

Module 8: Foster Care Issues

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Introduction and Rationale

This module provides caseworkers and supervisors with detailed guidance in completing and approving the Foster Care Issues sections within the FASP.

A primary mission of OCFS is to promote safe, permanent families for children through services which protect and support the children within their own family. When children cannot be kept safe in their own home, or when children's behavior cannot be managed through in-home services, foster care placement may become necessary. It is important to remember that foster care is a serious measure, causing significant disruption to a child's routine and personal attachments. If it is not possible for a child to remain safely in his/her own home, within 30 days after removal DSS "must exercise due diligence in identifying all of the child's grandparents and other adult relatives" (18 NYCRR 430.11(c)(4)), and must "conduct an immediate investigation to locate any nonrespondent parent of the child and any relatives of the child, including all of the child's grandparents, all suitable relatives identified by any respondent parent or any nonrespondent parent and any relative identified by a child over the age of five as a relative who plays or has played a significant positive role in his or her life" (FCA section 1017).. Upon identifying any adult relatives, DSS must explain the options under which the relatives may provide care of the child through foster care or direct legal custody or guardianship, including kinship guardianship assistance, and any options that may be lost by failure to respond timely. OCFS requires that relatives be given a copy of *Having a Voice and a Choice: New York State Handbook for Relatives Raising Children* if the relative is considering becoming the child's caregiver (09-OCFS-ADM-04). In addition, OCFS created a supplemental booklet that specifically covers information about the KinGAP program, *Know Your Permanency Options: The Kinship Guardianship Assistance Program (KinGAP)*, since that program did not exist when the original relative handbook was created. Relatives must be given both publications to be sure they know information about all of their options. (11-OCFS-ADM-03) If the relative becomes the child's foster parent, then the Foster Care Issues section would apply.

When children enter the foster care system, caseworkers have the added responsibility to assess and manage the safety and well-being of the children in foster care, as well as actively pursuing and supporting permanency for the children in accordance with the family/child's needs, goals, and resources at any given time. Casework with families whose children are in foster care often involves gathering and analyzing information from multiple sources, while managing a complex array of needs, issues, priorities, decisions and timeframes. Accurate, complete, and timely recording of this information is critical to shared decision making and coordination of activities among the various helpers/decision makers in a case at any given time, as well as for making this information available for future reference. Foster Care Issues brings together much of that information periodically in the FASP.

The Foster Care Issues section of the FASP consists of six sub-sections, each with multiple tabs/questions that address the key components of foster care assessment, planning, and decision making. The sub-sections consist of:

- Appropriateness of the placement decision and the child's specific placement setting
- Child's overall adjustment, functioning, and safety within the foster care setting
- Progress on Permanency Planning/Concurrent Planning

- Visitation plans
- Life Skills Preparation
- Discharge Planning

The specific sections within FC Issues that need to be completed for a given family/child at a given time will depend on a variety of factors: FASP type (Initial/Comprehensive/Reassessment/Plan Amendment), the child's placement status, PPG, and age.

Accuracy Check

Before proceeding with the Foster Care Issues sections, verify the accuracy of key information in Stage Composition and in Tracked Children Detail! Information in these sections will determine which subsections of Foster Care Issues will be generated and must be completed for a given child. Inaccuracies within Stage Composition & Tracked Children Detail may result in serious errors in FASP completion (i.e., you may complete the wrong subsections, or fail to have relevant subsections available for completion) – rendering the FASP incomplete and/or inaccurate, and thus un-approvable.

Activities Prior to Placement Tab

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	6	
17203389	Collins, Patrick	15	
17203391	Collins, Tyler	0	

Activities Prior to Placement | Location of Child | Continuity of Environment | Continuity of Culture for American Indian Children

Discuss the reasons for placement and the alternatives to placement considered, including services offered and reasonable efforts made to avert placement. Include efforts made to identify and evaluate the suitability of the non-respondent parent, other relatives or other suitable persons as resources.

This narrative field will appear if the child has entered or re-entered foster care

Discuss the major events that led to the move. If a safety issue in the foster care setting prompted the move, include a description of the issue and specific actions taken to protect the child.

This narrative field will appear if the child has moved from one foster care setting to another

Spell Check | Save | Cancel | Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Identify the child who has been newly placed since the last FASP (or for the Initial FASP since case opening). This screen will need to be completed only if the child has been placed since the last FASP.

For a child who has newly entered placement: Clearly describe steps taken to avert the need for placement. Include:

- Any preventive services considered, offered, or provided to protect the child while at home, or to support the parent/caretaker.
- Steps taken to identify, locate, and engage absent parents, relatives, or other family resources as alternative caretakers, and to determine their availability, willingness, and suitability to care for the child.

Include a description of why these alternatives to placement were: refused by the parent, relative or potential resource; not available; tried but unsuccessful; or not sufficient to support safety at this time.

Activities Prior to Placement

Title IV-E of the Social Security Act and implementing State statute require agencies/caseworkers to make reasonable efforts to support family functioning in their own home and to prevent the unnecessary placement of children by offering preventive services. If it is not possible for a child to remain safe in his/her home, prior to removing a child, the caseworker and family must explore and consider other less disruptive measures to protect the child, family, or community.

The mission of the Child Welfare system is to support safe, permanent families for children. If it is not possible for a child to remain safely in his/her own home, within 30 days after removal DSS “must exercise due diligence in identifying all of the child’s grandparents and other adult relatives” (18NYCRR 430.11(c)(4)). Upon identifying any adult relatives, DSS must explain the options under which the relatives may provide care of the child through foster care or direct legal custody or guardianship, including kinship guardianship assistance, and any options that may be lost by failure to respond timely. OCFS requires that relatives be given a copy of *Having a Voice and a Choice: New York State Handbook for Relatives Raising Children* if the relative is considering becoming the child’s caregiver (09-OCFS-ADM-04). In addition, OCFS created a supplemental booklet that specifically covers information about the KinGAP program, *Know Your Permanency Options: The Kinship Guardianship Assistance Program (KinGAP)*, since that program did not exist when the original relative handbook was created. Relatives must be given both publications to be sure they know information about all of their options (11-OCFS-ADM-03). If the relative becomes the child’s foster parent, then Foster Care Issues apply. When, despite these efforts, foster care placement is deemed necessary to support safety, the Activities Prior to Placement screen of Foster Care Issues requires caseworkers to document the actions that were taken to avert foster care and the notifications of their options given to relative foster parents which lead to their decision to become foster parents.

Multiple Worker Coordination Pointer

If the worker who completes these screens was not involved in the decision to place the child or to select the child’s placement setting (i.e., he/she was assigned the case after the child was placed and is now completing the coming due FASP), the worker will need to obtain relevant information via the progress notes and/or by direct contact with the worker(s) who made the placement.

Location of Child Tab

Appropriateness of Placement - Collins,Kristy - S:27201947/C:37200501
File Options Help

Select Child

ID	Child Name	Age	In Process
17203390	Collins,Kimberly	6	
17203389	Collins,Patrick	15	
17203391	Collins,Tyler	0	

Activities Prior to Placement **Location of Child** Continuity of Environment Continuity of Culture for American Indian Children

CCRS Placement Data Most Recent Activity:

Facility Name	Facility Address	Placement Date	Facility Type	Reason for Transfer	Out of County

Connections Placement Data Edit

Facility Name	Facility Address	Placement Date	Facility Type	Reason for Transfer	Out of County
Angela Jarret	721 NORTH AVE, S	4/24/2009	Group Home		N

Select Most Current Information for this FASP or Edit Connections data, if necessary.
 necessary.

Is the child placed a substantial distance from his/her parent(s)? (Include situations where parent(s) move a substantial distance or out-of-state after the child is placed.) For NYC only: Include children placed outside their Community District. Yes No

Explain why such placement is in the best interest of the child. What are the service needs the child has which cannot be met at a lower level of care?

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

This screen will need to be completed when a child is first placed and each time a child is moved from one setting to another; also update Program Choice and PPG in Tracked Child Detail. Do NOT change the child's address in Stage Composition; the child's home address is the case address, NOT his/her foster home/facility.

For each child with a Program Choice of Placement, use the drop-downs at the top of the tab to enter the facility name, address, placement date, type of facility and, if applicable, the reason for transfer to a new facility or placement out of county. This information must match information in WMS and CCRS.

For any child placed at a substantial distance from his/her parents or out of district, select the "Yes" response. This will generate a narrative box asking the caseworker to explain why such placement is in the best interest of the child. (See examples that follow.)

For any child placed in other than a foster home (this will be determined by the type of facility selected from the drop-down menu above), a narrative box will appear. Use this to identify what service needs the child has which cannot be met at a lower level of care. (See examples that follow.)

Location of Child

A child in placement must be placed in the least restrictive setting appropriate to the child's needs (Reference 18 NYCRR 430.11(d)(1)). Facility Types, from most restrictive to least restrictive, are:

- Institution/Group Residence (often referred to as Residential Treatment Facilities)
- Group Home
- Certified Foster Home, Agency Boarding Home, Approved Relative Foster Home, Foster/Adoptive Home
- Other

Whenever a child is placed at a level of placement other than a foster family boarding home/agency operated boarding home, the caseworker must show that this level of placement is necessary and appropriate to meet the child's needs. This must be recorded within 30 days of the placement or change in placement on the most appropriate document (i.e., coming due FASP, Plan Amendment, or Removal Update if a Plan Amendment is not available, and the FASP has already been launched, yet is unable to be approved within 30 days).

When placement is necessary, a child should also be placed as close as possible to his/her family, as long as it is not contrary to the child's safety or well-being. For a child placed at considerable distance from his/her family, caseworkers must also document why this placement is in the child's best interests despite, or perhaps because of, the distance.

Examples to support out-of-district or at-a-distance placement

Describe the physical location of the child in foster care, the physical proximity to his/her family, and the reason why such placement is in the child's best interests despite the substantial distance from his/her home.

- Samantha, age 10, is placed in a group residence located in an adjoining county. This facility is licensed to provide services to children under age 12. Due to her aggressive behaviors, Samantha requires the higher level of care available in a group residence. There are no such facilities for a child her age in her home district.
- Johnny is placed at a residential facility 100 miles away from his home district. This is the closest facility equipped to provide services that address his severe autism and sometimes self-abusive behaviors.
- Ezra was placed outside of his home district because of ongoing conflict with other students at this school. This reduces the likelihood of physical altercations/violence between him and other students with whom he has longstanding grievances and/or who seek to do him harm.
- Jack is placed out-of-district upon the recommendation of his therapist who has documented in his May 20XX evaluation that it is in Jack's best interest to be placed at a distance from his home district, due to extreme flashbacks he experiences when in close proximity to his home.
- Upon her parent's request, Carmen has been placed outside her home community in order to limit her contact with the gang members with whom she was associating.

Examples to support level of care

Describe why this higher level of care is necessary. Identify the child's specific needs and how this placement level is equipped to meet/respond to these needs. Cite specific supporting documentation, if available.

- Max requires psychotherapy to address trauma issues and intensive supervision to manage his destructive behaviors. Both of these services are an integral part of the program at his current placement facility.
- Julianne is pregnant; her current placement has on-site services to meet her pregnancy-related needs, and to help her prepare for the birth of her child.
- Martha is placed in an all-female group home, with all female staff. The child evaluation specialist recommended against placement in a foster home at this time due to Martha's history of having been sexually abused and her fear of living in a home with adult males. It is felt that a foster home would be too intimate or threatening of an environment for Martha at this time.
- Jeremy is placed in a Therapeutic Foster Home where he is the only child. His foster parents receive training and specialized supports which prepare them to manage his medical needs, developmental needs, and aggressive behaviors.

Continuity of Environment Tab

Appropriateness of Placement - Collins, Kristy - S:24001983/C:34000535

File Options Help

Select Child

ID	Child Name	Age	In Process
14003388	Collins, Kimberly	11	
14003387	Collins, Patrick	19	
14003389	Collins, Tyler	4	

Activities Prior to Placement | Location of Child | **Continuity of Environment** | Continuity of Culture for American Indian Children

Yes No

Are all siblings placed in the same home? Yes No

Where siblings are not placed together in foster care, explain why they are separated and what efforts are being made for them to maintain contact.

Does the placement permit:

	Yes	No	N/A
Family Contact?	<input type="radio"/>	<input checked="" type="radio"/>	
Sibling Contact?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Continuity with the Child's Community?	<input type="radio"/>	<input checked="" type="radio"/>	
Continuity with the Parent's Religious Preference?	<input type="radio"/>	<input checked="" type="radio"/>	

Spell Check Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Identify if siblings are placed in the same home by selecting the appropriate response.

- Where siblings are not placed together, explain why they are separated. Include the name of the professional who conducted the evaluation/consultation. (See examples that follow.)

Document whether the placement permits continuity on each of the four criteria (family, child's community, school, religion) by selecting the appropriate response for each.

- Where continuity has not been achieved on any of the above criteria, a required yellow narrative box will appear. Use this to document why continuity has not been achieved. (See examples that follow.)

Describe any efforts to maintain or to promote continuity (i.e., what foster parents will do to arrange and support contact with siblings, with child's relatives, or with child's prior activities).

- Include any barriers to continuity (distance between family home and foster home; family/child speaks a language not common in this area; child requires services not available near family's home). (See examples that follow.)

Continuity of Environment

Placement is a traumatic event for children, involving changes and losses on many levels. Children lose what was familiar to them, even if it was not optimal; they may lose loving attachments to parents, siblings, relatives, pets, personal belongings, routines, foods, their school, community, and/or religious connections. When seeking an appropriate placement for a child entering care, caseworkers must make every effort to maintain continuity with the people, places, and routines that are of importance to the child. OCFS regulation 18 NYCRR 430.11(c)(1) requires that “whenever possible” a child is to be placed in a foster care setting which permits the child to retain contact with the persons, groups and institutions with which the child was involved while living with his/her parents, or to which the child will be discharged.

The specific placement setting should be selected with the following criteria in mind:

- Physical proximity to the parents/primary discharge resource to enable regular visitation.
- Placement with siblings.
- Continuity with the child’s community (i.e., school, neighborhood, peers, and family members), including efforts to keep the child in his/her current school or when necessary seek immediate enrollment in a new school (18 NYCRR 430.11 (c)(2)(ix)).
- Regard for the family’s religious preferences and practices (See 18 NYCRR 441.11).

The importance of sibling connections must be supported when making decisions about placement of sibling groups. Sibling groups who require placement must be placed together, unless placing them together would be contrary to the health, safety, or well-being of one or more of the children. When siblings are placed separately, caseworkers must develop and implement visitation plans to meet the requirement of biweekly visitation (See 07-OCFS-INF-04 “Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State”).

The Continuity of Environment tab captures information about the caseworker’s and other’s efforts to maintain continuity for the child in placement when such continuity is safe and appropriate. When a child is first placed, or moved from one placement setting to another, information about continuity must be recorded within 30 days of the placement or move. This documentation usually takes place on the first FASP completed after the child’s placement/move, however depending on the timing of the placement/move, a Plan Amendment or Removal Update may be completed instead.

Selection of a specific placement setting sometimes involves difficult choices from among competing priorities (e.g., placement of a sibling group in a home together, but in a new school district, and possibly with new special education services, versus placement in separate homes within their existing school district, enabling one or more siblings to remain in their existing special education program). Decisions about competing priorities must be made on a case-by-case basis, based on the priorities set forth in OCFS regulations (see 18 NYCRR 431.10 and 430.11). For example, placing siblings together would win out unless such placement is contrary to the health, safety, or welfare of one of the siblings.

Examples of supporting documentation when continuity is not achieved

Where siblings are not placed together:

- John continues to be sexually aggressive with his younger siblings. It was, therefore, recommended in the May 20XX psychological evaluation, conducted by Dr. John Smith, that John remains in a separate placement until his behaviors are modified. All contact between John and his siblings is to be supervised by designated staff at the agency or an adult approved by his home district.

When bi-weekly family contact is not possible:

- Although Jane is placed a substantial distance from her family and is not yet ready for off-campus home visits, the agency has been able to support visitation with her parents by providing them with bus fare to come visit at the facility once per month. Jane is encouraged to also communicate with her family by phone once each week, and by letter. All contact is supervised by her child care staff.

When bi-weekly sibling contact is not possible:

- The Smith children are placed in two separate homes, about an hour apart, but the two families occasionally participate in agency sponsored foster/adoptive family social events and support group where the children can have contact. The two families are also encouraged to provide respite for one another wherein the children can visit at one another's homes.
- Jacob's older siblings are not in placement and have busy school/sports schedules which make it difficult to participate in family visits scheduled after school. They are encouraged to attend Friday evening movie nights at Jacob's group home when possible.

When Continuity with Child's Community or School is not achieved:

- Johnny has had to move to a new school, but has been able to continue to see the same social worker and speech therapist.
- Jack has been moved a considerable distance from his former neighborhood/community as he has flashbacks whenever he is in close proximity to his home. His therapist has advised that it is not in his best interest to have contact with his former community at this time.
- Upon her parent's request, Julianne has been placed outside her home community, in order to limit her contact with the gang member who impregnated her.
- The younger Ulani children (ages 1 and 3) do not understand spoken English. They are placed in a foster home with their bilingual older siblings, and where one of the foster parents has some familiarity with their parents' primary language.

When Continuity with the Parent's Religious Preference is not achieved:

- Though Jacob no longer attends St. Luke's Episcopal Church in Rover County with his family because of the distance, he is attending services weekly at the Episcopal Church in the county of his current foster family.
- The agency has agreed to allow Mary Sue to have her infant daughter baptized at St. Luke's Catholic Church. The foster family will transport the baby, provide supervision, and participate in the ceremony.
- The Ritz family has agreed to continue Elijah's preparation for his upcoming Bar Mitzvah.

