



**TEXAS**

**Department of Family  
and Protective Services**

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*Child Protective Services*

**Placement Process  
Resource Guide**

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## **Resource Guides**

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides **does not substitute for policy**. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

**Per [4222.2 Re-Allowing Placement](#):**

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.



# THE PLACEMENT PROCESS

## OVERVIEW

When a child is removed from his or her home, that child often experiences considerable grief and loss. Aside from being removed from his or her parents, the child no longer has access to his or her belongings, pets, friends, neighborhood relationships, or the familiarity of his or her surroundings. Also, regardless of the abuse, neglect, and/or trauma experienced, the child is being moved from his or her home and the people that she or he loves and cares about. If the child needs to be placed into foster care rather than with a non-custodial parent or kinship caregiver, the placement experience is compounded because of the numerous changes the child will experience. When children move into foster care, more times than not the caregiver is a new person that the child did not previously know well, if at all. The experience of moving into an unknown place with unknown people can be a difficulty transition. For all these reasons, it is important to never lose sight of how important it is to prepare a child for placement while in foster care, to communicate with the child all along the way, and to ensure that the child remains connected to her or his family and other connections throughout his or her time in care.

This resource guide will provide guidance, recommendations, and procedures regarding the placement process and the important things to consider when making this very important decision.

### Definition of Placement

When CPS is named temporary or permanent managing conservator of a child or youth, CPS staff become responsible for selecting a placement which keeps the child safe, supports the child's permanency plan, and best meets the child's needs.

Placements take a variety of forms, such as placement with a non-custodial parent or a reliance on relatives as caregivers, which is a practice with a strong historical precedent across many cultures. Kinship and fictive kin placements are time-honored traditions that allow children to maintain their important connections to family, community, and culture. Whenever possible, CPS emphasizes placements with non-custodial parents, kin, and other significant connections. When a placement with a non-custodial parent or kinship placement is not feasible, for whatever reason, the alternative is regulated foster care.

Regardless of the placement type, many factors influence the decision on where a child should be placed. Before determining the best available placement, the caseworker and supervisor consider a host of factors, including:

- the child's safety;
- the child's preferences and needs;
- the family's preferences;
- the permanency goal;
- educational stability; and
- placement with siblings.

The same factors which apply in making an initial placement will also hold true when a subsequent placement is necessary.

**Initial Placement**

Whenever a child first enters conservatorship, the goal is to identify a placement that meets all of the child's needs and will be the last placement prior to the child achieving positive permanency. However, there might be times that the initial placement is a short term emergency placement.

**Short-Term Emergency Placements**

Many initial placements are made on an emergency basis, either when:

- a child is removed from home and placement is needed immediately; or
- a child's current placement is disrupted and it is not possible to immediately find another caregiver.

If a child is placed initially in a short term emergency placement, staff must immediately begin efforts to locate another placement. This is important because once a child, youth, or sibling group has stayed in a particular placement for a while, it becomes more difficult to transfer to a different placement. In addition, for certain emergency care settings, both CPS rules and Child-Care Licensing's Minimum Standards have time limits regarding the length of time that a child may be placed.

**Subsequent Placements**

Children and youth who have been removed from their homes have a high need for stability and continuity of care. To the extent possible, CPS avoids moving children or youth from one placement to another, especially when a child or youth has been in a placement for an extended period.

CPS may move a child or youth from an initial placement to a subsequent placement for various reasons, such as when:

- a relative or kinship family member is available to care for the child,
- the child is moving in his or her permanency home,
- the child achieves therapeutic goals and a less restrictive placement is appropriate,
- the placement is unable to meet the child's needs, or
- the caregiver requests that the child be moved.

When a new placement is necessary, the caseworker requests a placement search and arranges to move the child or youth. The caseworker prepares the child for the move in order to minimize the trauma of the change as much as possible. The caseworker takes the required actions described in [4110 Actions Required Before a Placement Change](#) and its sub-items.

See also [Best Practice Tips to Support a Placement Move](#) in this Resource Guide.

**PLACEMENT TYPES AND DEFINITIONS****Own Home**

This term describes a child in CPS conservatorship being placed back into the home from which the child was removed, as part of a monitored return to the home.

**Substitute Care**

This term refers to the care provided to all children in CPS conservatorship or young adults in extended foster care. Substitute Care is comprised of all the various settings other than a child's own home and includes:

- non-custodial parent placements, which refers to placement with the parent who is not primarily responsible for a child's care. See [4114.11 Placement With Non-custodial Parents](#) and its sub-items;
- kinship care, which includes placements with relatives and fictive kin without regard to whether the placement is verified or unverified;

- any residential child-care facility, including a foster home, foster group home, prospective adoptive home, general residential operation; or a comparable facility licensed or approved by another state or by an Indian Tribal licensing authority;
- a facility, Child Placing Agency (CPA) group home or foster/companion home operated, licensed, certified, or verified by another state agency, including:
  - Texas Department of Aging and Disability Services;
  - Texas Juvenile Justice Department;
  - Texas Department of State Health Services;
  - Texas Department of Assistive and Rehabilitative Services;
  - Texas School for the Deaf; and
  - Texas School for the Blind and Visually Impaired.

NOTE: The CPS State Office Placement Division Group **must** approve home placements before they occur.
- an independent living arrangement, such as an apartment, that is approved by CPS for a child who is at least 16 years of age and is a planned aspect of the child's participation in preparation for adult living (PAL) services (see [4300](#) Independent Living Arrangements);
- an approved supervised independent living (SIL) setting that contracts with CPS to provide SIL services to young adults 18 and older in extended foster care (see [10480](#) Supervised Independent Living (SIL)); and
- another living arrangement as ordered by the court.

### Regulated Foster Care

For the purposes of the placement policy, this is an umbrella term that refers to foster caregivers and facilities that are:

- verified by CPS;
- licensed by CPS's Residential Child-Care Licensing (RCCL) division;
- verified by an RCCL licensed CPA;
- regulated by a comparable tribal authority or similar licensing entity in another state; or
- exempt from RCCL-licensing because they are regulated by another state agency.

### Types of Regulated Caregivers

CPS distinguishes six types of regulated foster caregivers:

- foster family-homes;
- foster group-homes (these currently require State Office Placement Division approval before placement);
- general residential operations (GROs);
- facilities comparable to foster family homes, foster group homes or GROs that are licensed or approved by another state or by an Indian Tribal licensing authority;
- facilities under the authority of (regulated by) other state agencies; and
- other facilities regulated by the licensing entity of another state or operated by a state agency in another state.

## THE PLACEMENT PROCESS

### Overview of Placement Process

The policies in [4110](#) Actions Required Before Making a Placement and its sub-items detail the required actions at each point in the placement process. Unless otherwise specified, the actions are required for any placement, whether it is an initial or subsequent placement.

The provisions in policy presume that the caseworker complies with other policies related to removals for an initial placement, or general substitute care policies for a subsequent placement.

## REGIONAL PLACEMENT TEAM

### Definition of Regional Placement Team

The Regional Placement Team consists of the following members:

- Centralized Placement Unit
- Residential Treatment Placement Coordinator (RTPC)
- Developmental Disability Specialists

### Purpose

The Regional Placement Team is responsible for securing placements into emergency shelters, foster homes, GROs, RTCs, HCS homes, and ICF-IDD facilities for children and youth in DFPS. The Regional Placement Team does not select the placement. The caseworker and supervisor are responsible for selecting the placement.

## THE COMMON APPLICATION

The Common Application plays a critical role in the placement process. Every piece of information contained in the common application informs the prospective placement about the child and provides them with the information necessary to determine how the child might adjust to and be successful in the placement. This document provides the prospective caregiver with important information about the child's emotional and social needs, such as:

- the child's ability to interact with peers and adults;
- the child's ability to respond to redirections, rules, and consequences;
- information about the child's strengths and interests, which helps the prospective caregiver determine if they can provide for those needs and build upon those strengths; and
- information about the child's family and connections.

It is essential to the placement process, and more importantly, to the child, that the information in the common application be current and accurate. Some suggestions for creating a comprehensive and informative common application:

- Update the common application before any placement change.
- Describe the child's behavior using objective terminology.
- Be specific about behaviors and history, providing information about timeframes for the behaviors.
- Take time to describe the child's positive characteristics and strengths.

