



# Office of Children and Family Services

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## Administrative Directive

<b>Transmittal:</b>	21-OCFS-ADM-18
<b>To:</b>	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
<b>Issuing Division/Office:</b>	Strategic Planning and Policy Development Child Welfare and Community Services
<b>Date:</b>	August 19, 2021
<b>Subject:</b>	<b>Prenatal, Postpartum, Parenting Programs: Qualified Residential Treatment Programs Exception in New York State</b>
<b>Suggested Distribution:</b>	Directors of Social Services Executive Directors of Voluntary Authorized Agencies
<b>Contact Person(s):</b>	See Section VII.
<b>Attachments:</b>	<a href="#">OCFS-5380</a> <i>PRENATAL/POSTPARTUM/PARENTING PROGRAM (PPP) APPLICATION CHECKLIST</i>

### Filing References

Previous ADMs/INFs	Releases Cancelled	NYS Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
21-OCFS-ADM-04  15-OCFS-ADM-16		18 NYCRR 430.12, 441, 442, 447, 448	P.L. 115-123		

### I. Purpose

The purpose of this Administrative Directive (ADM) is to detail and describe to local departments of social services (LDSSs) and voluntary authorized agencies (VAs) New York State’s (NYS) approach to certifying congregate care programs as prenatal, postpartum, parenting (PPP) Qualified Residential Treatment Programs (QRTP) Exceptions. It outlines the framework of a PPP program and details the requirements and process to apply for PPP program certification.

## II. Background

The federal Family First Prevention Services Act (FFPSA), Public Law (P.L.) 115-123, enacted on February 9, 2018, makes significant changes to Title IV-E of the Social Security Act with the intent of promoting interventions that keep children safely at home, with kin or in the child's community in a family-based setting whenever possible. Should a child's needs require placement in a congregate care setting, then it must only be for the duration that the clinical services are needed.

The FFPSA's changes to Title IV-E eligibility and claiming requirements are aimed at reducing placements in congregate care, and when such placement is necessary, providing a higher quality of care in congregate settings that focuses not only on the individual child, but on the entire family. The goals are to reduce lengths of stay and prevent recurrence of placement.

The FFPSA defines two distinct categories of congregate care programs:

### 1. Non-Specified Setting

Congregate care programs are a "non-specified setting" unless they have met the requirements to be designated as a "specified setting."

**Youth placed on or after September 29, 2021 in a congregate care program that is a non-specified setting are, at most, eligible under Title IV-E for the first 14 days of such placement.**

### 2. Specified Setting

Congregate care programs that meet the definition of "specified setting" include the following:

- A qualified residential treatment program (QRTP) or
- A QRTP Exception, which, in NYS, includes
  - a setting specializing in providing prenatal, postpartum, parenting supports for youth;
  - in the case of a youth who has attained **18 years of age**, a supervised setting in which the youth is living independently; and
  - a setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, victims of sex trafficking

**Youth placed in a congregate program that is a specified setting may, if all other eligibility requirements are met, be eligible under Title IV-E for the duration of such placement.**

A VA seeking to operate one or more specified settings, must make separate applications for each program it seeks to operate. For example, a VA may apply to operate a QRTP program in one facility and submit another application to operate a PPP program at another location/facility.

PPP programs are considered "specified-setting" congregate care programs as they provide high-quality care, services and support to pregnant, postpartum and/or parenting youth and their children. The PPP program framework introduced in this ADM is a result of the input of multiple stakeholders, including LDSSs, VAs, advocacy groups, the NYS Office of Children Family Services (OCFS), Parent and Youth Advisory Boards, and research-based best practices.

### III. Program Implications

In NYS, maternity and mother/child programs are certified by OCFS and operated by VAs to serve pregnant and parenting mothers and their children within a variety of congregate care settings, including institutions, group residences, group homes and agency-operated boarding homes.

