

Foster Care Services Permanency Planning

Service Chapter 624-05

**North Dakota Department of Human Services
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FOSTER CARE SERVICES – PERMANENCY PLANNING
POLICIES AND PROCEDURES

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Foster Care Services Permanency Planning 624-05

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Foster Care for Children 624-05-05-05

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Foster care for children means the provision of substitute parental child care to those children described in Subsection vi of Section 50-09-01 of N.D.C.C. and includes the provision of food, shelter, security and safety, guidance and comfort on a 24-hour basis, to one or more children under 21 years of age to safeguard the child's growth and development and to minimize and counteract hazards to the child's emotional health inherent in the separation from the child's family. Foster care may be provided in a licensed family foster home, group home, or residential child care facility.

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**Permanency Planning Committee, aka Foster Care
Child & Family Team Meetings 624-05-05-10
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The term "permanency planning" is a process which includes the "Administrative review as defined in Title IV-E of the Social Security Act (Revised 06-2001), SEC. 475. (U.S.C. 675) (6):

The term "administrative review" means a review open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review.

The requirement for the permanency planning committee found in North Dakota Administrative Law at N.D.A.C. 75-03-14-06 sets forth the function, structure, and membership of the committee.

NOTE: Throughout this manual chapter, the terms "permanency planning committee" and "foster care child and family team meetings" are used. For children in foster care, both terms refer to the above-cited "administrative review."

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Foster Family Home 624-05-05-15
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Foster family home means an occupied family residence in which foster care is regularly provided by the owner or leasee thereof to no more than four children, unless all of the children in foster care are related to each other by blood or marriage in which case such limitations shall not apply.

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Group home means an occupied residence in which foster care is regularly provided for more than four but less than ten unrelated children.

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Residential Child Care Facility (RCCF) 624-05-05-25
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Residential child care facility means a facility other than an occupied private residence providing foster care to more than eight unrelated children except as may be otherwise provided by rule or regulation.

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Authority References 624-05-10
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1. Chapter 50-11 of the North Dakota Century Code
2. Chapter 50-09 of the North Dakota Century Code
3. Chapter 27-20 of the North Dakota Century Code
4. Chapter 50-06 of the North Dakota Century Code and NDDHS Manual Chapter 110-01 (Confidentiality)
5. Title IV-B of the Social Security Act (SSA)
6. Title IV-A/E of the Social Security Act
7. Public Law 103-432 (SSA Amendments)
8. Adoption and Safe Families Act of 1997 (ASFA), P.L. 105-89.
9. N.D.A.C. 75-03-14-06. Permanency Planning.
10. Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)

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Permanency Planning 624-05-15

Permanency Planning Definitions 624-05-15-05

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As used in this chapter:

1. "Abandon" means:
 - a. As to a parent of a child not in the custody of that parent, failure by the non-custodial parent significantly without justifiable cause:
 - i. To communicate with the child; or
 - ii. To provide for the care and support of the child as required by law; or
 - b. As to a parent of a child in that parent's custody:
 - i. To leave the child for an indefinite period of time without making firm and agreed plans, with the child's immediate caregiver, for the parent's resumption of physical custody;
 - ii. Following the child's birth or treatment at a hospital, to fail or arrange for the child's discharge within ten days after the child no longer requires hospital care; or
 - iii. To willfully fail to furnish food, shelter, clothing, or medical attention reasonably sufficient to meet the child's needs.
2. "Abandoned Infant" means a child who has been abandoned before reaching the age of one year.
3. "Agency" means the North Dakota Department of Human Services, Children and Family Services Division or its designee, including any county social service board.

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4. "Aggravated Circumstances" means circumstances in which a parent:
- a. Abandons, tortures, chronically abuses, or sexually abuses a child;
 - b. Fails to make substantial, meaningful efforts to secure treatment for the parent's addiction, mental illness, behavior disorder, or any combination of those conditions for a period equal to the lesser of:
 - i. One year; or
 - ii. One-half of the child's lifetime, measured in days, as of the date a petition alleging aggravated circumstances is filed.
 - c. Engages in sex offenses in which a child is the victim or intended victim, including corruption or solicitation of a minor, use of a minor in a sexual performance, sexual exploitation or assault, or incest (prohibited under sections 12.1-20-01 through 12.1-20-08 or chapter 12.1-27.2);
 - d. Engages in conduct that constitutes one of the following crimes, or of an offense under the laws of another jurisdiction which requires proof of substantially similar elements;
 - i. Murder, manslaughter, or negligent homicide (violations of section 12.1-16-01, 12.1-16-02, or 12.1-16-03);
 - ii. Aiding, abetting, attempting, conspiring, or soliciting murder, manslaughter, or negligent homicide (violations of section 12.1-16-01, 12.1-16-02, or 12.1-16-03); or
 - iii. Aggravated assault in which the victim has suffered serious injury (violation of section 12.1-17-02).
 - e. Engages or attempts to engage in simple assault, aggravated assault, reckless endangerment or terrorizing in which a child is the victim or intended

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- victim (prohibited under sections 12.1-17-01 through 12.1-17-04); or
- f. Has been incarcerated under a sentence for which the latest release date is:
- i. In the case of a child age nine or older, after the child's majority; or
 - ii. In the case of a child, after the child is twice the child's current age, measured in days.
5. "Child" means an individual who is:
- a. Under the age of eighteen years and is neither married and cohabiting with spouse nor in the military services of the United States; or
 - b. Under the age of twenty years with respect to a delinquent act committed while under the age of eighteen years.
6. "Deprived child" means a child who:
- a. Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and the deprivation is not due primarily to the lack of financial means of the child's parents, guardian, or other custodian;
 - b. Has been placed for care or adoption in violation of law;
 - c. Has been abandoned by the child's parents, guardian, or other custodian;
 - d. Is without proper parental care, control, or education as required by law, or other care and control necessary for the child's well-being because of the physical, mental, emotional, or other illness or disability of the child's parent or parents, and that such lack of care is not due to a willful act of commission or act of omission by the child's parents, and care is required by a parent; or
 - e. Is in need of treatment and whose parents, guardian, or other custodian have refused to participate in treatment as ordered by the juvenile court.

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7. “Fit and willing relative or other appropriate individual” means a relative or other individual who has been determined, after consideration of an assessment that includes a criminal history record investigation under section 23 of this Act, to be a qualified person under Chapter 30.1-27, and who consents in writing to act as a legal guardian.
8. “Home” when used in the phrase “to return home” means the abode of the child’s parent with whom the child formerly resided.
9. “Permanency hearing” means a (judicial or Division of Juvenile Services [DJS] administrative hearing pursuant to N.D.C.C. 27-20) hearing, conducted with respect to a child who is in foster care, to determine the permanency plan for the child which includes:
 - a. Whether and, if applicable, when the child will be returned to the parent;
 - b. Whether and, if applicable, when the child will be placed for adoption and the state will file a petition for termination of parental rights;
 - c. Whether and, if applicable, when a fit and willing relative or other appropriate individual will be appointed as a legal guardian;
 - d. Whether and, if applicable, to place siblings in the same foster care, relative, guardianship, or adoptive placement, unless it is determined that the joint placement would be contrary to the safety or well-being of any of the siblings;
 - e. Whether and, if applicable, in the case of siblings removed from their home who are not jointly placed, to provide for frequent visitation or other ongoing interaction between the siblings, unless it is determined to be contrary to the safety or well-being of any of the siblings;
 - f. In cases in which a compelling reason has been shown that it would not be in the child’s best interests to return home, to have parental rights terminated, to be placed

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- for adoption, to be placed with a fit and willing relative, or to be placed with a legal guardian, whether and, if applicable, when the child will be placed in another planned permanent living arrangement;
- g. In the case of a child who has been placed in foster care outside the state in which the home of the parents is located, or if the parents maintain separate homes, outside the state in which the home of the parent who was the child's primary caregiver is located, whether the out-of-state placement have been considered. If the child is currently in an out-of-state placement, the court shall determine whether the placement continues to be appropriate and in the child's best interests; and
 - h. In the case of a child who has attained age sixteen, the services needed to assist the child to make the transition from foster care to independent living.
10. "Protective supervision" means supervision ordered by the court of children found to be deprived or unruly.
11. Reasonable efforts means the exercise of due diligence by the agency to use appropriate and available services to meet the needs of the child and the child's family in order to prevent removal of the child from the child's family, or, after removal, to use appropriate and available services to eliminate the need for removal and to reunite the child and the child's family and to maintain family connections. If the child cannot return home, the agency must make reasonable efforts to make and finalize an alternate permanent placement of the child, including identifying appropriate in-State and out-of-State options. In the case of siblings removed from their home and not jointly placed, frequent visitation or interaction must be provided, unless it is contrary to the safety or well-being of any sibling. In making reasonable efforts and in determining reasonable efforts, the child's health and safety must be the paramount concern.

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12. "Relative" means:

- a. The child's grandparent, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece, or first cousin;
- b. An individual with a relationship to the child, derived through a current or former spouse of the child's parent, similar to a relationship described in subdivision a:
- c. An individual recognized in the child's community as having a relationship with the child similar to a relationship described in subdivision a; or
- d. The child's stepparent.

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Permanency Planning Philosophy 624-05-15-10
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Planning for the permanency of children in North Dakota is based on the concept that every child is entitled to live in a permanent home, in which the child's health, mental wellness, and safety are the paramount concern. This is normally the home of the child's parents, and it is the State policy that reasonable efforts must be made to assure the child's health and safety in that home, or to return a child removed from the home as soon as that can be done consistent with the child's health and safety. However, if this is not feasible, then reasonable and timely efforts are made to place the child with a fit and willing relative, an adoptive home, a legal guardian, or other appropriate permanent solution which will avoid the unnecessary movement of the child between caretakers. The longer the child is in an unsettled status, the more difficult it will be for the child, and other caretakers to participate positively in the replacement plans. In making decisions related to the child, her/his health, safety, and well being are the paramount concerns. The Foster Care Child and Family Team meeting/Wraparound philosophy is the cornerstone for the delivery of permanency services in the Foster Care for Children Program in North Dakota.

(See Wraparound Manual Chapter 641.)

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**Reasonable Efforts - Requirements 624-05-15-15
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Federal law requires that reasonable efforts be made:

- To prevent the unnecessary removal of a child from home (unless it is a situation where reasonable efforts are not required such as due to aggravated circumstances);
- To make and finalize a permanency plan for the child (whether it is reunification, adoption, legal guardianship, with a fit and willing relative or placement in another planned permanent living arrangement);
- To place siblings in the same foster care, relative, guardianship, or adoptive placement, unless it is determined to be contrary to the safety or well-being of any of the siblings; and
- In the case of siblings not placed together, reasonable efforts must be made to provide for frequent visitation or interaction, unless this would be harmful to any of the siblings.

Removal of a child from the child's home for placement in foster care must be based on judicial findings stated in the court order, and determined on a case-by-case basis in a manner that complies with the requirements of Titles IV-B and IV-E of the Social Security Act [42 U.S.C. 620, et seq., and 42 U.S.C. 6701, et seq.], as amended, and federal regulations adopted thereunder. These regulations require that the original court order and subsequent court reviews document the agency's reasonable efforts at the points described above.

Reasonable efforts to place a child for adoption, with a fit and willing relative or other appropriate individual as a legal guardian including in-State and out-of-state placements, or in another planned permanent living arrangement, may be made concurrently with reasonable efforts to return the child safely to the child's home. In

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fact, sometimes timely permanent placement cannot be achieved unless concurrent planning occurs, and only concurrent planning can avoid inappropriate extension of the child's unsettled status. In these situations, concurrent planning is not an option, but a mandate for the agency.

Interstate Placement Considerations

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (Public Law (P.L.) 109-239, effective 10/1/06) modifies the existing Title IV-E State plan provisions related to reasonable efforts to specifically require a State to:

- Consider interstate placements in permanency planning/Foster Care Child & Family Team Meeting decisions when appropriate;
- Consider in-State and out-of-State permanent placement options at permanency hearings; and
- Identify appropriate in-State and out-of-State placements when using concurrent planning.

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**Reasonable Efforts - Exceptions to Requirements
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Reasonable efforts to prevent removal, or return a child home, are not required if:

1. A court of competent jurisdiction has determined that a parent has subjected the child to aggravated circumstances;
or
2. The parental rights of the parent, with respect to another child of the parent, have been involuntarily terminated.

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**Reasonable Efforts - Preventing Placement
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Part of the permanency planning/wraparound philosophy includes the premise that every effort will be made to prevent the placement as well as developing and maintaining safe, adequate plans once the child is in care. The decision to place a child outside their home is a monumental one which should be made only with the greatest care and deliberation and considering the child's safety in the home. The removal damages whatever continuity the child has experienced and introduces new emotional risks.

The custodian agency/designee shall provide a range of services and commit resources to preserve the child's family and prevent inappropriate placements. The agency shall ensure that placement is arranged only after services to ameliorate conditions that may necessitate placement have been provided and failed, or offered and refused; and when there is a clear danger to the physical and emotional well being of the child. These requirements are based upon federal law found in Parts IV-B and IV-E of the Social Security Act.

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**Reasonable Efforts - Preventing Placement - Services
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Reasonable efforts to prevent placement as described in the Wraparound case management process. Wraparound case management is a strengths-based definable process involving the child and family that results in a unique set of community services and supports individualized for that child and family. Wraparound is a team driven process that focuses on least restrictive methods of care and uses the family's strengths, preferences, and choices in the process whenever possible. This process includes an assessment of risk, needs, strengths, and safety for the child and family. A behaviorally specific treatment plan, Single Plan of Care (SPOC), with defined goals and tasks for team members is the result.

Reasonable efforts to prevent placement could include: Family Preservation Services designed to help families alleviate crises that might lead to out-of-home placement of children while maintaining the health and safety of children in their own homes. These services focus on family strengths and competencies. They are intense and time-limited. The child and family team process will guide which family preservation services can best meet the needs of the child and family. Reasonable efforts requires offering appropriate services to meet the needs of the family with professional judgment and due diligence.

Family Preservation Services include the following:

- Parent Aide Services (Service Chapter 627-01)
- Intensive In-Home Family Services (Service Chapter 627-02)
- Respite Care Services (Service Chapter 627-03)
- Safety/Permanency Funds (Service Chapter 627-04)

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- Prime Time Child Care (Service Chapter 627-05)
- Wraparound Case Management (Service Chapter 641-01)
- Crossroads Service (Service Chapter 620-15).

Other services may be provided to the child or parent(s) to prevent placement of the child as recommended by the Child and Family Team. These services may include:

- Child Protective Services
- Mental Health Services
- Drug and Alcohol Addiction Evaluation and Treatment Services
- Psychological/Psychiatric Evaluation and Services
- Child Care Services and Crossroad Program for Minor Parents
- Sexual Abuse Treatment
- Case Management for children with severe emotional disturbances
- Safety Permanency Funds
- Family group decision making conference

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**Reasonable Efforts - Preventing Placement -
Documentation 624-05-15-15-20**

(Revised 2/10/07 ML #3053)

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Whenever a child is removed from the home, federal regulations require a judicial determination whether reasonable efforts to prevent placement were made. This reasonable effort determination must appear in the court's removal order.

To support this judicial determination and to document reasonable efforts to prevent placement, the agency must organize and maintain its documentation of such reasonable efforts in the permanency plan/SPOC. This documentation includes;

1. Any case plan, treatment plan, or permanency plan which describes efforts to prevent placement.
2. Any other evidence of Family Preservation Services planned and/or provided, including:
 - Parent Aide Services
 - Intensive In-Home Family Services
 - Respite Care Service Family Agreement (SFN 151)
 - Safety/Permanency Funds (SFN 307)
 - Prime Time Child Care Agreement (County form)
 - Crossroads Program Evaluation Form (SFN 878)
3. Authorizations or reports of other services provided to the parent or child. Also refer to Wraparound Case Management, NDDHS 641-25, Case Recording/Documentation.

The agency must provide the evidence of reasonable efforts to prevent placement to the court for the first placement hearing, and must seek to assure that the court record

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reflects the judicial finding with respect to such reasonable efforts.

Reasonable efforts to prevent placement may not be required for certain cases as described in section 05-15-15-05. If there are “aggravated circumstances” or if the rights of the parent have previously been involuntarily terminated for another child, the agency must bring these points to the court’s attention at the first placement hearing, and must seek to assure that the court record document the judicial finding that reasonable efforts to prevent placement are not required for these reasons.

Note that when the court makes a finding that reasonable efforts are not required, a permanency hearing in court must be held within 30 days of this determination, unless the requirements of the permanency hearing are fulfilled at the hearing in which the reasonable efforts determination was made.

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**Permanency Planning Process/Foster Care Child &
Family Team Meetings 624-05-15-20**

(Revised 2/10/07 ML #3053)

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The permanency planning process including concurrent planning begins at the time the child is considered to have entered foster care and continues through case closure. This process is intended to assure the safety and well-being of the child and a permanent home in their future. Key benchmarks in the Permanency Planning process are as follows:

1. Child enters foster care
2. Initial Permanency Plan/Foster Care Child & Family Team Meetings
3. Permanency Planning Progress Report/Quarterly Foster Care Child & Family Team Meetings
4. Permanency Hearing (judicial or DJS administrative hearing pursuant to N.D.C.C. 27-21)
5. Case closure

CCWIPS has been modified to allow concurrent goals to be entered on both the Initial Permanency Plan and the Permanency Planning Progress Report.

In the goals/tasks section of CCWIPS, a case manager may enter "see SPOC" for tasks areas.

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Date Child Enters Foster Care 624-05-15-20-05
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The date the child enters foster care is explained in Section 05-15-35-05 of Service Chapter 624-05.

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**Initial Permanency Planning Committee/Foster Care
Child & Family Team Meetings 624-05-15-20-10
(Revised 1/1/11 ML #3256)**

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The permanency planning committee/team meeting, co-chaired by the regional supervisor, and the county director or designee, must meet within 30 days of the child's placement into foster care. Information regarding the committee, its purpose, function, membership, process, initial meeting, legal authority, and responsibility are specified in Section 05-05 of this chapter. The Permanency Planning Committee Initial Report and Progress Reports are to be completed in FRAME.

The signed signature sheet from the Permanency Planning Committee Initial Report, the Permanency Planning Periodic Review (FRAME generated) must be maintained as a hard copy in the child's foster care case file. Any FRAME documents generated must also be maintained as a hard copy in the child's foster care case file.

In those limited situations where the permanency planning preprinted forms are allowed, Permanency Planning Committee Initial Report, SFN 902 and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, must be maintained as a hard copy in the child's foster care case file.

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**Periodic Permanency Planning Committee/Foster
Care Child & Family Team Case Review
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(Revised 2/10/07 ML #3053)

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The Permanency Planning Committee/Foster Care Child & Family Team, co-chaired by the regional supervisor and the county director, serves as the ongoing gatekeeper and provides oversight in the administration of the foster care program. At a minimum, the committee/team must meet at least every three months with the key people in the child's life to review the child's situation and progress toward safety, permanency, and well-being.

Information regarding the periodic case reviews is at NDDHS Service Chapter 624-05-15-80. Also refer to the Service Chapter 624-05 section on "Case Plan."

The signed [signature sheet](#) from any initial or progress reports must be maintained as hard copies in the child's foster care case file.

In those limited situations where the permanency planning preprinted forms are allowed, Permanency Planning Committee Initial Report, SFN 902 and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, must be maintained as a hard copy in the child's foster care case file.

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Permanency Hearing 624-05-15-20-20
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Every child in foster care must have a “permanency hearing” within 12 months of the child/youth entry to foster care or continuing in foster care following a previous permanency hearing. The hearing must be held in a juvenile court or tribal court of competent jurisdiction (these replace the former dispositional hearings), or as an option, by the Division of Juvenile Services (DJS) for youth under its custody as a placement hearing under N.D.C.C. 27-21.

A new requirement, effective 03-27-2000, requires the agency to obtain a judicial determination that it made reasonable efforts to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) within twelve months of the date the child is considered to have entered foster care, and at least once every twelve months thereafter while the child is in foster care. The requirement for subsequent permanency hearings applies to all children, including children placed in a permanent foster home or a preadoptive home.