## STATE OFFICE REQUESTS

### Requests To State Office Placement Division:

The State Office Placement Team is available to assist with interpreting and/or locating policy, providing guidance on best practices, and assisting with placement searches when there are special circumstances that cannot be met through the standard placement process.

If the request is for assistance with policy or best practices, staff should contact the lead placement program specialist. If the request is for assistance with placement, staff should send the request to the Division Administrator through the unit supervisor.

## PLACEMENT REQUESTS

### Standard Placement Search Steps

See [4211.1](#) Caseworker Notifies Regional Placement Team.

Once the RPT receives the referral for placement, a placement worker is assigned. Within 24 hours, or the next business day, the placement worker reviews the packet for completeness and accuracy.

If any information is missing or outdated, the placement worker requests the needed information from the caseworker and the caseworker's supervisor. The placement worker elevates the request through the regional chain of command if he or she does not receive the requested information.

Missing or incomplete documentation delays the placement search and ultimately the placement process.

In order to ensure that children remain within their communities, or as close to their homes as possible, the placement team initially searches for a placement in the child's home county, also known as the child's legal county. If an appropriate placement is unavailable in the child's legal county, the placement team expands the search using a concentric circle approach to identify possible placements. The placement search expands from the legal county and can result in a statewide search depending upon the child's individual needs.

The assigned placement worker conducts a search of appropriate vacancies via the Child Placement Vacancy (CPV) database to identify potential placement options.

1. Once a vacancy is confirmed, the assigned placement worker contacts the provider to discuss the child and the child's needs.
  - If the provider believes that there is a caregiver who is appropriate to meet the child's needs and would like to review the placement packet for further consideration, the placement worker submits the placement packet to the provider for review and final consideration.
  - If the provider identifies a foster family that would be appropriate for the child, the placement worker requests a copy of the home study.
2. If the provider accepts placement, the assigned placement worker:
  - Conducts a thorough CLASS search to ensure there are no safety or licensing concerns;
  - Conducts a IMPACT search to:
    - verify that there is no abuse or neglect history;
    - verify that there is an active contract;
    - verify that the home is not a group home or placement of the child would not result in the home becoming a group home;
    - review the names of the other children in the placement to ensure that the caseworker and the potential caregiver are aware of any history of sexual aggression and/or victimization between this child and other children in the placement.
  - Contacts the caseworker and their supervisor and provides them with the information on the potential placement and any information found during the CLASS and IMPACT search.
3. If the caseworker and supervisor accept the placement, the placement worker:
  - Sends an e-mail confirmation to the caseworker with all identifying and contact information needed for the caseworker to secure the placement and arrange an admission date;
  - Sends an email with the potential placement's home study.
  - Reminds the caseworker to schedule a pre-placement visit; and
  - Reminds the caseworker and supervisor of what to bring with them upon admission (i.e. required placement forms and a reminder to take the child's medications).
4. The referral is closed once placement is accepted.
5. If the provider or the caseworker declines placement, the regional placement staff resumes the placement search.

See also:

[4152](#) Involving State Office in a Placement Search

[4152.2](#) Meeting a Child's Needs Until a Placement Is Secured

*Intense Foster Family Case Services* in the Foster and Licensed Facility Placements Resource Guide

*The IPTP Program: Short-Term Therapeutic Placement* in the Foster and Licensed Facility Placements Resource Guide

## PLACEMENT PROCESS FOR CHILDREN IN PSYCHIATRIC OR MEDICAL HOSPITALS

If the caseworker is working with the RPT, the caseworker follows the policies and steps in [4211](#) Seeking Placement Through the Regional Placement Team.

### HOSPITALIZATION ADMISSION BEGINS WITH DISCHARGE PLANNING

All hospitalization admissions begin with discharge planning.

When children are admitted to psychiatric or medical hospitals and the CPS caseworker determines that the child will not return to the prior hospitalization placement, the CPS caseworker should, within 24 hours or the next business day following hospitalization:

- Send a request for a placement to the Regional Centralized Placement Unit Mailbox indicating that the child is currently hospitalized;
- Reference the date of psychiatric hospitalization and estimate a child who is in a psychiatric hospital will need placement within 10 calendar days of admission to the psychiatric hospital; or
- Reference the date of medical hospitalization and estimate the planned discharge of the child after consulting with medical personnel.

The Regional Placement Team begins the Standard Placement Process within 24 hours or one business day of the Central Placement Unit (CPU) Regional Placement receiving notification that a child has been hospitalized and the placement does not intend for the child to return following his or her discharge. If the Regional Placement Team does not have a current or updated placement referral packet, the placement worker contacts the caseworker and supervisor requesting either a new referral or an update to the current referral packet.

## PLACEMENT PROCESS FOR CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES - DISABILITY SPECIALIST REFERRALS

### DDS PLACEMENT REFERRAL PROCESS

For children with a suspected or confirmed IDD diagnosis, the regional DDS works together with the CPU and RTPC to secure placements. To ensure the DDS is aware that a child needing placement **may** meet IDD criteria, the following is required:

When CPU receives the referral request for assignment, CPU should screen the referral packet for a Full scale IQ, diagnoses, and other information that would identify the child as a possible candidate for IDD services. If the child is a possible candidate for IDD services, the CPU or RTPC refers the child to the DDS for review and additional assistance in securing a placement. A child who would be eligible for IDD placement/services must have a:

- Full scale IQ of 75 or below with an IDD diagnosis and a qualifying related condition, or

- Full scale IQ of 69 or below and an IDD diagnosis.

If any of the documentation in the packet indicates that a child has an identified Full scale IQ of 75 or below, the DDS will be conjointly assigned with the CPU and RTPC.

If the DDS confirms that the child meets IDD criteria, DDS assists in seeking the most appropriate placement for the child based upon that child's individual, unique needs in the least restrictive setting. Additionally, the DDS will:

- reach out to the caseworker and assist her or him with completing all paperwork, applications (SSI, SSLC as necessary, guardianship, etc.), and documentation that is necessary for the child to receive the proper IDD services and resources;
- ensure that the child is placed on the appropriate Interest List with DADS/HHSC and/or have DIDs completed as required, in a timely fashion;
- follow through to ensure the child is placed into the most appropriate placement (IDD facility, HCS, SSLC, etc.) that meets that child's best interests, needs, and permanency plan.

If a child does not meet IDD criteria, the DDS is no longer a member of the child's Placement Search Team.

## CPS CASE WORKER ACTIONS FOR PLACEMENT CHANGE

### ***Per [4111](#) Identify the Need for Initial or Subsequent Placement:***

DFPS must remove a child from the child's placement, for a subsequent placement, when:

- DFPS initially removes a child or youth from their home;
- DFPS receives notices a discharge notice from a caregiver;
- DFPS determines the child needs to be moved from the placement due to safety issues or because it is in the child's best interest;
- the kinship caregiver requests a placement change; or
- the court orders a placement change.

If CPS initiates the placement move from a contracted provider, the caseworker should not only prepare the child and caregivers for the subsequent placement but should also address concerns with the placement itself. See [4155](#) Safety and Related Concerns for Placements.

### ***Per [4111.1](#) Seek Regional Placement Team Assistance If Needed:***

If contracted residential providers want a child removed from their facility, the provider is required to notify the child's caseworker and the State office discharge mailbox.

The State Office Program Specialist who manages the Discharge Mailbox is knowledgeable about the notifications and time frames required and will assist in working with the providers as needed.

## GATHER INFORMATION AND RECOMMENDATIONS TO SELECT A PLACEMENT

The caseworker follows the policy stated in [4113](#) Gather Information and Recommendations to Select a Placement. The caseworker also uses the following guidelines.

**Check IMPACT Records for Siblings**

CPS caseworkers attempt to make placements that keep siblings together. To support sibling placement, the caseworker attempts to find siblings of a child to be placed, bearing in mind that the definition of sibling includes full or half biological siblings, adoptive siblings, step siblings, and siblings with other relative connections. See *CPS Definition of Sibling*.

**Consider Family Group Decision-Making (FGDM)**

Consider the use of FGDM as an option to engage the family and community in making critical decisions regarding a child's or youth's placement. See [1121](#) Family Group Decision-Making (FGDM).

