

## **PROCEDURE II-E11: Protective Custody of Child in Immediate Danger**

0108/20143

The FSW investigator will:

- A. Take the child into protective custody for up to 72 hours if:
  - a) The circumstances present an immediate danger to the child's health or physical well-being; or,
  - b) The child is neglected as defined under Garrett's Law 12-18-103, and the FSW investigator determines that the child and any other children, including siblings, are at substantial risk of serious harm such that the children need to be removed from the custody or care of the parent/legal guardian (see Appendix I: Glossary, for definition of "neglect"); or,
  - c) Any child who is dependent as defined by the Arkansas Juvenile Code of 1989, 9-27-301 et. seq. (see Appendix I: Glossary, for definition of "dependent").
- B. When a child upon whom a 72-hour hold has been placed is currently located in a school, residential facility, hospital, or similar institution, the FSW will notify the institution. The FSW shall be aware that the institution is obliged to do the following upon receiving notice, in accordance with A.C.A. §12-18-1005:
  - 1) Retain the child until the Division takes a hold on the child;
  - 2) Not notify the parent until the child has been removed by the Division; and,
  - 3) Provide the parent or guardian with the name and contact information of the Division employee regarding the hold on the child.
- C. Notify the OPLS attorney immediately that protective custody was exercised and request an ex parte emergency order from the court.
- D. If a minor child's safety is a concern, contact OPLS immediately to request that DCFS petition the court for an order of less than custody. Thoroughly review the Health and Safety Checklist and Investigation Risk Assessment and ensure that a protection plan is in place for a child before leaving a child in a home where an order of protection has been filed or DCFS has petitioned the court for an order of less than custody.
- E. Determine whether to recommend to the court that reunification services should or should not be provided to reunite the child with his family (see Policy VI-A).
- F. Determine whether the grandparents have the right to notice and right to be heard. In a child custody or dependency-neglect case, grandparents have this right if all the following conditions are present ("Grandparent does not mean a parent of a putative father of a child for the purpose of this determination):
  - 1) The grandchild resided with the grandparent for at least six consecutive months prior to the child's first birthday or lived with the grandparent for at least one continuous year regardless of age;
  - 2) The grandparent was the primary financial caregiver during the time the child resided with the grandparent; and,
  - 3) The continuous custody occurred within one year of the initiation of the custody proceeding.
- G. Provide the OPLS attorney with the name and address of any grandparent who is entitled to notice based on the above conditions.
- H. Prepare an affidavit immediately and submit it to the OPLS attorney (CACD shall prepare affidavits containing facts obtained during the course of their child maltreatment investigation).
- I. Arrange for a physician to examine the child thoroughly within 24 hours of removal for allegations of severe maltreatment under A.C.A. 12-18-602 or if the allegation is that a child has been subjected to neglect as defined in A.C.A. 12-18-103(13)(B) (Garrett's Law) and arrange for a physician to examine the child thoroughly within 72 hours of removal for all other children who enter the custody of DHS.
  - 1) The FSW or Health Services Specialist (HSS) must sign the consent for treatment prior to the child receiving medical and dental services during protective custody. The FSW or HSS may:
    - a) Go to the medical or dental office where treatment is to be provided and sign the consent for treatment forms; or,
    - b) Have the form faxed, sign the form, and fax it back to the service provider; or,
    - c) If the provider allows phone consent, they may provide consent via the telephone.

This should be completed prior to the foster parent accompanying the child for treatment. In emergency situations, the on-call FSW will be available to sign for medical or dental treatment.

J. Place the child in an appropriate licensed or approved placement.

K. If a provisional placement will be pursued:

1) Complete CFS-450: Provisional Foster Home Referral and provide to Notify the area local Resource Worker Supervisor by email within twenty-four hours of removal that children have been removed and a potential provisional placement has been identified ASAP.

a) In the notification email provide the area Resource Worker Supervisor with:

i. Names and ages of the children who have been removed;

ii. Name(s) of potential provisional placement;

iii. Relationship of potential provisional placement to children;

iv. Contact information for potential provisional placement;

4)v. Any other information collected regarding potential provisional placement (see CFS-450: Prospective Provisional Foster Parent Information and Questionnaire for more information).

2) Interview the child(ren), if age appropriate, to assess how the child may feel about placement with a specific relative.

3) See Policy VI-B: Consideration of Relatives for Children in Foster Care for further information on provisional placements.

