

Ongoing Services Standards

Summary of September 2021
Updates



Division of Safety and Permanence

September 2021

**2021 WI Act 42: Family First Prevention Services
Policy Changes to Ongoing Services Standards**

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*Note: The numbers following each section correspond to the page numbers that the changes have occurred in Ongoing Services Standards.

Policy updates made to each section are denoted in the following highlighting:

Qualified Residential Treatment Programs (QRTP)

Prevention Services

WICWA CLARIFICATION

Requirements for All Cases

Case Transition Staffing

Requirements for All Cases

In cases where the Initial Assessment process requires a case opening for Ongoing Services, the case transition staffing must occur within seven business days from the Ongoing Services supervisor receipt of an approved Initial Assessment in eWISACWIS. The case transition staffing must include both the Initial Assessment and the Ongoing Services caseworkers.

For all other types of case transition, the two agency workers must schedule a case transition staffing.

The following must be discussed at the case transition staffing:

- Case documentation, gaps in information, and decisions made.
- Child needs, including a summary of medical, mental health, and school information, as available.
- Efforts to confirm whether the child is a member or eligible for membership in a federally recognized tribe.
- If the child has been found to be an Indian child in accordance with the Wisconsin Indian Child Welfare Act (WICWA); the steps taken to notify and involve the tribe in the assessment and case plan development.
- Any existing court orders, upcoming court obligations, and timeframes for the completion of court reports.
- Status of involvement of any non-custodial or absent parent and the caseworker's due diligence to locate and involve.
- Status of the Birth-to-Three referral or services when maltreatment has been substantiated involving a child under the age of three.

Additional Requirements When a Child Is Unsafe (CPS Cases)

Safety management is the primary responsibility of the agency when a CPS case is transitioned. The case transition process communicates the status of impending danger to the worker receiving the case who examines the safety plan to ensure it is sufficient, feasible, and sustainable.

In addition to sharing case documentation, a face-to-face discussion must occur between the current and receiving caseworkers, with caregivers and family members; and with providers in the safety plan. This interaction must be timely to ensure the oversight of the safety plan continues during case transition to ensure children are safe and protected.

When a child is unsafe, the case transition staffing includes the disclosure of:

- Identified impending danger.
- The safety analysis and whether it resulted in the least intrusive, sufficient, feasible, and sustainable safety plan.

- The identified safety services/actions and whether they continue to be available at the needed frequency to control each impending danger threat.
- The continued suitability, role, and commitment of safety service providers.
- The presence of existing parent/caregiver protective capacities and general family strengths.
- The status of parent/caregiver involvement in the safety plan.

Additional Requirements When a Child is Placed in Out-of-Home Care

When a child is placed in out-of-home care on a Child in Need of Protection or Services (CHIPS) order or a through a Voluntary Placement Agreement, the case transition staffing must also include the family interaction plan, including sibling contact, and whether it is sufficient to meet the developmental needs of the child. (For additional information, refer to the “Family Interaction for Child Protective Services Cases When a Child is in Out-of-Home Care” section, located on page 172)

For all children placed in out-of-home care on a Child in Need of Protection or Services (CHIPS) order, Juvenile in Need of Protection or Services (JIPS) order, or Delinquency order, the case transition staffing must focus on the status of the child’s current placement. The following must be discussed:

- Information about the safety of the placement setting (Confirming Safe Environments).
- The most recent face-to-face contacts with the child, parent(s), and placement provider.
- Efforts to locate and place the child with relatives, siblings, or other adults identified by the parent.
- The results of the Child and Adolescent Needs and Strengths tool (CANS) and any implications for service needs for the child or placement provider.
- The status of the placement and licensing process for any relative caregivers, as applicable.
- Efforts to ensure that the child has regular opportunities to engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- The child’s eligibility for independent living services, as applicable.
- Compliance with placement requirements if the child is placed in a facility certified as a Qualified Residential Treatment Program (Q RTP).
- Efforts made to comply with the Wisconsin Indian Child Welfare Act (WICWA) placement preferences under §48.028(7) for Indian children
- Compliance with Notice requirements under 48.028(4)(a)
- Efforts to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's safety, as required by WICWA.

For additional WICWA information and requirements, refer to the [WICWA Online Resource](#).

In-Home Child Protective Services Cases

Developing the Case Plan

Planning and Developing Goals with the Child and Family

The priority in the planning process is to determine the order in which diminished parent/caregiver protective capacities are addressed in the plan. This process with the family includes:

- Identifying household behaviors that need to change and the behaviors that need to be demonstrated and sustained.
- Developing behaviorally stated, measurable goals related to enhancing parents/caregivers protective capacity that are phrased in the family's own terminology.
- Confirming any specific needs and strengths for children and parents or caregivers and how those needs will be addressed.
- Identifying supports and change strategies to assist the family in achieving stability and safe case closure.
- Identifying services and activities that are acceptable, accessible and appropriately matched with what must change.
- Ensuring goals establish a sufficient behavioral benchmark for evaluating change.
- Developing an out-of-home care prevention plan to ensure the child remains safely living in-home with their parent, caregiver, or Indian Custodian.
- Planning to identify, locate, and involve non-custodial or absent parents and relatives as resources for children. (For additional information, refer to "Locating Non-Custodial Parent / Relatives," page 180.)
- When the child is an Indian child, making active efforts to prevent the breakup of the Indian family through the use of remedial services and rehabilitation programs as provided in WICWA.
- Engaging the tribal caseworker in the assessment and case plan development.

Caseworkers should be aware of confidentiality restrictions on the use of information in a case record, either on paper or in eWiSACWIS and in KIDS. Please review DCF Numbered Memo 2004-13B and Information Memo 2006-19 for additional information.

When seeking information from people or resources outside the case, caseworkers must continue to maintain confidentiality as required by law about the identity and circumstances of the children and families with whom they are working.

Developing the Case Plan

Case Assessment and Plan Documentation

The caseworker must complete and document the case plan, including the out-of-home care prevention plan section no later than 60 days from the case transition staffing when there is an In-home safety plan. The prevention plan describes the services and programs that will be provided to the child, or on their behalf, to support the in-home placement. All case assessment and plan requirements must be documented in the family case record in the eWiSACWIS case plan (DCF-F-CFS2132-E). The case plan must include:

- General person management and case maintenance information to ensure the case record is up-to-date (family demographics, tribal membership status, agency and legal).
- Child functioning, adult functioning, parent functioning and parenting practices, and family functioning information.
- Criteria based goals (focused on diminished caregiver protective capacities that are behaviorally stated, understandable to the family, specific and measurable).
- Services for the child and family.
- The out-of-home care prevention strategy (i.e. mental health, substance abuse, in-home skills development) for the child to ensure the child remains safely in home.
- Safety assessments, plans, and conclusions.
- For an Indian child, efforts made to prevent the break-up of the Indian family and efforts to engage the tribal caseworker in the development of the case plan.

