



POLICY TITLE:	Placement and Matching		
 	CHILD AND FAMILY SERVICES AGENCY		
Approved By:	Date Approved:	Original Effective Date:	Last Revision:
Brenda Donald - Director	5/19/2020	March 1, 2014	May 12, 2021

I. AUTHORITY	<p>The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency’s mission and all applicable federal and District of Columbia laws and regulations, including but not limited to the federal Child Abuse Prevention and Treatment Act (CAPTA) of 1974, and its implementing regulations; the Fostering Connections to Success and Increasing Adoptions Act of 2008; Titles 4 and 16 of the DC Official Code; provisions in Title 29 of the DC Municipal Regulations (DCMR), Chapters 60, 62, & 63; and the Exit and Sustainability Plan (ESP) in <i>LaShawn A. v. Bowser</i>. This policy supersedes the Placement and Matching Policy dated March 1, 2014.</p>
II. APPLICABILITY	CFSA staff and contracted agency employees.
III. RATIONALE	<p>When children come to the attention of the child welfare system, CFSA works to safely maintain them in their own family homes whenever possible. If, however, a child’s immediate safety and/or well-being are at imminent risk, and family resources and supports, including the non-offending parent, are not immediately available or adequate to assume care of the child, it is CFSA’s obligation to remove the child. If removal is necessary, CFSA must pursue a deliberate placement process to match the child to an appropriate resource provider including a relative placement if possible. This policy provides guidance on placement of children while in the care of CFSA and its contracted agencies.</p>
IV. POLICY	<p>When risks to a child’s safety and/or well-being require removal from home, CFSA first seeks to place the child together with his or her siblings, with kin. Under all circumstances, CFSA strives for placement in the least restrictive and most family-like setting with the first placement being the best placement.</p> <p>Determination of placement – both for children entering foster care and for those needing a change in their foster care placement – shall be based on a clinical assessment of their needs utilizing assessment tools (such as the Child and Adolescent Functional Assessment Scale [CAFAS], the Preschool Early Childhood Functional Assessment [PECFAS] and the Caregiver Strengths and Barriers Assessment [CSBA]), and alignment with the attributes of the placement resource. If locating, licensing and placing children with kin is not possible, CFSA maintains a continuum of placement settings designed to meet the various needs of the children in foster care. All placement settings are licensed according to local statutes, regulations and policies.</p> <p>It is agency policy that placements be made as expeditiously as possible, and are planned when appropriate. CFSA’s placement services are available 24 hours/day, 7 days/week to facilitate that outcome.</p>

	Once a child is placed, stability in that setting is key to decreasing a child’s trauma, time in out of home care, and to achieving permanency and increased well-being. As a result, CFSA adheres to a number of practices aimed at facilitating placement stability and mitigating the negative impact of instability.
V. CONTENTS	<ul style="list-style-type: none"> A. Placement Philosophy and Continuum B. Placement Planning Process: Identification and Engagement of Kin C. Placement Process: Upon Removal or Replacement D. Maintaining Placement Stability E. Managing Placement Instability F. Placement Data and Reconciliation
VI. ATTACHMENTS	<ul style="list-style-type: none"> A. Definitions B. Placement Passport Checklist C. Placement Transition Planning Tip Sheet D. Placement Stabilization Staffing Business Process
VII. SECTIONS	<p>Section A: Placement Philosophy and Continuum</p> <ol style="list-style-type: none"> 1. CFSA’s placement philosophy encompasses the following imperatives: <ul style="list-style-type: none"> a. Kin is the first choice for placement. b. Siblings are placed together. c. Family-based settings are a priority. d. Ties to the child’s home and proximity to school and community should be maintained whenever possible. e. Children will have a voice and choice in placement decisions as age- and developmentally-appropriate. f. All placement providers are accepting and supporting of all children and youth regardless of race, gender, sexual orientation, gender identify, and nationality. g. Congregate care settings are considered a last resort, time-limited with “step-down” interventions identified, and only used as clinically indicated. <p><i>Note: No child under the age of 12 years shall be placed in congregate care unless the child has exceptional needs that cannot be met in any other type of care and it is documented that the congregate setting is uniquely equipped to address those needs.</i></p> h. Children are placed as expeditiously as possible with a goal of minimizing trauma. CFSA strives to ensure that children do not spend time in the CFSA office building awaiting placement, especially during non-business hours. i. Private agencies contracted through CFSA shall adhere to CFSA’s expectations and contract specifications when maintaining data, making decisions regarding placement matching, and notifying CFSA of the need for a placement change, and meeting the needs of the children and families we serve.

