



# Louisiana Child Welfare Training Academy

## Title IV-E Child Welfare Internship Student Manual

4<sup>th</sup> Edition  
2019-2020



### University Alliance

GSU \* LSU \* NSU \* SELU \* SUBR \* SUNO \* ULM

Congratulations on your selection as a Title IV-E Child Welfare Scholar!!! We are excited to welcome you to the Louisiana Department of Children and Family Services (DCFS) and the Louisiana Child Welfare Training Academy/University Workforce Alliance (LCWTA).

You are joining an elite group of up and coming social workers who will have the opportunity through specialized internship and related university experiences to learn and grow and prepare to become child welfare professionals ready to make a positive difference in the lives of children and families throughout the state of Louisiana.

Child welfare is a very challenging and rewarding field of practice. We want to work closely with you as a learning team to create meaningful internship experiences that expand your knowledge and skills in child welfare and prepare you for professional social work careers with DCFS upon your graduation.

Upon your employment with DCFS, DCFS and the LCWTA will continue to invest in your professional growth and development, providing on-going training and support in child welfare as well as your advancement as a professional social worker. For BSW's, you will have the opportunity to apply to participate in the Child Welfare Employee MSW Educational Support Program after working in child welfare for several years. For MSW's, you will have the opportunity to apply to receive clinical supervision to support advanced licensure. Further, there will be specialized certification opportunities that you may apply to participate in for further honing your skills and distinguishing yourself in your career.

We look forward to getting to know you and partnering with you to support your on-going professional growth and development as child welfare professionals. Again, Congratulations and Have a Great Year!

# **Title IV-E Child Welfare Internship Student Manual**

This manual is the product of the input from previous Title IV-E students, supervisors, DCFS employees, university administrators and professors from across the state of Louisiana. The Louisiana Child Welfare Training Academy wished to provide new students with a comprehensive manual that would guide them through their internship year and continue to be a valuable resource as future DCFS employees. With help from The Pelican Center, Grambling State University, Louisiana State University, Northwestern State University, Southeastern Louisiana University, Southern University at Baton Rouge, Southern University at New Orleans, and the University of Louisiana at Monroe, this manual was created.

We hope having the included information at hand, and in one place is helpful to you as you progress through your formal education, internship, and career. We are thrilled that you have chosen to help us serve the children and families of Louisiana. Thank you for joining us!

# **Title IV-E Child Welfare Internship Student Manual 4<sup>th</sup> Edition 2019-2020**

If using or reproducing these materials please use the following citation: State of Louisiana Department of Children and Family Services. (2019). Title IV-E Child Welfare Internship Program Student Manual. 4<sup>th</sup> ed ., pp. 1-475 . Hammond, LA: Louisiana Child Welfare Training Academy.

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# **Section I**

# **Orientation**

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## Louisiana Child Welfare Training Academy

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### **Introduction**

The Louisiana Child Welfare Training Academy (LCWTA) was established in the Summer of 2014 and is a partnership between the Department of Children and Family Services, the Pelican Center for Children and Families, and the University Alliance, comprised of Southeastern Louisiana University, Northwestern State University, Southern University Baton Rouge, Southern University New Orleans, Grambling University, Louisiana State University, and the University of Louisiana at Monroe.

The creation of the Academy offers an opportunity for comprehensive training and education of child welfare practitioners across systems - child welfare, legal and community.

DCFS and its partners are merging training efforts for new child welfare workers, enhancing on-going and specialized child welfare worker training, and improving child welfare supervisory training and certification. The LCWTA is also providing foster, adoptive and relative caregiver training and child welfare system leadership development.

### **Our Mission**

To provide a comprehensive array of training and professional development opportunities to child welfare staff and stakeholders. Stakeholders include foster parents, mental health providers, various medical and educational professionals, law enforcement and other legal professionals, as well as child welfare staff.

### **Our Vision**

Through a partnership between the DCFS, the Pelican Center, and the University Alliance, the Louisiana Child Welfare Training Academy will provide high quality training and professional development opportunities to meet the training needs necessary for ensuring a professional, competent, and stable workforce.

### **Our Training Philosophy**

The LCWTA uses the DCFS Child Welfare Practice Model as the basis for training and professional development. Our training approach is built on a sequential, tier-based model of adult learning. The knowledge and skills developed within each training tier build upon experience gained in previous tiers. Our curricula and courses have been developed and structured to support the practice model.



## The Louisiana Child Welfare Training Academy Moodle Training System – IV-E Scholar Students



The Louisiana Child Welfare Training Academy offers on-line training opportunities for child welfare staff, foster parents, and community partners. In partnership with DCFS, the LCWTA website has an online learning management system, or Moodle site. The Moodle site holds virtual training opportunities that allow learners to complete course requirements on their own time, at their own pace. Learners will now have the flexibility to take courses anywhere at any time, even on-the-go, using their smart phones. DCFS Staff can access online training courses in specific areas based on their training needs.

At the time of publication, a Moodle site for Student scholars is in production. Information will be made available to students and supervisors once completed.

# Louisiana Child Welfare Training Academy

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# Welcome to the Department of Children and Family Services!

The Department of Children and Family Services (DCFS) is delighted to have you as a student intern and looks forward to working together to improve the lives of children and families in Louisiana. We value your time, effort, and hard work, and hope to provide you with an internship experience that prepares you to competently perform the duties of your employment upon graduation and receipt of your degree. Thank you for joining us in the movement toward happier and healthier children and families in Louisiana!

## Introduction to DCFS

DCFS was created in 1988 by an act of legislature and has undergone legislative changes since that point. DCFS is the state of Louisiana's governmental body in charge of the development and provision of Children and Family Services, with safety focused practice permeating all program areas. DCFS also aims to improve the social conditions for Louisiana citizens, help individuals and families become self-sufficient, and provide safe refuges during disasters. Our vision is to help Louisiana's families and individuals remain safe and keep them perpetually thriving. Three main values guide our operation:

- **Quality:** Providing individualized services with highly skilled staff,
- **Efficiency:** Ensuring accurate services are provided and received in a timely manner,
- **Respectfulness:** Treating others with dignity, compassion, and respect.

In addition, ensuring the **Safety, Permanency, and Well-Being** of Louisiana's children are the overarching goals of all DCFS child welfare practice.

### **VISION**

Safe and Thriving Families and Individuals

### **MISSION**

We care for the well-being and safety of Louisiana's people

### **VALUES**

Treating all people with dignity, compassion, and respect while providing services with integrity.

# DCFS: A Brief Overview

DCFS has six major program areas; Child Welfare, Economic Stability and Self Sufficiency, Child Support Enforcement, Licensing, Program Integrity and Improvement, and Systems, Research, and Analysis. The three most relevant major program areas to you are Child Support Enforcement Services (CSE), Economic Stability (ES), and Child Welfare. CSE is concerned with children and their parents, with the paramount focus on the physical and emotional needs of children. ES provides families with assistance to meet their basic needs and to promote self-sufficiency and works to eliminate long term dependency on welfare assistance while building stronger families through a variety of anti-poverty services. Child Welfare, the program area most relevant to student interns is described in detail below.

## Child Welfare (CW) Program

The Child Welfare Program performs the functions of the state, which are designed to provide comprehensive social services to children and families including, but not limited to, protective services, foster care, and adoptions. Major program areas are listed below.

**Adoption (AD)** - Provides for the recruitment and approval of adoptive homes, matching available children with appropriate adoptive placements, and services to the adoptive family and children after placement.

**Adoption Petition** - Provides for the investigation of all independent and private agency adoptions including stepparent, grandparent, one parent and non-relative adoptions to determine the availability of the child and the suitability of the adoptive home.

**Centralized Intake (CI)** - Responsible for receiving and dispositioning all reports of child abuse and neglect in families, foster homes, day care centers, registered family day care homes, and restrictive childcare facilities. Based on the identification of safety threats to a child, decisions are made to determine the level and type of response initiated by DCFS staff. Centralized Intake is managed 24 hours a day, 7 days a week, and 365 days a year.

**Child Protection Services (CPS)** - Provides for the assessment of accepted reports of abuse/neglect of children by their caretakers. It also includes short-term services. In some cases, court intervention is necessary to protect children.

**Family Services (FS)** - Provides intensive in-home services to families in which a report of abuse/neglect has been validated, a family has requested services, or the court has ordered DCFS to provide services.

**Foster Care (FC)** - Provides temporary substitute care for children who, as a result of validated abuse/neglect, are in the custody of the state.

**Protective Services Day Care** - Provides for the direct care and protection of infants, preschool, and school age children in licensed day care centers.

**Home Development (HD)** - Provides for the development and/or retention of substitute family homes for temporary and/or permanent placement of children in state custody.

## The Child Welfare Practice Continuum of Services

Program	Goal	Key Processes and Decisions	Tools Used in Decision Making/ Documentation Required	Options
<p><b>Adoption</b></p>	<p>Secure a legal, permanent home for a child in DCFS custody who has been freed for adoption.</p>	<ol style="list-style-type: none"> <li>1. Is the child in an adoptive placement?</li> <li>2. What special needs does the child have and are they currently being met?</li> <li>3. How are the child and family functioning?</li> <li>4. What services are needed?</li> </ol>	<p style="text-align: center;">Assessment of Family Functioning</p> <hr/> <ul style="list-style-type: none"> <li>• CAFÉ</li> <li>• OnBase</li> <li>• FATS – <b>not SDM</b></li> </ul>	<ol style="list-style-type: none"> <li>1. Keep child in current placement.</li> <li>2. Recruit for adoptive placement.</li> </ol>

<p><b>Centralized Intake</b></p>	<p>Gather sufficient information to determine whether the allegation meets the criteria of a report and respond accordingly.</p>	<p>Does this information meet the criteria of a report?</p> <ul style="list-style-type: none"> <li>• If so, how quickly must we respond?</li> <li>• If not, does law enforcement need to be contacted?</li> </ul>	<ul style="list-style-type: none"> <li>• 6 areas of assessment</li> <li>• Children’s Code</li> <li>• Definition pertaining to CAN</li> <li>• Allegations page</li> <li>• Response priority assessment page</li> </ul>	<ol style="list-style-type: none"> <li>1. Meets criteria –open for investigation 1A. Response time of: <ul style="list-style-type: none"> <li>• 24 hours, 48 hours, 3 days, or 5 days</li> </ul> </li> <li>2. Does not meet criteria – send to local office for referral to law enforcement</li> <li>3. Does not meet criteria – close case with info provided to reporter about community services if applicable</li> </ol> <p>*Non accepted reports with open FS or FC case must be forwarded to worker.</p>
			<ul style="list-style-type: none"> <li>• ACCESS</li> </ul>	

Program	Goal	Key Processes and Decisions	Tools Used in Decision Making/ Documentation Required	Options
<p><b>Child Protection Services</b></p>	<ul style="list-style-type: none"> <li>• Respond in a timely manner to ensure child safety</li> <li>• Assess family risk and family functioning</li> <li>• Determine the validity of an allegation.</li> </ul>	<ul style="list-style-type: none"> <li>• Is child safe?</li> <li>• What, if any, emergency steps are needed (i.e. medical attention, law enforcement).</li> <li>• Who are the required/most appropriate collaterals?</li> <li>• Does situation meet criteria for: <ul style="list-style-type: none"> <li>○ An in-home safety plan?</li> <li>○ Court ordered?</li> <li>○ Out-of-home safety plan?</li> </ul> </li> <li>• Is the allegation valid?</li> <li>• What is the risk of future maltreatment?</li> <li>• Should this case be transferred for ongoing <ul style="list-style-type: none"> <li>○ DCFS services?</li> <li>○ Community-based services?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Safety assessment</li> <li>• Safety plan</li> <li>• 6 areas of assessment</li> <li>• Form 10</li> <li>• SDM initial risk assessment</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• All Documentation in: <ul style="list-style-type: none"> <li>○ ACCESS</li> <li>○ OnBase</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Child Safety <ul style="list-style-type: none"> <li>• All children are safe – no safety plan needed</li> <li>• One or more children are unsafe <ul style="list-style-type: none"> <li>○ In-home care? – Develop safety plan</li> <li>○ If out-of-home? – Refer to Foster Care</li> </ul> </li> </ul> </li> <li>2. Allegation Validity <ul style="list-style-type: none"> <li>• Valid? – Prepare info for DA and make documentation in ACCESS <ul style="list-style-type: none"> <li>○ Invalid? – NCL, UTL, and make documentation in ACCESS only</li> </ul> </li> </ul> </li> <li>3. SDM Risk Level <ul style="list-style-type: none"> <li>• Low or moderate with no safety plan needed? – Close Case</li> <li>• High or very high <b>and/or</b> in-home safety plan in place? – Refer to FS</li> </ul> </li> </ol> <p>* All substance exposed newborn cases that do not go to FC must be referred to FS for further assessment</p>



<b>Program</b>	<b>Goal</b>	<b>Key Processes and Decisions</b>	<b>Tools Used in Decision Making/ Documentation Required</b>	<b>Options</b>
<b>Family Services</b>	<ul style="list-style-type: none"> <li>Provide in-home services to keep child safe and reduce the risk of future maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>Is the safety plan, if applicable, sufficient to keep the child safe?</li> <li>What factors influence the family's risk level for future maltreatment?</li> <li>What services will reduce or mitigate the risk by enhancing protective capacity of the caretakers?</li> <li>Who is the family's team of support?</li> <li>Is the family exhibiting behavior that demonstrates the ability to keep the children safe?</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of Family functioning (6 areas of assessment)</li> <li>SDM reassessment every 3 months</li> <li>Use of collaterals</li> </ul> <hr/> <ul style="list-style-type: none"> <li>CAFÉ</li> <li>OnBase</li> <li>FATS, and</li> <li>SDM</li> </ul>	<ol style="list-style-type: none"> <li>Close case when risk is low or moderate and there is no need for safety plan</li> <li>If risk has not been reduced, review and modify case plan as needed keep case open</li> </ol>

<p><b>Foster Care</b></p>	<ul style="list-style-type: none"> <li>• Provide temporary out-of-home care if that is the least intrusive way to ensure child safety.</li> <li>• Achieve timely, permanent placement for the child in own home if possible, or in a substitute setting that meets his needs and most closely resembles a family like environment.</li> </ul>	<ul style="list-style-type: none"> <li>• What are the threats to safety that make out-of-home care necessary?</li> <li>• What are the placement needs?</li> <li>• What supports does the foster parent need?</li> <li>• What will visitation look like?</li> <li>• What factors influence this family's risk level for future maltreatment?</li> <li>• What services will reduce the risk and enhance the protective capacity of the caretakers?</li> <li>• Who is in the family's support system?</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of Family functioning (6 areas of assessment)</li> <li>• <u>SDM reunification assessment every 3 months (includes safety assessment)</u></li> <li>• CAFÉ</li> <li>• OnBase</li> <li>• FATS, and</li> <li>• SDM</li> </ul>	<p>1. SDM recommends return if:</p> <ul style="list-style-type: none"> <li>• Safety threats are removed or can be controlled in the home with a safety plan</li> <li>• Safety threat still present but caregiver protective capacity has been enhanced – return home no safety plan needed</li> <li>• SDM recommends continued care if safety threats not resolved and caregiver protective capacity remains diminished change goal if beyond ASFA time frame.</li> </ul>
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# Louisiana Department of Children and Family Services Region & Parish Map



REGIONS	PARISHES
Region 1 Greater New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard
Region 2 Baton Rouge	E. Baton Rouge, E. Feliciana, Iberville, Pointe Coupee, W. Baton Rouge
Region 3 – Covington	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
Region 4 – Thibodaux	Ascension, Assumption, Lafourche, St. James, St. John, St. Charles, Terrebonne
Region 5 – Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermillion
Region 6 – Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis Parishes
Region 7 – Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
Region 8 – Shreveport	Bienville, Bossier, Caddo, Claiborne, De Soto, Jackson, Sabine, Natchitoches, Red River, Webster
Region 9 – Monroe	Caldwell, E. Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, W. Carroll, Union

# Common Child Welfare Programmatic Acronyms and Definitions

Acronym	Definition
<b>AD</b>	The Adoption Program ( <b>AD</b> ) provides for the preparation and matching of children available for adoption with families, the home study and supervision of the adoptive placement, the support of adoptive families, the compliance with legal requirements for the finalization of adoption, and the provision of adoption subsidies and post adoption services.
<b>AFC</b>	Alternative Family-Care Treatment ( <b>AFC</b> ) is an alternate type of foster home care for children.
<b>AFCARS</b>	The Adoption and Foster Care Analysis and Reporting System ( <b>AFCARS</b> ) is a federally mandated computerized data system for foster care and adoption which must retain a 90-100% accuracy in reporting, or the state may be subject to a financial penalty.
<b>AP</b>	The Adoption Petition Program ( <b>AP</b> ) serves as a review for the court and offers services as requested by the court to persons who have petitioned to adopt a child, to their attorneys, to children who have become the subject of the petition, and to the child’s biological and legal parents. Adoption documentation prepared by public and private licensed adoption agencies as well as independent and/or family adoption petitions filed within the state compliance with the law. DCFS maintains the Voluntary Registry for persons who have been adopted within the state and their birth parents and/or siblings for purposes of facilitating contact between consenting parties after the adoptee becomes an adult.
<b>ASFA</b>	The Adoption and Safe Families Act ( <b>ASFA</b> ) is piece of federal legislation enacted to clarify P.L. 96-272, addressing when “reasonable efforts” (services to prevent removal of the child or reunification of the child with the family) would not be required and emphasizes the safety and health of the child as the paramount concern. ASFA mandated the state to file a petition for termination of parental rights when the child has been in foster care 17 of the last 22 months, unless criteria for exception is met and documented.
<b>CINC</b>	Child in Need of Care ( <b>CINC</b> ) is a legal proceeding and disposition following a court finding of abuse or neglect. CINC hearings are required to be eligible to receive federal funding for foster care.
<b>CPS</b>	Child Protection Services (CPS) works to protect children from abuse, neglect, exploitation, or abandonment, and to ensure their safety through protective assessment, and social services provision. CPS also utilize legal intervention to remove children from environments that threaten their safety and well-being, and includes the provision of emergency short term and concrete services as needed.
<b>CQI</b>	Continuous Quality Improvement (CQI) is the process of creating an environment in which management and workers strive to create constantly improved quality.
<b>D&amp;A Home</b>	Diagnostic and Assessment home ( <b>D&amp;A Home</b> ) is a time limited foster home placement for a child, giving workers the time to determine the most appropriate foster care placement for that child.
<b>DC</b>	Day Care Services ( <b>DC</b> ) services provided to children in Class A licensed daycare centers
<b>FC</b>	Foster Care ( <b>FC</b> ) is a planned, goal directed protective service for children and their parents when children must be removed from their family homes due to child abuse, neglect, or special family

	circumstances necessitating out of home care. FC services are intended to provide temporary care until the child can return to his family or until another permanent living arrangement is arranged.
<b>FCI</b>	Foster Care Independent Living Program ( <b>FCI</b> ) is a program that includes vocational/pre-vocational and independent living services for foster care youth aged 16 and older. This program aims to ready youth to provide for themselves once they age out of care at age 18.
<b>FINS</b>	Families in Need of Services ( <b>FINS</b> ) are services administered by the court to families with children under the age of 18. Families may voluntarily participate in services to address family dysfunction. The services provided by DCFS/Child Welfare are based on families meeting existing criteria for services provided through the CPS or FS program or by court order for Child Welfare services.
<b>FS</b>	Family Services ( <b>FS</b> ) are social services provided to families and children in their own homes in order to address problems of abuse/neglect and promote the safety of the children within the family unit. Families with an intermediate or higher risk of harm who appear to need more intensive, varied and/or longer-term services than provided by the CPS worker are referred to FS. Cases are accepted according to available staff resources. When resources are not available to keep children safe in their own homes, children are placed in Foster Care to ensure their safety.
<b>HA</b>	Home Development coding for an Adoptive Home ( <b>HA</b> )
<b>HB</b>	Home Development coding for a Foster Home ( <b>HB</b> )
<b>HD</b>	Home Development ( <b>HD</b> ) is the organizational entity within DCFS/Child Welfare that is responsible for the development of sufficient foster care and adoptive homes to meet the placement needs of children who are in state custody.
<b>ICPC</b>	Interstate Compact on the Placement of Children ( <b>ICPC</b> ) is the legislated agreement among the states to cooperate in the placement of children from one jurisdiction to another to assure children are safe, and their service needs are met prior to moving the child out of state.
<b>LARE</b>	Louisiana Adoption Resource Exchange ( <b>LARE</b> ) is the mechanism by which children available for adoption are photo listed for statistical and recruitment purposes. The computerized version of this system, which is a subsystem of TIPS, serves as a basis for collection of recruitment for foster and/or adoptive home placements. The computerized system also tracks the Home Development recruitment, certification, and recertification functions.
<b>LCC</b>	Children's Code Louisiana ( <b>LCC</b> ) are the laws which govern matters relating to children.
<b>LHEAP/FCAP</b>	Low Income Home Energy Assistance Program/Family Crisis Assistance. Program (LHEAP/FCAP) provides federal funded assistance to low income individuals/families for heating/cooling and/or other home energy needs.
<b>MEPA/IPA</b>	Multi-Ethnic Placement Act/Inter-jurisdictional Placement Act ( <b>MEPA/IPA</b> ) is legislation that aimed to reduce time overrepresented children of minority groups spent in foster care, restricting states from denying placements based solely on race, color, and/or national origin, and created more opportunities for adoptions by opening placements across jurisdictions.
<b>NCANDS</b>	National Child Abuse and Neglect Data System ( <b>NCANDS</b> ) is a voluntary national database for computerized information on abuse and neglect. NCANDS was established in response to the Child Abuse Prevention and Treatment Act of 1988. The data are used to examine trends in child abuse and neglect across the country, and key findings are published in the Child Welfare Outcomes Reports to Congress and annual Child Maltreatment reports.
<b>OCS</b>	In 2010, the Department of Social Services' name was changed to Department of Children and Family Services (DCFS) and the Office of Community Services (OCS) was changed to Child Welfare.

