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Employees' Manual
Title 17
Chapter C(1)

CHILD WELFARE

CASE PLANNING PROCEDURES



Iowa Department
of Human Services

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Life of the Case Phase: Case Planning

Case planning for child welfare is focused on achieving the following outcomes for children and families:

◆ Safety:

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible.

◆ Permanency:

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

◆ Child and family well-being:

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet physical and mental health needs.
- Children have opportunities to participate in age-appropriate and developmentally-appropriate activities.

Link to [Legal Basis](#)

Link to [Definitions](#)

Case Planning Outcomes

- Child safety
- Child and family well-being
- Permanency for the child
- Appropriate type, level, and intensity of DHS services and placement
- Active family participation

Case Planning Decisions

- Type, level, and intensity of services

Case Planning Criteria

- Allegation findings
- Safety factors
- Risk factors
- Capacity and needs of child and parents

Scope of Chapter

This chapter describes state procedures for Department service workers who perform the case planning process for child welfare services. **The organization of the policy and procedures chapters is aligned. For some topics in the procedures, there are no associated laws, rules, or Department-required policies.**

Unless otherwise specified, links to “Policy” in this chapter refer to Chapter 17-C, which summarizes the essence of the associated laws, rules, and Department-required practice for the case planning procedures of a child welfare case.

Unless otherwise specified, links to “Practice Guidance” in this chapter refer to Chapter 17-C(2), which provides background information to supports the procedures or policy and the clinical or programmatic rationale for the actions that are required.

Engaging the Family

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [How-Do-I? Guide: Case Planning](#)

During case planning, engage with the family to:

- ◆ Identify strengths and needs,
- ◆ Establish goals and strategies, and
- ◆ Determine what services are necessary to support the family in meeting their goals.

Engagement with families is essential to the development of a trusting relationship. Engaging with families is an ongoing process throughout the life of the case. With each family contact, engage family members around issues of mutual concern.

- ◆ Always treat families with respect, empathy, and authenticity.
- ◆ Be sensitive and responsive to cultural issues, customs, and practices.
- ◆ Use the [Family Functioning Domain Criteria, form 470-4138](#), as a tool for helping the family to articulate their strengths, needs, and concerns.

Preparing for Case Planning

1. Review all available intake and assessment materials to familiarize yourself with the family's strengths, needs, and current situation. This information may include, but is not limited to the following:
 - ◆ Life of the Case – Case History
 - ◆ [Child Protective Services Assessment Summary, form 470-3240](#)
 - ◆ [CINA Services Assessment Summary, form 470-4135](#)
 - ◆ [Safety Assessment, form 470-4132](#)
 - ◆ [Safety Plan, form 470-4461](#)
 - ◆ [Family Risk Assessment, form 470-4133](#)
 - ◆ [Family Functioning Domain Criteria, form 470-4138](#)
 - ◆ Any previous Department service records
2. Consider whether there are collateral sources that should be contacted, and make collateral contacts as needed for additional information, clarification, or updates of information.
3. Consider the impact of cultural factors:
 - ◆ Determine if a language barrier exists and take steps to bridge it when necessary.
 - ◆ Consider how the family sees itself in relationship to culture, support networks, and community.
 - ◆ Determine whether a child has Mexican citizenship and involve the Mexican Consulate when appropriate. See [Case Planning for Children With Mexican Citizenship](#).
 - ◆ Determine whether child has Indian heritage and involve the child's tribe when appropriate. See [Case Planning for Native American Children](#).
4. Arrange a face-to-face meeting with the family:
 - ◆ Whenever possible, the initial family meeting should take place in the family's home. However, consider worker safety when making a decision regarding the setting for the initial family meeting.
 - ◆ Respect the family's schedule and routine when scheduling the meeting.
 - ◆ Allow the family to define the family membership and determine whom they will invite to the initial family meeting. The child should attend, if school age or older and appropriate.

Gathering Information

Link to [domestic violence](#) information and procedures

Link to [substance abuse](#) information and procedures

Gathering information about the child and family is the beginning of case assessment and treatment planning. In assessing children and gathering information, your primary consideration must be:

- ◆ Ensuring safety and protection for the child and the community, and
 - ◆ Beginning the planning for services to:
 - Improve child and family functioning.
 - Prevent placement or reunite the family if placement has already occurred.
 - Provide most effectively for a planned, permanent living environment for the child.
1. Collect and review information on the child and family, including:
 - ◆ Documented risk factors and stress levels
 - ◆ Nature, circumstances, and seriousness of problems
 - ◆ Attitude and ability to protect and support the children
 - ◆ Existing strengths
 - ◆ Parenting education needs
 - ◆ Family's involvement in community support systems
 - ◆ Behavioral health care needs of the child
 - ◆ Emotional, educational, medical, and legal conditions affecting stability
 - ◆ Level of services necessary to protect the child and preserve the family
 - ◆ Family's attitude toward services, including any prior service experiences
 - ◆ Impact of extended family and informal systems on child and family functioning
 2. Obtain additional information using [Consent to Obtain and Release Information, form 470-0429](#), or from Department records. Obtain information in a variety of ways. Sources may include:
 - ◆ Family interviews and family team meetings
 - ◆ Observation of the child and family members at home and in the community
 - ◆ Collateral contacts with other agencies involved with the family

- ◆ Interviews with extended family members and noncustodial parents
- ◆ Written materials such as school, medical, psychiatric, and psychological reports and case records

Conducting the Initial Meeting With the Family

Link to [Practice Guidance](#)

1. At the initial family meeting, begin to establish rapport and set the tone for your working relationship with the family.
 - ◆ Explain the case planning process.
 - ◆ Ensure that the family knows what will happen and when.
 - ◆ Help the family understand the importance of their participation.
 - ◆ Explain the process of assessing family strengths and needs.
 - ◆ Describe the process of setting goals and action steps.
2. Building upon the information gained through the assessment process and information provided by the family, facilitate an open and honest discussion regarding the issues that brought the family to the agency's attention:
 - ◆ Allow the family to share their understanding of why the Department is involved in their lives.
 - ◆ Address issues of concern that the assessment worker may not have addressed.
 - ◆ Address areas in which change is necessary to provide for the safety, well-being, and permanency of the child.
3. Begin to identify strengths and needs with the family:
 - ◆ Using the [Family Functioning Domain Criteria, form 470-4138](#), begin exploring family strengths and needs in each of the five domains:
 - Child well-being
 - Parental capabilities
 - Family safety
 - Family interactions
 - Home environment
 - ◆ Explain that this assessment lays the basis for planning services.
 - ◆ Encourage the family to share their perspective on strengths and needs.
 - ◆ Help the family identify their current support systems.

4. Determine the appropriateness of planning a [family team meeting](#). The Department is committed to using the family team meeting approach in both developing and reviewing case plans.

The family team meeting promotes family involvement and empowers families to come together to generate a plan that first promotes safety and then works to engage other members of the family, and community.

This approach includes various types of family team meetings, such as family unity and family group conferencing, that have been demonstrated to be effective in the decision making process for families, extended family, community participants, services providers and legal representatives.

Participation of the Child

Unless the attorney for the child finds the child's attendance is not in the best interests of the child, make arrangements for any child 14 years of age or older (or a younger, school-aged child, if determined appropriate) to attend:

- ◆ All court hearings, and
- ◆ All staff or family meetings involving placement options or services provided to the child.

The child may attend by video or telephonic means rather than in person.

If the child is excluded from attending a hearing or a meeting involving placement options or services provided to the child, maintain a written record in the child's file detailing the reasons the child does not attend.

For a child aged 14 and older, ask the child if they have someone other than the foster parent or the case manager whom the child would want to participate in case planning. Help the child understand that who the child selects can be an advisor and an advocate for them. In addition to their advisor assisting the child with case planning, court hearings, services, and meetings, the advisor can also assist the child with respect to the application of the reasonable and prudent parent standard.

If an advisor or advocate selected by the child is not acting in the child's best interests, or you feel the person selected will not act in the child's best interest, tell the child you cannot allow this person due to your concerns and respectfully dismiss the person from the planning team.

Informed Consent

1. Discuss informed consent with the child and family as a first step in the service application process.
2. Make the child and family aware of choices related to their situation at the time of Department involvement.
3. Document in your narrative:
 - ◆ Who participated in the discussion of informed consent and
 - ◆ How you determined that the child and family understood their rights.