	<ol style="list-style-type: none"> 2. CFSA shall provide children and youth in care with access to a continuum of placement types including: kinship homes, non-kinship family resource homes, specialized resource homes, therapeutic and traditional congregate care facilities and a subset of congregate care facilities called Qualified Residential Treatment Programs [QRTP]), and an independent living setting. (See the Qualified Residential Treatment Program policy regarding placing a child in a QRTP). <ul style="list-style-type: none"> • All placement decisions must align with the requirements and limitations detailed in the licensing regulations of Chapter 60, 62, and 63 of the DCMR and /or provider contracts. 3. CFSA will maintain a continuum of placement options aligned with placement needs of children and youth, and update provider information as necessary. The Placement Unit program manager shall conduct monthly meetings with case-carrying supervisors, and program managers to assess current and future placement needs and array. 4. Information gathered shall be shared with CFSA’s Office of Planning, Policy, and Program Support (OPPPS) to incorporate in the annual development of the Needs Assessment and Resource Development Plan.
	<p>Section B: Placement Planning Process: Identification and Engagement of Kin</p> <p>In alignment with CFSA’s placement philosophy, placement planning involves early identification and engagement of kin in order to identify resources that can both support the family and serve as placement resources should removal of the child become necessary. The following program areas shall be responsible for identification and engagement of both maternal and paternal kin in the following ways:</p> <ol style="list-style-type: none"> 1. Hotline: During the initial call received by the CFSA Hotline, information shall be gathered not only about the alleged victim child and their caregiver, but about kin, including maternal and paternal relatives, and family friends who know and help support the family. Hotline staff shall engage in contingency planning whereby information gathered is to include how the kin has or can be of support to the family as a kinship provider in the event that removal occurs. The information gathered shall be documented in the referral narrative in FACES.net. 2. Child Protective Services (CPS): When a referral is accepted for investigation, the CPS investigative worker shall review information collected at the Hotline and gather additional information from the family regarding kin who may be able to provide support and care for the children, especially in the event of a removal and document it in the FACES.net collateral screen. This information shall be utilized for further assessment of support or a kin placement resource.