<b>PAF</b>	Prevention Assistance Funds ( <b>PAF</b> ) are federal funds for the prevention of placement of children in foster care.
<b>PPM</b>	Policy and Procedure Memorandum ( <b>PPM</b> ) is a means for communicating updates to policy manuals to DCFS employees.
<b>QA</b>	Quality Assurance ( <b>QA</b> ) is part of the agency wide Continuous Quality Improvement (CQI) process. This process ensures that service delivery meets best practice, policy, and national accreditations standards. It also measures how well the agency is accomplishing its mission of helping children and families achieve better outcomes.
<b>RAF</b>	Reunification Assistance Funds ( <b>RAF</b> ) are federal funds dedicated to the reunification of children in foster care with their families/caretakers.
<b>SACWIS</b>	Statewide Automated Child Welfare Information System ( <b>SACWIS</b> ) is a federally funded comprehensive data system including AFCARS (adoption and foster care data) and NCANS (child protection data) and which interfaces with other child welfare related systems such as courts, Child Support, AFDC/TANF/FITAP agencies.
<b>SCR</b>	State Central Registry ( <b>SCR</b> ) is a mandated method for tracking perpetrators of all valid findings of abuse/neglect in a computerized system.
<b>Teaming</b>	Family <b>Teaming</b> is a partnering of the case manager, the youth, the family/caretakers and other team members in an effort to support the family while they work with the department. Team members can include professionals involved with the case, such as foster caretakers, attorney's and the child's CASA worker. However, the long-term goal is to assist the family in accessing the natural support systems around them, including family, friends, church members, pediatricians, and teachers, and may sometimes involve repairing damaged relationships. This team helps the family to understand their situation, recognize their own strengths, identify challenges, make decisions, set goals and achieve desired outcomes. These functions work to reduce safety threats to the child by enhancing caretaker protective capacities. The family teaming process begins with the first contact with the family and continues until the day of case closure, with the goal of developing a sustainable resource for support after DCFS involvement.
<b>SSBG</b>	Social Service Block Grant ( <b>SSBG</b> ) are federal funds provided to each state to meet the need of its residents through locally relevant social services. SSBG funds support programs that allow communities to achieve or maintain economic self-sufficiency to prevent, reduce, or eliminate dependency on social services.
<b>TFC</b>	Therapeutic Family Care ( <b>TFC</b> ) is treatment foster homes. Treatment and family home services shall be provided for foster children who have a diagnosed condition resulting in a severe level of physical or behavioral impairment. The primary focus of this placement type is children with emotional disturbances and/or severe behavior or physical disorder that prevent their placement in regular or specialized foster homes.
<b>TIPS</b>	Tracking, Information, and Payment System ( <b>TIPS</b> ) is a computerized on-line, statewide interagency information management and payment system. TIPS is capable of tracking client information and generating payments for DCFS/Child Welfare. TIPS serves as the State of Louisiana's legally mandated Central Registry and the Louisiana Adoption Resource Exchange, and the system sets up, processes and controls all payments to providers and reimbursements to DCFS/Child Welfare staff for delivery of duly authorized services to clients. TIPS also produces various management reports concerning the programs administered by DCFS/Child Welfare and tracks clients throughout their involvement with DCFS/Child Welfare.
<b>TITLE IV-B</b>	Social Security Act Section Title <b>IV-B</b> provides states with a federal

<b>TITLE IV-D</b>	Social Security Act Section Title <b>IV-D</b> provides federal funding, with
<b>TITLE IV-E</b>	Social Security Act Section Title <b>IV-E</b> provides states with a federal
<b>TPR</b>	Termination of Parental Rights ( <b>TPR</b> ) is a legal proceeding in which the court involuntarily removes the rights of parents and makes a child available for adoption.

# Quick Reference & Additional Acronyms

ACRONYM	TERM
<b>ACCESS</b>	A Comprehensive Enterprise Social Service System
<b>ACF</b>	Administration for Children and Families
<b>ACLSA</b>	Ansell-Casey Life Skills Assessment
<b>AD</b>	Adoption Program
<b>ADAVL</b>	Adoption Available
<b>ADS</b>	Adoption Subsidy Program
<b>AFC</b>	Alternate Family Care Home
<b>AFCARS</b>	Adoption & Foster Care Analysis & Reporting System
<b>AFDC</b>	Aid to Families with Dependent Children
<b>AFF</b>	Assessment of Family Functioning
<b>AP</b>	Adoption Petition
<b>ARFA</b>	Alternative Response Family Assessment
<b>ASFA</b>	Adoption and Safe Families Act
<b>CAPS</b>	Child Care Assistance Payments Program System
<b>CAPTA</b>	Child Abuse Prevention Treatment Act
<b>CASA</b>	Court Appointed Special Advocate
<b>CBCAP</b>	Community Based Child Abuse Prevention
<b>CC</b>	Children's Code
<b>CCAP</b>	Child Care Assistance Program
<b>CFCIP</b>	Chafee Foster Care Independence Program
<b>CFSR</b>	Child and Family Services Review
<b>CINC</b>	Child in Need of Care
<b>CIP</b>	Court Improvement Program
<b>CNF</b>	Criminal Neglect of Family
<b>COA</b>	Council on Accreditation
<b>CPS</b>	Child Protective Services
<b>CPTP</b>	Comprehensive Public Training Program
<b>CQI</b>	Continuous Quality Improvement
<b>CSE</b>	Child Support Enforcement
<b>CW</b>	Child Welfare
<b>D&amp;A Home</b>	Diagnostic and Assessment Home
<b>DC</b>	Day Care Services
<b>DCFS</b>	Department of Children and Family Services
<b>DHH</b>	Department of Health and Hospitals
<b>DOE</b>	Department of Education
<b>EFT</b>	Electronic Funds Transfer
<b>EPSDT</b>	Early Periodic Screening and Diagnostic Testing
<b>ES</b>	Economic Stability
<b>ETV</b>	Educational Training Vouchers
<b>FAST</b>	Financial Assessment Transaction Form
<b>FATS</b>	Family Assessment Tracking System
<b>FC</b>	Foster Care



<b>ACRONYM</b>	<b>TERM</b>
<b>RAF</b>	Reunification Assistance Funds
<b>RFI</b>	Request for Information
<b>RFP</b>	Request for Proposal
<b>RMS</b>	Random Moment Sample
<b>RSW</b>	Registered Social Worker
<b>SA</b>	Service to Agencies
<b>SACWIS</b>	Statewide Automated Child Welfare Information System
<b>SCR</b>	State Central Registry
<b>SDM</b>	Structured Decision Making
<b>SP</b>	Services to Parents
<b>SSA</b>	Social Security Administration
<b>SSBG</b>	Social Services Block Grant
<b>SSDIB</b>	Social Security Disability Income Benefits
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>STEP</b>	Strategies to Empower People
<b>TANF</b>	Temporary Assistance to Needy Families
<b>TAP</b>	Transitional Assistance (housing) Program
<b>TCC</b>	Transitional Child Care
<b>Teaming</b>	Family teaming is the process of building up the protective supports around the family to reduce safety threats to the child/ren.
<b>TFC</b>	Therapeutic Foster Care
<b>TIPS</b>	Tracking, Information, and Payment System
<b>TITLE IV–B</b>	Section of the SSA, provides federal funding, focus on pre-placement and prevention
<b>TITLE IV–D</b>	Section of the SSA, provides federal funding, with a focus on providing aid and services to families and children in need.
<b>TITLE IV–E</b>	Section of the SSA, provides federal funding, focus on foster care services and training.
<b>TP</b>	Transition Plan
<b>TPR</b>	Termination of Parental Rights
<b>WIA</b>	Workforce Investment Act
<b>WIB</b>	Workforce Investment Board

<b>ACRONYM</b>	<b>TERM</b>
FCI	Foster Care Independent Living Program
FINS	Families in Need of Services
FPLS	Federal Parent Locate Service
FRC	Family Resource Centers
FS	Family Services
GSW	Graduate Social Worker
HA	Adoptive Home
HB	Foster Home
HD	Home Development
HP/RRP	Homeless Prevention/Rapid Re-housing Program
IA	Interagency Agreement
ICPC	Interstate Compact on the Placement
IHBS	Intensive Home-Based Services – Homebuilders
ILC	Independent Living Coordinator
ILP	Independent Living Provider
ILSP	Independent Living Skills Program
IT	Information Technology
KCSP	Kinship Care Subsidy Program
LaCarte	Louisiana’s Purchasing Card Program
LAMI	Louisiana Automated Management Information System
LARE	Louisiana Adoption Resource Exchange
LASES	Louisiana Automated Support Enforcement System
LCC	Louisiana Children's Code
LCSW	Licensed Clinical Social Worker
LDOL	Louisiana Department of Labor
LIHEAP/	Low Income Home Energy Assistance Program/Family Crisis
LRS	Louisiana Rehabilitation Services
LYLAC	Louisiana Youth Leadership Advisory Council
MEPA/IPA	Multi-Ethnic Placement Act/Inter-Jurisdictional Placement Act
MOU	Memorandum of Understanding
MST	Multi-Systemic Therapy
MSW	Masters of Social Work
NCANDS	National Child Abuse and Neglect Data System
NPP	Nurturing Parent Program
NYTD	National Youth in Transition Database
OCS	Office of Community Services
OJJ	Office of Juvenile Justice
OMF	Office of Management and Finance
PAF	Preventive Assistance Funds
POS	Purchase of Services
PPM	Policy and Procedure Memorandum
PSH	Permanent Supportive Housing
QA	Quality Assurance

# Common Medical Terms & Definitions

The following words and definitions consist of some of the more common medical terms you are likely to encounter throughout your internship as you read various child welfare reports relating to your clients. Some of the following words you probably know, but some will probably be new to you. This resource is designed to help you get started interpreting reports as an intern encountering several new terms daily. However, please note that these definitions ARE NOT based on current DCFS policy and SHOULD NOT be used as the basis for making major case decisions without referring to the definitions given by policy. Please refer to the Policy Management System for additional information.

## **Abdominal Cavity**

Located between the diaphragm and pelvis, the abdominal cavity is the space in the body that contains the abdominal organs, such as the stomach, small and large intestine, liver, and spleen. Damage to these organs can cause blood to accumulate within the abdominal cavity, this phenomenon is most commonly called internal organ damage.

## **Abscess**

An inflamed, swollen area of skin where pus has built up due to the immune system's response to infection caused by injury.

## **Alcohol Affected Newborn**

Exposure to alcohol while a fetus is still in utero can cause a delay in the development of the central nervous system, often leading to intellectual disability or mental Retardation.

## **Fetal Alcohol Spectrum**

Disorders (FASD) occurs when the exposure to alcohol overwhelms the fetus' capacity to develop normally and leads to a number of major disabilities and is characterized by facial features common to those with FASD.

**Anterior** Medically speaking, the “front” of the body. Anterior can also refer to a structure/area on the body that is closer to the head than another structure/area.

**Asphyxiate** To be deprived of oxygen to the point of unconsciousness or death. Asphyxiation can occur through any means of oxygen deprivation, including choking on food or another foreign object, carbon monoxide poisoning, via strangulation, etc. Oxygen deprivation quickly causes brain damage and death.

**Burns** Burns are caused by exposure to intense heat or a substance that exceeds the capacity of the exposed tissue to maintain structural integrity. Exposure to many forms of heat can cause burning, including radiation (the sun), steam, hot water, hot metal, chemicals, electricity, etc. Burns have varying degrees of severity which are classified by the extent of the damage to the underlying tissue layers.

**1<sup>st</sup> Degree** Least severe burn which is limited to the epidermis.

**2<sup>nd</sup> Degree** Moderately severe burn that has damaged the epidermis and progressed into the dermis.

**3<sup>rd</sup> Degree** A very severe burn which involves the underlying subcutaneous tissue (fat layer), and can extend in to muscle tissue. 3<sup>rd</sup> degree burns also result in the loss of fluids and electrolytes, and can be life threatening.

**Clavicle** What is termed the “collarbone” is composed of two clavicles on either side of the neck.

## **Compartment Syndrome**

Muscle groups or groups of organs are surrounded by connective tissue creating a “compartment.” When those muscles or organs are damaged, they swell and pressure builds within the surrounding compartment. If the damaged body part swells so much that the resulting pressure restricts the flow of blood, the group of muscles or organs within the compartment lose the flow of oxygen-rich blood causing further damage to the area. Compartment syndrome is considered a medical emergency, and the pressure must be relieved as soon as possible by a medical professional to prevent muscle or organ death.

## **Concussion**

A concussion occurs when there is trauma to the head, commonly from falling, or slamming in to something solid. The human brain, situated inside the skull, floats in a liquid substance called cerebrospinal fluid. When the head hits something hard enough or at fast enough speeds, the soft, gelatinous brain, which moves at a different rate than the rest of the body (because of its weight, consistency, and buoyancy), is subject to unusual forces of acceleration. These forces and pressures can cause “axonal shearing,” where the connections between neurons are literally ripped apart in some places. Damage to the brain can also occur if it hits the inside of the skull. The severity of concussions can vary a great deal, although medical scientists are learning that *any* concussion, regardless of severity, can have unforeseen negative consequences, even years in the future. Concussions are sometimes considered “mild” Traumatic Brain Injuries, and any person with a suspected concussion should be examined by a medical professional.

**Contusion**

Essentially, a contusion is the medical term for a bruise. When a trauma damages the capillaries and veins in an area, blood can seep from the site of the injury into the surrounding tissue. This dispersed blood is what causes the discoloration seen under the skin, and the changing colors of a contusion reveal the injury is healing as the seeped blood is reabsorbed by the immune system. Historically, medical professionals would attempt to determine how long ago an injury occurred by the colors of a bruise; believing that some bruise colors indicated an older injury than other colors. However, newer research indicates that using the color of a bruise to establish the age of an injury is quite inexact, and color should never be the sole criterion in determining the age of a bruise.

**Coroner**

A medical professional responsible for identifying the cause of unknown deaths.

**Dermis**

A layer of skin located beneath the epidermis, this layer contains hair follicles, pigment cells, oil and sweat glands, and sensory nerves.

**Diaphysis**

A diaphysis is the shaft, or middle portion, of a long bone, such as the femur. Often the diaphysis of the bone is where fractures occur.

**Digits**

Refers to the fingers or toes. Humans have 5 digits per hand and per foot.

**Dislocation**

A separation of two adjacent bony structures that form a joint, such as the shoulder or hip. For example, we say someone has dislocated their shoulder when the humerus (arm bone) slips out of the scapula (shoulder blade).

<b>Distal</b>	Distal is a medical term to describe the relative location of one structure in relation to another. Distal structures are further away in relative location to another part of the body. For example, my hand is distal from my shoulder, or my foot is distal from my knee.
<b>Drug Affected Newborn</b>	When a fetus is exposed to a drug in utero and there is resulting damage to the developing organs or changes in normal physiology. For example, methamphetamine use during pregnancy can cause low birthweight and neurodevelopmental problems in the fetus, and exposure to heroin can cause withdrawal symptoms in newborns who are cut off from the drugs their bodies became dependent upon prior to birth.
<b>Edema</b>	The accumulation of fluid within soft tissue, may or may not involve inflammation.
<b>Epidermis</b>	The top layer of skin that contains dead skin cells and keratin.
<b>Epiphysis</b>	The epiphysis is the end of a long bone. This portion of the bone is connected to the diaphysis portion of the bone and forms joints with adjacent bones.
<b>Factitious Disorder by Proxy</b>	Factitious disorder is a condition in which an individual feigns illness, takes deliberate steps to make themselves ill because they have a psychological need to be a medical patient. For example, a person with this disorder may ingest enough poison to become ill but not enough poison to kill themselves. Loosely defined, "proxy" means to act on another's behalf, and Factitious Disorder by Proxy, occurs when the individual takes deliberate steps to make someone under their care ill.

Also called Munchausen's and Munchausen's by proxy, this disorder is a very serious mental illness.

**Failure to Thrive**

When the basic needs of a developing child are not met and result in a regression or delay in development which can be physical or mental in nature. For example, a child who is not fed enough calories will be delayed on growth and weight curves, or a child that is not socially engaged will result in delay of proper speech or intellectual development.

**Fracture**

The medical term for a broken bone. Fractures are defined by the degree of severity and can range from hairline fractures with the bone being broken but not out of place, to a compound fracture with the bone snapped and the fragmented bone pieces sticking out of the skin.

**Inconsistent Fracture**

A fracture that is not consistent with the reported cause of injury. For example, a fracture from a fall will appear different compared to a fracture caused by being hit with an object.

**Spiral Fracture**

A fracture line that is slanted or on an angle relative to the shaft of a bone, a diagonal fracture (also called an oblique fracture).

**Transverse Fracture**

A fracture line that is perpendicular to the shaft of the bone.



**Frenulum**

A small bit of tissue whose function is to hold another body part in place. For instance, the lingual frenulum under the tongue guides the fetal development of the tongue and later holds the tongue in place in the mouth. There are multiple frenula on the human body, including several in the mouth and one on female and uncircumcised male genitalia. Frenula are not frequently injured in everyday life, however, because these membranous tissues are so delicate they can be torn, sometimes due to physical or sexual abuse.

**Granulation Tissue**

A thick formation of blood vessels at a site of healing. When the body is injured, new blood vessels grow to transport increased blood to the area to enable the healing process. After the injury has healed, granulation tissue may still be present for some time as the body gradually breaks down and re-absorbs the blood vessels that are no longer needed at that site. Granulation tissue can last months at the site of a healed injury.

**Hematoma**

A hematoma can be thought of as a pocket of blood *between layers of soft tissue* that usually forms in response to a blunt trauma. A bruise is also identified as an injury where blood causes discoloration under the skin, but the blood in a bruise is dispersed between and within layers of tissue while the blood in a hematoma is literally pooled together in between layers. Hypothetically, the blood in a hematoma could be drained because it is coagulated together, whereas a bruise could not be drained because it is dispersed throughout the tissue in the area. Because the body does not reabsorb the blood of a hematoma as it does with the blood of a bruise, treatment is often needed to resolve the injury.

**Subdural  
Hematoma**

A hematoma that has formed beneath the skull.

<b>Hemorrhage</b>	Uncontrolled bleeding.
<b>Internal Injuries</b>	Damage to structures within compartments of the body, such as within the abdominal cavity or chest cavity
<b>Intracranial</b>	Occurring within the skull or cranium.
<b>Ischemic</b>	Restriction of blood flow to an area of the body, causing injury to the restricted body part(s).
<b>Ligament</b>	Connective tissue that holds adjacent bones together.
<b>Ligature Marks</b>	Marks made by a cord, rope, or material that was used for tying or binding a part of the body. Ligature marks can occur around the wrists or ankles if a person has been tied up or around the neck when a person has been strangled.
<b>Malnourished</b>	Lacking basic nutrients or minerals in the diet, resulting in physiological dysfunction. For example, a lack of calcium in the diet will result in weak bones that fracture easily.
<b>Metaphysis</b>	Area of the bone where new growth occurs, right before the epiphysis, or end, of a long bone. In children, the metaphysis is a common area for fractures to occur.
<b>Noxious</b>	Noxious is another word for “poisonous” or “toxic.” Therefore, a “noxious substance” is one that is detrimental to human health in some way. This would include the obvious, such as rat poison, and the less obvious, such as smoke from a fire if there is a lack of ventilation.
<b>Palate</b>	Roof of the mouth.
<b>Pallor</b>	A pale appearance, usually indicating a loss or decrease in blood flow.

<b>Posterior</b>	Medical term to describe the back of something, or when one structure is located behind another structure. For example, my heart is located posterior to my breast bone.
<b>Proximal</b>	Medical term to describe the relative location of one structure in relation to another. Proximal structures are closer to the main body (or torso) than distal structures. Therefore, my elbow is the more proximal and my hand is the more distal of the two body structures.
<b>Respiration</b>	The process of breathing. If someone has “ceased respiration” they have stopped breathing and will shortly die without medical intervention.
<b>Scapula</b>	A medical term for the shoulder blade; a flat bone located on the back that serves as the connection point for the arm to the body.
<b>Shaken Baby Syndrome</b>	A type of whiplash injury that occurs when an infant or young child is shaken rapidly. The force of the shaking results in the same axonal sheering that causes a concussion. Shaken baby Syndrome is often associated with bleeding in the brain or eyes. Infants need not be shaken back and forth multiple times to sustain damage to their brains. If rough enough, a single shake (often in a moment of frustration) is enough to harm an infant because they lack the strength to support and control their heads.
<b>Sprain</b>	A sprain occurs when a ligament or tendon is stretched past its capacity. Sprains often occur in the ankles or wrists.

<b>Sternum</b>	The breastbone, a flat bone where ribs connect in the front of the chest, overlying the heart.
<b>Subluxation</b>	When a bone fractures or dislocates and one section of the affected bone slides under another section of the affected bone, or under another adjacent bone.
<b>Systemic</b>	Something that occurs body-wide, or to the whole system. For example, poison often spreads to multiple organ systems in the body causing systemic damage.
<b>Tear</b>	When a structure, such as a ligament or tendon, is stretched past its capacity, causing a break in the connective tissues. An example of this type of injury is a torn ligament.
<b>Tendon</b>	Connective tissue that holds muscles to bones. For instance, the Achilles tendon holds the calf muscle to the heel of the foot.
<b>Thoracic Cavity</b>	A cavity of the body located below the neck and above the diaphragm, containing the lungs, heart, and many major blood vessels.
<b>Welt</b>	A red and swollen mark on the skin left by impact or pressure
<b>Whiplash</b>	When an impact causes abrupt changes in direction of an affected body part, such as the neck, and causes damage to connective tissue, muscles, or nerves.
<b>Wounds</b>	An injury to body tissue that is usually associated with broken skin. There are several types of wounds – <ul style="list-style-type: none"> <li><b>Abrasion</b> Sometimes called a scrape, an abrasion occurs when friction against the skin causes</li> </ul>

damage that is limited to the epidermis, and minimal, if any, bleeding occurs. Abrasions are less serious than a laceration although these injuries can range from first-degree (superficial) to third-degree (greater skin damage) in severity.

**Incision** A wound that is caused by a “clean” cut through tissue, such as when skin is accidentally cut with scissors.

**Laceration** A wound that lacks the “clean” edges of an incision, and is instead ragged as if torn open. Lacerations are typically the result of a blunt trauma.