Continuity of Culture for American Indian Children Tab

Appropriateness of Placement - Collins,Kristy - 5:27201947/C:37200501

File Options Help

Select Child

ID	Child Name	Age	In Process
17203390	Collins,Kimberly	7	X
17203389	Collins,Patrick	16	
17203391	Collins,Tyler	1	

Activities Prior to Placement Location of Child Continuity of Environment **Continuity of Culture for American Indian Children**

Yes No

Is the child in placement an American Indian child?

Does this placement meet the requirement for the child to be placed in a home compatible with the child's culture?

Was the required order of preference for placement of American Indian children followed?

Explain.

Spell Check Copy Save Cancel

Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Depending upon the caseworker's response to the three questions above, required narrative boxes will be activated in which the caseworker must document more detailed information.

- Document in the progress notes the specific contact with the parents, child, or family regarding the child's possible tribal affiliation.
- Where applicable, document specific tribal affiliation, name, telephone, and address of tribal affiliate, and any input or decision provided by tribal affiliate pertaining to the child's placement.
- If the order of placement preference was not followed, document the reason(s) in the narrative box.

Continuity of Culture for American Indian Children

The removal and placement of Native American Indian children is governed by federal law (the Indian Child Welfare Act of 1978) and OCFS regulation (18 NYCRR 431.18), designed to protect and support the Indian child's cultural connections. Federal law, which applies to federally recognized tribes, and OCFS regulation, which applies to both federally and state recognized tribes, reflect placement preferences for both foster care and adoptive placements that must be followed, absent good cause to the contrary. The applicable tribe may establish an order of preference that is different than the one set forth by federal statute and state regulation. Based on ICWA, for certain categories of foster care cases, the tribe must receive notice of the proposed placement and has the right to intervene in any court related activity. Some tribes today recruit, certify, and operate their own foster homes and group homes for children of Native American heritage.

When placing any child, caseworkers must determine, as early in the case as possible, whether the child is of Native American heritage. The caseworker should ask the child, parents, or other relatives if the child is, or may be, of Native American heritage. The decision whether a child is a member of an Indian tribe, or is eligible for membership, is the decision of the respective tribe. Determining a child's tribal affiliation can be complicated, as each tribe establishes its own standards for eligibility and enrollment. Detailed information about ICWA and contact information for the recognized tribes in New York State can be obtained by contacting OCFS Native American Services at 125 Main Street, Buffalo, NY 14203; telephone 718-847-14203. In addition, more information is available in Publication 5046 (2011) ICWA Compliance Desk Aid, and in 03-OCFS-INF-10 NYS Tribe-Nation Contacts for Notification in Indian Child Welfare Cases.

Adjustment in Foster Care Tab

Adjustment And Functioning - Boop.Mother - S:29250008/C:39250002

File Options Help

Select Child

ID	Child Name	Age	In Process
19250011	Boop,Child	9	

Adjustment in Foster Care

Safety in Foster Care

For each child in foster care, describe the child's response to separation and loss and the child's functioning and overall well-being in their current placement. Also explain how this placement is the most appropriate setting to meet the child's current service and health needs and whether it is the least restrictive and most home like setting required to support the child's well-being; if appropriate, include a description of the child's response to any moves from one foster care setting to another.

Spell Check PHR Question Save Cancel

Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

For each child in foster care placement, summarize:

- The child's response to separation and loss in regard to the child's reaction to separation from parents, siblings, relatives, and other significant people or places, including former foster parents and their families, or staff in congregate care settings, if the child has experienced a recent move.
- The child's reaction to losses involving family issues such as parent's substance use, mental illness or other disability, violence, abandonment, etc.
- The freed child's reaction to Termination of Parental Rights or surrender.
- The child's overall functioning and well-being in the current placement, including the child's relationship with others in the placement setting, the status of the child's physical health, mental health, education, etc.

- The continuing appropriateness of this specific placement setting/level of care to meet the child's needs. (i.e., does this home/facility continue to have the services available and the level of supervision necessary to meet the child's needs? Have the child's needs changed significantly since the last FASP, and if so, would the child likely benefit from a different level of care or from services not available at this home/facility?)

Adjustment in Foster Care

Placement is a traumatic event for children, involving changes and losses on many levels: the loss of what was familiar to them, even if it may not have been optimal; for some, the loss of loving attachments to parents, siblings, relatives, pets, personal belongings, and familiar/favorite routines, foods, sights, smells, and sounds; and the loss of school, community, and religious connections. Therefore, when children are in placement, it is essential to continually be attentive to their reactions to these dramatic changes, separations, and losses. A child's response to separation and loss will vary based on his/her age/developmental status, quality of their former attachments, case circumstances and developments, and the length of time in care.

When children are in care, the agency and caseworkers are responsible for promoting and supporting child well-being (i.e., the child's normative growth and development) through regular medical, dental, and mental health care, education, religion and spirituality in accordance with child/family preferences, and friends, hobbies, interests and recreational opportunities. Ongoing assessment of child well-being is essential in order for caseworkers to ensure that the child's normative growth and developmental needs are being met, and to identify and respond to any issues, concerns, or needs that may arise or be identified while the child is in care.

Similarly, an ongoing assessment of the child's needs and of the placement's ability to meet those needs is necessary to determine if this specific placement setting is still the most appropriate. This is effectively a re-examination of the appropriateness of placement that is assessed and documented at the time of placement or previous change of placement setting.

The above assessment must occur not only at the point of placement, but should be an ongoing process throughout the child's placement. Caseworkers need to speak with the child's foster parents, direct care workers, and/or other direct service providers, as well as speaking directly with the child and his/her parents, and/or observe the child in the foster care setting and/or their school to get a thorough picture of the child's adjustment.

Some possible indicators of separation/loss and adjustment to change in children

Note that the following examples may also be caused by other factors, such as medical or developmental issues or changes in environment.

Physical Indicators: abrupt or noticeable changes in eating or sleeping habits; regression in toileting; physical illness; use/abuse of drugs/alcohol/prescription meds; refusal to take prescribed meds; decline in personal hygiene; change in energy level; etc.

- John continues to avoid meal times, hiding out in his bedroom. He refuses to brush his teeth and has lost 8 pounds since coming into foster care. These issues are being addressed with his therapist and foster parents.
- Foster mother notes that 3 year old Sally has regressed in her toileting skills (wets the bed, soils her underpants), and is becoming a very fussy eater.
- Since moving into the Hammond foster home, Selena, age 8, has had fewer stomach aches and is sleeping better.

Emotional Indicators: crying, withdrawal, isolation; feelings of sadness, hopelessness, blame; nightmares; noticeable or extreme changes in demeanor/attitude; inability to concentrate or to function at previous ability level in school; behavioral outbursts; any extreme behaviors, including threats of violence or self-injurious behavior; any issues requiring mental health attention; noticeable or extreme reactions before/after visits with family of origin; etc.

- Marguerite, age 14, tells this worker that she has had recurring nightmares of what might happen to her parents and siblings if she is not there to care for them.
- Since the move to Kennedy Middle School, Jamal has improved his work habits and grades; he reports that he likes it there and is making friends.
- Fatima tells her therapist that she is often sad and feels nothing will work out right.
- Matilda, age 5, has been hitting other children in the home when they have what she wants.
- Foster parents report that Hector is often grumpy, irritable, and refuses to follow rules and routines in the home.

Interpersonal Indicators: unwillingness to interact with foster family or household members; refusal to follow rules in foster home/facility; unwillingness or intense interest in contact with parents, siblings or other former attachments; relationships at school; inability or unwillingness to develop new friendships; etc.

- Regina and Hannah, ages 3 and 4, have become intensely attached to their foster parents in a short amount of time; foster parents report that they seek attention and physical contact frequently throughout the day, and are fearful of anyone coming into the home.
- Although Jonah is adjusting well in the foster home and is forming a healthy attachment to both foster parents, he has been repeatedly suspended from school for his angry outbursts, fighting with peers, and class disruption.

- Keisha spends much of her time alone in her room, rarely interacting with other members of the household. Keisha states that no one has hurt or threatened her, but that “these people are weird” and doesn’t wasn’t anything to do with them.
- Jack is beginning to trust his foster parents, but continues to compete with his older foster brother. Jack has made several threatening comments to Tom, which has resulted in a tumultuous relationship.
- Group home staff report that Sam often daydreams during meals and other group activity. He rarely interacts with other residents and hasn’t made any friends.
- Roger refuses to meet with or talk to his parents, saying they are “stupid and mean.”
- Lamont asks to call his grandmother at least twice a day because he is worried about her health. The agency has set a limit of one call per day, and encourages him to keep a journal he can share with her when he sees her. He keeps a picture of her at his bedside.

Safety in Foster Care Tab

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	7	
17203389	Collins, Patrick	16	
17203391	Collins, Tyler	1	

Quick Tips to Complete this Screen

This screen must be completed for each child in foster care on every FASP, documenting that a caseworker has continued to make an ongoing assessment of the child's safety, adjustment, and well-being while in foster care. Responses should be individualized to reflect each child's unique situation.

The focus of this question is on safety *within* the foster care setting itself, not on how the foster care placement protects the child from dangers in his/her own home.

In the first narrative, describe protecting factors within the foster care setting that serve to promote and support safety in the child's current living arrangement. This is a strength-based assessment of the skills, circumstances, and resources that support safety within the foster care setting. (See examples that follow.)

In the second narrative, when applicable, describe any safety-related issues, events, or circumstances that have been identified in the foster care setting since the last FASP. Also clearly describe what the caseworker has done to protect the child or others in the setting, and to remedy the situation. (See examples that follow.)

If child is moved as a result of safety issues in a foster care setting, also document the child's response to this move in the applicable Foster Care Issues section.

Safety in Foster Care

A caseworker's focus on safety does not end when a child is placed in foster care. Before placing a child in a specific home or facility, it is important for the caseworker to determine if the specific placement is capable of safely meeting the child's needs now and in the foreseeable future. Caseworkers must continually reassess appropriateness.

The focus of assessment in the Safety Assessment completed earlier in the FASP is on the child's home of origin. In the Foster Care Issues section, the focus is on safety *within* the foster care setting.

Caseworkers are asked to assess and document two things:

- What factors within the foster care setting promote and support the safety of the child and other persons living there? (See, "what are protecting factors?")
- Are there any persons, circumstances, or child behaviors that may present safety concerns within the foster care setting, and what steps has the caseworker taken to address these concerns and to protect the child as needed? (See examples that follow)

The protecting factors assessment helps caseworkers to identify the strengths and resources within a placement setting that support safety. The absence of such protecting factors may lead to safety issues within the foster care setting. Safety concerns within a foster care setting are often a result of missing or mismatched resources, a poor fit between the child's need and the specific setting, qualities, skills, and a lack of access to necessary supports or resources to meet the child's needs. (See 00-OCFS-INF-05 ASFA Safety and Permanency for more information on safety with the foster care setting.)

Safety concerns within the foster care setting can be similar to safety issues at home. Children's basic needs may go unmet, physical or sexual abuse may occur, or emotional needs may be ignored. Caseworkers must continually assess the degree to which the child's needs for safety are being met within the home/facility. It is the ongoing worker's duty to proactively assess circumstances within the foster care setting, both before a child is placed in that specific foster care setting, and continuously throughout the child's placement. While some events or circumstances within a foster home may necessitate a report to the SCR; effective June 30, 2013, reports of suspected abuse or maltreatment of foster children cared for in residential facilities are to be made to the Vulnerable Persons' Central Register administered by the Justice Center in accordance with section 492 of the SSL.

If safety becomes a concern within the foster care setting, caseworkers/agencies must take immediate and effective action to protect the child and remedy the situation.

What are protecting factors in a foster care setting?

Protecting factors are any strengths, attributes, circumstances, and resources that serve to promote and support safety.

The following are just a few examples of strengths, attributes, circumstances, and resources that can support safety in a foster care setting. Responses to the protecting factors question in the FASP should be individualized to the specific child and setting. These serve only as examples and are in no way inclusive of all possibilities.

Examples of strengths, attributes, circumstances, and resources of the home or facility:

- The foster home is certified or approved, or the facility is licensed to serve children of this child's age and/or special needs.
- Foster parents, and all adults in the home, have received FBI and DCJS criminal history checks and SCR clearances.
- Staff at a facility have received SCR clearances and have received criminal history record checks (the requirement of a criminal history record check goes into effect June 30, 2013).
- Staff/foster parents have received appropriate training/certification to work with these children, and they receive relevant updates/recertification as needed.
- There is an appropriate staff/child ratio at this facility (state actual staff/child ratio), and sufficient coverage on all shifts to manage the number of children living there.
- The number of children living in the foster home/facility is within its certified, approved, or licensed capacity, and has sufficient respite resources to enable them to effectively manage the number of children in the home.
- The number of children in the home/facility is specifically limited to enable adults to provide more intensive supervision/care to meet this child's needs.
- The mix of children within the home supports safety, (e.g., age, size, vulnerability of children).
- There is sufficient space and bedding for number of children in the home/facility and home/facility meets fire/housing code standards. There are no known physical hazards.
- Foster parents/facility staff has proof of child's medical insurance and access to medical providers appropriate to meet child's needs.
- Foster parents/facility has transportation to access needed services.

Examples of qualities, skills, and abilities of the persons directly caring for the child:

- The foster parents have had a prior ongoing positive relationship with the child, and this placement enables continuation of that relationship.
- The foster parents or alternate caregivers have an adequate knowledge of child development.
- The foster parents or alternate caregivers have an adequate knowledge of safe and effective means of managing child's behavior.
- The foster parent/direct care staff has been informed of this child's history and/or unique needs; foster parent/direct care staff demonstrates the ability to meet this child's specific needs; or the foster parent has demonstrated ability to care for other children with similar needs.
- The foster parents/direct care staff demonstrates an appropriate level of empathy, patience, flexibility, organization, and interest in the child's well-being.
- Foster parents/direct care staff has sufficient understanding of a child's separation and loss, and can respond appropriately to child's emotional needs, including management of any difficult behaviors.

- Foster parents/direct care staff is able to manage their own feelings regarding separation and loss and the reasons that led to the placement of the child to respond effectively to the child's feelings, behaviors, needs at this time.
- Foster parents/direct care staff are able to manage their own feelings about the child's difficult behaviors (e.g., defiance, destructiveness, sexuality) to respond effectively to the child's feelings, behaviors, needs at this time.
- The foster parents/direct care staff demonstrate an appropriate level of knowledge and skill regarding the child's special needs.
- Foster parents/direct care staff has appropriate training or qualifications to meet child's basic or special needs (e.g., medical knowledge/training, understanding of, and responding to the needs of the sexually abused child).
- Foster parents/direct care staff can recognize dangerous situations/warning signs of child's escalating behavior and can respond effectively.
- Foster parents/direct care staff use appropriate measures to de-escalate conflict.
- For children with goals of return to parent/relative, foster parents understand their role as a temporary caretaker, and are able to support child's relationship with the birth parents or other permanency resources, where appropriate.
- For children with goals other than return to parent/relative, foster parents are able to support child in managing emotions related to their PPG and in preparing child for permanency.

Interpersonal relationships among the child, his/her caregivers, his/her parents, and other persons in the home/facility:

- The child feels comfortable/content/safe in his/her current living arrangement.
- Child trusts and responds to foster parents/direct care providers in a manner consistent with the child's age, circumstances and length of time in that home/facility.
- Child generally follows rules, routines, and expectations in the home/facility.
- Child gets along with others living in the home/facility. Child has appropriate conflict management skills and/or adults with sufficient ability to help child manage conflict with the home/facility.
- The persons directly responsible for child's care have a positive relationship with the child.
- The persons directly responsible for child's care have a positive relationship with the child's parents (i.e., not a combative one).
- The child's parents have someone to whom they can address concerns regarding the care and safety of their children while in foster care; there is a procedure in place for addressing any relevant concerns raised by the parents.
- Local district with custody has a means of addressing any relevant concerns regarding the care and safety of a child in a contracted foster care facility.
- Worker has visited the home/facility and has made at least the minimum required contacts with the child and the child's foster parents/direct care providers.
- Foster parents/facility readily allows site visits by authorized agency/district/state personnel.
- No evidence of violence, substance abuse, or criminal activity in the home/facility.
- Foster parents/staff are able to set and maintain appropriate boundaries with birth parents when contact/access presents a safety issue.

Resources and supports are readily available to the persons directly caring for the child:

- There is a clear emergency/crisis management protocol established within the home/facility and sufficient resources to manage predictable crises.
- Foster parents/direct care workers have accurate and timely information about a child's education, behavior, health, special needs, and appropriate resources to meet those needs (e.g., special formula or medical equipment, child's medication, dietary restrictions, child's history of sexual victimization, child's history of physically or sexually assaultive behavior) as required by 18 NYCRR 443.2(e)(3).
- Foster parents have a positive relationship and ongoing communication with child's caseworker; view caseworker as a source of information, support, guidance, and means of obtaining needed resources.
- Foster parents/direct care workers have access to the child's teacher, medical providers, social worker or other professionals to provide support and guidance regarding a child's needs.
- Foster parents have access to support groups and/or other relevant professional or informal supports on an ongoing basis.
- There is readily available respite, either formal or informal, when needed.
- There is a good fit between this child's needs and the family or facility's abilities, services, and resources to effectively meet this child's needs (e.g., this is a home/facility for pregnant/parenting teens; a home/facility equipped to deal with a child in a wheelchair).