In addition, a permanency hearing in the court or DJS must be conducted within thirty (30) days after a court determines that reasonable efforts are not required because:

1. A parent has subjected the child to aggravated circumstances; or
2. The parental rights of the parent, with respect to another child of the parent, have been involuntarily terminated.

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The hearing shall determine the court-approved permanency plan for the child that determines, if applicable, when:

1. The child will be returned to the parent;
2. The child will be placed with a relative;
3. The child will be placed with a legal guardian;
4. To place siblings in the same foster care, relative, guardianship, or adoptive placement, if appropriate;
5. In the case of siblings removed from their home and not jointly placed, to provide frequent visitation, or ongoing interaction, if appropriate;
6. The legal custodian (or State) will petition for termination of parental rights;
7. The child will be placed for adoption; or
8. The child will be placed in another planned permanent living arrangement. This applies in cases where the legal custodian has documented to the court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption with a fit and willing relative or with a legal guardian.

The hearing shall also:

1. Consider in-State and out-of-State placement options in permanency hearings, and if a child is already in an out-of-State placement, the hearing must determine if the placement continues to be appropriate and in the child's best interests; and
2. In the case of a child who has reached age 16, the services needed to assist the child to make the transition from foster care to independent living.

All of the information gathered at the Permanency Planning Committee/Foster Care Child & Family Team meetings, initial and quarterly case reviews, must be available to the court or DJS for a permanency hearing.

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Foster parents of the child and any preadoptive parent or relative providing care for the child must be provided with notice of, and a right to be heard in, any proceeding with respect to the child.

A full hearing is required. Paper reviews, *ex parte* hearings, agreed orders, or other actions or hearings which are not open to the participation of the parents of the child, the child (if age appropriate), and foster parents or preadoptive parents (if any) are not permanency hearings.

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**Reasonable Efforts - Reunifying the Child and Family
624-05-15-25**

(Revised 2/10/07 ML #3053)

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“Reasonable efforts” means the exercise of due diligence by the agency granted authority over the child by the court, to use appropriate and available services to meet the needs of the child and the child’s family so as to assure the child’s safety, permanency, and well-being.

Under both Federal and State law, reasonable efforts to reunify the child and family must be made and documented throughout a child’s placement. In making reasonable efforts, the child’s health and safety and well-being shall be the paramount concern. Wraparound case management will be used to assess the needs and strengths of the child and family. A child and family team will be developed. Through the committee/team process, services and supports will be designed to assist the family with reunification of the child. Services comprise a set of Family Preservation Services, as well as reunification and other services designed to help families alleviate the problems which occasioned the removal of the child, to support families preparing to reunify, and to assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. These services focus on family strengths and competencies. They are intense and time-limited. Not all-available services are appropriate for all families, depending on need. Reasonable efforts require applying appropriate services with professional judgment and due diligence, not assuring that every family receive every possible service. Application of Family Preservation Services, reunification, and other services involves establishing appropriate treatment goals and treatment tasks as part of the permanency plan/Single Plan of Care (SPOC).

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Refer to Wraparound Case Management Service Chapter 641-05 and 641-10.

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**Reasonable Efforts - To Finalize a Permanency Plan -
Documentation 624-05-15-25-05**

(Revised 2/10/07 ML #3053)

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Whenever a child is removed from the home, federal regulations require a judicial determination that the agency has made reasonable efforts to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement) within twelve months of the date the child entered foster care, and at least once every twelve months thereafter while the child is in foster care.

To reunify:

To support this judicial determination and to document reasonable efforts to reunify the child and family, the agency must organize and maintain its documentation of such reasonable efforts. This documentation includes:

1. Authorization or reports of other services provided to help in reunification of the child and family.
2. Any case plan, treatment plan, or permanency plan which describes efforts to reunify the child and family.
3. Any other evidence of Family Preservation Services planned and/or provided including the service outcome.

The agency must provide to the court evidence of reasonable efforts to reunify the child and family for every Permanency Hearing and must provide the court adequate information to assure that the court record reflects the judicial finding with respect to such reasonable efforts to reunify the child and family.

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Reasonable efforts to reunify the child and family may not be required for certain cases as described in Section 05-05-15-05. "Aggravated circumstance" previous involuntarily termination of parental rights for another child, etc. must be brought to the court's attention at the next Permanency Hearing. The agency must seek to assure that the court record documents the judicial finding that reasonable efforts to prevent placement are not required for these reasons.

NOTE: that whenever the court makes a determination that reasonable efforts to reunify are not (or no longer) required, a Permanency Hearing in court must be held within 30 days of such determination, unless the requirements of the Permanency Hearing are fulfilled at the hearing in which the reasonable efforts determination was made.

NOTE: that federal funding for Title IV-E [42 USC 671] placements is lost whenever timely court documentation of reasonable efforts is not achieved.

Permanent Placement Other than Reunification:

Under both Federal and State law, the agency must make and document in the case plan, reasonable efforts to make and finalize a child's permanent placement, (adoption, placement with a relative or legal guardian, or some other appropriate planned permanent living arrangement). At least every 12 months from the time this goal is established, federal regulations require a judicial determination whether reasonable efforts to make and finalize this permanent placement have been made. This reasonable effort determination must appear in the record of the court's permanency hearings whenever these are conducted.

To support this judicial determination and to document reasonable efforts, the agency must organize and maintain its documentation of such reasonable efforts. This documentation should include evidence of efforts to recruit, locate, train, approve, or license the alternate

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placement, work with the child and/or placement principals to prepare for or accomplish the placement, and expected time frame for completion of the permanent placement.

NOTE: that federal funding for Title IV-E placements is lost whenever timely court documentation of reasonable efforts is not achieved.

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**Reasonable Efforts - Maintain Family Connections
624-05-15-25-10**

(Revised 1/15/10 ML #3206)

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Whenever a child is removed from the home, a judicial determination must be made regarding reasonable efforts to place siblings together. Also, in the case of siblings not placed together, a judicial determination must be made that reasonable efforts will be made to provide for frequent visitation or other ongoing interaction. An exception to maintaining connections is permissible only if such joint placement or contact would be contrary to the safety or well-being of one or more of the children. Sibling connections are significant to a foster child's emotional and social development since siblings often provide the connection and stability that is no longer available from the child's parents. Individual circumstances will vary and what is 'reasonable' in one situation may not be in another.

If at all possible, siblings who come into care must be placed together in the same home. It is also necessary to identify whether a child entering foster care already has siblings in care. If a sibling enters foster care, the case manager must determine if it is appropriate for the child to be placed in the same foster care setting as the sibling currently in foster care; or, if a different relative or foster family could provide care for both. When a child already in care is being moved to a new foster home, consideration should be made whether or not placement with a sibling would be safe and consistent with the child's well-being.

Agencies must make efforts to locate relative and non-relative foster families who are willing to care for a sibling group. At the same time, it is important to keep in mind the unique challenges associated with caring for multiple children, particularly when children may need special attention.

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As part of due diligence in identifying and notifying relatives that children have been removed from their parents' custody, agencies should inquire about whether relatives can care for a group of siblings. Services and supports should also be identified that would make it possible for these relatives (or caregivers) to care for the siblings together. Since greater assistance is often available to licensed foster parents, agencies should consider how they can help relative caregivers become licensed foster parents. The federal "Fostering Connections" law allows non-safety related licensing standards to be waived, on a case-by-case basis, for individual children in relative foster family homes. This authority can be used to prevent certain licensing standards from hindering sibling placement.

"Frequent visitation and ongoing interaction" can be defined differently, depending on the individual needs of the siblings. The age and development of the child, for example, might dictate how frequent the contact should be, as well as the nature of that contact. The nature of the relationship before placement should also be a factor. In-person visits also can be supplemented with regular phone contact, email contact, or web camera communication.

The sibling provisions apply only to children removed from their home. However, visitation and ongoing interaction should be maintained between children in foster care and their siblings who have not been removed from their home.

Consideration of placement and connections with siblings should be discussed at each Foster Care Child & Family Team meeting. All factors taken into account in making placement decisions, as well as decisions about maintaining contact between siblings who are not placed together, should be documented in the child's case file to demonstrate that reasonable efforts were made.

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**Termination of Parental Rights or Legal Guardian
Appointment 624-05-15-30**

(Revised 1/1/11 ML #3256)

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A court's order, "Termination of Parental Rights," terminates all the parent's rights and obligations with respect to the child and of the child to or through the parent arising from the parental relationship. The parent is not thereafter entitled to notice of proceedings for the adoption of the child by another, nor has the parent any right to object to or participate in the child's adoption proceedings. The Agency's petition for Termination of Parental Rights must follow current instructions and formats for such petitions, set forth the facts plainly, and state clearly that the effect of the Termination of Parental Rights will be as described above.

A court's order appointing a legal guardian terminates any authority of a parent that is granted to the legal guardian under that order. A parent subject to such an order is entitled to treatment as a party at any subsequent juvenile court proceeding regarding the child.

After a termination of parental rights, if there is no other parent having parental rights, the court must: (N.D.C.C. 27-20-47)

1. Commit the child to the custody of the Department of Human Services or a licensed child-placing agency for adoptive or foster care placement;
2. Appoint a fit and willing relative or other appropriate individual as the child's legal guardian; or
3. Establish some other planned living arrangement for the child.

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Legal Custodian:

N.D.C.C. 27-20-38 (8/1/99). Rights and duties of legal custodian. A custodian to whom legal custody has been given by the court under this chapter has the right to the physical custody of the child and the right to determine the nature of the care, placement and treatment of the child, including ordinary medical care as well as medical or surgical treatment for a serious physical condition or illness which in the opinion of a licensed physician requires prompt treatment, except for any limits the court may impose. The custodian also has the right and duty to provide for the care, protection, training, and education, and the physical, mental, and moral welfare of the child, subject to the conditions and limitations of the order and to the remaining rights and duties of the child's parents or guardian.

(Consent for medical care for a foster child should come from the child's parent. If that is not possible, consent should come from the child's custodian, or the court, depending on the circumstances.)

If the child has not been placed for adoption within 12 months of the custody order and the court has not established a legal guardianship or other planned alternative arrangement for the child, the child must be returned to the court for entry of further orders for the care, custody, and control of the child.

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**Termination of Parental Rights - Optional Filing
624-05-15-30-05**

(Revised 2/10/07 ML #3053)

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The agency may file a petition to the court for Termination of Parental Rights at any time if any one of the three following conditions pertains:

1. The parent has abandoned the child.
2. The parent has given written consent to the Termination, acknowledged before the court.
3. The child is deprived and the court finds any one of the following:
 - a. The conditions and causes of the deprivation are likely to continue or not be remedied and that by reason thereof the child is suffering or will probably suffer serious physical, mental, moral, or emotional harm; or
 - b. The child has been in foster care or in the custody of the agency, county social service board, or the Division of Juvenile Services for at least 450 of the previous 660 nights; or
 - c. A court of competent jurisdiction has convicted the child's parent of one of the following crimes in North Dakota, or of a substantially similar offense under the laws of another jurisdiction: murder, manslaughter, or negligent homicide of a child of the parent; aiding, abetting, attempting, conspiring, or soliciting the same crimes; or aggravated assault in which the victim is a child of the parent and has suffered serious bodily injury.

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**Termination of Parental Rights - Mandatory Filing
624-05-15-30-10**

(Revised 2/10/07 ML #3053)

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The agency must file a petition to the court for Termination of Parental Rights:

1. On or before the day when the child has been in foster care, in the custody of the agency or the Division of Juvenile Services for 450 out of the previous 660 nights; or
2. Within 60 days after the court has found the child to be an abandoned infant; or
3. Within 60 days after the court has convicted the child's parent of one of the following crimes in North Dakota, or a substantially similar offense under the laws of another jurisdiction: murder, manslaughter, or negligent homicide of a child of the parent; aiding, abetting, attempting, conspiring, or soliciting the same crimes; or aggravated assault in which the victim is a child of the parent and has suffered serious bodily injury.

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**Compelling Reason(s) for Determining that Filing a
Petition to Terminate Parental Rights Would Not Be
in the Child's Best Interest 624-05-15-30-15
(Revised 2/10/07 ML #3053)**

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These mandatory deadlines for filing a termination of parental rights do not apply, however, if one of the following is true:

1. The child is being cared for by a relative approved by the agency; or
2. The agency has determined that reasonable efforts to reunify child and family are required, the case plan indicates that services are necessary for the safe reunification, and such services have not been provided consistent with time periods prescribed in the case plan; or [Document this in the case plan (compelling reason not to file TPR). This must be available to the court at the next court hearing.]
3. The agency has documented in the case plan a compelling reason why Termination of Parental Rights (TPR) would not be in the child's best interests and has notified the court that the documentation is available for review by the court. The "compelling reason" must be a recorded statement which reflects consideration of all of the following:

The child's age,

- a. The portion of the child's life spent living in the household of a parent of the child,
- b. The availability of an adoptive home suitable to the child's needs,
- c. Whether the child has special needs, and
- d. The expressed wishes of a child age 10 or older.

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Examples of “compelling reasons” include, but are not limited to, the following:

1. Adoption is not the best plan for the child.
2. The child has expressed a desire to avoid TPR and/or adoption.
3. The child has a significant bond with a non-family member who wishes to serve as a legal guardian.
4. The parent and child have a significant bond, but the parent cannot care for the child due to parent’s emotional or physical disability, and another permanency plan has been identified for the child.
5. The parent has made significant measurable progress and continues to make diligent efforts to complete the requirements of the case plan, but needs more time to do so.
6. The placement of the child is due primarily to the child’s behavior despite continued parental efforts at control and supervision, and progress is being made on improving the child’s behavior.
7. There are insufficient grounds for filing a TPR petition.

Please use SFN 348, “Compelling Reason(s) for Determining that Filing a Petition to Terminate Parental Rights Would Not be in the Child’s Best Interest,” to carefully document any compelling reasons.

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**Responsibilities of the Department of Human
Services and Regional Human Services Centers - TPR
Children 624-05-15-30-20**

(Revised 2/10/07 ML #3053)

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1. Authorize releases of information where disclosure is controversial or required by another agency.
2. Authorize treatment for medical emergencies, surgeries, and hospitalizations, including unplanned psychiatric hospitalizations.
3. Approve participation in events with life changing consequences (marriage, enlistments, etc.).
4. Authorize participation in high-risk activities (horseback riding, hunting, driving farm/yard equipment, operating water equipment, etc.).
5. Authorize the seeking of licenses, certifications, and permits.

NOTE: The Department is not able to authorize a minor to secure a driver's license. Please refer to NDDHS Service Chapter 622-05 Foster Care for Children Licensing Standards, at 05-55. Motor Vehicle Operation by Youth in Foster Care for a complete discussion of this subject.

6. Approve participation in significant religious ceremonies, (baptism, confirmation).
7. Authorize out-of-state trips as well as trips that have unusual circumstances or risk.
8. Authorize law enforcement interviews including the administration of polygraph tests.
9. Authorize the child's depiction in any media advertisements or publications including those for adoptive home recruitment.

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10. Approve requests to interview or question a child, including instances where the child is a subject of a sexual abuse investigation.
11. Approve any loan, credit card applications, or checking accounts by the child.
12. Act to resolve any issues where a child has an interest in a trust, inheritance, or gift. Approve the commitment of a significant amount of the child's funds, unless there has been a conservator of the child's estate appointed.
13. Approve Individualized Education Plans if requested by the completing Special Education District.
14. Through the permanency planning/wraparound process, discuss the child's treatment plan/SPOC and approve placement level of care.
15. If concerns arise regarding the current placement, the custodial representative will work with the county case manager and the placement agency to resolve concerns and seek alternatives if needed.
16. The custodian is responsible for the child through adoption finalization and must concur with the adoptive home selected. Assistance from the Regional Director may be requested when there are differing opinions regarding such placement.
17. There are times when conflicting opinions will exist on the permanency planning/Foster Care Child & Family team. Our goal is to resolve all conflicts at the lowest possible level. If issues cannot be resolved during the permanency plan/Foster Care Child & Family Team meeting, the county case manager and the HSC/CSS supervisor(s) may be asked to assist in reaching an agreeable resolution. If no resolution can be achieved, the HSC or CSS worker may request to meet with the Regional Director who will facilitate a resolution. If resolution cannot be accomplished on the local level, the case will be referred to Central Office for resolution.

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*Further sub-delegation of this role to the county case manager may happen occasionally, on a case-by-case basis and with the knowledge/approval of the DHS representative/Regional Director. Further sub-delegation of this role may happen when a formal adoptive placement is made through the AASK Program.

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Authorization by CSS Director/Designee Permitted

1. Authorize releases of information to facilitate an agreed upon treatment plan.
2. Approve routine medical treatment including medication changes for a child under direct care of a physician. Notify custodial representative at next permanency planning/Foster Care Child & Family Team meeting of changes.
3. Approve planned for psychological or psychiatric testing and evaluation as part of a child's treatment plan (send copy to custodial representative when completed).
4. Authorize a change in placement (notify custodial representative if less restrictive placement; consult with custodial representative on change if more restrictive).**
5. Authorize crisis bed or hospitalization that is part of an agreed upon crisis plan/safety plan.**
6. Manage issues around a family crisis (notify custodial representative if it involves placement outside of the home or change in placement).**
7. Approve child's involvement in local events, concerts, or family activities (not high risk).
8. Approve participation in religious education or church sponsored activities.
9. Approve Individual Education Plans.
10. Approve school sponsored educational or sports activities.
11. Approve employment activities.

**Further sub-delegation of this role may happen occasionally on a case-by-case basis and with the knowledge of the DHS representative. Further sub-delegation of this role happens when a formal adoptive placement is made through the AASK Program.

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Notification of Custodial Representative:

Notification of the Custodial Representative or tribal representative upon a change in placement serves several purposes. First, it assures that the child's custodian or tribe is aware of where the child is placed; second, it can serve as notification in order to complete CCWIPS tasks; third, it will assure appropriate payment for eligible services; and finally, it can provide notification of special circumstances that may have medical, psychiatric, or legal consequences.

Recommendations for notification of change in placement include:

Change in Placement:

- Less restrictive (including respite home) - next perm plan*/FCCFTmeeting or 30 days
- Adoptive placement - Across regions or placement into new adoptive home - prior notification to all regional offices and counties involved and perm plan/FCCFT meeting within 30 days
- Adoptive placement - In current foster home - 1-2 days
- Safe House (notify as soon as possible so can enter in CCWIPS) or 3-5 days
- More restrictive foster care placement - Prior consultation required for CCWIPS - Notification when placement made if different than CCWIPS
- Detention/Attendant care - 1-2 days
- Planned Psychiatric/medical hospitalization- 2-3 days
- Unplanned psychiatric/medical hospitalization - immediate
- Child running (or picked up from run) - immediate

* foster care Child & Family Team

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Computing Days in Care 624-05-15-35
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In calculating the mandatory filing deadline, the agency needs to consider the dates the child enters and leaves care, and certain nights between those dates which are not counted among the 450 nights in case.

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Entry to Foster Care 624-05-15-35-05
(Revised 2/10/07 ML #3053)

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For ASFA purposes, a child is considered to have entered foster care on the earlier of:

1. The date of the first court order which finds that the child has been subjected to abuse or neglect, or
2. The date on which the child enters placement.

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Exit from Foster Care (ASFA) 624-05-15-35-10
(Revised 1/1/11 ML #3256)

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A child is considered to leave foster care when any of the following is true:

1. The court enters an order:
 - a. Denying a petition to grant care, custody, and control of the child to the agency or to the Division of Juvenile Services,
 - b. Terminating such a custody order, or
 - c. Appointing a legal guardian; or
2. The court order under which the child entered foster care ends by operation of law; or
3. The child is placed in a parental home by the court or legal custodian other than the Division of Juvenile Services and the legal custodian lacks authority to remove the child without further order of the court; or
4. The child is placed in a parental home by the legal custodian with the intent for the child to remain home. (This is not a trial home visit.)

A child is not considered to be in foster care on any night during which the child is:

1. On a trial home visit; or
2. Receiving services at the Youth Correctional Center pursuant to an adjudication of delinquency; or
3. Absent without leave from the place in which the child was receiving foster care.