However, there are key differences between maternity and mother/child programs and the PPP programs outlined in this ADM, which include the PPP program framework, the population that can be served, the requirement to complete an application for PPP program certification and the availability of Title IV-E reimbursement within PPP programs for those children in foster care who are eligible for Title IV-E.

#### **The Population That Can Be Served**

Maternity and mother/child programs are certified to provide care to pregnant women and mothers in foster care and their children. The PPP programs authorized by the FFPSA provide an opportunity to build upon the structure of current mother/child programs to deliver care and services to more youth in foster care by extending the population that can be served in such programs to include all prenatal, expectant, postpartum, parenting youth in foster care and their children.

The term “expectant” is not exclusive to mean a pregnant youth. It can also refer to the partner of the pregnant youth who is typically the father of the unborn child or an individual who is committed to caring for the unborn child after the child’s birth.

The term “postpartum” generally refers to the six- to eight-week period of physical and emotional changes and healing that is experienced following the birth of a child; however, for purposes of a PPP program, it is expanded to include the provision of services and supports for youth who do not meet the definition of a parenting youth but have medical and/or emotional needs related to pregnancy and parenting. Postpartum youth can include youth who are pregnant or expecting a child and are choosing adoption for their child, youth who have experienced a stillborn child, miscarriage and/or termination of a pregnancy.

The definition of “parenting youth” for purposes of a PPP program is flexible and allows for creativity in programming. It may include a variety of custody arrangements, such as full or joint custody, visitation rights, or situations where the youth’s children are in foster care and the permanency planning goal (PPG) of the child is to return to the parent, where a parenting couple are both in foster care, or where a child is not residing with the youth due to challenges beyond the youth’s control (i.e., child is in an extended hospital stay).

#### **Requirement to Apply for Certification as a PPP Program**

To operate a PPP program, a VA will be required to apply for an operating certificate and undergo a program and fiscal review to demonstrate compliance with the applicable regulations for the facility to be operated. It will also be required to provide program descriptions and/or policies to reflect the PPP program requirements.

The VA must then upload updated program descriptions and/or policies that satisfy the requirements outlined in this ADM and any subsequent policy directives related to the PPP program into the New York State 29-I Voluntary Foster Care Agency (VFCA) Health Facilities Licensure portal (29-I portal). The respective OCFS regional office will review the application materials, and if approved, a new operating certificate will be provided and a program “From” date will be populated in the Benefit Issuance Control System (BICS) Vendor File for the specific

vendor ID. A program that has been certified to operate as a PPP program, must advise OCFS of any changes to the facility and/or program that affects the agency's ability to meet the requirements of the PPP program. All PPP programs will be reviewed using the existing Voluntary Agency Review (VAR) process and scheduling cycles.

### **The Availability of Title IV-E Funding**

As of September 29, 2021, OCFS will no longer issue any new operating certificates for maternity or mother/child programs. VAs wishing to serve prenatal, postpartum, parenting youth in a congregate setting will need to apply for certification as a PPP program.

Any maternity and/or mother/child program operating on or before September 29, 2021 under a previously issued operating certificate may continue to operate. It should be noted, however, that any youth admitted to such program on or after September 29, 2021, or returning to the program on or September 29, 2021 from an absence exceeding 14 days, will not be eligible to receive Title IV-E reimbursement. Other youth in the program as of September 29, 2021, will continue to be eligible for Title IV-E reimbursement (if otherwise eligible) for the duration of their time in the program.

## **IV. Required Action**

### **Applying for PPP Program Certification**

A VA seeking PPP program for a program licensed to operate within NYS must apply through the 29-I portal, which is a web-based application system by which a VA can complete and submit a VFCA 29-I Health Facilities License application. A VA must have an approved VFCA 29-I Health Facilities License Application to be licensed by the NYS Department of Health to provide limited health-related services and enable them to contract and bill Medicaid managed care plans. The process to apply for an Article 29-I license is distinct and separate from the process to apply for a PPP program. For more information about the VFCA 29-I Health Facilities License, please see the [Article 29-I VFCA Health Facilities License Guidelines](#).