L. Complete and route CFS-323: Protective Custody/Parental Notification.

M. Open an Out-of-Home Placement case within twenty-four hours, excluding weekends and holidays.

N. Return the child to the legal custodian if the emergency necessitating protective custody passes or if the judge does not grant custody to the Department. Protective custody cannot be extended.

O. Complete the CFS-336: Expiration of Protective Custody/Parental Notification and provide to the parent.

P. If the parent refuses to accept custody of the child, file an emergency petition.

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## PROCEDURE VI-A1: Initial Out-of-Home Placement Determination

018/20143

The Family Service Worker (FSW) will:

- A. Contact the OPLS Attorney immediately if there is any indication that the child is a member of an Indian tribe.
- B. Consider placement with appropriate relatives and/or fictive kin. The child is in the custody of the Division, therefore, the child shall remain in an approved foster home or licensed shelter or facility until a relative or fictive kin's home is opened as a provisional home.
  - 1) If the worker makes the removal and if potential relative and/or fictive kin placements for foster care are identified, notify the area Resource Worker Supervisor by email within twenty-four hours of removal that children have been removed and a potential provisional placement has been identified.
    - a) In the notification email provide the area Resource Worker Supervisor with:
      - i. Names and ages of the children who have been removed;
      - ii. Name(s) of potential provisional placement;
      - iii. Relationship of potential provisional placement to children;
      - iv. Contact information for potential provisional placement;
      - v. Any other information collected regarding potential provisional placement (see CFS-450: Prospective Provisional Foster Parent Information and Questionnaire for more information).
  - 2) complete CFS 450: Provisional Foster Home Referral Assist with completion of Prospective Provisional Foster Parent Information and Questionnaire as appropriate to the specific case and/or local county procedures, submit to the appropriate Resource Worker.
- ~~B-3) R and~~ refer to Policy VI-B: Consideration of Relatives and Fictive Kin for Children in Foster Care and related procedures for more information.
- C. Consider appropriate relatives and/or fictive kin who are interested in obtaining legal custody of the juvenile if identified relatives and/or fictive kin are not interested in becoming a provisional foster home.
  - ~~C-~~ If potential relatives and/or fictive kin are identified as potential temporary custody relative placements, refer to Policy VI-B: Consideration of Relatives and Fictive Kin for Children in Foster Care and related procedures for more information.
- ~~D-~~ If a potential placement with an appropriate relative or fictive kin is identified (as either a potential provisional foster home/approved foster home or as a relative who is interested in obtaining legal custody of the juvenile), refer to Policy VI-B: Consideration of Relatives and Fictive Kin for Children in Foster Care and related procedures.
  - 1) If identified relatives and/or fictive kin are not interested in becoming provisional foster parents or obtaining legal custody of the child, talk with them about otherwise maintaining contact with the child (e.g., visits, transporting).
- ~~F-E-~~ If there are no viable placements with appropriate relatives or fictive kin at the time placement is needed, select an available foster home or other out-of-home placement that will serve the child's best interest (see Policy III: Services Case Opening and related procedures for information regarding opening an out-of-home services placement case).
- ~~G-F-~~ Continue to discuss with and/or support appropriate relatives' and/or appropriate fictive kin's interest in maintaining connections with the child and/or becoming a DCFS foster home throughout the life of the case if such actions are in the child's best interests.

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## **PROCEDURE VI-B1: Provisional Foster Home Placement for Children in Foster Care**

018/20142

The Family Service Worker will:

- A. Ask the child's parent(s) or legal guardian(s) from whom custody was removed to provide information on appropriate relatives and fictive kin to include, as available (if not already provided at time of removal):
  - 1) The names, addresses, and phone numbers of any relatives or fictive kin who may serve as appropriate placement resources for the child;
  - 2) The names, addresses, phone numbers, and other identifying information of any putative father(s) of the child.
- B. ~~Complete CFS-450; Assist with completion of CFS-450: Prospective Provisional Foster Parent Information and Questionnaire as appropriate to the specific case and/or local county procedures. Provisional Foster Home Referral and provide to the local Resource Worker immediately.~~
- C. Keep the Resource Worker informed of any changes to the child's need for a provisional placement and any other relevant information.
- D. Ensure that the Resource Worker conducts a review of the prospective provisional home to include:
  - 1) An expedited Child Maltreatment Central Registry Check (via CFS-316: Request for Arkansas Child Maltreatment Central Registry Check);
  - 2) An expedited State Police Criminal Record check (via CFS-342: State Police Criminal Record Check);
  - 3) A vehicle safety check; and,
  - 4) Submission of the FBI Criminal Record Check (FBI results do not have to be received in order to open the provisional foster home, but results must be received and clear within six months in order to make a determination as to whether to approve as a regular DCFS foster home).
  - 5) A visual inspection of the home (via CFS-446: In Home Consultation Visit Report).
- ~~E. Based on the results of the background checks listed above, begin the process for requesting any necessary Alternative Compliances or DCFS Policy Waivers, if applicable.~~
- ~~F. E.~~ If the provisional foster home placement appears viable, interview the child, if age appropriate, to assess how the child may feel about placement with the relative and make individualized placements on a case-by-case basis in the best interest of the child.
- ~~G. F.~~ Collaborate with the Resource Worker to evaluate:
  - 1) How the other children and adults in the home will affect the successful development of a child in foster care; and,
  - 2) How the child in foster care will impact the other members of the home.
- ~~H. G.~~ If, after the Resource Worker has completed all necessary steps to open the family as a provisional home (see below for more information), it is determined that placement with the family is in the best interest of the child:
  - 1) Arrange at least one pre-placement visit for the child before the initial placement and before any subsequent changes in placement if possible and appropriate.
  - 2) Contact the OPLS Attorney immediately if child is being moved from one Out-of-Home Placement to another (see Procedure VII-K1) if that placement was not considered to be a temporary placement (see Appendix I: Glossary).
  - 3) Provide the child's parent(s) with PUB-11: What Happens When Your Child and Family Are Involved with DCFS?
  - 4) Provide the prospective provisional foster family with PUB-15: A Relative's Guide to the Arkansas Child Welfare System.
  - 5) Place the child in the provisional home and:
    - a) When a child is placed in a provisional foster home for a 72 hours hold, ensure that the provisional foster parents acknowledge they will not allow the alleged perpetrator access to the child that is not supervised by the Division until the investigation is complete and will not

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allow any contact with the alleged offender that is not approved or authorized by the Division or the court after the investigation is completed (if found true).

- b) Ensure that the provisional foster parents understand that they must work with their Resource Worker to complete any corrective actions necessary to bring the home into compliance with Minimum Licensing Standards and DCFS Policy within six months or their home will be closed and the child removed.
- c) Document placement selection on the CFS-6010: Case Plan by keying the "Plan Goals" and the "Needs/Svc" screens in the "Treatment" portion of the "Case Plan" section of CHRIS.
- d) Assist the provisional foster parents in applying for benefits if appropriate. Until the provisional foster home is opened as a regular foster home, the relative/fictive kin may apply for and receive benefits for which the provisional foster parents may be entitled due to the placement of the child in the home, such as benefits under the Temporary Employment Assistance (TEA) Program or the Supplemental Nutrition Assistance Program (SNAP).
- e) Assess the situation with the Resource Worker and Supervisor(s) if the family does not come into compliance within six months of the placement of the child in the home and recommend to OPLS on how the case should proceed (i.e., remain in foster care or have a completed approved home study and recommend custody to the relative).
- f) Collaborate with the Resource Worker to ensure that the relative(s) is completing the process for foster home approval. If the relative's home is not fully licensed as a foster home within 6 months of the placement of the child in the home:
  - i. The Department shall remove the child from the relative's home and close the relative's provisional foster home and place child in an approved or licensed placement; or,
  - ~~ii.~~ The court shall remove custody from the Department and grant custody of the child to the relative.
  - ~~ii.~~
- I. Complete the CFS-6024: Permanency Planning Hearing Court Report and submit to the FSW Supervisor for review and approval.
- J. If approved by the FSW Supervisor, submit CFS-6024: Permanency Planning Hearing Court Report to the OPLS attorney, CASA, and all other required parties within 14 days prior to any Permanency Planning Hearing scheduled for the case.
- K. Hold staffings, as needed, in accordance with Procedure IV-B1: Case Staffings and update the CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA) and CFS-6010: Case Plan.
- L. Invite the Adoption Specialist to the staffing when appropriate.
- M. Conduct a staffing to discuss closure when appropriate.

The Resource Worker will:

A. Assist with completion of Prospective Provisional Foster Parent Information and Questionnaire as appropriate to specific case and/or local county procedures.

