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MANAGING FOSTER CARE SERVICES

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MANAGING FOSTER CARE SERVICES

16.1 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

16.2 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.

16.2.1 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.

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

- 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.
- 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.

16.2.2 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 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.
- 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 are timely.

16.3 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 below 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 2 years of employment as a supervisor.

16.3.1 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:

- *CWS1002 Exploring Child Welfare (on-line course)*
- *CWS5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training (on-line course)*
- *CWS1500 Navigating the Child Welfare Automated System: OASIS (on-line course)*

16.3.2 First Three Months Requirement

The training required for new foster care and adoption service workers and services supervisors during the first three (3) months of employment includes the following instructor led courses:

- *CWS3000 Foster Care New Worker Policy Training with OASIS*
- *CWS3010 Adoption New Worker Policy Training with OASIS*

16.3.3 First Twelve Months Requirement

The training required for new foster care and adoption service workers and supervisors during the first twelve (12) months of employment includes:

- *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*
- *CWS1061 Family Centered Assessment*
- *CWS1071 Family Centered Case Planning*
- *CWS1305 The Helping Interview*
- *CWS4020 Engaging Families and Building Trust-Based Relationships*
- *CWS5305 Advanced Interviewing: Motivating Families for Change*
- *CWS5307 Assessing Safety Risk and Protective Capacity*

16.3.4 First Twenty Four Months Requirement

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

- *CWS3021 Promoting Birth and Foster Parent Partnerships*
- *CWS3041 Working with Children in Placement*
- *CWS3061 Permanency Planning for Teens-Creating Lifelong Connections*
- *CWS3071 Concurrent Permanent Planning*
- *CWS5305 Advanced Interviewing: Motivating Families for Change*
- *DVS1001 Understanding Domestic Violence*
- *DVS1031 Domestic Violence and Its Impact on Children*

16.3.5 OnGoing Annual Training Requirement

Beginning March 1, 2013, all foster care and adoption service workers and supervisors will be required to attend a minimum of 24 contact hours of continuing education/training each year. For those workers and supervisors hired on or after March 1, 2013, the first year of this requirement should begin no later than 3 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.

16.3.6 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.

16.4 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 service 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.

16.5 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 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. 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](#)). 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.

16.6 Wraparound approach

LDSS should use a wraparound approach to help achieve the child's permanency goal and address the child and family's needs. The process involves an intensive, individualized process for planning, implementing, and managing care to achieve positive outcomes with the child and family.

A team of people, relevant to the child's life, collaboratively develops and implements a creative wraparound plan. This holistic plan is designed based on an assessment of the needs of the child, caregivers, and siblings. A wraparound set of services and supports is individually designed with the child and family to meet their identified needs. The services creatively build upon and enhance the unique strengths, resources, and natural supports of the child and family.

The planning process, as well as the services and supports provided, are individualized, family-driven, culturally-competent, youth-guided, and community-based. The process and plan are strengths-based, including activities that purposefully help the child and family recognize, use, and build their talents, assets, and positive capacities.

The process strives to develop the coping skills, problem-solving skills, and self-efficacy of the child and family members. It increases the "natural support" available to the family by strengthening their interpersonal relationships and using other available resources in the family's network of social and community relationships. It emphasizes integrating the child into the community and building the family's social support network.²

For more information and practical tools on the wraparound process:

- The [CSA website](#) has training slides developed by expert consultants in wraparound strategies that were used in Virginia. It also provides links to national resources.
- The [National Wraparound Initiative](#) (NWI) convened national experts to define the wraparound practice model, develop standards, compile resources, strategies and tools, and disseminate guidance and information on high quality wraparound implementation to achieve positive outcomes for youth and families.
- The NWI "[Resource Guide to Wraparound](#)" provides information on the basics, principles, theory and research, wraparound practice, and supports for implementation.

2 Adapted from Wraparound Basics on the [National Wraparound Initiative website](#).

16.7 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 [SPARK](#) 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 SPARK 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.

16.8 Ongoing visits with child

16.8.1 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, providers, 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, providers, and family's circumstances on an ongoing basis.

See [Visitation Guidance Tool](#) on the forms page in SPARK.

16.8.2 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.
- Comprehensive 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.

16.8.3 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.

16.8.4 Frequency of visits

16.8.4.1 In-state visits with child under age 18

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. When courtesy supervision is provided by another agency, that agency is responsible for the face-to-face visits.

16.8.4.2 Visits and contacts with youth age 18 and older

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.

16.8.4.3 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 may be made by the agency in the receiving state authorized by the Interstate Compact to provide supervision.

Caseworker visits for children placed out-of-state may only begin after the placement has been approved by the ICPC office in the receiving state, and the sending state has provided the receiving state with a Form 100B indicating that the child has been placed with the approved placement resource.

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

16.8.5 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.

16.8.6 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.

16.8.7 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.

16.9 Child Protective Services reporting

16.9.1 Responsibility to report

Any person employed as a service worker who suspects a child has been abused or neglected in foster care placement shall report the matter immediately to the LDSS holding custody or the agency in the locality where the child is placed or the Child Protective Services hotline at 1-800-552-7096 ([§ 63.2-1509](#)).

Effective July 1, 2012, 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 resource, adoptive and respite families.

16.9.2 Investigating the CPS report

A protective service worker in the locality where the child resides 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.

16.10 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. Visits should be no less than monthly. *Weekly visits should be made with the removal or reunification parent(s) if the goal is return to home.* 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.

16.11 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 conferences related to service planning for a child in the home or placement.
- Shall be given information they may need about the child, and shall keep this information confidential. They shall be given the Foster Care Service Plan, excluding 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 9.6.3](#) for information on lifebooks, including best practice guidance on creating and maintaining life looks.
- Shall be given notice, whenever possible, as specified in family foster care placement agreement, when a change in placement is to occur.

16.12 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 Service 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 resource 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.

16.13 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.

16.13.1 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:

- 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.

16.13.2 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.
- Family Partnership Meetings, 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 Service Plan, service 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).
- 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.