Oversight, supervision, and access to outside resources:

- Direct care providers have access to adequate supervision, guidance, and support when needed.
- The child has access to adults within and outside the home/facility (e.g., caseworker, teacher, therapist, minister, relative, and attorney for child) who he/she can turn to for help if his/her needs aren't being met, or if he/she feels threatened or in danger while in the home/facility.

What can caseworkers do to address safety concerns or vulnerabilities in a foster care setting (i.e., what can be done proactively to promote and support safety)?

It is important that agencies, workers, and foster care providers work together proactively to see that the child's basic, physical, and emotional needs are being met *before* a child is harmed or *before* it becomes necessary to move a child. While some moves will certainly increase the child's sense of physical and emotional safety, a move from one foster care setting to another can be just as traumatic and disruptive for the child as the original removal from home, especially if it results in separation from siblings. Child safety is the paramount concern.

Listed below are some steps that can be taken or services that can be provided, within the foster care setting, to support safety and to protect a child when necessary. Workers and supervisors must make a case-by-case assessment as to what measures are necessary and sufficient in any given situation. Steps taken should be clearly documented in the safety in Foster Care Issues section of the FASP.

- Assist foster family in obtaining financial resources, including timely foster care payments.

- Assist foster family in obtaining needed concrete resources (clothing, beds/bedding, transportation, medical equipment).
- Discuss with foster parents/staff alternative strategies for managing child's behaviors.
- Increase contact between caseworker and foster care providers to assess the situation more regularly and to provide support.
- Provide respite or other support resources (e.g., connect foster parent with support group or individual mentor).
- Provide increased supervision.
- Provide crisis resources when needed.
- Arrange for foster parent training to meet child's specific needs.
- Provide access to qualified professionals who can inform caregivers and/or assist with child's special needs.
- Advocate with schools, medical providers/insurers, community resources to obtain needed services for child.
- Ask for removal of dangerous items or substances, and follow-up.
- Increase supervision of a specific child.
- Increase facility staffing.
- Reduce number of children in the home.
- Move child to another facility.
- When necessary, make SCR report, call police, or contact oversight agencies.

Foster Care Issues: Permanency Progress/Concurrent Planning Window

All child welfare caseworkers are responsible for supporting safe, stable, and permanent homes and relationships for children and youth. Timely achievement of permanency is one of the child welfare outcomes that caseworkers are expected to support through their work with children and families. Timely permanency means that children achieve their permanency goals within timeframes that meet federal and state standards. A consistent focus on the permanency planning goal (PPG) for the child, clarification of needs, options, expectations, and timeframes, and the pursuit of concurrent permanency options are some of the tools for timely achievement of permanency.

Assessment and planning for permanency is an ongoing and dynamic process. Caseworkers and families must continuously reassess needs, progress and options, and to adjust plans accordingly. Permanency work must be infused with a sense of urgency and an awareness of the passing of time, a child's time. Workers and families must maintain a long term view of the child's needs for basic care, safety, stability, connectivity, and belonging. Truly effective permanency planning requires looking beyond merely discharge from foster care, to what is needed to sustain and support the long term stability of the child's permanent family/connections.

Within the Permanency Progress section of the Foster Care Issues, there is a series of questions that help to maintain a focus on the child's long-term permanency needs and goals. For each FASP period, caseworkers record a summary of steps taken; alternatives tried or considered, and progress toward

permanency. Many of the responses within this section may be used to pre-fill the Permanency Hearing Report used to inform the court of actions to date and progress in the case.

This is one of the most customized sections of the FASP. There are fifteen possible questions, though not all will apply to each child. Different screens/questions will display and be required depending on the parameters of the case (e.g., FASP type, child's age, PPG).

Accuracy Check

To ensure that the correct screens display for each child, confirm that the information in Stage Composition and Tracked Children Detail is accurate and up-to-date.

Generally, permanency plans are developed for siblings as a group, or at least in coordination with one another, yet there is also a need to individualize assessments and to plan for some needs individually. Questions within the Foster Care Issues section apply to each child with a Program Choice of Placement. This enables caseworkers to individualize responses as needed to reflect the unique needs of each child.

Permanency work often involves multiple members of the service team. To provide a complete picture of the scope of permanency planning efforts, the Case Planner should ensure that responses in the Permanency Planning sections reflect the actions of *all* team members, including actions taken by him/herself, by the Case Manager, any Case Workers, clinicians, foster parents/group care staff, and others who may be contributing to the permanency plan.

What is concurrent planning?

Concurrent planning seeks to provide an alternative path to permanency should reunification not be achieved. It is to be developed and implemented in tandem with the reunification plan, not in lieu of it. For concurrent planning to be effective, the caseworker needs to engage all members of the child's significant network, including the parents, family/friends, and foster parents, in planning for the child's well-being. The district or agency team, including the caseworker, supervisor and legal staff, needs to maintain frequent communication about case plans, progress, and decisions. The supervisor is instrumental in helping to sort through case information and assist with the difficult decisions that support children's interests, whether those decisions are to reunify or to provide another permanency alternative. By documenting efforts as concurrent planning activities and communicating with the LDSS attorney, the attorney will be able to explain these actions to the court should they be called into question.

While concurrent planning is not a requirement under federal or state law, it is a practice that can speed the time it takes to achieve permanency and should be considered in nearly all foster care situations. Successful concurrent planning entails several steps, including a full disclosure discussion with parents regarding the impact of foster care on children, the children's need for safety and permanency, and the agency's role and the parent's role in securing a safe, permanent family for the child as quickly as

possible. Often this means asking the parents to identify whom they might consider as a resource to raise their child in the event they are unable to do so, or asking the child, if old enough, to identify alternate caretakers. This discussion can be a way of helping parents understand the seriousness of the situation, and gives parents a role in planning for their children, even if the children are unable to return home. For families whose children do eventually return home, the identification of trusted resources can aid in building supports for the family upon the child's return.

In deciding whether to pursue a concurrent plan for permanency, the family and the caseworker should assess the probability of the child returning home within 15 months, and assess the family's capacity to benefit from reunification services. Primarily, assessment and discussions will focus on the family's history and dynamics, the family members' strengths, maturity, capacity for self-care, capacity to care for and protect their children, and the available support system to help them make and sustain the changes that enable them to meet their children's needs for safety, well-being, and permanency. (For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency.)

Progress Toward Permanency Tab

Permanency Progress/Concurrent Planning - Boop,Mother - S:29250008/C:39250002
File Options Help

Select Child

ID	Child Name	Age	In Process
19250011	Boop,Child	9	

Progress Toward Permanency TPR Petition Parent Location Alternative Permanency Resources Conc. Plan Discussion w/Parents Conc. Plan Discussion w/Foster Parent Adoption Discussion

Describe the positive progress made to achieve the permanency goal. Describe the parent's, relative's, or primary resource person's involvement in planning for the child's discharge. Specify any barriers to timely permanency.

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Summarize:

- Progress made toward permanency by the child's parents or other discharge resources, and in some cases by the child him/herself; describe progress (i.e., changes in behavior or circumstances), not merely compliance with services. If there has been little or no progress or change, describe what change has or has not taken place.
- Efforts made by the Case Manager, Case Planner, Case Worker and others in the agency to promote and support Permanency Progress (e.g., services offered or tried; efforts to reach out to, or include, significant others/extended family in supporting the parents' efforts; other supports offered or provided; efforts to inform, remind, or clarify for parents their options, responsibilities, consequences, and timeframes).
- For a child freed for adoption, progress made toward identifying and cultivating relationships with potential adoptive resources and/or resource connections for the child.
- Efforts made by the Case Manager, Case Planner, Case Worker and/or others in the agency to support and encourage parents' participation in decision making, including efforts to engage parents in the SPR and case consultations prior to completion of the Permanency Hearing report.
- The parents' or other permanency resource's input and involvement in planning for the child's discharge (e.g., what meetings, court hearings, case reviews, or other opportunities have they participated in to plan for or make decisions about the child's future? What input did they

provide? What did they say about their own needs and progress, about various options discussed, or about what they would like to see happen?).

- Barriers to timely permanency; this should specifically address actions, attitudes and behaviors that impede timely permanency (e.g., there is no discharge resource identified or available; parent demonstrates little or no interest in meeting child’s needs; lack of resources such as money, transportation, insurance, child care; needed services are unavailable or inaccessible; cognitive, medical, or mental health limitations; incarceration or hospitalization).

Progress toward Permanency

Unless otherwise directed by court order, caseworkers have an affirmative obligation to show that efforts have been made to assess needs and to support and sustain parents’ efforts toward permanency. This is often referred to as “diligent efforts” (See 18 NYCRR 430.12).

The Permanency Progress/Concurrent Planning window supports the caseworker in assessing and documenting:

- Progress made towards permanency by the child’s parents or other discharge resources, and/or in some cases by the child him/herself.
- Efforts made by caseworkers to promote and support that progress, and to engage parents in planning and decision making.
- The Federal and State requirements of reasonable efforts made by caseworkers to finalize the child’s permanency plan when the goal is other than reunification, or reasonable efforts to enable the child to return home safely.
- Identification of any barriers to timely permanency.

TPR Petition Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Progress Toward Permanency **TPR Petition** Parent Location Alternative Permanency Resources Conc. Plan Discussion w/Parents Conc. Plan Discussion w/Foster Parent Adoption Discussion

Has the child been in foster care for 15 of the past 22 months? Yes No Has a court determined that the parent of this child committed a serious crime against this child or another of their children? Yes No

Has the child in foster care been determined by a court to be an abandoned child? Yes No Has a petition to terminate parental rights been filed? Yes No

Specify and explain the compelling or other reason for not filing a petition to terminate parental rights.

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

The TPR Petition tab asks the Case Planner to document whether or not a TPR petition has been filed and, if not, to provide specific explanations as to why one has not been filed.

A "Yes" response to *any* of the questions will generate a required narrative box (confirm that the YES/NO responses are consistent with actual case circumstances).

For a child who has been in foster care for 15 of the past 22 months, without a TPR petition having been filed, the caseworker must provide a clear, thorough summary of the compelling or other reasons for not filing a petition to terminate parental rights.

A "Yes" response to the question, "Has the child in care been determined to be an abandoned child?," will generate a required narrative box asking the caseworker to provide an explanation for this determination.

A "Yes" response to the question, "Has the court determined that this parent committed a serious

criminal act against this child or another of their children?,” will generate a required narrative box asking the caseworker to explain the nature and circumstances of the crime, as well as its impact on permanency planning.

Reasons given for not filing TPR should be consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Voluntary agency Case Planners completing this question may need input and collaboration of the Local District Case Manager.

TPR Petition

Children need permanency within a timeframe that respects a child’s sense of time. The federal Title IV-E of the Social Security Act mandates that the custodial district file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months; some significant exceptions to this requirement exist. (See 18 NYCRR 431.9, 11-OCFS-ADM-07)

The intent of the Title IV-E Termination of Parental Rights (TPR) requirement is to enable a child to achieve permanency through adoption by legally freeing the child, whose parents are unwilling or unable to provide a safe and stable home for the child, within a reasonable period of time. Upon filing of the TPR petition, a judge will determine if sufficient grounds exist to sever the legal ties between parent and child. (The Title IV-E requirement to file a TPR does not apply to children in N-docket custody or other alternative living arrangements with relatives or others, where legal custody is directly given by the court to the relative or other person.)

A decision to file or not to file for TPR is generally not the caseworker’s decision alone, but is made by a team of casework and legal professionals. When a district chooses not to file a TPR, it must show that a valid exception exists as defined in the law, or that a “compelling reason” exists which sufficiently demonstrates that TPR is not in the child’s best interest (see list below). A district’s decision to file, or not to file, a TPR petition must be made on a child specific basis, in accordance with each child’s best interest, and the specific circumstances of the case. It is not appropriate to declare an entire class of children (i.e., JD/PINS or Native American children) ineligible for filing a TPR.

Any decision regarding filing of a TPR must be supported by relevant and sufficient documentation in the progress notes and/or elsewhere in the record.

The following case circumstances *may* constitute a Compelling Reason not to file for TPR for a specific child. These should *not* be considered an automatic justification not to file, nor is this list necessarily all-inclusive.

- The child is 14 years old or older and does not want to be adopted.
- The parent makes regular contact with the child and maintaining their relationship benefits the child, therefore adoption is not the appropriate permanency planning goal (18 NYCRR 431.9(e)(2)(ii)(b)).

- The child is in foster care for a child-related problem, at least in part, and there would be little or no benefit to the child in ending the child's relationship with the child's parent(s). In this case, adoption is not the appropriate permanency planning goal per 18 NYCRR 431.9(e)(2)(ii)(b).
- There are insufficient legal grounds for TPR.
- The child's best/most likely permanency option is something other than adoption.
- The child was placed into foster care pursuant to New York Family Court - §353.3 or §756, and a review of the specific facts and circumstances of the child's placement demonstrate that the appropriate permanency goal for the child is either return to his or her parent or guardian, or discharge to independent living.
- The child is the subject of a pending disposition under New York Family Court - §1052, except where such child is already in the custody of the commissioner of social services as a result of a proceeding other than the pending article ten proceeding, and a review of the specific facts and circumstances of the child's placement demonstrates that the appropriate permanency goal for the child is discharge to his or her parent or guardian.
- The parent is/was in a residential substance abuse treatment program or incarcerated , such residential care or incarceration is or has been a significant factor in why the child has been in foster care , and the parent has maintained a meaningful role in the child's life.

Parent Location Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Progress Toward Permanency TPR Petition **Parent Location** Alternative Permanency Resources Conc. Plan Discussion w/Parents Conc. Plan Discussion w/Foster Parent Adoption Discussion

Have all parents been identified? Yes No

Describe the efforts to identify them.

Have all parents been located? Yes No

Describe all efforts to locate them, including results from inquiries to the Parent Locator Service.

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "No" response to either of the questions will generate a required narrative box. Ensure that the selected YES/NO responses are consistent with actual case circumstances. Confirm that information in Stage Composition is consistent with responses recorded here (e.g., if you state here that the identity of the child's father is known, he *must* be listed in Stage Composition).

Describe efforts made since the last FASP by the Case Manager, Case Planner, Case Workers, or others involved with the case, to identify and/or locate the child's legal parents.

If no efforts were made during this FASP period, explain why. Summarize efforts made during previous plan periods to identify and locate parents.

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Parent Location

Effective permanency planning requires timely and accurate identification of both of the child's legal parents. The effort to identify and locate parents should begin when the child first enters foster care. Both parents have specific rights and responsibilities in planning for the child's future, even if both parents are not directly connected to the reasons for the child's placement in foster care. . Failure to identify, locate, and engage the "absent" parent in planning and decision making often results in unnecessary and lengthy delays in achieving permanency for a child.

It is imperative that caseworkers document diligent efforts related to parent location, as this information could be crucial if a TPR petition is filed. To free a child for adoption, the rights of both legal parents must be surrendered or terminated (i.e., for children born out of wedlock, the rights of the birth parent and consent father must be terminated or surrendered, yet the rights of a notice father do not need to be terminated; in cases where a parent is deceased, that parent's rights have terminated).

Identifying who is a child's legal father can sometimes be complicated, as the law recognizes several types of potential fathers. If the caseworker encounters a complex situation, it is best to consult with their agency legal department for case-specific guidance.

If one or both of the child's parents cannot be identified or located, this needs to be recorded in the case record, along with the agency's efforts to identify and find them. If not immediately successful, these efforts are required to be made and documented on an ongoing basis, as available information may change over time.

For information on locating and engaging absent parents in permanency planning, refer to the following resources available at <http://ocfs.state.nyenet/policies/external>:

- 05-OCFS-INF-05 Locating Absent Fathers and Extended Family Guidance Paper. This will provide you with ways to locate absent parents.
- 07-OCFS-ADM-09 Access to the Federal Parent Locator Service (FPLS), State Parent Locator Service (SPLS), and Additional Financial Information in Child Welfare Cases for the Purposes of Permanency provide procedures for child welfare staff to receive information from child support staff regarding absent parents, including their location, employment information, and certain financial information, for the purposes of establishing parentage and developing permanency plans in relation to children receiving child welfare services.
- Chapter Six of the "Adoption Services Guide for Caseworkers (10/20/2010)," Section four, refers to "Diligent Search for a Missing Parent." This is also a useful publication for information regarding TPRs and voluntary surrenders.

Efforts to identify and locate parents may include (but are not limited to):

- Ask the known parent (or an older child or relative) to identify the unknown parent.
- Read the child's birth certificate.
- If a mother was married at the time of the child's birth, read the marriage certificate (a man who is married to a child's mother at the time of the child's conception or birth is considered to

be the child's legal father), as consent for adoption is needed from both parents of a child born in wedlock (DRL section 111(1)(b)).

- Ask an older child who else they have lived with, in the past.
- Check last known addresses of the known parent/child.
- Check CPS, Public Assistance, DMV, military, and Department of Corrections records, and other online resources, for men who are identified as the potential father, or who may have lived with the mother at the time of the child's conception/birth.
- Consult the Putative Father Registry.

If one or both of the child's parents cannot be identified/located, this needs to be recorded in the case record, along with the worker/agency's efforts to identify and/or locate them. These efforts are required to be made and documented on an ongoing basis, as available information may change over time.

Alternative Permanency Resources Tab (for a nonfreed child)

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Progress Toward Permanency TPR Petition Parent Location **Alternative Permanency Resources** Conc. Plan Discussion w/Parents Conc. Plan Discussion w/Foster Parent Adoption Discussion

Yes No

Have you explored alternative permanency resources that may be available to the child should he or she be unable to return home? Yes No

Have any potential resources been identified? Who are they?