Mediation

Link to [Practice Guidance](#)

1. Consider involving a trained mediator to support the family in finding solutions that are in the interest of their children when there is a dispute or a planning need.
2. Where appropriate and available, use a trained mediator to engage the family in the mediation process. (NOTE: Part or all of a “memorandum of understanding” developed during mediation may be incorporated into the final court decree.)

Assessing Child Safety and Risk

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Safety Elements](#)

Conduct safety and risk assessments on every family. Thorough and accurate assessment of safety and risk throughout the life of the case is key to assuring safety. These assessments are critical in making decisions about placement and services to be provided.

Safety and risk are distinct elements. Different tools are used to identify key constructs or factors within each. While both safety threats and risk factors describe family conditions, they differ in terms of quality, degree, presentation, and timing.

- ◆ “Safety” refers to present or impending danger from maltreatment and signals a need for immediate action. Safety threats pose present or impending danger from maltreatment. Safety threats require immediate action.
- ◆ “Risk” refers to the probability or likelihood that a child will suffer maltreatment in the future. There is an unlimited time frame around risk. The future maltreatment can occur within weeks or months. Risk determines the focus of the change process.

Begin at intake to assess if the child is currently safe or unsafe or is at risk of injury.

Assessing Safety

A “safety assessment” is a tool to evaluate the safety of a child. The safety assessment is a decision-making and documentation process that evaluates safety threats, present danger, child vulnerability, and family protective capacities to determine the safety response. All safety assessments require supervisory consultation.

Safety assessment is an ongoing process, rather than a one-time event. Conduct a safety assessment at the following critical junctures throughout the course of the Department’s involvement with the family:

- ◆ Within 24 hours of first contact with child during a child protective assessment
- ◆ At completion of the child protective assessment
- ◆ Whenever circumstances suggest the child is in an unsafe situation
- ◆ Before the decision to recommend unsupervised visitation
- ◆ Before the decision to recommend reunification
- ◆ Before the decision to recommend closure of protective services

1. Complete an initial safety assessment with family participation regarding the immediate safety of the child or children.
 - ◆ Document this assessment on form [Safety Assessment, form 470-4132](#). Indicate the presence or absence of signs of [present danger](#) or [impending danger](#). Document the date and time the safety assessment was completed.
 - ◆ Use [Safety Assessment Guidance, RC-0104](#), to guide the completion of the safety assessment. The assessment looks at child safety using three constructs:
 - The [threats of maltreatment](#) that are present at this time (i.e., aggravating factors that combine to produce a potential dangerous situation).
 - The [child's vulnerability](#) to maltreatment (i.e., the degree that a child cannot on the child's own avoid, negate, or minimize the impact of present or impending danger).
 - The [caretaker's protective capacities](#) (i.e., the family strengths, or resources that reduce, control or prevent threats of maltreatment from arising as well as factors and deficiencies that have a negative impact on child safety).
2. Consult with your supervisor regarding your assessment of the child's safety and the safety plan. Document the date, time, and manner of consultation on the safety assessment form.
3. Make a safety decision and document it on the *Safety Assessment*. Determine whether the child is:
 - ◆ Safe
 - ◆ Unsafe
 - ◆ Conditionally safe
4. If the child is **unsafe**, removal sanctioned by court order or voluntary agreement for foster care placement is the only controlling safety intervention possible. For additional information about emergency removal, see 17-B(1), [Emergency Removal and Reasonable Efforts](#).

Do a safety assessment for supervision of family visits if the child is removed from parental care while the child abuse assessment is open and the case has not yet been transitioned to the social worker case manager.

5. If the child is **conditionally safe**, initiate controlling safety interventions. These may include the parent arranging informal temporary care of the child. A safety plan is required. See [Developing a Safety Plan](#).
6. Repeat the safety assessment whenever circumstances suggest the child is in an unsafe situation.

If the child is determined to be conditionally safe or unsafe at anytime during the life of a case use professional judgment in deciding if the child is imminently likely to be abused or neglected. Refer the information to the county attorney if a CINA adjudication or removal order or other court action is necessary to protect the child.

Sex Trafficking

The term “sex trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

The term “severe forms of trafficking in persons” means sex trafficking in which a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

1. **Identify the children and youth within the child welfare system** who are at risk of becoming a sex trafficking victim or who is a victim of sex trafficking. Children and youth at risk of sex trafficking include:
 - ◆ Any child or youth in which there is an open Department child welfare case but has not been removed from the child’s home.
 - ◆ Any child or youth in which the Department has responsibility for the child’s or youth’s placement, care, or supervision.
 - ◆ Any child or youth under the age of 18 who has run away from foster care.
 - ◆ Any youth not in foster care but who is receiving Chafee services.

2. **Risk factors related to sexual exploitation** of minors vary in terms of the type and severity of the risk. Potential indicators of risk for children and youth who have:
 - ◆ A history of running away.
 - ◆ Experienced a lack of stable housing or periods of homelessness.
 - ◆ Been physically or sexually abused.
 - ◆ Been exposed to domestic violence.
 - ◆ Expressed a strong interest in an older adult or is in a relationship with an older man or woman.
 - ◆ Been or is currently placed in a foster care home, group home, residential treatment center, shelter or other such setting.
 - ◆ Suddenly acquired expensive items such as a cellphone or clothing.
 - ◆ Knowledge of and frequents internet sites known for commercial sex. Digital risk factors include recruiting, grooming, and advertising.
 - ◆ Contracted sexually transmitted diseases or infections.
 - ◆ Acquired tattoos or have cutting or burn marks which may be a sign of branding.
 - ◆ Identified themselves as a LGBT person.
 - ◆ A history of substance use or abuse.
3. **Interview and screen the child or youth** if there is reasonable cause to believe the child or youth may be a sex trafficking victim. Be aware that children and youth may not recognize their own risk with regard to sex trafficking. Children and youth who have experienced sexual exploitation may not view themselves as victims or may be too traumatized by their experience to disclose information.
4. **Report immediately** (no later than 24 hours) to law enforcement specific children or youth who have been identified as being a victim of sex trafficking.

5. **Assess and provide appropriate services** for children and youth who are at risk of becoming a sex trafficking victim or who is a victim of sex trafficking.
 - ◆ **In assessing these children**, a victim-centered approach, in which the child or youth is viewed and treated as a victim rather than that of a willing participant, should be followed. This approach combined with a trauma-informed continuum of care, which recognizes and addresses the symptoms that commonly occur in response to repeated sexual and physical abuse appears to be most effective with these victims.
 - ◆ **Appropriate services** for these children will require collaboration and coordination across different agencies and areas of expertise as the child or youth may be involved in a number of different systems such as Juvenile Justice, child protection, and foster care. Service needs may include any, or all, of the following:
 - Physical and mental health care services,
 - Substance abuse counseling,
 - Victim advocacy,
 - Therapeutic interventions,
 - Forensic interviewing, and
 - Educational and placement services.
6. **Document in your case notes** if the child or youth is at risk of, or is a victim of, sex trafficking and describe what strategies have been taken and what services have been provided to best protect the child or youth and to secure their health and well-being.

Developing a Safety Plan

Link to [Policy](#)

Link to [Practice Guidance](#)

When a safety assessment decision is that the child is conditionally safe, develop a safety plan with the primary caretaker responsible for the safety of the child, using form [470-4461, Safety Plan](#).

1. Consider reasonable efforts to prevent placement. See 17-B(1), [Emergency Removal and Reasonable Efforts](#).
2. Identify each specific sign of present or impending danger.

3. Document the actions taken or services initiated to address how:
 - ◆ Behaviors associated with each safety factor will be controlled.
 - ◆ Conditions associated with each safety factor will be controlled.
 - ◆ Circumstances associated with each safety factor will be controlled.
4. Determine and document the tasks to be performed. Describe:
 - ◆ What tasks will be performed.
 - ◆ Who will perform the task.
 - ◆ How frequently the task will be performed.
 - ◆ How the task will control each specific sign of present or impending danger.
5. Identify a back-up plan.
6. Determine the duration of the safety plan and how the safety plan will be monitored.
7. Document family agreement with the safety plan. Obtain signatures of:
 - ◆ The primary caretaker responsible for the safety of the child.
 - ◆ Persons directly involved in implementing or monitoring the safety plan.
8. Obtain supervisory approval of the *Safety Plan*.
9. Provide the family a copy of form 470-4461, *Safety Plan*.