**Consult the Biological Parent(s)**

It is important to remember that the biological family, despite its current issues, generally knows the child better than anyone else. At removal, the removing caseworker should try to gather as much information as possible on the child's feeding habits, sleeping preferences, comfort items, and so forth.

Knowing that the subsequent caregiver will have key information about the child may reduce the parents' anxiety about the child's removal, and it may be CPS' best or only opportunity to obtain key information from the parents about how to minimize disruption in the child's life. Though a parent may feel reluctant to cooperate at the time of the removal, being included in the process may make the parent more willing to give feedback on a subsequent placement.

The parent generally knows better than anyone what the child's triggers are, what discipline techniques are likely to succeed or fail, how the child thinks of him- or herself, what supports might help the child make a transition, and so forth. Involvement in the placement decision may strengthen a parent's willingness to participate in the case in general.

The parent's input can be essential to completing the child's *Medical/Developmental History Page*, and may provide better understanding of the child's milestones, growth, development, health and so forth, all of which can help in choosing an appropriate placement for the child.

**Consult the Child**

It is equally important that the caseworker discuss the placement with the child and get the child's input. Children often have important information about their family members and might have an idea where to locate them. Additionally, the caseworker should ask the child about where he or she might want to live or if there is a preference on the type of placement and its location. The chances of future placement disruption may decrease if the child or youth feels that his or her feedback is important and preferences may be accommodated. See [4113.4](#) Consult the Child or Youth.

**Assessments in General**

Upon removal of a child from the child's home, CPS uses assessment services provided by a child-care facility, child-placing agency or the child's medical home to determine the appropriate substitute care services and, if appropriate, placement for the child.

*Texas Human Resources Code [§42.0425](#)*

*Texas Family Code [§264.1075](#)*

CPS and its residential contractors use a variety of assessments to determine the appropriate substitute care and related services for children, whose initial placements are often emergency ones. Children are assessed when they initially come into care.

Although assessment is a broader function and relates to case planning overall, assessments are also critical in making placement choices. In particular, when children first come into care, and regularly thereafter, they are assessed during TX Health Steps checkups. The initial TX Health Steps checkup is

due within 30 days of the child coming into foster care. These checkups can help identify any unnoticed medical, dental or related needs.

Child-care facilities and child-placing agencies have specific requirements in Minimum Standards related to assessment services, which are regulated services to determine the placement needs of a child in care. The caseworker should always continue close communication with the child-care facility or child-placing agency about the assessment services provided to a child in CPS conservatorship.

Finally, as appropriate to an individual child, there may additional assessments, such as educational testing, psychological evaluations, service level determinations, and other professional assessments that may inform the placement choice.

### **Assess for Developmental or Intellectual Disability**

A child is assessed for intellectual and developmental disabilities by:

- TX Health Steps providers;
- CPS caseworkers;
- Developmental Disability Specialists; and
- Other professionals and caregivers involved in the child's life.

### **Review Information From the Child's Current Caregiver**

A contracted provider that initiates a placement change is required to complete and submit Form 2109 Residential Child Care Discharge Notice. Non-contracted providers are not required to complete the form.

The caseworker should still discuss the topics in the form with a child's current caregiver, even if the caregiver is a non-contracted provider. It can be essential for both the placement decision as well as the success of a subsequent placement to know:

- why the previous placement disrupted;
- what efforts to prevent disruption were attempted unsuccessfully; and
- the caregiver's recommendation regarding what would work for a child, including:
  - information on the child's triggers,
  - type of placement required,
  - level of supervision,
  - special services needed, or
  - any other information the caregiver determines is important to the stability of the child's future placement.

See [4113.7](#) Review Information from the Child's Current Caregiver.

## **ISSUES TO CONSIDER IN PLACEMENT DECISIONS**

The paramount consideration in selecting any placement is the child's safety. Other than child safety, which is a non-negotiable factor for consideration, determining the most appropriate placement for a child is a complex decision that requires the caseworker to weigh several different, and sometimes competing, factors. The caseworker consults with the supervisor and, if applicable, the program director or the Regional Placement Team.

### **ISSUES TO CONSIDER**

Every time the caseworker selects a substitute caregiver, the caseworker must consider the factors listed in [4114](#) Required Factors to Consider When Evaluating a Child's Possible Placement. They should also consider these additional factors:

- Placement with non-custodial parents or kinship caregivers;

- The child's school and educational needs;
- The child's best interest;
- The child's permanency plan;
- The caregiver's ability to meet the child's needs;
- The setting best suited for the child's needs;
- The child's or youth's preferences;
- The least restrictive, most family-like setting available;
- Close proximity to the child's home; and
- Placement with siblings;
- The parent's recommendations; and
- The [child advocate recommendations](#).

Note: The caseworker can document a child's ethnicity, national origin, color, or race, but the law prohibits using this as a factor in a placement decision except in extremely limited circumstances. For detailed guidance, see [Appendix 4115](#), Information to Consider About Race, Color, and National Origin in Placement Decisions (RCNO).

**Additional considerations.** Caseworkers also consider the following issues, as applicable, when selecting substitute caregivers.

#### **The Child's**

- age;
- language;
- religion;
- sexual identity;
- behavioral characteristics;
- special needs, including:
  - medical needs, including medications;
  - therapeutic needs; and
  - physical, developmental, and recreational needs;
- ability to function in a family setting;
- need for supervision or structure;
- any sexually aggressive behavior;
- potential for victimizing other children;
- vulnerability to victimization by other children;
- history of previous placements;
- attachments in the current placement;
- safety from the alleged perpetrator;
- transportation requirements, especially for court-ordered visitation; and
- continued attendance at the same school, or at least in the same school district.

#### **The Parents'**

- needs, concerns, and desires regarding the child's placement;
- ability to:
  - visit the child;
  - attend meetings regarding the child's service plan; and
  - work with the child's caregiver.

#### **The Caregiver's**

- location;
- language(s);
- training, skills, and experience;

- ability to:
  - meet the child's emotional needs;
  - manage the child's behavior;
  - support the child's development of self-esteem;
  - support the child's permanency plan;
  - support the plan for parental visitation;
  - meet the child's transportation requirements; and
  - work with the child's parents;
- capacity to:
  - accept siblings; or
  - help siblings stay in touch if they are placed separately;
- special needs and capabilities;
- ability to help children already in the home accept the child;
- capacity and motivation to care for children of the child's age;
- plans for vacations and respite care (and their possible effect on the child);
- relationship (if a relative caregiver) to the child's parents; and
- safety from the alleged perpetrator.

### **Procedural Issues**

In addition to considering the issues listed above, caseworkers should also address these procedural issues when they select a substitute caregiver:

- the availability of caregivers that can meet the child's needs;
- working with the level-of-care contractor, when applicable;
- completing [Form 2087](#), Common Application for Residential Care;
- other admission requirements, when applicable (example: psychological testing);
- special procedural requirements, when applicable (example: waiving a licensing requirement);
- the time required to process the child's placement application;
- coordinating the placement with other agencies (examples: Texas Juvenile Justice Department (TJJD), Department of State Health Services (DSHS) and Department of Assistive and Rehabilitative Services (DARS)).

### **Prompts**

The following questions may help caseworkers identify the key issues in particular placements:

- Is this an emergency or a nonemergency placement?
- If this is an emergency placement:
  - Can a more suitable placement be found within a few weeks?
  - What issues must be addressed immediately?
- If this is an initial placement:
  - What issues are most important?
  - How can we involve the child, the parents, and the caregiver in the placement process?
- If this is a subsequent placement:
  - What issues are most important?
  - Can we address those issues in advance? How?
  - How can we involve the child, the parents, and the caregiver in the placement process?
  - If one sibling must be transferred to a new caregiver, can the other siblings be transferred there too?
- What resources are needed to support the placement?

## PREFERENCE FOR NON CUSTODIAL PARENTS, SIBLINGS, KINSHIP AND OTHERS WITH SIGNIFICANT RELATIONSHIPS

### Non-Custodial Parents

#### Parent

A parent is:

- the mother;
- a man presumed to be the father;
- a man legally determined to be the father;
- a man who has been adjudicated to be the father by a court of competent jurisdiction;
- a man who has acknowledged his paternity under applicable law; or
- an adoptive mother or father.