A VA with a licensed program seeking certification as a PPP program that does not have access to the 29-I portal should contact:  
[ocfs.sm.VFCA.29I.Health.Facility.License@ocfs.ny.gov](mailto:ocfs.sm.VFCA.29I.Health.Facility.License@ocfs.ny.gov) for access.

A VA seeking certification as a PPP program that cannot access or apply via the 29-I portal should contact its associated regional office for further guidance.

To apply via the 29-I portal, a VA will indicate, by site/program location, if it is applying for certification as a PPP program.

To apply for PPP program certification, the VA must complete and upload the following application items into the 29-I portal for review by OCFS:

- [OCFS-2981](#), *Application for Operating Certificate and Program Description*
- *PPP Program Application Checklist*
- Updated program descriptions and/or policies that demonstrate adherence to the requirements defined by this ADM

## PPP Program Framework and Corresponding Application Requirements

The PPP program framework consists of nine elements. Each element and respective application requirements are discussed in detail below.

### **1. Certification of a PPP Program**

All VA programs that serve or plan to serve prenatal, postpartum, parenting youth and are seeking PPP program certification must

- maintain compliance with statutory and regulatory requirements for providing foster care services to children and youth, specific facility type,<sup>1</sup> and program type;
- use the 29-I portal to upload updated program descriptions and/or policies that demonstrate how the program meets specific criteria as outlined within this ADM; and
- in addition to any required OCFS trainings,<sup>2</sup> provide trainings in the following topics to all current and newly hired staff:
  - Child development
  - Postpartum warning signs and support for postpartum youth
  - Understanding what safety is and what risk is pertaining to PPP youth
  - Youth and family engagement
  - Bonding and attachment

#### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- A completed OCFS-2981, *Application for Operating Certificate*
- A completed *PPP Program Application Checklist*
- An updated program description, training plan(s) and/or policies detailing the VA's plan to offer trainings in the topics listed above to all staff at time of certification as a PPP program and during the hiring process for new staff
  - The documentation uploaded must clearly state the hours and number of each training session(s), how often the training(s) will be offered (once, annually, etc.), the objective(s) of the training(s), who will provide the training(s) and the method(s) that will be used to present the training(s).

### **2. Admission/Intake**

Before applying for certification as a PPP program, a VA must conduct a needs assessment(s) with its LDSSs to determine the need for a PPP program within its regional area. The result of the needs assessment(s) should inform the development of clearly defined admission/intake and exclusion criteria for the PPP program.

#### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- An updated program description and/or policies that include a description of

<sup>1</sup> Title 18 NYCRR Part 476, 482 and additional regulations for specific facility types (i.e., 442, 447, 448).

<sup>2</sup> OCFS mandated trainings include, but are not limited to, Reasonable and Prudent Parenting Standard (RPPS), mandated reporter responsibilities, Therapeutic Crisis Intervention (TCI), first aid and cardiopulmonary resuscitation (CPR), and trafficking.

- the local needs assessment that was completed by the VA in partnership with the LDSSs to determine the estimated level of need for a PPP program, and
  - the documentation must include information on which LDSSs the VA consulted with and is planning to contract with, the level of need projected for a PPP program and any additional information that the VA can provide about the local needs' assessment.
- the admission/intake and exclusionary criteria for the PPP program.
  - A VA may choose to serve youth of different ages, genders and custody arrangements/situations within its PPP program, but the VA must describe how it will support each group. A thorough self-analysis of a VA's ability to serve a chosen population may lead to the identification of populations that will not be able to be served in the program, and this analysis should inform the exclusionary criteria. Intake criteria must include, at minimum, the ages and gender of the youth, whether prenatal, expectant, postpartum, and/or parenting youth will be served and the accepted custody arrangements. The VA must indicate whether youth with needs in any of the following areas will be served: gang involvement, runaways, youth who are trafficked, developmental delays, limited cognitive ability, homelessness, pattern of disrupted foster boarding home (FBH) placements, suicide attempt/mental health hospitalizations, trauma or criminal behavior (juvenile delinquency). Where the PPP program intends to serve youth with specialized or intensive needs (such as the needs listed above), the VA must also address which specialized or intensive services will be provided to address the youth's need(s).
  - Exclusionary criteria must be supported with reasons for the exclusion.