Risk Assessment

Risk refers to the probability or likelihood that a child will suffer maltreatment in the future. The identification of risk looks at the conditions within a family that may put the child at risk of maltreatment. Risk is not static; it changes and needs to be reevaluated throughout the life of the case.

Risk factors indicate child welfare threats that if left unattended could result in a safety concern. Some risk factors identify what needs to change within the family so that the child will remain safe.

Risk is assessed during intake in terms of the type and severity of the risk with respect to the allegations. Risk factors exist on a continuum from low to high that indicate the likelihood that any form of maltreatment will occur or reoccur.

The child protection worker completes form 470-4133, *Family Risk Assessment*, before the completion of the child protective assessment. This tool in combination with clinical judgment helps to focus on the needs of the family. The *Family Risk Assessment*:

- ◆ Evaluates personal, physical, and environmental factors in families that are associated with repeat maltreatment,
- ◆ Documents risks related to abuse and neglect, and
- ◆ Assigns a score of low, moderate, or high risk for the family within each category. The family risk score is a factor in determining when a case is referred for services.

The results of the risk assessment are recorded in the *Child Protective Services Assessment Summary*, form 470-3240, in the section entitled, "Summary and Analysis of Safety/Risk Assessments."

The information gathered from the risk assessment become part of the case information that is handed off to the social work case manager. Use this information in the development of the family case plan.

Age-Appropriate and Developmentally-Appropriate Activities for a Child in Foster Care

Permit foster parents and private entities caring for children who are placed out of the home to apply the reasonable and prudent parent standard so the child can participate in age-appropriate and developmentally-appropriate activities. Discuss and document with the child, parent, and caretaker the opportunities that would be most interesting to the child and appropriate for the child. Then work to make those opportunities possible for the child. While the child's parent may disagree with the foster parent's decision, the parent's input has been considered and the decision rests with the foster parent.

Child care institutions are required to have an on-site official authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the child in age-appropriate or developmentally-appropriate activities. Check with the facility so you know who makes such decisions and discuss with that person your intentions for the child to participate in age-appropriate and developmentally-appropriate activities, as appropriate.

“Age-appropriate or developmentally-appropriate activities” means activities generally accepted as suitable and developmentally-appropriate for children’s chronological age or maturity level, based upon the cognitive, emotional, physical, and behavioral capacities of the individual child. Also consider any mental health issues or an intellectual disability the child may have when determining the capacity of the child to participate in the activities.

The term “reasonable and prudent parent standard” means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional growth of the child to participate in extracurricular, enrichment, cultural, and social activities.

Planning for Safe Case Closure

When doing permanency planning with the family team, consider and understand what specific changes must occur in order for the family to function successfully without external intervention or support.

1. Develop protective provisions that must be put into place to keep people in the home safe.
2. Specify behavioral patterns that must be acquired and then adequately, consistently demonstrated by the caregiver to preserve or reunify a family and to maintain family stability and daily functioning.
3. Develop recovery and relapse prevention plans, advance care directives, safety plans with response capacities that must be put in place and work reliably.
4. Identify or develop sustainable family supports (such as housing, health care, adequate supervision) that will preserve and sustain the family following case closure.
5. Seek resolution of legal issues and court requirements (such as court orders, guardianship, adoption) that must be achieved before family independence, case closure, and permanency can occur.

6. Establish measures and schedules for determining progress, outcomes, and satisfaction of case closure requirements. These elements define for the family, practitioners, and providers, "how we will know what's working and when we're done."

NOTE: A formal safety assessment is required before case closure, along with an assessment of whether:

- ◆ The family can manage remaining risks;
- ◆ The child's needs for permanency and stability have been addressed; and
- ◆ Any well-being issues that brought the child to the Department's attention have been resolved.

Planning for Permanency

Link to [Policy](#)

Link to [Practice Guidance](#)

Both federal and state statutes stress the necessity for state child welfare agencies to make [reasonable efforts](#) to:

- ◆ Eliminate the need for removal of children from their homes,
- ◆ Reunify children with their families after out-of-home placement, and
- ◆ Arrange and finalize a new permanent home for a child when reunification is no longer a possibility.

Permanency options, ranked from the most permanent to the least permanent, are:

- ◆ Children remain safely with their parents.
- ◆ Children are reunified safely with their parents or relatives.
- ◆ Children are safely adopted by relatives or other families.
- ◆ Children are safely placed with relatives or others as legal guardians.
- ◆ Children are safely placed in another planned alternative permanent living arrangement, which is limited to children 16 years of age or older.

Assessing the Need for Placement

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Out-of-Home Placement Procedures](#)

Assessment for placement decisions is required in three situations:

- ◆ For new emergency removals, the first step is making the placement. Workers usually do not have an adequate opportunity to assess the situation in advance. Assessment is done during the emergency placement before the decision to extend the placement.
- ◆ For new nonemergency removals, it is usually possible to complete the assessment before placement. Make a careful determination as to whether placement is necessary.
- ◆ For ongoing cases, assessment is part of the case planning and review process. Progress towards achieving the permanency goal in a timely manner must be documented in the case plan.

NOTE: The following procedures refer to nonemergency removals. For additional information about emergency removals, see [CPS Assessment Procedures: Emergency Removal and Reasonable Efforts](#).

1. Review the "Child Well Being" domains in the [Family Case Plan](#) to assess the following areas that can affect child placement decisions:
 - ◆ Child's mental health strengths and needs
 - ◆ Child's behavioral strengths and needs
 - ◆ Child's school performance
 - ◆ Child's relationship with caretaker
 - ◆ Child's relationships with peers
 - ◆ Child's relationships with siblings
 - ◆ Child's motivation to maintain connections with the family and cooperate in maintaining the family

2. Review information about family concerns and the identified risk factors to the child in the other four domains (parental capabilities, family interactions, family safety, and home environment) that can have an impact on child placement decisions.
 - ◆ What are the reasons for the Department's involvement?
 - ◆ Does the family understand the reasons for the Department's involvement, and does the family agree with them?
 - ◆ Is the child's mental, physical, or emotional health threatened by being in the home?
3. If placement is necessary to maintain the child's mental, physical, or emotional health, determine what [type of placement](#) best fits the child's needs.
4. Determine whether the Department can provide the needed services:
 - ◆ Does placement with a family member meet safety standards?
See [Relative Placement](#).
 - ◆ Is the child eligible for foster care services? (See [Eligibility for Foster Care](#).)
5. If placement is necessary, consider the child's educational needs when determining the most appropriate placement and make every effort to ensure the child remain in the home school, unless it is not in the child's best interest.

If a school change is necessary, use form 470-4894, *Notice to Schools for Child in Foster Care*, to notify a school that a child is entering foster care and will be transferring schools. This will trigger a five-day requirement for the district to transfer records. This form notifies the receiving school to enroll the child immediately.
6. Determine the legal action necessary to obtain authority to make the placement and complete the necessary procedures.
 - ◆ For state-paid foster care, see [Legal Status Requirements](#).
 - ◆ If the placement is outside of Iowa, follow procedures required by the [Interstate Compact on the Placement of Children](#).

- ◆ If the child has Native American heritage, also see [Case Planning for Native American Children](#).
 - ◆ If the child has Mexican citizenship, also see [Case Planning for Children With Mexican Citizenship](#).
7. Complete a written social history for each child entering foster care using form [470-3615, Social History](#).
 - ◆ When another Department worker or a worker from another agency has done a social history, you only need to update the *Social History*.
 - ◆ Attach school reports and medical reports.
 - ◆ Do not include HIV information.
 8. Review the *Social History* annually and update it as needed.

Establishing the Permanency Goal

Link to [Practice Guidance](#)

1. Establish an appropriate permanency goal that matches the child's need for permanency and circumstances of the case. You must establish an appropriate permanency goal for the child and specify it in the case plan within **60 days** of the child's placement in foster care. Two concurrent permanency goals may be established and identified in the case plan.