The term does not include a parent whose parent-child relationship has been terminated.

*Texas Family Code [§101.024](#)*

#### Noncustodial Parent

A noncustodial parent, for purposes of placement, is a parent who is not primarily responsible for a child's care.

#### Considering a Non-Custodial Parent

When a child's removal from the home is necessary, CPS is required to make every effort to identify and locate a non-custodial parent willing and suitable to care for the child.

Often the child is already familiar with his or her non-custodial parent. They may maintain an ongoing relationship. The non-custodial parent may have a personal interest in the child, and more significantly, has a constitutionally protected interest in the parent's relationship with the child (barring safety concerns about the non-custodial parent).

CPS should not recommend dismissal of its conservatorship case following placement with a non-custodial parent without first discussing it with the attorney representing the Department, as CPS must give consideration to the Department's requirement to make reasonable efforts to reunify the child with the parent from whom the child was removed. Rather, the Department should continue to work with both parents while reunification is the permanency goal for the case. For more information about permanency planning, see [6200](#) Permanency Planning and Case Planning in Substitute Care.

It is not necessary not appropriate to complete a home study on a non-custodial parent before placement. The caseworker should complete a CPS background and DPS criminal background check on all household members over the age of 14, conduct a home visit, and assess the parent's ability to meet the child's needs while providing a safe home. It is also important to remember that an absent parent did not necessarily know about the abuse and/or neglect and it is necessary to establish a safety reason to rule out placement, rather than making a determination based upon a personal bias or value about the absent parent's decisions or presence in the child's life.

#### Siblings

Siblings are considered relatives of the child, and staff is required to make reasonable efforts to place child siblings into the same placement.

#### CPS Definition of Sibling

In CPS placement decisions, the definition of sibling includes these relationships:

- Biological siblings, who may have either one or both parents in common.
- Siblings related by adoption.
- Step-siblings, who are siblings in which the parents have had a significant relationship and have cohabitated as a family unit for a period of time.
- Other relative connection in which related children have cohabitated together with a common caregiver for an extended period of time. Examples:
  - A grandmother has been caring for cousins whose parents are siblings.
  - An aunt has been caring for her sibling's children as well as her own.

The sibling relationship is the longest relationship that a child will have with anyone in his or her life and siblings play an important role in providing the child with comfort, care, support, belonging, connection, and a sense of history.

The general order of preference for placement with relatives and other connections is:

- Non-custodial parents (see [4114.11](#) Placement With Non-custodial Parents)
- Relatives and fictive kin (see [4114.12](#) Placement With Relatives and Fictive Kin)
- Other connections, such as:
  - former foster parents (see [4112.13](#) Placement With Former Foster Parents)
  - inactive former foster parents
  - families who have adopted the child's siblings

## Separating Siblings

### Sibling Separation Due to Placement With Noncustodial or Kinship Placements

There may be times when family members are unable or unwilling to care for all of the siblings, due to various family dynamics, or a kinship placement may not be able to accommodate the complete sibling group. Staff should not automatically exclude these placement options based upon separation of siblings. In particular, a parent whose rights have not been terminated is generally entitled to placement recommendations for his or her child, even if it means separating a sibling group.

In situations where a sibling group may be separated, consider the:

- best interest of the individual child, including safety and the caregiver's ability to meet the child's needs;
- current Permanency Goal; and
- caregiver's commitment to maintaining sibling contact.

### Separating Siblings for Safety Purposes

See [4114.22](#) Separating Siblings for Safety Purposes.

It is important to remember that sibling relationships change over time and sometimes siblings argue and fight. This is normal child development and should not be misconstrued as problematic or a reason to separate siblings. Even so, there could be times that placing siblings together is unsafe and separating them is necessary for protection. Use extreme caution when making such a decision and base the decision solely upon the needs of each individual child, taking into consideration the child's best interest and safety.

Issues to consider include:

- the specifics around the behaviors;
- the duration of the behaviors;
- safety threats;
- court orders; and
- the recommendations of the child's therapist.

CPS has final approval of the decision to separation siblings.

**Placing Separated Siblings Back Together**

If siblings are separated, there should be a regular review of the decision, with specific consideration to the need to continue the separation and a plan to reunite the children.

**Placement With Relatives and Fictive Kin**

After considering placement with a non-custodial parent, the next best placement for the child will usually be with a relative or other person with whom the child or the child's family has a long-standing and significant relationship (fictive kin). This is generally preferred over placement with a non-related caregiver, provided the relative or other person can provide a safe and appropriate home.

See [4114.12](#) Placement With Relatives and Fictive Kin.

**Placement With Former Foster Parents**

When a child re-enters CPS care, the previous foster parent with whom the child resided during a previous placement must be considered for placement when a relative or fictive kin placement cannot be made.

*Texas Family Code [§262.114](#)*

If the child cannot be placed with a non-custodial parent, a sibling, a relative, or a fictive kin, consider placement with a former foster parent. By placing with a former caregiver, the caseworker creates a sense of comfort and belonging for the child following the removal from the home. There is a sense of familiarity for the child and this should contribute to an easier transition into care. However, the caseworker should explore the prior relationship, and the reason for discharge, with the child and the former foster parent to ensure it was a positive relationship and that the child was successful in that home.

The caseworker informs the regional placement team staff if the child has previously been in foster care. The caseworker works with regional placement team staff to determine whether the former foster parent is interested in having the child placed with the family.

If the former foster parents are interested in having the child placed with them, the caseworker, supervisor, and regional placement team work together with the former foster parents to develop a plan for placing the child.

Former foster parents may meet the definition of fictive kin in limited circumstances but generally fall into the category of other connections.

**Placement With Former Foster Parents Who Have Become Inactive**

If the previous foster parents' status is inactive and they were in good standing at the time they became inactive, the caseworker should contact the former foster parents to determine their interest in providing a placement for the child.

If the caseworker has not identified any placement concerns, and the previous foster parents are interested in having the child placed with them, the regional placement team (CPU or RTPC) and the child's caseworker work with the family to develop a placement plan.

Private Child Placing Agency (CPA) placement staff must have initial contact from the CPS caseworker before contacting private CPA foster homes. Private CPAs have direct contact with their foster families.

**Placement With Adoptive Parents of Siblings**

See [4114.14](#) Placement with Adoptive Parents of Siblings.

**Evaluating Multiple Placement Options With Connections to the Child**

In general, if CPS is choosing between placement with a non-custodial parent and another placement, the non-custodial parent will have an entitlement to placement if there are no particular safety concerns with

the parent and the parent's rights to the child are intact. See [4114.11](#) Placement With Non-custodial Parents. When there are multiple placement options other than a non-custodial parent with an entitlement to placement, staff should evaluate every option. Staff should make the placement decision in the best interest of the child with input from the child, the child's family, and the attorney and guardian ad litem. Such placement decisions must be made in consultation with the program director.

## ENSURING EDUCATIONAL STABILITY

### Placing the Child Close to the Child's Home

**Per [4114.5](#) *Placing the Child Close to the Child's Home*:**

When the child's permanency goal is reunification, the caseworker must generally place the child in close proximity to the parent's home.

*Social Security Act, Title IV-E, [§475\(5\)\(A\)](#)  
45 C.F.R. [§1356.21\(g\)](#)*

To meet this requirement, the placement must be within the same county (or within 50 miles of the parents' home if the home is near the county boundary line) unless an exception is justified.

Those exceptions may include:

- child risk or safety issues that prevent placement close to parents;
- physical, mental health, or behavior issues that prevent placement close to parents;
- placements located elsewhere that can best address the needs of the child (such as residential treatment centers, placement with siblings);
- a permanency goal that requires such an exception (such as placement with relatives or adoption);
- a parent's change of residence outside of the county of conservatorship after the child has been placed in substitute care; or
- lack of available or appropriate placements within the county.

### Placement Considerations

When initially placing the child into foster care, and during all subsequent placement changes, staff is required to take into account how the proposed placement may affect the child's education stability. Children should continue at the school they were attending at the time of the placement change unless it is not in the child's best interest. By remaining in the child's school, the child experiences reduced loss, an increase in educational success, and a sense of continuity.