~~A-B. Process any received CFS-450: Provisional Foster Home Referral by~~ Process all necessary background checks by (see Procedure VII-C1: Background Check Processing for more information):

- 1) Conducting an expedited Child Maltreatment Central Registry Check (via CFS-316: Request for Arkansas Child Maltreatment Central Registry Check);
- 2) Conducting an expedited State Police Criminal Record check (via CFS-342: State Police Criminal Record Check);
- 3) Conducting a Vehicle Safety Program (DMV) Check (driving record points will be computed in DCFS Central Office, and the results, including qualification or disqualification, will be forwarded to the Resource Worker for inclusion in the applicant file; see Procedure VII-C1 for forms which must be completed); and
- 4) Submitting the FBI Criminal Record Check (FBI results do not have to be received in order to open the provisional foster home, but results must be received and clear within six months in order to approve as a regular DCFS foster home).

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- 5) Completing a visual inspection of the home (via CFS-446: In Home Consultation Visit Report). See Procedure VII-C2: In Home Consultation Visit for more information.

5)

C. Based on the results of the background checks listed above, begin the process for requesting any necessary Alternative Compliances or DCFS Policy Waivers, if applicable.

B-D. Explain to the relative/fictive kin that, if opened as a provisional foster home, they will not receive a board payment until they are opened as a fully approved DCFS Foster Home which must occur within six months of being opened as a provisional foster home.

E. Explain to the relative/fictive kin other processes related to becoming a provisional and, ultimately, a regular DCFS foster home (see Policy VII: Development of Foster Homes and related procedures).

F. Keep the child's FSW informed of progress and/or any challenges to opening the relative as a provisional foster home.

G. Collaborate with the child's FSW to evaluate:

- 1) How the other children and adults in the home will affect the successful development of a child in foster care; and,
- 2) How the child in foster will impact the other members of the home.

H. If the relative/fictive kin and relative/fictive kin's home are appropriate to open as a provisional foster home, complete CFS-452: Provisional Foster Home Verification and CFS-474: Provisional Foster Home Checklist with the family and file in the provider record.

~~I. Return a copy of the completed CFS-450 to the child's FSW regardless of whether or not the relative/fictive kin's home is opened as a provisional foster home.~~

J. Enter a relative into CHRIS as a Provider opening two placement services: Provisional (Relative) Placement (No Board) Service, and Foster Family Home Service. The Provisional (Relative) Placement (No Board) Service must be quickly approved (once the necessary requirements are received), while the Foster Family Home Service has Applicant Status awaiting compliance (all required checks, certifications and training) for approval. In CHRIS, the relative will have only one Provider Number showing two services provided by the family.

K. Enter fictive kin into CHRIS as a Provider opening two placement services: Provisional (Fictive Kin) Placement (No Board) Service, and Foster Family Home Service. The Provisional (Fictive Kin) Placement (No Board) Service must be quickly approved (once the necessary requirements are received), while the Foster Family Home Service has Applicant Status awaiting compliance (all required checks, certifications and training) for approval. In CHRIS, the fictive kin will have only one Provider Number showing two services provided by the family. Provisional (Fictive Kin) will mirror the same Board Rate as Provisional (Relative) which carries the payment scale status of "None."

L. Request any necessary policy waivers and/or alternative compliances to waive non-safety standards for the relative/fictive kin prior to referring to training.

M. Refer to Policy VII: Development of Foster Homes, to continue with the process of opening the provisional foster home as a regular DCFS foster home.

N. Support the relative/fictive kin throughout the process of becoming a provisional and regular DCFS foster home.

O. Assess the situation with the FSW and Supervisor(s) if the relative does not come into compliance within six months of the placement of the child in the home.

The FSW Supervisor will:

- A. Conference with and support the FSW on the case as necessary.
- B. Review and approve CFS-6024: Permanency Planning Hearing Court Report.