Consider the factors that the family team considered in deciding on the permanency goal and document whether all of the relevant factors were evaluated. If not reflected in the family team discussions, discuss with the child, in an age-appropriate manner, the proposed permanency goal, the plan for achievement, and the child's expressed desired permanency outcome. Document the discussion.

Select the permanency goal for the child from the following:

- ◆ Remain in the home
- ◆ Return child to the home
- ◆ Transfer custody to the other parent
- ◆ Adoption

- ◆ Transfer custody or guardianship to relative
- ◆ Transfer custody and guardianship to suitable person
- ◆ Another planned permanent living arrangement

NOTE: Reunification is not an allowable permanency goal when there are [aggravated circumstances](#) in the family situation.

Obtain supervisory approval of the permanency goal.

2. **Review** the appropriateness of the permanency goal at least every six months at the time of the case review. Document in the case plan:
 - ◆ [Reasonable efforts](#) to provide to the family the services necessary for the safe return of the child to the child's home.
 - ◆ Intensive, ongoing, and unsuccessful efforts for finding a relative or kin placement for any child 16 years or older who has another planned permanent living arrangement as their permanency goal.
 - ◆ Consultation with the child, in an age-appropriate manner, regarding the permanency goal, plan, and the child's desired permanency outcome.
 - ◆ Progress towards achieving the permanency goal in a timely manner.
 - ◆ Child-specific recruitment efforts made to facilitate a timely and orderly in-state or interstate permanency placement.
3. **File** or join in a petition for termination of parental rights when the child has been in foster care for at least [15 of the most recent 22 months](#). The "count" begins with the earlier of:
 - ◆ The date of the judicial finding of child abuse and neglect (usually the adjudicatory hearing), or
 - ◆ 60 days after the child's removal from the home and placement in a substitute care setting.

Unless an exception applies, evidence of the petition for termination of parental rights must be maintained in the case file. Any "exception" for filing for termination of parental rights must be specified in the case file.

Exceptions to the requirement on termination of parental rights include the following:

- ◆ A relative is caring for the child.
- ◆ The case plan documents a [compelling reason](#) that termination of parental rights would not be in the best interest of the child.
- ◆ A limited extension of time is justified to allow the Department to provide the child's family the services deemed necessary for the child's safe return home, consistent with the time frames set in the case plan.

For children whose goal is changed from reunification to adoption, consider the guidelines established by the federal Adoption and Safe Families Act (ASFA) on seeking termination of parental rights, which might affect the timeline for permanency actions.

"Another planned permanent living arrangement" refers to a situation in which the Department maintains care and custody responsibilities for the child, but places the child, age 16 or older, in a setting in which the child is expected to remain until adulthood, such as:

- ◆ With foster parents who have made a commitment to care for the child permanently,
- ◆ With relatives who have made a commitment to care for the child permanently, or
- ◆ In a residential facility (for children with developmental disabilities who require residential care, for example).

When another planned permanent living arrangement has been determined:

1. Document in the permanency goal narrative, the case-specific justification (compelling reasons) that reunification, adoption, guardianship, or placement in the custody of a relative or a suitable person was not viable options for the child. If there is not a court order that acknowledges the exception, document the exception in the case plan.

2. Document the steps taken to ensure that:
 - ◆ The child's foster family home or child care institution is following the reasonable and prudent parent standard; and
 - ◆ The child has regular, ongoing opportunities to engage in age-appropriate or developmentally-appropriate activities (including consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities).

At each permanency hearing the appropriateness of another planned permanent living arrangement will be reviewed. The child will be asked about the desired permanency outcome at the hearing and a judicial redetermination will be made regarding the best permanency plan for the child and why it continues to not be in the best interests of the child to:

- ◆ Return home
- ◆ Be placed for adoption
- ◆ Be placed with a legal guardian
- ◆ Be placed with a relative or kin

Timelines for Permanency

Permanency time lines are established by judicial review. Follow these time lines for children in foster care who are not likely to be reunified with their family:

1. Determine the [time frames for required case activity](#) based upon the date the child is physically removed from the home.
2. Document permanency planning in case permanency plans or by obtaining a copy of the court order.
3. When a child is in foster care placement, a case review of the status of the child must be conducted at least once every six months. There are three options for case permanency review:
 - ◆ Court hearing
 - ◆ Foster care review board review
 - ◆ DHS administrative review

4. Every six months, consider whether the child meets the conditions for termination of parental rights. Request the termination of the parent-child relationship and parental rights with respect to the child if:
 - ◆ A court has determined aggravated circumstances exist and has waived reasonable efforts;
 - ◆ The child is less than 12 months of age and is abandoned;
 - ◆ The parent has been convicted of the murder, voluntary manslaughter, of another child of the parent;
 - ◆ The parent is convicted of felony assault that resulted in serious bodily injury of the child or another child of the parent; or
 - ◆ The child has been placed in foster care 15 of the most recent 22 months.

Document in the case record the decision whether to:

- ◆ Request termination of parental rights, or
 - ◆ Pursue another option developed in the concurrent plan.
5. Within 15 days of a decision to pursue termination of parental rights, attempt to obtain a voluntary release of custody from both of the child's parents, if determined appropriate in consultation with the supervisor and the local county attorney.
 6. Within 30 days of the decision to pursue termination of parental rights:
 - ◆ Send to the county attorney's office a written request for the filing of a termination of parental rights petition. Include the necessary supporting documents.
 - ◆ Contact the adoption worker to begin adoption planning.
 7. If the county attorney's office declines to seek termination of parental rights, within 15 working days of receiving notice, seek explanation for the decision and resolution of the dispute.

If the county attorney's office still declines to seek termination of parental rights, and you and your supervisor believe termination of parental rights is appropriate, refer the case to the Attorney General's Office for review.

8. Once an order is filed terminating parental rights:
 - ◆ Update the child's *Social History* and complete form 470-3698, *Child Study*, within 30 days.
 - ◆ Transfer the child's case to the adoption worker as soon as possible, but no later than 45 days from the date of the order.

Concurrent Planning for Children in Placement

Link to [Practice Guidance](#)

1. Consider whether to use concurrent planning in expediting permanency for a child in placement. Use concurrent planning in all foster care cases **except** when:
 - ◆ There is a good prognosis for rehabilitation and the child is expected to return home within the first six months of placement. Indicators of good prognosis include:
 - Positive parent-child relationship
 - Strong family support systems
 - Demonstration of a stable, consistent parental history and functioning
 - ◆ At the six-month case review, progress is being made and the child's return home is expected within 30 days.
 - ◆ Reasonable efforts to reunify the child with the parents have been waived due to [aggravated circumstances](#).

Use concurrent planning when the assessment indicates that there is a **poor** prognosis for the child's return home within the first six months of placement.

Consider if any of the following factors that suggest a poor prognosis for reunification are present, indicating that concurrent planning may be necessary:

- ◆ Serious abuse or significant neglect.
- ◆ Parental ambivalence.
- ◆ Significant child welfare service history.
- ◆ Unstable, inconsistent parental history and functioning, including:
 - Previous lack of response to treatment and services, and
 - Substance abuse, mental health, and domestic violence history.

2. When your assessment indicates the need for concurrent planning, share the assessment results with the family, the family's attorney, the guardian ad litem, the court-appointed special advocate, and the court. Be open and honest in explaining:
 - ◆ The need for concurrent planning;
 - ◆ The importance of family involvement in planning permanency options;
 - ◆ The harmful effects of temporary care on the child;
 - ◆ The child's need for a stable, caring, and permanent family;
 - ◆ The legal requirements for timely permanency;
 - ◆ The urgency of reunification; and
 - ◆ The birth parents' rights and responsibilities, including:
 - The expectations of the court and the Department, and
 - The effect of parental inaction, disappearance, or lack of progress.

3. Make an immediate search for noncustodial parents and any kin who are potentially able to commit to reunification or permanency. See Relative Placements.
 - ◆ Identify family resources for potential permanent placement options.
 - ◆ Identify alleged and legal fathers and search for them.
 - ◆ Verify that a determination of Native American status has been made, and ensure that Indian Child Welfare Act requirements have been followed.
 - ◆ Document your search for relative placement options in the case notes.