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Trial Home Visits:

A trial home visit must be a planned, formalized, agency-supervised visit in the reunification home for a specified, limited period of time not to exceed six months unless otherwise authorized by the court. A trial home visit must be discussed at Permanency Planning Committee/Foster Care Child and Family Team meeting and entered into a child's single plan of care/case plan, and no foster care payments are made during the visit period. Casual or incidental visits, e.g., to attend a wedding or funeral, are not considered "trial home visits" even if they are part of the child's reunification plan.

Federal regulations provide: A trial home visit may not exceed six months in duration, unless a court orders a longer trial home visit. If a trial home visit extends beyond six months and has not been authorized by the court, or exceeds the time period the court has deemed appropriate, and the child is subsequently returned to foster care, that placement must then be considered a new placement and Title IV-E eligibility must be newly established. Under these circumstances, the judicial determinations regarding contrary to the welfare and reasonable effort to prevent removal are required [1356.21(e)].

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**Determination of Type of Placement 624-05-15-40
(Revised 1/12/09 ML #3170)**

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Foster care is appropriate when it is used due to safety issues if the child remains at home. If the child must be placed out-of-home, a relative placement is preferable, then a foster family care home should be considered. Foster family homes require the child's ability to form some attachments and remain in the community.

Foster care case managers are frequently called upon to respond to family situations where a number of children must be removed from a home. Special consideration must be given to meeting the needs of sibling placements, with the emphasis on placing the entire sibling group in the same home if possible.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 added a requirement that states "consider giving" preference to **adult relative caregivers over non-relative caregivers** when considering placement of a child. This is consistent with the philosophy of placing a child in the "least restrictive environment."

Therapeutic family foster homes are less restrictive than group/residential care, and should be considered first.

Group homes and residential child care facilities are reserved for children who cannot maintain the close relationships required in family settings and/or are not capable of remaining in the community.

Placement Assessment Guidelines

1. Child's age.
2. Child's readiness to accept family ties (form attachments).

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3. Child's readiness to participate in family life.
4. Child's capacity to attend community schools.
5. Child's capability of living in the community.
6. Psychological assessment of the child.
7. Parent input.
8. Indian Child Welfare Act.

Case managers and supervisors are cautioned to carefully review and follow the requirements of NDDHS 624-05-05-15-50-15. Multiethnic Placement Act/Interethnic Adoption Provision (MEPA/IEP) in any foster care or adoption placement activity. MEPA/IEP compliance is a civil rights issue (Title VI).

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Federal Parent Locator Services 624-05-15-41
(Revised 1/12/09 ML #3170)

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The North Dakota Department of Human Services or designee, in its provision of services under Title IV-E/IV-B of the Social Security Act, may have access to certain Child Support Enforcement Federal parent Locator service (FPLS) information for defined purposes. Information may only be accessed for the purpose of locating or facilitating the discovery of an individual who has or may have parental rights in order to make more informed and timely decisions about a child's permanency.

To access the FPLS information the following steps must be followed:

- The Child Welfare case manager identifies a need for "locate" information. (Is the information needed for an individual who has, or may have parental rights to a child, is it related to IV-B or IV-E, and is the purpose to make more informed and timely decisions about a child's permanency?)
- If the answer is "No" then FPLS information may not be requested.
- If the answer is "Yes" then the case manager completes the Request Form – Use of the Federal Parent Locator Service (FPLS) for Child Welfare Services (Request Form).
- The completed Request Form is attached to an e-mail and sent to the Regional Supervisor.
- The Regional Supervisor reviews the request for approval.
- The Regional Supervisor sends the approved Request Form to the State Parent Locator Service (SPLS) as an email attachment. (csespls@nd.gov)

SPLS receives the request and processes it on FACSES. The request is automatically submitted to FPLS the next Friday. (Federal law

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prohibits the disclosure of FPLS information on an individual for whom an IV-D program has placed a Family Violence Indicator (FVI). A IV-D- program places the FVI on an individual when there is reason to believe that release of information may result in physical or emotional harm. Therefore, although fairly uncommon, it may be that FPLS information will not be available due to the FVI.)

FPLS uses a variety of powerful sources, many of which produce information that would otherwise be confidential. SPLS will usually receive FPLS responses one to two weeks after submittal. However, this varies depending on the source of the information.

The SPLS worker sends the FPLS responses back to the Regional Supervisor via email. Upon receiving the FPLS responses:

- The Regional Supervisor provides the responses to the case manager by forwarding the email.

An evaluation form to gather feedback on the usefulness of the FPLS information may be sent to the Regional Supervisor. Upon receiving the evaluation form:

- The Regional Supervisor either completes and returns the form; or
- Forwards the form to the case manager for completion with a return request.

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Sibling Placement Policy 624-05-15-45
(Revised 1/15/10 ML #3206)

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North Dakota policy is placement of siblings together whenever possible. When it is not possible to place siblings together, or if there is only one child in care, visitation between family members and the foster child must be determined and documented in FRAME. Visitations must be appropriate and must be sufficient to meet the needs and safety of the foster child(ren). Face-to-face contact is recommended. However, letters, phone calls, or interactive video is allowed.

Sibling placements present unique challenges to the foster care case manager. Some of these are requirements for the least restrictive placement, shortage of foster homes in some localities, licensing and placement limitations, and most importantly the needs of each child in the sibling group.

When considering a foster home with a child currently in their care, the needs of the child in care must be considered regarding placing more children in the home. How long has the child been in that particular foster home? How old is the child? How has the child adjusted? What is the plan? What is the projected length of care for the current child? What will be the impact on the foster parents and the current child if additional children are placed in that home?

Educational and medical needs of each child in the sibling group must be considered. Transportation related to meeting these needs may also be a factor.

The number of siblings is a determining factor in searching for placement resources. Keep in mind the statutory requirements (N.D.C.C. 50-11-00.1.) which states that a family foster home may

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have ". . . no more than four children, unless all children in foster care are related to each other by blood or marriage or unless the department* approves otherwise for the placement of siblings, in which case the limitation in this subsection does not apply." (NOTE: foster parent's children are not included in the limitation of four.)

Example:

A foster home is licensed for four children. They currently have two unrelated foster youth in care. It has been determined that a sibling group of three will be appropriate for this same foster home. Upon approval of the regional supervisor, the license is amended to reflect "5" children, and the sibling group is placed in the foster home.

*The 'department' refers to the regional supervisor who issues the license. Licenses will need to be amended to accommodate sibling groups which exceed the limitation of four. It will be necessary to contact the CCWIPS Help Desk to enter a number greater than four in the CCWIPS licensing screen.

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Case Plan 624-05-15-50
(Revised 1/1/11 ML #3256)

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Each child in foster care is required by federal law to have a case plan which must be a written document, which is a discrete part of the case record.

The information on FRAME case management captures information essential to generate the “Permanency Planning Committee Initial Report” (case plan) to meet federal foster care requirements.

The “Permanency Planning Committee Initial Report” (SFN 902) was designed to meet the case plan requirements. It now may be used only in very limited circumstances. Before using the SFN 902, it is suggested that you verify whether it will be accepted.

All items on the case plan (SFN 902, or FRAME) must be thoroughly discussed at the committee/team meeting. The initial case plan must be developed no later than 30 days following the placement.

The signed signature sheet from the Permanency Planning Committee Initial Report, or the Periodic Review (FRAME generated) must be maintained as a hard copy in the child’s foster care case file.

In those limited situations where the permanency planning preprinted forms are allowed, Permanency Planning Committee Initial Report, SFN 902, and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, must be maintained as a hard copy in the child’s foster care case file.

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Title IV-E of the Social Security Act, Sec. 475, specifies what must be in a foster care case plan. Those requirements are summarized here:

- The plan must be a written document. FRAME, the “Permanency Planning Committee Initial Report” (SFN 902), plus the “Permanency Planning Committee Progress Report” (SFN 903) contain the essential elements and constitute the required written documentation to meet the federal mandates.)
- A description of the type of home or institution in which the child will be placed, discussion of safety and appropriateness of the placement, how the responsible agency plans to carry out court requirements (i.e. reasonable efforts).
- The plan must assure the child receives safe and proper care; that services are provided to the parents, child, and foster parents in order to improve conditions in parents’ home, facilitate return of child to their own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child as reflected in FRAME. The plan must also address visitations between the parent(s), siblings, and foster child. The timeframes for these visits must be appropriate and meet the needs of the foster child and his/her family.
- It must include the most recent information available pertaining to child’s health and education records, including:
 - Names and addresses of child’s health and educational providers;
 - Child’s grade level performance;
 - Child’s school record;
 - Assurances that the child’s placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
 - A record of child’s immunizations;
 - The child’s known medical problems;
 - The child’s medication;

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- Any other relevant health and education information concerning the child determined to be appropriate by the State agency;
- Assurances that a school age child in foster care is enrolled as a student (or in the process of enrolling), or is a full-time *elementary or secondary school student; or, is incapable of attending school on a full-time basis due to the medical condition of the child. If the child is incapable of attending school on a full-time basis, regularly updated information, must be included in the case plan that supports this determination; and
- Assurances that the agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement; or, if remaining in such school is not in the best interests of the child, assurances by the State agency and local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

(* The term "elementary or secondary school student" can include youth who are attending school in accordance with the State home school law, or youth who are seeking his/her GED through an independent study program in accordance with State law.)

NOTE: The above information related to education and medical must be reviewed and updated at the time of each placement of the child in foster care. Also, included is a requirement that such records be supplied to the foster parents or foster care providers.

Where appropriate for a child 16 and over, the plan must include a written description of the programs and services which will help the child prepare for the transition from foster care to adulthood.

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Youth who are age 16 and older; and have been identified as "likely to age out of foster care"; are required to be referred to the Regional Chafee Independent Living Program.

A transition plan that is personalized at the direction of the child must be developed during the 90-day period immediately prior to the date on which the child will reach the age of 18. The transition plan will include specific options such as:

1. Housing
2. Health insurance
3. Education
4. Local opportunities for mentors and continuing support services
5. Work force supports and employment services
6. Information related to Health Care Directives

While the child is in foster care, the transition plan must be as detailed as the child chooses and shall be developed during the Foster Care Child & Family Team meeting and is made part of the child's case plan.

If the child's permanency plan/goal is adoption or placement in another permanent home, federal law (ASFA) requires the plan must include documentation of the steps the agency is taking to find an adoptive family or other planned permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize a legal guardianship. At a minimum such documentation must include child specific recruitment efforts such as the use of State, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-State and interstate placements.

Foster parents, preadoptive parents, or relatives providing care for the child must be provided with notice of and a right to be heard in

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any proceeding held with respect to the child during the time the child is in the care of such foster parent, preadoptive parent or relative caregiver.

For assistance in generating the child's foster care case plan on FRAME, please refer to the FRAME user manual.

Health Care Directives

All foster youth who will be discharged from foster care at the age of 18 must be informed about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to do so, and they do not want or do not have a relative who could make these decisions. A "health care directive" is a document that enables youth to make decisions now about medical care in the future. Forms and directions related to health care directives can be found at www.legis.nd.gov/cencode/t23c065.pdf. A brochure, "Health Care Directives, A Guide to Assist Youth Aging Out of Foster Care," DN 35, is available to give to youth when developing the youth's transition plan.

Case Reviews

The requirements for the periodic case reviews are spelled out in Title IV-E of the Social Security Act, Sec. 475(5), summarized here.

The case review system means a procedure for assuring that:

- Each child has a case plan (FRAME) designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child, which:
- If the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interests of the child, and

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- If the child has been placed in foster care outside the State in which the home of the parents of the child is located, requires that, a caseworker (from either State) visit such child in the home or institution where the child is placed, and every month, submit a report on the visit to the State agency (Children and Family Service Division).

The periodic review (North Dakota reviews quarterly) determines the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating the causes which necessitated the foster care placement, and projects a likely date when the child may be returned to and safety maintained in the home or placed for adoption or legal guardianship.

Foster parents, preadoptive parents, or relatives providing care for the child must be provided with notice of and a right to be heard in any review (Permanency Planning Committee/Foster Care Child & Family Team meetings) or hearing with respect to the child.

The FRAME case management system is designed to capture the information required to generate the "Permanency Planning Committee Progress Report." Hard copies of the FRAME information can be generated and copies made for distribution. Please refer to the FRAME User Manual for technical assistance.

The periodic review document is SFN 903, "Permanency Planning Committee Progress Report," which may be used only in very limited circumstances.

The signed signature sheet from the Permanency Planning Committee Initial Report, or the Permanency Planning Periodic Review (FRAME generated) must be maintained as a hard copy in the child's foster care case file.

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In those limited situations where the permanency planning preprinted forms are allowed (Permanency Planning Committee Initial Report, SFN 902, and Permanency Planning Committee Progress Report, SFN 903), the entire form, signed, must be maintained as a hard copy in the child's foster care case file.

In addition to the requirements outlined above, good practice dictates and federal law requires the case plan to include at a minimum the following items:

1. The goal(s) of placement. Goals must be time framed.
2. Identification of the specific circumstances which necessitated and cause the separation of the child from the family. Refer to the Agency View and Family View of Situation in the FRAME Care Plan.
3. Identification of the specific services to be provided by the agency in alleviating or helping to alleviate the conditions which led to the placements; project the date(s) by which each of these goals is to be accomplished. Refer to the Family Risk Assessment (FRA) located with the FRAME.
4. Identification of the specific actions to be taken by the parents in correcting the conditions which led to the placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks sections of the Family Risk Assessment (FRA) within FRAME.
5. Identification of the specific actions, when appropriate, to be taken by the child in correcting the conditions which led to placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.
6. Identification of the specific services to be provided by the foster parents to the child. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.
7. Anticipated length of placement stated in months.
8. Written plan for visitation stating frequency, location and participation.

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9. Specific information addressing the health, safety, and well being of the child. Refer to the Life Domains and Safety Plan in the Family Risk Assessment (FRA) within FRAME.

This information is included in the child's case plan on FRAME and can also be found in the Single Plan of Care (SPOC). Refer to the FRAME user information for technical assistance with FRAME system and also refer to the SPOC User Guide Third Edition 2005 for technical assistance.

NOTE: High Risk Youth (at risk of harming self or others)

Great emphasis is placed on youth in foster care receiving safe and proper care. Each child/youth's case plan must include strategies for dealing with any behaviors or emotional needs which place him/her in the high risk category. Upon identification of such behaviors or emotional needs, a safety plan must be developed immediately for implementation.

A safety plan must be developed and distributed to all appropriate parties, specifically including the foster parents.

(Refer to High Risk Youth with Suicide Indication at 05-15-50-30.)

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**Preparation of Child and Family 624-05-15-50-05
(Revised 2/10/07 ML #3053)**

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Preparation of the child and their family is crucial;

1. To decrease the damage done to child and family by the actual separation of the family.
2. To increase the success of achieving changes identified in placement and planning and to assist with reunification.

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Steps Recommended in Preparation for Placement
624-05-15-50-10

(Revised 2/10/07 ML #3053)

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1. Discuss all aspects of the placement plan with parents, child and foster parents.
2. Tell family members about the home where the child will be -
- answer their questions.
3. Have at least one pre-placement visit in the new home when appropriate.
4. Share the initial case plan with the foster parents.
5. Encourage the family to pack the child's belongings, encourage them to include special toys and pictures to help the child feel at home.
6. Be clear about how the child and his family can keep in touch with each other, directly or through the agency.

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**Multiethnic Placement Act/Interethnic Adoption
Provision (MEPA-IEP) 624-05-15-50-15
(Revised 2/10/07 ML #3053)**

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Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996, amended the Multiethnic Placement Act of 1994 (MEPA), which prohibits delaying or denying the placement of a child for adoption or foster care on the basis of race, color, or national origin of the adoptive or foster parent, or the child involved. The language of the 1996 provision is as follows:

A person or government that is involved in adoption or foster care placements may not –

1. deny to any individual the opportunity to become an adoptive or a foster parent, on the basis of the race, color, or national origin of the individual, or of the child involved; or
2. delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved.

For purposes of MEPA – IEP, “placement decision” means the decision to place, or to delay or deny the placement of, a child in a foster care or adoptive home, and includes the decision of the agency or entity involved to seek the termination of birth parent rights or otherwise make a child legally available for adoptive placement.

The purpose of MEPA/IEP is to promote the best interest of children by:

1. Decreasing the length of time that children wait to be adopted.
2. Preventing discrimination in the placement of children on the basis of race, color, or national origin; and

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3. Facilitating the identification and recruitment of foster and adoptive families that can meet children’s needs.

MEPA/IEP also provides for diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. The diligent recruitment requirement in no way mitigates the prohibition on denial or delay of placement based on race, color, or national origin.

The 1996 changes to MEPA clarified that even where a denial is not based on a categorical consideration, which is prohibited, other actions that delay or deny placements on the basis of race, color, or national origin are prohibited. The changes made in the law removed areas of potential misinterpretation and strengthened enforcement while continuing to emphasize the importance of removing barriers to the placement of children. Any decision to consider the use of race as a necessary element of a placement decision must be based on the best interests of the individual child (good social work practice).

In summary, HHS cites focus on four critical elements:

1. Delays in placement of children who need adoptive or foster homes are not to be tolerated, nor are denials based on any prohibited or otherwise inappropriate consideration;
2. Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may heretofore have been under-utilized as a resource for placing children;
3. Active, diligent, and lawful recruitment of potential foster and adoptive parents of all backgrounds is both a legal requirement and an important tool for meeting the demands of good practice; and
4. The operative standard in foster care or adoptive placements has been and continues to be “the best interests of the

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child.” Nevertheless, as noted above, any consideration of race, color, or national origin in foster or adoptive placements must be narrowly tailored to advance the child’s best interests and must be made as an individualized determination of each child’s needs and in light of a specific prospective adoptive or foster care parent’s capacity to care for that child.

MEPA/IEP compliance is a civil rights issue (Title VI). The Office for Civil Rights receives and investigates complaints related to MEPA-IEP, and conducts independent reviews to test compliance within States.

Administration for Children and Families (ACF) will also conduct reviews focusing on or including MEPA-IEP compliance. Fiscal sanctions will be imposed on states for violations.

Entities subject to MEPA-IEP:

MEPA-IEP applies to any state or other entity that receives funds from the federal government and is involved in some aspect of adoptive or foster care placements.

ICWA:

MEPA-IEP has no effect on the application of The Indian Child Welfare Act (ICWA).

The Indian Child Welfare Act or ICWA promotes the well-being of American Indian children by keeping them connected to their families, tribes, and cultural heritage. It covers tribal children from all American Indian and Alaska Native tribes listed in the Federal Register. ICWA supports Indian tribal authority over their members and the well-being of Indian children and families.

Under ICWA, a child is Indian if he or she is a member of a federally recognized tribe or if he or she is eligible for tribal membership and is the biological child of a tribal member.

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ICWA requires that every effort be made to try and keep families together. If removal is necessary, "**active efforts**" must be made for reunification. This means that everything possible must be done to help the family resolve the problems that led to placement. If an Indian child is removed and placed in foster care or a pre-adoptive placement, ICWA requires placement to be in the least restrictive, most family-like setting which the child's special needs, if any, may be met. The child shall be placed within reasonable proximity to his or her home and preference shall be given, absent good cause to the contrary, to a placement with:

FOSTER CARE PLACEMENT:

1. A member of the child's extended family.
2. A foster home licensed, approved, or specified by the tribe.
3. An American Indian foster home licensed or approved by an authorized non-Indian licensing authority.
4. An institution approved by a tribe or operated by an American Indian organization that has a program suitable to meet the child's needs.

ADOPTION PLACEMENT:

When placing an American Indian child for adoption, preference shall be given, absent good cause to the contrary, to a placement with:

1. A member of the child's extended family.
2. Other member's of the child's tribe.
3. Other American Indian family, before placing the child in a non-Indian home.

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(Revised 2/10/07 ML #3053)

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Children must always be placed in the least restrictive environment; therefore, first consideration should be given to a relative home.

Federal law requires looking to relatives as a placement resource.