The Resource Worker Supervisor will:

- A. Upon receipt of a notification email from a worker who has removed children and identified a prospective ~~A. provisional placement (see Procedure II-E11 for more information), be responsible for ensuring completion of CFS-450: Prospective Provisional Foster Parent Information and Questionnaire within 48 hours of receipt of notification.~~
- B. Conference with and support the Resource Worker as necessary regarding opening the provisional foster

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## POLICY VI-M: ~~GUIDELINES FOR~~ INTERDIVISIONAL STAFFINGS AND THE ~~CHILDCHILD~~ CASE REVIEW COMMITTEE

07/20140

### INTERDIVISIONAL STAFFINGS

When a ~~youth is receiving DHS services and child in DHS custody~~ has serious and complex needs that make placements difficult, a caseworker can refer the ~~youthchild~~ for an interdivisional staffing. The purpose of an interdivisional staffing is ~~threefold~~:

- A. ~~To improve treatment/case planning to more appropriately address the youth's needs;~~
- B. ~~To provide assistance and support to DCFS field staff, direct services staff, and other stakeholders involved with the youth and family~~
- C. ~~To attempt to resolve the child's-youth's issues before referring him or her to the ChildChild Case Review Committee (CCRC).~~ ~~An~~ interdivisional staffing must take place before a CCRC is held.

~~Children-Youth~~ referred for ~~i~~nterdivisional ~~s~~taffings include, but are not limited to, ~~children-youth~~ who:

- A. Are in DHS custody and have significant trouble being placed due to multiple, more serious and/or complex needs ~~or who are at risk of coming into DHS custody due to multiple, more serious, and/or complex needs;~~
- B. Have cases needing clarification as to which DHS Division has primary responsibility for the case; ~~and/or~~
- C. Have cases needing intensive coordination between DHS Divisions, service providers, and/or other community partners in order to connect the ~~childyouthren~~ with appropriate services and supports in an effort to help ~~childyouthren~~ reach permanency.

An ~~i~~nterdivisional ~~s~~taffing is comprised of the following individuals:

- A. A representative from the following DHS Divisions— ~~ChildChildrenren~~ and Family Services, Youth Services, Medical Services, Developmental Disabilities Services, Behavioral Health Services, and Office of ~~Chief Counsel Policy and Legal Services~~
- B. A representative of the Department of Education, ~~Special Education (as needed)~~
- C. Specialized Placement Unit (SPU) Manager, whose responsibilities include:
  - 1) Coordinating the ~~i~~nterdivisional ~~s~~taffings;
  - 2) Managing contracts, ~~and~~,
  - 3) Providing technical assistance.

Additional Interdivisional Staffing participants may include:

- A. Division representatives who act as referral coordinators within their agencies;
- B. The designated caseworker for the ~~youthchild~~ and family;
- C. Appropriate service providers; ~~and/or~~,
- D. Other stakeholders needed to develop a suitable plan of service to meet the ~~youthchild~~'s needs (e.g., parents/relatives, attorney ad litem, CASA, etc.).

### CHILD CASE REVIEW COMMITTEE

If an ~~i~~nterdivisional ~~s~~taffing does not result in finding appropriate services and supports for ~~children-the youthin-DHS custody within Arkansas~~, then a ~~ChildChild~~ Case Review Committee (CCRC) shall be called. The CCRC serves as the gatekeeper for out-of-state placements for ~~children-youth receivingin DHS custodyservices~~. The CCRC is ONLY for out-of-state placements. Before a case can be reviewed by the CCRC, the case MUST first be reviewed in an interdivisional staffing. ~~The SPU Manager serves as the CCRC Coordinator.~~

~~Children-Youth~~ referred to CCRC include, but are not limited to, ~~childyouth ren~~ who:

- A. Are in DHS custody and have significant trouble being placed due to multiple, more serious and/or

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complex needs.

- B. Have cases that, despite coordination between DHS Divisions, cannot be assigned as the primary responsibility of one particular division.
- C. Have accessed appropriate in-state resources, but have not had measurable success with those resources.
- D. Have identified needs that cannot be met by the available resources in Arkansas.
- E. Are recommended to receive treatment out-of-state.

The CCRC is comprised of the following members:

- A. Director of the Department of Human Services (Chairman) or designee;
- B. The Directors (or designees) of the following DHS Divisions – ~~Child Childrenren~~ and Family Services, Youth Services, Medical Services, Developmental Disabilities Services, Behavioral Health Services, and Office of ~~Chief Counsel~~ Policy and Legal Services;
- C. A representative of the Department of Education, Special Education (as needed);
- D. CCRC Coordinator (Specialized Placement Unit Manager), whose responsibilities include:
  - 1) Coordinating the CCRC meetings;
  - 2) Managing contracts; and,
  - 3) Providing technical assistance.