4. Develop the case plan to incorporate the elements of concurrent planning:
 - ◆ Document the family team definition of the central problem. This is the condition that if corrected will allow the child to remain home safely or will allow reunification.
 - ◆ Identify parental ambivalence and indecision, so that these issues can be targeted through your case plan strategies and action steps.
 - ◆ Include explicit timelines for progress and concurrent permanency options if progress is not achieved.
 - ◆ Identify concurrent permanency planning, goals, action steps, and timelines in the "Child Placement Plan," Part C of the [Family Case Plan, form 470-3453](#).
5. Share Part B of the *Family Case Plan*, form 470-3453, and permanency assessment results with the family, the family's attorney, the guardian ad litem, and the court. Explain:
 - ◆ The need for concurrent planning,
 - ◆ The importance of family involvement in planning permanency options,
 - ◆ The harmful effects of temporary care on the child and the need for permanency,
 - ◆ The legal requirements for timely permanency, and
 - ◆ The parent's rights and the need for parental participation.
6. Assess the effectiveness of the case plan no later than 90 days after implementing concurrent planning.
 - ◆ Meet frequently with the treatment team to:
 - Review progress,
 - Address differences,
 - Determine when reunification should occur, and
 - Diligently move towards achievement of the alternative permanency plan when appropriate
 - ◆ Initiate discussions regarding an early review hearing or permanency hearing at any appropriate point in the case. (Iowa law and policy support achieving permanence for children within 12 months.)

Transition Planning for Youth in Placement

Link to [Policy](#)

Link to [Practice Guidance](#)

NOTE: The aftercare program contractor is responsible for addressing and tracking requests for transition planning for youth:

- ◆ Who are between the ages of 18 and 21, or
- ◆ Who leave foster care at age 16 or older who are adopted or in a subsidized guardianship arrangement.

For youth in foster care who are 14 years of age and older, the process is as follows:

1. Ensure that a transition assessment is completed for all youth in foster care aged 14 and older.

The recommended assessment instrument is the Casey Life Skills Assessment, which is available at <http://lifekills.casey.org/>. The assessment is set up for the youth to complete, along with an assessment for the youth's care provider to complete.

Use the results of the assessment to assist you in an overall assessment of the youth's strengths and needs and in completing the transition plan section of the case plan.

2. Central Office will do an annual review with the major credit reporting agencies (TransUnion, Equifax, and Experian) to see if there is any consumer credit report for the youth. If such a report exists, the youth's social work case manager will receive an email indicating that the youth has a credit report that needs to be reviewed.

The worker needs to meet with the youth and assist the youth in understanding the credit report. With the youth, determine if the report is accurate or not, including the youth's name, birth date and social security number. While rare (typically minors do not have credit), the youth may confirm that the credit history information is accurate and they are responsible for the credit account.

If the report contains inaccurate information about the youth, the worker needs to circle all the inaccurate items, mark up the credit report for each item as to why it is inaccurate (e.g., the youth did not open up an account with this business, the youth's social security number is incorrect along with the correct social security number). Scan the marked up report to the transition planning specialist (TPS) for the worker's service area. Print a copy of the marked up credit report and place it in the youth's file. For all instances other than inaccurate accounts, application inquiries, and collection notices the worker needs to select the credit report status option that best fits.

The TPS will send a dispute letter along with the marked up credit report to the particular credit reporting agencies requesting all accounts, application inquiries, and collection notices associated with the youth's name or personal information be removed along with any correction concerning youth identifying information.

The TPS will receive correspondence from the particular credit reporting agencies along with a "clean" copy of the youth's credit report indicating the items have been removed and identifying information of the youth corrected. The TPS will notify the social work case manager of resolution and will make a case note entry indicating how the issues were resolved and mark the "Resolved with Credit Bureau" status option.

In rare cases, the TPS may receive notification that the issue was not resolved. In such a case, the TPS will contact the creditor to indicate that the credit issues are with a minor that did not legally enter into the contract and that the credit issue needs to be expunged from the youth's record. After the issue with the creditor is resolved, the TPS will code the status option "Resolved with Creditor" and then notify the social work case manager and make a case note entry indicating how the issues were resolved.

3. Per federal requirements of the National Youth Transition Database (NYTD), a quarterly survey will be sent to the youth's social work case manager for the worker to indicate which, of the independent living services listed, the youth received during the previous quarter. The worker must complete the survey for each youth (even for youth who did not receive a service) and return according to the instructions within the email.

4. Recruit a youth-centered transition team to develop the transition plan and seek approval for the plan from the local transition committee. The team must include:
 - ◆ The youth,
 - ◆ The social work case manager,
 - ◆ Persons selected by the youth, and
 - ◆ Persons who have knowledge of services available to the youth.
5. If it is likely that a youth will be eligible for mental health or disability services as an adult, request participation on the transition team from any person who is likely to be involved when the youth becomes an adult as:
 - ◆ A service provider; or
 - ◆ Responsible for the costs of services.
6. Develop the transition plan in collaboration with the youth-centered team.
 - ◆ Address transition needs in team meetings or in specific transition staffings with the youth present.
 - ◆ Follow the local service area protocol for developing the transition plan and seeking approval for the plan from the local transition committee.
7. The transition plan must:
 - ◆ Be personalized at the direction of the youth, honoring the youth's goals and concerns.
 - ◆ Address areas of need to facilitate successful transition to adulthood, including education, employment, health care, housing and money management, and supportive relationships.
 - If the youth wants to pursue higher education, the plan must provide for the youth's participation in the Iowa College Student Aid Commission's program of assistance in applying for federal and state financial aid.
 - The final transition plan must specifically identify how the youth's need for housing will be addressed.

- ◆ Include specific services, supports, activities, and referrals to programs that will assist the youth in preparing for adulthood. The transition planning specialist can provide information regarding resources and services available to the youth. Consider services such as:
 - [Iowa Aftercare Services Network \(ASN\)](#)
 - [Medicaid for Young Adults \(MIYA\)](#)
 - [Preparation for Adult Living \(PAL\)](#)
 - [Food Assistance](#)
 - [Housing and Urban Development \(HUD\)/Section 8](#)
 - [Iowa Workforce Development](#)
 - [College resources](#)
 - [Job Corps](#)
 - [County mental health and developmental disability services](#)
 - [Vocational rehabilitation](#)
 - [Alcoholics Anonymous](#)
 - [Narcotics Anonymous](#)
 - [Legal Aid](#)
 - [Legal guardianship](#)
 - [Social Security Advocacy Project](#)
 - ◆ Assign responsibility to ensure that appropriate referrals are made and supports are in place before the youth's discharge from care.
8. Ensure that the transition plan section of the *Family Case Plan* is updated for all youth in foster care aged 14 or older:
- ◆ At each case review;
 - ◆ During the 90-calendar-day period immediately before the child's 18th birthday;
 - ◆ During the 90-calendar-day period immediately before the date the youth is expected to leave foster care, if the youth remains in foster care after reaching age 18;
 - ◆ More frequently as appropriate or at the request of the youth.

9. Review form 470-5337, *Rights of Youth in Out-of-Home Placement*, with all youth in foster care who are 14 years of age and older on the social work case manager's caseload and as often as needed. The form describes the rights of the youth with respect to:

- ◆ Education.
- ◆ Health.
- ◆ Visitation.
- ◆ Court participation.
- ◆ Receive any consumer credit report that exists for the child every year while they are in foster care and assistance in understanding the credit report and resolving any inaccuracies.
- ◆ Receive their certified birth certificate, social security card, and driver's license or state identification card if they leave foster care at age 18 or older.
- ◆ Staying safe and free from abuse or exploitation.

You must explain this form with the youth in an age-appropriate manner and have the youth sign and date the form, indicating that you went through the youth's rights with the youth in a way the youth understood and answered any questions the youth had. Give the youth the original of the carbonized set. Place the copy in the case file. If you printed the form from manual 17-Appendix, make two copies. Have the youth sign and date both copies. Give the youth a copy and file the other copy in the case file.

The signed and dated form is a part of the case plan and must be provided to all legal parties of the case. Indicate the most recent date the youth received and signed the form as indicated in the Transition Plan, Part C of the Family Case Plan.

10. Before the youth reaches age 17½, request review and ensure approval of the transition plan by the transition committee for the area that has placement responsibility.
- ◆ When a youth enters foster care at age 17½ or older, the committee needs to review the transition plan within 30 days of completion.