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

The Alternative Permanency Resources tab asks caseworkers whether efforts have been made to explore alternative permanency resources for a child.

A "Yes" or "No" response to this question will generate a required narrative box.

For a "Yes" response, identify the persons, by name, who have been identified as potential permanency resources. Identify the nature of their relationship with the child (i.e., older sibling, grandparents, aunt/uncle, former or present foster parents, group home staff, teacher, coach, church member, or mentor) and the status of their interest in being a resource for the child (i.e., willing, willing but with reservations, unsure, unwilling). If the child is in a relative foster home, and there has been a discussion of the permanency options of adoption or kinship guardianship with KinGAP, these discussions should be documented here.

If efforts have been made to identify and locate alternative resources but none have been found, describe efforts made. This may include, but not be limited to: discussions with the birth parents

regarding who in their family or circle of contacts might be willing and able to raise their child; discussions with the child regarding whom they'd like to live with or be adopted by; any review of the child's record for prior relationships/contacts who may be contacted as potential permanency resources; discussions with any identified individuals regarding their willingness to be a permanent resource to the child).

For a "No" response, describe why efforts have not been made (i.e., parent is unavailable or unwilling to provide information on potential resources; parents are too disabled to engage in this discussion/no agent available to make decisions on their behalf; child is too young or disabled to provide information on potential resources).

Confirm that this summary is consistent with and supported by relevant information documented in the progress notes and/or elsewhere in the record.

Alternative Permanency Resources (for a nonfreed child)

Concurrent planning is the active identification and development of alternative permanency resources for a child, even while actively pursuing reunification with his/her family. This tab supports caseworkers in thinking about, initiating, and documenting their concurrent planning efforts, specifically what alternative permanency resources have been identified, considered, or tried. (For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency.)

A permanency resource is one or more adults who are willing to serve as the child's long-term caretaker through adoption, guardianship with KinGAP, or other permanent legal and emotional commitment (i.e., custody). A step-down to a lower level of care is evidence of progress; it is neither a concurrent plan nor an alternative permanency resource.

A PPG of Discharge to Another Planned Living Arrangement (APLA) does not preclude the caseworker from making active efforts in the pursuit of alternative permanency resources for the child. Youth with a PPG of Discharge to APLA with a Permanency Resource must have an adult resource connection upon discharge from foster care. An adult permanency resource is defined by 18 NYCRR 430.12(f) as "a caring committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice and guidance to the youth and to assist the youth as the youth makes the transition from foster care to responsible adulthood." The permanency resource should be documented on the Transition Plan Form (OCFS-4922). These youth may at some point identify a previously unknown resource willing to adopt, to serve as guardian, or to be a resource connection upon the youth's discharge from foster care. Children with a PPG of Discharge to Adult Residential Care can also benefit from identification of possible alternative guardianship resources, someone who will advocate for their interests, and serve as their family connection into adulthood.

Alternative Permanency Resources Tab(for a child freed for adoption)

ID	Child Name	Age	In Process
19400002	Collins,Patrick	16	

Progress Toward Permanency **Alternative Permanency Resources** Consent to Adoption

Yes No

Have you explored alternative permanency resources that may be available to the child should he or she be unable to return home? Yes No

Have any potential resources been identified? Who are they?

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child’s unique situation.

This screen is completed in the same way, answering the same questions, as with a nonfreed child. See the “Quick Tips” in the previous section (Alternative Permanency Resources for a nonfreed child).

Alternative Permanency Resources (for a child freed for adoption)

For a child who has been legally freed, the active identification and development of alternative permanency resources becomes even more critical. Workers must continue to make efforts to locate, develop, and formalize a permanent resource for the child. This tab supports workers in continuing to think about, plan for, implement, and document efforts to secure a permanency resource for the child.

For permanency planning to be effective, the Case Planner needs to continue to engage all members of the child’s network, including foster parents, relatives, and other individuals significant to the child in planning for the child’s permanency and well-being. The district or agency team, including the caseworkers, supervisor, and legal staff, need to maintain frequent communication about case plans,

permanency prospects, progress, and decisions. The supervisor is instrumental in helping to sort through case information and assist with the difficult decisions that support a child's best interests.

A Permanency Resource is one or more adults who are willing to serve as the child's long-term caretaker through adoption, guardianship with KinGAP, or other permanent legal and emotional commitment. This is not to be confused with a "resource connection," defined as a caring adult who offers support and guidance to a youth with a PPG of APLA. A resource connection is not legally responsible for the youth after discharge. A step-down to a lower level of care is also not a concurrent plan nor is it an alternative permanency resource.

A PPG of Discharge to Another Planned Living Arrangement (APLA) does not preclude the caseworker from making active efforts in the pursuit of alternative permanency resources for the child. Youth with a PPG of Discharge to APLA with a Permanency Resource must have an adult resource connection upon discharge from foster care. These youth may at some point identify a previously unknown resource willing to adopt, to serve as guardian, or to be a resource connection upon the youth's discharge from foster care. Children with a PPG of Discharge to Adult Residential Care can also benefit from identification of possible alternative guardianship resources, someone who will advocate for their interests, and serve as their family connection into adulthood.

Concurrent Planning Discussion with Parents Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Progress Toward Permanency TPR Petition Parent Location Alternative Permanency Resources **Conc. Plan Discussion w/Parents** Conc. Plan Discussion w/Foster Parent Adoption Discussion

Have you discussed concurrent planning and alternative permanency resources (including foster parents) with the parents? Yes No

Describe the parent's response.

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

This tab asks caseworkers to document whether efforts have been made to discuss alternative permanency resources with the birth parents. The caseworker should consider both parents when responding to this question.

A "Yes" or "No" response to this question will generate a required narrative box.

For a "Yes" response, provide a clear, thorough, nonjudgmental summary of the parents' response to caseworker's efforts to engage them in a concurrent planning discussion, include parents' discussions with the CM, CP, CW, or other helpers. When the worker initiated a discussion of alternative permanency options for their child, were the parents open to such a discussion? Were they relieved, confused, surprised, upset, or angered? Did they refuse to talk about it?

If applicable, summarize the parents' contribution to the discussion (i.e., Did parents offer possible resources/alternatives? Did they express different plans/preferences for different children, ask for more time, or ask for clarification of the permanency options? Did parents ask/agree to talk with their

spouse/partner/therapist/spiritual guide/lawyer/child's attorney, or other confidant?}).

For a "No" response, explain why concurrent planning and alternative permanency resources, other than discharge to parents, has not been discussed (i.e., parents are unavailable or unwilling to discuss alternative permanency plans; parents are too disabled to engage in this discussion/no agent available to make decisions on their behalf; parents have made significant progress toward reunification and are likely to regain custody of child within the coming plan period, thus concurrent planning is not appropriate or necessary for this family at this time).

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Concurrent Planning Discussion with Parents

Concurrent planning involves identifying and pursuing an alternative permanency resource/plan, such as adoption or guardianship with a relative, while continuing to work toward the child's primary permanency plan (i.e., reunification). To do this effectively, workers must engage parents in identifying alternative plans for their child as early as possible in the child's placement. This tab supports the worker in focusing on parent engagement in the planning process.

Concurrent planning requires open and honest communication among all parties about the need for timely permanency, the state of progress in the family thus far, the range of permanency options available, and the consequences of failing to implement an effective plan. By cultivating options early in the planning process, when necessary and appropriate, permanency can often be achieved in a timelier manner. Parents are engaged in assessing their own ability/preparedness to parent their child, and in identifying who in their own family/network they would choose/trust to raise their child, in the event they are unable to do so within a reasonable period of time. Though it may be difficult or awkward, this discussion can be an opportunity for self-assessment on the part of the parents, which can ultimately become a catalyst for change, or for the parents' recognition that they are unable to meet their child's needs. It also provides an opportunity for parents and children to identify who they may be able to rely upon for support as a family, if/when the child does return home.

For children in foster care, placed with relative foster parents, the concurrent planning discussion should include the option of Kinship Guardianship, and the availability of the Kinship Guardianship Assistance Program (KinGAP). This program allows for financial support and medical coverage for children after being discharged from foster care to a relative guardian. This program allows for a greater sense of permanency for the child, and a continued connection with their own family, while not requiring a termination of parental rights.

For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency. For additional information regarding KinGAP, see 11-OCFS-ADM-03 Kinship Guardianship Assistance Program (KinGAP) or the Kinship Guardianship Assistance Practice Guide, which includes information on discussions with birth parents, relative foster parents and youth about the KinGAP program.

Concurrent Planning Discussion with Foster Parents Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Progress Toward Permanency TPR Petition Parent Location Alternative Permanency Resources Conc. Plan Discussion w/Parents **Conc. Plan Discussion w/Foster Parent** Adoption Discussion

If the child has been in placement 3 months or more, have the foster parents been asked whether they would consider adopting the child, should the child become free for adoption, or otherwise provide a permanent living arrangement for the child? Yes No N/A

Describe the foster parent's response.

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

For each child in care three months or more, select the appropriate response to question.

An N/A response is only appropriate for a child in group care or a child who has been in foster care less than three months.

A "Yes" response will generate a required narrative button.

For a "Yes" response, summarize the foster parents' response to the worker's inquiry regarding adoption of the child (Are the foster parents interested in adopting these children? Are they interested, but have questions and/or reservations? Have they expressed different plans/preferences for different children? Are they not interested in adoption, or not interested in adoption, but willing to otherwise be a permanent resource for the child?). If the foster parent is a relative, has the worker discussed KinGAP with them if adoption is not the plan for the family?

Confirm that this summary is consistent with case circumstances and supported by relevant and

sufficient information documented in the progress notes and/or elsewhere in the record.

Concurrent Planning Discussion with Foster Parents

Concurrent planning is a method designed to achieve more timely permanency. Early in the child's placement, workers and parents should begin assessing the need for a concurrent plan, and where appropriate, identify possible alternative permanency resources. Foster parents are a likely alternative resource for the children in their care. This tab asks workers to document discussions with foster parents regarding their interest and willingness to become adoptive parents, or if a relative is not interested in adopting, their willingness to become kinship guardians, to the specific child/sibling group currently in their care.

It is important that the worker initiate this discussion with the foster parents, as this may be a critical piece of long-term planning for the child. For a child who is unable to return home, the foster parents' willingness to make a permanent commitment to a child/sibling group will avoid yet another disruption in the child's life. A birth parent who is considering surrender may be more willing to do so if they know the child will remain with someone the child already knows, and where the child is happy, wanted and cared for. Hopefully the birth parents also feel that the foster parents are someone they can trust.

Alternately, foster parents may need help in deciding if this is a child/sibling group to whom they are willing to make a long-term commitment. The earlier this is known, the better for the child. When foster parents are not interested in adopting, it is important for caseworkers to know this so that they can begin exploring other options as soon as possible.

Foster parents who are related to their foster child and have been the child's foster parents for at least six months may be eligible for the Kinship Guardianship Assistance Program (KinGAP). This program allows for financial support and medical coverage for children after being discharged from foster care to a relative guardian. This program allows for a greater sense of permanency for the child, and a continued connection with their own family, while not requiring termination of parental rights. This program also eliminates the monthly caseworker visits and regular court appearances associated with being a foster parent.

For a child who ultimately returns home, the knowledge that foster parents (related or not) are interested in maintaining a long-term commitment can be a comfort and resource to both birth parent and child.

For additional discussion and guidance on concurrent planning, see 00-OCFS-INF-05 ASFA Safety and Permanency. For additional information regarding KinGAP, see 11-OCFS-ADM-03 Kinship Guardianship Assistance Program (KinGAP) or the Kinship Guardianship Assistance Practice Guide, which includes information on discussions with birth parents, relative foster parents and youth about the KinGAP program.

Adoption Discussion Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Progress Toward Permanency TPR Petition Parent Location Alternative Permanency Resources Conc. Plan Discussion w/Parents Conc. Plan Discussion w/Foster Parent **Adoption Discussion**

For a child in placement six months or more, have you discussed with the child's parent(s) the signing of a voluntary surrender, including, where appropriate, a conditional surrender? Yes No

Describe the parent's response.

Spell Check Copy Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

This tab asks caseworkers to document whether they have had one or more discussions with the birth parents regarding voluntary surrender, including, where appropriate, a conditional surrender. Consider *both* parents when responding to this question!

A "Yes" or "No" response to this question will generate a required narrative box.

For a "Yes" response, provide a clear, thorough, nonjudgmental summary of the parents' response to worker's efforts to engage them in a discussion regarding surrender of their child. Include parents' discussions with the CM, CP, CW or other helpers. When the worker initiated a discussion of surrender, were the parents open to such a discussion? Were they relieved, confused, surprised, upset, or angered? Did they refuse to talk about it? If applicable, summarize the parents' contribution to the discussion (i.e., Did parent(s) offer alternative plans? Did they express different plans/preferences for different children? Did they ask for more time? Did they ask for clarification of the permanency options? Did they identify or request certain conditions? Did they ask/agree to talk with their spouse/partner/therapist/spiritual guide/lawyer/child's law guardian or other confidant?).

For a "No" response, explain why surrender has not been discussed (i.e., parents are unavailable or unwilling to discuss surrender; parents are too disabled to engage in this discussion/no agent available

to make decisions on their behalf; parents have made significant progress toward reunification and are likely to regain custody of children within the coming plan period, thus a discussion of surrender/adoption is not appropriate or necessary for this family at this time).

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Adoption Discussion

Not all parents will be able to make the changes necessary for them to parent their children safely and to meet their children's needs. For this reason, it is important for workers to explore with parents all the available alternatives for providing safety, permanency, and well-being for their children. By surrendering their rights to a child, parents who are struggling (or are unwilling) to meet basic parental expectations can give their child a more secure life with an adoptive family. They can also avoid an adversarial legal process to forcibly terminate their parental rights in the event that they fail to plan for their child.

Thus, where appropriate, it is important that workers initiate the discussion with parents about the option of surrendering their parental rights so children can achieve permanency through adoption. Though it may be difficult or awkward to have this conversation, it can be an opportunity for self assessment on the part of the parents, which can ultimately become a catalyst for recognizing the need for change, or the acknowledgement that they are unable to meet their child's needs. For some parents, it may be a relief to know there is this option, allowing them to make a plan for their child. Ultimately this serves the children better, knowing their birth parents made a plan rather than abandoning them or having their parental rights terminated by the court.

A conditional surrender, a surrender in which the birth parent agrees to surrender their parental rights with certain conditions or agreements attached, can be a means to achieve permanency for a child. Typical conditions may involve naming the specific adoptive parent(s), assurances that the birth parents can have contact with the children after the adoption, or obtain updates and photos over time. Any conditions attached to a surrender must be negotiated by and agreed to by the birth parents and adoptive parents, the local district/agency attorney, and approved by the court. State law governs what may be agreed to and how agreements are to be enforced. Thus, workers must exercise caution in negotiating or making any promises to a parent or child regarding conditions of a potential surrender.

Useful tools for caseworkers completing this screen can be found in, "Adoption Services Guide for Caseworkers."

Adoption Readiness Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400044	Collins,Patrick	9	

TPR Petition Alternative Permanency Resources **Adoption Readiness** Legal Status

Have you assessed the child for readiness to be adopted? Yes No

Is the child ready to be adopted? Yes No

Why hasn't the child been assessed for readiness to be adopted? What needs to occur to prepare the child for adoption?

Spell Check Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "No" response to either of the two questions will generate a required narrative.

If the child's readiness for adoption has *not* been assessed, document the reason why not:

- Child is too young to participate meaningfully (i.e., under two years old).
- Child is so severely physically or mentally disabled as to not be able to participate meaningfully in a discussion about adoption.
- Child is too distraught to participate in such an assessment.
- Child is unwilling to participate in such a discussion.

If the child is deemed *not* ready to be adopted, describe what specifically needs to happen in order to prepare the child/family for finalization and life beyond adoption?

- Child needs to be informed of/included in the adoption decision.
- Child needs to be given an opportunity to discuss his/her hopes, wishes, concerns, fears

about adoption with a trusted adult who is knowledgeable about adoption.

- Child's preferences/concerns/objections/ambivalences need to be addressed.
- Child needs to address loss/loyalty issues in order to begin to more fully accept a new family.
- Child needs to feel accepted and wanted by his/her new family.
- Child needs to address behavior issues before being able to live successfully in a family.
- Key information, including medical, educational, mental health, legal documents, photos/mementos need to be obtained or safeguarded in one place.
- Child and birth parents' medical history needs to be made available as per SSL 373-a;18 NYCRR 357.3 and 18 NYCRR 421.18(m).
- Child's services need to be transferred to new provider before finalization can occur.
- Where applicable and appropriate, good-bye plan between child and birth parent needs to be determined and/or implemented (may involve final visit, letter, or other ceremonial letting go ritual).
- Adoptive family needs access to adoptive family information/support/respice.
- Adoptive family needs better understanding/preparedness for managing separation/loss issues in adoption.
- Adoptive family needs to gain an accurate and realistic understanding of child's needs and/or of their own abilities or ongoing support needs.
- Adoptive family needs specific services/supports in place to parent this child.
- Adoptive family's concerns, needs, ambivalences need to be addressed.
- Adoptive family needs to sign the adoptive placement agreement.
- Adoptive family needs to demonstrate/pledge an emotional commitment to this child.
- Where the child is eligible, an adoption subsidy agreement needs to be approved.
- Conditions of surrender need to be worked out/agreed to by birth and adoptive parents.
- An adoptive resource has not yet been identified for this child. Thus his/her response to adoption by a specific family is unknown at this time (though you can still comment on the child's response to the *concept* of being adopted).