Federal law requires that the State shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards (1997 amendment to Section 471 of Title IV-E of the Social Security Act). In addition, Sec. 475 [U.S.C. 675], Social Security Act (11-19-97) requires:

- (1) the "case plan" requires a discussion of the "safety and appropriateness of the placement . . .," and that the child "receives safe and proper care."

At (I)(E) of the above referenced section is the consideration for a "fit and willing relative."

N.D.C.C. 27-20. Uniform Juvenile Court Act:

10. "fit and willing relative or other appropriate individual" means a relative or other individual who has been determined, after consideration of an assessment that includes a criminal history record investigation under chapter 50-11.3, to be a qualified person under chapter 30.1-27, and who consents in writing to act as a legal guardian.

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Further, the statute defines "relative":

15. "Relative" means:

- a. The child's grandparents, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece, or first cousin.
- b. An individual with a relationship to the child, derived through a current or former spouse of the child's parent, similar to a relationship described in subdivision a;
- c. An individual recognized in the child's community as having a relationship with the child similar to a relationship described in subdivision a; or
- d. The child's stepparent.

The North Dakota statute on public welfare also requires that we explore relative options for any child who is unable to return home due to safety concerns.

N.D.C.C. 50-06-23. Placement of Children - Least Restrictive Care.

N.D.C.C. 50-06-23. Placement of children - Least restrictive care. The department and county social service boards shall thoroughly explore the option of kinship care when a child is unable to return home due to safety concerns. Absent kinship options, the department and county social service boards shall provide permanency options that are in the least restrictive care and near the family's home as required by the federal Adoption and Safe Family Act of 1997 [Pub. L. 105-89, III Stat. 2115; 42 U.S.C. 671].

North Dakota foster care policy recommends concurrent planning as early as possible after the child has entered care. Therefore, exploration of the need for a relative home should be initiated as soon as possible.

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In order to comply with the "fit and willing relative" mandate, a comprehensive search must be conducted. This process must be thorough, and can be accomplished through discussion with the parents, child, public records, and use of the internet search available through the regional supervisor. That process is as follows:

The child's case manager collects and e-mails pertinent information regarding the family to the regional supervisor. The information should be as complete as possible to enable a comprehensive search.

The following is a sample of the type of information required.

Child: Name, date of birth, social security number, address or last known address.

Parents: Name, date of birth, Social Security Number, address or last known address.

Father: Name, including middle name if known, AKA, date of birth, social security number, occupation, last known address.

Mother: Name, including middle & maiden name if known, AKA, date of birth, social security number, occupation, last known address.

Add to this anything significant you determine may assist in locating relatives.

The regional supervisor e-mails the information to the search provider, and provides a copy of the request to Children and Family Services Division (CFS) for payment purposes. The regional

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supervisor e-mails completed search information to the case manager.

The case manager must document the results of the search (relatives considered, dates of contact, result of search, safety concerns, etc.). Also, requests and outcomes need documentation for purposes of determining and reporting on family placements or connections made for the child. Keep in mind the safety and appropriateness of the home, also documenting any issues that may rule out a potential relative home.

The search should be initiated as early in the case as possible, but no later than when it is determined that the child cannot return home. Results from the relative search can be available within an hour.

Regional supervisors may also request a criminal background check from the search provider.

Summary of responsibilities for the relative search and documentation:

Case Manager:

- Collects relevant information and e-mails it to regional supervisor in a timely manner.
- Continues to gather any further information regarding relatives.
- Receives completed search information from the regional supervisor.
- Documents all search information in the child's case plan, including safety concerns or other issues that rule out certain relatives.

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Regional Supervisor:

- Receives the child specific relative information from the case manager.
- Forwards the child's relative information to the internet search provider in a timely manner.
- Sends a copy of the search request to Children & Family Services Division for payment purposes.
- Receives the child's relative search information and transmits it to the case manager in a timely manner.

Children and Family Services:

- Receives copy of child's relative search request from Regional Supervisor.
- Makes payment to the search provider upon completion of the search and billing received by the provider.

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Relative Search 624-05-15-50-22
(Revised 1/1/11 ML #3256)

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If it is apparent that the child will not be returning home within 30 days, a relative search must be initiated. The relative search can be conducted through discussion with the family, child, or the use of US Search. Costs associated with US Search are paid for by Children & Family Services. The results, or status of the search, must be included in the initial case plan. Searching for and contacting relatives is an ongoing process. Caseworkers should be contacting relative resources to explore their ability to either be a placement resource or other ways the relative could provide connections for the child/children through the child's stay in foster care.

If the location of the absent parent is unknown, the results, or the status of a search through the Federal Parent Locator services (FPLS*) – Child Support must be also included in the initial case plan (*See 624-05-15-41 for FPLS process.) If appropriate, efforts to locate and/or contact the absent parent should be made initially within 30 days of removal, prior to key decision points in the life of a case, and no less than once every three months.

A search for an absent parent does not have to be conducted in situations where the Child Support (good cause) claim has been determined. (Claim is based on a fear of serious physical or emotional harm, either to the child or to the custodian, which in turn could be expected to reduce his or her capacity to care for the child.) A copy of the county social service board's final decision that 'good cause' does exist and the basis for the findings must be included with the relative search documentation. The county social service board is required to review, not less than every 6 months, cases in which 'good cause' was previously found to exist. If it is found that circumstances have changed so that 'good cause' no longer exists, a

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search for the absent parent must be made immediately. Search efforts must be documented on the Absent Parent/Relative Search Record Form (SFN 772) Permanency Planning Committee Initial Report (SFN 902), or Permanency Planning Committee Progress report (SFN 903). It is recommended, for consistency, that the case file should contain a separate tab entitled "Absent Parent/Relative Search record," and that the form is placed behind this tab.

US SEARCH PROCESS:

The child's case manager collects and e-mails pertinent information regarding the family to the regional supervisor. The information should be as complete as possible to enable a comprehensive search.

The following is a sample of the type of information required.

Child: Name, date of birth, social security number, address or last known address.

Parents: Name, date of birth, social security number, address or last known address.

Father: Name, including middle name if known, AKA, date of birth, social security number, occupation, last known address.

Mother: Name, including middle & maiden name if known, AKA, date of birth, social security number, occupation, last known address.

Add to this anything significant you determine may assist in locating relatives.

The regional supervisor e-mails the information to the search provider, and provides a copy of the request to Children and Family Services Division (CFS) for payment purposes. The regional

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The case manager must document the results of the search (relatives considered, dates of contact, results of search, safety concerns, etc.). Also, requests and outcomes need documentation for purposes of determining and reporting on family placements or connections made for the child. Keep in mind the safety and appropriateness of the home, also documenting any issues that may rule out a potential relative home.

The search should be initiated as early in the case as possible, but no later than when it is determined that the child cannot return home. Results from the relative search can be available within an hour.

Regional supervisors may also request a criminal background check from the search provider.

Summary of responsibilities for the relative search and documentation:

Case Manager:

- Collects relevant information and e-mails it to regional supervisor in a timely manner.
- Continues to gather any further information regarding relatives.
- Receives completed search information from the regional supervisor.
- Documents all search information in the child's case plan, including safety concerns or other issues that rule out certain relatives.

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- Receives copy of child's relative search request from Regional Supervisor.
- Makes payment to the search provider upon completion of the search and billing received by the provider.

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**Requirement for Notice to Relatives to Child's Removal
624-05-15-50-23**

(Revised 1/15/10 ML #3206)

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Agencies are required to exercise due diligence to identify and notify all parents, grandparents, and any other adult relative suggested by the parents and grandparents, subject to exceptions due to family or domestic violence, within 30 days of child's removal.

The relatives' must also be advised of all available options to become a placement resource for the child. The notice shall:

- a. Specify that the child has been or is being removed from the custody of the parent, or parents of the child;
- b. Explains the options the relative has under federal, state, and local law to participate in the care and placement of the child, including any options that may be lost by failing to respond to the notice;
- c. Describes the requirements and standards to become a foster family home and the additional services and supports that are available for children placed in that home; and
- d. Describes how the relative of the child may enter into an agreement with the department to receive a subsidized guardianship payment.

The agency must provide this notice in a manner that reasonably ensures the relative has understood the notice. This could mean providing notice in a language the relative is fluent in. Or, the family's case manager may have to go over the written notice in person with the relative. If an individual has a visual impairment, the notice may need to be written using large print or Braille.

It is not required to provide notice to relatives that are identified beyond 30 days of the child's removal. However, agencies can

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consider, on a case-by-case basis, whether notification would be appropriate.

If a relative fails to respond to the initial notice, the relative may not have the opportunity to participate in the care and placement of the child.

A notification template, which outlines the relatives' options to become a placement resource for the child, is available for case managers to use.

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TANF Kinship Care Program 624-05-15-50-25
(Revised 2/10/07 ML #3053)

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The TANF Kinship Care program is available for kin/relatives of the 5th Degree which includes a child only TANF payment and supportive services (Refer to IM #4960 dated February 2, 2005 or contact Economic Assistance Division for further information).

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Case Management Services During Placement 624-05-15-50-30

(Revised 1/1/11 ML #3256)

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The case manager supervising the placement of a child in foster care must have regular contacts with the foster child, foster child's parent(s), and foster parents, and must coordinate services (including periodic medical examinations) from other resources for the foster child. The case manager must be cognizant of the Adoption and Safe Families Act of 1997 (Implemented in North Dakota 8-1-99) and of the new timeframe requirements for foster care.

The frequency of case manager's visits with the parent(s) must be sufficient to meet the needs of the family and promote the achievement of the case goal.

The content of the case manager/child or case manager/parent(s) visit must relate to the child and family team plan developed and the circumstances, issues, and relationships apparent at the time of the child/case manager or case manager/parent(s) visit.

The supervision of foster care placements requires periodic home visits, including interviews of the child. The requirements concerning frequency of visits by case workers supervising the placement of a child in foster care are as follows:

- In all cases, the visits/contacts must be sufficiently frequent to ensure the child's safety and well being.

During each monthly visit, the youth's **safety, well-being,** and **permanence** should be assessed and addressed by the worker. An entry should be made into the youth's case activity log outlining progress or concerns related to the three main areas noted above.

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This face-to-face visitation and whether or not the visitation took place in the youth's residence should also be entered into the FRAME system.

Key Elements of Visitation: Each visit should be tailored to address current issues that the youth is experiencing. The following are some examples of subjects that could be covered in each of the three noted areas that must be addressed during every visit. This list is given only as a brief outline and is in no way meant to exhaust the topics that could/should be covered during the visitation:

Safety Examples:

- Does the youth feel safe in the placement? Why or why not?
- Does the youth have resources whom they can contact if they are not feeling safe? Does the youth know how to contact them, i.e., case worker, parent, trusted adult?
- Is the living environment free from hazard and is it habitable?

Permanence Examples:

- Does the youth know the goals of their treatment plan/placement?
- Can youth describe permanency goals and how to accomplish them?
- Is there contact via telephone, e-mail, Polycom, letters, visitations, etc., with family and other important people in their life?

Well-Being Examples:

- Has there been illness or injury since the last contact?
- Is the youth receiving adequate nutrition, sleep, space, privacy, therapy, recreational time, and educational services/activities?
- Has there been a change in emotional state since last contact?

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- Have there been any changes in medications since last contact?

Visit frequency must be discussed within the review process.
Frequency and conditions must be defined in the child's case plan.

The following are North Dakota's minimal standards for visitation:

1. Out-of-State Placements - relative parent, family foster care, residential

Federal law requires that a caseworker (representative from either state) must visit the child in the foster care setting on a monthly basis. How visitation and reporting will be accomplished, as well as the possible costs to the custodian, must be carefully considered whenever out-of-state placement is being considered. Visitation standards are the same as those outlined for foster youth placed within North Dakota.

2. Foster Youth Placed in North Dakota family Foster Homes
 - a. Personal contact once a month is required with the children in family foster care in order to carry out the agency's basic obligation toward the child and ensure that the child achieves permanency as quickly as possible. The majority of these visits must occur in the residence of the child. The home where the child is residing includes foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit. Caseworker visits can be conducted by any caseworker within the custodial agency. Whenever possible, best practice dictates visitation should occur between the child and the child's case manager.

These face-to-face visits will focus on the child's safety needs, issues, and conditions needed for reunification or

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permanency, and well-being of the youth and his/her family. Using polycom or similar interactive system will not meet the requirements of the 'face-to-face' visit.

- b. When visiting the foster child face-to-face, once a month, weekly supplemental telephone contacts are recommended.

2. Group/RCCF Foster Care/Psychiatric Residential Treatment Facilities (PRTF)

- a. Personal contact once a month is required in order to carry out the agency's basic obligation towards the child. More frequent visits may be indicated immediately after placement or if problems are being noticed in the placement.
- b. When visiting a foster child face-to-face on a monthly basis, telephone contact or IVN (polycom) with the child on a weekly basis is recommended.
- c. The content of these visits should focus on the child's safety needs, issues, and youth and his/her family. Using polycom or similar interactive system will not meet the requirements of the 'face-to-face' visit.

3. Special Circumstances

- a. On occasions when a face-to-face visit is not possible between the child's case manager, or with a case worker within the custodial agency, it is possible for another case worker to visit the child and meet this requirement. The case worker can be anyone that the administrative county has assigned or contracted visitation responsibilities. The designee must have information regarding the child's ongoing case plan, the child's parents or legal guardians, and the child, including any special needs of the child. The staff person making the contact is responsible for assessing the safety and well-being of the child. Documentation of the visit must be provided to the child's case manager to be included in the child's case file.

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In all cases, the case manager visitation frequency should be discussed at permanency planning reviews/Foster Care Child & Family Team meetings and written into the case plan/FRAME.

Document the agency involvement and time frames on the permanency planning initial and on-going progress reports in the "tasks" section, and time frame the activity. (It is also incorporated in the SFN 902 and SFN 903 for those limited situations done on hard copy.) Refer also to the FRAME - Case Activity Log.

Caseworkers must enter one of the following codes in FRAME, under the Case Activity Log, following each visit with the child:

- FF Face-to-face contact not in child's residence
- FR Face-to-face in child's residence

Missing Children:

The case manager, upon learning of a missing child or a child on the run, must report the incident (with pertinent information) to the legal custodian and the regional supervisor as soon as possible, but in no instances later than 12 hours.

Pertinent Information means, but is not limited to the following:

Circumstances of the "missing" report:

- Who, what, where, when, date, exact time.
- Description of the child's appearance; i.e. hair color/style, clothing, identifying marks.
- Last placement, name, address.
- Who saw the child last?
- Date, time, and name of last case manager visit.

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- Is this the first time the child has been "missing"? If not, provide a brief history of prior "missing" episodes.
- What was going on with the child at the time?
- Was it from a special event? i.e. game, rodeo, carnival, etc?

Action taken by the Case Manager:

What action was taken by the case manager, family foster home, and/or facility since being notified that the child is missing? i.e. APB (all points bulletin), etc.

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**High Risk Youth with Suicide Indication
624-05-15-50-35**

(Revised 2/10/07 ML #3053)

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Any time a foster youth is expressing suicidal ideation, contact your local human service center (24-7) and request, at a minimum, a consultation and/or an evaluation with appropriate staff or risk team to determine the risk level.

Whenever a youth enters foster care and information is available related to a history of self-harm or suicide indications, a safety plan needs to be developed and implemented within 24 hours. A plan for evaluations and/or treatment resources must be identified and all local and regional staff must be advised of the treatment plan.

For youth being discharged from an inpatient treatment facility and who has any related behavior of self-harm, follow-up treatment services must be arranged prior to discharge. Case managers must actively participate in the discharge planning on-site and are required to follow-up with treatment staff (daily, if needed) as to the progress and/or safety of youth.

All attempted or completed suicides must be reported to Children and Family Services Division immediately by phone or e-mail to the Foster Care Administrator.

Documentation of the above must be included in the child's case plan/SPOC.

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Need for Early Planning 624-05-15-55
(Revised 2/10/07 ML #3053)

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Permanency planning must begin immediately. If appropriate, concurrent planning should be initiated as soon as possible. The difficulties inherent with children adrift in foster care can be reduced by starting efforts for permanency prior to or as soon as the child enters foster care.

In permanency planning for a child, keep in mind the safety issues for the child, and the philosophy of the Adoption and Safe Families Act of 1997 – foster care is not a place to grow up. Children deserve permanency, safety, and well-being.

Immediately after the child is removed, parents have usually not yet adjusted to their loss and are more apt to be motivated to change the conditions that led to the removal of their child. If intensive case management services through the Wraparound process does not begin immediately after the child has been placed in foster care, the original problem(s) may become obscure. The parents may have adjusted to life without the child and may be unable to reincorporate their child into their home without major changes in their lifestyle. In addition, they may resist treatment/services because they are reluctant to open old wounds and to face the possibility of again failing to meet society's expectations of them as parents. If the decisions in permanency planning/the Foster Care Child & Family Team meetings are delayed, the parents may leave the jurisdiction making the task of replacing the child in their home more difficult to achieve. The agency will be handicapped when trying to evaluate from a distance the parents' potential to care for their child or children. This can be time consuming, and the results are far too often inconclusive or non-existent.

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**Permanency Planning Committees/Foster Care Child
& Family Team 624-05-15-60**

(Revised 2/10/07 ML #3053)

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Permanency Planning Committees/Foster Care Child & Family Teams are a key ingredient in the implementation of permanency planning in foster care. The permanency planning committees/Foster Care Child & Family Teams are mandatory and are multi-agency and multidisciplinary and serve on an area wide or county basis to review foster care placements of children. Reference N.D.A.C 75-03-14-06.

The Safe and Timely Interstate Placement of Foster Children Act of 2006, effective 10/1/06, specifically mandates that foster parents of a child and any preadoptive parent or relative providing care for the child must be provided with notice of, and a right to be heard in, any proceeding with respect to the child. This is a Title IV-E requirement at 475(5)(G).

NOTE that ASFA changed the terminology related to disposition hearings. Pursuant to ASFA, disposition hearings are now termed "Permanency Hearings." Generally, this refers to a judicial hearing and is not to be confused with the activities of the Permanency Planning Committees/Foster Care Child & Family Team meetings and their initial and periodic review of cases.

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**Purpose of the Permanency Planning
Committee/Foster Care Child & Family Team
624-05-15-65**

(Revised 2/10/07 ML #3053)

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The purpose of the permanency planning committee/Foster Care Child & Family Team is to insure that children are receiving appropriate care consistent with permanency planning/Wraparound philosophy and rules. N.D.A.C. 75-03-14-06. In addition, the committee/team serves as an administrative review body and fulfills the requirements of federal law.

Although the review participants input is very helpful in the decision making process, final decisions rest with the custodian pursuant to the authority and responsibility conferred on the custodian through N.D.C.C. 27-20-38.

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**Function of the Permanency Planning
Committee/Foster Care Child & Family Team
624-05-15-70**

(Revised 2/10/07 ML #3053)

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The permanency planning committee/Foster Care Child & Family team has, at a minimum, the following functions:

1. Periodically review the initial case plan and case review documents for every child in care (SFN 902 and SFN 903/CCWIPS)/SPOC).
2. The regional foster care supervisor determines if a specialized level of foster care payment is needed, and the appropriate level and duration of payment. Discussion regarding the specialized payment and the regional supervisor approval must be documented in the child's foster care case plan.
3. The regional foster care supervisor approves the foster care placement into therapeutic family foster care or group or residential child care facility on CCWIPS/SPOC.
4. To ensure and document that parents/guardian, child (when appropriate) and foster parent(s) are invited to attend the permanency planning committee/Foster Care Child & Family Team meetings.
5. To develop, in writing, the Single Plan of Care for the child, parent, agency, and foster parents with specified goals, tasks, and dates of the completion.
6. To develop local policies in accordance with federal and state law, regulation and policy related to foster care.

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Permanency Planning Committee/Foster Care Child & Family Team Membership 624-05-15-75

(Revised 1/15/10 ML #3206)

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Pursuant to N.D.A.C. 75-03-14-06, the Regional Supervisor serves as the chairperson, and the county director as vice-chairperson of the permanency planning committee. In that role as chairperson of the permanency planning committee, the Regional Supervisor may appoint a co-chair as circumstances warrant. The Regional Supervisor and county social service board director shall select the permanent and case situational members of the committee.