Evaluating the Case Plan

Content in Evaluating the Case Plan

The content in evaluating the case plan must include:

- Updated general person management case information to assure the case record is up-to-date (family demographics, tribal membership status, agency and legal).
- A current assessment of impending danger, the sufficiency, feasibility, and sustainability of the safety plan, and any needed revisions.
- A review of progress in enhancing parent/caregiver protective capacities as demonstrated by specific, observable, measurable behavioral changes.
- Updated information related to the parent/caregiver readiness for change and their participation in case plan services and activities (identifying and understanding where a parent is in terms of their acknowledgement/acceptance of problems and willingness to change).
- A review and confirmation of the effectiveness of providers, informal supports, services or other plan strategies.
- A current assessment of child functioning and well-being (education, health, mental health, and, when applicable, independent living plan).
- A review of the current out-of-home care prevention plan and assessment of identified prevention strategies.
- Any additional needed changes to the plan.
- For an Indian child, efforts made to prevent the break-up of the Indian family and efforts to engage the tribal caseworker in the development of the case plan.

Child Protective Services Out-of-Home Cases

Developing the Permanency Plan

Case Assessment and Plan Documentation

All case assessment and plan requirements must be documented in the Permanency Plan no later than 60 days from the date of removal in the eWiSACWIS Permanency Plan (DCF-F-CFS2132-E). After supervisory approval, a copy of the plan must be filed with the court in out-of-home care cases. It will also be provided to parents/caregivers, tribe(s), Indian custodians, and children at least twelve years and older.

- General person management case information to ensure case record is current (family demographics, tribal membership status, agency and legal).
- Child functioning, adult functioning, parent functioning, parenting practices, and family functioning information.
- Criteria based goals (focused on diminished caregiver protective capacities that are behaviorally stated, understandable to the family, specific, and measurable).
- Services for the child and family.
- Safety assessments, plans, and conclusions.
- Removal information and circumstances including reasonable efforts to prevent removal.
- For an Indian child, active efforts made to prevent the break-up of the Indian family and efforts to engage the tribal caseworker in the assessment and development of the case plan.
- Placement information, location and placement history.
- Efforts made to comply with the Wisconsin Indian Child Welfare Act (WICWA) placement preferences under §48.028(7) for Indian children.
- The results of the CANS tool.
- Determination of appropriateness of placement in a facility certified as a Qualified Residential Treatment Program (QRTP) as required in the Out-of-Home Care Placement in Settings Certified as Qualified Residential Treatment Programs (QRTP) policy, when applicable.
- Permanence goals with supporting information.
- The child's health summary.
- The child's educational summary.
- The child's ongoing opportunities to engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- The family interaction plan (For additional information, refer to page 172, "Family Interaction for Child Protective Services Cases When a Child is in Out-of-Home Care").
- For an Indian child, active efforts made to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's safety, as appropriate to the goals of the Indian child's permanency plan, including arrangements for transportation and other assistance to enable family members to participate in that interaction.
- Compliance with Notice requirements under 48.028(4)(a).
- Independent living services, when applicable.

Considerations for Expectant or Parenting Youth Who Are Placed in Out-of-Home Care

Expecting or parenting youth is defined as any child under age 21 who is placed in out-of-home care and is expecting a child or currently parenting a child. This includes both mothers and fathers.

For all expectant or parenting youth who are placed in out-of-home care, a permanency plan must:

- Include a list of the services to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant youth) or able (in the case of a parenting youth) to be a parent; and
- Describe the out-of-home care prevention strategy for any child born to the expecting or parenting youth in out-of-home care.
- Describe the active efforts made to prevent to prevent the break-up of the Indian family.

Contacts During Ongoing Services

In addition, at least one case note per month must include the following information:

Safety

This includes the ongoing assessment of child safety and, if applicable, community or a child or juvenile's behavioral risk(s), including risk to self and risk to others. Describe how the child is adjusting to the current living arrangement (e.g., foster home, group home, RCC, etc.), educational setting, or alternative setting (e.g., non-custodial parent, respite care). Include whether or not the child has had an opportunity to engage in private communications with the caseworker regarding the out-of-home placement and any other concerns. For parenting youth in out-of-home care, this section should include a statement regarding the safety of that youth's child(ren).

Permanency

This includes a discussion of tracking progress on achieving outcomes, adjustment of strategies/intervention(s) when needed, transitional planning, family interaction, life skills development, and independent living transition planning for youth age 14 or older.

Status of child's well-being

A description of the child's physical health, learning and development (educational program attendance, progress, and IEP), mental health needs (emotional development and behavioral functioning), and the child's ongoing opportunities to engage in age or developmentally appropriate activities.

The Department or county department must document the information listed above in eWiSACWIS within 20 working days after face-to-face contact with the child regardless of whether the visits were conducted by the caseworker or a designee.

Evaluating the Permanency Plan

Content in Evaluating the Permanency Plan

The content of the Permanency Plan evaluation must include:

- Updated general person management case information to ensure the case record is up-to-date (family demographics, tribal membership status, agency and legal).
- A current assessment of impending danger, the sufficiency, feasibility, and sustainability of the safety plan, and any needed revisions.
- For an Indian child, the efforts made to engage the tribal caseworker in the evaluation of the Permanency Plan.
- An evaluation of the out-of-home care prevention plan for any child born to an expectant or parenting youth and any updates, as necessary.
- If the child born to an expectant or parenting youth is an Indian child, the active efforts made to prevent the break-up of the Indian family.
- A review of progress in enhancing parent/caregiver protective capacities as demonstrated by specific, observable, measurable behavioral changes.
- Updated information related to the parent/caregiver readiness for change and their participation in Permanency Plan services and activities; (identifying and understanding where a parent is in terms of their acknowledgement/acceptance of problems and willingness to change).
- A review and confirmation of the effectiveness of providers, informal supports, services or other plan strategies.
- A current assessment of child functioning and well-being (education, health, mental health, and, when applicable, independent living plan).
- A review of the child's participation in regular opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Any additional needed changes to the plan.
- A review of progress in locating and engaging absent parents, and other relatives.
- An evaluation and confirmation of the continued safety, stability, and appropriateness of the placement setting.
- A review of and continued determination of the appropriateness of placement in a facility certified as a Qualified Residential Treatment Program (QRTP), when applicable.
- A rating of the child's legal permanency status (See Appendix IV, Permanency Status Indicators, page 287).

Evaluating the Permanency Plan

Evaluating and Revising the Permanency Plan

The Permanency Plan must be revised and documented in eWiSACWIS when an evaluation indicates or reveals:

- Family conditions or dynamics related to protective capacities or impending danger change to allow for a more or less restrictive plan.
- More information is learned about child functioning, adult functioning, parenting practices or family functioning that necessitates a change to the case plan to assist the family in making the needed behavioral changes.
- A change on the CANS identifies additional service needs for the child.
- A change on the CANS identifies that another placement type is more appropriate to meet the needs of the child and the placement is more restrictive (e.g. from a residential care center to foster care).
- The court orders a disposition not consistent with the child's Permanency Plan;
- An administrative review panel makes a recommendation to change the existing Permanency Plan and court order.
- When the permanence goal for the child is changed.
- An expecting youth placed in out-of-home care becomes a parenting youth.