Confirm that these reasons are consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Adoption Readiness

Adoption "readiness" goes beyond merely confirming the child's awareness of the adoption plan or even his/her agreement/consent to the plan. It includes, whether services, supports, and subsidies are in place to support the child/family in the future. (See "Some Things to Consider in Assessing Adoption Readiness.")

Adoption is a lifelong process for the child and his/her new family. Once the goal (PPG) of adoption is established, it is essential that the team begin assessing whether the child understands and is ready to enter the next phase of this journey. This will depend greatly on the child's age and developmental status; the child/family history that led to the decision to pursue adoption; the child's relationship to and feelings about his/her birth parents, siblings, extended family, and his/her prospective adoptive

family; as well as the child's own unique needs for ongoing services/supports. Additionally, where there is an adoptive resource identified and approved, it is imperative that workers assess *their* readiness for moving toward adoption. Even when a child has been with a foster family or relative for years, issues will surface for the child and the adults when the prospect of life-long commitment through adoption becomes a real possibility. If a relative foster parent is reluctant to adopt their kin, the caseworker should have discussions with them to determine if kinship guardianship with KinGAP is a better choice for their family. There is guidance around this discussion, including tools that help relative foster parents determine if adoption or KinGAP is the appropriate plan for their family, in the Kinship Guardianship Assistance Program Practice Guide.

Children of all ages in foster care may have significant struggles around loyalty to their birth family, identity and self-concept, feelings of loss, anger, depression or relief, as well as attachment-related issues. Children in foster care may also have significant educational, behavioral, and/or physical health challenges that may make it difficult for them to transition easily into an adoptive home, or that may require ongoing services and supports. Adoptive families must have an accurate and empathetic understanding of the child's needs, and be realistic about the challenges that may lie ahead. Depending on the child, they may also need to possess certain attributes, skills, and abilities, and be aware of and willing to access supports and services, as needed, on behalf of the child and/or their family. The worker must involve the child, his/her current caretakers (foster/adoptive parents or child care staff), as well as the child's therapists, doctors, and other helpers, in conducting this assessment in order to gain a complete and accurate picture of the child/family's readiness to move toward, or to finalize, an adoption. Honest appraisal and discussion of needs, concerns and issues, as well as careful advance planning will serve to meet the child's best interests, and to support the long-term stability of the newly created family.

Some Things to Consider in Assessing Adoption Readiness

Listed below are some, but not all, things to consider when assessing adoption readiness:

- Has the child been informed of and/or included in the adoption decision?
- Does the child have an age-appropriate understanding of what adoption means?
- Does the child *want* to be adopted? Has the youth age 14+ given consent to adoption (unless the court has dispensed with this requirement)?
- Has the youth's decision not to consent to adoption been recently revisited with him/her so they have the opportunity to reconsider adoption?
- Has the child been given an opportunity to discuss his/her hopes, wishes, concerns, fears about adoption with a trusted adult who is knowledgeable about adoption?
- Has the child's preferences/concerns/objections/ambivalences been addressed openly and honestly?
- Has/does the child had an opportunity to address his/her feelings of loss/loyalty in order to begin or more fully accept a new family?
- Is the child attached to his/her adoptive resource, and if not, what has/can be done to promote/support attachment?
- Does the child feel accepted/wanted by his/her new family?
- Are there child behavior issues which would require special supportive resources for the family in order for the child to live successfully in a family setting?
- Have details of visitation/ongoing contact with birth parents, siblings, foster parents, and/or significant others been agreed upon?
- Is key information, including medical, educational, mental health, and legal documents, and photos or mementos documenting the child's life history since birth, available and safeguarded in one place? If not, where is it and who will obtain it?
- Has the medical history of both the child and the birth parents been compiled?
- Have necessary medical, educational, mental health services for the child been put in place, or arrangements made for continuation and/or transfer to new provider after finalization?
- Where appropriate, has there been a plan developed/implemented for the child to say good-bye to birth parent(s) and/or other significant individuals? (This may involve a final visit, letter or other ceremonial letting-go ritual.)
- Has an adoptive resource been identified for this child?
- If this is a new resource, has child and family had sufficient opportunity to visit and get to know one another?
- Does the child want to be adopted by *this* family?
- How attached/committed is the adoptive resource to this child/sibling group?
- Has sufficient medical/other information been provided to the resource to be able to make an informed decision regarding the child's needs and their ability/willingness to meet those needs?
- Does the adoptive family have a realistic understanding of and ability to deal with separation/loss/attachment issues in adoption?
- Does the adoptive family have access to/information about adoptive family support/respice?
- Does the adoptive family have necessary services/supports in place to assist them in parenting this child?
- Have the adoptive family's concerns, needs, ambivalences been addressed?
- Has the adoptive family signed an adoptive placement agreement?
- Where applicable, has an adoption subsidy been approved?

- Have conditions of the surrender been discussed and agreed upon by birth and adoptive parents?

Legal Status Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400026/C:39400014

File Options Help

Select Child

ID	Child Name	Age	In Process
19400044	Collins,Patrick	9	

TPR Petition Alternative Permanency Resources Adoption Readiness **Legal Status**

Has a child who is not legally free had a permanency goal of adoption for 6 months or more? Yes No N/A

Describe the status of the efforts to free the child for adoption.

Spell Check Copy Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for each child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question (i.e., child has had a PPG of Adoption for at least six months, but is not yet legally freed) will generate a required narrative box.

Provide a clear, thorough description of efforts made to legally free the child for adoption (i.e., referral has been made to agency legal department to initiate TPR; TPR has been filed, awaiting a court date; hearing/trial held, legal decision appealed by agency; worker has engaged parent(s) in a discussion of voluntary surrender). Include barriers and steps taken to overcome them (e.g., paperwork not completed; awaiting legal department review of case record; court delays; birth parent has not followed through on stated intent to surrender; parent cannot be located).

Confirm that this summary is consistent with case circumstances and supported by relevant and

sufficient information documented in the progress notes and/or elsewhere in the record.

Legal Status

This tab asks caseworkers to summarize efforts toward permanency for a child with a PPG of Adoption, who is not yet legally freed. The child must be freed within 12 months after the establishment of the PPG of adoption.

For a child with a Permanency Planning Goal of Adoption, caseworkers must take specific steps to pursue this goal. See 18 NYCRR 430 12(e)(1) for information regarding what must be done for a child with a goal of adoption who is not yet freed, who is freed but not placed, or placed but for whom an adoption has not yet been finalized.

Placement Status Tab (Freed Child)

Permanency Progress/Concurrent Planning - Collins, Kimberly - S:29400027/C:39400015

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Adoption Readiness **Placement Status** Barriers to Finalization of Adoption

Is the legally free child with a permanency goal of adoption in an adoptive or other permanent placement? Yes No

Specify the actions taken to place the child into an adoptive home or other permanent living arrangement. Describe the barriers which must be overcome. Describe the characteristics of the family most likely to meet the needs of this child and the efforts made to recruit potential adoptive parents.

Spell Check Save Cancel

Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation

A "No" response to the question will generate a required narrative field.

Provide a clear, thorough description of actions taken by the caseworker and others to place the child in an adoptive home or in another permanent living arrangement, such as kinship guardianship.

Provide a clear, thorough description of characteristics of families most likely to meet the needs of this child, and provide a clear, thorough description of efforts made to recruit potential adoptive families for this child. Include photo listing where applicable.

Provide a description of barriers which must be overcome to place this child in a suitable adoptive home.

Confirm that this summary is consistent with case circumstances and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Placement Status (Freed Child)

For a legally freed child with a PPG of Adoption, the effort to achieve permanency through adoption must continue. This screen helps caseworkers focus on concrete steps taken or needing to be taken to identify, locate, and engage an adoptive or other permanent resource for this child.

For a child with a Permanency Planning Goal of Adoption, caseworkers must take specific steps to pursue this goal. See 18 NYCRR 430 12(e)(1) for information regarding what must be done for a child with a goal of adoption who is not yet freed, or who is freed but not placed, or placed but for whom an adoption has not yet been finalized.

Any child freed for adoption, who has been in foster care for three months or more and who is not in an adoptive placement, must be referred and photo listed with OCFS within ten days of being freed, unless referral is waived. Referral is waived if the child is placed with a foster parent who has expressed, in writing, an interest in adopting the child or if the agency has identified two or more potential placements for the child or a family has been selected to adopt the child. See 18 NYCRR 421.2(d).

Barriers to Finalization of Adoption Tab

Permanency Progress/Concurrent Planning - Collins, Kimberly - 5:29400027/C:39400015

File Options Help

Select Child

ID	Child Name	Age	In Process
19400041	Collins, Kimberly	11	

Adoption Readiness Placement Status **Barriers to Finalization of Adoption**

Yes No

Has the child been in an adoptive placement for 6 months or more?

Specify the barriers preventing legal adoption in this home and actions taken to overcome these barriers and finalize the adoption.

Spell Check Copy PHR Question Save Cancel

Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question will generate a required narrative box.

Provide a clear, thorough description of barriers preventing legal adoption in this home (i.e., subsidy not yet approved; legal or recertification paperwork not completed or needs to be resubmitted; conditions of surrender being negotiated by birth and adoptive parents; concerns have arisen in the adoptive home that need to be addressed; adoptive resource has unresolved concerns, is ambivalent or has changed his/her mind about adopting this child; youth refuses consent for adoption; or there are court delays/TPR has been appealed).

Describe actions taken by caseworker or others on the permanency team to overcome these barriers in order to finalize the adoption (e.g., addressing family or child's concerns/ambivalences, discussions regarding conditions of surrender, efforts to seek an alternative adoptive resource/placement).

Confirm that this summary is consistent with case circumstances and supported by relevant and

sufficient information documented in the progress notes and/or elsewhere in the record.

Barriers to Finalization of Adoption

When a child has been legally freed and has a PPG of Adoption, the urgency to achieve permanency through adoption must continue. A child placed in a pre-adoptive home may experience delays which unnecessarily lengthen the wait for permanency. This screen helps caseworkers to focus on the need to achieve legal permanency, and to focus on concrete steps taken, or needing to be taken, to overcome barriers to finalization.

For a child with a Permanency Planning Goal of Adoption, caseworkers must take specific steps to pursue this goal. See 18 NYCRR 430 12(e)(1) for information regarding what must be done for a child with a goal of adoption who is not yet freed, or who is freed but not placed, or placed but for whom an adoption has not yet been finalized.

Consent to Adoption Tab (Freed Child)

Permanency Progress/Concurrent Planning - Collins,Patrick - S:29400002/C:39400001

File Options Help

Select Child

ID	Child Name	Age	In Process
19400002	Collins,Patrick	16	

Progress Toward Permanency Alternative Permanency Resources **Consent to Adoption**

Yes No

Is the legally freed youth who is 14 years or older refusing consent to his or her adoption? Yes No

Describe the permanency alternatives discussed with the youth including his or her ability to change their mind about adoption.

Spell Check Copy PHR Question Save Cancel

Close

Quick Tips to Complete this Screen

This tab applies to any youth age 14 or older who has been legally freed.

This screen must be completed for each applicable child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question will generate a required narrative box.

Provide a clear, thorough description of ongoing efforts to engage youth in a discussion of his/her permanency alternatives, including adoption and kinship guardianship, if applicable. Include efforts made by caseworkers, therapist, foster parent, the child's attorney, or other adult resources to discuss permanency options with the youth since the last FASP.

Summarize the youth's reactions to this discussion, including his/her concerns and preferences.

Describe the steps taken by the caseworker or others to address or respond to any concerns raised by the youth regarding the goal of adoption.

Document that the youth understands that he/she can change his/her mind about a prior decision

regarding consent to adoption.

Confirm that the response and this summary is consistent with case circumstances, including what the youth may have said in court, and what a judge may have ordered, and supported by relevant and sufficient information documented in the progress notes and elsewhere in the record.

Consent to Adoption (Freed Child)

All children who are old enough to understand what adoption means should be given the opportunity to express their feelings about being adopted. Youth who are fourteen or older must give consent (unless the court has dispensed with this requirement), and have the right to refuse to be adopted. A youth who has said no to adoption previously is able to change his/her mind if he/she decides it is something they are interested in. In some special cases, the court may deem the child's consent not a requirement.

A youth who does not consent to being adopted must be advised of alternative permanency options, including adoption, must be given an opportunity to explore and consider the various options, and must be given opportunities to discuss his/her feelings, needs, concerns, and preferences with a trusted adult who is knowledgeable about adoption. (Alternative permanency options include, but are not limited to, Discharge to Another Planned Permanent Living Arrangement (APLA)/Independent Living with a Planned Resource Connection, APLA/Guardianship by a Relative or other Resource, Kinship Guardianship with or without KinGAP, or for some youth, Discharge to Adult Residential Care.)

Regardless of the youth's current refusal to be adopted, it is important that these options be continually revisited and explored with the youth. Adoption and permanency is not a one-time discussion. The youth's needs, feelings, or circumstances may change. Over time, a youth may change his/her mind or feelings about being adopted, may identify previously unknown or excluded resources, or may have a suitable family inquire about him/her. A youth who previously believed he/she had no resources may come to identify someone from his/her past, or a current adult in his/her life, by whom who the youth would consider being adopted. The youth may develop a more positive attitude toward being part of a family.

Refer to the OCFS publication "Need to Know Series: Adoption Rights for Foster Care Youth Who Are 14 Years of Age or Older," which is available on the OCFS Internet (www.ocfs.state.ny.us/main/publications). This is a valuable resource for youth and caseworkers regarding the youth's rights in the adoption process. In addition, there is an informational booklet for youth through the Youth In Progress Need To Know Series on the Kinship Guardianship Assistance Program. The booklet includes a chart that describes the differences between adoption, KinGAP and foster care.

Resource Connection Tab

Permanency Progress/Concurrent Planning - Collins,Patrick - S:29400002/C:39400001

File Options Help

Select Child

ID	Child Name	Age	In Process
19400002	Collins,Patrick	16	

Alternative Permanency Resources **Resource Connection** Consent to Adoption

Is the child currently connected to an adult/family/mentor in the community that he/she can go to for emotional support/advice/guidance? Yes No

Identify the resource and the relationship to the child.

Spell Check PHR Question Save Cancel Close

Quick Tips to Complete this Screen

This tab applies to youth over age 14 with a PPG of Discharge to APLA.

This screen must be completed for each applicable child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

For a "Yes" response, identify by name and relationship at least one adult who has a strong and stable relationship with the youth, and who is committed to supporting and mentoring the youth after discharge from foster care.

Examples:

- Sarah Smith, the leader of Jane's church choir, will continue to have weekly contact with Jane at church services and choir practice, and has agreed to provide guidance and emotional support as needed.
- Jack Crandall, Hank's job coach at the Labor Center, will continue to follow Hank's progress for at least six months on the job.
- Keisha's grandmother, Matilda Johnson, will assist her in raising her infant son.
- Devon's foster parents, Marcus and Renee Travis, have agreed to maintain at least monthly in-

person/phone contact with him after he leaves their home.

- Mark Jones, Jeremy's 25 year old cousin, has agreed to have Jeremy share an apartment with him upon discharge from foster care.
- Teri Wilson, a volunteer recruited by the agency to be a resource for Penelope, has been meeting weekly with Penelope for the past four months. They have begun to develop a positive, supportive relationship through weekly outings and shared interests.

For a "No" response, provide a clear and thorough description of efforts made by the caseworker, the youth, and other team members to help identify and connect the youth with an adult resource who is likely to be available to the youth after discharge from foster care.

Confirm that the response and this summary are consistent with case circumstances, and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

Resource Connection (Freed Child)

For youth leaving foster care with a goal of Discharge to APLA, it has been proven that his/her successful transition to adulthood is strengthened by having a strong and stable attachment to at least one adult who is committed to supporting and mentoring the youth after discharge from foster care. This resource may be a family member, a community member, a former foster parent, group care staff member, or a formal resource assigned to the youth. What is essential is that the youth and adult resource have an ongoing supportive relationship that is intended to continue even after the youth leaves foster care or group care.

Identification, development, and support of this resource are essential. Although the youth will not necessarily be living with this adult resource after discharge, this is a person whom the youth trusts, and with whom the youth has an agreement to turn to for guidance, encouragement, and support after discharge from foster care. Clarifying exactly what the various supports will include, preferably in writing, can help to avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult.

Each youth who will be discharged from foster care at or after age 18 must also have a written Transition Plan as per 18 NYCRR 430.12(j). This plan, developed with the youth, details the youth's plans and supports leading up to and following discharge from foster care. For additional details about transition planning requirements, see 09-OCFS-ADM 16-Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care, or contact your local Adolescent Services Resource Network.

Readiness for Adult Residential Care Tab

Permanency Progress/Concurrent Planning - Collins,Kristy - S:29400035/C:39400012

File Options Help

Select Child

ID	Child Name	Age	In Process
19400060	Collins,Kimberly	6	

TPR Petition Parent Location Alternative Permanency Resources Conc. Plan Discussion w/Foster Parent **Readiness for Adult Residential Care**

Is the child expected to be discharged to Adult Residential Care within 24 months? Yes No

Describe the services needed to permit discharge, and to support the child after discharge. Specify barriers to their provisions.

Spell Check Copy Save Cancel

Close

Quick Tips to Complete this Screen

This screen is applicable to any child (regardless of age) with a goal of APLA/Discharge to Adult Residential Care who is anticipated to be discharged from foster care within the next 24 months.

This screen must be completed for *each* applicable child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

A "Yes" response to the question will generate a required narrative box.