Permanent members includes:

1. Regional foster care supervisor
2. County social service board director or designee
3. Custodian/designee

Regional DD coordinator or designee must be included on the Permanency Planning Committee/Foster Care Child & Family Team when any case being reviewed involves a child who is mentally retarded or developmentally disabled or if there is reason to believe the child may be mentally retarded or developmentally disabled.

Recommended permanent members may include, but are not limited to:

1. A treatment or therapy person (should have strong diagnostic skills)
2. Juvenile court supervisor or other court representative
3. Tribal Government personnel (where appropriate)
4. Case manager (includes therapeutic foster care or Division of Juvenile Services representative)

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Required members of the committee/team on a case specific basis. Parent, foster parents, and custodians must be invited. Adequate advance notice of committee/team meetings must be provided to all participants.

1. Parents or legal guardian
2. Foster parent
3. Foster child (when appropriate)

Other members of the committee/team could include:

1. School official
2. County or city health nurse
3. Others having an appropriate interest in the child or family
4. Group home or residential child care facility (where appropriate)
5. Regional Independent Living Coordinator (where appropriate)
6. Identified team members by the family; natural and formal supports

Local circumstances must be considered in selecting the committee/team. Cooperation between the members is essential. The common goal must always be to arrive at a joint decision and provide the regional supervisor and the child's a legal custodian a recommendation which is in the "best interests of the child."

AASK should be invited to meetings for children whose parental rights are in the process of being terminated or where there is concurrent plan that includes adoption. If the child has a concurrent plan involving adoption as an alternate plan, the AASK* Agency must be invited to the first permanency planning/team meeting following the change in the goal to adoption. Prior to inviting AASK to the permanency-planning meeting, parents should be informed about concurrent planning and the roles and responsibilities of AASK. The adoption worker will have information regarding the potential for the

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child to be adopted and the availability of a potential adoptive family for the child.

*Adoption Agency: Adults Adopting Special Kids (AASK)

It is appropriate for a representative from AASK to be at the permanency planning committee/team meeting when the child's parental rights have not yet been terminated nor are they in the process of being terminated if there is some thought being given to seeking termination of parental rights for the child. The child placing agency could provide information to aid in the case planning for the child. This gives us another opportunity to explore every avenue possible in developing permanency plans for children in foster care.

The regional foster care supervisor is responsible to assure that the intent of permanency planning and the requirements of this chapter are carried out.

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Periodic Review Requirement 624-05-15-80
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All children in foster care (including children on trial home visits), including those in the custody of the Division of Juvenile Services, will come under the review of the Foster Care Child & Family Team meetings (permanency planning), but the review frequency will differ depending on how long the child has been in care in a specific placement. At a minimum, the committee will review every three months the cases of all Foster Care children.

The initial case plan (Permanency Planning Committee Initial Report on CCWIPS) and Single Plan of Care (SPOC) must be completed within 30 days of initial placement. Most healthy newborn infants would not require a follow-up permanency plan (documented in the Permanency Planning Committee Progress Report on CCWIPS) unless they remain in foster care three (3) months beyond the initial case plan.

The Adoption and Safe Families Act (ASFA) provides tightened time frames for children in foster care, twelve-month disposition hearings, filing of petitions for termination of parental rights when a child has been in foster care a certain period of time, and an emphasis on moving the child into adoption, relative care, guardianship, or alternate permanent setting quickly.

(Refer to 641-30-10 for SPOC timeframes.)

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Placement Review 624-05-15-80-05
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Children in foster care in North Dakota will continue to be reviewed by the committee/team on a quarterly basis subsequent to the first permanency planning committee meeting (where the case plan is developed) within the first 30 days of initial placement.

Periodic permanency planning/team reviews at three-month intervals are required for all children and documented in CCWIPS as Permanency Planning Committee Progress Report/Single Plan of Care. The three-month review requirement is dictated by the ASFA mandates to move children into permanent situations, and to help agencies meet the various ASFA deadlines, such as permanency hearings. It is anticipated that the result of this emphasis on planning and services to foster children will result in shortened times in foster care and diminished recidivism.

The periodic permanency-planning requirement does not substitute for monthly reviews of the case by the case manager and supervisor.

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Review of Children in Care 624-05-15-80-05-05
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It is expected that every child in care will have a plan as outlined in the previous section. The following questions are suggested to help the case manager gather required information for the periodic review.

Questions to ask at a three-month review.

1. Is concurrent planning appropriate?
2. What was the reason for placement?
3. What is the long range, permanency plan for this child?
4. What specific tasks were assigned to agency, parents, child and foster parents and others to achieve the plan?
 - a. Were time frames established for each goal?
5. Of tasks completed:
 - a. Are achievements documented?
 - b. Will these tasks lead to the desired goal?
 - c. What child or parent strengths are apparent now that were not at the time of placement?
 - d. Were time frames established for each task?
6. Of tasks not completed:
 - a. Are failures documented?
 - b. Are tasks reasonable, appropriate?
 - c. Why were tasks not completed?
 - d. What new barriers have arisen since the last review?
7. Did visiting occur as planned?
8. What is the expected length of placement (in months)?

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9. What changes need to be made in the plan, specific tasks and visiting schedule?
10. What is the independent living plan for youth 16 and over? (Refer to 624-10 Independent Living Manual chapter)
11. Does a transition plan need to be developed?
12. Are siblings in foster care placed together? If not, is it now possible for them to be placed together?
13. If it is not possible for siblings in foster care to be jointly placed, is ongoing visitation or interaction occurring? If not, is it now possible to provide these connections?
14. Is ongoing visitation or interaction being provided between foster children and siblings who are not removed from their home?

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**Review of Children in Out-of-Home Care More than 1 Year
624-05-15-80-05-10**

(Revised 2/10/07 ML #3053)

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The Adoption and Safe Families Act requires that we look at cases to develop an alternate permanency plan for a child that cannot be reunified. Consider the age of the child and whether the goal is realistic if it has not yet been achieved. Consider also if concurrent planning is appropriate; and, if services the family needs have been provided. The basic premise is that the child needs permanency. The longer a child has been in care, the less chance they have for reunification with their family or adoption.

Suggested Questions to ask at review of longer term placement.

1. What reasons necessitated placement?
2. What is the permanent planning goal for this child?
3. Is the plan realistic?
4. What is the current family situation, what conditions are preventing return of the child (absence, condition, conduct). What do they want in a plan?
5. Is there a concurrent plan?
6. What is the current situation of the child? Where are his/her psychological ties, what does he/she want in a plan?
7. What is the current situation of foster parents, relatives or others who have been caring for the child? What is the role and planning process for the relatives and foster parents? How do they fit into the permanent plan?
8. What is the independent living plan for youth 16 and over?
9. Do safety issues prevent child's return home?

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**Assessment of Child & Family in Planned Permanent
Living Arrangements 624-05-15-80-10**

(Revised 2/10/07 ML #3053)

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ASFA requires scrutiny of every case situation, even if the child has been in the foster care system for a long period of time. It requires agencies to take a new look at the circumstances of each case and to be open to changing the child's case plan in an effort to provide the child a permanent living situation. Keeping in mind the emphasis in ASFA of safety, permanence, and well being, consider concurrent planning while providing the family services within structured time frames. Begin by assessing the current situation of the child, the child's family, and the foster family through the Strengths Discovery and Permanency Planning Committee/Foster Care Child & Family Team meeting process. Involve the extended family if appropriate. Consider a relative placement.

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Assess the current situation with the child's biological family. Look at each category, decide which sections describe the family and follow the outlines below.

Absence - This refers to the lack of consistent contact between the parent and child over a period of time.

1. Conduct a diligent and exhaustive search of missing parents. The following is a list of resources to be used and/or contacted in conducting a search:
 - Federal Parent Locator Services (FPLS)
 - Letters to last known address
 - Registered letters to last known address
 - Friends
 - Relatives
 - Last known place of employment
 - Telephone directory
 - Other social service agencies (public welfare, mental health, etc.)
 - Utility companies
 - Employment services
 - Probation/parole authorities
 - Labor unions
 - School and colleges parent attended
 - Social Security Office
 - Police departments
 - Motor Vehicle Registration Office

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- Hospitals/clinics
- Child Support Unit (IV-D)
- Bureau of Indian Affairs (Social Services)
- Tribal Enrollment Office

Other:

Letters to parent c/o relatives, friends, previous employers, etc. With or without a social security number, address a letter contained in an unsealed envelope to the parent, enclosed with request that it be forwarded - mail to:

Social Security Administration
Bureau of Data Processing
Baltimore, MD 21232

Contact:

Federal Bureau of Investigation
Records Department
Washington, DC

Condition - This refers to qualities within the parent which prevent adequate nurturing. These qualities should have a diagnosis and prognosis.

1. Make use of professional consultation if necessary in obtaining a clear diagnosis and prognosis of the parent's condition. These are minimal items to request:
 - What is the parent's condition-specific diagnosis and a description in lay language?
 - How does, or could, this condition prevent adequate parenting?

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- What is the prognosis (future) of the parent's condition: including ability to parent, and expected time for improvement or recovery from condition?
- What indicators of future stability exist?

Conduct - This refers to parental behavior which is detrimental to the child.

1. Define in behavioral terms the parental conduct which is preventing return home.
2. In what specific ways is this conduct detrimental to the child?
3. What conduct indicates genuine caring for the child?

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Child 624-05-15-80-10-10
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Assess the child's current situation. Look at each category to determine what plan will be appropriate for the child.

Attachments - This refers to the feelings a child has about where they belong and who is their family.

Consider the following in making your assessment:

1. Length of time in care - what percentage of their life has been spent in care.
2. Number of placements and length of time for each.
3. Where the child says they belong.
4. What relationships does the child want to maintain.
5. Request assessment of bonding from a psychologist or psychiatrist for help if this is necessary.
6. The child's attitude toward permanency in their lives.

Condition - This refers to qualities within the child which prevent him from receiving the care and nurturing they need in their home.

These qualities should have a diagnosis and prognosis.

1. Make use of professional consultation in obtaining a clear diagnosis and prognosis of the child's condition. These are minimal items to request.
 - What is the child's condition - specific diagnosis and a description in lay language.
 - How does this condition affect the parenting that this child will need.

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- What is the prognosis (future) of the child's condition and how might it be affected by various placement plans.

Conduct - This refers to a child's behavior which is disruptive to the family.

1. Define in behavioral terms the child's conduct.
2. In what specific ways will the child's behavior influence plans for placement?
3. What special parenting will this child need as a result of the child's behavior?

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Assess the foster family's current situation. Each foster family must be evaluated in terms of their commitment to the child, the child's future, and the best interests of the foster family.

1. Length of time the child has been in placement.
2. Assessment quality of the relationship between the foster parents and the child.
3. Bonding with the child.
4. Assess foster family's ability to accept the child's family.

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**Periodic Review Requirement for Group Homes and
Residential Child Care Facilities 624-05-15-85**

(Revised 2/10/07 ML #3053)

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For those children placed into an in-state group care facility or residential child care facility, it shall be the continuing responsibility of the legal custodian (i.e. county, or in the case of a TPR, county where court action initiated) or the Division of Juvenile Services representative responsible for the case plan to continue the periodic review process. (See Reference N.D.A.C. 75-03-16.)

Arrangements must be made to ensure that the county having financial responsibility for foster care payment receives at least quarterly written reports from any facility in which the child is placed.

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**Periodic Review for Children Committed to the
Division of Juvenile Services 624-05-15-90**

(Revised 2/10/07 ML #3053)

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All youth committed to the Division of Juvenile Services who are pending placement or who are placed in foster care must be initially and periodically reviewed with the permanency planning committee/Foster Care Child & Family Team as outlined in this chapter. This review must be initiated by the Division of Juvenile Services worker as the case manager.

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**Committee Process (Permanency Planning
Committee/Foster Care Child & Family Team)
624-05-15-95**

**Organizational 624-05-15-95-05
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The co-chairpersons of the committee are the regional foster care supervisor and the County Social Service Board director or designee.

It is the responsibility of the chairperson to call the meeting and set the meeting dates. Committee meetings may be conducted in group face to face committee meetings, telephone conference calls, or a combination of the two. Cases to be reviewed are determined in advance of the committee meeting. Any member of the committee may request that a case be reviewed. The case manager is responsible for assuring that all "new" as well as on-going cases be reviewed.

It is the responsibility of the case manager to get the case on the schedule for committee/team meetings.

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**Initial Permanency Planning Committee/Foster Care
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The case manager has the responsibility for presenting the case to the committee/team. The demographic information on "Permanency Planning Committee Initial Report," (including the Independent Living Plan and Health & Educational Requirements), must be completed by the case manager on CCWIPS prior to the meeting. In order to function effectively, the committee/team must have pertinent information about the child, the parents, the extended family, and the foster family when appropriate. This will include information, as recorded in the Strengths Discovery, on the incidents and safety issue that may have precipitated the need to consider placement, what services have been provided to prevent the placement and also information on how each parent and child has been functioning. The case manager for the child has the responsibility for insuring that a Strengths Discovery is completed and is available for use by the committee/team. The case manager should be prepared to discuss any of the items on the Single Plan of Care. The committee/team provides input for case planning by identifying strengths, needs, and risk factors. It is the responsibility of the case manager to complete case plan documentation and distribute as required.

When the child's rights have been terminated and the child has been referred to a specific child placing agency, that agency should have a representative at the committee/team meeting to discuss arrangements for the child to be placed into a permanent adoptive home. The private agency should be prepared to be very specific about their role in the case planning for the child.

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**Quarterly Permanency Planning Committee/Foster
Care Child and Family Team Meetings/Progress
Report 624-05-15-95-15**

(Revised 2/10/07 ML #3053)

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The quarterly committee/team meetings focus on case progress towards the established goal with specific dates for completion and ongoing evaluation of the treatment plan (SPOC) to fulfill the stated goals. The committee/team has the responsibility to provide planning input. Other duties are the same as those indicated in 05-15-105-15. At the conclusion of the meeting, the case manager is responsible for completion and distribution of the completed case plan/single plan of care review.

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**Documentation of Permanency Planning Initial
Report and Progress Report 624-05-15-95-20
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The Permanency Planning Committee Initial Report and Permanency Planning Committee Progress Report on CCWIPS are required for case plan and case review. All case plan and permanency planning review requirements are built into screens on the CCWIPS system. This is designed to ensure that federal mandates related to foster care have been met.

The eligibility specialist has on-line review access to foster care cases on CCWIPS, to assure that AFDC-Foster Care eligibility requirements and compliance issues are met. If the case is not on-line, hard copies of the forms SFN 902, "Permanency Plan Committee Initial Report," and SFN 903, "Permanency Planning Committee Progress Report," must be sent to the eligibility specialist in the county of financial responsibility.

Refer to NDDHS 624-05-15-20-10 for information on those limited circumstances where the pre-printed paper SFN 902 and SFN 903 are used.

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**Legal Authority of the Permanency Planning
Committee (Foster Care Family Team Meeting)
624-05-15-100**

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The custodial agency has the final responsibility for the case plan and what happens to the child. The committee essentially serves in an advisory or recommending posture in relation to the case plan. The agency and committee by working cooperatively through multi-agency and multidisciplinary approaches can provide a wider variety of support services to the parents, foster child, and foster parent to carry out the treatment for the case plan. The committee makes a recommendation as to whether a petition should be filed for termination of parental rights; if and when the child should be returned to their own homes; the parent's willingness and ability to benefit from counseling and treatment services; potential for the parents to ever be able to provide and care for their child and other critical decisions. No single profession has the total knowledge of what is the best plan for a child. By utilizing a multi-agency, multidisciplinary permanency planning/team approach, we broaden the input and allow for more ideas into the important planning decisions. This has proven to be very valuable when it is necessary to go to court on behalf of children and their families. (Reference N.D.A.C. 75-03-14.)

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Responsibility for Permanency Planning
624-05-15-100-05

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Permanency Planning is the responsibility of the custodian.

In out-of-state foster care placements in family foster homes or in group or residential child care facilities, permanency planning is the responsibility of the legal custodian.

The county of financial responsibility maintains all case management responsibility not vested in the custodian.

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**Services Following Termination of Parental Rights
624-05-15-100-10**

(Revised 2/10/07 ML #3053)

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The county where court action terminating parental rights was initiated shall continue to exercise responsibility for permanency planning until the adoption is finalized (as required by federal law). This should be done in cooperation with the private agency adoption worker.

For information on determination of financial responsibility for foster care payment, refer to: Manual Chapter 623-05.

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Financial County 624-05-15-105

**Definition of Financially Responsible County
624-05-15-105-05**

(Revised 2/10/07 ML #3053)

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The county having financial responsibility means the county where the child's parent has residence at the time of court intervention. The county of financial responsibility could change after a 60-day lapse in placement. If the parents do not have residence in North Dakota, then the financial responsibility exists in the county where the child resided at the time of court intervention. (Definition developed by county directors, 1997)

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**Responsibilities of County of Financial Responsibility
624-05-15-105-10**

(Revised 2/10/07 ML #3053)

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Financial responsibility for the case always rests with the "financial county."

The financial county enters the payment information on CCWIPS, unless an agreement to do so is negotiated with another county.

The county of financial responsibility maintains all case management responsibility not vested in the custodian. In cases where the financially responsible county is also the custodian, the county has complete responsibility for the case, including eligibility and payment and all activities associated with placement and supervision of the child.

In certain circumstances, the financial/custodial county may negotiate an agreement with another county to provide specific services, such as placement and supervision. In such an instance, the financial/custodial county remains responsible for ensuring that permanency planning/Foster Care Child & Family Team meeting takes place, and that the case is documented, for example, in preparation for audit.

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**Responsibility by Type of Care and Custodian
624-05-15-105-15**

(Revised 1/12/09 ML #3170)

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1. Family Foster Care:

The financial county for family foster care (not therapeutic family foster care) is the county where the child's parent has residence at the time of court intervention.

2. Therapeutic Family Foster Care:

In therapeutic family foster care, the procedures for financial county are similar to procedures for children in group/RCCF/PRTF care. The custodian refers the child, ensures that permanency planning takes place, maintains the documentation ensuring that custodial duties are carried out and compliance issues met. The financial county (where the child's parent has residence at the time of court intervention) is frequently the same as the custodial county. In some instances, there may be an exception to this. Please refer questions to the regional supervisor.

3. Group/Residential/PRTF:

The county of financial responsibility for children and youth in foster care in group/RCCF, in or out of state, is the county where the child's parent has residence at the time of court intervention. Financial responsibility will remain with that county as long as the individual remains in care.

4. Division of Juvenile Services:

Division of Juvenile Services (DJS), as custodian, is responsible for those case management duties involved in permanency planning as found in NDDHS 624-05. This includes, for example, contacting the regional supervisor to ensure that the DJS case is permanency planned, ensure placement in the least restrictive environment, is reviewed

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regularly in permanency planning, and that appropriate permanency planning documentation is in place.

5. Tribal Foster Care Cases:

Above guidelines are followed.

The eligibility worker in the appropriate county has the responsibility to see that permanency-planning reports are on CCWIPS. If not, the eligibility worker will notify the appropriate tribal social worker.

For tribal case plans (Permanency Planning Committee Initial Report) and quarterly reports (Permanency Planning Committee Progress Report), the involved county starts the case plan on CCWIPS (generating available information from the system), printing it out, and mailing it to the appropriate tribal social worker for completion.

It is the responsibility of the tribal social service worker (case manager) for the specific case to ensure that permanency planning is done in a timely manner and that the policies in Service Chapter 624-05 are followed. It is the responsibility of the tribal social worker to ensure that the tribal court is notified if hearings are due, etc.

Please refer to Service Chapters 447-10 and 623-05 for more information.

High Risk Activities

The child's custodian has the discretion to approve the child's participation in what may be considered high risk activities; i.e. skiing, hunting, horseback riding. This decision should be made during the Foster Care Child & Family Team meeting. It is recommended that the child attend any safety course available that may relate to the activity prior to participating in the activity; i.e.

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hunter's safety. Approval should be documented in the child's case file.