The agency must create or revise a Permanency Plan that is consistent with any of the above circumstances and file it with the court. Copies of the revised, filed plan must be provided to the child's 'parent, guardian, or Indian custodian, to the child or the child's counsel [i.e. Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA)], and to the district attorney or the corporation counsel.

Reconfirming Safe Environments

Additional Situations When Reconfirming a Safe Environment is Required

The caseworker or designee must review and, if necessary, document changes to the Confirming Safe Environments in an Unlicensed or Foster Care Placement at each of the following points in the case:

- When conditions in the placement home that might affect a child's safety change either positively or negatively (e.g., an adult moves in or out of the home);
- When the physical address of the placement changes (e.g., when a caregiver moves to a new home);
- When an expecting youth placed in out-of-home care becomes a parent;
- When a report of alleged maltreatment is received; or
- When there is concern of a possible Placement Danger Threat (Appendix V, page 288).

Child Welfare Out-of-Home Care Cases

Developing the Permanency Plan

Case Assessment and Permanency Plan Documentation

All case assessment and Permanency Plan requirements must be documented in the family case record in eWiSACWIS on the Permanency Plan form DCF-F-CFS2132-E and include:

- General person management case information to ensure the case record is up-to-date (family demographics, tribal membership status, agency and legal).
- Child or youth functioning, adult functioning, parent functioning and parenting practices, and family functioning information.
- Criteria based goals that are behaviorally stated, understandable to the family, specific and measurable.
- Services for the child or youth and family.
- Removal information and circumstances including reasonable efforts to prevent removal.
- For an Indian child, active efforts made to prevent the break-up of the Indian family and efforts to engage the tribal caseworker in the development of the case plan.
- Placement information, location and placement history.
- Efforts made to comply with the Wisconsin Indian Child Welfare Act (WICWA) placement preferences under §48.028(7) for Indian children.
- The results of the CANS tool.
- Determination of appropriateness of placement in a facility certified as a Qualified Residential Treatment Program (QRTP), when applicable.
- Permanence goals with supporting information.
- The child's Health Summary.
- The child's Educational Summary.
- The child's ongoing opportunities to engage in age or developmentally appropriate activities following reasonable and prudent parenting.
- The family interaction plan.
- For an Indian child, active efforts made to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's safety, as appropriate to the goals of the Indian child's permanency plan, including arrangements for transportation and other assistance to enable family members to participate in that interaction.
- For an Indian child, Compliance with Notice requirements under 48.028(4)(a).
- Independent living services, when applicable.

Considerations for Expectant or Parenting Youth Who Are Placed in Out-of-Home Care

Expecting or parenting youth is defined as any child under age 21 who is placed in out-of-home care and is expecting a child or currently parenting a child. This includes both mothers and fathers.

For all expectant or parenting youth who are placed in out-of-home care, a permanency plan must:

- Include a list of the services to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant youth) or able (in the case of a parenting youth) to be a parent; and
- Describe the out-of-home care prevention strategy for any child born to the expecting or parenting youth in out-of-home care.
- If the child born to the expecting or parenting youth is an Indian child, describe the active efforts made to prevent the break-up of the Indian family.

Contacts During Out-of-Home Care Child Welfare Cases

Safety

This includes the ongoing assessment of safety of the child and, if applicable, community or a child or juvenile's behavioral risk(s), including risk to self and risk to others. Describe how the child is adjusting to the currently living arrangement (e.g., foster home, group home, residential care center, etc.), educational setting, or alternative setting (e.g., non-custodial parent, respite care). Include whether or not the child has had an opportunity to engage in private communications with the caseworker regarding the out-of-home placement and any other concerns. **For parenting youth in out-of-home care, this section should include a statement regarding the safety of that youth's child(ren).**

Permanency

This includes a discussion of tracking progress on achieving outcomes; adjustment of strategies/intervention(s) when needed, transition planning, family interaction, life skills development and independent living transition planning for youth aged 14 or older.

Status of Child's Well-Being

This includes a description of the child's physical health, learning and development (educational program attendance, progress, and Individualized Education Plan (IEP)), mental health needs (emotional development and behavioral functioning), and the child's ongoing opportunities to engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.

DCF or the county department must document the information listed above in eWiSACWIS within 20 working days after the face-to-face contact with the child regardless of whether the visits were conducted by the caseworker or his or her designee.

Permanency Plan Evaluation

Permanency Plan Evaluation Content

The content of the Permanency Plan Evaluation must include:

- Updated general person management case information to assure the case record is up-to-date (family demographics, tribal membership status, agency and legal).
- Current assessment of parent and family functioning.
- Current assessment of child functioning and well-being; (education, health, mental health, and, when applicable, independent living plan).
- For an Indian child, the efforts made to engage the tribal caseworker in the evaluation of the Permanency Plan.
- A review of the child's participation in regular opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- An evaluation of the out-of-home care prevention plan for any child born to an expectant or parenting youth and any updates, as necessary.
- If the child born to the expecting or parenting youth is an Indian child, describe the active efforts made to prevent the break-up of the Indian family.
- Updated information related to the parent/caregiver readiness for change and their participation in Permanency Plan services and activities (identifying and understanding where a parent is in terms of their acknowledgement/acceptance of problems and willingness to change).
- Review and confirmation of the effectiveness of providers, informal supports, services, or other plan strategies.
- Review of progress in locating and engaging non-custodial parents, alleged fathers, and other relatives.
- Additional needed changes to the plan.
- Evaluation and confirmation of the continued safety, stability, and appropriateness of the placement setting.
- A review of and continued determination of the appropriateness of placement in a facility certified as a Qualified Residential Treatment Program (QRTF), when applicable.

Caseworkers with the assistance of permanency consultants must rate the legal permanency status if a concurrent plan is required and the Permanency Plan is anything other than reunification or guardianship (See Appendix IV, Page 287, Legal Permanency Status Indicators).

Permanency Plan Evaluation

Evaluating and Revising the Permanency Plan

The Permanency Plan must be revised and documented in eWISACWIS when an evaluation indicates or reveals:

- More information is learned about child functioning, adult functioning, parenting practices or family functioning that necessitates a change to the case plan in order to assist the family to make the needed behavioral changes.
- A change on the CANS assessment identifies a change in service needs for the child, or another placement type is more appropriate to meet the needs of the child based on a change on the CANS assessment (e.g. from a residential care center to foster care).
- The court orders a disposition that is not consistent with the child's Permanency Plan.
- An administrative review panel makes a recommendation to change the existing Permanency Plan and court order.
- The permanence goal for the child is changed.
- An expecting youth placed in out-of-home care becomes a parent.

The agency must create or revise a Permanency Plan so that it is consistent with any of the above circumstances and file it with the court. A copy of each revised plan that is filed with the court must be provided to the child's 'parent, guardian, or Indian custodian, to the child or the child's counsel, (i.e. guardian ad litem or public defender), and to the district attorney or the corporation counsel.

