

Chapter 6 Section 8

Providing Supervision of Children in Out-of-Home Care

Legal Basis

Policy: The department shall provide ongoing supervision of children in out-of-home placement to ensure the safety, permanency and well-being of the child and to promote the achievement of the permanency goal.

The assigned CPS Specialist shall have a face-to-face visit with the child and the caregiver at least one time per calendar month. The majority of the face-to-face visits with the child and the caregiver must occur in the child's out-of-home placement. While a monthly in-placement visit is preferred, there are occasions when the face-to-face visit with the child may occur outside of the foster care placement setting. For example the CPS Specialist may have a quality face-to-face monthly visit with the child at other locations, such as at school, a clinical appointment or at a Child and Family Team meeting.

If the child is verbal or able to communicate through other means (such as through writing, an augmentative communication device, sign language, etc.), the CPS Specialist must spend part of at least one visit per month alone with the child.

If the child is placed out-of-the-district under a courtesy supervision agreement, the courtesy supervision CPS Specialist may make the monthly face-to-face visit with the child and caregiver. If the child is placed out-of-state through an Interstate Compact on the Placement of Children (ICPC), the assigned ICPC Case Manager in the receiving state may make the monthly face-to-face visit with the child and caregiver.

If the child is placed out-of-state for therapeutic purposes without supervision being provided through a ICPC agreement, the monthly face-to-face visit with the child and caregiver may be made by the assigned CPS Specialist or another CPS staff who has ongoing responsibility for the monthly visits. This includes placement in a residential treatment center, inpatient psychiatric facility, rehabilitation program, etc.

CPS Specialists shall consult with the out-of-home caregiver, the child, if verbal or able to communicate through other means (such as through writing, an augmentative communication device, sign language, etc.), and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits.



To determine *when the child and/or caregiver requires more than monthly face-to-face visits and/or telephone visits from the CPS Specialist between face-to-face visits,*

consider the following questions:

- Has the child or caregiver asked for more frequent CPS Specialist contact?

FAMILY CENTERED APPROACH:

If problems have occurred in the relationship between the caregiver and child, more frequent visits with the child and the caregiver may be helpful. Taking the time to address issues in the home, while the placement can still be salvaged, is usually less time consuming for the CPS Specialist and less traumatic to the child than having to find the child a new placement.

- Has there been a change in safety or risk or treatment needs?
- Is the child placed in receiving or shelter care?
- Does the child have a history of placement disruptions?
- Are there indications of instability in the current placement? What are they and how do you know?
- Does the child have special needs that could exceed the skills or abilities of the caregiver?
- Are there stressors in the caregiver's home that may impact the child or the stability of the placement?
- Have there been changes in services, contact and visitation, or family circumstances which could be disruptive to the child or caregiver?
- Are services being provided to the child and/or caregiver to address the child's special needs, support the caregiver, or reduce stressors in the caregiver's home?

Implementation and Procedure Guide

FAMILY CENTERED APPROACH:

The CPS Specialist is the link to "next steps" in the life of a child. The child needs to see his/her CPS Specialist to understand what is happening in their "case". Youth in care tell us that the closer they feel to their CPS Specialist, the more hope they have in their future.

The purpose of the face-to-face visits with the child and caregiver is to ensure safety, permanency and well-being of the child and to promote achievement of the child's permanency goal. The CPS Specialist should review and discuss issues pertinent to case planning, services delivery and goal achievement. This is the time to talk with the child about his/her feelings of being safe, the permanency goal, progress toward the permanency goal, the child's educational, physical and behavioral/mental health needs and whether the child's needs are being met through existing services or whether current services and supports need to be modified. This is also the time to assess and reassess the needs of the caregiver and the services and supports necessary to support the placement and enable the caregiver to provide appropriate care and supervision of the child.

The assigned CPS Specialist or other CPS staff (i.e. a CPS Unit Supervisor, another CPS Specialist, Mental Health Specialist, etc.) who is assigned ongoing responsibility for the monthly visits shall discuss and assess the following during contacts with children and caregivers:

- the safety of the child;
- the child's and the caregiver's relationship;
- the ability of the caregiver to meet the child's needs;
- the safety of the physical home environment such as any observable hazardous conditions (no electricity, no water, exposed wiring, dangerous objects, harmful substances, external locks on bedroom doors, etc.) that may immediately threaten the child's safety;
- the case plan including the permanency goal, identified behavioral changes and services; and progress toward the permanency goal;
- the developmental progress of the child;
- the child's educational, physical health, and emotional and behavioral health status and needs;
- the appropriateness and adequacy of services and supports provided to and for the child; and
- the appropriateness and adequacy of services and supports provided to and for the caregiver to maintain the caregiver's ability to care for the child.

Provide supervision for a child placed in *receiving or shelter care* by:

- making telephone contact with the caregiver and child if verbal, **the next work day** after placement (for shelter care, meet with the child's case worker or house manager);
- making face-to-face contact with the caregiver and child **within 72 hours**, if the placement was made by someone other than the assigned CPS Specialist; and
- reviewing the information recorded by the caregiver in the child's Placement Packet.

It is recommended that the assigned CPS Specialist make a face-to-face visit every two weeks with the child and the child's caregiver throughout the time the child is placed in receiving or shelter care.