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Discharge Planning 624-05-15-110
(Revised 1/15/10 ML #3206)

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Every young person deserves a permanent family relationship. For some, permanency may be defined as a lifelong connection to a supportive adult.

The Child & Family Team, including the youth, needs to develop a comprehensive discharge plan, focusing on the individualized needs of the young person. Special attention must be given to the youth's mental health, substance abuse, and developmental issues. All youth should leave care with the following:

- his/her personal items
- legal documents, including birth certificate, social security card and/or identification card
- medical and immunization records
- education records

The areas of housing, education, and/or employment should be firmly in place prior to discharge. Youth should not be discharged from foster care without fully exploring financial resources. For those youth without the support of a family, the plan should include significant adults that can be counted on to support the youth following his/her discharge. Appropriate referrals, including those to Independent Living Programs and Medical Assistance, should be made prior to discharge.

A transition plan, personalized at the direction of the foster child, must be developed during the 90-day period immediately prior to the date on which the child will reach age 18. The transition plan will include specific options such as:

1. Housing

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2. Health insurance
3. Education
4. Local opportunities for mentors and continuing support services
5. Work force supports and employment services.

Foster youth aging out of the system must be provided with a copy of their health and education records at no cost to the youth.

All efforts must be made to ensure that foster youth are not discharged into homelessness.

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**Goals in Foster Care Placement - Case Plan
Requirements 24-05-15-115**

(Revised 1/15/10 ML #3206)

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It is impossible to develop any plan for children in foster care without establishing goals, either single or concurrent, with specific deadlines and a specific time frame established to reach those goals (See Wraparound Case Management Manual Chapter 641-10).

Foster care lends itself to situations that are extremely difficult to define. It is imperative that a plan be developed with the Permanency Planning Committee/Foster Care Child & Family Team related to strengths, needs, risks, and safety issues with specific measurable and time-limited goals and tasks that will achieve permanency for the child. The safety, permanency, and well being of children and their families must be the priority for everyone involved in the case planning to assure timely permanence and goal achievement.

The primary purpose of the case plan for each child is to document the intent and the steps under way to achieve the goals, including both reunification goals and/or alternate permanency goals. Federal law, in particular, requires that the case plan documents the goals and progress being made toward those goals.

In particular, with respect to a child whose permanency goal is adoption or placement in another permanent home, the case plan must document the steps which the agency is taking to find an adoptive family or other permanent living arrangement, to place the child with an adoptive family, a fit and willing, relative, a legal guardian, or in another planned permanent living arrangement, and to finalize the adoption or legal guardianship. At a minimum, such

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documentation shall include child-specific recruitment efforts such as the use of the state or national adoption exchanges.

A transition plan, personalized at the direction of the foster child, must be developed during the 90-day period immediately prior to the date on which the child will reach age 18. The transition plan will include specific options such as:

1. Housing
2. Health insurance
3. Education
4. Local opportunities for mentors and continuing support services
5. Work force supports and employment services.

For foster youth 16 years and older, refer to Manual Chapter 624-10, Independent Living Policy.

The following are some examples of the goals that can be established to meet the needs of the children, when to select the goal, how to implement it, and when a selected goal may not work.

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Return Home 623-05-15-115-05

(Revised 2/10/07 ML #3053)

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This refers to the return of a child in foster care to the home of one or both parents.

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When to Select This Goal 624-05-15-115-05-05
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The goal of return home is generally the first choice for a permanent plan. It maintains family roots, requires few legal procedures and is usually the least traumatic.

The goal of return home should be considered when the assessment/Strengths Discovery indicates the following:

- The parent is able to provide safely and adequately for the child's well being.
- The parent will be able to provide safely and adequately for the child's well being in a reasonable period of time.
- The parent wants to have the child returned home.
- The child wants to return home.
- Conditions in the home are sufficiently positive after the parents have met the treatment plan goals.

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**How to Implement This Goal 624-05-115-05-10
(Revised 1/1/11 ML #3256)**

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The goal of adoption involves permanent separation of child and family, and this will require considerable work by the agency. There are two basic steps in the adoptive process:

1. Developing a plan for placement including the referral to AASK for adoptive placement. A referral must be made to AASK no later than when the petition for termination of parental rights has been filed. A referral to AASK should be made when a goal (or concurrent goal) for adoption has been established.
2. Freeing the child for adoption.

The release of a child for adoption is a legal procedure. Before continuing with adoption plans, consult with your agency attorney, court or another attorney familiar with adoption laws in your state and get the following information:

- a. What statutes pertain to adoption.
- b. What procedures must be followed if a parent wants to voluntarily relinquish their parental rights.
- c. What are the grounds necessary to terminate a parent's rights when they will not release the child voluntarily.
 - Many statutes permit termination of parental rights based upon:
 - Absence - Abandonment of the child for a long time or a series of shorter periods of abandonment.

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Condition - A parental condition which can be diagnosed as precluding parental ability to care for the child adequately.

Conduct - Parental behavior which has demonstrated the parents' unwillingness or inability to provide adequately for the child's well being.

Best interest of the child - The child has formed strong ties with another family and/or will be damaged by a return to the biological parents.

- ASFA requirements and timelines have expanded the reasons for termination of parental rights. Refer to the 1999 amendments to N.D.C.C. 27-20-20.1. Petition to terminate parental rights – When brought – Definitions, for complete information.
- d. What factual evidence is necessary and admissible in court if parental rights are to be terminated.
- e. What if one parent will release the child and the other won't, or you cannot locate one parent.
- f. What is the appeal process.

A plan should be developed to initiate general recruitment for an adoptive family at the first Foster Care Child & Family Team meeting following a termination of parental rights. General recruitment is not necessary if the child's current placement resource has committed to adopting the child. Current caregivers should be given sufficient support to make their decision to adopt the child which will transition a child to permanence within a timely manner. It is not appropriate to delay a child's adoption while waiting indefinitely for a placement resource's decision.

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The goal of return home would not be appropriate under the following circumstances.

- The parent does not want to have the child returned.
- The child strongly objects with good cause to returning home.
- The parent cannot or will not provide adequately for the child's safety and well being.
- The parent will not be able to provide adequately for the child's safety and well being within a reasonable period of time.
- The parent(s) refuses to participate in treatment

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Placement with Relatives 624-05-15-115-10
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This refers to the placement of a child with a relative other than the biological parents.

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When to Select This Goal 624-05-15-115-10-05
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The goal of placement with relatives is one of the less restrictive options. Placement with relatives should be selected under these circumstances:

- The agency must maintain legal custody of the child for up to 12 months and provide supervision during the placement.
- The goal of return home has been ruled out.
- The relative is able to provide adequately for the child's needs and participate in the treatment plan for the child.
- The relative will be able to provide safely and adequately for the child's needs.
- The relative is willing to make a commitment to care for the child.
- The child wants to be placed with the relative.

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To place a child with relatives there are four steps to follow:

1. Location of relatives as possible placement resources. If relatives have not already come forward to express an interest in caring for the child, seek out family members who might be interested. Refer to 624-05-15-50-20 for comprehensive information on conducting a relative search.
2. Assessment of the relative's home. Consider in your assessment:
 - a. Physical resources that the relatives have for providing for the child in a safe and stable environment.
 - b. Commitment to the child.
 - c. Flexibility. Will they be able to adapt to the changes the child will bring to the home. Are their words and actions consistent.
 - d. Stability. Have their relationships, employment, housing and social circumstances remained reasonably stable.
 - e. Nurturance capacity of the relative.

If the relatives live in another state or county, request an assessment of their home through Interstate Compact before deciding to place the child.

3. Development of a plan/single plan of care. The plan/single plan of care should be developed with the relatives and the child (when appropriate) and contain the following:
 - a. Specific tasks the relative must complete in order to provide adequately for the child's needs.

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- b. A visitation plan designed to develop and strengthen the bond between child and relative.
 - c. Target date for placement.
 - d. Follow-up plan/safety plan for family support following placement of child.
 4. Clarification of the legal status of child and family. Determine the legal status of the child and the relative with regard to this plan. Check with your regulations and your attorney or court for the following information:
 - a. By what authority does your agency have this child in care.
 - b. What must be done legally to move the child into the relative's home.
 - c. What legal rights and responsibilities do the relatives have with respect to this child when placed with them.
 - Can they consent to surgery, armed services, marriage, etc.
 - Can they keep the child safe from the parents who are at risk of harming the child.
 - d. Is legal guardianship appropriate?

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**When Not to Select This Goal 624-05-15-115-10-15
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The goal of placement with relatives may not be appropriate under the following circumstances:

- No relatives want the child
- The child strongly objects to placement with relatives.
- The parents strongly object to placement with relatives.
- The relatives cannot provide safely and adequately for the child's needs, or provide protection (i.e. sexual and physical abuse cases) and will not be able to within a reasonable period of time.
- The relatives are not willing to participate in the treatment plan or accept supervision from the agency.

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Adoption 624-05-15-115-15
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This refers to the situation where the legal rights and responsibilities of a parent to a child are terminated and assumed by another individual who becomes the child's legal parent.

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When to Select This Goal 624-05-15-115-15-05
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Adoption is the permanent goal offering the most stability to the child who cannot return home to his parents. It is also the most traumatic to the family since it generally involves permanent separation of child and family. All reasonable efforts should be made to reunite the family before moving to adoption. The goal of adoption should be considered under the following circumstances:

- The goal of return home has been ruled out.
- The parents through words or action have shown an inability or unwillingness to care for the child. The biological parents will not be able to provide for the child's safety and well being within a reasonable period of time.
- The parents want the child to be adopted, or parental rights have been terminated.
- An adoptive home is available or can be found within a reasonable period of time.
- The child wants to be adopted.

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The goal of adoption involves permanent separation of child and family, and this will require considerable work by the agency. There are two basic steps in the adoptive process:

1. Developing a plan for placement including the referral to AASK for adoptive placement. A referral must be made to AASK no later than when the petition for termination of parental rights has been filed. A referral to AASK should be made when a goal (or concurrent goal) for adoption has been established.

2. Freeing the child for adoption.

The release of a child for adoption is a legal procedure. Before continuing with adoption plans, consult with your agency attorney, court or another attorney familiar with adoption laws in your state and get the following information:

- a. What statutes pertain to adoption.
- b. What procedures must be followed if a parent wants to voluntarily relinquish their parental rights.
- c. What are the grounds necessary to terminate a parent's rights when they will not release the child voluntarily.
 - Many statutes permit termination of parental rights based upon:

Absence - Abandonment of the child for a long time or a series of shorter periods of abandonment.

Condition - A parental condition which can be diagnosed as precluding parental ability to care for the child adequately.

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Conduct - Parental behavior which has demonstrated the parents' unwillingness or inability to provide adequately for the child's well being.

Best interest of the child - The child has formed strong ties with another family and/or will be damaged by a return to the biological parents.

- ASFA requirements and timelines have expanded the reasons for termination of parental rights. Refer to the 1999 amendments to N.D.C.C. 27-20-20.1. Petition to terminate parental rights – When brought – Definitions, for complete information.
- d. What factual evidence is necessary and admissible in court if parental rights are to be terminated.
- e. What if one parent will release the child and the other won't, or you cannot locate one parent.
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Prepare your Case 624-05-15-115-15-15
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Review your case record, case plan/single plan of care, your notes, all letters and correspondence concerning the child. Develop a chronology of your information for termination of parental rights.

For example, list in chronological order the following information about both parents:

1. Reason, date and plan for placement. Note court orders, etc. that document these items.
2. Visits between child and parent, including dates, who made the arrangements, where the visit occurred, how the child and parent behaved and failure to show for visitation by parents.
3. Gifts given to the child - include cards and letters. Note appropriateness, whether one child in a family was left out, dates gifts were given and who gave them.
4. Financial support for child. Who paid what and when, was their court order requiring payment.
5. Parental involvement in case work plan for child's return. Document plans developed, note success and failures at goal achievement, note referrals made to other treatment providers.
6. Document parental conditions which necessitate termination of parental rights.
7. Review all documentation kept by the foster parents throughout the course of the placement.
8. Agency service provision to the family to help in rehabilitation. Include dates of contacts, document services provided. List failed scheduled treatment appointments.

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9. Periods of abandonment and agency attempts to locate missing parents.
10. Child's reaction and preference.
11. Parents' reaction to situations regarding their child while in placement.

Review your chronological record with regard to state statutes for termination of parental rights.

If you believe you have a strong case, meet with your attorney to plan to take your case to court.

If your case is weak, begin NOW to collect the information you need. If the agency has failed to provide adequate services, you may need to plan for return home with a clear casework plan. Should that plan fail you will then have a clear documentation for termination at a future time.

When you have determined that you are ready to go to court, prepare the parents for what is to happen. This applies to voluntary as well as involuntary terminations.

1. Explain clearly to parents the nature of the court proceedings which will occur.
2. Explain clearly to parents their rights to counsel.
3. Explain to the child, if they are to be involved in this process, what is going to happen in the court proceedings.
4. Explain, when appropriate, to the foster parents the process and what is going to happen in the court proceedings.
5. Explain that foster caregivers must be provided the "right" to be heard in any proceeding.

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Development of a Goal 624-05-15-115-15-20
(Revised 2/10/07 ML #3053)

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A clear and specific goal should be developed with all parties involved which includes the following:

1. Preparation of the child for adoption, including explaining reasons for termination of parental rights, development of a life history books, counseling around loss of parents.
2. Visitation plan designed to build the adoptive parent-child relationship.
3. Target date for placement.
4. Procedures for handling disagreements in the planning process.
5. Specific plans for follow-up services to child and family following placement.
6. Procedures necessary to finalize adoption.

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**When Not to Select This Goal 624-05-15-115-15-25
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This goal of adoption should not be selected under the following circumstances:

1. The child's own family wants the child and can provide adequately for their safety and well being.
2. The child wants to return to the parents.
3. The child strongly objects to being adopted.
4. The child cannot be freed for adoption.
5. No adoptive home can be found following an exhaustive search for such a home, including use of national resource exchanges.

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Guardianship 624-05-15-115-20
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The Adoption and Safe Families Act of 1997, (Title IV-E of the Social Security Act) recognizes guardianship as a permanency option for some children.

A legal guardianship means a judicially created relationship between child and caretaker. This can be accomplished without termination of parental rights. (See: N.D.C.C. 27-20-48-1 and N.D.C.C. 30.1-27.).

The North Dakota Department of Human Services has developed a subsidized guardianship program for those older youth in foster care who do not have the option of returning home, living with a relative, or adoption.

Guardianship is a permanent arrangement and should be considered only after exhausting all other permanency options.

Please refer to NDDSH Service Chapter 623-10, "Subsidized Guardianship," for more information.

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**Alternate Permanency Placements 624-05-15-115-25
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The Adoption and Safe Families Act (ASFA) regulations effective March 27, 2000 require a significant change in practice related to long-term foster care, independent living, and emancipation. The changes are consistent with discouraging the use of long-term foster care, and the preference for another permanency arrangement for the child such as adoption or guardianship. Throughout the new federal regulations related to ASFA, you will note references to “another planned permanent living arrangement,” and few, if any, references to long-term foster care, independent living, or emancipation.

The Supplementary Information to the federal regulations issued January 25, 2000, clarifies that it is not permissible for courts to extend their responsibilities to include ordering a child’s placement with a specific foster care provider. The child’s placement and care responsibility must be with a public agency (the State agency or another public agency with whom the State agency has an agreement). Once a court has ordered a placement with a specific provider, it has assumed the State agency’s placement responsibility.

The terminology regarding “dispositional hearing” has been replaced in ASFA at 475(5)(C) by “permanency hearing.” The requirements at 475(5)(C) require a permanency hearing no later than 12 months after foster care entry, and not less frequently than every 12 months thereafter, “. . . which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred

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for termination of parental rights or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement"

1356.21(h)(3): (Federal Regulation effective 3-27-2000)

If the State concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement, the State must document to the court the compelling reason for the alternate plan . . .

The requirement for the 12-month permanency hearing (and every 12 months thereafter) applies to the child "in another planned permanent living arrangement."

Children entering "another planned permanent living arrangement":

When other options such as reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative have been ruled out, and it is concluded that "another planned permanent living arrangement" is the most appropriate plan for the child, the agency must document to the court the compelling reason for the alternate plan.

The child's case plan/single plan of care along with the "compelling reasons" document must be available to the court for review during the next permanency hearing.

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Permanency Planning Requirements:

The quarterly Permanency Planning Committee/Foster Care Child and Family Team reviews now apply to all children in foster care, including those in “another planned permanent living arrangement” (such as long term foster care). This will ensure that the placement is reviewed and the case plan/single plan of care kept up-to-date for the court’s yearly review at the 12 month (or sooner) permanency hearing.

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**Planned Permanency Living Arrangement
624-05-15-115-30**

(Revised 2/10/07 ML #3053)

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Another Planned Permanent living Arrangement (APPLA) is a permanency alternative permitted under ASFA that allows a young person to have a "permanent home" that is not his home of origin, adoption, guardianship, or kinship care. This generally is not considered as legally or emotionally secure as the three principle permanency options.

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When to Select This Goal 624-05-15-115-30-05
(Revised 2/10/07 ML #3053)

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Another Planned Permanent Living Arrangement (APPLA) should be selected as a permanency goal only after reunification, adoption, legal guardianship, and relative placement have been ruled out. ASFA explicitly prohibits long-term foster care as a permanency option. APPLA either will involve a permanent adult caregiver of the child or at least adult parent figures playing permanent and important roles in the child's life.

APPLA is intended to be planned and permanent. Planned means the arrangement is intended, designed, considered, premeditated, or deliberate. Permanent means enduring, lasting, or stable. In other words, the agency must provide reasons why the living arrangement is expected to endure. The term living arrangement includes not only the physical placement of the child, but also the quality of care, supervision and nurturing the child will receive.

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**How to Implement This Goal 624-05-15-115-30-10
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If the custodian concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for the child is placement in another planned permanent living arrangement, the custodian must document to the court the compelling reason for the alternate plan.

The Single Plan of Care (SPOC) should focus on building relationships between the child and those adults who will be his or her network of support upon discharge from foster care. APPLA can certainly include family foster care, but it will usually be foster care with a particular family or individual. Most importantly, the plan should focus on the caregiver's familial relationship with the child continuing after the youth is discharged from foster care.

Examples of a compelling reason for establishing a goal of another planned permanent living arrangement:

1. The case of an older teen who specifically requests that emancipation be established as his/her permanency plan;
2. The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him/her to the age of majority and to facilitate visitation with the disabled parent; or
3. The Tribe has identified another planned permanent living arrangement for the child.

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Basic and Specialized Family Foster Care 624-05-20

Basic Family Foster Care 624-05-20-05

(Revised 2/10/07 ML #3053)

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This is 24-hour care and supervision of a foster child provided by a licensed family foster home. It includes safety and well being for the child as well as teaching basic life skills such as feeding, cleanliness, and self discipline and provides economic, recreational and social experiences and education which are appropriate to a child's age and mental and physical capacity. This level of care is intended for children who would experience the usual foster child separation, placement, and developmental problems but would have no other severe outstanding problems. Payment for this type of care includes maintenance payments and irregular items as indicated in North Dakota Department of Human Services Service Chapter 623-05.

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**Specialized Family Foster Care - Excess Maintenance
Payments (EMP) 624-05-20-10**

(Revised 2/10/07 ML #3053)

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This is 24-hour care and supervision of a foster child with special problems, the severity of which places undue demands on the foster parent's physical, emotional, and/or material resources beyond the demands expected in normal foster parenting. Specialized care homes are foster homes in which excess maintenance payments (EMP) are made on an individual basis when the foster child requires special services or based on the child's difficulty of care level.

These special services would involve an unusual amount of one or more of such things as: time, physical work, skill, stress, or cost to the foster parent. In the area of time, an unusual amount could be required for feeding, dressing, and/or supervising. In regard to the physical work in special situations, there could be a need for an unusual amount of washing, cleaning, lifting, and/or transporting. In the area of skill, the foster parent would need ability in teaching, and in the handling of behavior and/or medical problems. In the area of stress, consideration would be given to the strain on the foster parents when the child's needs require performing distasteful tasks, constant supervision, the meeting of frequent acute situations, and/or the handling of abnormal behavior problems. In the area of costs, consideration would be given to the destruction of household equipment, the unusual wear and tear of walls and woodwork and respite from child care demands.