**Puncture** An injury occurring when an object penetrates the body and damages deep structures, creating a hole.

# **Title IV-E Child Welfare Scholar Intern Program**

## **Goals**

There are two main goals of the Child Welfare Scholar Program in Louisiana:

1. Recruit, educate, and prepare Bachelor of Social Work (BSW) and Master of Social Work (MSW) students for public child welfare practice.
2. Promote collaboration between Louisiana Schools and/or Departments of Social Work through the University Alliance, the Department of Children and Family Services, and the Child Welfare Training Academy.

## **The University Alliance**

The Title IV–E Child Welfare Program is supported by the University Alliance of Louisiana, which is a partnership between seven state universities and The Pelican Center. Through Schools of Social Work, and led by Southeastern Louisiana University, these seven universities provide undergraduate and graduate stipends to assist students. The Alliance provides on-going child welfare training for Child Welfare staff and helps support the development of new, qualified Child Welfare employees. The seven Louisiana Universities are as follows:

1. Grambling State University (GSU) – BSW, MSW
2. Louisiana State University (LSU) – MSW
3. Northwestern State University (NSU) – BSW
4. Southeastern Louisiana University (SLU) – BSW
5. Southern University at Baton Rouge (SUBR) – BSW
6. Southern University at New Orleans (SUNO) - BSW, MSW
7. University of Louisiana at Monroe (ULM) – BSW

## Competencies

The competencies student interns are to master during their training are those identified by the Council on Social Work Education (2015). These competencies should be adapted to fit the student intern's specific program and placement using the student intern's individual learning plan. The nine competencies are as follows:

1. Demonstrate Ethical and Professional Behavior
2. Engage Diversity and Difference in Practice
3. Advance Human Rights and Social, Economic, and Environmental Justice
4. Engage in Practice-informed Research and Research-informed Practice
5. Engage in Policy Practice
6. Engage with Individuals, Families, Groups, Organizations, and Communities
7. Assess Individuals, Families, Groups, Organizations, and Communities
8. Intervene with Individuals, Families, Groups, Organizations, and Communities
9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

# General Procedures

## From Student Intern to DCFS Employee

### DCFS Title IV-E Student Intern

Non-staff internships are offered to support and assist the education of students who desire to become employed by DCFS (Please see OCS Policy Manual 1-350 OCS Internships). Internships will only be offered in locations where there are sufficient opportunities and tasks to meet the student intern's learning objectives, such as, opportunities for independent and group projects, the development of new and augmentation of present skills, and the prospect for professional growth. In addition, the location will only accept student interns if there is sufficient staff to provide supervision, guidance, modeling, evaluation and feedback at that location.

Ideal candidates for Title IV-E internships with DCFS are enrolled in a BSW or MSW program, are interested in the field of child welfare, consider DCFS as a possible future employment opportunity, and have a positive recommendation from their school's Internship Director/Field Placement Liaison.

### Non-Employee IV-E Student Intern Requirements

Title IV-E Student Interns that are not employees must fulfill several requirements:

- Complete the agency's 32 hours of New Child Welfare Orientation.
- Complete a criminal record check and drug test.
- Complete a reference check and have their credentials verified.
- Sign the confidentiality and acknowledgment form.
- Sign the BSW or MSW Title IV-E Student Intern Contract and abide by the obligations and provisions outlined within the Agreement.
- Develop an individualized learning plan with their supervisor.
- Complete the Structured Activity Exercises over the course of their internship period.
- May not complete court reports, home studies or assessments (unless these are completed for practice purposes only), testify in court, or in any way present the appearance that they are employees of DCFS.
- Must be introduced as a student intern and receive permission from the client to accompany workers and assist in client service delivery (such



as, supervising family visits and documenting events and impressions; gathering and summarizing medical information on children; participating in the development of life books; conducting educational workshops or skills training with clients.

- Following graduation, commits to full time employment with DCFS for the time period specified in the Child Welfare Stipend Award Agreement.
- Are expected to participate in the Title IV-E Student Support Group for 3 years.

# **Intern Acknowledgement Form**

## **Instructions**

For full form, please see OCS Policy Manual Form 032 Intern Acknowledgment, in Appendix. The OCS Form 032 is to be completed by all Title IV-E student interns. By signing the form, the student intern agrees to abide by the stated terms and provisions.

Please obtain a blank Form 032 from your supervisor and review, sign and date it. Give the form back to your supervisor to sign and date. When completed this form must be forwarded to Deborah Cage at [Deborah.Cage.DCFS@la.gov](mailto:Deborah.Cage.DCFS@la.gov).

### **Intern Acknowledgment Form - Sample**

The Louisiana Department of Social Services, Office of Community Services, agree to provide the student intern learning opportunities that comply with all state and federal laws, regulations and other standards and requirements. The student intern agrees to comply with state and federal laws and regulations concerning confidentiality of information about the children/parents/foster and adoptive parents for whom agency assistance is provided.

Student intern understands and agrees that he/she is entering into this Agreement in an independent capacity and is not entitled to reimbursements for expenses during the performance of duties or a salary. The intern is not an employee of the agency and will not be allowed to conduct any work that gives the appearance that he/she is an employee. This agreement will become effective upon execution by the parties hereto on the date listed.

By signing this Agreement, the student intern agrees to abide by the terms and provisions stated herein.

Student Intern's Name/Title	Date
OCS Representative	Date

# Graduation & Transition to DCFS Employee

**\*\*Information from Graduates Needed by: \_\_\_\_\_\*\***

## **Advise the University Title IV- E Coordinator of:**

- Your three (3) office preferences for employment with DCFS,
- Your E-mail address,
- Your telephone numbers,
- Your Mailing address, and
- Your Date of Graduation

Upon receipt of the above for each graduate the University Title IV-E Coordinator forwards this information to the DCFS Child Welfare Training IV-E Coordinator in the State Office. The DCFS Child Welfare Training IV-E Coordinator then forwards the information to the DCFS Field Operations in State Office, who begins to contact Title IV-E Student Intern recipients regarding procedures for applying for a job with DCFS.

## **Hiring Process**

**\*\* NOTE: Procedures may vary from one Regional/Local office to another. These are general procedures.**

1. Once preferences of each graduate have been received, the DCFS Field Operations identifies a position as close as possible to the preferences indicated by the student. There is no guarantee that a position will be available exactly matching the preferences of the student.
  - While you are waiting to hear back from DCFS Field Operations you may wish to set up the user account you will need to apply for a position.
  - To create your user account, go to [www.governmentjobs.com/careers/louisiana](http://www.governmentjobs.com/careers/louisiana) and click the "Sign In" button in the upper right-hand corner of the webpage.
  - At the bottom of the pop up you will see, "Don't have an account? Create one."
  - Click the "create one" link and provide your email address and generate a Username and Password for your new account. It is suggested that you use an email you check frequently and ensure that your email settings do not filter messages from governmentjobs.com

to your spam folder. It is also recommended that you record your Username and Password as they will be needed every time you log in and are case sensitive (meaning you must pay attention to upper/lower case letters).

- For more detailed step-by-step instructions please follow this link: <https://www.civilservice.louisiana.gov/files/divisions/staffing/onlineapplicationguide.pdf>

2. The DCFS Field Operations will contact each graduate, preferably by e-mail or cell phone number with instructions to apply for the job, remind you to adhere to the timeline of the job posting, and to apply for your social work license so you are able to work as soon as possible after you graduate.

- **Apply for Your Job.** You will be applying with the Civil Service at [www.civilservice.la.gov](http://www.civilservice.la.gov) for the specific job identified by DCFS.
- When you follow the above link website you will land on the LA Department of State Civil Service home page.
- On the left side panel click the arrow for “Job Seekers” and then click the link that appears, taking you to jobs.la.gov.
- Again, on the left side panel, click the arrow for “Finding a Job” and then select the “Current Job Opportunities” option.
- You will be taken to the website where government job opportunities for Louisiana are posted, and where you may have already created an account.
- Now you must locate the posting and apply to the specific job identified by DCFS provided to you by your DCFS Field Operations contact. The jobs listed are sorted alphabetically, or you may use a keyword from your identified job, such as “DCFS,” to narrow the selections listed.
- Locate the job opening that was identified for you.
- Once you have located the specific job opening identified for you, click the green “APPLY” button to begin.
- You will need to complete the entire application, providing both your personal and professional information. The application process will also require a transcript from your university BSW or MSW program.
  - Tip: the browser “times-out” after 30 minutes regardless of whether you are entering information at the time so as you fill out your application please remember to press the “Save” button intermittently so that you do not lose your changes.

- For more detailed step-by-step instructions and user tips, please click the following link:  
<https://www.civilservice.louisiana.gov> Louisiana State Civil Service website.
  - **Adhere to the Timeline.** Please be sure to take note of and adhere to the timeline and any other directions given to applicants for the job posted by the Civil Service.
  - **Apply for your Social Work License.** Adhering to the timeline of the job listing includes applying for your social work license as you are required to obtain your license (RSW for BSW; LMSW for MSW) prior to practicing as a social worker in the state of Louisiana.
    - You will be applying to the Louisiana State Board of Social Work Examiners (LABSWE), located at <https://www.labswe.org/> for your social work license. It is crucial that you complete all of the requirements of the LABSWE for licensure in a timely manner.
    - In order to reduce the amount of time between graduation and the licensure of social work students, the LABSWE will accept your application materials (e.g. application, criminal background check, etc.) while you are still in school and will pre-approve your licensure pending submission of your official transcript stating “degree awarded,” upon graduation. The LABSWE holds periodic licensure meetings and if you do not submit your application materials prior to the meeting held closest to your graduation date, you may be delayed until the next meeting is held. It is important for you to go to the above website and read the “Licensee Info” section to ensure that you are aware of and compliant with the procedures, required application materials, fees, and the timeline LABSWE has established, if you want to avoid employment delays.
3. Once Civil Service has received the complete application package, the DCFS Human Resources in the State Office advises the Regional Human Resources staff that the student has applied for the job identified in that region.

4. The Regional/Local Human Resources office contacts the student to come into the office to complete the paperwork and clearances and offers conditional employment. Clearances include finger printing for criminal record clearance, State Central Registry of Abuse or Neglect clearance (Please see DCFS Policy 4-35 State Central Registry Check), motor vehicle clearance, and random drug testing.
5. At some point throughout the above process, the field supervisor and/or other managers in the office interview the student. Sometimes the student already knows the staff, as their field placement was in the region where they are being interviewed.
6. After the Regional/Local Human Resources office has processed the student's paperwork and clearances, they forward this information to State Office Human Resources.
7. State Office Human Resources reviews the student's paperwork and relays a final job offer to the Regional/Local Human Resources who then presents the job offer to the student. Simultaneously, the Regional Administrator will have decided where the student will be placed, and Human Resources will provide this information to the student.
8. Lastly, the supervisor will inform the student of the mandated New Worker Training that must be completed prior to cases being assigned.

### **Utilization of Special Entrance Rates**

Please see OCS Policy Manual 1-420 Utilization of Special Entrance Rates. As a graduate with a BSW or MSW you qualify for a Special Entrance Rate (SER) of pay. The SER policy specifies a 3-tiered, flexible hire rate that is based upon credentials and job title. The three tiers are the General SER, BSW (or related degree) SER, and MSW (or related degree) SER, as follows:

### **General Special Entrance Rate**

For employees who are hired into to the Child Welfare Specialist Trainee, Child Welfare Specialist 1, Child Welfare Specialist 2, and Child Welfare Specialist 3 positions, the SER is set at 5% above the minimum of the pay range for these job

titles. For employees who are hired into the Child Welfare Specialist 4 position, the SER is set at 2% above the minimum of the pay range for that job title.

**BSW Special Entrance Rate**

For employees who possess a Baccalaureate degree in social work or a related field, the SER is set at 15% above the minimum pay range for their specific job title.

**MSW or Related Degree**

For employees who possess a Master's degree in social work or a related field, the SER is raised by 9.2% above the current SER (which represents 25% above the minimum of the range) for their specific job title.

Unless the employee meets the criteria for higher pay under a different pay rule, all student graduates shall have their salary rate per pay period established upon date of hire as follows:

<b>*Job Code</b>	<b>Job Title</b>	<b>General SER</b>	<b>BSW SER</b>	<b>MSW SER</b>
166730	Child Welfare Specialist Trainee	\$1,044.00	\$1,143.56	None
166740	Child Welfare Specialist 1	\$1,117.20	\$1,223.60	\$1,333.00
166750	Child Welfare Specialist 2	\$1,279.32	\$1,401.16	\$1,523.00
166760	Child Welfare Specialist 3	\$1,369.20	\$1,449.60	\$1,630.00
166770	Child Welfare Specialist 4	\$1,522.66	None	None**

These special entrance rates are utilized as a way to help recruit and retain qualified staff in DCFS positions.

Salaries are paid Bi-Weekly, resulting in 26 pay periods per year. The following chart illustrates the monthly pay earned by BSW and MSW student graduates based on job title under the SER.

Job Title	BSW Ser	MSW Ser Salary	Mid Point Salary	Maximum Salary	Maximum Annual
CWS Trainee	\$1143.56 (Annual: \$29,732.58)	None	\$1544.00	\$2093.00	\$54,418.00
CWS 1	\$1223.60 (Annual: \$31,831.60)	\$1333.00	\$1652.00	\$2240.00	\$58,240.00

Please recognize that this information is provided as a courtesy. As policy does change periodically we suggest that students take the time and initiative to research and confirm their own individual starting pay rate based on their unique qualifications. Please go to <https://jobs.civilservice.louisiana.gov/> and click the link entitled “Job Pay Levels” in the “Resources” box on the lower left-hand corner of the page. You can then search for your future job title and view the most current job and salary details. Should you have further questions it is **strongly** recommended that you ask your supervisor to point you in the right direction within the agency. Current DCFS administrative staff and human resources professional in your region are the most knowledgeable about DCFS practices and employment procedures and have the most up-to date information with which to advise you, and given your unique situation, are the best able to answer questions about your future employment.



## General Expectations for Caseworkers

1. Understand, support and follow the agency's vision, mission and core values.
2. When you work in child welfare, you represent DCFS. Using the department's role in the community to meet a personal need is cause for immediate disciplinary action. An example of this would be removing a child from the father and returning him/her to the mother who is your friend. Another example would be investigating a situation that has not been assigned to you. A final example would be seeing a child left in a car and deciding on your own to find the mother in the store and begin an assessment.
3. Be knowledgeable about and comply with agency policy and procedures. The majority of policy is now available to the public through the online Policy Management System (to access this please use the instructions under the following, "Supports for the Caseworker" heading), and there is no acceptable excuse for not knowing the policy in your assigned program. Policy doesn't have to be memorized, but referred to frequently. Do not always rely on experienced co-workers to answer your policy and procedural questions. If your case warrants a policy exception, there are formal procedures you must go through – beginning with your supervisor's consent.
4. Demonstrate empathy for client and clients' circumstances. What is Empathy? It is being able to understand/perceive how your clients got to the point where they maltreated their child. Being empathetic is contradictory to being judgmental.
5. Work in a collaborative basis with an array of community agencies and professionals. Inappropriate or unprofessional behavior is taken very seriously. Fighting with clients or your co-workers is considered unprofessional behavior. Remember that you represent DCFS in *every* aspect of your job. Only professional conduct is acceptable.
6. Be able to organize information and prepare written documents and reports effectively. It will be *very difficult* to do this work if you lack good writing skills! If this is a problem area for you, please seek supervision and training to enhance your ability to write clearly and concisely.

7. Be willing to perform duties necessary to meet clients' needs. However, it is *not necessary* that you be available to clients twenty-four hours a day!
8. Sometimes a situation will call for you to work before or after standard office hours. However, you absolutely have a right to a *life outside of work!*

## **Supports for the Caseworker**

### **Formal Training**

For caseworkers, formal training opportunities offer the preparation needed to shoulder their responsibilities with a greater degree of comfort and confidence. Through instruction and practice, training provides an opportunity to get away from the daily grind, giving you time to think. Training allows you to refresh old learning and gain new knowledge and skills, and a chance to share ideas and feelings with colleagues in order to renew the spark of enthusiasm that inspired you to become a caseworker. We hope you will always use formal trainings to fulfill these positive outcomes. As time goes by and you gain experience, more advanced workshops will be given. The knowledge and skills learned in training must be incorporated into your practice after training.

### **Close Supervision**

Your supervisor will provide you with close supervision during the first year of your employment, and will also assist you in using your valuable knowledge and skills to grow into a capable child welfare caseworker. Many of the decisions you will be making about your client's families are mandated with a "worker/supervisor shall" policy requirement. This means that case decisions are made by the caseworker and their supervisor together. Furthermore, some decisions you and your supervisor will be initiating require an administrative confirmation above your supervisor's level.

## Department Policy

The departmental policy provides you with ongoing guidance in your casework practice. The department expects that you will read and understand program policy. It is important as new workers to have a general understanding of all the program policies and job responsibilities. As stated above, the policy management system is now available online! Therefore, even if you do not yet have access to the DCFS system or a computer at your internship agency, you can still access the majority of DCFS/DSS/OCS policies from your connected device.

- In most cases, the shortened website link, [stellent.dcf.la.gov](https://stellent.dcf.la.gov), will deliver you to the correct web address to Louisiana’s DCFS online policy management system. The full link is as follows:  
<https://stellent.dcf.la.gov/LADSS/whatsNewResults.do?agency=OCS&status=Active&numResults=10&sortSpec=dInDate+Desc+dDocTitle+Asc+xStatus+Asc>
- Alternatively, typing the words “Louisiana,” “DCFS,” and “Policy” into a search engine such as Google yields the correct website within the first few results. The correct website listing appears:

## Policy Management System

<https://stellent.dcf.la.gov/>

When the tabs at the top of the webpage, “DSS,” “OCS,” “OFS,” “LRS,” and “Login” are clicked, the user is shifted from policy in one arena to the policy in another. The first tab, “DSS” stands for the “Department of Social Services.” DCFS used to be called DSS, and some of the policy documents have not been updated to reflect this change. Therefore, some of the titles of the chapter listings running down the left-hand column under this tab begin with DSS while others begin with DCFS. Although there are exceptions, you will find that regardless of the acronym used by various chapters, many of those under the DSS tab are focused around DCFS employment policies, while many of those under the second tab, “OCS” which stands for “Office of Community Service” contain policy relating to clients and the handling of cases. The chapters on the left-hand column under this tab include the policy for each of the major Child Welfare departments, including CPI, FS, FC, and Adoptions (etc.). The second two tabs “OFS” (Office of Family Supports) and “LRS” (Louisiana Rehabilitative Services) contain policy regarding economic stability, and vocational rehab and guidance, respectively. At least for now, you will mostly focus on the

policy chapters within the first two, “DSS,” and “OCS,” tabs. You will only be able to access the last tab, “login” when you have a Novell User ID and Password.

### **Multi-Disciplinary Consults**

Multi-disciplinary consults are available in all program areas to assist in the very difficult decisions this department must make. The Multi-Disciplinary Team members and the Bureau of General Counsel (BGC) attorney’s interagency consults are some of the sources that are available to assist in difficult decision-making. At the beginning of your career in Child Welfare, it is important to understand that other disciplines may ASSIST the department, but the program area that the case belongs to makes the final decision, and therefore, takes responsibility for the decisions.

### **Shared Decision-Making**

The philosophy behind shared decision-making is the concept that you are not alone in shouldering the responsibility for the tough decisions that must be made in regards to children and families on a daily basis. That is, you are not alone in deciding the fate of your clients. DCFS believes that shared decision-making is a crucial element of a caseworker’s job, and thus, there are many policy team decision-making staffings (i.e. case acceptance, pre-post removal, preservation, Family Team Case Planning Meeting [a team approach which includes parents, children, the family’s formal and informal supports, and others including attorneys, CASA’s, and service providers that the family chooses to be part of their team]) where colleagues and/or colleagues and the family can come together and carefully examine the evidence to make the best decisions. Another source of assistance, which is especially invaluable to the new caseworker, are the experienced co-workers in your office. These colleagues have probably already helped you in your first days in the office, and will continue to be a source of knowledge and assistance. However, always understand the difference between advice and case decisions. The caseworker, and the caseworker's supervisor make the final case decisions, while colleagues may only offer advice and suggestions.

## **Child Welfare Services to Our Families**

### **What we do:**

- Child Protective Services
- Family Services
- Foster Care Services
- Adoption Services

### **Rules and Expectations**

- Our basic purpose is the protection of children who are at risk of harm. When families are unable, for whatever reason, to provide basic care and/or safety to their children, and DCFS finds that a child is unsafe or at risk of harm, we must become involved.

### **Customer Service Standards**

#### **We will:**

- Respond promptly to inquiries in a courteous, helpful and professional manner.
- Deliver services that are timely and flexible.
- Work with families, primarily in the home, to determine their strengths and needs and develop a case services plan.
- Deliver services that build on the families' strengths, community, and culture.

### **Customer Complaints**

Customer dissatisfaction is processed through our different supervisory levels starting with the worker's immediate supervisor, followed by the Program Operations Manager, Area Director, and finally, the Regional Administrator. If a client is still not satisfied, they may contact the DCFS State Office at the following address:

- **Department of Children and Family Services**  
P.O. Box 3318  
Baton Rouge, LA 70821  
Phone: (225) 342 – 9141  
Hours of Operation: 8:00 a.m. until 4:30 p.m. Monday through Friday  
(Exclusive of state holidays)

## **DCFS Employment Policies**

### **Anti-Harassment Policy**

*(Please see DCFS Policy 3-4 Violence in the Workplace)*

DCFS is committed to providing a workplace that is free and secure from threats and acts of violence, intimidation, harassment, and other disruptive behaviors. All student intern/employees are expected to treat each other with dignity, respect, and civility and each individual is responsible for acting in a reasonable and with sensitivity to others. Inappropriate verbal or physical conduct will not be tolerated and are prohibited in the workplace. Such conduct based on gender, race, color, religion, national origin, age, disability, political belief/affiliation, sexual orientation, or protected activity under the EEO statutes is unlawful. Harassment can include (but is not limited to), sexual advances or pressures for dates; slurs, comments, jokes, innuendo; inappropriate touching, beatings, threats; inappropriate gestures; and graffiti.