Provide supervision for a child placed in a *family foster home or kinship home* by:

- personally placing the child;
- making follow-up telephone contact with the caregiver and the child, if verbal, **within 24 hours** of placement, if the placement was made by someone other than the CPS Specialist;
- making a visit in the caregiver's home with the child and the caregiver **within ten days** of placement, if the placement was made by someone other than the CPS Specialist;
- **having at least one monthly face-to-face visit with the child; the majority of the face-to-face visits with the child and the child's caregiver must occur in the child's out-of-home placement;**
 - **While a monthly in-placement visit is preferred, there are occasions when the face-to-face visit with the child may occur outside of the foster care placement setting. For example the CPS Specialist may have a quality face-to-face monthly visit with the child at other**

locations, such as at school, a clinical appointment or at a Child and Family Team meeting.

- if the child is verbal or able to communicate through other means (such as through writing, an augmentative communication device, sign language, etc.), the CPS Specialist must spend part of at least one visit per month alone with the child;
- consulting with the caregiver, the child, if verbal, and other service team members as appropriate, to determine if the child and/or caregiver requires more frequent face-to-face contact and/or telephone contact from the CPS Specialist between face-to-face contacts; and
- reviewing the information recorded by the caregiver in child's Placement Packet;

Provide supervision for a child placed in *group care* by:

- following the contact schedule and procedures for family foster care above;
- reviewing treatment goals, appropriateness of placement, the need for continuation of the placement, and discharge planning a minimum of **once every six months**, when a review has not been completed by the RBHA or the placement; and
- participating by phone or in-person in staffings arranged by the caregiver.

DOCUMENTATION 

If another CPS staff or ICPC Case Manager is responsible for making the ongoing monthly face-to-face visits, enter this person as the “Supporting Worker” in the Case Assignment window. Ensure that this person is added to the case as a Case Manager or ICPC Case Manager, as applicable, using the Case Creation window.

Document all face-to-face visits with the child and caregiver, using the Case Notes window designated as the appropriate type.

- Select the "*In Person*" contact type radio button.
- Highlight the names of all parties *including the CPS Specialist or other CPS staff* present in the “*Contact With*” list on the Case Notes window.
- Select the "*In Placement Contact*" check box if the child and out-of-home care caregiver were seen together or separately in the caregiver's home.

Using the Case Notes window and the appropriate contact type, document observations and other information related to the child's safety, the child's and caregiver's adjustments to each other, the ability of the placement to meet the child's needs, the developmental progress of the child, and the appropriateness and adequacy of services and supports provided the child and the out-of-home caregiver.

Document the review of the child's Placement Packet in the Case Notes window designated as the appropriate type. Update CHILDS to reflect information provided by the out-of-home caregiver on the child's needs and status using the detail windows associated with the CHILDS Medical Summary report; Special Needs Detail, Medical/Dental Condition Detail, Medication Detail, Psych/Behavioral Condition Detail, Examination Detail, Practitioner Detail, Participant Education Condition, Participant Education Detail and Hospitalization Detail windows.

File completed Child Placement Packet forms in the hard copy record.

For More Information: On providing services and supervision to children in out-of-home care and their out-of-home care caregivers, See [Supervision and Contacts With Children in Out of Home Care \(Exhibit 23\)](#).

For More Information: On documenting face-to-face contacts in CHILDS, see the CHILDS Guide for Field Users, "Case Notes - Documenting Face to Face Contact," in Public Folders.

For More Information: On updating the detail windows associated with the CHILDS Medical Summary Report, see the CHILDS Guide for Field Users, "Medical Summary Report," in Public Folders.

Revision History:
DES (04-2011)

From: Callahan, Bill [mailto:Bcallahan@courts.az.gov]
Sent: Thursday, February 23, 2012 10:00 AM
To: Johnson, Linda, F
Subject: FW: policy question

Hi Linda, I wonder if you could shed some light on this?

From: Wise, Vicki
Sent: Thursday, February 23, 2012 9:06 AM
To: Callahan, Bill
Subject: policy question

Hi Bill,

Yesterday, I was in Navajo county and one of the supervisors advised the Board that CPS policy has changed regarding child contacts/visitation. She said that the case managers are now only required to see the child **in the placement** once every three months.....and that the other visits can take place at a CFT, at court hearings, etc. She mentioned that it was a new policy that resulted from the task force. I haven't seen this, but I may have missed it? Out of curiosity, I asked my old supervisor and she was not aware of a new policy regarding in-placement contact with children. It is possible that it relates to the rural counties only, but that would be surprising to me.

I am wondering if you can get clarification on the visitation policy and if it **has** changed, maybe discuss it at the meeting on the 29th? One of our elements is regarding the Agency representative visiting the child 'per policy' and if the policy has changed, it would be helpful to know that.

I hope that makes sense ☺

Vicki Wise, MSW
Program Specialist III
Foster Care Review Board

Arizona Supreme Court
1501 W. Washington St.
Phoenix, AZ 85007

Direct Phone: 602.452.3412

Main Phone: 602.452.3400

Fax: 602.452.3478

Email: vwise@courts.az.gov