Approximately 25% of the children in family foster care in North Dakota fall within this category. Payments to foster parents providing this type of care include the age appropriate foster care maintenance, and irregular items as stated in North Dakota Department of Human Services Manual Chapter 623-05 and excess maintenance payments (EMP) subject to the requirements noted in

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this manual chapter. Also, refer to NDDHS 623-05, "Difficulty of Care/Excess Maintenance Payments (EMP), Category 60."

Relief care: See 623-05

Only licensed or affidavit homes should be used for relief care.

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**Examples of Problematic Behavior or Needs
624-05-20-10-05**

(Revised 2/10/07 ML #3053)

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Some examples of problematic behavior or needs of the foster child which might qualify the foster parent for the EMP payment include stealing, lying, swearing, alcohol/drug abuse, runaway, emotional problems, self destructive behavior, suicidal thoughts, continuous supervision related to a medical condition, unusual special dietary needs, teaching the child self-help skills (primarily for the blind, deaf or developmentally disabled), and others. The above list is to serve as a guideline and is not intended to be all inclusive.

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**Required Training for Foster Parents Providing
Specialized Care 624-05-20-10-10**

(Revised 2/10/07 ML #3053)

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Foster parents receiving specialized payments (EMP) are required to take the following training:

1. Initial orientation
2. PRIDE Core Service Course
3. PRIDE Core Training Curriculum, as appropriate
4. Annual Training – 12 hours

The initial orientation training is to be conducted by the county social service board, regional human service center staff, the private agency or a combination of these agencies. Foster parents licensed July 1, 1985 to January 1, 1998, were required to take the basic foster family course within six months of licensure. Since January 1, 1998, prospective foster parents must also take the PRIDE Pre-service Course prior to licensing. (PRIDE training for foster parents commenced January 1, 1998, and availability has increased since that time.) The foster parents must take, if provided or approved, at least twelve hours of training per year effective July 1, 1985. Foster parents must also be willing to take the specialized training PRIDE Care modules that will be required when available and prior to receiving the enhanced maintenance payment.

It is the responsibility of the county social service boards and regional human service centers or the private agency to assure that this training is made available, either through direct provision or written approval to the foster parents providing specialized care. It is the responsibility of the foster parent to avail themselves of the training when provided or approved.

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Foster parents who do not take the above identified training even though it is available to them and even though they are providing foster care to a child whose behavior would qualify them as providing specialized care will not be eligible for excess maintenance payments. It is the responsibility of the regional foster care supervisor to assure that all foster parents receiving EMP's care meet the above requirements. The regional foster care supervisor does have the authority to waive the required training under appropriate circumstances. (Example: If a foster parent had a degree in special education and was caring for a mentally retarded child, then it would be appropriate to waive the training in this type of situation.)

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**Levels of Specialized Family Foster Care Payments
624-05-20-10-15**

(Revised 2/10/07 ML #3053)

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Specialized family EMP levels and amounts are as follows:

1. Level 1 -- \$50.00 per month
2. Level 2 -- \$100.00 per month
3. Level 3 -- \$150.00 per month
4. Level 4 -- Refer to NDDHS 623-05 for explanation

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**Approval of Specialized (EMP) Payments
624-05-20-10-20**

(Revised 2/10/07 ML #3053)

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The "Specialized Family Foster Care/Adoption Assistance Level of Care Evaluation Form" (SFN 1865) must be completed when an excess maintenance payment (EMP) is being considered. The form is to be completed by the child's foster care case manager with the assistance of the Foster Care Child & Family team.

Approval of specialized level EMPs shall be made by the permanency planning committee/Foster Care Child & Family team with regional supervisor approval. Cooperation between the permanency planning committee/team members is essential to the functioning of the specialized EMP system. Professionals need to recognize the committee's effort to try to achieve fairness and uniformity in the application of the EMP for children. Each regional supervisor is responsible for determining the comparative difficulty of care that the children in their region require. It is felt that this procedure will provide regional uniformity and still provide for professional judgment. It is the responsibility of the regional foster care supervisors to maintain the standard for uniformity of payment level in the region. Regional supervisor questions regarding appropriateness of EMP levels will be discussed with the Administrator, Foster Care Program.

Before EMP payment can be made for specialized family foster care, there must be:

1. A completed (SFN 1865), "Specialized Family Foster Care/Adoption Assistance Level of Care Evaluation Form, completed and signed by the case manager, county director (or designee) and regional supervisor (or designee).

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2. A signed (**SFN 904**), "Agreement to Furnish Specialized Family Foster Care Services" signed by the foster parent, county social service board representative, and regional foster care supervisor.

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Specialized Payment Procedure 624-05-20-10-25
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The payment for EMP specialized family foster care is made with foster care funds.

The child's social worker is responsible for getting the signed agreement (SFN 904, "Agreement to Furnish Specialized Family Foster Care Services"). The agreement must be signed by the foster parent, administrative county and regional supervisor. It is important that this be done in a timely manner when the decision is made that this excess payment need exists. It is not the Department's practice to back date agreements. The duration of the agreement should not exceed the end of the court order, or the end of the biennium, whichever is earlier.

The EMP payment in Specialized Family Foster Care is handled as part of the maintenance payment as an irregular payment on CCWIPS. Refer to Service Chapter 623-05 for more information.

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**Request for an Adjustment in the Level of Excess
Maintenance Payment (EMP) 624-05-20-10-30
(Revised 2/10/07 ML #3053)**

[View Archives](#)

Any foster parent or other member of the permanency planning committee/Foster Care Child & Family team may request that the committee reevaluate the level of care whenever there is a significant change in the child's functioning. Review of the need for an EMP payment will be required with each review of the Single Plan of Care.

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Therapeutic Family Foster Care 624-05-20-15
(Revised 1/12/09 ML #3170)

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Introduction:

This manual information represents North Dakota's model of Therapeutic Family Foster Care (TFFC). The North Dakota model was designed to meet the needs of children who would otherwise require a more restrictive setting, such as a group or residential facility. Characteristics of the North Dakota model include the preference for only one child in a therapeutic family foster home (TFFH), with a maximum of two in some situations; small social worker caseloads (8-10); and, intense agency support for the TFFH. This is the model the Department is interested in purchasing for those children who need the TFFH level of care, meet the eligibility requirements for TFFC, and where a TFFH is available to meet the child's needs. TFFC is available statewide; however, due to resource constraints it is limited.

Therapeutic family foster care is family care in a specially selected foster home, where the foster parents have participated in intense preparation and training for meeting the needs of children who are at risk of placement in a more restrictive setting. It provides more opportunity for one-on-one work by the TFFH and the child, and a more intense level of support and availability to the TFFH by the social worker who has a limited number of therapeutic family foster care cases. TFFC is intended to be in lieu of a more restrictive setting for children and youth in need of out-of-home care.

Licensing & Placement Limits:

Due to the intensity of needs of youth in care, the TFFH license is limited to two children. Preferably, one child will be placed in a TFFC home. Two TFFC children in the home is maximum. If it is determined that the home may be used for more than one child at

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any time, the license is issued for two. This accommodates brief relief care stays, without the need to amend the foster home license. It is important to keep in mind that licensing and placement are separate and distinct issues. In terms of placement, North Dakota policy states a preference for one child in a TFFH with two (occasional) as the maximum. The maximum of two includes the relief care placement or a mother-infant placement. Licensing requests for more than two in therapeutic family foster homes are handled as exceptions by the regional supervisor in consultation with the Administrator, Foster Care Program, Children and Family Services.

Financial County Related to TFFC Placements:

The administrative county for purposes of TFFC is similar to the procedure for children in group/RCCF/PRTF care. The custodian refers the child, ensures that permanency planning takes place, maintains the county case file for purposes of ensuring that custodial duties are carried out, compliance issues met, and that payment is processed on CCWIPS. In other words, the working relationship with the TFFC agency and their financial county is established. The county of financial responsibility maintains all case management responsibility not vested in the custodian.

Referrals to Therapeutic Family Foster Care:

Therapeutic Family Foster Care is a resource for children at risk of a more restrictive placement setting. It is one of the resources available to children in the whole spectrum of out-of-home care (relative care, family foster care, therapeutic family foster care, group care, residential child care, residential treatment). It is intended to address the child's needs at the time, to enable return to a less restrictive setting (family foster care, relative care, or home). TFFC is a very limited resource and is not used for emergency or shelter care, nor is it considered a resource for a planned, long-term foster care placement.

Due to the availability limits of TFFC, only those children who cannot be served in other family foster care homes should be referred to

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TFFC. The needs of most young children and medically fragile children can most often be met in other foster care homes, sometimes with the addition of excess maintenance payment or other resources. On the other hand, adolescents with behavioral/emotional problems at risk of placement in a more restrictive setting are appropriate referrals to TFFC.

Cross Regional Referrals:

Regional supervisors and custodians from the referring and receiving county must be involved in child placement planning decisions. All prospective referrals to the therapeutic family foster care program in a region other than where the custodian is located must be approved by both the referring and receiving regional supervisor(s) before the referral is processed.

Multiple Placements in a Therapeutic Family Foster Home:

North Dakota policy states a preference for one child in a therapeutic family foster home with two placements as the maximum. In instances where a second placement is planned, the custodian must review the appropriateness of the placement with the regional supervisor prior to processing the referral. The custodian of the child currently placed in the therapeutic family foster home must be involved in the discussions regarding the possible placement of a second child into the home. It is imperative that all parties involved in utilizing/referring to the same therapeutic family foster home come to an agreement prior to processing the referral.

Eligibility for TFFC:

1. The child must be in need of the TFFC level of care. Serious consideration must be made to meet needs in a less restrictive setting prior to referral to TFFC. Allow sufficient time to adequately evaluate the child's needs prior to referral to TFFC. The child's referral and entry to TFFC should be planned.
2. Any child for whom the NDDHS-CFS has a financial responsibility for maintenance payment may receive

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therapeutic family foster care through the Department's therapeutic foster care program, as long as other eligibility criteria is met.

3. Court order with finding (deprived, unruly, delinquent) and appropriate foster care information, i.e. contrary language, prevention and reunification language, independent living language, appropriate custodian, etc. The court order, with the above information, needs to be in place prior to the referral to TFFC.
4. DSM-IV diagnosis.
5. Medical assistance eligibility.
6. All of the federal and state requirements for foster care (i.e. case plan, periodic reviews, permanency planning/Foster Care Child & Family team meetings, etc.) also apply.
7. Regional Supervisor approval (Recommendation Concerning Foster Care Payment in Group Care, RCCF, PRTF, TFFH, now completed on CCWIPS) for a specified period of time.

As is the case of any placement planning, the situation must be discussed in the permanency planning/Foster Care Child & Family team meeting setting. Questions regarding appropriateness of referral for TFFC should be directed to the regional supervisor before the referral is processed.

Length of stay in TFFC varies according to the child's needs and progress. TFFC is not intended to be used as emergency or shelter care, nor is it intended to develop into a long-term placement. Current projected length of stay in TFFC is estimated at 9-18 months. Because TFFC is a limited resource, a dual approach is required to maximizing the availability of this resource for children in need of care, namely:

1. Ensure that TFFC is used only for children in need of the TFFC level of care, and
2. When the child is ready for a less restrictive environment, transition the child and make the TFFC bed available to serve another child.

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One way to ensure that all parties are fully aware of the intended purpose and use of TFFC is to commence discharge planning at the onset of TFFC placement, and involve all parties pertinent to the child's foster care situation, i.e. TFFH, TFFC social worker, child and parents, custodian, etc.

EXCEPTION: TFFC Accelerated Referral/Intake:

The regional supervisor may make an exception to the above policy for TFFC/referral/intake in a situation where the child has a temporary foster care order; a court hearing has been scheduled; the child is eligible for medical assistance; and the custodian has evaluative information on the child sufficient to determine that TFFC is appropriate.

This exception to the TFFC referral and intake policy is intended to accelerate the youth's TFFC intake when absolutely necessary. The exception does not apply to situations where the child's need is shelter care. This policy exception provides quicker access to TFFC when it is clearly the service needed by the child, a temporary foster care order is in place; a longer foster care order is forthcoming; and the custodial agency has not had the opportunity for a planned entry to TFFC. The expectation then, is the child will remain in TFFC for treatment after the order is issued.

TFFC Accelerated Intake Eligibility:

1. Temporary foster care court order.
2. DSM-IV diagnosis.
3. Permanency planning committee/Foster Care Child & Family team review.
4. Medical assistance eligibility.
5. NDDHS-CFS has financial responsibility for the child's maintenance payment.
6. Regional supervisor approval (Recommendation Concerning Foster Care Payment in Group Care, RCCF, PRTF, TFFH, on

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CCWIPS) for TFFC for a period **not to exceed 40 days**: The regional supervisor notes on the approval that the situation is a TFFC Accelerated Intake-Exception.

40-day approval provides ample time for the 30-day hearing and securing the foster care court order.

7. At this point, the TFFC case must meet all of the qualifications for TFFC. If all requirements for TFFC are not met, the youth's eligibility for TFFC ceases.

Please note that the accelerated intake provision is a policy exception, and it is expected that it will be used infrequently. It does not change the policy regarding TFFC intake.

Rate for Therapeutic Foster Care - PATH-ND:

Refer to NDDHS 623-05 and NDDHS 447-10 for Therapeutic Family Foster Care rate information and billing procedure.

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Permanency Planning Forms 624-05-25
(Revised 2/10/07 ML #3053)

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The following forms are necessary to carry out the permanency planning foster care program in North Dakota.

They are as follows:

1. SFN 902, "Permanency Planning Committee Initial Report" (limited use)
2. SFN 903, "Permanency Planning Committee Progress Report" (limited use)
3. SFN 904, "Agreement to Furnish Specialized Family Foster Care Services"
4. SFN 906, "Recommendation Concerning Payment in Group Care and Residential Child Care Facilities" (obsolete)
5. SFN 884, "Parental Placement Agreement"
6. SFN 1537, "Foster Care Visitation Agreement"

Single Plan of Care

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Forms Appendix 624-05-30

**Permanency Planning Committee Initial Report, SFN
902 624-05-30-05**

(Revised 2/10/07 ML #3053)

[View Archives](#)

The instructions herein are related only to the use of SFN 902, "Permanency Planning Initial Report." The instructions do not include steps related to the Single Plan of Care (SPOC) and its distribution. Please refer to NDDHS Wraparound Case Management manual Chp. 641 for that specific information.

NOTE: Case management information is entered on CCWIPS, and the case plan is generated from CCWIPS. The paper form, SFN 902, now has very limited use, namely for some Tribal IV-E cases, and situations where an adoptive placement has been made and is not finalized.

In those limited situations where the permanency planning preprinted forms are allowed, Permanency Planning Committee Initial Report, SFN 902, and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, must be maintained as a hard copy in the child's foster care case file.

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**Purpose and Use of SFN 902 624-05-30-05-05
(Revised 2/10/07 ML #3053)**

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Case plan and permanency planning information is on-line in the CCWIPS system. This eliminates use of hard copies of Forms SFN 902 and SFN 903. Be sure to note required distribution of case plan and periodic review reports. Therefore, this form has very limited application. However, if the paper form must be used, it will accomplish three major things. That is:

1. fulfills the federal requirements necessary for the state to secure Title IV-B and IV-E funding;
2. develops the case plan, in writing, so that everyone involved in the situation knows what the plans are for the child in care; and
3. provides specific information necessary to the eligibility technician in the county of financial responsibility to aid in the determination that the child is eligible for federal match foster care.

In addition, SFN 902 should reduce internal county forms and narrative.

The case manager is responsible for the completion of this form and it should be finalized at the time of the initial permanency planning committee meeting after foster care placement. The case plan must be developed no later than 30 days after initial placement. SFN 902, "Permanency Planning Initial Report," must be completed at time of the initial Permanency Planning and dated accordingly. This is extremely important in terms of planning for the child. Federal reviews will look at date of placement in terms of compliance with federal requirements.

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Each item on the case plan must be thoroughly discussed at permanency planning.

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Routing of Copies, SFN 902 624-05-30-05-10
(Revised 2/10/07 ML #3053)

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The case manager has the responsibility for completion of the form and assuring that copies are made and distributed to other appropriate agencies.

Copies must be made and distributed to:

- HSC (Physical county of child)
- CSSB (Custodial county)
 - CSSB (Financial Respon.)
 - CSSB (Physical)
 - Court
 - Tribe
 - Parent-Guardian
 - Foster Parent/Facility
 - DJS
 - Regional IL Coordinator, (if applicable)

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**Completing SFN 902 624-05-30-05-15
(Revised 2/10/07 ML #3053)**

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This data is required to meet the federal requirements. All items on the SFN 902 are to be thoroughly discussed at permanency planning/Foster Care Child & Family team meeting. Use the codes for such things as race, sex, marital status, matching symbol, and prevention and reunification aspects of placement.

Item 1. - Basic Data:

Indicate the child's name, social security number, birth date, case manager, matching symbol (for payment), county case number, region, sex code, race code, family size, etc. Use code tables on reverse of form. Enter date the form was completed.

Initial Clinically Diagnosed Disabling Condition:

Has the child been clinically diagnosed by a qualified professional as having one or more of the following: mental retardation, emotional disturbance, specific learning disability, hearing impairment, speech impairment, vision impairment, physical disability, or other clinically diagnosed disabling condition. Include regardless of whether the disability(ies) was one of the factors which led to the child's removal.

Check "Yes" if a qualified professional has clinically diagnosed the child as having at least one of the disabilities listed in the definition above. A "qualified professional" includes a medical or mental health professional as defined by State law or regulation. It does not include case workers.

Check "No" if a qualified professional has conducted a clinical assessment of the child and has determined that the child has no disabilities.

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Check "Not Yet Determined" if a clinical assessment of the child by a qualified professional has not been conducted.

If "Yes" is checked, check all conditions that apply:

AD	ADD/ADHD. Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder
CD	Conduct Disorder.
DD	Developmentally Disabled. This includes any child who has a condition that has been diagnosed as being developmentally disabled.
EM	Emotionally Disturbed. A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based on the <u>Diagnostic and Statistical Manual of Mental Disorders</u> (Fourth Edition) DSM IV) or the most recent edition.
FF	FAS/FAE. Fetal Alcohol Syndrome, Fetal Alcohol Effect.
HI	Hearing Impaired. A hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.

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LD	Specific Learning Disability. A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to use mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor handicaps, mental retardation, or environmental, cultural, or economic disadvantage.
MR	Mental Retardation. Significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affects a child's/youth's socialization and learning.
OT	Other. Conditions other than those noted, which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS.
PD	Physically Disabled. A physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.
SI	Speech Impairment. A communication disorder such as stuttering, impaired articulation, a language impairment or voice impairment, whether permanent or fluctuating, that adversely affects educational performance.
VI	Visual Impairment. A visual/sight impairment that may significantly affect educational performance or development, whether permanent or fluctuating, that adversely affects educational performance.

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Has child ever been legally adopted? Enter either "yes" or "no," or "unable to determine." If the child has been adopted, enter the date the adoption was finalized.

Date of first removal from home for foster care. Enter the date the child was removed from the home for the first time for purpose of placement in a foster care setting. If the current removal is the first, enter date of current removal.

Total number of removals. This is the number of times the child was removed from home, including the current removal.

Item 2 - County/Agency Codes.

These are numerical codes from the code tables. Each blank should contain the county/agency number for the county of physical presence, legal county (custodian), and administrative county. In addition, if the child is in custody of the NDDHS Executive Director, the Division of Juvenile Services (DJS), or a tribe, enter the appropriate numerical codes. Codes are found in the CCWIPS system (Comprehensive Child Welfare Information & Payment System), and in the NDDHS 447-10 manual chapter.

Item 3 - Primary Reason for Foster Care

Actions or conditions associated with child's removal: Check "A" if parent/caretaker was unable to cope with child's conduct or condition; or check "B" if the parent or caretaker's conduct, condition, or absence was the primary reason for foster care.