### 3. **Residential Care and Treatment**

In addition to residential care and treatment regulatory standards consistent with program type, PPP programs must incorporate residential care and treatment standards specific to PPP youth.

#### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- An updated program description and/or policies that include a description of the PPP program's
  - model of care and treatment model;
  - trauma-informed treatment model;
    - OCFS is not prescribing a specific trauma-informed treatment model for PPP program certification; however, VAs must describe the model they are using. VAs that are applying for QRTP status for another program and have already included this information do not need to upload this information again when applying for PPP program certification.
  - gender, age, sexual orientation, gender identity and expression (SOGIE) and culturally responsive programming;
    - The programming must include which resources/services are available or may be contracted to support a youth's culture and to assist youth.
  - staffing ratios, training plan, supervision and supports;
  - therapeutic recreation;

- incorporation of Reasonable and Prudent Parenting Standard (RPPS)<sup>3</sup> specifically as it is applied to prenatal, postpartum, parenting youth; and
  - The documentation must include the VA's plan to provide training to staff on RPPS, which must ensure that at least one staff member is available to youth at all times to apply RPPS.
- plan to provide each youth access to a cell phone with rules of use and number of features (texting, internet, apps, etc.) dependent on RPPS and the youth. At a minimum, the cell phone must be able to access emergency services.

#### **4. Case Planning and Permanency Services**

PPP programs actively involve the youth and the youth's kin in case planning and permanency planning services.

##### **Required Application Items to Be Uploaded into the 29-I Portal:**

- An updated program description and/or policies that include a description of the PPP program's case and permanency planning services and must include how the PPP program will
  - provide case and permanency planning services to youth and their kin and at what frequency;
  - monitor the quantity and quality of all case planning and permanency planning services;
  - provide and document ongoing efforts to explore, identify and engage youth and their kin;
  - encourage and help youth to identify and engage the other parent of their children and any kin of the other parent who may be a resource for youth and/or their children going forward;
  - actively involve youth and their kin in case and permanency planning; and
    - Within a PPP program, OCFS defines baseline "active involvement" of youth and kin. At minimum, "active involvement" with youth includes consulting with youth regarding their goals and services, explaining the plan and terms used in plain language that youth can understand and including youth in periodic case planning. "Active involvement" of kin may mean communicating with kin through various methods, including but not limited to, family team meetings, service plan reviews, etc. VAs are encouraged to provide more detailed and stringent standards of family engagement for their PPP programs.
  - reduce the length of stay for the youth in the PPP program by achieving permanency for the youth, and where permanency cannot yet be achieved, stepping the youth into a lower level of care when they no longer require congregate-care level programming.
    - The documentation for this element may include the benchmarks a youth must meet to step down to a lower level of care, detail partnerships with FBH programs, etc.

<sup>3</sup> 15-OCFS-ADM-21.

## **5. Clinical and Behavioral Health Services**

PPP programs provide and/or contract for appropriate, sufficient and individualized clinical and behavioral health services to the youth and/or their children residing in the program.

### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- VAs with current Article 29-I licensure: VAs seeking PPP approval for a program are determined to have met this requirement by maintaining Article 29-I licensure status. However, VAs must review the policies that were submitted for 29-I licensure to determine that they sufficiently address the clinical and behavioral health services provided and/or contracted for the youth and/or their children, as required within this ADM. If they do not, they must upload the missing information via the 29-I portal.
- VAs without current Article 29-I licensure: If the VA seeking PPP certification does not have an active Article 29-I license and does not intend to apply for one, it must upload a program description and/or policies via the 29-I portal that include information on
  - clinical model(s) to be used,
  - initial and ongoing assessments of youth and families (if applicable),
  - frequency and focus of individual clinical treatment with youth, and
  - frequency and focus of clinical treatment with families.

## **6. Medical Services for Youth and Children**

PPP programs must provide and/or contract for appropriate and sufficient medical services to youth and their children, including prenatal and postpartum medical care for youth.

### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- VAs with current Article 29-I licensure: VAs seeking PPP certification for a program are determined to have met this requirement by maintaining Article 29-I licensure status. However, VAs must review the policies that were submitted for 29-I licensure to determine that they sufficiently address the prenatal and postpartum care provided directly and/or contracted for the youth, as required within this ADM. If they do not, the VA must upload the missing information via the 29-I portal.
- VAs without current Article 29-I licensure: If the VA congregate care program seeking PPP certification does not have an active Article 29-I license and does not intend to apply for one, it must upload a program description and/or policy(s) via the 29-I portal that include information on
  - how the PPP program will either coordinate, or provide directly, routine and emergency medical care to youth and their children;
  - how the PPP program will either coordinate, or provide directly, any needed prenatal and postnatal medical treatment to youth; and
  - the youth's ability/input into choosing their own obstetrics and gynecology (OB/GYN) physician for prenatal care, hospital to give birth at and postpartum medical care.



## 7. Prenatal, Postpartum, Parenting Services

PPP programs provide direct and/or contract for high-quality prenatal, postpartum, parenting services to youth and/or their children.

### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- An updated program description, curriculum and/or policies that include a description of the PPP program's provision of prenatal, postpartum, parenting services to youth and/or their children including the following:
  - Prenatal, postpartum, parenting models
    - These models may be evidence-based, promising practices, etc. Some examples of the models that may be used are Healthy Families, 24/7 Dad®, Bright Beginnings, etc.
  - Child care (either provided directly or contracted)
    - The PPP program must either provide child care on site for youth's children while youth attend school and/or work or help youth obtain child care in the community and the appropriate subsidy to pay for the care. If the PPP program is helping youth obtain child care in the community, the PPP program must have a plan in place to provide child care for the children of the youth so they can attend school while waiting for a placement to become available.
  - Formal and informal education to prepare, educate and support youth during pregnancy and while parenting
    - This education may take place via individual sessions, groups and formal or informal coaching activities. The topics must include, but are not limited to,
      - child development,
      - attachment and bonding between youth and their children,
      - helping youth understand the impact that trauma in their own childhood may impact their own parenting,
      - postpartum concerns,
      - individualized topics depending on a youth's circumstances (i.e., child has to remain in the hospital for an extended period of time, medical concerns for child/youth, stillbirth, breastfeeding assistance, child has certain needs and youth needs training),
      - counseling for pregnant youth on all options regarding their pregnancy,
      - ongoing family planning options, and
      - safe sleep.
  - Inclusion of the other parent into these services from a co-parenting perspective
    - Coparenting must also address how potential safety and/or domestic violence concerns would be addressed.
  - Support groups and mentors
    - If mentors are identified as VA staff, the PPP program must describe how the mentors will remain available to youth after discharge from the PPP program.

- Helping youth obtain immediate access to vital documents for them and their children to apply for services/benefits on behalf of the children.
  - The documentation submitted by the VA must include the process and the associated time frames that the PPP program will follow in order to help youth obtain Social Security cards, birth certificates, personal identification, medical records, physical medical insurance cards, school records, etc.
- Trafficking assessments for youth
  - These trafficking assessments must be completed and documented in compliance with 15-OCFS-ADM-16.