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~~The CCRC Coordinator does NOT manage cases or find placements for children.~~

Additional committee members may include:

- A. Division representatives who act as referral coordinators within their agencies;
- B. The designated caseworker for the ~~child~~ youth and family;
- C. Appropriate service providers; and/or
- D. Others needed to develop a suitable plan of service to meet the ~~child~~ youth's needs.

The SPU Manager will notify Divisions when they have a case on the agenda. Each committee member is expected to attend the meeting or send a designee with the authority to make decisions for their Division. Decisions will be made by majority vote with the Chairman breaking any tie votes. Dates will be established for the CCRC to be updated on the status of the plan implementation.

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## PROCEDURE VI-M1: Interdivisional Staffing Referral ~~Process~~

01/2014

When any local Divisional staff member becomes aware of a ~~youth~~ child who meets the criteria for referral to an interdivisional staffing he or she ~~should will~~:

- A. Contact the County Supervisor, the Area Director, and, where available, the designated Placement Specialist for the area to discuss the youth's needs and verify whether an interdivisional staffing referral is appropriate.
- B. If the referral is deemed appropriate at the local level, the Divisional staff member will contact the Specialized Placement Unit Manager in Central Office for approval.
- C. If the referral is approved by the SPU Manager, completed CFS-302: Interdivisional Staffing Summary Form which will be presented during the Interdivisional Staffing.  
~~— contact the County Supervisor, the Area Director, and, where available, the designated Placement Specialist for the Area.~~

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~~The caseworker will discuss the child's needs with the County Supervisor, the Area Director, and, where available, the Placement Specialist for the Area to verify it is an appropriate referral for an interdivisional staffing.~~

~~A referral packet should be submitted to the Manager of the Specialized Placement Unit and shall contain the following information:~~

- ~~A. Presenting problem~~

- ~~B. Chronological summary of placements [include reasons for moves and a narrative description of the circumstances and behaviors that led to each move]~~
- ~~C. Summary of referrals, rejections, and reasons for rejection~~
- ~~D. Social history:
 
  - 1) Family
  - 2) Child development
  - 3) Services~~
- ~~E. Outline the steps taken to locate an appropriate placement~~
- ~~F. Psychological history include mental health services, testing results and copies of all evaluations~~
- ~~G. Educational information (include the Individual Educational Plan (IEP) in compliance with PL 49-142 or an explanation why the IEP has been omitted)~~
- ~~H. Medical history~~
- ~~I. Permanency plan~~

~~If the referral is determined to be inappropriate, the Manager of the Specialized Placement Unit will give the county office specific guidance on how to handle the case.~~

~~Additionally, if the referral is determined to be appropriate for an interdivisional staffing, the Manager of the Specialized Placement Unit Manager will:~~

- ~~A. Place the case on the agenda for the next interdivisional staffing which shall occur at least monthly.~~

~~A.~~

- ~~B. Advise the Division's contact person which people need to attend or be available by conference call for the staffing.~~

~~B.~~

~~If the referral is determined to be inappropriate, the Specialized Placement Unit Manager will:~~

- ~~A. Provide guidance to the county office regarding other potential next steps.~~

## PROCEDURE VI-M2: Child Case Review Committee (CCRC) Referral Process

01/2014

~~If the case has already been reviewed by an interdivisional staffing that did not resolve the youth's presenting issues within the state and the referral is determined to be appropriate for the CCRC, the Manager of the Specialized Placement Unit Manager will:~~

- ~~A. Request the referring county to prepare the CCRC referral packet (see below for more information).~~

- ~~A. Place the case on the agenda for the next scheduled CCRC meeting (unless an emergency is indicated in the referral material) CCRC meetings are scheduled on an as needed basis but shall be scheduled within two weeks of receipt of referral.~~

~~B.~~

- ~~Advise the Division's contact person which people need to attend or be available by conference call for the CCRC meeting.~~

~~C.~~

~~The referring county shall send key staff knowledgeable about all aspects of the case to the CCRC meeting to review details of the case. When a referral is appropriate for the CCRC, the Family Service Worker FSW will:~~

- ~~A. Contact the Specialized Placement Unit through the SPU Manager. Prepare and submit the referral packet which will include:~~

- ~~B. Collect information for the placement packet.~~

- ~~C. Create the packet consisting of the following items:~~

- ~~1) Cover memo which includes stating:~~

- ~~a) Family Service Worker's name and title, phone and fax numbers, and supervisor's name;~~
- ~~b) Child/Youth's name, age, legal status, and current location;~~