### **Sexual Harassment Policy**

*(Please see DCFS Policy 2-06 Sexual Harassment Policy)*

Sexual harassment is a specific form of harassment recognized as a violation of Section 703 of Title VII of the Civil Rights Act of 1964, as amended. DCFS will take steps to maintain a workplace free of sexual harassment and intimidation for all its student intern/employees. Sexual harassment occurs when sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature takes place. In particular, when submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment sexual harassment has occurred. If at any time a student intern/employee feels that he/she is experiencing sexual harassment, he/she should clearly communicate that the behavior is unwelcome (verbally, in writing, or through a third party) and report the behavior to a supervisor or manager or the Agency EEO Specialist. If the supervisor/manager is the alleged harasser, then the behavior should be reported directly to the Agency EEO Specialist or the next level manager above the alleged harasser. It is possible for both male and female student intern/employees to experience harassment

from another individual in the workplace, including same-sex harassment, harassment from the victim's supervisor or co-workers, or may simply be affected by offensive conduct occurring between other individuals within the workplace.

Harassment in the workplace should be reported promptly to prevent it from continuing or progressing to a more severe or pervasive nature. DCFS will investigate all complaints of harassment (per DCFS Policy 2-3 Non-Discrimination in Employment) in a prompt, thorough and impartial manner, and immediate and appropriate corrective action will be implemented if the investigation reveals harassment has occurred.

### **Attendance**

*(Please see DCFS Policy Manual 4-27 Unscheduled Absences)*

Each employee's job is important to the overall accomplishment of the Department's mission, goals, and objectives. Student interns should make every effort to be on time and present on the days previously scheduled as "work days" by the student intern and his/her supervisor.

Sometimes, of course, there will be good reasons for absence or tardiness. If student intern will be unable to arrive at work at the scheduled time, they must notify their supervisor no later than 30 minutes following their normal reporting time, and they must ask their supervisor when leave is required. Your supervisor will work with you to find an appropriate time to make up for any lost hours. Communication with your supervisor regarding any tardiness or absences is crucial and is the student intern's responsibility.

### **Cell Phone & Internet**

We ask our student interns to use their cell phones and internet access in a reasonable and responsible manner. While completing internship hours, student interns should not spend excessive time on their phones or on the internet. We understand the need to briefly check in with family while on the job, but personal communication should be limited. Similarly, internet use, via cell phone, computer, tablet, etc., should be restricted to that which is needed to perform internship duties. Student interns should remember that using personal cell phones and email addresses to communicate about DCFS clients/cases can potentially result in the accidental breach of confidentiality. Please use technology wisely and respect the privacy of the children and families we serve.

The presence of cell phones is NOT PERMITTED in the courtroom. Although some individuals may have permission to keep/use a cell phone while at court due to special circumstance, student interns do not have such clearance. This does not mean that student interns may put their cell phones on silent and bring it with them into the courtroom. It means that cell phones should be left at the office or in a car when student interns are at court.

### **Computer Use & Security**

(Please see DCFS Policy 5-3 Computer Security Policy)

Each DCFS student intern/employee shall be given only the network access necessary to complete the requirements of their internships/jobs. The DCFS network contains a number of systems and resources including policy, case file information, forms, etc. This information is sensitive and confidential and it is each student intern/employee's responsibility to take measures to protect their user accounts. DCFS student interns/employees shall logout of their account or password protect their computer when they leave the computer unattended, and should not let others access to their account. Users will be held responsible for any activity under their User- ID. When logging into your account, you will be locked out of the system if you are unsuccessful entering your correct User-ID and password on three (3) consecutive attempts. DCFS student interns/employees who violate this policy may lose or have limitations placed upon their access to the network, and may also face disciplinary, and/or legal action.

### **Confidentiality**

*(Please see OCS Policy Manual 1-500 Staff Responsibility for Confidentiality)*

DCFS takes our clients privacy very seriously and it is important that all staff work hard to keep client information confidential. Confidentiality is defined as the preservation of private information concerning a client, his family, and his situation disclosed in a professional relationship. It is the responsibility of all agency staff to maintain the confidentiality of information gained from or about a client and his family, as both an ethical and legal duty. This responsibility applies to both formal information sharing (e.g. case records, emails, etc.) and informal exchange of information (e.g. discussions regarding cases or clients). Specifically, client information shall only be disclosed on a "need-to-know" basis, meaning that if a coworker is not involved with the case staff shall refrain from discussing case and



clients. Failure to maintain confidentiality of clients may result in the DCFS student intern/employee facing legal sanctions as well as disciplinary action within the agency. DCFS student intern/ employees and student interns must be aware that unsecured case records pose a potential breach of confidentiality risk. Therefore, DCFS student intern/employees must maintain case records in locked cabinets or desks whenever possible, must never leave records unattended on desks or tables, and must lock office doors at night. In addition, electronic information, including that in the Tracking, Information, and Payment System (TIPS), the Comprehensive Enterprise Social Services System (ACCESS), and all DSS agency computer data systems and databases are subject to the same confidentiality requirements. Each DCFS office has the responsibility to make sure that only authorized personnel have access to electronic information regarding cases and clients, as well as electronic information that has been printed out. Unless a student intern/employee is completing an intake or is directly involved with a case as a DCFS student intern/employee they shall not access client information in ACCESS. Furthermore, cases that have been deemed "invalid" or "inconclusive" shall not be accessed by student interns/employees unless this information is related to a current intake, assessment, provision of services specifically to those named in the invalid or inconclusive assessment, or for Quality Assurance review.

### **Conflict of Interest**

As representatives of DCFS, student intern/employees are in a position of public trust, and must conduct themselves accordingly. The student intern/employee, privately or officially, must avoid any activities result in a conflict of interest. Some of the activities that may represent a conflict of interest are as follows (for a comprehensive list please see the Louisiana Code of Governmental Ethics <http://www.ethics.state.la.us/Pub/Laws/ethsum.pdf>)

- Accepting anything of value, other than their regular compensation and benefits from the Department, for the performance of their duties.
- Accepting finder's fees from a person to whom the student intern/employee has directed Department business.
- Accepting compensation, gifts or other economic reward for any service that draws substantially upon official data or ideas related to agency program that have not become public information.

- Accepting payment, while interning or employed at the Department, in consideration of personal services to be provided following termination from state service.
- Accepting compensation for assisting or representing another person in a transaction with the agency.
- Bidding on or entering into any contract or transaction that is under the supervision of the agency.
- Soliciting or accepting gifts or gratuities from any person or business seeking to obtain contractual or other business with the agency or conducting operations which are regulated by the agency.
- Using the authority of the position held to coerce another public employee or other person to provide the student intern/employee with anything of economic value.

### **Contact with the Public**

The conduct of student interns and DCFS Employees as public servants reflects on the Department of Children and Family Services. Student intern/employees should always follow these guidelines to build good public relations and interpersonal communication:

- Develop a courteous telephone and communication etiquette.
- Be prompt in returning telephone calls or responding to requests from the public, state and other official personnel.
- Be friendly to all visitors.
- Help interested citizens by answering their questions or directing them to the proper source for information.
- Conduct yourself in a respectful and cooperative manner.

### **Disability/ Reasonable Accommodation Policy**

*(Please see DSS Policy Manual 2-04 Reasonable Accommodation)*

The American with Disabilities Act (ADA) is an anti-discrimination statute that requires that individuals with disabilities be given the same consideration (in regards to job application procedures, hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions, and privileges of employment) that individuals without disabilities are given. In compliance with the ADA, DCFS will provide reasonable accommodation to the

known physical or mental limitations of a qualified applicant, employee, or student intern with a disability, in a timely and cost-effective manner. Qualified applicants, employees, or student interns must notify either the interviewing supervisor or human resources representative of the need for any accommodation. Student intern/employees may provide reasonable accommodations for themselves if such actions would pose an undue hardship on the operation of the agency. In addition, the student intern/employee and his/her supervisor will periodically assess the effectiveness of accommodations to ensure they are meeting the student intern/employee's need.

Any student intern or employee who feels that he/she has been denied reasonable accommodation because of a disability may file a complaint with any or all of the following:

- **DCFS Civil Rights Bureau**  
755 N. 3rd St. 4th Floor Baton Rouge, LA 70801  
(225) 342 – 2700
- **Federal Regional Office for Civil Rights**  
1200 Main Tower  
Dallas, TX, 75202
- **Equal Employment Opportunity Commission New Orleans Field Office**  
Hale Boggs Federal Building  
500 Poydras Street, Suite 809 New Orleans, LA 70130  
(800) 669 – 4000  
(504) 595 – 2958 (TTY)  
(844) 234 – 5122 (ASL Video Phone)
- **Louisiana Commission on Human Rights Governor's Office**  
P.O. Box 94004  
Baton Rouge, LA 70804 (225) 342 – 6969  
(888) 248 – 0859 (TDD)

## **Disciplinary Action & Dismissal**

*(Please see DCFS Policy Manual 4-7 Disciplinary Corrective Actions and Separations)*

When required, DCFS takes a fair and consistent approach, to disciplinary action, compliant with Chapter 12 of the Civil Service Rules. It is the philosophy of DCFS that with supervision, counseling, instruction, and cooperation, student intern/employees can grow to meet expectations without the use of formal disciplinary measures. However, when these efforts are not effective, DCFS utilizes a systematic approach for discipline of all student intern/employees. In addition, gross misconduct or serious offenses may be met with immediate termination of the student intern/employee. The following are examples of prohibited student intern/employee conduct.

Violations of these examples may result in disciplinary action, including dismissal:

- Abusive behavior (e.g. threats, intimidation, vulgar or profane language, derogatory comments or slurs)
- Sexual harassment or false accusations of sexual harassment
- Disorderly conduct, fighting or physical harassment
- Failure to comply with attendance policies and procedures (e.g. excessive absenteeism or tardiness, unauthorized absence, etc.)
- Falsification of records (e.g. time sheets, doctor's slips, expense reports, employment applications, position descriptions, etc.)
- Failure to report for duty as scheduled or when so instructed for overtime or disaster duty
- Unauthorized use, misuse or abuse of DCSF property (e.g. vehicles, telephones, computers, or other equipment)
- Theft
- Unsafe work practices
- Failure to perform assigned duties during work time
- Sleeping on the job
- Insubordination or failure to promptly and cooperatively follow direct orders, instructions, or directives given by a supervisor
- Conduct unbecoming of a public employee
- Unauthorized release of confidential information
- Carelessness or negligence in performance of duties
- Possession, use, or being under the influence of illegal drugs or alcohol while on duty

- Indecent or immoral behavior while on duty
- Failure to comply with department and/or agency policies and procedures
- Inappropriate or unprofessional behavior or appearance
- Conduct which violates the Code of Governmental Ethics or participation in prohibited political activities
- Failure to cooperate with (or giving false information to) authorized investigations
- Failure to meet performance standards or expectations

### **Dress Code & Appearance**

*(Please see DCFS Policy 4-1 Dress Code)*

As a representative of DCFS it is your responsibility to present a respectable image to the public. In general, student intern/employees should dress neatly and in good taste, in clothing that is neither offensive nor distracting, and come to the office neat and well groomed. Student intern/employees will be allowed to dress in "business casual" on Casual Wear Days (Every Friday), and as scheduled at the discretion of the appointing authority. Your supervisor has the authority to determine if your attire is appropriate for the office and/or fieldwork, and dress code issues will be addressed privately on a case-by-case basis. Clothing that is not allowed at any time is listed below:

- Any clothing that does not completely cover the midsection of the body.
- Slippers, or flip-flop "beach style" sandals.
- Shorts (anything not covering the entire knee when standing), bib overalls, any type of form-fitting pants (such as Spandex or Lycra), leggings, tight fitting jeans, excessively worn, faded or cut-off pants of any kind.
- T-shirts, tank tops, halter tops, shirts with messages/graphics, low-cut or see through blouses.
- Ultra-short skirts or dresses, skirts, spaghetti strap dresses, tank dresses, tight spandex or spandex-like dresses.
- Jogging suits, wind suits, sweat suits or sweat pants, biking pants or shorts
- Baseball caps.
- Visible jewelry attached directly to the body by means of body piercing or otherwise, with the exception of earrings (on the ear). This prohibition does not include jewelry such as bracelets, necklaces, finger rings, etc., which do not directly attach to the body.

## **Driving Policy**

*(Please see DCFS Policy 1-14 Travel Regulations Policy [Driving Policy])*

Student interns are not permitted to drive as part of their internship duties. However, it is important that student interns take care during their internship period to keep their driving record clear, and their insurance up to date so that they can be authorized to drive when they are hired as employees. When hired as employees, individuals must first complete defensive driving training, submit their completed "Authorization for Driving" form and receive authorization from the State Office Safety Coordinator, must have a valid driver's license (of the proper class for the operation of all classes of vehicles they intend to drive), and must submit proof of insurance for their personal vehicle(s) to the agency.

## **Drug-Free Workplace**

*(Please see DCFS Policy 4-8 Drug Free Workplace)*

DCFS is a drug-free workplace. Student intern/employees are prohibited from reporting for work, performing work, or otherwise being on any duty for DCFS when there is the presence of alcohol, illegal drugs, controlled substances, or designer (synthetic) drugs at detectable levels in their bodies. Furthermore, student interns/employees are also prohibited from illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances, designer (synthetic) and illegal drugs at their work site or while on duty or on call for duty.

If a student intern/employee is taking an over-the-counter medication or is prescribed a medication by a doctor that may potentially impair their ability to perform their usual job duties, it is the student intern/employee's responsibility to inform his/her supervisor prior to reporting for duty. Student interns must be able to produce original prescription containers when required.

If a student intern/employee is arrested or convicted of a drug or drug-related offence, either on or off duty, the student intern is required to notify their supervisor within five (5) days. This includes DWI arrests.

To assure maintenance of a drug-free workforce, it shall be the policy of DSS to implement a program of drug testing (per DCFS Policy 4-3 Substance Abuse Testing for DCFS Employees) and all other applicable federal and state laws, as set forth below.

## **Grievances**

*(Please see DCFS Policy 4-12 Grievance Procedures)*

At times an employee may feel that certain actions taken or not taken were unfair. DCFS attempts to resolve such problems at the lowest supervisory level possible and as soon as possible. A grievance is defined as a disagreement, dispute or complaint between an employee and management; an alleged act of unfair treatment of an employee; or an alleged violation of Department/Division policy. As a student intern, we ask you to first approach your direct supervisor if you have a grievance, and try to resolve the issue through communication. If this is not successful, the student/intern should follow the grievance procedures recommended by their school's Department of Social Work.

Once student interns are hired as employees, they must follow the grievance procedure used by DCFS. The grievance procedure does not guarantee that everyone will be pleased with the outcome of a grievance once it is filed, but it does guarantee that the employee will have an opportunity to have their problem reviewed through a process that promotes resolution or, at least, clarification of the circumstances which formed the basis of the complaint without fear of reprisal. If an employee is claiming harassment by anyone in their chain of command, they may skip the grievance step that would directly involve that individual and may proceed to the next step in the grievance process. The grievance may be dismissed if the employee does not follow the time limits along every step of the grievance procedure. If any of the individuals in the supervisory positions fail to respond within the allotted time the employee may advance their grievance to the next step in the grievance procedure. In order to file a grievance, the employee must use the following steps:

1. The employee should first have an informal discussion with their immediate supervisor before undertaking the formal steps of the grievance procedure. The employee must make a request to have a discussion with their supervisor within five (5) working days following the date they became aware of the incident. Their immediate supervisor must schedule a meeting with them within three (3) working days following this request.
2. Step I – If the grievance is not resolved through an informal discussion, the first formal step of the grievance procedure requires the employee to submit

a written grievance to their supervisor in writing within five (5) working days following the date of their informal grievance discussion. Their supervisor will take the appropriate steps to investigate the grievance. An answer to the grievance, in writing, will be provided to them within five (5) working days from receipt of the grievance.

3. Step II – If the employee is unsatisfied by the formal decision reached in Step I, they have five (5) working days to submit their written grievance to the next supervisory level, typically, the appointing authority of their agency (usually the Regional Administrator, Programs Section Director, DMF Section Director, or OS Bureau Chief). This Step II individual, will review all of the information, investigate the grievance, or direct a hearing to take place before the grievance committee within fifteen (15) working days of their receipt of the grievance. If an investigation is conducted, a written response will be provided within ten (10) working days following receipt of the grievance. If, instead a hearing is conducted, a response will be provided within seven (7) working days after the hearing is over.
4. Step III – If the employee remains unsatisfied with the decision made in Step II, they may submit their written grievance to their agency head or authorized agent (Secretary, Undersecretary, Deputy Secretary of Programs or Deputy Secretary of Operations) within five (5) working days following receipt of the decision in Step II. This Step III individual will provide a final written decision to the student intern/employee within twenty (20) working days of receiving the grievance.

### **Student Intern Consent & Release of Liability Agreement**

Each of the Seven Universities in Louisiana provides their students with a general liability policy. This policy acts as practice insurance for the student while they are at their internship and therefore includes malpractice. As Title IV-E student interns, the stipends received by DCFS student interns are granted through their individual schools. Student interns from all of the schools should sign and abide by the terms of the consent and release of liability agreement that their school provides for them in order to ensure that they have legal coverage throughout the term of their internship with DCFS.



## **Student Intern/Employee Hiring Requirements**

All student interns/employees who are being considered for an internship or position at DCFS must undergo a criminal background check, have their references checked, and have any training and/or credentials verified prior to the beginning of their internship or employment. These processes are described in more detail below.

### **Criminal Background Check**

*(Please see DCFS Policy 4-36 Criminal Background Check)*

All student interns/employees whose duties include the investigation of child abuse/neglect, supervisory or disciplinary authority over children, the direct care of a child, or the performance of licensing surveys are required to undergo a criminal background check. The student intern/employee will be unable to work until the background check has been completed. In order for the Department to conduct the background check potential interns/employees must submit their fingerprints to the Louisiana Bureau of Criminal Identification and Information. A records check on both the state and national levels will be conducted. The student intern/employee must not have been convicted or pled nolo contendere to a crime listed in R.S. 15:586.1(C) or R.S. 15:587.1 (C), or a crime outside of Louisiana that would fit into the R.S. 15:586.1(C) criteria had it been committed within the state, or an analogous federal crime. Crimes listed under R.S. 15:587.1 include: solicitation; first or second degree murder; manslaughter; aggravated, second degree, or aggravated second degree battery; disarming of a peace officer; aggravated assault of any kind; mingling harmful substances; stalking; rape of any kind; sexual battery of any kind; intentional exposure of AIDS virus; kidnapping of any kind; aggravated arson, criminal damage to property, or burglary; armed, first degree, second degree, second, or highway robbery; extortion; criminal neglect of family or abandonment; incest; sexual charges involving a juvenile; offenses concerning prostitution; pandering; the letting premises for prostitution or obscenity; crimes or aggravated crimes against nature; contributing to the delinquency juveniles or cruelty to juveniles; child desertion; cruelty or sexual battery to the infirm; illegal use of weapons or dangerous instrumentalities; obscenity; aggravated flight from an officer; terrorism; voyeurism; sale of minor children; and distribution or possession with intent to distribute Schedule I, II, III, IV, and V drugs. In addition, incoming student intern/employees' names must not

appear on the registry of reported abuse and neglect after January 1, 2010 within the Louisiana State Central Registry, or as a convicted sex offender or child predator on the Louisiana State Police Sex Offender and Child Predator Registry. The Human Resources Division will keep a confidential copy of all background checks on those selected for internship/employment within their records.

### **Reference Checking**

*(Please see DCFS Policy 4-24 Reference Checking)*

It is DCFS policy to conduct reference checks, by phone or in person, on all potential student interns/employees prior to filling an open position. The immediate supervisor is responsible for conducting and documenting reference checks and must provide the Human Resources Division with a copy of these records for those individuals selected for internship/employment. Reference checking includes verifying the student intern/employee's work history, job performance, attendance, college degrees earned, license(s) or certification(s), as well as any other necessary verifications. However, reference checking activities do not allow the supervisor to seek information regarding the candidate's marital status, age, disabilities, religion, race, national origin, veteran status, or sexual orientation. The supervisor shall conduct a minimum of two (2) reference checks, including the last or current place of employment. If the student intern/employee requests that the supervisor not contact their current employer, the supervisor will honor this request, until the applicant is considered a finalist for the position, at which point the current employer must be contacted as a reference. Student interns/employees will be informed that a reference check with their current employer is to be conducted, prior to the supervisors contact with the current employer. Supervisors shall keep records of completed reference checks, which will be submitted to the Human Resource Division and kept in a file that is not accessible to the public for three (3) years.

### **Verification of Credentials**

*(Please see DCFS Policy 4-18 Verification of Credentials)*

Verification of the training and/or credentials of all potential student interns/employees are required when certain qualifications are necessary for a particular position, or the ability to perform a certain service, when the applicant has claimed that they have a training and/or credential on their application, when

a training and/or credential is required to meet the minimum qualifications of the position, and when documentation is required by the Department of Civil Service to verify veterans preference. Potential student interns/employees must provide their official transcript (certified by the registrar or other official), and a letter or alternate official documents from the school, business, or trade school where they received their training. In addition, potential student interns/employees must furnish an original or copy of any professional licenses or certificates they have earned. It is the student intern/employee's responsibility to provide these documents to the appointing authority prior to being hired.

### **Media Relations**

*(Please see DSS Policy Manual 1-17 Media Relations)*

The relationship between DCFS and the media is both very important and very delicate. Therefore, it is extremely important that student interns/employees follow specific guidelines when dealing with the media, regardless of format (TV, radio, internet, print, etc.). The DCFS communications director is responsible for establishing and maintaining communication with media personnel and takes the lead in publicizing and announcing DCFS services, soliciting service recipients, foster, and adoptive parents, announcing department and agency changes, announcing public hearings on program changes, responding to media inquiries, and soliciting business and employers. In the case of an emergency or public relations crisis the DCFS Secretary and Communications Director will carefully consider the best way to address the issue with the media and the public. In the case of such a crisis, the staff member in charge at the location of the incident is to notify their Regional Manager/Administrator, who in turn notifies the DCFS Communications Director. At no point in this process should a student intern/employee of DCFS be communicating with a member of the media regarding the crisis.

Misinformation during a crisis can cause panic and chaos, and it is important the DCFS is unified in its response to media queries.