## **8. Educational, Vocational, Employment and Independent Living Support**

PPP programs provide direct and/or contract for educational, vocational, employment and independent living services to all youth regardless of a youth's permanency planning goal (PPG) and consistent with 18 NYCRR 430.12. These services are individualized and address the unique needs of a PPP youth.

### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- An updated program description, and/or policies that include a description of the PPP program's plan to provide and/or contract for the following educational, vocational, employment and independent living services to youth in the program. The documentation submitted must include the following information:
  - Formal and informal assessments of the youth's educational, vocational, employment and independent living needs
    - The documentation submitted must include information on the assessment tool(s) to be utilized, the categories assessed, the time frames for completing such assessments, a description of how youth will be engaged in discussing the assessment results and in developing a plan to improve any identified areas of need, and how and where the assessments will be documented.
  - Formal and informal assessments of independent living skills specific to PPP youth
    - VAs may use any assessment that they deem appropriate, but the assessments must be individualized to a youth's current pregnancy status and/or child's age and must focus on the following items:
      - Healthy pregnancy: having a healthy pregnancy, birth and recovery; medical needs; daily habits and care; safety and well-being, newborn care; self-care following birth, accessing services and supports for the children; and co-parenting
      - Parenting infants (children up to 1 year old): health, nutrition, cleanliness and child safety, childcare, safety and well-being, child growth and development, accessing services and supports for the child, and nurturing behaviors
      - Parenting young children (2-6 years old): health, nutrition, child care, safety and well-being, child growth and development, educational needs, accessing services and supports for the child, and nurturing behaviors

- Understanding of health care literacy: navigation of medical systems, routine health care standards, and non-routine or emergency/urgent care experiences, including accessing preventive health care in the community when available
- Navigation of post-secondary, secondary, educational and/or vocational systems specific to a PPP youth
- Navigation of educational/developmental resources for a youth's child (i.e., early intervention, Committee on Preschool Education (CPSE), Committee on Special Education (CSE), etc.)

## **9. Community Partnerships**

PPP programs must build and maintain positive partnerships with community partners such as law enforcement, the fire department, emergency medical services (EMS), medical and mental health providers, community programs, probation and neighborhood associations.

### **Required Application Items to Be Uploaded Into the 29-I Portal:**

- An updated program description and/or policies that include a description of the PPP program's plan to build and maintain positive partnerships with community partners, including the following information:
  - Educating community providers about PPP programs and the needs of youth included in the programs, and including youth into such presentations
  - Collaborating with community providers on how to support youth who may have difficulty navigating and accessing community resources
  - Partnering with community resources and youth to access these types of services in emergency and non-emergency situations
  - Where possible, asking willing community resources to host real life, hands-on independent living skills training (e.g., bank to open accounts, fire stations to identify safety concerns in living environments, etc.)

## **V. Systems Implications**

Updates and changes are being made to the 29-I portal to accommodate a streamlined application process for PPP programs. Further details and specific guidance regarding application via the 29-I portal is forthcoming.

PPP programs will be identified in CONNECTIONS as "Pregnant/Parenting Youth (PPY)" and in BICS as "Pregnant/Parenting."

Any changes made to CONNECTIONS or any other system that may affect PPP programs will be described in a subsequent OCFS publication.

## **VI. Additional Information**

PPP program requirements do not supersede, replace or invalidate any previous policy directive or requirement as it relates to the care of a child or youth in foster care and/or in a congregate care program.

Any congregate care program, including those certified as a PPP program, must demonstrate continued adherence to all relevant laws, regulations and policies.

## VII. Contacts

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## VIII. Effective Date

Policy effective upon issuance.

**/s/ Thomas R. Brooks**

**Issued by:**

Name: Thomas R. Brooks

Title: Deputy Commissioner

Division/Office: Office of Strategic Planning and Policy Development

**/s/ Lisa Ghartey Ogundimu**

**Issued by:**

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