Staff should consider various factors, including:

- how long the child has been attending the current school;
- whether the child has expressed any interest in remaining at the school;
- the proposed placement's distance from the current school;
- whether the foster parents are willing and able to transport the child from the new placement to the original school;
- the child's ability to recover credits if transferring during the school year; and
- any other factor regarding the placement change or the school change that might impact the child's best interests.

See also:

[15100](#) The Role of DFPS in Ensuring Education Stability and Success  
[Education for Children Resource Guide](#)

**Per [4114.31](#) Placement Considerations:**

The caseworker must seek the assistance of the regional education specialist or the school district liaison for issues with enrollment and transfer of children in foster care

## SPECIFIC PLACEMENT CONSIDERATIONS FOR CHILDREN WHO HAVE PRIMARY MEDICAL NEEDS

**Definition of Primary Medical Needs (PMN)**

Children with primary medical needs are children who cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions, including the:

- inability to maintain an open airway without assistance (this does not include the use of inhalers for asthma);
- inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
- use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or
- multiple physical disabilities, including sensory impairments

*DFPS Rules, 40 TAC [§749.61\(2\)\(D\)](#)*

See:

[4114.7](#) Specific Placement Considerations for Children Who Have Primary Medical Needs

Primary Medical Needs (PMN) Resource Guide

## PROHIBITED CONSIDERATIONS BASED ON RACE, COLOR, NATIONAL ORIGIN OR ETHNICITY

**Federal Law**

Federal law prohibits using race, color, national origin, or ethnicity to delay or deny a child's placement, or to deny applicants the opportunity to become foster parents or to adopt.

*42 U.S.C. §1996b, the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996*

**State Law**

State law prohibits selecting a foster or adoptive placement based on a presumption that placement in a home of the same race or ethnicity as the child is in the child's best interest.

State law also prohibits delaying or denying a foster placement or an adoption to locate a family of a particular race or ethnicity. An exception could be made only if an independent psychological evaluation indicates that placement with a family of a particular race or ethnicity would be detrimental to the child.

A child may not be removed from a home solely based on the family's race or ethnicity. A state employee who violates these prohibitions is subject to immediate dismissal.

*Texas Family Code [§§162.308](#) and [264.108](#)*

**CPS Policy**

Refer to [Appendix 4115](#): Information to Consider About Race, Color, and National Origin in Placement Decisions (RCNO).

For further guidance on this complex issue, staff may consult the regional attorney.

## GET APPROVALS WITHIN THE REQUIRED TIME FRAME

### Additional Regional Requirements

Regions may require supervisory approval of an emergency placement sooner than 10 days after the placement occurs.

Program administrators have the authority to establish additional requirements for the approval of subsequent placements.

## ACTIONS REQUIRED AFTER SELECTING A PLACEMENT

See [4120](#) Actions Required After Selecting a Placement.

### Prepare the Child for the Move

A placement move is a major life change for a child, just as it is for anyone. The caseworker's role is to minimize the child's anxiety and make the transition as smooth as realistically possible.

The caseworker should learn as much as possible about the new placement so that he or she is able to answer the child's or youth's questions.

The caseworker should prepare the new caregiver with as much information about the child or youth as possible, and help the caregiver understand the importance of maintaining current connections and routines.

#### ***Per [4122](#) Schedule and Conduct a Pre-Placement Visit:***

The caseworker must arrange for the child to visit the substitute caregiver's home or facility at least once before placing the child. The pre-placement visit must occur before the placement and be scheduled at a time that minimizes disruption to the *child*.

Unless DFPS waives the requirement because of a prior relationship and the fact that the caregiver has cared for the child in the preceding 12 months, the pre-placement visit is required, regardless of whether the placement is a kinship or contracted placement.

*Texas Family Code [§264.7541\(a\)](#)*

Such a visit may be difficult if a child is being placed out of the region. Staff may be able to overcome this issue by using current technologies such as Skype or Facetime.

## BEST PRACTICE TIPS TO SUPPORT A PLACEMENT MOVE

### BEFORE THE MOVE:

- Above all, put yourself in the shoes of a child who has been told a move is upcoming, or occurring in the near or even immediate future. What would you want to know? What items would you want to be sure you could take with you? What or who would you feel sad about leaving behind? How would you want to be allowed to process or make the change?
- Support the move with community or other resources to the greatest extent possible. Does the child have luggage? Are there any local resources that can obtain luggage for the child, so he or she is not moving belongings in trash bags or other improvised means of transport? Can the Child Welfare Board support a going-away party to help provide closure for a child or youth leaving one community, set of friends, school?
- Ask the child who he or she considers a connection. Help the child or youth figure out a plan to maintain connections to those people and things the child or youth desires. Does the child or youth have an address book? Is it updated? Does a youth have a cell phone with updated contact information? Or an email address book with updated contact information? Could there be some type of gathering to allow the child or youth time to say good-bye to friends, teachers and others, and reinforce the plan for continued contact?
- Learn as much as possible about where the child is going. Read the home study. Which children are already placed or living there? Are there other people in the home besides the parents? Who are they?
- Understand that the child is going to feel apprehensive and scared no matter where he or she is going. Regardless of any complaints a child may have had in a current placement, the child will still have to leave all the stability in that placement: routines, rules, friends, school schedule, school books, bus route, orientation to the location, sleeping arrangements, meals, caregivers, nearby connections, sports teams, church and church groups, other children in the current placement, etc.
- Don't presume that because a child is related or connected to a caregiver that they know each other's routines, habits, likes, dislikes, hobbies, religious beliefs, cultural practices, etc. Even if a child is returning to his or her parent, there will still be a period of re-acquaintance and readjustment.
- Ask the child what would make him or her more comfortable in the move. If the child has to move again, ask the child what would make a placement better.
- Remind the child the move is NOT THE CHILD'S FAULT.
- Prep the new caregiver to the maximum extent possible. What are the child's triggers, favorite foods, and least favorite foods? What are the child's hobbies? What does the child do for fun? What does the child want to be more comfortable in the home? What works and what does not work for the child? How does the child look when upset? What was the child's role in the family of origin (e.g. is she the youngest and used to being the baby or is she the oldest and used to asserting control). What is the child's current daily schedule? Are there comfort items the child needs for sleep? If placing a baby, is the baby calmed by the use of a pacifier? Does the baby take a bottle or is the baby eating solid foods?

This preparation should occur along with the pre-placement visit if at all possible. The caseworker can remind the caregiver of important points when the placement is made.

### AT THE TIME OF THE MOVE

- Help the child pack. Help the child gather those things that will be going to the new placement and support the good-bye from the current placement.

- Help the child unpack in the new placement.
- Arrange for a family visit as soon as possible (assuming it is appropriate)
- Encourage the child to talk to the family of origin as soon as possible.
- Encourage contact with friends, family, previous caregivers, and remind the current caregiver that this contact is critically important to the child (assuming it is appropriate).
- Help the child decorate by placing photos on walls or finding a secure spot for photos. Remind the current caregiver how important photos are to a child's ability to remain connected to people and places that matter to them.
- Understand that the child may act out or react in anger. The child is mourning the loss of stability and the tumult of the change. Remind the caregiver there will likely be an adjustment period.
- Remind the child again the move is not the child's fault.

## AFTER THE MOVE

- Follow-up, ideally in person, within 24 hours of making the placement.
- If the child is placed in a shelter, visit weekly until the child is moved to a less restrictive placement.
- When you do your monthly visits, look to see how the child is adjusting to the placement.
- Look for personal items in the room
- Look for toys and other evidence that the child is experiencing as much normalcy as possible in the placement
- Ask the child if he or she feels safe in the placement. Evaluate safety yourself. Are the caregivers protective? Do they describe the child in realistic terms? Are there any red flags? Is the placement meeting the child's unique needs?

## DISCUSSION TOPICS FOR A CHILD WHOSE PLACEMENT IS CHANGING

Immediately following a pre-placement visit or, if an exception to the pre-placement visit requirement is met, as soon as possible around the time of placement, the caseworker discusses the placement with the child. Topics may include:

- Child's feelings about the caregiver and others residing in the placement, if applicable;
- Child's level of comfort in the placement;
- Child's understanding of the rules, expectations, and discipline practices;
- Child's thoughts about changing schools, if a change is in the child's best interest;
- Child's feelings about moving into the caregiver's community (example: moving from rural to urban; moving from a foster home into a group home);
- Child's desire to remain at this placement; and
- Any concerns child identified – and plan to address.