Reconfirming Safe Environments

Additional Situations When Reconfirming a Safe Environment is Required

The caseworker or designee must review and, if necessary, document changes to the Confirming Safe Environments in an Unlicensed or Foster Care Placement at each of the following points in the case:

- When conditions in the placement home that might affect a child's safety change either positively or negatively (e.g., an adult moves in or out of the home);
- When the physical address of the placement changes (e.g., when a caregiver moves to a new home);
- An expecting youth placed in out-of-home care becomes a parent.
- When a report of alleged maltreatment is received; or
- When there is concern of a possible Placement Danger Threat (Appendix V, page 288).

Requirements for Placements in Out-of- Home Care

Minor Parent with Child in Out-of-Home Care Placement

A child placed in out-of-home care (OHC) is required to receive services, including Permanency Planning, under Federal and state law. Safety of the placement for the child is continually assessed. In cases where the placed child is a minor parent and the young parent's child also resides in the OHC placement, Federal and state law does not clearly specify court involvement. However, existing state law requires Permanency Planning for this type of case. The planning may be an individual plan for the child or addressed in the minor parent's Permanency Plan.

Regardless of an agency's practice to actively pursue placement for or jurisdiction of the minor parent's child or not, there are minimal practice expectations that must be met in all cases where a minor parent placed in OHC is living with and responsible for his or her child in a foster or treatment foster home. Without clear practice expectations, case management staff and CPS agencies may not recognize the need for safety intervention, continuing to rely on the watchful eyes of foster parents or service providers such as in-home parent aides who have not received formal safety training. In fact, there may be presenting issues that must be addressed with CPS intervention and support.

Minor children born to youth who are placed in out-of-home care are considered to be at imminent risk of out-of-home care placements themselves. The permanency plan for expecting or parenting youth will include a prevention plan that includes strategies to prevent removal of the minor child. The prevention plan identifies the specific prevention services to be provided to the expecting or parenting youth to best ensure the minor child may be parented by the youth without removal from their care.

Placements of Expecting and Parenting Youth

Placements of Expecting and Parenting Youth

In cases where an agency has placed an expecting or parenting youth into out-of-home care (OHC) or where a youth in OHC becomes a parent during the placement and the youth's child is living with them, the agency is responsible for services, **out-of-home care prevention planning**, Permanency Planning for the child of the parenting youth. Prior to the child residing in OHC with the parenting youth, the agency must determine appropriateness of the living arrangement for the child.

The agency must assess the feasibility of maintaining the minor parent and child together in the OHC residence. If it is not feasible, the agency must consider what, if any, grounds exist to separate the parent and child. The role of the other parent in the child's life must be identified.

For an Indian child, the agency must invite the tribal caseworker to assist with any assessing and planning.

The agency must:

- Assess the minor parent's family and personal history preceding placement into OHC, including:
 - Circumstances that brought the child into the child welfare system
 - History of violence, alcohol or drug abuse
 - Depression, post-partum depression, or other mental health issues.
 - Input from other services providers for the minor parent and his/her family
 - The relationship or role of the other biological parent of the child
- Continually assess the parent's ability to safely parent, including
 - Prenatal care, feelings about pregnancy
 - Interaction with siblings or other children
 - Observation of the minor parent caring for and interacting with the child
- **Develop an out-of-home care prevention plan for the child that:**
 - **Includes a list of the services to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of an expecting youth) or able (in the case of a parenting youth) to be a parent; and**
 - **Describes the out-of-home care prevention strategy for any child born to the youth.**
 - **If the child born to the expecting or parenting youth is an Indian child, describe the active efforts made to prevent the break-up of the Indian family.**
- Develop a plan of care for the child that identifies:
 - The caregiver primarily providing basic care for the child,
 - Any additional needs of the child and the assigned caregiver for each need,
 - Sleeping arrangement for the child,
 - Medical, dental, mental health needs,
 - Person(s) responsible for supervision of the parent and child,
 - Person(s) to assist the parent with the child,

- Who will monitor the parent's progress in attaching to and parenting the child, and
- Family interaction plan, including noncustodial parent and child's siblings, where applicable.
- Develop a plan for the child at case closure; i.e., transitioning the parent from OHC. At this point in the case, it is possible that the minor parent has never independently cared for his or her child. The following areas must be assessed in regards to the child's safety with the young parent.
 - Parent's plan and demonstrated ability to provide care for the child
 - Did the parent meet his or her own plan goals and requirements prior to leaving OHC?
 - Under what conditions (e.g., aging out, court order expired, reunification, etc.) is the parent exiting care?
 - Where is the parent going upon exiting care?
 - If the parent exits placement with the child, are there any concerns for the safety of the child?
 - Should the agency maintain jurisdiction of the child? If yes, what will the plan be to return the child to his/her parent?
 - Conditions of supervision – what, if any, supervision does the parent need when with the child?

Placing a Child in Out-of-Home Care

Placing a Child in Out-of-Home Care

When a child is placed in out-of-home care under chs. 48 or § 938, the agency having “placement and care responsibility” must ensure that all laws and policies related to children in out-of-home care are adhered to.

At the time of placement, the caseworker is responsible to ensure that all necessary legal documents and notifications are made to the child, their parents, Indian custodian, the Indian child’s tribe, the out-of-home provider, relatives, and the legal community. This includes:

- A Temporary Physical Custody Request, Voluntary Placement Agreement, or a court order placing the child in out-of-home care, including the date and time of any subsequent court hearings. Prior to the first hearing in a child custody proceeding involving an Indian child, the agency shall notify the tribe through: Notice of Involuntary Child Custody Proceeding of an Indian Child.
 - Voluntary Placement Agreement:
<http://dcf.wisconsin.gov/files/forms/doc/1590.docx>
 - Voluntary Placement Agreement for an Indian Child:
<http://dcf.wisconsin.gov/files/forms/doc/2425.docx>
- Enter into a Placement Agreement with the out-of-home care provider:
 - Foster Home Agreement Child Placed in Out-of-Home Care by Agency:
<http://dcf.wisconsin.gov/files/forms/doc/0107.docx>
 - Relative Caregiver Agreement Child Placed in Out-of-Home care by Agency:
<https://dcf.wisconsin.gov/files/forms/doc/2539.docx>
- Provide information to the child’s out-of-home care provider as required under §. 48.371, Stats. upon placement, but no later than 48 hours if unknown to the agency at the time of placement:
 - Information for Out-of-Home Care Providers Part A:
<http://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2016-07.pdf>
 - Information for Out-of-Home Care Providers Part B:
<http://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2016-07.pdf>
- Provide information to the child’s out-of-home care provider regarding specific reasonable and prudent parenting considerations to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.
 - This information is included in Information for Out-of-Home Care Providers Part A.
 - Child specific considerations should also be discussed when providing the Reasonable and Prudent Parent Standard brochure:
<http://dcf.wisconsin.gov/files/publications/pdf/5105.pdf>.
- Obtain signed consents for:
 - Medical Services Consent
(<http://dcf.wisconsin.gov/files/forms/pdf/0997.pdf>)
 - Relatives and other informal supports.
 - Other service providers the child may be utilizing including, but not limited to school, childcare facility, therapists, physicians, private agencies involved, etc.