- ◆ When a youth enters foster care at age 17½ or older, the committee shall be involved in reviewing and approving the youth's transition plan within 30 days of completion.
 - ◆ Indicate the transition committee's review and approval of the transition plan in the case permanency plan.
11. Obtain a certified copy of the youth's birth certificate and provide it to the youth on or before the youth's 18th birthday, using:
- ◆ Form 470-4567, Birth Certificate Request, and
 - ◆ Form 588-0225VR, *Application for Search for an Iowa Record*.

See 17-Appendix, [Birth Certificate Request](#), for instructions for both forms. The state or county registrar will waive the fee for one certified copy of the birth certificate, so there is no charge to the youth or the Department.

The birth certificate may be kept in the case file and provided to the youth when the youth reaches age 18 or provided to the youth or responsible adult or agency.

12. Ensure that the youth has the youth's social security card when leaving foster care at the age of 18 or older. If the youth was born in the U.S., they will need to go to the youth's local social security office to obtain a replacement social security card.

The youth will be asked to show proof of identity which can be a driver's license or a state-issued non-driver identification card. If the youth has never applied for a social security card or if they were foreign born and have never applied, assist the youth in completing form SS-5, *Application for Social Security Card*, and obtaining the required two proofs of identity. Advise the youth to not carry the card with them and instead, keep the card in a safe place. Form SS-5 can be found at:

<https://www.socialsecurity.gov/forms/ss-5.pdf>.

To find a Social Security Administration office near you:

- ◆ Visit the Social Security Administration website:
<http://www.socialsecurity.gov/>, or
- ◆ Call the Social Security Administration customer service toll-free number: 1-800-772-1213.

13. Ensure that the youth has a driver's license or a state-issued non-driver identification card when the youth leaves foster care at the age of 18 or older.
14. Ensure the youth has health insurance information when leaving foster care at the age of 18 or older. Consider assisting the youth in obtaining health insurance. Explain to the youth that the youth will need to apply for health insurance.
15. During the transition plan review conducted within the 90 days before the child reaches age 18, include information and educate the youth about the importance of having a durable power of attorney for health care.

Explain to the youth that if the youth is ever unable to make health care decisions as an adult (at age 18 and older), a relative or spouse authorized under state law would make such decisions unless the youth, once they are 18 years of age or older, completes the durable power of attorney for health care. Provide the youth with the option to execute such a document by giving the youth a copy of the document and the document instructions.

16. Provide a free copy of the youth's health and education record to youth when the youth exits from foster care at 18 years of age or older. This shall include the most recent information available regarding:
 - ◆ The names and addresses of the youth's health and educational providers,
 - ◆ The youth's school record,
 - ◆ A record of the youth's immunizations,
 - ◆ The youth's known medical problems,
 - ◆ The youth's medications, and
 - ◆ Any other relevant health and education information about the youth.
17. Provide a copy of any written record detailing why the youth was excluded from a family meeting, staff meeting, or court hearing to the youth at no cost, if the youth requests the record after reaching the age of majority.

Developing the Initial Case Plan

Link to [Policy](#)

Link to [Practice Guidance](#)

Review all available intake, assessment materials, and the safety plan, when applicable, and develop a case plan in partnership with the family that includes a description of:

- ◆ A plan to keep children safe
 - ◆ Individual family strengths, supports, and needs
 - ◆ How the strengths and family supports can assist the family in self-directed change
 - ◆ How the Department and others will assist the family in overcoming the needs
1. In consultation with the supervisor, decide whether each child in a family will have a separate case plan or the siblings will share a case plan. The decision may be based on factors such as judicial preference, local practice, and individual case circumstances.

NOTE: If services to more than one child are provided in a “sibling group” case permanency plan, you must address and document the needs of each child.

2. Determine the time line for the case planning process. Plan what steps need to occur to meet the 60-day deadline for case plan development and any scheduled court hearings.
3. Document the case planning process, including:
 - ◆ The results of the safety assessment and the actions or services in the safety plan, when applicable.
 - ◆ The results of the risk assessment.

The case planning process begins during the case transfer when the risk factors that have been identified during the child abuse assessment are discussed between the child protective worker and the social work case manager.

This discussion of risk factors is then carried forward into the development of the initial family case plan, which is completed by the social work case manager in conjunction with the parents or caregivers and any provider staff.

4. Identify and document in the family case plan:
 - ◆ The risk factors that increase the likelihood of future maltreatment.
 - ◆ Any protective capacities and formal and informal supports that offset the current and future risk factors.
 - ◆ Progress on previously identified risk factors.
 - ◆ All proposed interventions and service changes if there is little progress.
 - ◆ Interventions or services needed to address newly identified risk factors.
 - ◆ Interventions or services needed to eliminate future risk factors.

The family case plan provides the road map for understanding when work is completed and safe case closure can occur. The family case plan should reflect the relationship between identified needs and the goals, tasks, interventions, and services used to reduce or control the risk factors.

Case planning must be directed toward [safe case closure](#). Safe case closure requires alleviating or mitigating those conditions that resulted in the abuse of the child and underlying causes of foreseeable risk to the safety of the child. Safe case closure includes achieving the goals that address safety in the case plan.

5. If the child is residing with the parents, document in the case plan whether the child would be at “imminent risk of removal” if the family declined or terminated in-home services and why.

“Imminent risk” means there is an immediate threat or likelihood that the child will suffer maltreatment. When assessing “imminent risk” consider the three safety constructs of [threats of maltreatment](#), [child’s vulnerability to maltreatment](#), and the [caretaker’s protective capacities](#) and determine if the child would be unsafe without in-home services in place.

Document in comments section of the most appropriate family functioning domain area in the case plan as to whether DHS would ask the court to consider the removal of the child if the family refused or terminated in-home services and why. Cases that meet this standard are eligible for federal Title IV-E funding as candidates for foster care.

6. Compile the recommendations from the [Child Protective Services Assessment Summary](#) and the safety plan developed with the family, when applicable. These recommendations and strategies serve as the interim case plan until the full plan is completed.

Identifying Strengths and Needs

1. Identify the family's strengths and needs.
 - ◆ Review each family functioning domain and its related subcategories.
 - ◆ Identify key domains that affect the safety, well-being, and permanency of the child, based upon:
 - Input from the family,
 - Collateral contacts,
 - Observations, and
 - Input from other professionals working with the family.
2. Document the resulting assessment in the "family functioning domain" section of the case plan.
 - ◆ For each domain identified as critical, provide a brief narrative summary of the family's overall functioning and its impact on safety, well-being, and permanency.
 - ◆ Specifically note any safety factors that were identified in the [Safety Assessment, form 470-4132](#), and link each relevant safety factor to the applicable family functioning domain. (For example, list any risks present in the family's dwelling in the "home environment" domain.)
3. In collaboration with the family, determine priorities:
 - ◆ Identify needs that directly affect the safety of the child.
 - ◆ Prioritize areas where a need affects the safety, well-being, and permanency of the child.
 - ◆ Identify family strengths that may mitigate risk and safety concerns.

Crisis Planning

Crisis planning is different from safety planning, although there may be overlaps. The crisis plan addresses what could go wrong with the strategies in the case plan and identifies a contingency plan. The safety plan addresses the immediate threats and identifies a strategy for controlling them.

Crisis planning answers the questions: “What actions or response would be required if some part of the plan breaks down and a crisis occurs?” and “What could go wrong?” In order to identify and predict contingencies:

1. Identify with the child and family team what their “worst case scenario” might be. Identify major things that could go wrong with the family. Explore examples of what happened in the past before a crisis occurred. This provides precedents to look for when it is about to occur again.
2. Help the family team brainstorm about what they may do to prevent a possible crisis. List action steps to prevent or respond to a crisis that may develop, including contingency responses and who will do what.
3. Ensure that the crisis plan is incorporated into the family case plan.

Goals, Services, and Strategies

1. Using the case plan form, establish case plan goals in collaboration with the family. For each prioritized family functioning domain, develop and document specific goals to be achieved to ensure safety, well-being, and permanency.
2. Evaluate the need for services to meet the assessed needs of the family and child. For children in placement, evaluate the [stability](#) of the child’s placement. Remember that planning for the safety of the child should be of paramount concern in every step of case planning.
3. Identify both formal and informal services and strategies that will assist the family in meeting the identified goals and:
 - ◆ Build upon the family’s strengths.
 - ◆ Address the issues and needs of the family.
 - ◆ Control identified risks.
 - ◆ Support the achievement of the case plan goals.
 - ◆ Provide for positive case outcomes.