Keeping the confidentiality of DCFS clients is both an ethical and legal imperative. Consequently, all interviews of clients are to be arranged through the Communications Director who will ensure that the appropriate release paperwork is obtained from the client. If a client chooses to speak to the media on their own, DCFS student intern/employees are still bound by confidentiality and may not comment on what the client has told the media.

On occasion, a media representative who wishes to gather information or interview a student intern/employee may personally approach a DCFS student intern/employee. Should this occur, it is the student intern/employee's responsibility to telephone the Communications Director (Please see below) or designee (Please see below) if Communications Director is unavailable, and relay the nature of the media contact. The Communications Director will provide the student intern/employee with instructions on how the media contact will be handled. If the media requests access to DCFS facilities, they should immediately be put in contact with the Communications Director.

## **Netiquette**

*(Please see DSS Policy Manual 5-07 Netiquette)*

DCFS Netiquette policy states that employees are expected to use e-mail in a professional manner. Student interns using email must remember that these communications are representative of DCFS and should endeavor to promote a positive image. Your supervisor will discuss any violation of Netiquette policy with you privately on a case-by-case basis. The following are general guidelines for communicating via email:

- If you choose to use an automated signature you may only include your name, title (Social Work Intern), department and/or division, address of workplace, phone and fax numbers, and e-mail address. It is recommended that privileged or confidential e-mails are accompanied by the following in the body of the text:
  - “This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and/or confidential. It is intended only for the use of the person(s) named above. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you

have received this transmission in error please notify this office immediately by telephone and destroy all copies of the original message.”

- The forwarding of e-mail is generally considered risky and the forwarding function should only be used with extreme caution. Do not forward non-work-related messages from co-workers, friends, family, etc.
- Do not use profane, foul or abusive language in e-mails.
- The same laws that govern offline behavior and practices apply to behaviors and practices online. This includes the avoidance of harassment, defamation and unauthorized use of copyrighted material, such as Web sites, music and software. Anyone can be sued and/or prosecuted for online activity.
- Remember that E-mail is a public record! Any person can make public records requests of DCFS email. Only send messages by e-mail that you would be comfortable with seeing on the front page of the newspaper. When you use e-mail, you are leaving a written record.
- While e-mails sent to coworkers regarding internal business matters may be less formal, e-mails responding to formal requests of coworkers, and e-mails sent to any external bodies should utilize proper English, with regard to complete sentences, proper capitalization/punctuation, and limited use of abbreviations.
- When an e-mail that has a scanned document attached is forwarded, the subject line automatically populates with the statement: Fwd: Scanned Document from DCFS Executive Division (or other originating office). Prior to sending the forwarded message, please take the following steps:
  - Delete the subject line and replace with a heading that will convey the true subject of the message.
  - Type a message in the body of the e-mail, even if brief, that explains what action you expect the recipient to take regarding the scanned document.
  - Lastly, please refrain from typing in all CAPITAL LETTERS as this is viewed as shouting via electronic communication, use exclamation points very sparingly, and refrain from using bold type for the entire message as these actions may cause a message to be misinterpreted by the recipient.

## **Non-Discrimination Policy**

*(Please see DCFS Policy 2-3 Non-Discrimination in Employment)*

It is the policy of the Department of Children and Family Services to prohibit discrimination against any person on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other non-merit factor. All employees in the Department with any responsibility for recruitment, selection, placement, training, evaluation, or any other aspect of human resources procedures must give their full support to the policy through active cooperation and personal example to ensure its successful implementation.

## **Performance Evaluations**

As Title IV-E student interns are in training through the duration of their internships, performance evaluations conducted during this time will reflect the extent to which the student intern has met the learning and performance goals set for him/herself with the collaboration of his/her immediate supervisor, and his/her school, during the creation of the student intern's learning plan for the semester. Learning plans should reflect the competencies identified by the Council on Social Work Education (CSWE, 2015) and are to integrate the structured activity exercises included in this manual. Performance evaluations will be conducted according to the guidelines and frequency designated by each student intern's individual school, and therefore, will vary somewhat.

## **Prohibited Materials in the Workplace**

*(Please see DCFS Policy 4-32 Prohibited Materials in the Work Place)*

In order to maintain the safety and professionalism at DCFS agencies, certain materials are prohibited in state vehicles and buildings. Violations of this policy may result in disciplinary action, up to and including dismissal. Prohibited items include:

- Weapons
- Alcoholic beverages
- Sexually explicit materials
- Other obscene material (any material containing abusive, obscene, or profane language)
- Illegal substances
- Political items (any item that supports or opposes any political candidate or political issue)

- This is not an exclusive list of prohibited items and student interns/employees are expected to comply with the spirit of this policy.

### **Student Intern Right to Privacy**

Student interns have the right for the information related to their internships to remain confidential as defined by the Family Educational Rights and Privacy Act of 1974 (FERPA). FERPA establishes the privacy rights of the educational records of students (or parents of the student if the student is under the age of 18). Under FERPA, student information should only be shared with essential agency and internship related staff, and solely for the purposes of the administration of the student's internship, the protection of client well-being, and/or for reviewing of the student's performance. Please see

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>

### **Supervision**

According to guidelines set forth by the CSWE (2015) regarding supervision, student interns should receive at least one (1) hour of supervision per week. The time spent in supervision does not need to be completed in sixty continuous minutes each week, but can be spread out across the internship days to total sixty minutes per week. The supervisor/supervisee relationship should be based on mutual respect and understanding, and good communication is essential to a good working and learning relationship. Should the student intern have an issue or concern we ask that he/she first attempt to resolve the issue with the supervisor in person, as directed by the National Association of Social Work (NASW) Code of Ethics. Only after the student intern has attempted to discuss issues or concerns with the supervisor, and the supervisor has had a chance to address the issue or concern, should a student intern proceed with their school's grievance procedures.

## **Smoking Policy**

*(Please see DCFS Policy 3-03 Smoking Policy)*

Smoking is not allowed at any time in any DCFS public building (any building owned or operated by the state), public place (an enclosed area where the public is invited or permitted to access, such as, banks, schools, restaurants, etc.), or enclosed area at the place of employment. This includes DCFS vehicles. Each agency should have a "smoking permitted" area, designated with signage, in which student intern/employees may smoke. DCFS student intern/employees who smoke shall include smoking in their regular daily breaks and shall not take separate breaks for the purpose of smoking. Because smoking can be potentially harmful to others, infractions to this policy will be considered a safety violation and may result in disciplinary action.



**Section II**  
**Student**  
**Intern Documents**

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# Introduction

## Student Intern Documents

The Student Intern Documents section of your manual contains an internship hours log and examples of some of the important agreements you will be signing or creating for your internship.

The purpose of the internship hours log is to record the time you spend at your internship and your daily pursuits (how you have spent your time each day). This is intended to be a useful tool for you, but it is **optional**, and you do not have to utilize it if you do not wish to do so. We have also included space for you to affix a blank copy of either the Bachelor or Master Title IV-E contract for your reference. Lastly, this section contains **example** BSW and MSW learning plans. You **DO NOT** have to make or turn in a separate or additional learning plan to us (LACWTA, DCFS, or your supervisor). Rather, your university will require you to complete a learning plan that you will need to submit to the department of social work as a part of your internship requirements. The sample learning plans in this manual are intended to **assist** you and your supervisor as you construct your individual learning plan for your university.

# Hours Log for Title IV–E Student Interns

Past interns suggested that it would be helpful to have a designated place in the manual for students to record their daily hours and the activities and tasks they worked on or completed. This log is structured by week, so that each section represents a single work week from Monday through Friday. If you are in a block placement you will fill in each of the five rows in each section with the date, day of the week, start and end times, total time spent at internship, and an abbreviated listing of what you spent your time doing each day. If you are in a traditional placement you will only fill in a couple of rows for each section. The column the farthest to the left provides a place for you to record the week of your internship you are logging and a place to tally your total hours completed for that week. Finally, please remember this log is offered as a tool for your own personal use. This means a couple of things. First, you are not in any way required to use the log. Most BSW and MSW programs require interns to keep a log of the hours spent at their internships and you may have no use for another log. Alternatively, you may choose to record your information here first so that you can recopy it neatly to the one you must submit to your social work department. Second, if you choose to use this log you should feel free to alter it to suit your personal needs. For example, it may be irrelevant to you what “internship week” you are logging, but you would like to know how many hours you have completed to date. To make the log work for your personal needs you could cross out the text “Week \_\_\_\_\_” in the left-most column, and put your total hours to date in that spot instead. Be creative! There are 36 empty week logs which should be sufficient for those in a block or traditional placements.

## Example Hours Log for Title IV-E Student Interns

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week 12	11.13.17	Monday	8:30am	4:30pm	8 hours	Shadowed J.T. on fam visit; started Act. 31; 45 min. supervision; discussed court hearing tomorrow with J.T.
	11.14.17	Tuesday				
	11.15.17	Wednesday				
Total Hours for Week = 38	11.16.17	Thursday				
	11.17.17	Friday				

# Hours Log for Title IV-E Student Interns

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						

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Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week _____						
Total Hours for Week = _____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week _____						
Total Hours for Week = _____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week _____						
Total Hours for Week = _____						

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Week ____						
Total Hours for Week = ____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						



# Hours Log for Title IV-E Student Interns

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						

Internship Week	Date	Weekday	Time Arrived	Time Departed	Hours	Pursuits
Week ____						
Total Hours for Week = ____						

**Agreement between \_\_\_\_\_ (University) \_\_\_\_\_,  
The State of Louisiana Department of Children and Family Services,  
and**

**Student: \_\_\_\_\_ (Name of Recipient) \_\_\_\_\_  
2018-2019 BSW Child Welfare Stipend Award**

The following agreement is hereby entered into between \_\_\_\_\_ (Name of Recipient) \_\_\_\_\_  
(hereinafter “stipend recipient”), ( \_\_\_\_\_ University \_\_\_\_\_ ) (hereinafter initials \_\_\_\_\_), and the  
Louisiana Department of Children and Family Services, (hereinafter DCFS).

**Social Security # of Stipend Recipient: \_\_\_\_\_**

**1.**

**Stipend Recipient Obligations**

In consideration of selection by \_\_\_\_\_ (University Initials) \_\_\_\_\_ and DCFS to receive a  
child welfare stipend, the stipend recipient agrees to the following:

- A.** To undertake and maintain satisfactory academic progress in the necessary courses to receive a Bachelor of Social Work degree from \_\_\_\_\_ (University Initials) \_\_\_\_\_, said courses to include specified child welfare courses as designated by the School of Social Work. Additionally, stipend recipient will complete and pass the comprehensive exam.
- B.** To successfully complete the internship courses required by the Bachelor of Social Work (BSW) degree program in a DCFS field office working in a direct service placement unless stipend recipient has three years experience with DCFS, in which case an administrative or indirect service placement with DCFS may be approved. The internships shall be completed during the senior year of the Bachelor of Social Work degree program.
- C.** If the stipend recipient’s education is discontinued prior to attainment of the Bachelor of Social Work degree, or the stipend recipient fails to attain the Bachelor of Social Work degree, or the stipend recipient does not remain in “good standing” as defined by \_\_\_\_\_ (University Initials) \_\_\_\_\_ as required herein, then the stipend recipient shall reimburse DCFS the total amount of the stipend received by the stipend recipient under this agreement. Payment shall be made as provided for in paragraph 3 D. herein.
- D.** To complete and submit a Civil Service application for employment with DCFS within 48 hours of notice from DCFS Child Welfare Programs that there is a position available for employment.
- E.** If the stipend recipient fails to apply for employment with DCFS within the timeframe set in paragraph 1 D. herein, the stipend recipient shall reimburse DCFS the total stipend received by the stipend recipient under this agreement. Payment shall be made as provided for in paragraph 3D herein.
- F.** To apply for and obtain the social work license. If the stipend recipient fails to apply for and obtain Licensure through the Louisiana Board of Social Work Examiners (LABSWE) within one month following the recipient’s graduation date, the stipend recipient shall reimburse DCFS the total stipend received by the stipend recipient under this agreement.
- G.** If the stipend recipient refuses to immediately accept an offer of employment from DCFS, the stipend recipient shall reimburse DCFS the total stipend received by the stipend recipient under this agreement. Payment shall be made as provided for in paragraph 3 D. herein

- H. To work for DCFS in a position and location as assigned by DCFS for a minimum of one year of continuous and satisfactory full-time employment immediately following graduation.
- I. If the stipend recipient fails to work for DCFS completing the required year (s) of employment with DCFS immediately following graduation, the stipend recipient shall reimburse DCFS the total stipend received on a pro-rata basis of qualifying employment completed. Payment shall be made as provided for in paragraph 3 D herein.
- J. To participate in all evaluations of this program as requested by (University Initials) School of Social Work, the Louisiana Child Welfare Training Academy/University Workforce Alliance, and/or DCFS during and following the stipend period.
- K. To submit to complete a random drug test, finger printing for a criminal records check, a motor vehicle clearance, a state central registry of abuse or neglect clearance, and any other pre-requisites for employment with DCFS and be in satisfactory compliance with policy and procedure.
- L. To acquire and maintain status as a United States citizen.
- M. To immediately notify (University Initials) and DCFS of any academic problems, convictions, entry of name on the state central registry of abuse or neglect findings, any changes in ability to carry out child welfare caseworker duties, or changes in name, address, or phone number until such time as employment obligation has been fulfilled or any amount owed under this agreement is paid in full or otherwise retired.
- N. To adhere to the National Association of Social Workers' (NASW) Code of Ethics and to follow all State and Federal laws.

**2.**

(University Initials) and DCFS Obligations

In consideration of the above (University Initials) and DCFS agree to the following:

- A. To provide to the stipend recipient a stipend in the amount of seven thousand and five hundred and no/100 (\$7,500.00) dollars through (University Initials) for the senior year of the Bachelor of Social Work degree program. The disbursement will be made in accordance with the university's policies.
- B. To offer employment with DCFS for the stipend recipient, subject to Civil Service rules, within two (2) months of the stipend recipient's approval for licensure by the Louisiana Board of Social Worker Examiners (LABSWE), unless DCFS is precluded from providing such employment, through no fault of the stipend recipient, because of circumstances beyond DCFS's control, e.g. Civil Service system requirements, legislative budget cuts, position freezes, etc., in which case stipend recipient is relieved of the obligation to work for DCFS for the one year period immediately following graduation and the stipend recipient will not be required to reimburse DCFS for amounts received by the stipend recipient under this agreement.

**3.**

**General Provisions**

- A. This agreement shall commence upon disbursement of any portion of the stipend to or on behalf of the stipend recipient and shall terminate upon successful completion of the required employment or reimbursement by the stipend recipient. This agreement may be terminated at an earlier date if mutually agreed upon in writing or upon thirty (30) days written notification to DCFS and (University Initials) by the stipend recipient, provided that the stipend recipient reimburses DCFS for

all amounts due under this agreement. This agreement is made with the understanding that it shall be interpreted and enforceable under the law of the State of Louisiana within the jurisdiction and venue of the 19<sup>th</sup> Judicial District Court, Parish of East Baton Rouge, State of Louisiana.

- B.** Any failure of DCFS at any time, or from time to time, to enforce or require the strict keeping and performance by the stipend recipient of any of the terms or conditions of this agreement shall not constitute a waiver by DCFS of any such terms or conditions and shall not affect or impair such terms or conditions in any way, or the right of DCFS at any time to avail itself of such remedies as it may have or any such breach or breaches of such terms or conditions.
- C.** If it is necessary for DCFS to commence legal action against the stipend recipient to enforce the terms of this agreement, stipend recipient agrees to pay the total accrued amount still owed plus interest, reasonable attorney's fees and all court costs.
- D.** Any reimbursement required by this agreement to be made by the stipend recipient to DCFS shall be paid within 60 days of the event which triggers the reimbursement, or, at DCFS's option upon written request by the stipend recipient a reimbursement plan may be established to repay the principal amount due, together with interest thereon, at the rate of 5% per annum for a term not to exceed twenty-four (24) months beginning no later than 60 days of the event that triggers the reimbursement.
- E.** If the stipend recipient is subject to reimbursement and fails to execute a written reimbursement plan agreement, the total stipend amount will become immediately due and payable.
- F.** If the stipend recipient enters into a reimbursement plan agreement and fails, without written approval of DCFS, to make any scheduled monthly payment according to the reimbursement plan agreement, the total amount still owed shall, at the option of DCFS, become immediately due and payable.
- G.** At the option of DCFS upon written request by the stipend recipient a Hardship Postponement to the work obligation requirement or the reimbursement plan may be granted. The Hardship Postponement would allow, in certain limited situations a postponement of the work obligation requirement or reimbursement obligation for up to one year to be granted in six month increments. Hardship is defined as: 1) a critical illness or injury of stipend recipient, of his or her spouse, or of his or her legal child; 2) which occurs during the year of the IV-E stipend award; and 3) prevents the stipend recipient from working due to his/her own critical illness or injury or caring for a spouse, or child with a critical illness or injury. The request for a Hardship Postponement must include in writing an explanation of the following: 1) medical documentation verifying the necessity for dropping from a university social work program; 2) the date the condition commenced; 3) probable duration and treatment requirements of the condition; 4) requirement for and duration of any overnight stay in a hospital, hospice, or residential medical care facility; 5) explanation of the impact on the stipend recipients' family which was created by the critical illness or injury.
- H.** If the stipend recipient's failure to complete the one year of employment with DCFS upon graduation is due to death, permanent disability, or other emergent circumstances causing a permanent condition which would prohibit the stipend recipient from the employment determined by DCFS to be valid, the stipend recipient will be relieved of this obligation to work for DCFS for the one year period immediately following graduation and the stipend recipient will not be required to reimburse DCFS for amounts received by the stipend recipient under this agreement.
- I.** If a student has a criminal or a motor vehicle offense conviction or is convicted of such an crime/offense during his/her education program that would preclude employment with the DCFS, the student shall not be employed by the DCFS, will be dropped from the stipend program and shall repay the stipend in accordance with Section 3 D. above.
- J.** If a student's name is on the state central registry of abuse or neglect findings, and such entry would preclude employment with the DCFS, the student shall not be employed by the DCFS, will be dropped from the stipend program and shall repay the stipend in accordance with Section 3 D. above.

- K. If a student fails to meet any of the qualifications for employment, such as failure to obtain a social work license, student shall not be employed with DCFS and shall repay the stipend and shall repay the stipend in accordance with Section 3 D. above.

THIS AGREEMENT CONTAINS OR HAS ATTACHED HERETO ALL OF THE TERMS AND CONDITIONS AGREED UPON BY THE PARTIES HEREIN. IN WITNESS THEREOF, THIS AGREEMENT IS SIGNED AND ENTERED INTO ON THE DATE ENTERED BELOW.

**STIPEND RECIPIENT**

\_\_\_\_\_  
**SCHOOL OF SOCIAL WORK**

**LA DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES**

**NAME OF RECIPIENT:**

**NAME OF DEAN or DEPT CHAIR:**

**RHENDA HODNETT, Ph.D., LCSW  
ASSISTANT SECRETARY  
CHILD WELFARE PROGRAMS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Signature                      Date

I, spouse of \_\_\_\_\_ (stipend recipient) hereby acknowledge this agreement as an obligation of our community estate, and ratify it and all its terms and conditions.

NAME OF STIPEND RECIPIENT'S SPOUSE:

\_\_\_\_\_ (Print) \_\_\_\_\_

Date

Signature

**The Department of Children and Family Services is an Equal Opportunity Employer. The Department does not discriminate based on race, color, religion, sex, age, national origin, handicapping conditions, veteran status or any other non-merit factor.**

**Agreement between \_\_\_\_\_ (University) \_\_\_\_\_,  
The State of Louisiana Department of Children and Family Services,  
and**

**Student: \_\_\_\_\_ (Name of Recipient) \_\_\_\_\_  
2018-2019 MSW Child Welfare Stipend Award**

The following agreement is hereby entered into between \_\_\_\_\_ (Name of Recipient) \_\_\_\_\_ (hereinafter “stipend recipient”), \_\_\_\_\_ ( University ) (hereinafter initials \_\_\_\_\_), and the Louisiana Department of Children and Family Services, (hereinafter DCFS).

**Social Security # of Stipend Recipient: \_\_\_\_\_**

**1.**

**Stipend Recipient Obligations**

In consideration of selection by \_\_\_\_\_ (University Initials) \_\_\_\_\_ and DCFS to receive a child welfare stipend, the stipend recipient agrees to the following:

- A. To undertake and maintain satisfactory academic progress in the necessary courses to receive a Master of Social Work degree from \_\_\_\_\_ (University Initials) \_\_\_\_\_, said courses to include specified child welfare courses as designated by the School of Social Work. Additionally, stipend recipient will complete and pass the comprehensive exam.
- B. To successfully complete the internship courses required by the Master of Social Work (MSW) degree program in a DCFS field office working in a direct service placement unless stipend recipient has three years experience with DCFS, in which case an administrative or indirect service placement with DCFS may be approved. The internships shall be completed during the senior year of the Master of Social Work degree program.
- C. If the stipend recipient’s education is discontinued prior to attainment of the Master of Social Work degree, or the stipend recipient fails to attain the Master of Social Work degree, or the stipend recipient does not remain in “good standing” as defined by \_\_\_\_\_ (University Initials) \_\_\_\_\_ as required herein, then the stipend recipient shall reimburse DCFS the total amount of the stipend received by the stipend recipient under this agreement. Payment shall be made as provided for in paragraph 3 D. herein.
- D. To complete and submit a Civil Service application for employment with DCFS within 48 hours of notice from DCFS Child Welfare Programs that there is a position available for employment.
- E. If the stipend recipient fails to apply for employment with DCFS within the timeframe set in paragraph 1 D. herein, the stipend recipient shall reimburse DCFS the total stipend received by the stipend recipient under this agreement. Payment shall be made as provided for in paragraph 3D herein.
- F. To apply for and obtain the social work license. If the stipend recipient fails to apply for and obtain Licensure through the Louisiana Board of Social Work Examiners (LABSWE) within one month following the recipient’s graduation date, the stipend recipient shall reimburse DCFS the total stipend received by the stipend recipient under this agreement.
- G. If the stipend recipient refuses to immediately accept an offer of employment from DCFS, the stipend recipient shall reimburse DCFS the total stipend received by the stipend recipient under this agreement. Payment shall be made as provided for in paragraph 3 D. herein
- H. To work for DCFS in a position and location as assigned by DCFS for a minimum of one year of

continuous and satisfactory full-time employment immediately following graduation. MSW stipend recipients, who participate in the BSW stipend program in prior years, must work for a minimum of two years of continuous and satisfactory full-time employment immediately following graduation.