- Obtain medical services coverage either through the health insurance of the child's parent or Medicaid.
 - Ensure that parents and relative caregivers are aware of eligibility changes to Medicaid when a child is removed from or enters their care: <http://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2008-03.pdf>
- If a child is identified as an Indian child, the agency must comply with all WICWA requirements, including placement preferences and active efforts. See the WICWA Online Resource for additional information. https://media.wcwpds.wisc.edu/foundation/WICWA_Online_Resource/
- Notify all adult relatives that the child or juvenile has been placed into out-of-home care. Anytime that a child or juvenile is removed from their parent(s)' home under a court order and is not returned within 30 days, the notice must be sent. <http://dcf.wisconsin.gov/files/forms/doc/2473.docx>
- Notify the clerk of the school district in which a foster home is located when a school-age child is placed in that foster home, as required under §. 48.64 (1r), Stats. The notification shall include all of the following:
 - The name, address, and phone number of the foster parent.
 - The name of the foster child.
 - Information about the child required by the school, as allowed under any applicable confidentiality laws.
- Ensure the child is properly enrolled in an educational setting as required by law.
- Comply with placement and court finding requirements if the child is placed in a facility certified as a Qualified Residential Treatment Program (QRTP).
- Document the child's placements into out-of-home care into eWiSACWIS within five days.
- Provide the child with a copy of Handbook for Youth in Foster Care. Document the date the child received the Handbook for Youth in Foster Care in the child's Permanency Plan, which describes the rights of the child with respect to education, health, visitation, and participation in court proceedings.
- Document the child's current photograph in eWiSACWIS within 30 days.
 - The child's photograph shall be updated in eWiSACWIS every 6 months while the child remains in out-of-home care.
 - The photograph shall be a picture of the child which does not have any item obstructing the child's face, such as a mask or a hat.
 - If the child regularly wears eyeglasses, these should be captured in the image.
 - The photograph shall be taken close enough to the child as to be able to identify the child.
 - It is important to capture an image of the child's full body if the child has missing limbs, uses a wheelchair or other assistive device, etc.
 - The child shall be the only person in the photograph.
 - The photograph may be taken by someone other than an employee of the agency with placement and care responsibility, but must be uploaded into eWiSACWIS every 6 months.
 - Agencies shall develop their own agency policy pertaining to capturing child photographs (i.e. using an agency-issued phone or camera).

Assessing Needs and Strengths

Timeframes to Complete CANS: Initial Determination and Re-Determinations

Initial

Unlicensed Provider

The initial determination of the child's Level of Need shall be made prior to or within 30 days after the child's placement with an unlicensed provider.

Foster Care

The initial determination of the child's Level of Need shall be made prior to or within 30 days after the placement with a foster parent.

Group Homes and Residential Care Centers

The initial determination of the child's Level of Need shall be made **no more than 30 days prior** to placement in a group home or residential care center, unless the placement is completed on an emergency basis. If the placement is made on an emergency basis the assessment shall be completed within 30 days of the child's placement in a group home or residential care center.

Re-determinations

The agency shall reassess each child or youth and the child's out-of-home care provider within six months after the child or youth's last determination or re-determination.

The agency, out-of-home care provider, or licensing agency may request a reassessment more frequently.

The initial and any re-determination shall be placed in the child or youth's case record and shared with the placement resource. Documentation in eWiSACWIS of the information shall be considered documented in the child's record.

Documentation Requirements

The initial determination, re-determination(s), and exceptions allowed by this policy shall be documented in the child or youth's electronic case record.

Additional Out-of-Home Care Policies

Out-of-Home Care Placement in Settings Certified as Qualified Residential Treatment Programs (QRTP)

A qualified residential treatment program (QRTP) is a congregate care setting specifically intended for children and youth with complex mental health, emotional, or behavioral needs. Out-of-home placements in a QRTP should be utilized only when children and youth cannot receive the appropriate services in the home of their parent, guardian, Indian custodian, or another home-like setting.

The intent of the creation of placement settings that are certified as a QRTP is to ensure children and youth placed in these settings receive quality care and treatment to meet their mental health, emotional, and behavioral needs. Placement settings certified as a QRTP must be accredited, use a trauma-informed treatment model, and employ registered or licensed nursing staff and other licensed clinical staff, among other requirements. Children placed in a QRTP must be assessed prior to or within 30 days of placement to determine if their needs can be met through placement with relatives, in a licensed foster home, or in a less restrictive setting. The court must approve or disapprove the QRTP placement within 60 days, and the agency with placement and care responsibility must continue to demonstrate at each permanency plan review or hearing that the QRTP placement is beneficial to the child or youth.

All Wisconsin children and youth deserve to be safe and loved members of thriving families and communities and the Wisconsin child welfare system is committed to elevating quality care for all children placed in congregate care settings. These efforts aim to successfully keep children placed in our state, ensuring that they are served in an appropriate setting based on their needs, and in an environment that is trauma-informed.

Applicability

A child or youth is considered to be in “out-of-home care” if the agency has placement and care responsibility for the child or youth whether placed under a voluntary placement agreement (under § 48.63 or § 938.63) or through a court order. This includes a child or youth who is placed by the agency with relatives or in Court-Ordered Kinship Care placements, whether payments are being made and the agency maintains placement and care responsibility. It does not include a child or youth who is living with relatives (or caregivers other than their parents) but who is not under the placement and care responsibility of the agency.

This does not include care provided in a secured correctional facility as defined under § 938.02(15m), Stats. It also does not include youth who are receiving an in-home service of a 72-hour hold or a sanction at a shelter care facility.

This policy applies to out-of-home care placements of children and youth in placement settings that are certified as a qualified residential treatment program (QRTP). The agency with placement and care responsibility must ensure that all placements in a QRTP comply with this policy. An agency is considered to have the placement and care responsibility of a child or youth when they are removed from their home by the Department or an agency, or when a court enters an order placing a child or youth in out-of-home care, whichever occurs first.

Purpose

The purpose of this policy is to:

- Define placement settings certified as qualified residential treatment programs.
- Establish requirements for placements in QRTP facilities, including parameters for caseworkers to ensure the following requirements are met:
 - Family permanency team
 - Child and Adolescent Needs and Strengths (CANS) assessment
 - Recommendation of the agency for placement in a QRTP
 - Court approval of the QRTP placement
 - Continued demonstration of the appropriateness of placement in a QRTP
 - Extended QRTP placement
- Establish requirements for documenting the QRTP placement in eWiSACWIS.

Qualified Residential Treatment Program Defined

A qualified residential treatment program (QRTP) means a residential care center for children and youth, group home, or shelter care facility certified under s. 48.675. The department may certify a residential care center for children and youth, group home, or shelter care facility to operate a qualified residential treatment program if it determines that the program meets the requirements of a QRTP as established in Ch. 61 Admin. Code.

Family Permanency Team

If a child or youth is placed in a setting certified as a QRTP, the agency with placement and care responsibility is required to assemble a family permanency team for the child. If the child or youth is an Indian child, the tribal caseworker must be invited to participate in the family permanency team. Family permanency teams, consisting of family members, professionals, and others who are a resource for the child, participate in the assessment and placement decision-making process, as well as permanency planning.