NOTE: Click here for additional information on the following services available through the Department.

- ◆ [Family-centered services](#)
- ◆ [Placement services](#)
- ◆ [Medicaid-funded services](#)

4. For each goal, identify and document the action steps and responsibilities necessary to implement the services and strategies. The action steps should clearly identify:
 - ◆ Who is responsible for each step,
 - ◆ The time frame for initiating and completing the action, and
 - ◆ The criteria for measuring goal progress and achievement.
5. When services are not available, document the lack of availability in the case plan.

Completing the Case Plan

Complete the case plan documentation. The [Family Case Plan, form 470-3453 or 470-3453\(S\)](#), is the official record of the Department's involvement with the family that includes:

- ◆ *Part A, Face Sheet*, provides identifying information regarding statistical, historical and service summary, and placement information regarding the child and the family. This is automatically completed from data on the Life of the Case – Case History screen.
- ◆ *Part B, Family Plan*, provides a description of the assessment of the child and family strengths and needs and concerns using the family functioning domains:
 - Child well-being
 - Parental capabilities
 - Family safety
 - Family interactions
 - Home environment

◆ *Part C, Child Placement Plan*, includes:

- Information mandated by state and federal laws regarding a child placed in an out-of-home placement.
- The permanency goal and concurrent goals which must be completed whether or not the child is placed.
- The health and education status of the child. For a child in placement, this section must contain the most recent information available regarding the health and education records of the child.
- Transitional planning information for all foster children who are 14 years of age or older.

The case plan must be completed within 60 days from the date that the Department opens a DHS child welfare case.

NOTE: The 60-day count may begin during the child abuse protective assessment process if the immediate provision of services is necessary for the protection of the child. Complete the case plan within 60 days from the start date of the protective services provided through the Department.

Documenting Family Participation in Case Plan Development

1. Review the plan and the process that led to the development of the plan with the family and others involved in the plan.
2. Review in detail the identified goals and action steps.
3. Make modifications to the plan that may be appropriate and acceptable.
4. Affirm development of the plan by the participants:
 - ◆ Document participation in the development of the case plan on the “Signature and Notifications” page.
 - ◆ If the family was not part of the development of the case plan, document the reason in this section.

Case Notes/Narratives

Initial case notes shall be completed within the first 20 business days from the date the child enters foster care or the date the Department opens a child service case, whichever occurs first. Thereafter, case notes should be completed within 20 business days throughout the life of the case. This is especially important as the caseworker's supervisor may need to access these notes in order to respond to a provider, etc., when the caseworker is out of the office. The complete case notes shall be available:

- ◆ At each six-month case review, and
- ◆ Whenever the *Case Plan* is updated or revised.

It is important to capture practice in a written narrative form. Case notes is an evolving document that provides a written record of the interventions, progress, and efforts of those involved in the case as the case moves toward permanency and ultimately safe case closure. Case notes serve as a reference document throughout the life of the case and may be made available to the family, attorneys, or the court upon request.

Case notes should include all case contacts from the child's providers, therapist, the child's parents, school, medical professionals, observations, interventions, or events. A sequential format should be followed when writing case notes. Case notes should be succinct yet offer the appropriate level of detail so to present a clear understanding as to what has occurred in the life of the case. The tone of the narrative should be neutral and objective and written in a professional manner using complete sentences.

The substance of the case notes should reflect and support the content of the *Case Plan*, *Safety Assessments*, and *Risk Reassessments*. The narrative may include the worker's professional opinions and analysis but these should be differentiated from statements of fact by specifically identifying them as such.

Reviewing the Case Plan

Link to [Policy](#)

Review the case plan when:

- ◆ There is a significant change in concerns, risk factors, or strategies.
- ◆ At a minimum of every six months.
- ◆ Before any judicial or administrative review.
- ◆ When the family team has determined significant progress has occurred on the case plan goals.

Use the case plan review section to document:

- ◆ Progress and barriers to achieving the permanency goal.
- ◆ Achievement of desired results and case plan action steps.
- ◆ Whether the child continues to be at “imminent risk of removal” from home if in-home services were not provided and why.
- ◆ If the permanency goal is changed.
- ◆ When the case is ready to close.

Safety Assessment

Complete a [Safety Assessment, form 470-4132](#), at critical junctures throughout the course of the Department’s involvement with the family:

- ◆ Whenever circumstances suggest the child is in an unsafe situation.
- ◆ Before the decision to recommend unsupervised family visits.
- ◆ Before the decision to recommend reunification.
- ◆ Before the decision to recommend closure of protective services.

All safety assessments require supervisory consultation. When the safety decision is that the child is conditionally safe, a safety plan is required.

Risk Reassessment

Reassess risk formally and informally periodically throughout the life of the case, when possible with input from the caregiver and any service provider. Use the results of the risk reassessment and the assessment of the family's functioning to gauge progress and determine appropriate services. Complete a risk reassessment when changes in the case permanency plan are made.

NOTE: FSRP providers complete a risk reassessment monthly on each case. Providers have a choice as to the risk tool to use. The information from the provider's risk reassessment is contained within the provider's monthly report to the Department. Incorporate this information into the family case plan.

Formal Risk Reassessments

Complete a **formal** risk reassessment using the automated family risk reassessment tool found in JARVIS:

- ◆ During case permanency plan reviews, and
- ◆ Before case closure.

EXCEPTION: Complete an informal risk reassessment, rather than a formal one, on the following types of cases unless other risk factors are identified through another assessment:

- ◆ Children in pre-adoptive placements
- ◆ Children in foster or foster-adoption families
- ◆ Children in residential or hospital settings, such as PMICS
- ◆ Youth with an APPLA goal
- ◆ Youth in independent living

The family risk reassessment tool assists in assessing the impact of services provided to the family during a particular period and whether certain events in the family have occurred during that period.

The rating on the formal risk reassessment reflects changes in family functioning and provides the case manager with a framework to identify critical factors that indicate changes in a child's risk of maltreatment.

Keep a copy of form 470-4134, *Family Risk Reassessment*, in the case file for each formal risk reassessment. Incorporate the results of the formal risk reassessment into the case planning process.

When the case permanency plan is updated, include information from the formal risk reassessment in the comment section of the most applicable domain. Address:

- ◆ Progress on previously identified risk factors.
- ◆ Proposed service changes if there is little progress.
- ◆ Services needed to address newly identified risk factors.
- ◆ Services needed to eliminate future risk factors.
- ◆ Formal and informal supports needed to offset risk factors now and in the future

When a formal risk reassessment is completed outside the case planning process, document the results in case notes.

Informal Risk Reassessment

Complete informal risk reassessments without the use of a tool at the following points during the life of every case:

- ◆ Before reunification
- ◆ At family team meetings
- ◆ In unsafe situations
- ◆ During any contact with child, caregiver, or future caregiver
- ◆ After review of reports
- ◆ In clinical case consultations with your supervisor or other professionals
- ◆ Before unsupervised family visits
- ◆ Whenever circumstances suggest

| Document the results of the informal risk reassessment in Case Notes.

When conducting an informal risk reassessment, consider the following:

- ◆ Current risk factors and the impact on the family and child safety.
- ◆ Any progress made to decrease, minimize, or control the identified risk factors.
- ◆ An assessment of the current environment to ensure identified risk factors are addressed appropriately
- ◆ Interventions and services or supports needed to eliminate or offset the risk factors in the future. This may include changing the service approach if sufficient progress has not been made.

As risk factors are identified, note the immediate action to eliminate or offset the risk and include the risk issue in future case planning

Consider additional questions related to ongoing risk based on the child's living arrangement. For a child placed in a foster family setting, evaluate and document:

- ◆ The compatibility of the child and the parents
- ◆ Whether the needs of the foster family are met
- ◆ Whether the foster parents are meeting the needs of the child appropriately.

Reassessing Strengths and Needs of the Child and Family

Reassessment of the child and family strengths and needs is required, at a minimum, every six months.