Provide a clear, thorough description of the services needed to permit discharge, and to support this child after discharge from foster care.

Describe any barriers to services (e. g., needed services not available; disagreement over what level of care the child/youth needs; post-discharge legal guardianship not yet established; eligibility for Medicaid, SSI or other benefits not yet determined or resolved), and the steps taken by worker or agency to resolve these barriers (e.g., evaluations completed or requested to identify/clarify care needs; exploration and identification of a suitable facility/program; or legal action taken to secure services, benefits, or guardianship).

Note: Where significant barriers exist, identify this as a priority in the Assessment Analysis. The Service Plan should also include an Outcome and Activities block to address such barriers.

Confirm that the response and this summary are consistent with case circumstances, and supported by relevant and sufficient information documented in the progress notes and/or elsewhere in the record.

For any child over age fourteen, complete a Life Skills Assessment. This will help to support the caseworker's assessment of the child's ongoing care needs.

Readiness for Adult Residential Care

Children discharged to adult residential care often present with a profound need, such as a severe developmental disability or medical condition, requiring continuous care into adulthood. Such children are often entirely or significantly dependent on others, not only for their day to day care, but also for critical decision making and advocacy on their behalf. It is critical that appropriate care plans be in place for these children, including a decision of who is legally responsible for their care and guardianship upon discharge from the department's custody.

When it is determined that Discharge to Adult Residential Care is the best permanency option for a child, it is essential to assess and determine the child's ongoing care needs, to secure an appropriate program to meet the child's needs, and to assess the child's readiness for this significant change. For additional information on planning requirements for child with this PPG, see 18 NYCRR 430.12(g).

For a child who is able to meaningfully participate in decision making, caseworkers should involve the child, as well as his/her family.

Foster Care Issues: Life Skills Assessment Window

Life Skills Assessment - Collins,Kristy - S:24001983/C:34000535

File Options Help

Category	Level of Achievement	Collins,Patrick F/C
▶ Forming and Sustaining Positive Relationships	Exceptional skills in this area	<input type="checkbox"/>
	Adequate skills in this area	<input type="checkbox"/>
	Limited skills in this area; needs some support and skill development/training	<input type="checkbox"/>
	Has no or very limited skills in this area; needs significant support and skill development/training	<input type="checkbox"/>
Problem Solving/Decision Making/Goal Planning	Exceptional skills in this area	<input type="checkbox"/>
	Adequate skills in this area	<input type="checkbox"/>
	Limited skills in this area; needs some support and skill development/training	<input type="checkbox"/>
	Has no or very limited skills in this area; needs significant support and skill development/training	<input type="checkbox"/>
Preventive Health and Wellness	Exceptional skills in this area	<input type="checkbox"/>
	Adequate skills in this area	<input type="checkbox"/>
	Limited skills in this area; needs some support and skill development/training	<input type="checkbox"/>
	Has no or very limited skills in this area; needs significant support and skill development/training	<input type="checkbox"/>
Education and Support	Exceptional skills in this area	<input type="checkbox"/>
	Adequate skills in this area	<input type="checkbox"/>
	Limited skills in this area; needs some support and skill development/training	<input type="checkbox"/>

Comments Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

The person best suited to complete this section is the person who administered the actual Life Skills Assessment.

For each of the ten life skills categories, select the response which best reflects this youth's current level of achievement. Responses should be based on a formal Life Skills Assessment (e.g., Ansell Casey Life Skills Assessment or alternative assessment tool). The responses to the Life Skills Assessment should not be based on the caseworker's casual observations.

Provide comments to support the responses in key categories. It is important that key strengths and needs identified in the Life Skills Assessment be carried forward into the Assessment Analysis, so that they may be addressed in the Service Plan.

Check that the responses and comments are consistent with case circumstances and supported by relevant and sufficient information in the progress notes, Life Skills Assessment, and elsewhere in the record.

Life Skills Assessment

The Life Skills Assessment is required for all youth age 14 and over with a Program Choice of Placement, regardless of their PPG. While it is optional for all other children and youth, it may be especially helpful

in focusing attention on an adolescent's developmental needs and issues, when these are central to the case (e.g., preventive cases open due to school truancy or PINS).

As adolescents grow into young adulthood, it is important that they possess the skills necessary to successfully make the transition into adulthood. For youth in foster care, it is even more critical that they possess these self-sufficiency skills, as many youth may have few resources for support and guidance upon leaving care. Helping to prepare youth for self-sufficiency may be achieved through a variety of methods. Youth may work one-on-one with the caseworker, foster parent, direct care worker, or an adult mentor. The youth may participate in formal education or training, attend life skills programs, take part in facility-sponsored groups, or use other community resources. Caseworkers must conduct individualized assessments of each youth and develop a written plan to address the youth's specific needs and issues. The Life Skills Assessment within the FASP aids caseworkers in documenting the strengths, needs, and priorities of each youth in each of the following life skills categories:

- Forming and Sustaining Positive Relationships
- Problem Solving/Decision Making/Goal Planning
- Preventive Health and Wellness
- Education and Support
- Vocational/Career Planning
- Employment Skills
- Budgeting and Financial Management
- Housing
- Home Management
- Accessing Community Resources

A service provider with a CONX role of Case Worker, who works directly with the youth, is likely to be the one completing the Life Skills Assessment in the FASP. He/she may also be expected to provide a written summary of the youth's most significant strengths and needs in the Assessment Analysis, and to develop one or more specific Outcome and Activities blocks to address the youth's most significant Life Skills needs. This can be a good way to engage a youth in his/her own development and change effort. It also provides an opportunity for self-reflection/assessment for the youth and a model for cooperative problem solving. Ultimately, the Case Planner is responsible for confirming that the Service Plan addresses the youth's most significant needs.

The Life Skills Assessment screen is an opportunity to summarize the results of a formal life skills assessment. It is not an assessment in and of itself. NYS OCFS recommends, but does not require, the use of the Ansell Casey Life Skills Assessment as the preferred tool for assessing youth. The Adolescent Resources Services Network (ASRN), sponsored by OCFS, can provide training and support in the use of the Ansell Casey Life Skills Assessment, and in developing appropriate service plans addressing life skills deficits. For additional information on Life Skills Assessment you may contact your local ASRN at www.nysasrn.org.

Foster Care Issues: Visitation

When children are placed in out-of-home care, visitation with family, including siblings if not placed together, or other permanency resources is required unless deemed contrary to the safety and well-being of one or more children. Depending on the child's permanency plan and available resources, visitation with other key individuals in the child's life can also be valuable.

When used effectively, visitation provides an opportunity for parents or other primary discharge resources and children to:

- Maintain and develop bonds.
- Demonstrate commitment to the permanency goal.
- Practice and demonstrate needed skills.
- Prepare for and test their readiness for reunification.
- Build needed supports.

Caseworkers can use visitation:

- As an opportunity to assess parent and child readiness for reunification, and to identify challenges to effective reunification.
- To test readiness for reunification.
- To teach, promote, and support needed skills to help families build and use needed supports.

Visitation planning involves conscious planning and decision making. The timing, frequency, location, participants, and activities during visitation should be decided in a manner that is consistent with achievement of the permanency goal. The purpose of visitation and expectations within the visits must be made clear to the parents, other adults involved, and children. When developing and assessing visitation plans, it is critical that caseworkers, supervisors, Third Party Reviewers, and other decision makers consider the goals of the case (i.e., the PPG and case outcomes) in order to determine how best to configure visitation plans that support the current permanency plan.

There are three possible screens within the visitation section of Foster Care Issues (i.e., Visiting Plan, Visiting Plan Review, and No Visiting Plan). The required screens will depend on the type of FASP, when the child entered foster care, and whether there are separate visiting plans in place for each child/parent/resource.

Multiple Caseworker Coordination Tip

Children in a family may have different visitation plans based on their having different PPGs, different fathers, different needs, or being placed at different agencies. Therefore, there may be multiple ongoing visiting plans to record in the same FASP. It may be the assigned responsibility of the Case Worker who is associated to a specific child to document the child's visiting plan/visiting plan review; though the Case Planner must see that all relevant visiting plans/visiting plan reviews for a family are recorded.

There may also be others who have a role in arranging, facilitating, supervising, and assessing visitation (e.g., foster parents, relatives, visit supervisors, or other professionals working with the family). It is

important that the author of the visiting plan and visiting plan review include the efforts and observations of these key helpers.

Visiting Plan Review Tab

Visiting Plan - Collins,Kristy - S:27201947/C:37200501
File Options Help

Visiting Plan Review Visiting Plan No Visiting Plan

Review Status	Plan Description	Primary Location	Frequency	Duration	Visiting Plan Status
Complete	Parents/Child(ren)	Case Address	Weekly	1 to 2 hours	Active
Incomplete	Parents/Child(ren)	Case Address	Weekly	1 to 2 hours	Active

Child Participants: Adult Participants: Outside Participants:

Collins,Kimberly Collins,Kristy
 Collins,Patrick Collins,Thomas
 Collins,Tyler

Select the degree that the parent(s) or other visitor(s) met the frequency of the previous visiting plan.

Degree	Description
<input checked="" type="radio"/> TOTALLY	Regularly attends visits. (90-100% compliance)
<input type="radio"/> ROUTINELY	May miss visits occasionally (65-89% compliance)
<input type="radio"/> SPORADICALLY	Misses many scheduled visits. (26-64% compliance)
<input type="radio"/> RARELY	Misses most scheduled visits. (1-25% compliance)
<input type="radio"/> NEVER	Does not visit

Rate the degree to which the parent(s) or other visitor(s) behavior during visits supports a healthy and nurturing relationship.

Were the expectations of the previous visitation plan met? Yes No

Explain any expectations that were not met and the reason they were not met.

Spell Check Save Cancel Close

Quick Tips to Complete this Screen

This screen will be generated only when a Family/Child Visiting Plan had been recorded in a previous FASP or Plan Amendment. Depending on how the previous visiting plan was configured and documented in the previous FASP, visiting plans can be reviewed as a sibling group or child-by-child where different plans were in place for different children or parents.

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation. There may be more than one visiting plan for a child if he/she is visiting with different people at different times; each plan must be recorded separately.

The drop-downs and lists will be prefilled from the previously completed visiting plan. These options define the visiting plans the caseworker will review. Before proceeding, check that you are reviewing the correct visiting plan!

The caseworker may benefit from reviewing the progress notes or other visitation log before completing this screen. The caseworker must ensure that information recorded in this screen is consistent with case circumstances and supported by relevant and sufficient information in the progress notes or

elsewhere in the record.

- Select the degree to which the parent met the frequency of the previous visiting plan.
- Rate the degree to which the parents' or other visitors' behavior during visits supported a healthy and nurturing relationship.
- Explain any expectations that were not met and the reasons they were not met. This explanation needs to include more than the consistency of contact; assess the quality of interaction and expectations met or not met during visitation. For example:
 - Parent failed to apply skills learned in therapy to manage his/her own emotions.
 - Parent tried but was not effective in using skills learned in parenting class to manage child's behavior.
 - Parent/teen violated conditions of contract regarding curfew, alcohol/drug use, and peer associations.
 - Parent ignored child, or did not respond appropriately to child seeking affection or comforting.
 - Parent did not plan or attempt to engage child in age-appropriate activities.
 - Parent was unable to or did not prepare meals/provide snacks as agreed.
 - Parent initiated little or no interaction with child; did not assist young child with toileting; did not review homework with older child.
 - Child was injured during visit; parent did not take steps to prevent accidents/injury of child.
 - Parent continued to discuss off-limits topic in presence of child.
 - Parent brought prohibited person to visit.
 - Parent's response to crisis during visit was inappropriate or inadequate.
 - Parent did not use his/her support system when needed during the visit.

Visiting Plan Review

Visitation is intended to be an opportunity to work toward achievement of the permanency goal. This screen provides an opportunity for caseworkers to evaluate the quality of visitation since the last FASP. Together with the family and other key individuals (foster parents, relatives, visit supervisors, other professionals working with the family), caseworkers must determine if the expectations of the previous plan were met. In order to do this, it is essential that the expectations of the previous visiting plan were clearly set forth and were communicated effectively to the parent/child.

Effective assessment of the previous Family/Child Visiting Plan informs the determination of what changes or enhancements should be made to the visiting plan during the next FASP period to best support achievement of permanency.

Visiting Plan Tab

Visiting Plan - Collins,Kristy - S:27201947/C:37200501

File Options Help

Visiting Plan Review **Visiting Plan** No Visiting Plan

Enter plans for family/child visitation. Enter as many plans as necessary to record each visitation arrangement, including visitation arrangements with any other persons outside the immediate family and separate sibling visits. Based on a review of the previous visitation and progress toward permanency, consider changes to the visiting plan.

Review Status	Plan Description	Primary Location	Frequency	Duration	Visiting Plan Status
Complete	Parents/Child(ren)	Case Address	Weekly	1 to 2 hours	Active
Incomplete	Parents/Child(ren)	Case Address	Weekly	1 to 2 hours	Active

Select Child(ren) for Visiting Plan: Collins, Kimberly
 Collins, Patrick
 Collins, Tyler

Select Adult(s) for Visiting Plan: Collins, Kristy
 Collins, Thomas

Select Outside Participants:

Plan Description: Parents/Child(ren)

Primary Location: Case Address

Frequency: Weekly

Duration: 1 to 2 hours

Visiting Plan Status: Active

Are there any special conditions (i.e. court orders, supervised visitation, phone contacts, mail) regarding visitation? Yes No

Is assistance necessary to facilitate visitation? Yes No

Explain the condition. For supervised visitation, explain the reason and how supervision will be provided.

Explain what assistance is necessary and how it will be provided.

Describe specifically what will occur during visits to enhance parental capability, support the parent/child relationship and support the child's well-being.

Spell Check Add Visiting Plan Visiting Plan Detail Save Cancel

Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation. There may be more than one visiting plan for a child if he/she is visiting with different people at different times; each plan must be recorded separately.

Confirm that the visiting plan accurately reflects any court ordered expectations or prohibitions regarding visitation between a child and parent or others. Using the drop-downs and lists provided, select (or update) the logistics of the visiting plan for this child for the next FASP period:

- Review status
- Plan description (i.e., parent/child, siblings, resource person/child)
- Primary Location
- Frequency
- Duration
- Visiting Plan Status (active, suspended, closed)
- Child(ren) for Visiting Plan
- Adult(s) for Visiting Plan

- Outside Participants

Select the appropriate response to the question regarding special conditions. Briefly describe who will supervise the visits, if necessary, and specifically what he/she will do to support parent/child interaction. Some example may include:

- Meeting with parents before visitation to plan activities
- Offering prompts, suggestions, or reminders during visits
- Modeling appropriate behavior
- Meeting with parent/child after visitation to review successes and challenges

Select the appropriate response to the question regarding assistance needed to facilitate visitation. Briefly describe any assistance needed to facilitate visitation. Some examples may include:

- Assisting with transportation
- Providing snacks/supplies
- Creating a crisis management plan

In the third narrative box, briefly describe what will occur during visits to enhance parental capacity, support the parent/child relationship, and support the child's well-being. Some examples may include:

- Parent will use skills learned in therapy or parenting class to manage their own emotions or the child's behavior.
- Parent will engage child in age-appropriate activities.
- Parent will prepare meals, assist young child with toileting, and review older child's homework.
- Parent will take steps to prevent accidents/injury of child.

This tab can also be used to record a narrative describing any nonvisiting contact planned between a foster child and his/her family (e.g., phone calls, letters, pictures, emails).

Confirm that the responses and information in this screen are consistent with case circumstances and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Visiting Plan

Visitation is a key tool in the timely achievement of permanency. A carefully crafted visiting plan must be congruent with the child's permanency goal and support the achievement of the PPG and case outcomes. Use this screen to document the visiting plan. Include steps to help the parent/child achieve the visiting plan expectations during the coming plan period, especially if expectations of a previous visiting plan were not met.

Examples of questions FASP writers should consider:

- If the PPG is return to parent, and the parent has a partner, is the partner included in visits?
- If the PPG is discharge to relative, are members of the relative's household included in visits in a manner congruent with their anticipated role in the child's life?
- If the PPG is APLA/with a Permanency Resource, is the youth spending quality time with his/her adult resource?

- If the PPG is adoption, are visits planned with persons significant to the child (e.g., siblings, grandparents, former caretakers) in order to maintain continuity in the child’s life?
- Is the visitation setting/location realistic/similar to the setting in which the child is likely to live and conducive to parent and child interaction?
- Are there activities and expectations built into visits to promote and support a relationship between the child and the adults/other children with whom the child will live or depend on after discharge?
- Are there opportunities for the adults to use visitation time to demonstrate/practice skills needed in order to successfully parent this child (e.g., discipline; implementing a daily routine; managing crises; interacting with schools, medical providers, and other community resources)?
- Are the support persons/networks that the parent/caretaker will rely on to raise this child built into the visiting plan (i.e., if parent will rely on a relative or partner for respite or shared parenting, is the relative/partner involved in the visits, forming a relationship with the child, getting to know the child needs, practicing skills he/she will need to effectively support and partner with the parent)?
- Does the visitation plan allow the caseworker to observe and assess the parents’ skills, and the interaction of parents, child, and any support persons? If the worker is not directly observing the visits, how will information about the successes/challenges of visits be communicated to the worker who is responsible for assessing/documenting the quality of visits?

Navigation Tip

An existing visiting plan (from a previous FASP) can be modified, removing any record of the previous visiting plan, or a new plan can be written, leaving the existing plan in the historical case record. If writing a new plan, change the status of the old visiting plan to “inactive” once that plan is no longer in use.