	<p>3. In-Home: When a case is transferred to In-Home, staff shall be responsible for building on the information gathered at the Hotline, during the investigation and gathering additional information. In home staff shall also be responsible for actively engaging non-custodial parents and kin to secure their involvement.</p> <ul style="list-style-type: none"> a. A Concurrent Kin Plan shall be developed within the first 30 days of the In-home case in conjunction with the completion of the initial case plan, to identify and designate other capable adults to provide care to children in the event of an family emergency or a removal due to ongoing child neglect and abuse. b. CFSA strives to engage all parents in identifying and engaging kin, however there are situations in which parents who have an open In-home case may not want to give CFSA the permission to engage kin in case planning or to explore them as potential placement options prior to an imminent home removal. (<i>See the Engagement of Kin without Parental Consent administrative issuance for guidance on how to engage kin without a parent's consent.</i>) c. All new information regarding kin should be documented in the FACES.net collateral screen. <p>4. At Risk Family Team Meeting (FTM): When removal is imminent, an At Risk FTM shall be used as an opportunity to bring as many kin as possible into a direct conversation with the Agency to discuss next steps for the child and identify ways in which they can serve as a support and/or placement resource.</p> <p>5. Out-of-home: Staff shall continue building on information previously gathered, gathering new information, and regularly engaging kin to develop active working relationships with them while the child is in foster care. New information shall be documented in the FACES.net collateral screen.</p> <p>6. Early Alerts/Community Papering Consults: When a removal is imminent, an internal staff team meeting shall be held to identify the most appropriate potential placement to include an assessment of kin and the child/youth strengths and needs.</p> <p>7. Early Kinship Licensing Steps: Prior to and during a child's placement in foster care, the Kinship Family Licensing Unit (KFLU) partners with CPS and In-Home social workers to engage identified possible kin placement options. The KFLU makes an assessment of identified kin and, if they are a viable resource, initiates the kinship licensure process. The social worker or licensing worker shall contact the KFLU program manager if prospective kin providers need resources (e.g., furniture, gift cards for food or clothing, utility payment assistance etc.) to help provide a safe and stable placement for children.</p> <ul style="list-style-type: none"> a. If a child is initially placed in a non-kin home, KFLU continues identification and engagement efforts of kin in the first 30 days.
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	<p>b. If there are no kin found within that timeframe, throughout the duration of the child(ren)'s stay in care, engagement is on-going by the social work team to identify and engage kin to either be a potential licensed kinship resource parent and/or a lifelong connection.</p>
	<p>Section C: Placement Process: Upon Removal or Replacement</p> <p>When risks to a child's safety and/or well-being require removal from home or challenges in a placement require replacement, CFSA and its contracted Agencies shall adhere to the following steps:</p> <ol style="list-style-type: none"> 1. Assess the child. CFSA shall use clinical assessments [both formal, such as the Child and Adolescent Functional Assessment Scale (CAFAS), and informal, such as observations and impressions of the social worker and birth parent] to inform the best match for a placement decision. 2. Seek to place with kin. If a kin placement resource is identified, the Kinship Unit shall begin the temporary kinship licensing process for the family member so the child can be placed there immediately. (See the Temporary Licensing of Foster Homes for Kin policy for more information). 3. <u>Request a placement.</u> As soon as the need for a placement is known, the assigned case management staff (CPS, In-Home, Permanency, the Office of Youth Empowerment [OYE] or private agency staff) shall notify the Placement Unit via a request in FACES.net. The placement request must include up to date information about the strengths, needs and preferences of the child. If the need for a placement arises after regular business hours, on the weekend, or on a holiday, a call must be made to the on-call placement team immediately followed by a request in FACES.net. <ol style="list-style-type: none"> a. Planned placement changes. When there is an opportunity to plan a placement change, the assigned social worker shall work in collaboration with the placement team to complete the following actions while exploring placement options: <ol style="list-style-type: none"> i. Notify the Guardian Ad Litem, child, the child's birth parent(s) and the resource parent at least 10 days prior to the change in placement, except in an emergency (see the Rights and Responsibilities of Foster Parents for more information.) and the right to appeal the change in placement through a Fair Hearing. (See the Fair Hearing policy for more information). ii. Facilitate the child having a voice and choice in identifying the new placement (see the Youth Bill of Rights). iii. Schedule a visit between the child and potential resource provider unless not possible despite efforts. iv. Have discussions with the resource provider and the child to determine if the placement is a good match based on the assessment of the child and the skills of the provider. (See the Rights and Responsibilities of Foster Parents for more information.)

	<ul style="list-style-type: none"> v. Ensure placement decisions are trauma-informed and have taken into consideration as much knowledge as is available about the child’s history, needs and strengths. vi. Prior to accompanying the child to placement, ensure that the child’s immediate needs are met (e.g., the child is fed and provided with personal items as needed). vii. Prepare the child mentally and emotionally for placement (e.g., making pre-placement visits (whenever possible) and having age appropriate discussions with the child that allow the child time for questions and explanations regarding the placement). viii. Ensure child has sufficient clothes and appropriate luggage when moving. ix. Obtain and deliver a child’s medicine, prescriptions, or other pertinent health and well-being necessities to the placement resource (see the Medication Administration and Management policy for further information of medication management for children in care). x. Ensure continuity of education and other needed services. xi. Identify any special transportation consideration. xii. Obtain the placement passport from the current provider and ensure it is up to date. The placement passport development process includes the following: <ul style="list-style-type: none"> 1) An introductory folder for new entries is developed by CPS or the In-Home Division. 2) The Resource Parent Support Worker (RPSW) and social worker shall work together to gather all required documents outlined in the placement passport checklist (<i>Attachment B</i>). 3) The placement passport shall be provided to the new resource provider at the time of placement. 4) The assigned social worker or designee shall ensure the placement passport travels with the child/youth during a placement change. 5) The assigned social worker, RPSW and resource parent collectively are responsible for updating the placement passport. <p>b. Unplanned placement disruptions. When a placement disrupts due to emergent situations presenting safety, emotional, or health risks to the child or a resource household member, it may be difficult to plan for a child’s placement change. In these cases, the assigned social worker shall complete the above actions, as appropriate and feasible, and apply steps in Section D below.</p>
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4. Match children and youth to the most appropriate non-kin placement resource. If kin resources are not available, CFSA shall use clinical assessments in conjunction with an automated placement-matching system to determine a placement option, that best meets the child's needs and will maximize placement stability. This would include an array of placement options managed by CFSA or partner agencies.
 - a. The automated placement-matching system in FACES.net shall assess a series of child-specific characteristics and behaviors against profiles of available resource providers.
 - b. Using all of the above information, Placement staff shall make recommendations regarding placement options. Placement decisions are made collectively by the social worker and clinical team and where possible and appropriate, include the child/youth.
 - c. If placement of siblings together necessitates exceeding a provider's licensure limitations in a DC resource home (such as a deviation from the number of children indicated in the license), a written waiver shall be required from CFSA's Family Licensing Unit (FLU). Waivers are not applicable to Maryland resource homes due to the Code of Maryland Regulations (COMAR).