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If the child is deprived, unruly, or delinquent, check any that apply.

Check all other blanks in this section that are actions or conditions associated with the child's removal.

Item 4 - Appropriateness of the Placement

This information should offer a brief explanation of the reason for and selection of this particular placement as the least restrictive (most family like) safe and most appropriate for the child. Effective 10-1-95, there are certain additional federal requirements.

4a.	Indicate by checkmark whether or not this was emergency placement.
4b.	If the child has been placed in a foster family home or residential setting a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, the case plan must include the reasons why such placement is in the best interests of the child. Explain.
4c.	If the child has been placed in foster care outside the State in which the home of the parents of the child is located, not less frequently than every 12 months, a caseworker (representative from either state) must visit the child in the foster care setting and submit a report on the visit to Children and Family Services, Department of Human Services. Explain arrangements to accomplish this.

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Item 5 - Attempt(s) to Prevent Placements:

Utilizing the "Prevent Placement Codes" on the reverse side of SFN 902 indicate the services that were offered or provided to prevent the need for placement into foster care.

Item 6 - Foster Care Entry & Discharge Date(s)

Enter current foster care placement information on top line. Then, starting with second line, list prior placement information in order by date of placement, most recent first, etc.

If the licensed foster parent is related to the child, place an "X" in the space provided.

Item 7 - Procedural Safeguards

This information should specify the following:

- A. Were the parents/guardians notified, in writing, about the removal of the child from their home and, if no, the reason they were not notified. If parents/guardians were not notified, "N/A" is an insufficient explanation, more elaboration is needed, i.e. "parent deceased."
- B. Were the parents/guardians notified, in writing, of their visitation rights and, if not, why weren't they notified? (Use SFN 1537, "Foster Care Visitation Agreement.")
- C. Were the parents/guardians notified, in writing, of any changes in the child's placement and, if not, why weren't they notified.

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Item 8 - Written Agreement for the Placement of the Child

This should indicate whether a written agreement was made regarding the placement of this child. This includes signatures and agreement of the parents, guardians, child (where appropriate), and foster parents.

Item 9 - Permanency Planning Meetings (Attendance)

This should indicate if the parents/guardian, foster parents and children (where appropriate) were invited in writing, to attend permanency planning meetings. Parents must have the opportunity to attend and participate in Permanency Planning meetings. Foster parents must be invited.

Item 10 - Not in Family Foster Home

If the placement was not in a family foster home, explain by checking appropriate reason.

Item 11 - Placed Outside of County

It is the intent of permanency planning that children, especially where the plan is to return the child to his/her home, be placed within the region of his/her parents so as to facilitate visiting. If the child has been placed outside of his/her region, please indicate why by checking appropriate reason.

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Item 12 - Case Plan Goal

Specify the current goal for the child, and indicate proposed accomplishment date. It is possible to change the goal as it is reviewed at permanency planning/Foster Care Child & Family Team meeting on a quarterly basis. Any such changes would be reflected in "Permanency Planning Progress Reports." If goals are concurrent, indicate the numbers of the concurrent goals in space provided at the top of this section.

NOTE: Independent Living can no longer be used as a permanency goal. APPLA (Another Planned Permanent Living Arrangement) should be used. If emancipation appears likely, please specify.

Item 13 - Independent Living Plan

Instructions:

Children age 16 or over, must have an Independent Living Plan as a part of their case plan. This plan needs to be completed initially when the foster child reaches age 16 and updated when there are changes in the plan. Every item on the plan must be completed providing a detailed and comprehensive view of the foster child's strengths and Independent Living needs. It must also include a written description of the programs and services which will help such child prepare for the transition from foster care to a planned permanent living arrangement.

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13c.	Be sure to check each category that applies.
13d.	Be sure to include past, current and future employment.
13e.	Indicate who completed the assessment and what method was used.
13f.	Indicate living arrangement after exiting foster care.

Refer to 624-10, Independent Living manual chapter.

Item 14 - Case Plan

This is to assure that the child receives safe and proper care and that services are provided to facilitate child's return to own home safely or to an alternate permanent placement. If the permanency plan is adoption or placement in another permanent home, document the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child, to place the child with an adoptive family, fit and willing relative, legal guardian, or in another planned permanent living arrangement, and to finalize a legal guardianship. At a minimum, the documentation must include child specific recruitment efforts such as the use of State, regional, and national adoption exchanges including electronic exchange systems.

This is one of the most important parts of this form. This will be developed jointly with parents. It is basically the case plan for the child, parents, and the role of the foster parents and agency. All parties should be in agreement with the plan. It should be specific with time framed tasks related to the case goal in Item 12. The section "Explain How Task is Appropriate for Family and Facilitates Goal" must be completed and the tasks must be time framed. (All of the appropriate individuals should sign Item 19.)

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14a.	Parents/guardian. Tasks. Time frame.
14b.	Foster child. Tasks. Time frame.
14c.	Foster parents. Tasks. Time frame.
14d.	Agency. Tasks. Time frame.

Education & Health Information. Every child's foster care case plan must include health and education records, to the extent available and accessible. All blanks must be completed. Explain if information is unavailable or inaccessible.

14e.	Education - complete spaces on form as indicated.
14f.	Health - complete spaces on form as indicated.

Item 15 - Reunification Services

(Use "Prevention and Reunification Codes" on reverse of SFN 902, page 1.) This item should indicate what services will be provided to attempt to reunite the child with the family or develop an alternate permanent plan.

Item 16 - Court Orders

List most recent court order on top line.

Court:

JC - Juvenile Court

DC - District Court

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TC - Tribal Court
DJS - Legal custody with DJS
CO - County Court
OT - Other States Court
FO - Foreign Country Court

Type of court order:

CU - Custody
DI - Dispositional
PE - Permanency
DS - Removal – DJS
RE - Removal

Complete order date and expiration date.

Enactment of the Adoption and Safe Families Act of 1997 changed the terminology for disposition hearings (foster care) to Permanency Hearings. The first Permanency Hearing can be no later than 12 months after the foster care placement. Subsequent Permanency Hearings (dispositional orders) for the same foster care episode must occur no later than at 12 month intervals during the continuation of foster care.

Item 17 - Name of Parents/Guardian

Complete as indicated.

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Item 18 - Service Agency

Complete as indicated on form.

Item 19 - Persons attending Permanency Planning

Indicate with check mark those in attendance. Have persons attending sign and date in appropriate space.

Item 20 - Plan Agreement

Check "yes" or "no". If "no", explain.

Item 21 - Next Review Date

Enter date of next planned permanency planning committee/Foster Care child & Family Team meeting regarding child (3-month intervals).

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**Permanency Planning Committee Progress Report,
SFN 903 624-05-30-10**

(Revised 2/10/07 ML #3053)

[View Archives](#)

The instructions herein are related only to the use of SFN 903, "Permanency Planning Committee Progress Report." The instructions do not include steps related to the Single Plan of Care (SPOC) and its distribution. Please refer to NDDHS Wraparound Case Management Manual Chapter 641 for that specific information.

NOTE: Case review information is entered on CCWIPS, and the case review document is generated from CCWIPS. The paper form SFN 903 now has very limited use.

All items on the SFN 903 are to be thoroughly discussed at permanency planning.

In those limited situations where the permanency planning preprinted forms are allowed, Permanency Planning Committee Initial Report, SFN 902, and Permanency Planning Committee Progress Report, SFN 903, the entire form, signed, must be maintained as a hard copy in the child's foster care case file.

Item 1 - Basic Data

Indicate the child's name, birth date, date form completed, social worker, child's social security number, case number, information pertaining to whether placement is still determined necessary and appropriate.

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Enter county/agency numerical codes for the following (use codes for all agencies involved in situation):

Physical presence.
Legal (Custodial).
Financial
Executive Director.
Division of Juvenile Services (DJS).
Tribe.

Additional Clinically Diagnosed Disabling Condition:

Has the child been clinically diagnosed by a qualified professional as having one or more of the following: mental retardation, emotional disturbance, specific learning disability, hearing impairment, speech impairment, vision impairment, physical disability, or other clinically diagnosed disabling condition. Include regardless of whether the disability(ies) was one of the factors which led to the child's removal.

Check "Yes" if a qualified professional has clinically diagnosed the child as having at least one of the disabilities listed in the definition above. A "qualified professional" includes a medical or mental health professional as defined by State law or regulation. It does not include case workers.

Check "No" if a qualified professional has conducted a clinical assessment of the child and has determined that the child has no disabilities.

Check "Not Yet Determined" if a clinical assessment of the child by a qualified professional has not been conducted.

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If "Yes" is checked, check all conditions that apply:

- AD ADD/ADHD. Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder.
- CD Conduct Disorder.
- DD Developmentally Disabled. This includes any child who has a condition that has been diagnosed as being developmentally disabled.
- EM Emotionally Disturbed. A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) DSM IV) or the most recent edition.
- FF FAS/FAE. Fetal Alcohol Syndrome, Fetal Alcohol Effect.
- HI Hearing Impaired. A hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.

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- LD Specific Learning Disability. A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to use mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor handicaps, mental retardation, or environmental, cultural, or economic disadvantage.
- MR Mental Retardation. Significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affects a child's/youth's socialization and learning.
- OT Other. Conditions other than those noted, which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS.
- PD Physically Disabled. A physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.
- SI Speech Impairment. A communication disorder such as stuttering, impaired articulation, a language impairment or voice impairment, whether permanent or fluctuating, that adversely affects educational performance.
- VI Visual Impairment. A visual/sight impairment that may significantly affect educational performance or development, whether permanent or fluctuating, that adversely affects educational performance.

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Placement Setting (Current):

Identify the type of setting which the child currently lives. Types of settings include: Pre-adoptive home, Foster Family Home (Relative), Foster Family Home (Non-relative), Group Home, Institution, Runaway, or Trial Home Visit.

Pre-adoptive Home:	A home in which the family intends to adopt the child.
Foster Family Home: (Relative)	A licensed foster care family related to the child and regarded by the State as a foster care living arrangement for the child.
Foster Family Home: (Non-relative)	A licensed foster family home regarded by the State as a foster care living arrangement.
Group Home:	A licensed facility serving less than 10 children, providing 24-hour care.
Institution:	A licensed child care facility such as a Residential Child Care Facility or Psychiatric Residential Treatment Facility (PRTF).
Runaway:	The child has run away from the foster care setting.
Trial Home Visit:	The child has been in a foster care placement but, under state agency supervision, has been returned to the principal caretaker for a limited and specified period of time.

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Item 2 - Discharge Date

On the date the child leaves foster care, complete final SFN 903 and indicate date child left and reason. Leave this item blank if child is still in foster care.

Item 3 - Placement Changes and Date and Appropriateness of the New Placement

This pertains to any change in placement and the dates that these changes occur. Enter an "X" in the appropriate box if it is a relative placement.

This information should offer a brief explanation of the reason for and selection of this particular placement as the least restrictive (most family like) safe and most appropriate for the child. Effective 10-1-95, there are certain additional federal requirements.

- 3a. Indicate by checkmark whether or not this was emergency placement.
- 3b. If the child has been placed in a foster family home or residential setting a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, the case plan must include the reasons why such placement is in the best interests of the child Explain.
- 3c. If the child has been placed in foster care outside the State in which the home of the parents of the child is located, not less frequently than every 12 months, a caseworker (representative from either state) must visit the child in the foster care setting and submit a report on the visit to Children and Family Services, North Dakota Department of Human Services. Explain arrangements to accomplish this.
- 3d. If the child has been in foster care out of North Dakota for 12 months, complete this section.

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Item 4 - Invitation to Attend Permanency Planning Committee/Foster Care Child & Family Team Meetings, Visitation Rights, and Notification of any Change in the Child's Placement

This should indicate the following:

- A. Were the parents/guardians, foster parent(s) any child (where appropriate) invited to attend the permanency planning meeting? If parents were not notified of permanency planning, "N/A" is not an adequate explanation. You must elaborate the facts, i.e. "parent deceased."

Parents must have the opportunity to attend and participate in permanency planning meetings. Foster parent must be invited.

- B. Were the parents/guardians notified, in writing, of their visitation rights? (Use SFN 1537, "Foster Care Visitation Agreement.")
- C. Were the parents/guardian notified, in writing, of any change in the child's placement? If the placement has not changed, check N/A (not applicable).

Item 5 - Specific Case Plan Goal

Indicate whether the case plan goal has changed and, if so, what new goal will be. If the goal is "Pending" or "Other," explain in "Comments" section. Goals must be time framed in space provided. If goals are concurrent, indicate the two goal numbers in the space provided at the top of this section.

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NOTE: Independent Living is no longer considered a permanency goal. APPLA, Another Planned Permanent Living Arrangement, should be used. If it is deemed likely that the youth will age out of care, please specify.

Item 6 - Education and Health Information

Every child's foster care plan must include education and health records, to the extent available and accessible.

Enter in the appropriate space changes, updates and new information related to the child's education and health. For example, when a child's immunizations are updated, enter the specific information related to what and when. A new school year or a school change would require updated information on the child's educational providers.

If there is no change or update information, so indicate.

Item 7 - Independent Living Plan

Instructions:

Children age 16 or over, must have an Independent Living Plan as part of their case plan. This plan needs to be completed initially when the foster child reaches age 16 and updated when there are changes in the plan. Every item on the plan must be completed providing a detailed and comprehensive view of the foster child's strengths and Independent Living needs. It must also include a written description of the programs and services which will help such child prepare for the transition from foster care to a planned permanent living arrangement.

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- 7c. Be sure to check each category that applies.
- 7d. Be sure to include past, current and future employment.
- 7e. Indicate who completed the assessment and what method was used.
- 7f. Indicate living arrangement after exiting foster care, if known.

Refer to 624-10, Independent Living Manual Chapter.

Item 8 - Case Plan Progress Report

The case review procedure must assure that child's case plan is designed to achieve placement in a safe setting, least restrictive, most appropriate; that the child receives safe and proper care and that services are provided to facilitate child's return to own home safely or to an alternate permanent placement. If the permanency plan is adoption or placement in another permanent home, document the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child, to place the child with an adoptive family, fit and willing relative, legal guardian, or in another planned permanent living arrangement, and to finalize a legal guardianship. At a minimum, the documentation must include child specific recruitment efforts such as the use of State, regional, and national adoption exchanges including electronic exchange systems.

This requires a definitive evaluation statement regarding the appropriateness of services and the progress in the treatment plan for the natural parents, foster child, as well as the roles of the foster parent and agency. Identify the progress in treatment since the time of the last review and the plans for the future with specific dates. Use an additional page if necessary. If any new tasks have been assigned

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to the natural parents/guardian, foster parent(s), foster child, or agency this should be indicated.

Item 9 - Persons Attending Permanency Planning/Foster Care Child & Family Team Meeting

Parents must be invited to permanency planning/Foster Care Child & Family Team meetings. Identify, by a check mark next to the code, the name(s) of individuals who attended the meeting. Have each person sign and date in the space provided. Foster parents must be invited.

Item 10 - Plan Agreement

Check box "yes" or "no". Written explanation is required if there is a disagreement regarding the child's plan.

Item 11 - Court Order

In the first column, use the codes on the middle line of this section of the form to indicate where the proceedings took place, i.e. JU = juvenile court.

In column two, "Type of Court Order," use the following codes:

- CU – Custody
- DI – Disposition
- PE – Permanency
- DS – Custody with DJS
- RE - Removal

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Federal requirements related to dispositional hearing orders for foster care changed. The first dispositional order (from the Permanency Hearing) (foster care) can be no later than 12 months after the original placement. Subsequent dispositional orders (for the same foster care episode) must occur no later than at 12-month intervals. Another dispositional hearing requirement that must now be addressed in the court order is whether the out-of-state placement continues to be appropriate and in the best interests of the child.

Explain in the space provided:

Does the permanency order (dispositional order) address the following and if applicable when, the child will be:

Child will be returned to the parent,

Placed for adoption and a petition for TPR will be filed, or

Referred for legal guardianship, or

In cases where the agency has documented to the court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for TPR, or be placed for adoption, with a fit and willing relative, or with a legal guardian,

Placed in another planned permanent living arrangement, and

In the case of a child who is placed out-of-state, whether the out-of-state placement continues to be appropriate and in the best interests of the child, and

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In the case of a child who has attained age 16, the services needed to assist the child to make the transition from foster care to independent living.

Item 12 - Next Permanency Planning Review

Complete month-day-year next permanency planning/Foster Care Child & Family Team review is due, i.e. 3 month intervals.

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Routing of Copies, SFN 903 624-05-30-10-05
(Revised 2/10/07 ML #3053)

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Copies must be made and distributed to:

- HSC (physical county of child)
- CSSB (custodial county)
- CSSB (Financial Responsibility)
- CSSB (Physical)
- Court
- Parent/Guardian
- Foster Parent/Facility
- Child
- DJS
- Tribe
- IL Coordinator (if applicable)

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Agreement to Furnish Specialized Family Foster Care Services, SFN 904 624-05-30-15

**Purpose and Use of SFN 904 624-05-30-15-05
(Revised 2/10/07 ML #3053)**

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SFN 904 must be completed before specialized family foster care payments can be made to foster parents. It is initiated out of the permanency planning committee meeting. After it has been signed by the foster parent, county social service board in the county of physical residence of the child and the regional foster care supervisor in the physical region of the child, it is to be distributed as indicated on the form.

The dollar amount or level to be paid is that agreed upon at the permanency planning committee meeting. The contract can be written for any length of time up to the end of the current state biennium. Contracts in place at the conclusion of the year will need to be renegotiated on new contract forms at the beginning of the new biennium. It is recommended that the agreement be used as a part of the treatment planning process for the parent, the child, the foster parent, and the agency.

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Parental Placement Agreement 624-05-30-20
(Revised 2/10/07 ML #3053)

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SFN 884 is obsolete.

The Parental Placement Agreement must be completed in CCWIPS.
The paper form is no longer available.

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Purpose and Use 624-05-30-20-05
(Revised 2/10/07 ML #3053)

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This form is to be completed whenever a voluntary placement agreement has been entered into. Specifically whenever there is not a court order on a child, a parental placement agreement must be in the file. All items on the form must be completed. It is the responsibility of the agency to assure that all agreements on the form are adhered to, including agreed-upon reimbursement.

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Voluntary Parental Placement Policy
624-05-30-20-10

(Revised 2/10/07 ML #3053)

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Voluntary parental placement agreements are discouraged. In the event that such an agreement is necessary to protect the rights and needs of a child, a voluntary placement agreement between the parents and the agency can be entered into for up to 45 days. At the end of that time, the child must either be returned to his/her parents or guardians, or a court order secured. The parental placement agreement can be renewed only upon the written approval of the regional foster care supervisor. It is the general philosophy of the Department that if it is necessary for the child to be removed from his/her parents because of the deprivation or dependency of the child, then it is necessary for the court to be involved.

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**Foster Care Visitation Agreement, SFN 1537
624-05-30-25**

**Purpose and Use of SFN 1537 624-05-30-25-05
(Revised 2/10/07 ML #3053)**

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SFN 1537 is prepared and implemented to provide a uniform and consistent program for visitation. This will allow parents and foster children to maximize their time together. As it is the intention of foster care to reunite the family whenever possible, the very importance of good, productive visits is recognized. The importance makes it absolutely necessary to schedule this valuable time into the foster care plan. This agreement will allow for the foster home routine, the social life of the child, and the parental visits to work in harmony and in the interest of ALL parties.

Unless mutually agreed upon by all parties involved, visits should not disrupt the planned activities of the foster home, school process (including extra curricular activities, sports or youth organizations) and/or religious activities of the foster child.

This agreement is entered into by all parties, and failure to comply with this agreement shall give cause to review this agreement which may require action to limit and/or discontinue visits in the future.

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Distribution of SFN 1537 624-05-30-25-10
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Distribution of the form (SFN 1537) is as indicated on the form.

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**Compelling Reason(s) for Determining that Filing a
Petition to Terminate Parental Rights Would Not be
in the Child's Best Interest, SFN 248 624-05-30-30**

**Purpose and Use of SFN 248 624-05-30-30-05
(Revised 2/10/07 ML #3053)**

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Click here to visit this form.