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- c) Concise paragraph detailing the reasons for referring the child/youth for out-of-state placement and when the placement is needed;
  - d) Child/Youth's last/current placement and an explanation for the removal;
  - 2) Completed CFS-302: Interdivisional Staffing/Child Case Review Committee (CCRC) Form (a new one does not need to be completed; the CFS-302 submitted for prior interdivisional staffing may be resubmitted unless there is new information to be included);
  - 3) Completed CFS-303: Out of State Placement Request;
  - 2) Placement history (give dates) and reason for discharge;
  - 3) Clinical recommendation for placement from the last discharge and previous providers if applicable;
  - 4) A copy of the MAPS from the CASSP staffing or the System of Care Wraparound Plan, if available;
  - 5) B. Letters of referral and/or denial/Attend (or ensure other key staff who are knowledgeable about all aspects of the case attends) the CCRC meeting to present details of the case and answer questions;
  - 6) Intelligence quotient (I.Q.). — Full Scale;
  - 7) Psychological testing results (most recent — 1 year old or less);
  - 8) Educational information;
  - 9) Date and reasons the child entered foster care;
- Case plan and goals-
- C. Remain responsible for regular follow-up regarding the out-of-state placement if the CCRC approves the out-of-state placement in order to best meet a youth's needs.
  - D. Submit monthly updates regarding the youth's out-of-state placement and progress to the SPU Manager.

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If the CCRC approves and out of state placement in order to best meet a child's needs, the caseworker will be responsible for regular follow up regarding the placement. The caseworker will forward the follow up information to the SPU Manager.

### PROCEDURE VI-M3: CCRC Case Review Meeting

The CCRC is scheduled to meet on the first and third Tuesdays of each month from 9:00 a.m. to 10:30 a.m. in the DHS-DCFS Central Office Complex, Donaghey Plaza South, 7<sup>th</sup> and Main, Little Rock, Arkansas. CCRC members will be notified on the Friday before a scheduled meeting. The following always applies:

- A. Each committee member is expected to attend the meeting or send a designee with the authority to make decisions for their Division.
- B. The SPU Manager will notify Divisions when they have a case on the agenda.
- C. Decisions will be made by majority vote with the Chairman breaking any tie votes.
- D. Dates will be established for the CCRC to be updated on the status of the plan implementation.
- E. Maintain confidentiality. See POLICY I-F: CONFIDENTIALITY.

### PROCEDURE VI-M43: Medicaid and Financial Issues

01/2014

Before a youth is placed in an out-of-state treatment facility due to an emotional disturbance, the Office of Policy and Legal Services of Chief Counsel will make and document the following determinations as required by ACA §20-46-106 via CFS-303: Out of State Placement Request, which will then be reviewed with the SPU Manager:

- A. Whether the youth has been appropriately and accurately diagnosed.
- B. Whether an appropriate treatment facility exists within Arkansas.
- C. Whether there is an appropriate treatment facility in a border state.
- D. Whether the treatment facility being considered has the most appropriate program.
- E. Whether the program requires payment of board, and if so, what is the amount.
- F. Whether the total cost for treatment in the out of state facility exceeds the cost of treatment in Arkansas.
- G. Where youth at the facility attend school, and whether the school is accredited.
- H. What type of professional staff is available at the facility.

- ~~I. What mechanisms are in place to address problems that are not within the purview of the program.~~
- ~~J. What other considerations exist, in addition to the youth's emotional problems, such as other medical conditions, travel expenses, wishes of the youth, best interests of the youth, effect of out of state placement on the youth, and proximity to the youth's family.~~
- ~~K.A. What alternatives exist to out of state placement, and the benefits and detriments of each alternative.~~

If a child/youth in DHS custody is placed in an out-of-state placement without proper documentation, or CCRC authorization as outlined above, Medicaid will not approve a Certificate of Need (CON) and authorization to pay the provider/facility for services will be refused.

The information collected by the above determinations shall be included in the youth's case file. The information shall be reviewed and considered by the juvenile judge.

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ARKANSAS STATE POLICE  
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice  
to Alleged Juvenile Offender (if currently age 18 or older)

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13-14 through 17 years of age. The incident was reported on (date)

The type of maltreatment was \_\_\_\_\_.