- I. If the stipend recipient fails to work for DCFS completing the required year (s) of employment with DCFS immediately following graduation, the stipend recipient shall reimburse DCFS the total stipend received on a pro-rata basis of qualifying employment completed. Payment shall be made as provided for in paragraph 3 D herein.
- J. To participate in all evaluations of this program as requested by (University Initials) School of Social Work, the Louisiana Child Welfare Training Academy/University Workforce Alliance and/or DCFS during and following the stipend period.
- K. To submit to complete a random drug test, finger printing for a criminal records check, a motor vehicle clearance, a state central registry of abuse or neglect clearance, and any other pre-requisites for employment with DCFS and be in satisfactory compliance with policy and procedure.
- L. To acquire and maintain status as a United States citizen.
- M.. To immediately notify (University Initials) and DCFS of any academic problems, convictions, entry of name on the state central registry of abuse or neglect findings, any changes in ability to carry out child welfare caseworker duties, or changes in name, address, or phone number until such time as employment obligation has been fulfilled or any amount owed under this agreement is paid in full or otherwise retired.
- N. To adhere to the National Association of Social Workers' (NASW) Code of Ethics and to follow all State and Federal laws.

2.

(University Initials) and DCFS Obligations

In consideration of the above (University Initials) and DCFS agree to the following:

- A. To provide to the stipend recipient a stipend in the amount of nine thousand and five hundred and no/100 (\$9,500.00) dollars through (University Initials) for the senior year of the Master of Social Work degree program. The disbursement will be made in accordance with the university's policies.
- B. To offer employment with DCFS for the stipend recipient, subject to Civil Service rules, within two (2) months of the stipend recipient's approval for licensure by the Louisiana Board of Social Worker Examiners (LABSWE), unless DCFS is precluded from providing such employment, through no fault of the stipend recipient, because of circumstances beyond DCFS's control, e.g. Civil Service system requirements, legislative budget cuts, position freezes, etc., in which case stipend recipient is relieved of the obligation to work for DCFS for the one year period immediately following graduation and the stipend recipient will not be required to reimburse DCFS for amounts received by the stipend recipient under this agreement.

3.

**General Provisions**

- A. This agreement shall commence upon disbursement of any portion of the stipend to or on behalf of the stipend recipient and shall terminate upon successful completion of the required employment or reimbursement by the stipend recipient. This agreement may be terminated at an earlier date if mutually agreed upon in writing or upon thirty (30) days written notification to DCFS and (University

**Initials)** by the stipend recipient, provided that the stipend recipient reimburses DCFS for all amounts due under this agreement. This agreement is made with the understanding that it shall be interpreted and enforceable under the law of the State of Louisiana within the jurisdiction and venue of the 19<sup>th</sup> Judicial District Court, Parish of East Baton Rouge, State of Louisiana.

- B.** Any failure of DCFS at any time, or from time to time, to enforce or require the strict keeping and performance by the stipend recipient of any of the terms or conditions of this agreement shall not constitute a waiver by DCFS of any such terms or conditions and shall not affect or impair such terms or conditions in any way, or the right of DCFS at any time to avail itself of such remedies as it may have or any such breach or breaches of such terms or conditions.
- C.** If it is necessary for DCFS to commence legal action against the stipend recipient to enforce the terms of this agreement, stipend recipient agrees to pay the total accrued amount still owed plus interest, reasonable attorney's fees and all court costs.
- D.** Any reimbursement required by this agreement to be made by the stipend recipient to DCFS shall be paid within 60 days of the event which triggers the reimbursement, or, at DCFS's option upon written request by the stipend recipient a reimbursement plan may be established to repay the principal amount due, together with interest thereon, at the rate of 5% per annum for a term not to exceed twenty-four (24) months beginning no later than 60 days of the event that triggers the reimbursement.
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- I.** If a student has a criminal or a motor vehicle offense conviction or is convicted of such an crime/offense during his/her education program that would preclude employment with the DCFS, the student shall not be employed by the DCFS, will be dropped from the stipend program and shall repay the stipend in accordance with Section 3 D. above.
- J.** If a student's name is on the state central registry of abuse or neglect findings, and such entry would preclude employment with the DCFS, the student shall not be employed by the DCFS, will be dropped



from the stipend program and shall repay the stipend in accordance with Section 3 D. above.

- K. If a student fails to meet any of the qualifications for employment, such as failure to obtain a social work license, student shall not be employed with DCFS and shall repay the stipend and shall repay the stipend in accordance with Section 3 D. above.

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STIPEND RECIPIENT

SCHOOL OF SOCIAL WORK

LA DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NAME OF RECIPIENT:

NAME OF DEAN or DEPT CHAIR:

RHENDA HODNETT, Ph.D., LCSW ASSISTANT SECRETARY CHILD WELFARE PROGRAMS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature Date

Signature Date

Signature Date

I, spouse of \_\_\_\_\_ (stipend recipient) hereby acknowledge this agreement as an obligation of our community estate, and ratify it and all its terms and conditions.

NAME OF STIPEND RECIPIENT'S SPOUSE:

\_\_\_\_\_ (Print) \_\_\_\_\_

Date

Signature

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# Sample Learning Plans

We have included sample learning plans because past supervisors have expressed that the creation of the learning plan for each new intern tends to be a time-consuming task. However, there has been some confusion regarding how to use these samples so we are attempting to clarify. Below, background information about the purpose and use of learning plans is provided, followed by a brief description of how these sample plans could be used by two students from two different universities. This explanation is a bit wordy, as there is a lot of information, but please bear with us and read the following so that you will begin constructing your university's learning plan with a better understanding of how to use the sample learning plan in your manual as a tool to serve your individual needs.

## **Social Work Accreditation & Competencies**

In order to receive accreditation, social work programs must demonstrate that their BSW and/or MSW program meets the standards set forth to ensure that when students graduate from that program they have acquired a certain set of skills that are needed for competent professional social work. The Council on Social Work Education (CSWE; 2015) has established a set of 9 competencies that social work students are required to meet in order to graduate from an accredited university (CSWE's previous requirements contained 10 competencies prior to update in 2015). Universities are required to gather data on student's learning, assess learning outcomes, and make programmatic changes if student performance does not meet an established benchmark for one or more of the 9 competencies. Each university must decide how it wishes to gather the data needed for assessment, and multiple methods are employed.

## **CSWE Competencies**

1. Demonstrate Ethical and Professional Behavior
2. Engage Diversity and Difference in Practice
3. Advance Human Rights and Social, Economic, and Environmental Justice
4. Engage in Practice-Informed Research and Research-informed Practice
5. Engage in Policy Practice
6. Engage with Individuals, Families, Groups, Organizations, & Communities
7. Assess Individuals, Families, Groups, Organizations, & Communities
8. Intervene with Individuals, Families, Groups, Organizations, & Communities
9. Evaluate Practice with Individuals, Families, Groups, Organizations, & Communities

## **Learning Plans at the 7 Universities**

A shared method for assessment utilized by each of the 7 Universities in the LA University Alliance is a “learning plan,” or “learning contract,” that the student completes (with assistance from the supervisor and liaison) and delineates what the student will accomplish in their field placement to meet each of the 9 competencies. This format allows students the freedom to personalize their learning and mastery of the skills encompassed by each competency to their individual learning style and to the experiences available at their specific field placements. In order for the learning plan to meet the assessment component for CSWE accreditation, all of the universities base their personal template of the learning plan on the 9 social work competencies identified by CSWE.

However, each university has created a unique template that fits the need of their particular program context, therefore, student interns from different universities have somewhat different learning plan templates they are to complete and submit to their social work department. Further variation among student intern’s learning plan may include whether the student is at the BSW or MSW level, and whether the student is interning in a traditional (2 semesters) or block (1 semester) placement format. Lastly, several universities provide a number of mandatory tasks for each competency and ask the student to develop several additional agency-specific tasks, whereas other universities ask students to develop all of the tasks they will complete.

## Using the Student Intern Manual Sample Learning Plans

- **Learning Plans Across Universities, Degree Levels, & Placement Types**

So, with all of these differences how can a sample learning plan be used by students attending different universities, who are at the BSW or MSW level, and who may be in traditional or in block placements?

In order to address the degree level and placement type differences we have provided a few different sample learning plans. First, BSW level sample contracts are provided. You will find 3 BSW level sample plans. The first two are both for students in traditional placements – a sample learning plan that may be used for their first semester and a sample learning plan that may be used for their second semester. The third sample plan is for BSW students who are interning in a block placement. Second, MSW level sample plan are provided. As with BSW sample learning plans, the first two MSW level sample plans are for students in traditional, year-long placements.

The first to be used for the student’s first semester learning plan and the second to be used for the student’s second semester learning plan. The third sample learning plan for MSW students is structured for those in a block placement.

While it was feasible to provide sample learning plans for students at differing degree levels and placement types, it was not possible to tailor each of these contingencies to all of the independent learning plan formats utilized by seven different universities.

Therefore, as all learning plans are based on the CSWE competencies, we used the CSWE competencies themselves as the different categories under which we provided examples of tasks and specific activities that could meet the specific goal of that competency. This is the point that will require some critical thinking and analysis on your part as an adult learner. You will have to compare the learning plan/contract given to you by your university with the sample learning plan that fits your degree level and placement type, and determine which of the CSWE competencies (as listed in the sample learning plan) is the mostly closely related to the category used by your specific university.

- **Using the Sample Learning Plans**

It is probably best to begin by comparing the learning plan from your university with the way the manual has structured the sample learning plans using CSWE competencies. Ask yourself how your University has conceptualized or worded each category, which, as you now know, must represent the CSWE competencies. This may be very straightforward, or it may be a little less so. A straightforward example is the learning plan currently used by LSU. The subsections, called “field education competencies,” in the LSU learning plan closely mirror the language used in the CSWE competencies so LSU students will simply need to match up the categories from their LSU learning plan to the categories of the same title in their manual’s sample learning plan, and pick the associated activities they would like to use to fulfill each competency. For example, LSU, uses the same CSWE terms for the second category “Competency 2” and states that students must “Engage Diversity and Difference in Practice.” A student from LSU could then write in that they will complete “Activity 13 – Foster Parents and Placement of Child/ren,” as one of the tasks they will complete to fulfill this category.

An example of a learning plan that is a little less straightforward (for these purposes only), is the learning contract used by SUNO. Instead of “competencies,” SUNO uses the terminology “Learning Objectives.” SUNO also lists several required activities and suggested activities, and then leaves space for the student to write in the agency-specific activities he or she will complete to fulfill each learning objective. In this case, the SUNO student will see that “Learning Objective #2” focuses on values and ethics, and not on diversity, as LSU and the CSWE competencies do. However, it is not difficult to conclude that “Learning Objective #3,” “Practice without discrimination and with respect, knowledge, and skills related to client’s diversity” is closely related and is most representative of CSWE Competency 2. Therefore, the SUNO student would use the activities and tasks listed under the “Competency 2” category of the sample learning plan in this manual (using the sample plan appropriate for their degree level and placement type), but would be filling in the area under “Learning Objective #3” where it states, “Agency-specific activities” of their SUNO learning contract.

- **Notes**

- These samples are meant to be a tool for you and your supervisor. By using some of the activities and tasks you are to complete in this manual as a part of your learning plan, you can reduce some of your workload. This way, as you complete your structured activities you will be “killing two birds with one stone.” You will be expected to complete the first twenty-nine Structured Activity Exercises (numbers 1 through 29) during your internship. Your supervisor will provide a rating of your mastery of the competencies associated with the required and supplemental structured activity exercises as displayed through the knowledge, values, skills you demonstrate in completing the exercises. Many required elements of university learning plans include the competencies associated with the first 29 structured activity exercises facilitating the inclusion of these structured activities in your individual learning plan.
- You DO NOT have 2 learning plans. You have 1 learning plan (for your university) and sample learning plans in this manual that you can use to help you create the learning plan that is required by your university.
- Your supervisor's manual contains additional sample tasks and can help you to identify activities that fulfill the CSWE competencies, while also fitting your personal preferences.
- At least one example task is placed in each sub-category (i.e. competency) of each learning plan so that students of those schools that have more detailed learning plans have an example to reference. This does not mean that everything that is in the sample learning plans need be in your learning plan.

## Bachelor of Social Work Sample Learning Plan – 1<sup>st</sup> Semester

<b>Competency 1: Demonstrate Ethical and Professional Behavior</b>	
<i>Make ethical decisions by applying the standards of the NASW Code of ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</i>	<ul style="list-style-type: none"> <li>• Activity 6: Federal Laws, Louisiana Children's Code, &amp; R.S. 46:56</li> <li>• Activity 4: Ethics and Legal Rights</li> </ul>
<i>Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;</i>	<ul style="list-style-type: none"> <li>• Activity 1: Overview of the Stipend Student Intern Manual</li> <li>• Activity 2: Working Safe, Working Smart</li> </ul>
<i>Use technology ethically and appropriately to facilitate practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 5: Case Record Format and Electronic systems, Parts A &amp; B</li> </ul>
<i>And use supervision and consultation to guide professional judgment and behavior.</i>	<ul style="list-style-type: none"> <li>• Student will prepare for each supervisory meeting by bringing in at least one question, one issue for discussion, or updates on learning experiences.</li> </ul>

<b>Competency 2: Engage Diversity and Difference in Practice</b>	
<i>Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;</i>	<ul style="list-style-type: none"> <li>• Activity 13: Foster Parents and Placement of Child/ren</li> </ul>
<i>Present themselves as learners and engage clients and constituencies as experts of their own experiences;</i>	<ul style="list-style-type: none"> <li>• Student will discuss at least three cases with the supervisor in which the student identifies the multiple diversities of the client and the impact of these diversities on the client system.</li> </ul>
<i>And apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Student will identify diversities, which result in uncomfortable feelings for the student, discuss with the supervisor his or her personal values and explore avenues to eliminate any personal biases or reduce discomfort.</li> </ul>

<b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>	
<i>Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;</i>	<ul style="list-style-type: none"> <li>The student will identify a list of forms of oppression and discrimination experienced by children and families of the agency and discuss with their supervisor.</li> </ul>
<i>And engage in practices that advance social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>The student will organize or help organize a community awareness emphasis, vigil, etc.</li> <li>The student will join NASW</li> </ul>

<b>Competency 4: Engage in Practice-Informed Research and Research-Informed Practice</b>	
<i>Use practice experience and theory to inform scientific inquiry and research;</i>	<ul style="list-style-type: none"> <li>Activity 7: Safety Terms and Concepts, &amp; Advanced Safety Focused Practice Foundations.</li> </ul>
<i>Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings;</i>	<ul style="list-style-type: none"> <li>Assessment of most appropriate/least restrictive placement (with relatives, in same school system, with siblings, etc.) based on needs of child rather than convenience of agency</li> </ul>
<i>And use and translate research evidence to inform and improve practice, policy, and service delivery.</i>	<ul style="list-style-type: none"> <li>Student will complete case notes in an accurate and timely manner and discuss with the supervisor any feedback about the documentations.</li> </ul>

<b>Competency 5: Engage in Policy Practice:</b>	
<i>Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;</i>	<ul style="list-style-type: none"> <li>Activity 3: Introduction to Policy Management System - Program Areas</li> </ul>
<i>Assess how social welfare and economic policies impact the delivery of and access to social services;</i>	<ul style="list-style-type: none"> <li>Student will interview at least two different staff members to gather perspectives on policies related to the agency.</li> </ul>
<i>Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>Student will discuss with supervisor changes in policy that would benefit client well-being.</li> <li>Student will participate in agency staff meeting that address agency policies and advocate for changes.</li> </ul>



<p><b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b></p>	
<p><i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Activity 8: Shadow an Experienced Worker</li> </ul>
<p><i>And use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</i></p>	<ul style="list-style-type: none"> <li>• Activity 15: Observe the Completion of an Assessment</li> </ul>

<p><b>Competency 7: Assess with Individuals, Families, Groups, Organizations, and Communities</b></p>	
<p><i>Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Activity 10: Initial Case Review Activity</li> <li>• Activity 14: Review SDM: Philosophy, Policy, and Procedures.</li> </ul>
<p><i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Student will perform at least one assessment with a client system, document the client system data, and discuss with the supervisor the assessment impressions.</li> </ul>
<p><i>Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Activity 9: Observe an Initial Family Team Case Planning Meeting &amp; Enter Case plan in Electronic System, Parts A &amp; B</li> <li>• Student will choose at least one client system and identify the strengths and limitations to the supervisor.</li> </ul>
<p><i>And select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</i></p>	<ul style="list-style-type: none"> <li>• Student will identify a preliminary plan of action developed by the student and the client system and discuss with the supervisor for feedback.</li> </ul>

<b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Student will gain understanding of at least one evidence based- practice model/intervention utilized with agency clients.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Shadow visits with parents as required by SDM risk level and at-least monthly in-home visits with child and caregiver</li> </ul>
<i>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 11: Obtain a List of Community Resources</li> <li>• Collaboration with other organizations/discuss importance of service array in local area and services provided</li> </ul>
<i>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Student will actively participate in at least one community task force.</li> </ul>
<i>And facilitate effective transitions and endings that advance mutually agreed-on goals.</i>	<ul style="list-style-type: none"> <li>• Activity 12: Observe a Transfer and/or Post-Removal Staffing</li> </ul>

<b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Select and use appropriate methods for evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will become familiar with at least one assessment instrument used by the agency.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Locate and read at least 1 peer-reviewed article on the short-term outcomes of children in foster care and discuss with supervisor any similarities the student has noticed in the cases they are shadowing.</li> </ul>
<i>Critically analyze, monitor, and evaluate intervention and program processes and outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will become familiar with the assessment framework, including completion of necessary forms, utilized by the agency.</li> </ul>
<i>And apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</i>	<ul style="list-style-type: none"> <li>• Activity 16: Creating and Closing a Case in a Web-Based Application</li> </ul>

## Bachelor of Social Work Sample Learning Plan – 2<sup>nd</sup> Semester

<b>Competency 1: Demonstrate Ethical and Professional Behavior</b>	
<i>Make ethical decisions by applying the standards of the NASW Code of ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</i>	<ul style="list-style-type: none"> <li>• Begin concurrent planning to determine most appropriate permanency goal for child and concurrent goal</li> </ul>
<i>Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;</i>	<ul style="list-style-type: none"> <li>• Activity 23: Cultural Competency and Awareness</li> <li>• Student will prepare a list of identified learning needs and strengths and discuss with the supervisor.</li> </ul>
<i>Use technology ethically and appropriately to facilitate practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will learn to utilize the technologies and data programs utilized by the field agency.</li> </ul>
<i>And use supervision and consultation to guide professional judgment and behavior.</i>	<ul style="list-style-type: none"> <li>• Student will discuss with the supervisor one client need that is <u>not</u> currently being met within the agency and brainstorm avenues for advocacy action.</li> <li>• Student will discuss with the supervisor appropriateness of self-disclosure, out-of-agency contact with clients, and other boundary issues.</li> </ul>

<b>Competency 2: Engage Diversity and Difference in Practice</b>	
<i>Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels</i>	<ul style="list-style-type: none"> <li>• Activity 35: Working with Native Children and Tribes</li> <li>• Student will adequately express to the supervisor an understanding of one culture's structure and values that may contribute to oppression or privilege and power</li> </ul>
<i>Present themselves as learners and engage clients and constituencies as experts of their own experiences;</i>	<ul style="list-style-type: none"> <li>• The student will discuss with the supervisor at least two cases where oppression has impacted the client and discuss how this oppression may be changed.</li> </ul>
<i>And apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 17: Attachment &amp; Separation</li> </ul>

<b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>	
<i>Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;</i>	<ul style="list-style-type: none"> <li>The student will write a letter to a legislator, newspaper editor, NASW newsletter, or other media avenues advocating for changes to promote social and economic justice</li> </ul>
<i>And engage in practices that advance social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>Student will participate in at least three activities in which the student negotiates, mediates and/or advocates for client systems and discuss the same with the supervisor</li> <li>The student will join and participate in a community task force or effort that advocates for social and economic justice and discuss this effort with the supervisor.</li> </ul>

<b>Competency 4: Engage in Practice-Informed Research and Research-Informed Practice</b>	
<i>Use practice experience and theory to inform scientific inquiry and research;</i>	<ul style="list-style-type: none"> <li>Student will read at least 1 experimental, peer-reviewed study that includes a theory section on an intervention carried out with clients involved with the foster care system.</li> </ul>
<i>Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings;</i>	<ul style="list-style-type: none"> <li>Student will make at least one oral presentation to the staff on some information related to agency services.</li> </ul>
<i>And use and translate research evidence to inform and improve practice, policy, and service delivery.</i>	<ul style="list-style-type: none"> <li>Student will join and participate in a community task force or committee and advocate for client systems.</li> </ul>

<b>Competency 5: Engage in Policy Practice:</b>	
<i>Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;</i>	<ul style="list-style-type: none"> <li>Student will become familiar with laws that govern the agency's practices and discuss knowledge of the same with the supervisor.</li> </ul>
<i>Assess how social welfare and economic policies impact the delivery of and access to social services;</i>	<ul style="list-style-type: none"> <li>Activity 38: Pelican Center Training</li> </ul>
<i>Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>Student will participate in agency review of policy and procedures through Quality Assurance Meetings.</li> </ul>

<p><b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b></p>	
<p><i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>Engage with community organizations such as school system (assure consistency in child’s educational attainment), mental health and medical providers</li> </ul>
<p><i>And use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</i></p>	<ul style="list-style-type: none"> <li>Activity 28: Domestic Violence</li> <li>Student will demonstrate empathy and effective engagement skills with client systems as observed by the supervisor or designated task staff.</li> </ul>