No Visiting Plan Tab

Visiting Plan - Collins, Kristy - S:24001983/C:34000535

File Options Help

Visiting Plan Review Visiting Plan **No Visiting Plan**

For any child without a visiting plan with a parent, legal guardian/custodian or primary discharge resource, explain why there is no active visiting plan. If a child has contact but does not visit, describe the contact.

Spell Check Save Cancel Close

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement for whom there is no visiting plan with one or both parents. When siblings have different plans, responses should be individualized to reflect each child's unique situation.

When no current plan exists for face-to-face visitation between a child and parent, or a child and his/her siblings, record the reason for no visiting plan at this time. Reasons may include:

- The parent is missing or unavailable.
- Contact between a parent and child, or between siblings, has been determined to be detrimental to the safety and well being of one or more children (note the court and/or professional who made this decision/recommendation).
- Child refuses to visit at this time.

Where applicable, include any plans for other types of contact such as phone calls, letters, pictures, or emails.

No Visiting Plan

When a child is in foster care, opportunities for visitation between a parent and child, and between siblings, must be provided unless it is determined that such contact is contrary to the safety and well-being of one or more children. There may be circumstances that lead the court to set limitations regarding visitation between a child and parent or others. A court order will impact both what is permitted and what is prohibited regarding visitation. Incarceration or hospitalization of a parent is not itself a reason to forego visitation, as the child may have had a positive relationship with the parent prior to incarceration or hospitalization. The decision of whether or not to initiate a visiting plan should be based on the physical and emotional safety of the child as well as circumstances affecting the parent's availability for visits.

Foster Care Issues: Discharges

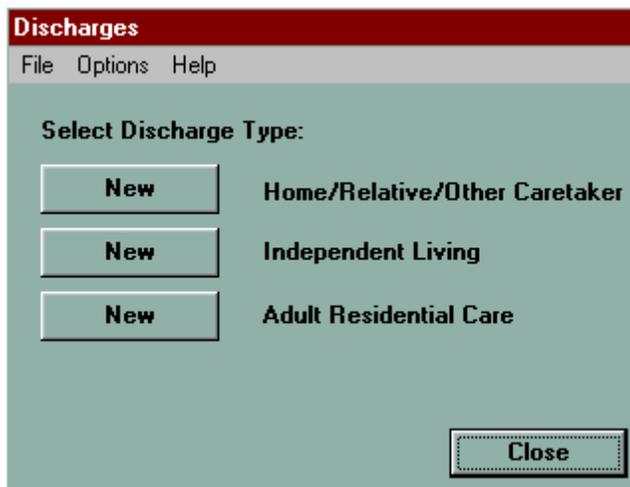
Foster care is intended as a temporary solution; the ultimate goal is achievement of a safe, permanent family where the child's needs are met and he/she can maintain lasting relationships. Discharge planning should begin as soon as a child is placed in foster care. Casework during every FASP period should be focused on achievement of the child's PPG, including an ongoing assessment of safety, risk, family and child functioning, needs, and progress toward the goal.

When case progress indicates that discharge from foster care is appropriate, the FASP Discharges windows allow the caseworker to record information about the appropriateness of this action at this time. The discharge screens should be completed 30 days before an anticipated trial or final discharge. These may be completed within a coming due FASP or at any time in a FASP cycle if discharge occurs mid-cycle. For an unplanned discharge, complete the appropriate window within 30 days of discharge.

There are four types of Discharges:

- Home/Relative/Other Caretaker (CWS)
- APLA/Independent Living (CWS)
- APLA/Adult Residential Care (CWS)
- Adoption (only accessible in the CCR)

Based on the selection of the discharge plan applicable to the child at this time, CONNECTIONS will generate the appropriate discharge window for the caseworker to complete.



The screenshot shows a software window titled "Discharges". At the top, there is a menu bar with "File", "Options", and "Help". Below the menu bar, the text "Select Discharge Type:" is displayed. There are three rows of buttons, each with a "New" button on the left and a text label on the right. The first row has "New" and "Home/Relative/Other Caretaker". The second row has "New" and "Independent Living". The third row has "New" and "Adult Residential Care". At the bottom right of the window, there is a "Close" button.

Discharge from foster care to home/ relative/other caretaker may not necessarily mean that services to the family will end. Often preventive or protective services will continue for the family to assist them in this transition.

A well-crafted discharge plan will support the family and child after discharge and help to maintain the long-term stability of the living arrangement. A well-documented discharge plan clearly defines roles and expectations for maintaining safety, stability, and child well-being. Should the need for services

arise again in the future, the previous discharge plan will provide for future assessment and intervention.

Foster Care Issues: Discharge to Home/Relative/Other Caretaker Window

When a child is discharged from foster care to the home of a “Parent, Relative, or Other Caretaker,” it is essential to assess what makes discharge to this home a safe and appropriate decision at this time. There are three windows which serve to support the assessment and decision making process at the point of discharge:

- Situations/Behaviors/Concerns
- Decision Support
- Needs/Resources

Situations/Behaviors/Concerns Tab

Discharge to Home/Relative/Other Caretaker - Collins,Kristy - S:27201947/C:37200501

File Options Help

Select Child

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	7	
17203399	Collins, Patrick	16	
17203391	Collins, Tyler	1	

Situations/Behaviors/Concerns Decision Support Needs/Resources

Enter Discharge Effective Date: 1/25/2011

Home Relative Other

Select Discharge Setting: Home Relative Other

Trial Final

Select Discharge Type: Trial Final

Briefly describe the situations and behaviors that created and maintained the need for placement.

What has changed to now create a safe environment for the children?

Are there any issues or concerns related to other children or adults in the household which may impact the child's safety/permanency or well being upon his/her discharge? Yes No N/A

Explain.

Spell Check Save Cancel Close

Quick Tips to Complete this Screen:

This screen must be completed for each child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

- Provide a clear, brief description of the behaviors or conditions which created or maintained the need for placement. (This information can be found in "Original Reason for Case Opening," if the child's placement in foster care triggered the CID, or "Case Update" within the FASP/Plan Amendment following the child's placement in foster care.)
- Provide a clear description of the changes in behaviors or conditions that have occurred to now create a safe environment for the child in the anticipated home of discharge. Describe actual changes in behavior or conditions, not merely compliance with services. Examples include:
 - Custodial parent has severed a dangerous relationship and demonstrates an ability to keep dangerous persons away from child.
 - Parent now has sufficient and stable income/housing.
 - Parent demonstrates an awareness of child's needs and responds appropriately.
 - Parent has and uses a support system effectively to meet family/child's needs.
 - Parent is committed to sending child to school and has a working relationship with child's

school.

- Parent/child conflict has been reduced or eliminated, and both have access to resources to support parent/child interaction.
- Parents demonstrate improved communication/conflict management.

If “Yes” is answered to the question, “Are there any issues or concerns related to other children or adults in the household which may impact the child’s safety, permanency or well-being upon his/her discharge?”

- Provide a summary of any issues that remain in the discharge household related to other children and adults in that household that may impact the children’s or other person’s safety.

Examples include:

- Parent is raising other children with/without special needs in the household.
- Parent is caring for an elderly/sick/disabled family member.
- Other child/adult in the household presents some risk of harm that parent must manage.
- Other children remain in foster care, but are anticipated to return home at some time in the future.
- Adult in household is anticipated to return home from prison/hospital/rehab/etc.
- Relative raising child needs to maintain appropriate/effective boundaries with the child’s parents.

Decision Support Tab

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	7	
17203389	Collins, Patrick	16	
17203391	Collins, Tyler	1	

Decision Support
Yes No N/A

Has the parent/caretaker met the conditions of the court order? Yes No N/A

Explain the conditions the parents/caretakers did not meet.

Is the parent/caretaker fully supportive of the discharge decision? Yes No N/A

Explain parent's position.

Is the child fully supportive of the discharge decision? Yes No N/A

Explain child's position.

Buttons: Spell Check, Save, Cancel, Close

The Decision Support tab on the Discharge to Home/Relative/Other Caretaker window, guides caseworkers regarding key factors that must be considered when determining whether the discharge from foster care is appropriate at this time.

Quick Tips to Complete this Screen:

This screen must be completed for *each* child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

A "No" response to the first question will generate a required narrative. Briefly describe the court ordered conditions that have not been met by the parents, why they were not met, and if applicable, any steps they must now take in order for the child to return home.

A "No" response to the second question will generate a required narrative. Provide a clear description of the parents' concerns, reservations, and/or needs regarding the discharge plan (e.g., finances, housing, child's behavior, level of services needed).

A "No" response to the third question will generate a required narrative. Provide a clear description of the child's concerns, reservations, and/or needs regarding the discharge plan (e.g., circumstances at home, maintaining contact with foster parents, changing schools again, and resources to turn to if they need help).

Needs/Resources Tab

Discharge to Home/Relative/Other Caretaker - Collins,Kristy - S:27201947/C:37200501

File Options Help

Select Child

ID	Child Name	Age	In Process
17203390	Collins,Kimberly	7	
17203389	Collins,Patrick	16	
17203391	Collins,Tyler	1	

Situations/Behaviors/Concerns Decision Support **Needs/Resources**

Was there a recent review which determined that the living conditions and available sleeping arrangements are adequate? Yes No

Explain.

Does the parent/caretaker have an adequate source of income, including earned income and/or public assistance, in order to provide for the child's needs? Yes No

Explain how the parent/caretaker will provide for the child's needs.

Are there any needs related to the child that should be addressed after the child's discharge [i.e., developmental, medical, behavioral, educational, etc.]? Yes No

Will the child have medical coverage upon discharge for preventive health care and identified physical, mental, dental health and prescription needs? Yes No

Has a referral been made to medical assistance for an eligibility determination?

Identify the resources within the extended family and/or community that will support the child and/or family upon the child's discharge.

Spell Check Copy Save Cancel Close

The Needs/Resources tab on the Discharge to Home/Relative/Other Caretaker window, structures the caseworker's review of the child's needs, and assists in the determination of whether the discharge from foster care is appropriate at this time.

Quick Tips to Complete this Screen

This screen must be completed for *each* child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

Select the appropriate response to the first question. A "No" response will generate a required narrative. Explain why there has not been a recent on-site review of the child's anticipated living arrangement. Describe what steps will be taken before discharge to determine the suitability of the child's physical living space in the discharge home, and to address any concerns regarding the living space *before* the child is discharged.

Select the appropriate response to the second question; a "No" response will generate a required narrative. Explain how the parent/caretaker will provide financially for the child (e.g., use resources

from current employment, rely on financial help from relatives, plans to get a job, plans to apply for public assistance, and/or plans to file for child support). If the child is being discharged from foster care to kinship guardianship will the family receive a KinGAP assistance payment to support the guardianship?

Select the appropriate response to the third question; a “Yes” response will generate a required narrative. Clearly describe how and by whom the child’s developmental, medical, behavioral, and educational needs will be addressed after discharge from foster care (e.g., child will continue attending developmental preschool, early intervention service will continue in child’s home, parent will continue taking child to medical/therapy appointments, speech/language services will transition to a new provider, child’s academic needs will be formally reassessed in six months).

Select the appropriate response to the fourth question; a “No” response will generate a required follow-up question. Select the appropriate response to the subsequent question; a “No” response should cue the caseworker to make a referral for medical assistance before the child is discharged.

In the final narrative on this screen, identify and describe other resources within the extended family and/or community that will support the child and/or family upon discharge from foster care (e.g., parent will continue to attend AA meetings, family will continue to participate in weekly home visits with preventive services agency, family will participate in a monthly support group, relative will continue to provide respite at agreed upon times).

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Each youth who will be discharged from foster care at or after age 18 must also have a written Transition Plan as per 18 NYCRR 430.12(j). This plan, developed in conjunction with the youth, details the youth’s plans and supports leading up to and following discharge from foster care. For additional details about transition planning requirements, see 09-OCFS-ADM 16-Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care, or contact your local Adolescent Services Resource Network.

Foster Care Issues: Discharge to Independent Living Window

**Note: Although the “independent living” PPG is now referred to as, Another Planned Living Arrangement with a Permanency Resource, the terminology in CONNECTIONS has not yet changed.*

When a child is discharged from foster care to APLA with a Permanency Resource, it is essential to assess what makes this discharge plan safe and appropriate at this time, and what services and supports are necessary to continue to promote the youth’s safety and well-being. There are three screens which serve to support the assessment and decision making process at the point of discharge:

- Discharge Type/Dates
- Needs/Resources
- Safety/Services

Discharge Type/Dates Tab

Discharge to Independent Living - Collins,Kristy - S:27201947/C:37200501

File Options Help

Select Child

ID	Child Name	Age	In Process
17203390	Collins,Kimberly	7	
17203389	Collins,Patrick	16	
17203391	Collins,Tyler	1	

Discharge Type/Dates Needs/Resources Safety/Services

Trial Final 90 Days Prior to Discharge

Select Discharge Type: Trial Final 90 Days Prior to Discharge

Enter Discharge Effective Date:

Has the youth received a 90 day written notice of intent to discharge? Yes No

Explain any reason why notice has not yet been provided.

Spell Check Save Cancel

Close

The Discharge Type/Dates tab on the Discharge to Independent Living window, prompts caseworkers to plan ahead for a discharge to Independent Living (APLA). This also helps to ensure that the youth being discharged receives full notice about their impending discharge.

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation. Select the type of discharge (trial, final, 90 days prior to discharge) and enter the effective discharge date.

Select the appropriate response in regard to the required 90 day notice. If "Yes," enter the date of this notice. A "No" response will generate a required narrative; explain why the youth has not received the required written notice of intent to discharge from foster care (e.g., youth is AWOL).

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Needs/Resources Tab

Discharge to Independent Living - Collins,Kristy - S:27201947/C:37200501

File Options Help

Select Child

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	7	
17203389	Collins, Patrick	16	
17203391	Collins, Tyler	1	

Discharge Type/Dates

Needs/Resources

Safety/Services

Yes No

Has the youth secured an appropriate residence? Yes No

Describe the actions taken and/or still needed to secure an appropriate residence. (Include referral to preventive or other housing services for an eligibility determination.)

Does the youth have a sufficient source of income upon discharge? Yes No

Describe the actions taken and/or still needed for the youth to secure a sufficient source of income.

Will the youth have medical coverage upon discharge for preventive health care and identified physical, mental, dental health and prescription needs? Yes No

Describe the actions taken and/or still needed for the youth to secure medical coverage. (Include referrals to medical assistance for an eligibility determination.)

Are arrangements being made for the youth to receive essential documents such as birth certificate, social security card, medical records, and education records at the time of discharge? Yes No

Identify the adult resource available upon the youth's discharge to provide emotional support/advice/guidance. If no one has been identified, explain efforts that will be taken to secure a resource.

Spell Check Save Cancel Close

The Needs/Resources tab on the Discharge to Independent Living window, guides caseworkers in their review of the youth's needs and resources. The questions review key factors that must be considered when determining whether the discharge from foster care is appropriate at this time.

Quick Tips to Complete this Screen

This screen must be completed for *each* child being discharged from foster care. Responses should be individualized to reflect each child's unique situation.

A "No" response to the first question will generate a required narrative. Describe actions taken, or to be taken, to assist youth in securing an appropriate residence (e.g., worker will assist youth in locating an apartment, worker will help youth determine a budget, you will make arrangements to share housing with others).

A "No" response to the second question will generate a required narrative. Describe actions taken, or to be taken, to assist youth in securing an adequate income prior to discharge (e.g., worker will assist youth in finding a job, worker will assist youth in entering a job training program, youth will send out resumes and interview for jobs, youth will use job search services/employment office).

A "No" response to the third question will generate a required narrative. Describe actions taken, or to

be taken, to assist youth in securing medical coverage prior to discharge.

A “No” response to the fourth question should remind the caseworker to make arrangements for transfer of relevant documents to the youth and/or a safe space known to and available to the youth.

In the final narrative on this screen, identify the adult resources who will be available to the youth upon discharge. If no such person is available, describe efforts that will be made prior to discharge to secure an appropriate supportive resource for the youth.

Each youth who will be discharged from foster care at or after age 18 must also have a written Transition Plan as per 18 NYCRR 430.12(j). This plan, developed in conjunction with the youth him/herself, details the youth’s plans and supports leading up to and following discharge from foster care. For additional details about transition planning requirements, see 09-OCFS-ADM 16-Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care, or contact your local Adolescent Services Resource Network.

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Safety/Services Tab

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	7	
17203389	Collins, Patrick	16	
17203391	Collins, Tyler	1	

Are there any safety concerns related to the youth's discharge from foster care? Yes No

Identify the concerns and describe the actions taken and still needed to address them.

Identify the arrangements made with service providers for services that the youth will need upon discharge.

Has the youth been advised of the services that will be available to him/her upon his/her discharge from foster care until he/she attains the age of 21? Yes No

Explain why.

Buttons: Spell Check, Copy, Save, Cancel, Close

The Safety/Services tab on the Discharge to Independent Living window, structures the caseworker's assessment of the youth's safety, and possible need for continued services.

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Select the appropriate response to the first question; a "Yes" response will generate a required narrative. Identify the safety concerns *and* clearly describe actions taken or to be taken to address these concerns. Examples include:

- Known perpetrator of sexual/physical abuse may have/seek access to the youth. There is/will be an order of protection in place prohibiting contact, and the youth knows who to call and what to do to protect him/herself from this individual.
- Youth is involved in a potentially dangerous relationship. Youth is knowledgeable about and has access to safety resources if he/she feels endangered.
- Youth has significant medical issues which require ongoing medical care. Youth has access to medical services and has an ongoing contact person who is aware of his/her health needs.

