring in a case. The narrative should very clearly describe events, contacts, dates, parties involved, problems, interventions, and all other activity regarding the case. Information included in the case narrative should be of such a detailed nature as to provide other readers a clear understanding of developments and issues in the case.

The case narrative should provide ongoing information across the life of the case about how contacts relate to the child's current:

- Safety.
- Risk factors that are impacting the ability to achieve a permanent placement for the child.

- Progress being made towards achieving a permanent and safe discharge of the child from foster care in accordance with the service plan.
- Well-being status, and progress if problems have been identified.

The case narrative shall also demonstrate ongoing, diligent, and timely efforts of the service worker to:

- Conduct family search and engagement and efforts to keep siblings together and to maintain sibling connections.
- Identify successes and to support progress of the family and child towards achievement of the permanency goal.
- Any barriers or changes in the level of need or the types of services that will support successful and timely permanence.

The case narrative in OASIS should specifically include, but is not limited to, descriptions of the following events and activities:

- Face-to-face client contacts.
- Non face-to-face client contacts.
- Court hearings.
- Family visits.
- Provider contacts.
- Collateral contacts.

The case narrative is required in OASIS and is to be entered on the Contacts screen in the Comments box. While not required, hard copies of the narrative may be printed and placed in the case file.

VDSS entered into a contract to provide transcription services to all service workers across the state. Service workers should be accessing this service to ensure that the case narrative is entered timely and efficiently.

17.17.2 Completing additional documentation

All relevant information shall be documented in the appropriate screens of OASIS, including, but not limited to:

- The date(s) written notices were sent to grandparents and other adult relatives when the child was being removed or was removed, with the date(s) the relatives responded.
- Diligent efforts to identify, conduct follow-up contacts, engage with, and assess individuals who were identified through the diligent search process.
- Specific and detailed information regarding the reasons relatives and other significant adults were determined not to be appropriate resources for involvement in the child's life, for foster care placement, and/or for permanent placement at that time.
- FPMs, including the purpose, initiator, location, facilitator, attendees, and meeting outcomes.
- Comprehensive child and family assessments and determinations of the child's best interests.
- Foster Care Plan, foster care plan review, administrative panel review and supervisory review (i.e., the documents and documentation of reasonable and timely efforts to preserve and reunify families and to achieve permanency for the child as quickly as practicable).
- All court hearings involving the child, including custody, delinquency and CHINSupervision or CHINServices hearings.
- Any court hearings involving the parents when the LDSS is a participant (e.g. child support hearing.)
- Child placement and foster care services provided for the child and family, including, but not limited to, ongoing information about the child's safety, health, health care, education, progress, services, and independent living services for youth over age 14.
- Ongoing efforts to support and maintain a child's relationships with siblings, family members, significant other adults, and community connections.
- Outcomes survey information for older as part of the National Youth in Transition Database.
- Maintenance and service payments.
- Summary information at the time of the child's discharge from LDSS custody that explains the support services the child and family were connected with prior to discharge and a summary evaluation of the stability of the permanent placement and any issues that may present later for the child and family.

Supporting documents shall be maintained in the paper case file for use throughout the child's involvement with the child welfare system.