<p><b>Competency 7: Assess with Individuals, Families, Groups, Organizations, and Communities</b></p>	
<p><i>Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>Student will review and become knowledgeable of the assessment protocol of the agency.</li> </ul>
<p><i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>Activity 39: A Journey Home Modules 1-5</li> </ul>
<p><i>Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>Activity 19: Child Developmental Milestones</li> </ul>
<p><i>And select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</i></p>	<ul style="list-style-type: none"> <li>Activity 18: Observe a Family Visit</li> </ul>

<b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Student will develop at least one intervention plan, which includes, goals and objectives.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 26: Substance Abuse</li> <li>• Activity 27: Mental Illness</li> </ul>
<i>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 20: Observe a Multi-Disciplinary Team Staffing</li> <li>• Student will participate in an agency interdisciplinary committee (examples may be an ethics review committee, a Q &amp; A committee, a program improvement committee).</li> </ul>
<i>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 25: Attend Court Hearing</li> <li>• Student will become knowledgeable of the agency’s mission and goals and identify to the supervisor at list of actions the student implemented to achieve these goals.</li> </ul>
<i>And facilitate effective transitions and endings that advance mutually agreed-on goals.</i>	<ul style="list-style-type: none"> <li>• Develop court report with support of worker and supervisor – discuss court report format</li> </ul>

<b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Select and use appropriate methods for evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will identify one assessment/evaluation tool appropriate for evaluating interventions with agency clientele.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 21: Possible Effects of Maltreatment on Child Development</li> </ul>
<i>Critically analyze, monitor, and evaluate intervention and program processes and outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will become familiar with the flow chart of services as client moves through the agency system.</li> </ul>
<i>And apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</i>	<ul style="list-style-type: none"> <li>• Discuss client satisfaction and agency areas for improvement with at least on client and review with supervisor.</li> </ul>

## Bachelor of Social Work Sample Learning Plan – Block Placement

<b>Competency 1: Demonstrate Ethical and Professional Behavior</b>	
<i>Make ethical decisions by applying the standards of the NASW Code of ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</i>	<ul style="list-style-type: none"> <li>• Activity 4: Ethics and Legal Rights</li> <li>• Activity 6: Federal Laws, Louisiana Children's Code, &amp; R.S. 46:56</li> <li>• Begin concurrent planning to determine most appropriate permanency goal for child and concurrent goal</li> </ul>
<i>Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;</i>	<ul style="list-style-type: none"> <li>• Activity 1: Overview of the Stipend Student Intern Manual</li> <li>• Activity 2: Working Safe, Working Smart</li> </ul>
<i>Use technology ethically and appropriately to facilitate practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 5: Case Record Format and Electronic systems, Parts A &amp; B</li> </ul>
<i>And use supervision and consultation to guide professional judgment and behavior.</i>	<ul style="list-style-type: none"> <li>• Student will prepare for each supervisory meeting by bringing in at least one question, one issue for discussion, or updates on learning experiences.</li> <li>• Student will discuss with the supervisor appropriateness of self-disclosure, out-of-agency contact with clients, and other boundary issues.</li> </ul>

<b>Competency 2: Engage Diversity and Difference in Practice</b>	
<i>Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels</i>	<ul style="list-style-type: none"> <li>• Activity 13: Foster Parents and Placement of Child/ren</li> <li>• Activity 35: Working with Native Children and Tribes</li> <li>• Student will adequately express to the supervisor an understanding of one culture's structure and values that may contribute to oppression or privilege and power</li> </ul>
<i>Present themselves as learners and engage clients and constituencies as experts of their own experiences;</i>	<ul style="list-style-type: none"> <li>• Activity 23: Cultural Competency and Awareness</li> <li>• Student will discuss at least three cases with the supervisor in which the student identifies the multiple diversities of the client and the impact of these diversities on the client system.</li> </ul>
<i>And apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 17: Attachment &amp; Separation</li> <li>• Student will identify diversities, which result in uncomfortable feelings for the student, discuss with the supervisor his or her personal values and explore avenues to eliminate any personal biases or reduce discomfort.</li> </ul>

<p><b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b></p>	
<p><i>Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;</i></p>	<ul style="list-style-type: none"> <li>• The student will identify a list of forms of oppression and discrimination experienced by clientele of the agency and discuss with the supervisor.</li> <li>• The student will write a letter to a legislator, newspaper editor, NASW newsletter, or other media avenues advocating for changes to promote social and economic justice</li> </ul>
<p><i>And engage in practices that advance social, economic, and environmental justice.</i></p>	<ul style="list-style-type: none"> <li>• The student will join NASW</li> <li>• The student will join and participate in a community task force or effort that advocates for social and economic justice and discuss this effort with the supervisor.</li> </ul>

<p><b>Competency 4: Engage in Practice-Informed Research and Research-Informed Practice</b></p>	
<p><i>Use practice experience and theory to inform scientific inquiry and research;</i></p>	<ul style="list-style-type: none"> <li>• Activity 7: Safety Terms and Concepts, &amp; Advanced Safety Focused Practice Foundations</li> <li>• Student will read at least 1 experimental, peer-reviewed study that includes a theory section on an intervention carried out with clients involved with the foster care system.</li> </ul>
<p><i>Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings;</i></p>	<ul style="list-style-type: none"> <li>• Student will make at least one oral presentation to the staff on some information related to agency services.</li> </ul>
<p><i>And use and translate research evidence to inform and improve practice, policy, and service delivery.</i></p>	<ul style="list-style-type: none"> <li>• Student will complete case notes in an accurate and timely manner and discuss with the supervisor any feedback about the documentations.</li> </ul>



<b>Competency 5: Engage in Policy Practice:</b>	
<i>Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;</i>	<ul style="list-style-type: none"> <li>• Activity 3: Introduction to Policy Management System - Program Areas</li> <li>• Student will become familiar with laws that govern the agency's practices and discuss knowledge of the same with the supervisor.</li> </ul>
<i>Assess how social welfare and economic policies impact the delivery of and access to social services;</i>	<ul style="list-style-type: none"> <li>• Activity 38: Pelican Center Training</li> <li>• Student will interview at least two different staff members to gather perspectives on policies related to the agency.</li> </ul>
<i>Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>• Student will discuss with supervisor changes in policy that would benefit client well-being.</li> <li>• Student will participate in agency staff meeting that address agency policies and advocate for changes.</li> </ul>

<b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 8: Shadow an Experienced Worker</li> <li>• Engage with community organizations such as school system (assure consistency in child's educational attainment), mental health and medical providers</li> </ul>
<i>And use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 15: Observe the Completion of an Assessment</li> <li>• Activity 28: Domestic Violence</li> <li>• Student will demonstrate empathy and effective engagement skills with client systems as observed by the supervisor or designated task staff.</li> </ul>

<b>Competency 7: Assess with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 10: Initial Case Review Activity</li> <li>• Activity 14: Review SDM: Philosophy, Policy, and Procedures.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 39: A Journey Home Module 1-5</li> </ul>

<i>Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 9: Observe an Initial Family Team Case Planning Meeting &amp; Enter Case plan in Electronic System, Parts A &amp; B</li> <li>• Activity 19: Child Developmental Milestones</li> </ul>
<i>And select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 18: Observe a Family Visit</li> <li>• Student will identify a preliminary plan of action developed by the student and the client system and discuss with the supervisor for feedback.</li> </ul>

<b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Student will develop at least one intervention plan, which includes, goals and objectives.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 26: Substance Abuse</li> <li>• Activity 27: Mental Illness</li> <li>• Shadow visits with parents as required by SDM risk level and at-least monthly in-home visits with child and caregiver</li> </ul>
<i>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 11: Obtain a List of Community Resources</li> <li>• Activity 20: Observe a Multi-Disciplinary Team Staffing</li> <li>• Collaboration with other organizations/discuss importance of service array in local area and services provided</li> </ul>
<i>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 25: Attend Court Hearing</li> <li>• Student will become knowledgeable of the agency's mission and goals and identify to the supervisor at list of actions the student implemented to achieve these goals.</li> </ul>
<i>And facilitate effective transitions and endings that advance mutually agreed-on goals.</i>	<ul style="list-style-type: none"> <li>• Activity 12: Observe a Transfer and/or Post-Removal Staffing</li> <li>• Develop court report with support of worker and supervisor – discuss court report format</li> </ul>

<p><b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b></p>	
<p><i>Select and use appropriate methods for evaluation of outcomes;</i></p>	<ul style="list-style-type: none"> <li>• Student will identify one assessment/evaluation tool appropriate for evaluating interventions with agency clientele.</li> </ul>
<p><i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;</i></p>	<ul style="list-style-type: none"> <li>• Activity 21: Possible Effects of Maltreatment on Child Development</li> </ul>
<p><i>Critically analyze, monitor, and evaluate intervention and program processes and outcomes;</i></p>	<ul style="list-style-type: none"> <li>• Student will become familiar with the assessment framework, including completion of necessary forms, utilized by the agency.</li> <li>• Student will become familiar with the flow chart of services as client moves through the agency system.</li> </ul>
<p><i>And apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</i></p>	<ul style="list-style-type: none"> <li>• Activity 16: Creating and Closing a Case in a Web-Based Application</li> <li>• Discuss client satisfaction and agency areas for improvement with at least on client and review with supervisor.</li> </ul>

## Master of Social Work Sample Learning Plan – 1<sup>st</sup> Semester

<p><b>Competency 1: Demonstrate Ethical and Professional Behavior</b></p>	
<p><i>Make ethical decisions by applying the standards of the NASW Code of ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</i></p>	<ul style="list-style-type: none"> <li>• Activity 6: Federal Laws, Louisiana Children's Code, &amp; R.S. 46:56</li> <li>• Activity 4: Ethics and Legal Rights</li> <li>• Student will discuss one situation with supervisor in which the student uses information from licensing laws, professional codes of ethics, to resolve an ethical situation to arrive at a principled decision.</li> </ul>
<p><i>Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;</i></p>	<ul style="list-style-type: none"> <li>• Activity 1: Overview of the Stipend Student Intern Manual</li> <li>• Activity 2: Working Safe, Working Smart</li> <li>• Student will abide by agency guidelines for attendance, punctuality, dress, deadlines and workload and the supervisor will discuss any problematic issues with the student.</li> </ul>
<p><i>Use technology ethically and appropriately to facilitate practice outcomes;</i></p>	<ul style="list-style-type: none"> <li>• Activity 5: Case Record Format and Electronic systems, Parts A &amp; B</li> </ul>
<p><i>And use supervision and consultation to guide professional judgment and behavior.</i></p>	<ul style="list-style-type: none"> <li>• Activity 20: Observe a Multi-Disciplinary Team Staffing</li> <li>• Student will prepare for each supervisory meeting by bringing in at least one question, one issue for discussion, and updates on learning experiences.</li> </ul>
<p><b>Competency 2: Engage Diversity and Difference in Practice</b></p>	
<p><i>Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;</i></p>	<ul style="list-style-type: none"> <li>• Activity 13: Foster Parents and Placement of Child/ren</li> <li>• Student will identify biopsychosocial/spiritual/cultural elements of at least one client situation and discuss with the supervisor.</li> </ul>
<p><i>Present themselves as learners and engage clients and constituencies as experts of their own experiences;</i></p>	<ul style="list-style-type: none"> <li>• Student will discuss at least three cases with the supervisor in which the student identifies the multiple diversities of the client and the impact of these diversities on the client system.</li> </ul>

<i>And apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Student will identify diversities, which result in uncomfortable feelings for the student, discuss with the supervisor his or her personal values and explore way to reduce biases or discomfort.</li> </ul>
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<b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>	
<i>Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;</i>	<ul style="list-style-type: none"> <li>• The student will identify a list of forms of oppression and discrimination experienced by clientele of the agency and discuss with the supervisor.</li> <li>• The student will write a letter to a legislator, newspaper editor, NASW newsletter, or other media avenues advocating for changes to promote social and economic justice</li> </ul>
<i>And engage in practices that advance social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>• The student will discuss with the supervisor at least two cases where oppression has an impact on the client and discuss how this oppression may be changed.</li> <li>• The student will join NASW</li> </ul>

<b>Competency 4: Engage in Practice-Informed Research and Research-Informed Practice</b>	
<i>Use practice experience and theory to inform scientific inquiry and research;</i>	<ul style="list-style-type: none"> <li>• Activity 7: Safety Terms and Concepts, &amp; Advanced Safety Focused Practice Foundations</li> <li>• The student will identify with the supervisor a research question arising from the agency setting and practices.</li> </ul>
<i>Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings;</i>	<ul style="list-style-type: none"> <li>• Assessment of most appropriate/least restrictive placement (with relatives, in same school system, with siblings, etc.) based on needs of child rather than convenience of agency</li> <li>• Articulate recommended permanency goal and reason based on assessment of risk and danger, case plan progress; facts of case including age of child, support systems and other relevant factors</li> </ul>
<i>And use and translate research evidence to inform and improve practice, policy, and service delivery.</i>	<ul style="list-style-type: none"> <li>• Activity 14: Review SDM: Philosophy, Policy, and Procedures.</li> <li>• Student will read two research articles related to the placement and discuss the information gained with the supervisor</li> </ul>

<b>Competency 5: Engage in Policy Practice:</b>	
<i>Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;</i>	<ul style="list-style-type: none"> <li>• Activity 3: Introduction to Policy Management System Program Areas</li> <li>• Activity 31: Advanced Policy Management System Use - Employment Policies Management System - Employment Policies</li> </ul>
<i>Assess how social welfare and economic policies impact the delivery of and access to social services;</i>	<ul style="list-style-type: none"> <li>• Student will interview at least two different staff members to gather perspectives on policies related to the agency.</li> </ul>
<i>Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>• Student will discuss with supervisor changes in policy that would benefit client well-being.</li> <li>• Student will participate in agency staff meeting that address agency policies and advocate for changes.</li> </ul>

<b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 17: Attachment &amp; Separation</li> <li>• Student will discuss with the supervisor social work skills for engaging with the particular agency client systems.</li> </ul>
<i>And use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 8: Shadow an Experienced Worker</li> <li>• Activity 15: Observe the Completion of an Assessment</li> <li>• Student will observe at least 4 initial sessions (individual, group, family, community, or organization) conducted by agency staff and discuss observations with the supervisor.</li> </ul>

<p><b>Competency 7: Assess with Individuals, Families, Groups, Organizations, and Communities</b></p>	
<p><i>Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Activity 10: Initial Case Review Activity</li> <li>• Student will become familiar with the assessment framework, including completion of necessary forms, utilized by the agency.</li> <li>• Student will review and become knowledgeable of the assessment protocol of the agency.</li> <li>• Student will become familiar with at least one assessment instrument used by the agency.</li> </ul>
<p><i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Student will perform at least one assessment with a client system, document the client system data, and discuss with the supervisor the assessment impressions.</li> <li>• Student will identify at least two theories related to client situations and discuss with the supervisor.</li> </ul>
<p><i>Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Activity 9: Observe an Initial Family Team Case Planning Meeting &amp; Enter Case plan in Electronic System, Parts A &amp; B</li> <li>• Activity 19: Child Developmental Milestones</li> </ul>
<p><i>And select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</i></p>	<ul style="list-style-type: none"> <li>• Activity 30: CPS Case Assessment and Subsequent Procedures, Parts A &amp; B</li> <li>• Student will identify a preliminary plan of action developed by the student and the client system and discuss with the supervisor for feedback.</li> <li>• Student will gain understanding of at least one evidence based- practice model/intervention utilized with agency clients.</li> </ul>

<p><b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b></p>	
<p><i>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Activity 37: Trauma Focused - Cognitive Behavioral Therapy Training</li> </ul>
<p><i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;</i></p>	<ul style="list-style-type: none"> <li>• Activity 18: Observe a Family Visit</li> <li>• Student will read articles related to the environmental contexts of the agency setting and discuss information with the supervisor (Examples may be articles on rural settings, immigration groups, poverty, etc.)</li> </ul>

<i>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 11: Obtain a List of Community Resources</li> <li>• Collaboration with other organizations/discuss importance of service array in local area and services provided</li> </ul>
<i>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Student will become knowledgeable of the agency's mission and goals and identify to the supervisor at list of actions the student implemented to achieve these goals.</li> <li>• Student will actively participate in at least one community task force.</li> </ul>
<i>And facilitate effective transitions and endings that advance mutually agreed-on goals.</i>	<ul style="list-style-type: none"> <li>• Activity 12: Observe a Transfer and/or Post-Removal Staffing</li> </ul>

<b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Select and use appropriate methods for evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will identify one assessment/evaluation tool appropriate for evaluating interventions with agency clientele.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Locate and read at least 1 peer-reviewed article on the short-term outcomes of children in foster care and discuss with supervisor any similarities the student has noticed in the cases they are shadowing.</li> </ul>
<i>Critically analyze, monitor, and evaluate intervention and program processes and outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will become knowledgeable of the agency's processes for evaluation of agency programs.</li> <li>• Student will participate in agency activities that evaluate services to clients (for example, client satisfaction surveys)</li> <li>• Student will develop a single subject evaluation design of services to one client and discuss the same with the supervisor.</li> </ul>
<i>And apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</i>	<ul style="list-style-type: none"> <li>• Activity 16: Creating and Closing a Case in a Web-Based Application</li> <li>• Discuss client satisfaction and agency areas for improvement with at least on client and review with supervisor.</li> </ul>



## Master of Social Work Sample Learning Plan – 2<sup>nd</sup> Semester

<b>Competency 1: Demonstrate Ethical and Professional Behavior</b>	
<i>Make ethical decisions by applying the standards of the NASW Code of ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</i>	<ul style="list-style-type: none"> <li>• Begin concurrent planning to determine most appropriate permanency goal for child and concurrent goal</li> <li>• Student will document one instance in which he or she uses a structured ethical decision-making process that includes ethical codes, laws, ethical principles, and consultation to determine the best course of action on behalf of a client.</li> </ul>
<i>Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;</i>	<ul style="list-style-type: none"> <li>• Activity 23: Cultural Competency and Awareness</li> <li>• Student will identify and discuss with supervisor at least two situations in which a student’s personal values are challenged by issues related to clients, the organization, other professionals, social work professional values, community values, etc.</li> <li>• Student will discuss one situation in which the student avoided imposing personal values upon a client</li> </ul>
<i>Use technology ethically and appropriately to facilitate practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will learn to utilize the technologies and data programs utilized by the field agency.</li> <li>• Assist - then supervise Family Visits – Document in FATS once experienced</li> </ul>
<i>And use supervision and consultation to guide professional judgment and behavior.</i>	<ul style="list-style-type: none"> <li>• Student will discuss with the supervisor appropriateness of self-disclosure, out-of-agency contact with clients, and other boundary issues.</li> <li>• Student will prepare the agenda for two supervisory meetings.</li> </ul>

<b>Competency 2: Engage Diversity and Difference in Practice</b>	
<i>Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;</i>	<ul style="list-style-type: none"> <li>• Activity 35: Working with Native Children &amp; Tribes</li> <li>• Student will adequately express to the supervisor an understanding of one culture’s structure and values that may contribute to oppression or privilege and power</li> </ul>
<i>Present themselves as learners and engage clients and constituencies as experts of their own experiences;</i>	<ul style="list-style-type: none"> <li>• Student will work with at least 2 clients of a different culture, and discuss with the supervisor what was through interacting with the client.</li> </ul>

<i>And apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 29: Termination of Parental Rights, Parts A &amp; B</li> </ul>
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<b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>	
<i>Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;</i>	<ul style="list-style-type: none"> <li>• The student will join and participate in a community task force or effort that advocates for social and economic justice and discuss this effort with the supervisor.</li> <li>• Student will participate in agency review of policy and procedures through Quality Assurance Meetings.</li> </ul>
<i>And engage in practices that advance social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>• Student will participate in at least three activities in which the student negotiates, mediates and/or advocates for client systems and discuss the same with the supervisor.</li> </ul>

<b>Competency 4: Engage in Practice-Informed Research and Research-Informed Practice</b>	
<i>Use practice experience and theory to inform scientific inquiry and research;</i>	<ul style="list-style-type: none"> <li>• Activity 21: Possible Effects of Maltreatment on Child Development</li> <li>• Student will read at least 1 experimental, peer-reviewed study that includes a theory section on an intervention carried out with clients involved with the foster care system.</li> <li>• Student will lead at least one case staffing.</li> </ul>
<i>Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings;</i>	<ul style="list-style-type: none"> <li>• Student will review at least five open or closed case files and discuss with supervisor how the Generalist Intervention Model was applied in the cases; critiquing areas for improvement.</li> </ul>
<i>And use and translate research evidence to inform and improve practice, policy, and service delivery.</i>	<ul style="list-style-type: none"> <li>• Activity 40: National Center on Substance Abuse and Child Welfare Tutorial</li> <li>• Student will participate in at least three multidisciplinary case staffing meetings and discuss with the supervisor the various sources of information that contributed to case decisions, particularly noting the client's perspective of the problem and strengths.</li> <li>• The student will read and discuss with the supervisor at least one research article regarding an effective intervention for use with agency clientele.</li> </ul>

<b>Competency 5: Engage in Policy Practice:</b>	
<i>Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;</i>	<ul style="list-style-type: none"> <li>• Develop court report with support of worker and supervisor – discuss court report format</li> <li>• Student will become familiar with laws that govern the agency’s practices and discuss knowledge of the same with the supervisor.</li> </ul>
<i>Assess how social welfare and economic policies impact the delivery of and access to social services;</i>	<ul style="list-style-type: none"> <li>• Activity 38: Pelican Center Training</li> </ul>
<i>Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>• Activity 41: Human Trafficking 101</li> <li>• Student will participate in agency review of policy and procedures through Quality Assurance Meetings.</li> </ul>

<b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 27: Mental Illness</li> <li>• Engage with community organizations such as school system (assure consistency in child’s educational attainment), mental health and medical providers</li> </ul>
<i>And use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 28: Domestic Violence</li> <li>• Student will demonstrate empathy and effective engagement skills with client systems as observed by the supervisor or designated task staff.</li> <li>• Activity 24: Family engagement</li> <li>• Student will conduct 4 initial sessions, which can include role playing with the supervisor or other staff members.</li> </ul>