For kin placements, the caseworker also inquires:

- What their relationship with the caregiver is already, how well they know the caregiver.
- What is the fictive kin placement's attitude about the parents? Are they supportive? What is the anticipated reaction about reunification or termination?

## APPENDICES

### APPENDIX 1: WORKING IN IMPACT

#### WORKING IN THE KIN STAGE OF SERVICE IN IMPACT

To open a Kinship stage of service for a new kinship caregiver home, take the following steps in IMPACT, depending on one of the circumstances explained in this section.

#### ADD A KINSHIP HOME TO IMPACT

To add a kinship home that does not already exist in IMPACT as a provider resource for kinship payments, and for whom a KIN stage does not already exist, take the following steps in IMPACT.

##### A. Conduct a home search to determine whether a KIN stage exists in IMPACT

1. Click the first-level *Search* tab and then the second-level *Home* tab.  
The *Home Search* page displays.
2. Conduct a home search by choosing the appropriate criteria, including *Resource Home Name*, *Resource ID*, *Region*, and *County*.  
Revise the search, as needed, to find the home.

If the search does not produce a match, ensure that an entry does not exist as follows:

3. Click the *Add Kin Home* button on the *Home Search* page.  
The *Add Home* page displays.
4. Click the *Select Resource* button.  
The *Resource Search* page displays, pre-filled with the following criteria:
  - Resource Type = Provider
  - Category = Other
  - Service = Relative Caregiver Integration Payment

Additional criteria may be added to further refine the search.

Search for all four kinship services. Conducting a refined search ensures that the home does not already exist in IMPACT.

If after completing the more refined search the provider is still not found, take the following steps:

5. Click the *Continue* button.
6. Complete the following sections on the *Add Home* page:
  - Home Demographics (Home Name, Marital Status, and Annual Income)
  - Address (Primary is required)
  - Phone (must be validated)
7. Click the *Save & Assign* button.
8. The *Assign* page displays, pre-filled with the *Stage Name* and *Primary Worker's Name*.
9. Click the *Save* button.

When the *Home Information* page is displayed with a new Resource ID, the case and stage are open and will display on the workload page:

1. Click the *My Tasks* Tab
2. Click the hyperlink in the *Stage Name* column for the new kinship home that is being added.

##### B. Click the Person tab to add the primary kinship caregiver and any other household members to the new KIN stage

1. Click the *Add* button.

The *Person Search* page displays.

2. Enter the relevant search criteria for the caregiver and click *Search*.
3. If the results of the search include the caregiver being searched for, click the radio button for the caregiver and click the *Relate* button to link the caregiver with the existing Person ID number. The *Person Detail* page displays, pre-filled with the name.

It is very important that if the name of the caregiver is already entered in IMPACT, the same Person ID is used, especially if children have already been placed with this caregiver.

**Only if** you are certain that the caregiver being searched for does not already have a Person ID, click the *Add* button to add the caregiver in IMPACT.

**Complete required fields in the Demographics section:**

1. Enter the caregiver's gender, date of birth, and marital status.
2. Select *Principal* from the drop down list for *Type*, in the *Current Stage* section of the *Person Detail* page.
3. Select the relevant option for *relationship/interest* from the *Rel/Int* drop down list. Once an option is selected, it displays in the *Rel/Int* field.
4. Add the caregiver's race and ethnicity.
5. Click *Save*.
6. Click *Address* on the *Person Detail* page to expand the section.
7. Click the *Add* button.
8. Add an address and define the *Type* as *Primary*.
9. Click the *Validate* button to perform and validate the address, and then click *Ok*.
10. Click the *Save* button on the *Address Detail* page.
11. Click the *Phone* section and when it expands click the *Add* button to enter a primary phone number.
12. Click *Save*.
13. Enter the caregiver's Social Security number in the *Person Identifiers* section, if the number is available. (Although not required, entering a Social Security number enables you to conduct person-relate actions, as needed, and preprint the number on reports.)
14. Click *Save*.
15. Click *Home Member Training* to expand the section. Click the *Add* button to add any training the caregiver has received and enter the relevant information in the training-related fields.
16. Click *Save*.

**Designate the caregiver as the Primary Kinship Caregiver:**

1. Click the third-level *CVS/Home* tab on the page.
2. Enter the caregiver's annual income.
3. Click the check box titled *Primary Kin Caregiver*.
4. Click the *Save* button.

Once the primary kinship caregiver is designated and saved, the *Home Name* field on the *Home Information* page updates to reflect the caregiver's name.

Only one person can be designated as the primary kin caregiver. The Person ID for that caregiver is linked to the Resource ID in the *KIN* stage and is used to populate the Placement Log in the *KIN* stage.

**To update the stage and case name:**

1. Click the *Case Management* second level tab.
2. Select the name from the *New Name* drop-down list.
3. Click the *Save* button.

**C. Add a home assessment**

To be compatible with IMPACT, you must complete the assessment in Arial 10 font.

1. Click the second-level *Home Assessment/Addendum* tab.
2. Click the *Add* button on the *Home Assessment/Addendum List* page.
3. Select the appropriate radio button to:
  - select *CPS Home Assessment*, then click the *Document* button to display the *CPS Home Assessment* template; OR
  - select *Contract Home Assessment*, then click the *Document* button to display a blank text box. Copy and paste the home assessment directly into the text box.
4. Click the *Document* button.
5. Enter the appropriate information.
6. Click the *Save* icon in the document window.
7. Click *Close* in the *File* menu, or click the *X* in the upper right corner of the toolbar.
8. Click the check box titled *Output Completed* when to submit the home assessment for approval.
9. Click the *Save & Submit* button.
10. Click the *Save* button.

**To check the status of a home assessment approval:**

1. Click the second-level *Home Assessment/Addendum* tab.
2. Click *Home Assessment/Addendum Type*.
3. Click *OK*.
4. Click the *Approval Status* button.

This approves the **home assessment** only. The kinship caregiver's home must also be approved.

**Record Information About the Home**

When the home assessment or an addendum to the home assessment has been approved, complete the *Home Information* page to record information at the home level.

All home assessments and addendums to a home assessment must be in approval (APRV) status before you select *Save and Submit* for the overall home for approval.

Access the kinship home from the workload.

Click the *Home Information* tab.

Complete the sections titled *Home Demographics* and *Kinship Information*.

**Record Information About the Kinship Caregiver**

Completing the *Kinship Information* section is required for approval:

1. Choose the *Relative Caregiver* checkbox, the *Fictive Kin Caregiver* checkbox, or both, as appropriate.
2. Enter the number of persons living in the household.
3. Answer the four questions that display.
4. Click *Save*.

**Add a Vendor ID:**

1. Click *Address List* on the *Home Information* page to expand the section.
2. Click *Primary Type*.
3. Type in the Vendor ID.
4. Click the *Save* button.

**Add a Phone Number:**

1. Click *Phone List* to expand the section to add a primary phone number, if not previously entered on the *Add Home* page.
2. Click the *Add* button in the *Phone List* section to add another phone number, if needed.
3. Click the *Save* button.

The kinship caregiver's home now has all the components necessary for you to save and submit the home for approval. The Resource ID displays on the *Home Information* page.

Review the information displayed under the *Person* tab and the *Home Assessment/Addendum* tab to ensure that all of the information has been entered and approved.

**D. Submit the home information for approval**

1. On the *Home Information* page, choose *Pending Approval* from the drop-down list for *Status*.
2. Click the *Save & Submit* button.
3. Click the *Save* button.
4. Add the components required for approval of the home, as indicated by any error messages that appear. When all errors are corrected, save and submit the home information again.

Once the home is approved and a vendor ID number is entered, create a contract for the home to receive either:

- an integration benefit;
- a reimbursement benefit; or
- both.

Once the contract is created, service authorizations can be created and paid for the home, provided that all other criteria for authorization are met.

Contracts are not automatically created on approval of a kinship caregiver's home. You must request that a contract be created.