5. Identify needed resources. Social worker shall identify the resources needed to stabilize the child and begin to secure those resources, such as respite. Many of these services may be found in the community or provided by CFSA. CFSA's Office of Well Being (OWB) provides access to transportation, tutoring, mentoring, day care, mental health therapy, childcare, in home nurse care management and other resources.

6. Make arrangements for placement outside the District of Columbia. If a child's best placement option is with kin outside the District of Columbia, an Interstate Compact for the Placement of Children (ICPC) may be required. (See the [ICPC Policy](#) for more information)

7. Medically screen the child. The child shall be brought to the Healthy Horizons Assessment Center (HHAC) for a medical screening prior to placement unless indicated as not necessary. (See [Section B\(5\) of the Initial Evaluation of Children's Health policy](#) for more information.)

8. Place the child. Once a placement has been secured for the child, the social worker or designee shall complete the following activities:
 - a. Provide the resource parent or other provider with needed information and support through the placement passport process to ensure that the provider has adequate information to understand the needs and abilities of the child.
 - b. Obtain the child's Medicaid number by contacting the supervisory eligibility technician in the Business Services Administration and provide this Medicaid number to the resource parent.
 - c. Secure transportation to the child's school or day care facility until a more permanent means of transportation is identified. A long-term plan should be thoroughly discussed with the resource parent.

	<ul style="list-style-type: none"> d. Minimize trauma for the child by communicating the placement details in an age- and developmentally-appropriate way. Whenever possible, the placement should be effectuated by staff with whom the child is familiar. e. Maintain the child’s dignity by ensuring relevant personal items are appropriately packed, transported and stored in the resource home or other setting. f. Meet with the resource parent or other provider and child to help acclimate the child to the placement and to share key information, including about education and other services the child is utilizing. g. Ensure medication the child needs is provided with the instructions to the resource parents or other provider. h. Keep all relevant team members informed about the placement details. i. Ensure a contact note is completed in FACES.net and all other relevant information is updated timely. <p>9. <u>Initiate Shared Parenting</u>. Within one (1) week of the child being placed, an ice breaker should be scheduled for the resource parent(s) and birth parent(s). For all initial removals, the FTM unit assigns an icebreaker coordinator to each initial removal once notification of removal is sent from the CPS worker. In addition, staff can request an icebreaker at any time it is deemed beneficial to the family by making a referral to the CFSA.kinfirst@dc.gov.</p>
	<p>Section D: Maintaining Placement Stability</p> <p>CFSA strives to maintain placement stability as a critical element of permanency for children and youth. Every effort shall be made for the first placement to be the best placement and to avoid placement disruptions.</p> <ul style="list-style-type: none"> 1. CFSA shall use a coordinated team approach to placement support, such that a number of different staff members “work” in the resource home simultaneously, including, but not limited to; RPSWs, social workers, Nurse Care Managers , Family Support Workers (FSW) , Re-licensing workers, and Resource Development Specialists (RDSs) from the Kinship Unit. 2. Although CFSA utilizes a team approach to serving families, the RPSW shall serve as the lead support to resource parents by providing the following support services: <ul style="list-style-type: none"> a. Ensuring resource parents receive pertinent information about the children in their homes and remain abreast of all services, visitation schedules, permanency planning activities, placement transition dates, etc. b. Serving as a point of contact for communication and/or remediation of concerns. c. Work with the resource parent, relicensing worker and the Child Welfare Training Academy to ensure required training is accessed and completed, and refer resource parents to any specialized training needed to respond to child-specific needs.

- d. Work with the social worker to initiate team meetings to resolve matters that may impact placement stability and/or resource parent retention.
- e. Assisting with the navigation of relevant systems (such as CFSA, school/childcare, Court, medical).

Note: contracted agencies that have a different position structure shall be responsible for providing the same support services.