If the child or youth is an Indian child, the agency has the responsibility for complying with the Wisconsin Indian Child Welfare Act (WICWA), including but not limited to the active efforts and placement preference requirements. For further information about WICWA requirements, refer to the Wisconsin Child Welfare Professional Development System's [WICWA Online Resource](https://media.wcwpds.wisc.edu/foundation/WICWA_Online_Resource/) at https://media.wcwpds.wisc.edu/foundation/WICWA_Online_Resource/.

Definition and Members

The caseworker for the child or youth shall, at a minimum, invite the below individuals to participate in the team. If the child's permanency goal is reunification, the child's parent(s) must provide input on the members of the family permanency team. The caseworker may also invite others to participate in the team at the caseworker's discretion. If the child or youth is an Indian child, the caseworker must request input on the members of the family permanency team from the tribal caseworker.

- The youth, if age 14 or above.
- All appropriate biological or adoptive family members, relatives, and like-kin of the child or youth, as determined by the agency.
- Appropriate professionals who serve as a resource for the family of the child or youth, such as teachers, medical or mental health providers who have treated the child, clergy, or spiritual leaders.
- Others identified by a child or youth over the age of 14, which includes not more than two persons selected by the child who are members of any child and family team convened for the child, except that the child may not select their caregiver or caseworker. The caseworker may reject a person selected by the child if the agency has good cause to believe that the person would not act in the best interests of the child.
- If the child or youth is an Indian child, the child or youth's Indian custodian, tribal caseworker, and extended family members as defined by s. 48.028(2)(am).

Like-kin means a person who has a significant emotional relationship with the child or youth or their family and to whom any of the following applies:

- Prior to the child or youth's placement in out-of-home care, the person had an existing relationship with the child or their family that is similar to a familial relationship.
- During the child or youth's placement in out-of-home care, the person developed a relationship with the child or their family that is similar to a familial relationship.
- For an Indian child, individuals identified by the Indian child's tribe according to tribal tradition, custom or law.

The caseworker shall determine the appropriateness of each person's participation in the team. This determination must be driven by the underlying needs and safety concerns of the child or youth and their family. If the child or youth is an Indian child, the tribal caseworker must be invited to participate and provide input on the members of the team. The caseworker may object to an individual's participation if the agency has good cause to believe that the person would not act in the best interests of the child. If the child or youth is an Indian child, the caseworker shall make active efforts to make this determination in partnership with the tribal caseworker. The child's caseworker shall make a reasonable and good faith effort to identify and include all required individuals on the family permanency team.

Timeframe Requirements

The initial family permanency team meeting may be held prior to a child or youth's placement in a QRTP, but no greater than 30 days after the date of placement in the QRTP. The team meetings shall be held at a time and place convenient for the family to the extent possible.

Initial Family Permanency Team Meetings

The purpose of the initial family permanency team meeting is to:

- Engage the family in the case planning process.

- Participate in and gather information for completion of the child or youth's Child and Adolescent Needs and Strengths (CANS) assessment.
- Discuss services that may be provided through placement in the QRTP.
- Identify the family's strengths and underlying needs.
- Identify the family's goals.
- Establish appropriate timeframes for the achievement of goals.
- Identify the plan for meeting the family's underlying needs.
- Identify services needed to address the underlying needs.
- Identify the preferred placement setting for the child or youth, which should include a recognition that a child should be placed with their siblings whenever possible unless the court determines that a joint placement would be contrary to the safety or well-being of the child or any of those siblings.

Subsequent Meetings

Subsequent family permanency team meetings shall be held at a frequency determined by the team with the approval of the caseworker, and should remain consistent, as long as the child or youth remains placed in a QRTP. The purpose of subsequent team meetings is to:

- Continue engaging the family in the case planning process.
- Continue to gather information for subsequent CANS assessments.
- Track and adjust the permanency plan.
- Clarify team member roles and responsibilities.
- Evaluate the effectiveness of services, including those through placement in the QRTP.
- Evaluate progress towards change.
- Inform and update team members on progress with and changes to the goals or plans.
- Identify the ongoing preferred placement setting for the child or youth, which should include a recognition that a child should be placed with their siblings whenever possible unless the court determines that a joint placement would be contrary to the safety or well-being of the child or any of those siblings.

Similar to child and family team meetings, family permanency teams engage families in permanency planning. Family permanency team meetings use a strengths and needs based, solution-focused approach that incorporates the values and principles of family centeredness, respectful interaction, cultural responsiveness, and partnership. These team meetings should be used to determine the appropriateness of a QRTP placement for the child or youth, and whether a QRTP placement is the placement that will provide the child with the most effective and appropriate level of care in the least restrictive environment.

The size, composition, function, and goals of the family permanency team should be driven by the underlying needs and safety concerns of the family. The group of individuals that comprise the team should be identified by the family, the caseworker, the tribal caseworker, informal/formal supports, out-of-home caregivers, and service providers. All identified team members should be committed to the family's goals and invested in change.

Requirements for Placement in a Qualified Residential Treatment Program

An out-of-home care placement in a setting certified as a QRTP should be utilized only when children and youth cannot receive the appropriate services in the home of their parent, guardian, Indian custodian, or another home-like setting. The intent of the creation of QRTP placement settings is to ensure children and youth receive quality care and treatment to meet their mental health, emotional, and behavioral needs. The agency with placement and care responsibility must assess and determine if placement in a QRTP is the most appropriate level of care for the child, or if the child's needs can be met through placement with relatives, in a licensed foster home, or in a less restrictive setting. The child's caseworker should ensure, prior to placement, that the QRTP facility will provide the most appropriate, evidence-based interventions for the child, and that it will be used for the shortest amount of time necessary to achieve the child's treatment and service goals. For an Indian child, the caseworker shall make this determination in partnership with the tribal caseworker and take into consideration the availability of culturally appropriate services.

All placements in a QRTP must comply with the requirements set forth below.

QRTP Placement Determination

The agency with placement and care responsibility is required to determine the appropriateness of a child or youth's placement in a QRTP to ensure the child will receive treatment and care services that are appropriate to their level of need. When determining the appropriateness of a placement in a QRTP, the caseworker must:

- Assess the needs and strengths of the child or youth through completion of the Child and Adolescent Needs and Strengths (CANS) tool.

The caseworker shall use the information gathered in the CANS assessment for all the following:

- Determine the level of need for the child or youth.
- Determine whether the child or youth's needs can be met through placement with the child's relatives, in a licensed foster home, or in a less restrictive setting. A shortage or lack of foster homes is not an acceptable reason for determining that the child's needs cannot be met in a foster home.
- Evaluate the match between the knowledge, skills, services, and abilities of the QRTP provider and the needs and strengths of the child or youth. This evaluation shall be used to determine whether the QRTP placement will provide the child with the most effective and appropriate level of care in the least restrictive environment.
- Assist in the development of services and supports, and short-term and long-term goals, for the child or youth.
- Determine whether the QRTP placement is consistent with the short-term and long-term goals for the child or youth, as specified in their permanency plan.