**E. Request a contract**

To request that a contract be created, take the following steps:

1. Navigate to the *Home Information* page in IMPACT
2. Launch the form *Kinship Caregiver Resource/Contract Request*

To print the form, pre-filled with information about the home, take the following steps:

1. Select *Request for Kinship Caregiver Resource/Contract* from the drop-down list for forms.
2. Click the *Launch* button.
3. Click *Print Preview* and print the form. The form prints with much of the information pre-filled.

**F. Request an integration payment**

To launch the *Kinship Integration Payment Application* from the *Home Information* page with certain information pre-filled, take the following steps:

1. Select *Application for Integration Payment* from the drop-down list for forms.
2. Click the *Launch* button.
3. Click *Print Preview* and print the form. The form prints with much of the information pre-filled.

See [6661](#) Explaining the DFPS Financial Assistance Available to a Kinship Caregiver.

**G. View the home's placement log**

Displayed on the resource placement log are the names of the children placed with a primary adult who is also designated as the primary kinship caregiver.

To check the placement log, click:

1. the second-level tab titled *Home Information*; and
2. the third-level tab titled *Placement Log*.

As needed and appropriate, you may enter under the *Contacts/Summaries* tab:

- a development plan for the kinship caregiver's home; and
- the *Regular Contacts*, *Kin Transfer Summary Contacts*, and *Kin Closing Summary Contacts*.

**SEARCH FOR A HOME THAT ALREADY EXISTS IN IMPACT**

To search for a home that has already been entered as a resource in IMPACT, take the following steps.

1. Click the first-level *Search* tab and then the second-level *Home* tab.  
The *Home Search* page displays.
2. Conduct a home search by choosing the appropriate criteria, including *Resource Home Name*, *Resource ID*, *Region*, and *County*.  
Revise the search, as needed, to find the home.
3. Click the *Add Kin Home* button on the *Home Search* page, after completing the search.  
The *Add Home* page displays.
4. Click the *Select Resource* button.  
The *Resource Search* page displays, pre-filled with the following criteria:
  - Resource Type = Provider
  - Category = Other
  - Service = Relative Caregiver Integration PaymentThis very specific search ensures that the provider does not currently exist in IMPACT.  
After finding the resource, click the radio button that corresponds with the *Resource Name* in the results list and then take the following steps:
5. Click the *Continue* button.  
The *Add Home* page displays, pre-filled with the *Resource Address* and *Resource Phone*, if that information exists in IMPACT for the resource.
6. Review the following sections on the *Add Home* page:
  - Home Demographics
  - Address (Primary is required)
  - Phone
7. Click the *Save & Assign* button.  
The *Assign* page displays, pre-filled with the *Stage Name* and *Primary Worker's Name*.
8. Click the *Save* button.  
The *Home Information* page is displayed with the existing Resource ID. The *Case* and *Stage* are now open and will be listed on the workload.
9. Click the *My Tasks* tab and click the link in the *Stage Name* column for the new *KIN* home that was added.
10. Continue the instructions from Section B, above, to add and approve the *KIN* stage.
11. Once the *KIN* stage is created in IMPACT the kinship development worker:
  - completes the paperwork to provide the resources and support services to the kinship caregiver; and
  - makes the child's worker the secondary worker in the *KIN* stage.

## APPENDIX 2: ROLES AND RESPONSIBILITIES OF THE KINSHIP DEVELOPMENT WORKER

The kinship development worker (KDW) provides support services to the kinship caregiver family. The KDW is entered as a secondary worker in the FSU stage for the child's family in IMPACT. A conservatorship worker (CVS) worker remains the primary worker for the CPS case and retains caseworker responsibility for the child and the child's parents. The KDW has contact with the child through involvement with the caregiver; it is important that the conservatorship worker and kinship staff work together.

The kinship development worker:

- interprets CPS policy for the kinship family to maintain placement stability;
- attempts to help kinship families find solutions to problems in parenting to stabilize the placement;
- guides families in their various relationships both within and outside of CPS to ensure permanency for the children; and
- maintains open and regular communication with the primary worker to ensure information concerning the child and the child's placement is shared.

### TASKS OF THE KINSHIP DEVELOPMENT WORKER

The tasks of the kinship development worker may include the following.

#### **Makes Home Visits to Support and Train**

The kinship development worker provides ongoing support and training to kinship caregivers by visiting in the home as often as the situation indicates, with a minimum contact of at least once a month. The KDW maintains telephone contact with kinship families on a regular basis. Other contacts occur as needed.

Contact-related responsibilities include the following:

- Assists in determining the kinship caregiver family's need and eligibility for community based services needed to maintain the placement. This may include family therapy, day care, after school care, and summer remedial and enrichment educational.
- Completes paperwork and provides information to assist in determining eligibility for a TANF \$1,000 integration payment and TANF reimbursement (up to \$500 per child annually) for child-specific items.
- Accompanies the kinship caregiver to appointments for the child, such as those related to TANF, ARDs, medical issues, and so on, if needed by the kinship family.
- Maintains contact with the kinship development workers noted in the oldest of the child's case records, as registered in the *Contact Narrative* or *Narrative Summary* pages of IMPACT, unless the contact is specific to another child in the home. The documentation should comply with handbook policy.

#### **Assesses Families**

The kinship development worker assesses kinship families continually to determine strengths and needs and provide appropriate support and training. Assessment-related responsibilities include the following:

- Provides support and direction to the kinship caregiver when responding to a crisis in the home.
- Provides support to the kinship caregiver in the event of an investigation of the home and completes required documentation.

#### **Conducts Meetings and Training**

The kinship development worker conducts kinship support meetings and trainings, maintaining group notes, attendance lists, and topics discussed.

Meeting- and training-related responsibilities include the following:

- Assesses the kinship caregiver's appropriateness for training in a group setting and provides training on an individual basis if group training is not appropriate.
- Assesses the kinship caregiver's comprehension and implementation of learning.

### **Provides Permanency Planning**

The kinship development worker assists in developing a permanency plan for the children. Permanency planning-related responsibilities include the following:

- Assists the kinship family in finding resources for adoption, when adoption is the permanency plan for the child.
- Provides input at permanency planning conference (PPC), Family Group Decision Makings (FGDM) conferences, court hearings, and other placement staffings as needed.

### **Teams With Other CPS Staff**

The kinship development worker teams with other CPS staff to assure that the needs of children placed in the kinship home are met and most importantly to ensure that the best interest of the children are served.

Collaborative responsibilities include the following:

- Coordinates joint visits as needed to the kinship home with the child's caseworker to discuss issues or concerns relating to the child, kinship family, or the home.
- Ensures that minimum standards regarding the children's medical, school, dental, and disciplinary needs are met within time frames.
- Notifies appropriate staff and obtains needed services if kinship caregivers are not receiving information or services from CPS staff.
- Provides assistance to the kinship caregiver family with visitations, such as pre-placement, placement, post-placement, and parent-child visits. Assists with any difficulties during or after the visits by providing resources and technical assistance.

### **Completes the Kinship Home Assessment**

The kinship development worker assists with completing the Kinship Home Assessment, as assigned, to expedite relative placement for children in CPS conservatorship.

### APPENDIX 3: QUESTIONS FOR CPS STAFF TO ASK WHEN VISITING IN THE HOME WITH A CHILD WITH PRIMARY MEDICAL NEEDS

CPS Conservatorship caseworkers and I See You workers can use this best practice reference guide to use as a tool for assessing the safety and proper care of children with primary medical needs in their foster home when conducting monthly visits.

Children with primary medical needs are an especially vulnerable population who receive an array of services from multiple providers in the foster home. There are many factors to consider when ensuring oversight and proper care of children with primary medical needs.

While not all inclusive, the tool provides a list of questions CPS staff may use to obtain significant information from caregivers, nurses, other in-home service providers and children during a home visit. Asking these questions will help CPS staff gain an overall understanding of the child's medical needs, services the child is receiving and quality of care in the foster home.

CPS Conservatorship Supervisors may also use this guide for monthly staffings to ensure the overall quality of care for this specific population.

Although the reference guide emphasizes assessment of care for children with primary medical needs in a licensed foster home, this guide may be used in other CPS program areas such as Family Based Safety Services, Investigations, and Foster and Adoptive Home Development as needed.

#### CHILD INTERVIEW

The caseworker visits alone with the child and may ask the following questions during the visit with the child including their thoughts and feelings about living with the caregiver.