3. Placement stability is best achieved through an array of support strategies provided to families that include, but are not limited to:
 - a. Continuous child and family-centered social work practice
 - b. Support for shared parenting
 - c. Coaching and support for resource parents and other providers
 - d. Continually assessing needs
 - e. Identification and provision of services and supports for the child
 - f. The availability of crisis prevention and intervention services (such as the after-hours/weekend Resource Parent Support Line, 24-hour Health Services on call number, Mobile Crisis Stabilization Services (MCSS) and Child and Adolescent Mobile Psychiatric Services (ChAMPS).
 - g. Additional resources to the child and resource parent while in care include, but are not limited to:
 - i. Resource parent training
 - ii. Family Development Plans (*see Attachment A, Definitions*)
 - iii. Resource parent peer support program
 - iv. Respite care
 - v. Community-based advocacy and support organizations
4. Positive placement moves. Under some circumstances, a child or youth's change of placement is evidence of progress toward achieving case goals and/or permanency. These moves are not categorized as disruptions. They are categorized as "replacements" and include the following:
 - a. A move to a pre-adoptive home
 - b. A move to a lower level of care – such as, from a PRTF or Hospital to a traditional resource home – also known as a "step down"
 - c. A move geographically closer to the child's home community
 - d. Planned placement with kin, including siblings
5. Other Placement Interruptions. The following situations are not considered "placement disruptions" provided the children return to their original placement:
 - a. Hospitalization for medical treatment, acute psychiatric episode or diagnosis
 - b. Respite care

	<ul style="list-style-type: none"> c. Trial home visits d. Absent or runaway episodes (<i>See the Missing, Abducted, and Absent Children policy for more information</i>) e. Post-secondary education or vocational program
	<p>Section E: Managing Placement Instability</p> <p>If a placement destabilizes, CFSA will intervene as quickly and comprehensively as possible to resolve the concerns (<i>See Attachment C, the Placement Transition Planning Protocol Tip Sheet for additional information</i>). When any member of the team described in Section D becomes aware that a placement is not able to meet the needs of the child and/or placement stability is at risk, the team leaders (the social worker and the RPSW) shall convene a clinical staffing to determine next steps within 3 business days.</p> <p>A child will be moved only when all mitigation strategies have been exhausted. Further, CFSA strives for any change in placement to be planned, so that thoughtful matching with a new resource parent or other provider and pre-placement preparation of that provider and the child can take place.</p> <ol style="list-style-type: none"> 1. Planned placement disruptions. When placement concerns cannot be resolved, and the resource parent, CFSA or private agency staff, and/or the youth request a change of placement, the policy and steps outlined in Section C apply. CFSA requests that resource parents provide 30 days' advance notice of the need for a placement change but shall provide no less than 10 business days' notice, except in circumstances that are critical to the health and safety of the child in care or other household members. 2. Unplanned placement disruptions. Despite efforts to resolve issues that create instability in a placement, unplanned disruptions still occur. The first CFSA or private agency staff member to become aware of the disruption shall notify the team. The team will then follow the steps in Section C. 3. Other types of placement disruptions. Any of the placement situations outlined in D.5 in which the child does not return to the original placement shall be considered a placement disruption. In addition, the following are considered disruptions: <ol style="list-style-type: none"> a. Move to a more restrictive environment. If youth are unable to be served in their current placement, despite supportive services being provided, and are moved to a more restrictive environment that is necessary to meet the child's/youth needs and do not return to the original placement. b. Detention/incarceration. If youth are placed in detention or are incarcerated and do not return to the original placement.

	<p>4. <u>Staffing following a placement change.</u> All placement disruptions require a staffing after the placement change has been effectuated to monitor adjustment and ensure both the resource provider and the child have the services and supports needed to secure stability. A placement stabilization staffing that includes a comprehensive reassessment of the child’s needs must occur within 30 days of a child leaving the placement. The staffing shall include a comprehensive and appropriate assessment that determines the child’s service and re-placement needs, with a follow-up action plan, no later than 30 days of replacement. <i>(See the Placement Stabilization Staffing Business Process for more information).</i></p>
	<p>Section F: Placement Data and Reconciliation</p> <p>Maintaining accurate, real-time placement data are critical to the smooth functioning of the placement process. It ensures all members of the team are working with the same information and staffing assignments can be made; that the placement array and availability is up to date; and that resource parent payments can be processed expeditiously.</p> <ol style="list-style-type: none"> 1. CFSA maintains a Placement Reconciliation Unit (PRU) whose purpose shall be to confirm and document that a youth has been placed or replaced and that all required information about the youth and the placement are accurately recorded in FACES.net. Contracted private agency staff shall input a child’s placement information in FACES.net timely, contact CFSA regarding placement changes, and engage in sufficient record keeping as indicated in their contract. 2. Notifications of an initial placement, disruption, or any other placement event shall be submitted to the PRU immediately, and no later than 24 hours from the event occurring. The PRU shall update all placement information in FACES.net. 3. The RPSW shall be responsible for updating the resource parent questionnaires used in the placement matching system in FACES.net at least every 6 months.