1. Review and document the progress made toward achieving the desired results in the [Family Case Plan](#).
2. Involve the child and family and their informal support system in the reassessment and work to achieve the desired results.
3. Based on an assessment of the child and family's strengths and needs, determine if services are needed and what services are most appropriate. To make the determination, consider the following:
 - ◆ The scope (i.e., type of service and intensity).
 - ◆ The amount (i.e., the maximum number of months units of service).
 - ◆ The effectiveness of the service (the desired outcomes for the child and family).
4. Submit the recommendation to the court or to your supervisor as appropriate. Decide whether to make recommendations to the review organization or the court.

Evaluating the Family Case Plan

Link to [Policy](#)

Link to [Practice Guidance](#)

Services are time-limited. Throughout the service process, continuously reassess the strengths and needs of the child and family and use this information to modify and update the family case plan.

It is important for the team to:

- ◆ Review the child and family's service eligibility.
- ◆ Determine if the original need continues, and if other needs exist.
- ◆ Review the effectiveness of the direct or purchased service through the team process.
- ◆ Ensure that the direct or purchased services continue to benefit the child and family's needs.
- ◆ Monitor progress made toward the identified results and measurable indicators of change.
- ◆ Review the [Family Case Plan](#) to ensure the strategies are reasonable, timely, and effective to achieve the identified outcomes.

Coordinate with local case review processes (local case review by supervisor for family-centered services; local foster care review for foster care services). If court approval is needed for case plan changes, make recommendations to the court.

NOTE: The court uses agency recommendations and permanency planning and other child welfare statutes to determine whether reasonable efforts should continue toward reunification or another permanency plan should be pursued.

Although the court will consider the Department's recommendation, the court will make an independent determination of need.

Reasonable efforts toward reunification may be recommended to continue when:

- ◆ Treatment is ongoing but not completed or
- ◆ Adequate community resources have not been available to the child and family.

Case Planning for Native American Children

Link to [Policy](#)

Link to [Indian Child Welfare Act](#)

Determining Native American Ancestry

1. In every case, ask if the child may be of American Indian heritage. Be alert to how the child and family self-identify their ancestry, as this may provide clues as to potential Native American heritage. Ask:
 - ◆ "Are you or your parents an enrolled member of a tribe?"
 - ◆ "Are you affiliated with any Indian tribe?"
2. Contact any tribal representative, family member, previous service provider involved with the family, or other person whom you reasonably believe could have information to help in making this determination.
3. Develop a family tree if the child or the child's mother, father, grandparent, or Indian custodian indicates the child may have Native American status.
4. If the child's family members are unclear about tribal membership, but there is reason to believe the child is of Native American ancestry, gather information and contact the Bureau of Indian Affairs of the U.S. Department of Interior. Send all communication for proceedings in Iowa to the Bureau of Indian Affairs at:

Bureau of Indian Affairs
Midwest Regional Office
1 Federal Drive
Ft. Snelling, Minnesota 55111

The Bureau of Indian Affairs will assist in contacting the appropriate tribes to help obtain a determination of tribal membership and Native American status.

5. Ask the tribe to determine if it considers the child to be a tribal member.
NOTE: Iowa law allows tribes to elect to identify a child as a tribal member even if the child's parents never became tribal members. This broader definition makes it even more important to ask about Indian ancestry and family tribal identification and promptly make contact with the tribe.

6. For all children entering out-of-home placement, document on the child's case permanency plan the dates that you have made inquiries regarding tribal membership or eligibility for tribal membership, and what efforts you made to obtain a determination of the child's status. You may be required to provide this documentation to the court.

Involvement of Tribal Representatives

When a child is determined to have "Indian child" status:

1. Contact the child's tribe (or a Native American consultant, if available) to:
 - ◆ Learn about cultural aspects of the child and family situation,
 - ◆ Complete a more informed assessment of the situation,
 - ◆ Develop ideas on how to better engage the family, and
 - ◆ Develop a more effective case permanency plan.
2. Share confidential information as necessary with tribal officials to help serve the child and family. Request that they maintain the confidentiality of this information and use it only for purposes of facilitating services.
3. Make active efforts to preserve the family using the available resources of the child's extended family, tribe, tribal social service agencies, and other Native American social service agencies. This includes (but is not limited to):
 - ◆ Requesting traditional support actions or services from the child's tribe.
 - ◆ Involving tribal representatives at the earliest point in case assessment and service planning.
 - ◆ Consulting with extended family about support services that they could provide for the child and family.
 - ◆ Providing information to the family on community resources that may be able to offer them housing, financial, transportation, and other services and assistance to the family in accessing these services.

Placement of an Indian Child

1. Exhaust all family preservation alternatives deemed appropriate by the tribe before seeking out-of-home placement. Do not take any action to seek foster care placement or termination of parental rights of an Indian child until all efforts have been made to provide **remedial services and rehabilitative programs** designed to prevent the breakup of Indian families.

NOTE: If a Native American child is placed in out-of-home care, you must document for the court the “active efforts” services provided to the family. The court should indicate in the court order if active efforts were made to prevent the placement of the child.

2. If placement is necessary, follow [Indian Child Welfare Act](#) requirements in selecting the placement.
3. After the placement, maintain the child’s cultural connections. For some children, efforts to restore and rebuild a sense of connection to their Native American ancestry may be required.
 - ◆ Identify tribal members willing to serve as “mentors” to assist in cultural connections issues.
 - ◆ Set up frequent visits in the Indian child’s home and the homes of the child’s extended family members.
 - ◆ Contact representatives of the child’s tribe, or use a Native American child welfare case consultant if available, to develop a more effective plan for maintaining cultural connections.
4. Document activities to assess and maintain the child’s cultural connections in the “Permanency Plan” section of Part C of the [Family Case Plan](#) (Child Placement Plan) and other portions of the case record.

Case Planning for Children With Mexican Citizenship

Link to [Policy](#)

Link to [Memorandum of Understanding With Mexico](#)

By agreement with the Mexican government, special provisions apply to services to a [Mexican national](#) or a [multiple-nationality minor](#).

1. Determine the Mexican lineage of a child at the earliest moment during Department involvement when there is a possibility the child may be taken into state custody. Do this by:
 - ◆ Asking parents about the country of their own birth and of their child's birth;
 - ◆ Asking parents if they have a Mexican birth certificate or baptismal record;
 - ◆ Asking members of the child's extended family about the child's status as a Mexican national or multiple-nationality minor; and
 - ◆ Making inquiries of others who may have information about the child's status, such as service providers, medical staff, or school personnel.

2. When the Department takes custody of a child who is determined or is believed to be a Mexican national or a multiple-nationality minor:
 - ◆ Provide written information to the child and the child's parents or custodian, in both English and Spanish that explains the juvenile court process and the rights of children and parents or custodians in juvenile court.

You can use the brochure, "The State Has My Child! What Can I Do?," [Comm. 146](#) in English and [Comm. 189](#) in Spanish, for this purpose.
 - ◆ Let the family know that you will cooperate with staff of the Mexican Consulate in matters concerning Department involvement with the child.
 - ◆ Provide the child and family with the address and phone number of the Mexican General Consulate Office in Omaha, Nebraska, as follows:

Mr. Jose Luis Cuevas Hilditch, Mexican Consul

Mexican Consulate Office
3552 Dodge Street
Omaha, Nebraska 68131

Phone: 1-402-595-1862,
1-402-595-1863, or 1-402-595-1844
FAX: 1-402-595-1845

3. Provide written notification to the Mexican Consulate Office in Omaha when:
 - ◆ The Department has identified that a child in its custody is a Mexican national or a multiple-nationality minor,
 - ◆ A parent or custodian of a Mexican national or multiple-nationality minor has requested that the Department notify the Mexican Consulate Office, or
 - ◆ The Department learns that a noncustodial parent of a child in state custody resides in Mexico.

To carry out this responsibility, complete form [470-4385, Mexican Consulate Notification](#), and send it within ten working days of the initial date the child entered state custody. (See 17-Appendix for a sample form and instructions.)

NOTE: If you become aware at some point after a child has entered state custody that the child is a Mexican national or multiple-nationality minor, send form 470-4385 to the Consulate immediately.

4. Share client-specific information such as court orders, case permanency plans, and provider reports with the Consulate Office upon request. Document the provision of this information in the case record.
5. If the Consulate requests access to a child protective assessment report, determine the reason for requesting the written report and consult with child protective policy staff in central office before releasing it.