In the second narrative box, describe the services that are in place, to be transferred, or arranged to

support the youth upon discharge from foster care (e.g., youth will continue attending school, continue weekly therapy, participate in AA, meet weekly/monthly with intensive case manger).

Select the appropriate response to the third question; a “No” response will generate a required narrative. Explain why the youth has not yet been informed of the services he/she will have available to him/her upon discharge from foster care (e.g., youth is AWOL, youth refuses to discuss discharge).

Confirm that the information in this screen is consistent with case circumstances, and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Foster Care Issues: Discharge to Adult Residential Care Window

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	7	
17203389	Collins, Patrick	16	
17203391	Collins, Tyler	1	

Enter Discharge Effective Date: 1/25/2011

Select Discharge Type: Trial Final

State the name, address, and phone number of the facility to which the adolescent is being discharged. Include a contact person, if known.

Explain why the adolescent needs adult residential care. Include the adolescent's view of the move, if relevant.

Are there any safety concerns related to the adolescent's discharge to Adult Residential Care? Yes No

Explain the concerns and explain the actions taken or still needed to address them.

Spell Check Copy Save Cancel Close

The Discharge to Adult Residential Care window prompts caseworkers to review the youth's safety in the adult residential facility he/she will be moving in to.

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement. Responses should be individualized to reflect each child's unique situation.

Enter the effective discharge date and state the name, address, and phone number of the facility to which the youth is to be discharged, and the name of a contact person, if known.

Select the appropriate discharge type (trial/final), and explain why the youth needs adult residential services. Include the youth's view.

Select the appropriate response to the question regarding safety concerns in Adult Residential Care; a "Yes" response will generate a required narrative. Identify the safety concerns and clearly describe actions taken, or to be taken, to address these concerns.

Foster Care Issues: Discharge to Adoption Window (Freed Child)

Discharge to Adoption - Collins,Patrick - 5:29400002/C:39400001

File Options Help

Select Child

ID	Child Name	Age	In Process
19400002	Collins,Patrick	16	

Explain why the decision was made to finalize the adoption at this time.

Has the family been told of the availability and scope of post adoption support services? Yes No

What is the family's response to the offer of these services?

Spell Check Copy Save Cancel Close

This screen reminds caseworkers of the importance of connecting a soon-to-be-adopted child and his/her new family with appropriate resources to support them after the adoption is finalized.

Quick Tips to Complete this Screen

This screen must be completed for *each* child in out-of-home placement whose adoption is about to be finalized. Responses should be individualized to reflect each child's unique situation.

Briefly explain why the decision was made to finalize the adoption at this time (e.g., the adoptive family has demonstrated a commitment and the capability to meet the child's needs over a period of time; all appeals of the birth parents' TPR have been exhausted; birth and adoptive parents have come to an agreement about conditions of parental surrender and any future contact; the adoption subsidy has been approved; family court has set a finalization date).

Select the appropriate response to the question regarding post-adoption support services.

If "No," briefly describe why the adoptive family has not been told about post-adoption support services available in their community (e.g., needed services do not exist or are not readily available; there are no, or very limited, adoption-specific services in their community; the adoptive family left the area before such services could be discussed). The caseworker may also want to advise families of books, magazines

and online resources related to adoption that may be helpful.

If “Yes”, briefly describe the family’s response to the offer of post-adoption services (e.g., adoptive family has joined an adoptive family support group in our area, or an on line support group; adoptive family identifies a need for ongoing case management, respite or other preventive services from LDSS or provider agency to help them manage child’s needs; adoptive family is seeking or continuing with private/individualized mental health services; adoptive family has or plans to seek support through family, friends, church, books, magazines, on line, or other informal resources on their own; the adoptive family believes they will not need any post-adoption support).

Confirm that the information in this screen is consistent with case circumstances and supported by relevant and sufficient information in the progress notes and/or elsewhere in the record.

Discharge to Adoption (Freed Child)

Discharge to adoption is an important permanency milestone. Adoption is a life-long journey that will present unique challenges. Adoptive families may need services and support in the near or distant future to sustain child well-being and permanency for the long-term. Local districts are mandated to provide post-adoption services (i.e., counseling, parent training on how to care for children with special needs, clinical and consultative services, and coordinating access to community supportive services for the purpose of ensuring permanence) for up to three years from the date of the adoption decree (18 NYCRR 421.8(h)(2)(ii)).

Some communities have support services designed specifically for adoptive families (e.g., support groups, respite, advocacy and case management, educational workshops, family counseling, information and referral), and efforts are being made to expand the range and availability of needed and relevant services. Families may also find support through books, magazines, libraries, on line, or other community resources. If services are needed after the three year mark, adoptive families may also request preventive services through their local DSS to address family/child needs.

Frequently Asked Questions

What parts of Foster Care Issues need to be completed?

Foster Care Issues is a highly dynamic section of the FASP. While there are many distinct screens within Foster Care Issues, the various questions that must be answered at any given time will depend on specific case circumstances. CONX will customize and automatically generate the correct FASP screens and questions based upon information that the caseworker has provided in earlier parts of the FASP.

As mentioned earlier, some of the information that is used to determine which sections of Foster Care Issues are required include: FASP type (Initial, Comprehensive, Reassessment, Plan Amendment); the child's Program Choice, PPG, and age; the child's entry or reentry into placement; a change of placement; Native American origins; the child's legal status; and the discharge plan for the child. Inaccurate documentation of this information will lead to the wrong Foster Care Issues screens being generated, or applicable questions being omitted.

On the following page is an expanded FASP tree of all the nodes, sub-nodes, and tabs within Foster Care Issues. Not all of the tabs will be seen in every FASP. The tabs visible in the Permanency Planning/Concurrent Planning section of Foster Care Issues are determined by the child's PPG and the current FASP type. Appendix 8A contains a table laying out the tabs displayed in each type of FASP, based on the child's PPG. For the purposes of this module, all possible options are listed in this expanded FASP tree.

Foster Care Issues:

- Appropriateness of Placement
 - Activities Prior to Placement
 - Location of Child
 - Continuity of Environment
 - Continuity of Culture for American Indian Children
- Adjustment and Functioning
 - Adjustment in Foster Care
 - Safety in Foster Care
- Permanency Planning/Concurrent Planning
 - Progress Towards Permanency
 - TPR Petition
 - Parent Location
 - Alternative Permanency Resources
 - Concurrent Planning Discussion with Parents
 - Concurrent Planning Discussion with Foster Parents
 - Adoption Discussion (with parents)
 - Adoption Readiness (of child and resource family)
 - Legal Status
 - Placement Status
 - Barriers to Finalization of Adoption
 - Consent to Adoption
 - Resource Connection
 - Readiness for Adult Residential Care
- Life Skills Assessment
- Visitation
 - Visiting Plan Review
 - Visiting Plan
 - No Visiting Plan
- Discharges
 - Home/Relative/Other Caretaker
 - Situations/Behaviors/Concerns
 - Decision Support
 - Needs/Resources
 - Independent Living
 - Discharge Type/Dates
 - Needs/Resources
 - Safety/Services
 - Adult Residential Care
 - Adoption (only accessible in the CCR)

When should the Foster Care Issues section be completed?

For any child with the Program Choice of Placement, the Foster Care Issues section will appear in the FASP tree. The question will be asked, has the child entered or reentered foster care, or been moved to a new foster care setting. The answer will determine whether the Appropriateness of Placement section must be completed. The remainder of the Foster Care Issues section will populate based on case information. Applicable sections of the Foster Care Issues must be completed on each FASP.

Any change in a child's foster care placement must be documented in the progress notes, and the corresponding questions in the Foster Care Issues section of the FASP should be completed within 30 days. When a specific section or tab is required, it should be completed in the next due FASP, or in a Plan Amendment or Removal Update, depending on the timing of the change.

For which children are Foster Care Issues in the FASP Required?

For any child with a Program Choice of Placement, CONX will generate the Foster Care Issues section of the FASP. Foster Care Issues questions must be answered on a per child basis. Where applicable, caseworkers must differentiate circumstances, needs, and activities among siblings.

Multiple Worker Coordination Pointer

Completion of the FC Issues sections may involve collaboration and coordination among multiple workers; roles and responsibilities for completion of these sections will vary depending on a worker's CONX role and the policy/procedure of the child's local district. To maximize efficiency, the documentation expectations and efforts of the various workers on a case should be clearly defined prior to a FASP being launched.

Navigation Tip

Where information or the response to a given question is the same for multiple siblings, there are navigational shortcuts which enable caseworkers to type a response once, then copy and apply relevant information to each sibling, adding or changing any information relevant only to that child.

Accuracy Check for Children Living with Relatives or Other Resources

There are a number of arrangements by which a child can be living with relatives or some other familial resource. It is imperative to clarify the legal status of any child in an alternative living arrangement, and to accurately record the appropriate Program Choice and PPG in Tracked Children Detail, as this will determine the applicable sections of the FASP to be completed.

- Some children are in foster care with relatives or have other familial resources serving as foster parents. These children are in the custody of the Local Commissioner of Social Services (there are some special circumstances where the youth is in the custody of the Commissioner of OCFS), and should have a Program Choice of PLACEMENT, along with PROTECTIVE and/or PREVENTIVE, as appropriate to case circumstances. Foster Care Issues in the FASP apply to these children.
- Children who are placed into the direct legal custody of a relative or other suitable person (often referred to as “N-docket placement” or “Non-LDSS Custody”), are not in the custody of the Local Commissioner of Social Services, and thus are not in foster care. A separate section of the FASP, Non-LDSS Custody-Relative/Resource Placement, is provided for documentation of applicable assessments and decisions for these children. These children should have a Program Choice of NON-LDSS CUSTODY, along with the PROTECTIVE and/ or PREVENTIVE depending upon the family’s specific situation.
- Some children are in the permanent (Article 6) legal custody or guardianship of a relative (this includes children discharged from foster care to kinship guardianship with KinGAP), or were previously adopted by the relative, and the relative has either requested services or is now the focus of a CPS Investigation. These are not Non-LDSS Custody cases, nor are they foster care cases. These children will have a Program Choice of PREVENTIVE and/or PROTECTIVE, depending on case circumstances. If the child is subsequently placed in foster care, he/she will then have a Program Choice of PLACEMENT, along with PREVENTIVE or PROTECTIVE, as applicable to case circumstances.

See also Publication 5080 (and 5080-S) “Having a Voice and a Choice: New York State Handbook for Relatives Raising Children,” an OCFS document issued in December 2009 outlining the various legal choices for relatives caring for their kin children.

Who completes the Foster Care Issues section?

The Foster Care Issues section truly reflects the “shared case record” principle, often requiring multiple workers within a case to operate in a collaborative and coordinated manner. Individual screens within the Foster Care Issues section are usually completed by the Case Planner and/or the Case Worker associated with a given foster child.

When cases are shared, no single set of universal roles/responsibilities applies in all cases. Roles and responsibilities for completing the Foster Care Issues section may vary depending upon case circumstances, agency protocol, and/or one’s CONX role in the case. To accurately complete this section, the collaboration of various caseworkers may be necessary. When a Case Worker is “Associated” with a specific child in the case, only that Case Worker and the Case Planner will be able to complete the screens related to that child. Other contributors or collaterals such as visit supervisors, IL specialists, clinicians, or foster parents may not have direct access to the FASP (i.e., no online access, or no role in CONX), yet their input and contributions may be critical to a full understanding and accounting of case circumstances and activities. Additionally, the Case Manager (CM) may have taken a significant action in a FC case and the CM’s observations and efforts need to be accounted for within the FASP, yet unless the CM is also the Case Planner on a given case, the CM does not have the ability to enter such information in the FASP (CMs only have the ability to enter such information in the progress notes). Examples of key decisions/activities by a CM that a Case Planner must ensure are appropriately documented in FC Issues are: the reasons for selection of a specific placement setting; efforts to locate and engage absent parents; efforts to locate and get approval for specialized services and/or placement settings; decisions to file/not file TPR petitions; arranging post-discharge plans and/or services.

Decisions regarding who is responsible for the completion of various sections should be made on a case by case basis, well in advance of any upcoming FASP. The Case Manager is responsible for designating clear roles/responsibilities for each case.

Ultimately the Case Planner is responsible for integrating information from all service providers. The Case Planner Summary windows provide an opportunity for the Case Planner to synthesize the work of all contributors and produce a coherent final document. While this may necessitate that a Case Planner edit entries made by contributing Case Workers for clarity, completeness, and consistency, the Case Planner should exercise judgment, restraint, and diplomacy in making changes that may affect the meaning of a Case Worker’s written contribution, and clear significant edits with the original author.

What is the Permanency Hearing Report (PHR) button?

For each child in placement, a Permanency Hearing Report is required to be completed and submitted to the court prior to each Permanency Hearing. Some sections of the PHR are similar to Foster Care Issues questions in the FASP. Certain functionalities have been built into the CONNECTIONS system to enable caseworkers to more efficiently complete sections of the FASP and the Permanency Hearing Report. Certain narratives entered in the FASP will automatically be stored for the author to later use to pre-fill related parts of the Permanency Hearing Report.

On some screens within the Foster Care Issues section, there will be a button in the lower left side of the screen entitled “PHR Question.” Selecting this button will open another screen which provides information regarding the link between the specific FASP question and its related question within the Permanency Hearing Report, as well as any conditions associated with pre-filling the information from FASP to PHR. This button is not a direct link to the Permanency Hearing Report; it is for informational purposes only. When the PHR is launched, the caseworker will have the option of pre-filling some sections of the PHR with the corresponding answers to these FASP questions from the last approved FASP, Plan Amendment, or Removal Update, as well as information from the Health Services and Education tabs. The “PHR Question” button allows the worker to reference where in the PHR this answer will be used if the pre-fill option is chosen.

Appropriateness of Placement - Collins, Kristy - S:27201947/C:37200501
File Options Help

Select Child

ID	Child Name	Age	In Process
17203390	Collins, Kimberly	6	
17203389	Collins, Patrick	15	
17203391	Collins, Tyler	0	

Activities Prior to Placement **Location of Child** Continuity of Environment Continuity of Culture for American Indian Children

CCRS Placement Data Most Recent Activity:

Facility Name	Facility Address	Placement Date	Facility Type	Reason for Transfer	Out of County

Select Most Current Information for this FASP or Edit Connections data, if necessary.
 necessary.

Connections Placement Data Edit

Facility Name	Facility Address	Placement Date	Facility Type	Reason for Transfer	Out of County
Angela Jarret	721 NORTH AVE, S	4/24/2009	Group Home		N

Is the child placed a substantial distance from his/her parent(s)? (Include situations where parent(s) move a substantial distance or out-of-state after the child is placed.) For NYC only: Include children placed outside their Community District. Yes No

Explain why such placement is in the best interest of the child. What are the service needs the child has which cannot be met at a lower level of care?

Spell Check **PHR Question** Save Cancel Close

FASP to PHR Map

File Help

FASP Question	PHR Question	Conditions for Mapping
"Is the child placed a substantial distance from his/her parents?" If response = 'Yes' - response to "Explain why such a placement is in the best interest of the child."	If Yes, explain why it is appropriate, necessary and in the best interests of the child.	Child has a program choice of Placement

Appendix

8A: Permanency Progress Tabs to Complete

<i>Permanency Plan</i>	<i>PPG of Child</i>	<i>FASP Type</i>	<i>Tabs to Display</i>
Discharge to Home, Relative, or Other Caretaker	Return to Parent (Parent)	Initial	Progress Toward Permanency
	Return to Parent (Non-Parent Caregiver)		TPR Petition
	Referral to Legal/Guardianship/Custody (Relative) (Including KinGAP cases)		Parent Location
	Referral to Legal/Guardianship/Custody (Non-Relative)		Alternative Permanency Resources
		Comprehensive	Progress Toward Permanency
			TPR Petition
			Parent Location
			Alternative Permanency Resources
			Concurrent Plan Discussion w/ Parents
			Concurrent Plan Discussion w/ Foster Parents
		Reassessment	Progress Toward Permanency
			TPR Petition
			Parent Location
			Alternative Permanency Resources
			Concurrent Plan Discussion w/Parents
			Concurrent Plan Discussion w/ Foster Parents
			Adoption Discussion

<i>Permanency Plan</i>	<i>PPG of Child</i>	<i>FASP Type</i>	<i>Tabs to Display</i>
Discharge to Adoption	Placement for Adoption	Initial	TPR Petition
		Comprehensive	TPR Petition
		Reassessment	TPR Petition Alternative Permanency Resources Adoption Readiness Legal Status Resource Connection (over 14)
Discharge to APLA w/ a Permanency Resource	Place in Another Planned Living Arrangement with a Permanency Resource (Subcategories: Discharge to Independent Living, Discharge to Independent Living/Unaccompanied Refugee)	Initial	TPR Petition Parent Location Alternative Permanency Resources
		Comprehensive	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents
		Reassessment	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents Resource Connections (over 14)

<i>Permanency Plan</i>	<i>PPG of Child</i>	<i>FASP Type</i>	<i>Tabs to Display</i>
Discharge to APLA/Adult Residential Care	Place in Another Planned Living Arrangement (Subcategory: Discharge to Adult Residential Care)	Initial	TPR Petition Parent Location Alternative Permanency Resources
		Comprehensive	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents
		Reassessment	TPR Petition Parent Location Alternative Permanency Resources Concurrent Plan Discussion w/ Foster Parents Resource Connection (over 14) Readiness for Adult Residential Care