ATTACHMENT A: DEFINITIONS

1. **Child and Adolescent Functional Assessment Scale (CAFAS)** – An assessment tool designed for children or youth aged 6 to 20 years of age. The CAFAS assesses a youth's day-to-day functioning and tracks changes in functioning over time.
2. **Caregiver** – A “caregiver” refers to biological and adoptive parents as well as legal guardians.
3. **Child** – For purposes of this policy, a “child” is anyone in care between the ages of birth up until their 21st birthday.
4. **Concurrent Kin Planning** – A process of working toward family stability with in-home families while at the same time establishing an alternative or contingency back-up plan for children's care/placement in the event of a family emergency or removal due to ongoing child neglect and abuse. A Concurrent Kin Plan is developed which is the documentation of the back-up plan.
5. **Congregate Care Setting** – Group home care (or congregate care facility) is a community-based residential service (e.g., group home, independent living) to meet the physical, emotional, developmental, and recreational needs of youth in out-of-home care. All facilities must be compliant with the regulations outlined in *Title 29 DCMR Chapter 62*, including but not limited to 24-hour staff supervision, support services, activities, in-house educational support, and coordination with the local school system.
6. **Contingency Planning** – Process of identifying and engaging family supports agency-wide from the beginning and throughout the life of the family's involvement with the Agency. Information gathered is to include how the kin has or can be of support to the family in meeting case plan goals, or as a kinship provider in the event that a removal occurs. Contingency planning is to occur with Hotline, CPS, Permanency, OYE, FTMU, In-home, KFLU, etc.
7. **Family** – The adoptive or biological family of a child, including both maternal and paternal relatives.
8. **Family-Based Placement** – This is a living arrangement in a licensed home that is not the home of the child's birth or adoptive parents, legal guardian or custodial caregiver. Family-based placements include an array of traditional and specialized homes.
9. **Family Development Plans** – This is a written plan completed with the resource parent, resource parent support worker and licensing worker that documents recommendations and priorities for ongoing training, development and support of resource parents related to the needs of child in the resource home.
10. **Foster Parent** – a term that refers to adults 21 and older who are licensed to provide a temporary home for children whose birth parents are unable to care for them. These services continue for several months or even years, depending on the circumstances of the child and the foster parents. (Also see *Resource Parent*.)
11. **Ice Breaker** – an introductory meeting between the birth parent, resource parent, and prior resource parent, if applicable, to have an early “parent-to-parent” conversation about the child, to explore communication and interaction preferences going forward and to ease the transition to the resource home.
12. **Independent Living Programs (ILPs)** – A type of placement setting designed to assist youth prepare to transition out of foster care. A foster youth must be 20 years of age to participate in an ILP. Youth are placed in supervised, semi-independent apartments within a main facility or independent living residential unit apartments, and (1) have sufficient maturity to live without regular and continuous supervision and monitoring, (2) reside in their own apartments, and (3) are provided with monitoring and services that reflect and support the youth's ability to reside independently in the community. ILPs are governed by *Title 29 DCMR Chapter 63*.
13. **Kin** – An individual who is at least 21 years of age; and either (1) A relative of the foster child by blood, marriage, or adoption; or (2) Identified by a relative of the foster child by blood, marriage, or adoption, in a sworn affidavit, to have close personal or emotional ties with the foster child or the foster child's family, which pre-dated the foster child's placement with the individual.
14. **Kinship Care Licensed Foster Home** – This is a placement in a relative's home that has been licensed by CFSA or the jurisdiction in which the home is physically located. These homes provide ongoing care for all children placed away from their parent(s) or guardians and for whom the agency has legal custody and physical care responsibility.