Timeframe for Determination of QRTP Placement

The agency with placement and care responsibility shall make a determination about the appropriateness of a QRTP placement no more than 30 days prior to placement in a setting certified as a QRTP, unless the placement is made on an emergency basis. If the placement is made on an emergency basis the assessment and determination shall be completed within 30 days of the child or youth's placement in a QRTP.

This determination must be made each time a child or youth is placed in a QRTP, and any time a child's placement is changed from one QRTP to a new QRTP.

The CANS is an assessment process and tool used to identify the needs and strengths of the child or youth, determine the ability of the out-of-home care provider to meet the child's needs, and evaluate the stability of a child's placement. The results of the CANS are also used to determine the level of need for the child; generally, the higher the level of need, the more complex the needs of the child.

The information gathered in the CANS assessment is used to inform decisions regarding a placement at a level of care that is appropriate to meet the child or youth's level of need. However, a child's level of need does not mean they must be placed with a specific provider or level of care. In general, a child should be served by a provider who has a level of care that is at, or higher than the child's level of need. A child may be served at a level of care that is lower than their identified level of need if the agency can show that services and supports are provided to address the identified needs of the child, as well as the provider.

To assist in making placement decisions, caseworkers should reference the Placement Complexity Chart, see Appendix XV. This chart describes the recommended placement options for children and youth based on their assessed level of need. It does not prescribe a level of placement, but it illustrates placement options that should be able to meet the child's identified needs and strengths.

The family permanency team should also be engaged in this process. The team should be consulted to assist in determining if the child's needs can be met by placement in a less restrictive setting, or if placement in the QRTP will meet the identified preferred placement of the family permanency team. For an Indian child, the caseworker shall work collaboratively with tribal caseworker and take into consideration the availability of culturally appropriate services.

Documentation

If the caseworker determines that the QRTP placement is the most appropriate placement for the child or youth, the following must be documented in the child's Permanency Plan Addendum for Placement in a Setting Certified as a Qualified Residential Treatment Program (QRTP), DCF-F-5479-e, in eWiSACWIS:

- Recommended QRTP placement provider for the child or youth, as determined by the agency with placement and care responsibility.
- Documentation of the reasonable and good faith efforts to identify and include all required individuals on the family permanency team.
- The contact information for the members of the family permanency team.

- Information showing that the meetings of the family permanency team were held at a time and place convenient for the family to the extent possible.
- If reunification is the child or youth's permanency goal, information demonstrating that the parent from whom the child was removed provided input on the members of the family permanency team, or why that input was not obtained.
- Information showing that the CANS assessment was completed in conjunction with the family permanency team.
- The preferred placement of the family permanency team, including a recognition that a child or youth should be placed with their siblings unless the court determines that a joint placement would be contrary to the safety or well-being of the child or any of those siblings. For a child who is an Indian child, this must also include a statement as to whether the Indian child's placement complies with the order of placement preferences under s. 48.028(7)(b) Stats.
- If the preferred placement of the family permanency team is not the placement recommended by the caseworker, the reasons why the team's preferences were not recommended.
- Reasons why the needs of the child or youth cannot be met through placement with a relative or in a licensed foster home. A shortage or lack of licensed foster homes is not an acceptable reason for determining that the needs of the child cannot be met in a licensed foster home.
- Evidence that the placement in a QRTP is the setting that will provide the most effective and appropriate level of care in the least restrictive environment.
- Description of how the QRTP placement is consistent with the short- term and long-term goals for the child or youth.

Court Review and Finding

The placement of a child or youth in a QRTP requires the court's review and a judicial finding either approving or disapproving of the placement within 60 days of the start of a child's placement in a QRTP. The court must consider the results of the child or youth's CANS assessment and the QRTP placement determination made by the agency with placement and care responsibility. Based on this information, the court must determine if the child's needs can be met in a less restrictive placement setting, and either approve or disapprove the QRTP placement.

The request for the court's review and finding must follow the procedures and notice requirements set forth in statutes, Chs. 48 and 938, Stats.

Court Review Documentation

The agency with placement and care responsibility shall provide the following information to the court for their review:

- Copy of the child or youth's most recent CANS assessment.
- Recommended QRTP placement provider for the child or youth, as determined by the agency with placement and care responsibility.

- Reasons why the needs of the child or youth cannot be met through placement with a relative or in a licensed foster home. A shortage or lack of licensed foster homes is not an acceptable reason for determining that the needs of the child cannot be met in a licensed foster home.
- Evidence that the placement in a QRTP is the setting that will provide the most effective and appropriate level of care in the least restrictive environment.
- Description of how the QRTP placement is consistent with the short- term and long-term goals for the child or youth.
- The preferred placement of the family permanency team, including a recognition that a child or youth should be placed with their siblings unless the court determines that a joint placement would be contrary to the safety or well-being of the child or any of those siblings. For a child who is an Indian child, this must also include a statement as to whether the Indian child's placement complies with the order of placement preferences under s. 48.028(7)(b) Stats.
 - If the preferred placement of the family permanency team is not the placement recommended by the caseworker, the reasons why the team's preferences were not recommended.

This information shall be provided to the court on the Permanency Plan Addendum for Placement in a Setting Certified as a Qualified Residential Treatment Program (QRTP), DCF-F-5479-e, for the child or youth.

Court Finding

The court shall make a finding either approving or disapproving the QRTP placement within the timeframes set forth in statute. The court will review the child or youth's most recent CANS assessment and the information contained in the Permanency Plan Addendum for Placement in a Setting Certified as a Qualified Residential Treatment Program (QRTP), DCF-F-5479-eto determine the appropriateness of the placement in a QRTP for the child. The court's finding will include all the following:

- Whether the needs of the child or youth can be met through placement in a foster home.
- Whether placement of the child or youth in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment.
- Whether the placement is consistent with the short-term and long-term goals for the child or youth, as identified in the permanency planning.
- Whether the court approves or disapproves the placement.

The court's findings with respect to the above items do not affect whether the placement may be made by the agency with placement and care responsibility unless the court orders a change of placement for the child or youth.

Continued QRTP Placement

Placement of children and youth in facilities certified as a QRTP must be continually assessed for the duration of the child or youth's placement to determine the ongoing

appropriateness of the placement setting. Placements in QRTPs should only continue to be utilized when the child's level of need justifies placement in a more restrictive setting and when children cannot receive the appropriate services in the home of their parent, guardian, Indian custodian, or another home-like setting. The agency with placement and care responsibility must assess and determine if continued placement in a QRTP is the most appropriate level of care for the child or if the child's needs can be met through placement in a less restrictive setting.

Subsequent QRTP Placement Determination

The agency with placement and care responsibility is required to continue to determine the appropriateness of a child or youth's placement in a QRTP to ensure the child is receiving treatment and care services that are appropriate to their level of need. For an Indian child, the caseworker shall work collaboratively with tribal caseworker and take into consideration the availability of culturally appropriate services. When determining the continued appropriateness of a placement in a QRTP, the caseworker must:

- Assess the needs and strengths of the child or youth through completion of the Child and Adolescent Needs and Strengths (CANS) tool. The agency shall reassess each child and the child's out-of-home care provider within six months after the child's last determination or re-determination.