*Note: The caseworker must make sure "alone" with the child means that there is not an open intercom, video or other monitoring system.*

- How are you feeling?
- Is there anything you want to do? (activities)
- Is there anyone you want to see? (siblings, relatives, or others)
- What do you do every day?
- What kinds of things do you do with your caregivers?
- Who lives in the home here with you?
- Where do you sleep? Who sleeps in the other rooms?
- Who visits in the home that doesn't live here?
- How are you disciplined in the home?
- Do you have a nurse? More than one? What kinds of things do they do?
- Who gives you your medicines? Who changes/cleans your dressings/gastrostomy tube (g-tube)?
- Where do you eat meals? And if you need help with eating, who helps you?
- What fun activities do you participate in?
- What's your favorite time with your caregiver/family?

#### CHILD OBSERVATION

Record physical observations of the child including skin, hair, nails, and clothing, and any change in appearance.

The caseworker observes and notes whether or not the child:

- Appears comfortable, happy, well-cared for

- Has clean, trimmed and healthy looking fingernails and toenails
- Is wearing clean clothes and diapers
- Has brushed, neat and clean hair
- Has gained or lost weight
- Smells clean, without odor
- Has clean teeth, good oral care
- Has clean bed and sheets
- Has unhealthy skin, bruises, bumps, etc.
- Has clean healthy looking (not red, swollen or infected) skin around the tracheostomy and/or gastrostomy tube (g-tube) (if they have one of these)
- Has special medical equipment that is clean, fits the child and is in working order
- Has pressure sores. Ask for help from the caregiver or nurse in order to observe the child's back, legs, neck and head if the child is on his/her back or side much of the time, in a wheelchair or other medical equipment. Also, ask if someone is repositioning the child to alleviate pressure on one area for extended periods of time (if they spend a lot of time in the same position) and who is getting the child up out of bed.

## CAREGIVER INTERVIEW

The child's worker must also visit with the child's caregivers.

### Questions about the Child

- How do you communicate with children who are hearing or verbally impaired? How do children in your home who are non-verbal communicate their needs, discomfort, likes/dislikes?
- Did you receive any training specific to this child's medical needs? If so, how often is training renewed?
- What do you know about the medical history and service plan for each child?
- What Specialists does the child see? How often? Have there been any cancelled or rescheduled visits? Do you attend the medical appointments? Worker documents previous and next appointment dates and outcomes of visits.
- Who notifies and trains school personnel on the use of medical equipment for the child and any changes in his/her medical regimen?
- Does the child attend public school? If so, where? Who transports the child to school? How are nursing services provided at school?
- What special medical equipment does the child require? Is there any new equipment since the last visit?
- Is all of the medical equipment in working condition? Does the child have all of the medical equipment and supplies needed?
- Has the caregiver contacted the utilities company to ensure that the company is aware of any special power source needs that the home may have, and identified a backup power source?
- Who usually plays with the child?
- Who is responsible for recreational activities with the child?
- If games are played, how is the child with primary medical needs involved?
- What kind of toys or play equipment is there for the child with primary medical needs?
- Does anyone read to the child? How long do they read to the child?
- Does anyone play music and/or sing with or to the child?
- Does anyone watch television shows or movies with the child on a regular basis?

- Are any of the games, books, music or movies, or activities the child can participate in inclusive of the child's race, ethnicity and culture?

### Questions about Nurses/Other In-Home Providers

- Who are the in-home service providers that frequently come to your home?
- How many children in your care have Private Duty Nursing? What do the Private Duty Nurses do?

### Questions about the Home and Caregivers

- Who cares for the children when you need to leave the home?
- Who transports the children to medical visits, family visits, etc.?
- Are there any special transportation requirements (wheelchair accessible vehicle, special car seat, ambulance, etc.)?
- How is the child transported (to school, medical appointments, visits, etc.)?
- Does the person traveling with the child need to have any special training?
- Is there any requirement/need for a second person to be in the vehicle with the child during the transport (nurse or specially trained caregiver)?
- Is this different for short trips vs. long trips?
- What equipment and supplies must be taken with the child when he/she is transported/leaves the home?
- How do you discipline the children in the home?
- What is your experience in caring for children with primary medical needs?
- Why did you decide to care for children with primary medical needs? Do you feel supported in this decision?
- What is your emergency plan for: fire; loss of electricity; tornado; flood; family emergency?
- Do you experience any stress relating to caring for children with primary medical needs? When did you last use respite services?
- What services does your Child Placing Agency provide you?
- How often is Child Placing Agency Staff in your home? When did they visit last? What do they do? (Walkthroughs; Observe/interact with the children; Assess needs; Review medication logs/records)
- How do you keep track of different service providers that visit your home?
- What kind of recreation do you provide in the home? Have you thought about ... (music, reading out loud, a trip to the park – if possible)?

## IN-HOME PROVIDER AND STAFF INTERVIEW

During the visit with the child, the child's worker must also visit alone with staff and providers for the child if they are present and should ask the following questions:

*Note: The caseworker must make sure "alone" with the staff means that there is not an open intercom, video or other monitoring system.*

- Who did your agency tell you that you were responsible for?
- How often do you see the caregiver interact with the children? Describe the interactions.
- In the caregiver's absence, who is responsible for the children?
- How long have you worked in this foster home?
- What tasks and activities do you perform while on duty?
- Are there any that you feel are not strictly nursing-related?

## PHYSICAL WALK-THROUGH

The worker must also do a physical walk-through of the child's foster home and backyard when doing the monthly visit at the residence to observe the environment in which the child is living.

The child's caseworker must note:

- Safety of the home environment such as bathrooms, electrical sockets, storage of child's equipment and supplies required for daily living.
- How the home is set up for the child with primary medical needs. For example, do all family members sleep under one roof, or is there more than one structure/residence where children sleep and live? How many children share a room?
- What personal belongings the child has?
- Whether there is enough space free of hazards or barriers for the child to move freely about the home, including children using walkers, wheelchairs or other assistive devices.
- Where the child takes baths, who bathes the child and the caregiver's description of what equipment they use if any for the child in the bathroom.
- Whether cameras/video, intercom systems, baby monitors or other technology is being used for supervision, safety.
- Whether there are any special modifications to the home to assist in meeting the child's needs such as bath lift or rail system on ceiling.
- Whether there are ramps, or ways for the child to access the outside of the home if they use a wheelchair or another assistive device.

## ASSESSMENT OF CHILD SAFETY AND WELL-BEING

The child's caseworker documents information from the interviews and walk-through and documents his/her assessment of how the child's safety and well-being are met in the home and whether additional follow-up is needed in any area.

- Are the caregivers actively engaged in the care of the children?
- Are the child's healthcare needs being met? Are there any current unmet medical needs?
- Have you followed up with the child's primary care provider and/or medical specialists to confirm the child's medical needs are being met, follow-up appointments are kept and there are no current concerns?
- Is there a clear schedule of who is working with each child and when?
- Are there stimulating recreational activities for the children?
- Are children integrated in daily activities in the home (not isolated in another area)?
- Is the child's area and medical equipment clean?
- Is there evidence of bonding/a relationship between the children and caregivers?
- Do the children have the ability to be mobile in the home?
- Have you asked about any and all frequent or regular visitors in the home?
- Does the home have daily schedules for each child?
- Is there enough food to feed the children?
- Do the children have enough medications?
- Are there individual beds and appropriate bedding for each child?
- Are the children clean and well cared for?

**CALL YOUR SUPERVISOR IMMEDIATELY AND REPORT TO STATE WIDE INTAKE IF:**

- There are unsafe, physically neglectful conditions in the home.
- The child's doctor, primary care provider, or in-home healthcare provider expresses concern for the child.
- There is no medically necessary durable medical equipment or disposable medical supplies for the children.
- There is any missing medication available for the children.
- The children appear to be dirty, underweight or exhibit a strong odor.
- There is a lack of space to walk, maneuver, or evacuate the home due to excessive clutter that prohibits children with primary medical needs to easily exit the home during emergencies or otherwise.
- Foster parents appear to be under the influence of drugs or alcohol impairing their ability to provide proper care and supervision to children with medical needs.
- There are no caregivers in the home when you arrive, only nurses.
- The child's assigned nursing staff is caring for another child in the home.