15. **Placement** – General term used for a child’s initial (or subsequent) out-of-home living arrangement that meets the specific needs of the child either in a licensed kinship or foster home, or a licensed congregate care program (such as, traditional group home for older youth, or if necessary, a residential treatment center to address medical or emotional needs). Pursuant to CFSA policy, placement is considered a temporary or short-term intervention during which social workers diligently team with the family to address barriers to reunification or to the three other main permanency options (adoption, guardianship, legal custody).
16. **Placement Disruption** – The following reasons for a placement move are considered “placement disruptions” and require a comprehensive placement assessment and placement stabilization staffing. For purposes of FACES.net data entry, the following disruptions are entered as “placement changes”: (1) provider is unwilling or unable to care for child, (2) provider cannot meet the child’s behavioral or medical needs (3) provider’s contract ended and the child moved from their current foster home as a result or (4) the child does not return to the same placement provider after a trial home visit, respite, acute hospitalization, runaway episode, incarceration or attending a post-secondary education/vocational program.
17. **Placement Passport** – A packet or binder that contains information specific to the child such as copies of the child’s birth certificate, Medicaid card, court orders, medical history, etc. This packet of information shall be in the possession of the child’s current resource provider and will follow the child to any subsequent placements.
18. **Residential Care Placements** – These placements provide intensive treatment services to address mental and emotional problems for youth in out-of-home care.
19. **Psychiatric Residential Treatment Facility** – Treatment facilities that provide intensive treatment services to address mental and emotional problems for youth in out-of-home care. Youth are referred by CFSA’s Office of Clinical Practice to the District’s Department of Mental Health.
20. **Resource Parent** – An umbrella term used to refer to foster parents, pre-adoptive parents and kinship caregivers who serve children in care either case managed by CFSA or by a private agency.
21. **Resource Provider** – term used for CFSA and private agency resource parents, congregate care facilities, and residential care placements.
22. **Respite Care** – Supportive services that are designed to provide resource parent(s), guardian(s) and/or children, with a period of temporary, short term, planned or unplanned relief from the ongoing care arrangement, thereby reducing the possibility of crisis and/or disruption of the placement. Respite care is agency-arranged (CFSA or private), and provided by licensed, approved respite care resources, and should be for less than 30 days. Respite care does not constitute a placement change, and the plan must be for the child to return to the placement scenario after to the respite care period. If the child does not return, the move is considered a either a placement change or a placement disruption; depending on the circumstances.
23. **Shared Parenting** – When birth and resource parents are communicating and collaborating on the experiences and duties of raising a child.
24. **Social Worker** – Unless specified otherwise, the general term “social workers” includes both CFSA and private agency social workers.
25. **Teen Parent Program** – A congregate setting designed to house and meet the needs of teens and their young children.
26. **Temporary Kinship License** – A temporary license issued to kin to operate a foster home for a temporary period that complies with the requirements of 29 DCMR § 6027, while full licensure is being pursued.
27. **Qualified Residential Treatment Program** – A type of residential placement setting designed to address the needs, and clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances. For a setting to be designated as a QRTP, it must (1) utilize trauma informed treatment model that includes service of clinical needs (2) meets the treatment needs of the child as determined by an assessment within 30 days of placement (3) staffed by a registered or licensed nursing staff who provide care within the scope of their practice (as defined by law), are on-site and available 24 hours a day, 7 days a week. (4) facilitates participation of family members in the child’s treatment program, as appropriate and (5) Is licensed and accredited by particular non-profit organizations (See §42 USC 672 for full definition).