The caseworker shall use the information gathered in the CANS assessment for all the following:

- Determine the level of need for the child or youth.
- Determine whether the ongoing assessment of the child or youth's needs continues to support the determination that the needs of the child cannot be met through placement with the child's family, in a licensed foster home, or in a less restrictive setting. A shortage or lack of foster homes is not an acceptable reason for determining that the child or youth's needs cannot be met in a foster home.
- Evaluate the continued match between the knowledge, skills, services, and abilities of the QRTP provider and the needs and strengths of the child or youth. This evaluation shall be used to determine whether the QRTP placement continues to provide the child or youth with the most effective and appropriate level of care in the least restrictive environment.
- Determine whether the QRTP placement continues to be consistent with the short-term and long-term goals for the child or youth, as specified in their permanency plan.
- Review the specific treatment and service goals for the child or youth that will be met through placement in the QRTP and adjust the goals, if necessary.

Subsequent Determination Timeframe

The agency with placement and care responsibility shall make ongoing determinations about the continued appropriateness of the child or youth's QRTP placement at each permanency plan review or hearing for the child if the child continues to be placed in a QRTP.

Documentation

The information contained in the Permanency Plan Addendum for Placement in a Setting Certified as a Qualified Residential Treatment Program (QRTP), DCF-F-5479-e, for the child or youth must be included in the child's permanency plan. In addition, the following must be documented in the child or youth's permanency plan in eWISACWIS and provided to the court or review panel at the child's next permanency plan hearing or review:

- Copy of the child or youth's most recent CANS assessment.
- Description of how the ongoing CANS assessment for the child or youth continues to support the child's placement in a QRTP.
- Reasons why the needs of the child or youth cannot be met through placement with a relative or in a licensed foster home. A shortage or lack of licensed foster homes is not an acceptable reason for determining that the needs of the child cannot be met in a licensed foster home.
- Evidence that the placement in a QRTP is the setting that will provide the most effective and appropriate level of care in the least restrictive environment.
- Description of how the QRTP placement is consistent with the short- term and long-term goals for the child or youth.
- The specific treatment or service needs that will be met for the child or youth in the placement and the length of the time the child is expected to need the treatment or services. For an Indian child, information must be provided about the culturally appropriate treatment or services that will be provided.
- The efforts made by the agency to prepare the child or youth to return home or to be placed with a fit and willing relative, a guardian, or an adoptive parent, or in a foster home.
- Documentation of the determination and approval or disapproval of the QRTP placement made by the court.

The decision to place a child or youth in a congregate care facility can have a lasting impact on the quality of a child's permanent relationships, cultural identity, and sense of self. All children need consistent, nurturing adults in their lives to form healthy attachments and to develop positive socio-emotional skills. While some children may benefit from the specialized treatment services available in congregate care placements, these facilities will lack the lifelong connections that children need. Safety, stability, and permanence are essential for all children involved with the child welfare system no matter the circumstances.

The use of congregate care as a placement resource, including facilities certified as a QRTP, should be a temporary tool to provide specialized treatment services for children and youth. These facilities are not intended to be utilized for long-term placements, and children should only remain in this placement setting for the duration of their need for treatment and services. Children should be transitioned to a less restrictive setting as soon as their treatment and service goals have been met. The placing agency caseworker should work collaboratively with the facility to plan for the child's transition and discharge from the facility, including planning for aftercare services. For an Indian child, the caseworker must also work collaboratively with the tribal caseworker in planning for the child or youth's transition and discharge. Transition preparation must identify and address long-term needs consistent with the child's age and development. The placing agency caseworker must assess the child's preparation, as well as their caregiver(s), for discharge and the need for any additional or ongoing services. The

caseworker shall ensure that the transition is known and agreed to with others involved in implementing the transition plan.

Additionally, the agency with placement and care responsibility must assist and prepare the child or youth for discharge from the facility, which may also include a transition to permanence. Healthy relationships and supportive individuals, including caregivers, friends, and other adults in the community are extremely important to older youth, as is providing opportunities for the youth to practice life-skills. Mechanisms to ensure that youth are involved in the decisions affecting their lives is extremely important and youth must have a voice in making these decisions.

Older youth are in a crucial transition phase toward self-sufficiency, both within the scope of independent living (IL) services and more broadly. Youth who are in court-ordered out-of-home care for a minimum of six months after the age of 14 are eligible for IL and the agency with placement and care responsibility must fulfill the IL requirements detailed in these standards.

For youth who will discharge directly from out-of-home care at age 18 or older, the agency with placement and care responsibility must facilitate the youth's transition process, including but not limited to completion of their Independent Living Transition to Discharge (ILTD) plan, as detailed in Chs. 48.385(1) and 938.385(1). Transition planning shall include family members and other supportive individuals crucial to the youth's stability and well-being beyond their time in care, such as the youth's parent or legal guardian, substitute caregiver, Court Appointed Special Advocate (CASA), attorney, service providers, Transition Resource Agency (TRA) worker, and others the youth determines are important individuals who can assist in the transition to independence.

Extended QRTP Placements

Any child or youth who is placed in a QRTP for more than twelve consecutive months or eighteen nonconsecutive months (or, in the case of a child under age thirteen, for more than six consecutive or nonconsecutive months), the head of the agency must provide approval for ongoing placement. The approval must document all of the following:

- The most recent documentation and evidence of the following:
 - The ongoing CANS assessment of the needs and strengths and of the child or youth, which continues to support the determination that the child's needs cannot be met through placement in a foster home.
 - Evidence that the placement in a QRTP provides the most effective and appropriate level of care for the child or youth.
 - Information that the placement is consistent with the short- and long-term goals for the child or youth, as specified in the child's permanency plan.
 - Documentation of the specific treatment needs that will be met for the child or youth in the QRTP placement and the length of time the child is expected to need the treatment or services.
 - For an Indian child, whether or not the specific treatment or services are culturally appropriate.

Efforts made by the agency to prepare the child or youth to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster home

The approval shall only be provided for the child or youth's extended placement in the QRTP if their treatment and service needs have not yet been met through placement in the QRTP. A lack or shortage of available placements in a less restrictive setting is not an acceptable reason to allow for the extended QRTP placement.

Appendices

**Appendix XV
Placement Complexity Chart Options**

		Placement Options		
Child's Level of Need	Provider's Level of Care	Foster Home	Group Home	Residential Care Center
1/2	1	Child-Specific		
	2	Basic		
3	3	Moderate Treatment	Group Home	
4	4	Specialized Treatment		
5	5	Exceptional Treatment		Residential Care Center
6	6			

	Step-down level to be used for transition planning to a less restrictive placement setting.
	Placement of children at this level is not appropriate.

Note: A child in foster care can be served by a foster home with a certification lower than the child's level of need if an exception has been granted and documented in the child's electronic case record by the placing agency and the agency shows what services and supports will be provided to meet the child's needs.