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

☐ Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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CACD INVESTIGATOR PRINTED NAME

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INVESTIGATOR SIGNATURE

MARKKUP



**Arkansas Department of Human Services**  
**Division of Children and Family Services**  
**Child Maltreatment True Investigative Determination Notice**  
**to Alleged Juvenile Offender (if currently age 18 or older)**

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

Name of Alleged Victim: \_\_\_\_\_

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13-14 through 17 years of age. The incident was reported on (date) \_\_\_\_\_. The type of maltreatment was \_\_\_\_\_.

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\_\_\_\_\_

DCFS INVESTIGATOR PRINTED NAME

\_\_\_\_\_

INVESTIGATOR SIGNATURE

MARKUP



**Arkansas Department of Human Services**  
Division of Children and Family Services

**Prospective Provisional Foster Parent  
Information and Questionnaire**

County: \_\_\_\_\_ Date: \_\_\_\_\_ Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Investigator/Caseworker: \_\_\_\_\_

Child(ren) Needing Placement: \_\_\_\_\_

<u>NAME</u>	<u>AGE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prospective Provisional Applicant(s): \_\_\_\_\_

Prospective Provisional Applicant Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( ) - Work #: ( ) - Cell #: ( ) -

List

ALL Persons in the Prospective Provisional Foster Home:

<u>NAME</u>	<u>RELATIONSHIP TO PROVISIONAL FOSTER PARENT APPLICANT</u>	<u>DOB</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does you or any other household member have a criminal history? Yes ☐ No ☐

If yes, when and what were the charge(s)?

Have you or any other household member ever been the subject of a child or adult maltreatment investigation? Yes ☐ No ☐

If yes, what was the outcome/finding?

How many people live in the home? \_\_\_\_\_

How many bedrooms are in the home? \_\_\_\_\_

Will you be able to support the child(ren) financially without DCFS assistance? Yes ☐ No ☐

What is your primary source of income? \_\_\_\_\_

What is your household Income (monthly take home):

\_\_\_\_\_

What are your working hours?

\_\_\_\_\_

Will you be able to take the child to and from school, doctors' appointments, and other activities?

Yes ☐ No ☐

Are you willing to follow all protection protocols including, but not limited to, court orders and case plans? This includes instructions regarding visits with the child's parents. Yes ☐ No ☐

Are you willing to attend foster parent training (it is a 30-hour training that generally occurs over several weeks)? Yes ☐ No ☐

Do you understand that within six months of opening as a provisional foster parent, you must meet all other foster home requirements (e.g., completing training) because, if you do not, the child(ren) will be moved from your home? Yes ☐ No ☐

Do you reside in the same school district of the school that the child attended prior to coming into care?

Yes ☐ No ☐

If no, in what school district do you reside? \_\_\_\_\_

How do you know the child(ren)?

\_\_\_\_\_

When was the last time you saw the child(ren)?

Generally speaking, how often do you see the child?

Please describe your interactions and activities with the child(ren) when you spend time together.

Please describe the child(ren) (e.g., personality, interests, hobbies, school performance, friends, etc.).

Other Notes/Comments/Questions. Include information provided by the child (if age appropriate) to DCFS regarding how the child knows the prospective provisional applicant, how the child described his/her feelings about living with the prospective provisional applicant, etc.

### Provisional Foster Home Referral

Please submit this form to the Resource Worker as soon as possible. Do not refer more than 2 provisional foster parent applicants at one time for a child (separate CFS 450 referrals must be used for each referral). Please keep the Resource Worker informed of any changes to the child's need for a provisional placement and any other relevant information.

County: \_\_\_\_\_ Date: \_\_\_\_\_ Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Prospective Provisional Applicant(s): \_\_\_\_\_

Prospective Provisional Applicant Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Household Income (monthly take home): \_\_\_\_\_

Criminal Charges: ☐ YES ☐ NO (If yes, list charges in additional information section below.)

Name(s) and age(s) of Child(ren) Needing Placement: \_\_\_\_\_

Additional Information: \_\_\_\_\_

List ALL Persons in the Home:

NAME

RELATIONSHIP TO

DOB

AGE

SSN

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	PROVISIONAL FOSTER PARENT APPLICANT			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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Caseworker has completed initial home visit on applicant? (This action is optional for caseworker.)  
☐ YES ☐ NO  
Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Approved ☐ Denied Resource Worker Signature: \_\_\_\_\_  
If denied, reason: \_\_\_\_\_