ATTACHMENT B: PLACEMENT PASSPORT CHECKLIST

Contents	CFSA Provides at initial placement or replacement	CFSA Provides within 5 days of placement or as noted	RP/SW/RPSW Updates throughout placement	Responsible Unit/Staff
Tab 1. General Information				
a. Letter to Resource Parents	X			RPSU
b. Placement Authorization Letter	X			CPS
c. Ward Letter		X		RPSW
d. Child Summary Sheet (<i>updated by Placement RDS</i>)	X			CPS
e. Photo/ID Card (<i>photo up front, card in ~45 days</i>)				HHAC
f. Social Security Number (<i>number up front, copy of card in 60 days</i>)				RPSW
g. Passport (<i>if applicable</i>)		X		RPSW
h. Birth Certificate (<i>copy provided within ~45 days</i>)				RPSW
i. Documentation Notes	X			SW
j. Acknowledgement/Confidentiality Signature Form	X	X		CPS/RPSW
Tab 2. Contact Information				
a. Emergency & Team Contacts		X	X	RPSW/RP
b. Birth Family Contacts		X	X	RPSW/RP
c. Key General CFSA Contacts	X			RPSU
d. Stabilization Support Line flyer	X			RPSU
Tab 3. Health Information				
a. Healthy Horizons Assessment (<i>Cleared for Placement form</i>)	X			HHAC
b. Medical Authorization Form		X		RPSW
c. Medicaid Number (<i>card within ~45 days for new entries into foster care</i>)		X		RPSW
d. Items to bring with child to health care appointments	X			RPSU
e. Medical History Record (<i>surgeries, diagnoses, etc.</i>)		X	X	RPSW/RP
f. Dental History Record		X		RPSW
g. Universal Health Certificate and Immunization Record/Information (<i>within 3 business days</i>)		X	X	RPSW/HHAC
h. EPSDT Medicaid Health Check Information	X		X	RPSU
Tab 4. Continued Care Information				
a. Case Plan (<i>within 30 days, updated every 6 months</i>)		X	X	SW
b. Frequently Asked Questions (FAQs)	X			RPSU
Tab 5. Education Information				
a. Report cards			X	RPSW/RP
b. IEP and Educational Evaluations		X	X	RPSW
c. Teacher/Staff Correspondence (<i>includes discipline reports</i>)			X	RPSW/RP
d. Academic/Athletic Certificates or Awards			X	RP
Tab 6. Court Information				
a. Hearings/Court Dates		X		RPSW/RP
b. Visitation Plan/Agreement		X		RPSW
Tab 7. Office of Youth Empowerment (OYE)*				RPSW

*Tab 7 will be included if a youth age 14+ is placed in the home

Responsible Unit/Staff Acronym Key	
SW	Social Worker
CPS	Child Protective Services
CPSW	Child Protective Social Worker
RP	Resource Parent
RPSU	Resource Parent Support Unit
RPSW	Resource Parent Support Worker
HHAC	Healthy Horizons Assessment Center

Placement Transition Planning Protocol Tip Sheet

The Placement Transition Protocol establishes a systematic approach to thoughtful and planned placement transitions. The goal is to reduce trauma experienced by children in foster care and promote shared parenting amongst their care givers.



Notify the resource parent of:

- All scheduled court hearings.
- All anticipated changes related to placement transition of the child (including decisions not court ordered).
- Any plans to replace a child when possible at least 60-30 days prior to the date of transition. Notify the resource parent in writing (email) copying the resource parent support worker of child plan to exit the placement.

Facilitate:

- A transition staffing with sending and receiving parents and youth (as appropriate) to initiate the transition plan. The team will identify needed service supports (e.g., therapist, grief and loss support, peer advocate).
- A transition plan that outlines date of transition, clear visitation schedule and communication plan between sending and receiving parents during and post transition as applicable.
- A transition plan that considers important dates (e.g., medical appointments, court hearings, planned and approved extracurricular activities for the child).
- The proper transition of the placement passport from sending parent to the receiving parent.

Provide ongoing consistent communication:

- To provide updates with team members until the transition is complete.



Provide the resource parent with:

- Secondary support to address their concerns related to the child transitioning from their home and the impact of the placement change on the child in care, their bio children and family members.
- Referrals for additional supportive interventions as needed (e.g. Family Works Grief and Loss support, Ice Breakers)
- The Placement Transition Checklist in preparation for the child's transition from the home.

Placement Transition Planning Protocol Tip Sheet

Facilitate:

- Regular contact with the social worker and resource parent to ensure that transition planning updates and changes are shared with team members timely.
- Assistance in updating the Child Information Sheet and other pertinent documents located in the Placement Passport (e.g., medications, medical appointments, educational needs).

Review and follow up:

- Maintain weekly contact with the resource family to address placement/transition needs.
- Ensure that resource parent is aware of current visitation schedule and communication plan (e.g., dates, responsible party).
- Ensure all questions and concerns are addressed.
- Ensure Placement Transition Checklist is complete.
- Maintain on going contact with social work team throughout entire process to ensure communication flows smoothly.

Notify the social worker and resource parent support worker:

- Of the social and emotional well-being of the child during the process to ensure a smooth placement transition.
- Provide recommendations for additional supportive interventions on behalf of the child.
- Request additional team meetings, Ice Breaker meetings and need for additional supports as needed.

Participate:

- Regularly in court hearings.
- Transition staffings.
- In discussions to ensure the placement passport is updated with appropriation information (e.g., medication, doctors' appointments, allergies).

Note: if a child returns to CFSA's care from reunification, steps down from a more restrictive placement, or otherwise needs a placement change, the child's last placement, if appropriate, will be considered first as a placement option to maintain continuity and minimize trauma.