<b>Competency 7: Assess with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Student will become familiar with all case forms and documents used by the agency and confirm the same with the supervisor</li> <li>• Activity 22: The LA Child Welfare Trauma Project &amp; TBH Screen Training</li> <li>• Independently write a home study</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 39: A Journey Home Module 1-5</li> </ul>
<i>Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Student will choose at least one client system and identify the strengths and limitations to the supervisor.</li> <li>• Activity 33: Older Youth in Foster Care &amp; The Youth Transition Plan</li> </ul>
<i>And select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Student will become familiar with the flow chart of services as client moves through the agency system.</li> <li>• Student will develop at least one intervention plan, which includes, goals and objectives.</li> </ul>

<b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Student will gain understanding of at least one evidence based- practice model/intervention utilized with agency clients.</li> <li>• Student will provide services or participate in provision of services to individuals, groups, families, communities, and organizations for the purpose of assisting the client system to resolve problems or achieve goals. The student will appropriately document actions and discuss with the supervisor.</li> </ul>

<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 26: Substance Abuse</li> <li>• Student will obtain information on the current demographics of the client service area and report the same to the supervisor and seek projections for the next decade; brainstorming potential services needed.</li> </ul>
<i>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will participate in an agency interdisciplinary committee (examples may be an ethics review committee, a Q &amp; A committee, a program improvement committee).</li> <li>• Student will visit at least two community agencies that are connected to the field agency. Examples may be agencies that can serve as resources for clients or are referral sources for the agency.</li> </ul>
<i>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 25: Attend Court Hearing</li> <li>• Student will identify one recommended change in agency service delivery practices and take action to promote the change, with approval and collaboration of the supervisor.</li> </ul>
<i>And facilitate effective transitions and endings that advance mutually agreed-on goals.</i>	<ul style="list-style-type: none"> <li>• The student will participate in the termination or transition of services to a client system and discuss the same with the supervisor.</li> </ul>

<b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Select and use appropriate methods for evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 34: Continuous Quality Improvement</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Student will give an oral presentation to the staff that focuses on data obtained in Activity 36, using at least one theory to provide a potential explanation for the outcomes found.</li> </ul>
<i>Critically analyze, monitor, and evaluate intervention and program processes and outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 32: Out-of-Home Placements</li> <li>• Activity 36: Using Data to Measure Practice Outcomes</li> </ul>
<i>And apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</i>	<ul style="list-style-type: none"> <li>• Student will read and discuss 2 articles on evaluating practice with supervisor.</li> </ul>

## Master of Social Work Sample Learning Plan – Block Placement

<p><b>Competency 1: Demonstrate Ethical and Professional Behavior</b></p>	
<p><i>Make ethical decisions by applying the standards of the NASW Code of ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</i></p>	<ul style="list-style-type: none"> <li>• Activity 4: Ethics and Legal Rights</li> <li>• Activity 6: Federal Laws, Louisiana Children's Code, &amp; R.S. 46:56</li> <li>• Begin concurrent planning to determine most appropriate permanency goal for child and concurrent goal</li> <li>• Student will document one instance in which he or she uses a structured ethical decision-making process that includes ethical codes, laws, ethical principles, and consultation to determine the best course of action on behalf of a client.</li> </ul>
<p><i>Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;</i></p>	<ul style="list-style-type: none"> <li>• Activity 1: Overview of the Stipend Student Intern Manual</li> <li>• Activity 2: Working Safe, Working Smart</li> <li>• Activity 23: Cultural Competency and Awareness</li> <li>• Student will abide by agency guidelines for attendance, punctuality, dress, deadlines and workload and the supervisor will discuss any problematic issues with the student.</li> <li>• Student will identify and discuss with supervisor at least two situations in which a student's personal values are challenged by issues related to clients, the organization, other professionals, social work professional values, community values, etc.</li> </ul>
<p><i>Use technology ethically and appropriately to facilitate practice outcomes;</i></p>	<ul style="list-style-type: none"> <li>• Activity 5: Case Record Format and Electronic systems, Parts A &amp; B</li> <li>• Student will learn to utilize the technologies and data programs utilized by the field agency.</li> </ul>
<p><i>And use supervision and consultation to guide professional judgment and behavior.</i></p>	<ul style="list-style-type: none"> <li>• Activity 20: Observe a Multi-Disciplinary Team Staffing</li> <li>• Student will prepare for each supervisory meeting by bringing in at least one question, one issue for discussion, and updates on learning experiences.</li> <li>• Student will discuss with the supervisor appropriateness of self-disclosure, out-of-agency contact with clients, and other boundary issues.</li> </ul>

<b>Competency 2: Engage Diversity and Difference in Practice</b>	
<i>Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;</i>	<ul style="list-style-type: none"> <li>• Activity 13: Foster Parents and Placement of Child/ren</li> <li>• Activity 35: Working with Native Children &amp; Tribes</li> <li>• Student will adequately express to the supervisor an understanding of one culture’s structure and values that may contribute to oppression or privilege and power</li> </ul>
<i>Present themselves as learners and engage clients and constituencies as experts of their own experiences;</i>	<ul style="list-style-type: none"> <li>• Student will work with at least 2 clients of a different culture, and discuss with the supervisor what was through interacting with the client.</li> </ul>
<i>And apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 29: Termination of Parental Rights, Parts A &amp; B</li> <li>• Student will identify diversities, which result in uncomfortable feelings for the student, discuss with the supervisor his or her personal values and explore way to reduce biases or discomfort.</li> </ul>

<b>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</b>	
<i>Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;</i>	<ul style="list-style-type: none"> <li>• The student will identify a list of forms of oppression and discrimination experienced by clientele of the agency and discuss with the supervisor.</li> <li>• The student will write a letter to a legislator, newspaper editor, NASW newsletter, or other media avenues advocating for changes to promote social and economic justice</li> <li>• Student will participate in agency review of policy and procedures through Quality Assurance Meetings.</li> </ul>
<i>And engage in practices that advance social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>• The student will discuss with the supervisor at least two cases where oppression has an impact on the client and discuss how this oppression may be changed.</li> <li>• The student will join NASW</li> </ul>

<b>Competency 4: Engage in Practice-Informed Research and Research-Informed Practice</b>	
<i>Use practice experience and theory to inform scientific inquiry and research;</i>	<ul style="list-style-type: none"> <li>• Activity 7: Safety Terms and Concepts, &amp; Advanced Safety Focused Practice Foundations</li> <li>• Activity 21: Possible Effects of Maltreatment on Child Development</li> <li>• Student will read at least 1 experimental, peer-reviewed study that includes a theory section on an intervention carried out with clients involved with the foster care system.</li> </ul>
<i>Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings;</i>	<ul style="list-style-type: none"> <li>• Articulate recommended permanency goal and reason based on assessment of risk and danger, case plan progress; facts of case including age of child, support systems and other relevant factors</li> <li>• Student will review at least five open or closed case files and discuss with supervisor how the Generalist Intervention Model was applied in the cases; critiquing areas for improvement.</li> </ul>
<i>And use and translate research evidence to inform and improve practice, policy, and service delivery.</i>	<ul style="list-style-type: none"> <li>• Activity 14: Review SDM: Philosophy, Policy, and Procedures.</li> <li>• Activity 40: National Center on Substance</li> <li>• Student will read two research articles related to the placement and discuss the information gained with the supervisor</li> <li>• Student will participate in at least three multidisciplinary case staffing meetings and discuss with the supervisor the various sources of information that contributed to case decisions, particularly noting the client's perspective of the problem and strengths.</li> </ul>



<b>Competency 5: Engage in Policy Practice:</b>	
<i>Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;</i>	<ul style="list-style-type: none"> <li>• Activity 3: Introduction to Policy Management System Program Areas</li> <li>• Activity 31: Advanced Policy Management System Use - Employment Policies Management System - Employment Policies</li> <li>• Develop court report with support of worker and supervisor – discuss court report format</li> </ul>
<i>Assess how social welfare and economic policies impact the delivery of and access to social services;</i>	<ul style="list-style-type: none"> <li>• Activity 38: Pelican Center Training</li> <li>• Student will interview at least two different staff members to gather perspectives on policies related to the agency.</li> </ul>
<i>Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.</i>	<ul style="list-style-type: none"> <li>• Activity 41: Human Trafficking 101</li> <li>• Student will discuss with supervisor changes in policy that would benefit client well-being.</li> <li>• Student will participate in agency staff meeting that address agency policies and advocate for changes.</li> </ul>

<b>Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 17: Attachment &amp; Separation</li> <li>• Activity 27: Mental Illness</li> <li>• Engage with community organizations such as school system (assure consistency in child’s educational attainment), mental health and medical providers</li> </ul>
<i>And use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 8: Shadow an Experienced Worker</li> <li>• Activity 15: Observe the Completion of an Assessment</li> <li>• Activity 24: Family engagement</li> <li>• Activity 28: Domestic Violence</li> <li>• Student will demonstrate empathy and effective engagement skills with client systems as observed by the supervisor or designated task staff.</li> </ul>

<b>Competency 7: Assess with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 10: Initial Case Review Activity</li> <li>• Activity 22: The LA Child Welfare Trauma Project &amp; TBH Screen Training</li> <li>• Student will become familiar with the assessment framework, including completion of necessary forms, utilized by the agency.</li> <li>• Student will become familiar with all case forms and documents used by the agency and confirm the same with the supervisor</li> <li>• Independently write a home study</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 39: A Journey Home Module 5</li> </ul>
<i>Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 9: Observe an Initial Family Team Case Planning Meeting &amp; Enter Case plan in Electronic System, Parts A &amp; B</li> <li>• Activity 19: Child Developmental Milestones</li> <li>• Activity 33: Older Youth in Foster Care &amp; The Youth Transition Plan</li> </ul>
<i>And select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 30: CPS Case Assessment and Subsequent Procedures, Parts A &amp; B</li> <li>• Student will gain understanding of at least one evidence based- practice model/intervention utilized with agency clients.</li> <li>• Student will become familiar with the flow chart of services as client moves through the agency system.</li> <li>• Student will develop at least one intervention plan, which includes, goals and objectives.</li> </ul>

<b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 37: Trauma Focused - Cognitive Behavioral Therapy Training.</li> <li>• Student will provide services or participate in provision of services to individuals, groups, families, communities, and organizations for the purpose of assisting the client system to resolve problems or achieve goals. The student will appropriately document actions and discuss with the supervisor.</li> </ul>

<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;</i>	<ul style="list-style-type: none"> <li>• Activity 17: Observe a Family Visit</li> <li>• Activity 26: Substance Abuse</li> <li>• Student will obtain information on the current demographics of the client service area and report the same to the supervisor and seek projections for the next decade; brainstorming potential services needed.</li> </ul>
<i>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 11: Obtain a List of Community Resources</li> <li>• Student will visit at least two community agencies that are connected to the field agency. Examples may be agencies that can serve as resources for clients or are referral sources for the agency.</li> </ul>
<i>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.</i>	<ul style="list-style-type: none"> <li>• Activity 25: Attend Court Hearing</li> <li>• Student will become knowledgeable of the agency's mission and goals and identify to the supervisor at list of actions the student implemented to achieve these goals.</li> </ul>
<i>And facilitate effective transitions and endings that advance mutually agreed-on goals.</i>	<ul style="list-style-type: none"> <li>• Activity 12: Observe a Transfer and/or Post-Removal Staffing</li> <li>• The student will participate in the termination or transition of services to a client system and discuss the same with the supervisor.</li> </ul>

<b>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</b>	
<i>Select and use appropriate methods for evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 34: Continuous Quality Improvement</li> <li>• Student will identify one assessment/evaluation tool appropriate for evaluating interventions with agency clientele.</li> </ul>
<i>Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;</i>	<ul style="list-style-type: none"> <li>• Locate and read at least 1 peer-reviewed article on the short-term outcomes of children in foster care and discuss with supervisor any similarities the student has noticed in the cases they are shadowing.</li> </ul>
<i>Critically analyze, monitor, and evaluate intervention and program processes and outcomes;</i>	<ul style="list-style-type: none"> <li>• Activity 32: Out-of-Home Placements</li> <li>• Activity 36: Using Data to Measure Practice Outcomes Student will become knowledgeable of the agency's processes for evaluation of agency programs.</li> <li>• Student will develop a single subject evaluation design of services to one client and discuss the same with the supervisor.</li> </ul>
<i>And apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</i>	<ul style="list-style-type: none"> <li>• Activity 16: Creating and Closing a Case in a Web-Based Application</li> <li>• Discuss client satisfaction and agency areas for improvement with at least on client and review with supervisor.</li> </ul>

**Section III**  
**Practice**  
**Opportunities**

## TABLE OF CONTENTS: PRACTICE OPPORTUNITIES

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# Introduction – Practice Opportunities

The purpose of Section III – Practice Opportunities, is to facilitate your awareness as an intern of the experiences that are particularly relevant to your future full-time employment with DCFS, and to give you the chance to practice completing some of the associated forms, documents, and/or paperwork you will encounter on a daily or weekly basis. Please note, as the title of this section suggests, the tasks within are *opportunities* for you to practice and learn, not mandatory assignments that must be completed or turned in. You and your supervisor will decide together which resources will be utilized to meet your individual learning goals.

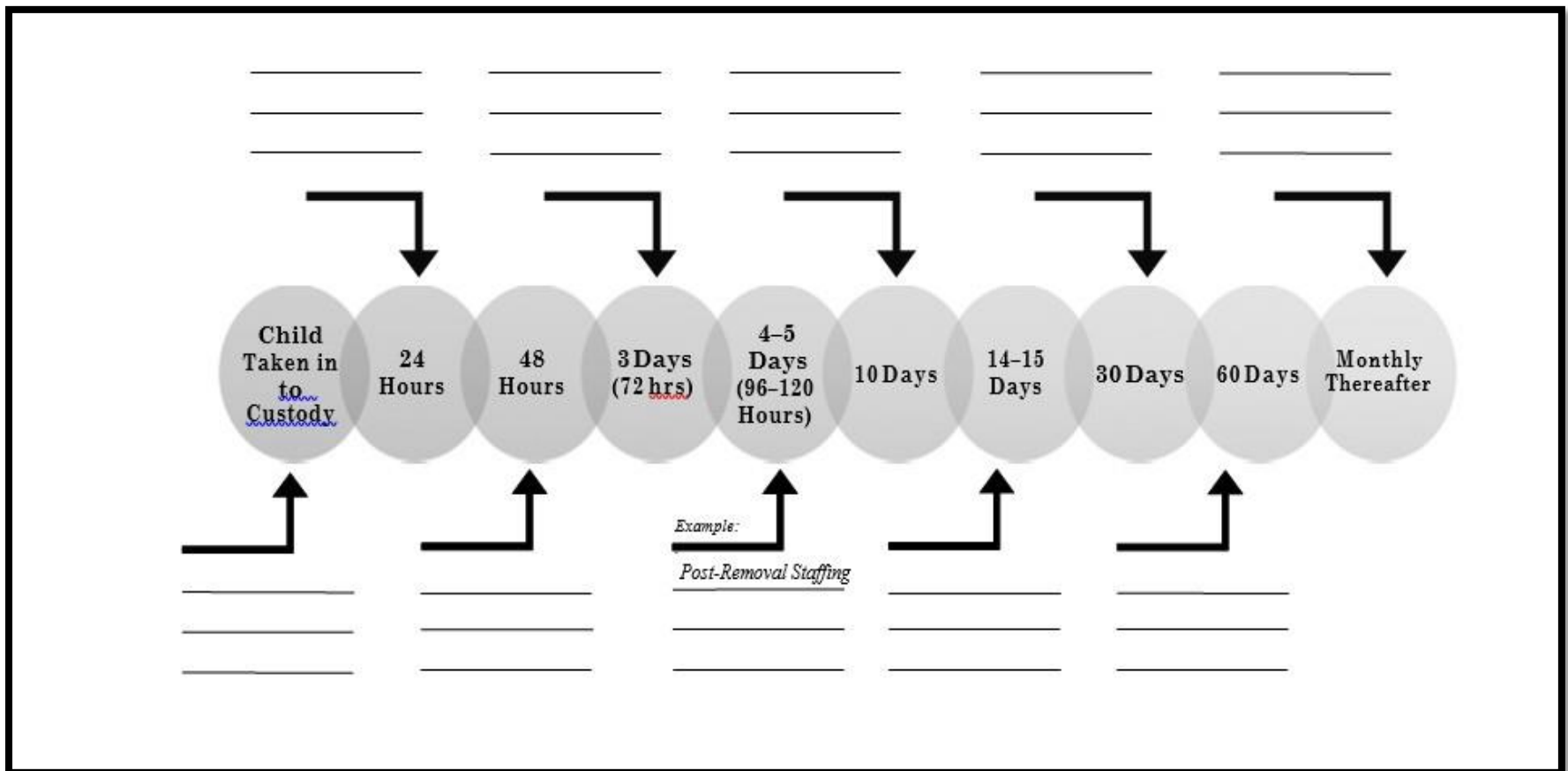
The first part of Section III, “Significant Points in the Timeline of a Case” is meant to be a visual depiction of a case, from the time a child is taken in to custody through the first 60 days and beyond, and gives you the opportunity to jot down the case workers’ responsibilities at various important time points throughout the life of a case. The second part, “Practice Opportunities Checklist” is simply list of potential meetings and interactions with clients and professionals from different fields that may be available at some point during your internship. As an intern with DCFS, you will have a vast array of new experiences simply by being present at your assigned internship agency. Therefore, you will accomplish many of the items identified by the Practice Opportunities Checklist during a typical week as an agency intern. However, you may need to seek out some of the other experiences that occur less regularly. The checklist will help you to be aware of those experiences that are especially beneficial, so that if the opportunity to include yourself occurs, you are aware, and can take advantage of it.

The “Practice Opportunities Document Checklist” is conceptually similar to the Practice Opportunities Checklist, but focuses on the completion of important documents, forms, and plans, instead of the focus on important experiences. Ideally, as you were exposed to paperwork throughout your internship, you would be able to practice using forms and completing plans and be able to store some of your completed paperwork in a folder or binder to reference as a full- time employee, if needed. However, the privacy of our clients is the main priority, and keeping practice documents that contain clients’ names and information poses a serious threat to client confidentiality. Therefore, if you

wish to practice some of the usual paperwork, and would like to keep some of these forms and documents, you must fabricate, change, or completely redact (black out information on BOTH sides of the paper) any personally identifying client information. We will be sending you a “mock case” at the email address you have provided, and if you wish, you may use the fictional information included in that resource to complete some of these documents. It will be up to you and your supervisor, however, to determine how best to protect client confidentiality, and you may use another method (e.g. make up or change personal information), so long as your supervisor is satisfied that all personal client information is sufficiently altered or obscured on any documents you wish to hold on to. Like the other components included in Section III – Practice Opportunities of your manual, the Practice Opportunities Document Checklist (and mock case information) is provided as another *optional* resource.

## Significant Points in the Timeline of a Case

When completed, the schematic below will depict the time limits on tasks associated with the progression of a case, from the time the report is received, through the initial stages, and through subsequent months while the family has an open case with DCFS. As you progress through your internship you will learn that policy requires certain actions be done and documents completed by certain points in the timeline of each case (at the very latest). For example, prior to the continued custody hearing, and within 5 working days once children have been removed from parental custody, a post-removal staffing must take place. Under the "4-5 Days" heading below "Post-Removal Staffing" has been filled in. If you think it will be helpful to you as you are learning or for your future reference, fill out this diagram as you learn of these significant responsibilities. You may wish to first photocopy this page so that you can have a "rough" draft that you can copy neatly into the manual copy.





# Practice Opportunities Experience Checklist

The following experiences provide you with a chance to engage with DCFS Staff, Clients, and Community Partners while supporting your growth and professional development in the Social Work and Child Welfare Professions. The following practice opportunities can be completed at any time throughout your internship with DCFS. It may be helpful to read through this list every once in a while, so that you are aware when a practice opportunity presents itself. In order to keep track of all that you have learned, place a checkmark in the box next to the listed practice opportunities as you complete them.

- Participate in a 72-hour hearing on at least one of the cases you have been assigned to shadow.
- Participate in an assessment and discussion of a placement need for a youth. Discuss whether the placement was the most appropriate/least restrictive placement (e.g. with relatives, in same school system, with siblings, etc.), based on the needs of the child on at least one of the cases you have been assigned to shadow.
- Assist the worker with a diligent search for fathers and other relatives or persons known to a child, who might become a placement resource
- Assist the worker with a relative home-study on at least one of the cases you have been assigned to shadow.
- Participate in a Permanency Staffing and discuss with your supervisor reasons for concurrent planning to determine the most appropriate permanency goal and concurrent goal for a child on at least one of the cases you have been assigned to shadow.
- Articulate recommended permanency goal and reason based on assessment of risk and danger, case plan progress; facts of case including age of child, support systems, and other relevant factors for a child on at least one of the cases you have been assigned to shadow.
- Participate in a supervisory staffing for at least one of the cases you have been assigned to shadow.

- Participate in a Placement Preservation staffing for at least one of the cases you have been assigned to shadow.
- Participate in a permanency planning staffing when the goal is reunification for at least one of the cases you have been assigned to shadow.
- Participate in a permanency planning staffing when the goal is adoption for at least one of the cases you have been assigned to shadow.
- Participate in a permanency planning staffing when the goal is guardianship for at least one of the cases you have been assigned to shadow.
- Participate in a permanency planning staffing when the goal is APPLA for at least one of the cases you have been assigned to shadow.
- With the support of the worker and your supervisor discuss the court report format and develop a court report for at least one of the cases you have been assigned to shadow.
- Participate in an adjudication hearing for at least one of the cases you have been assigned to shadow.
- Participate in a review hearing for at least one of the cases you have been assigned to shadow.
- Engage with the school system of the child on at least one of the cases you have been assigned to shadow to assure consistency in child's educational attainment.
- Follow up with the school system on at least one of the cases you have been assigned to shadow.
- Engage with the mental health provider(s) serving a child on at least one of the cases you have been assigned to shadow.
- Follow up with the mental health provider(s) serving a child on at least one of the cases you have been assigned to shadow.
- Engage with the medical provider(s) serving a child on at least one of the cases you have been assigned to shadow.

- Follow up with the medical provider(s) serving a child on one of the cases you have been assigned to shadow.
- Shadow visits with parents as required by SDM risk level and at-least monthly in-home visits with child and caregiver making sure to engage parents, caregivers and child on each of the cases you have been assigned to shadow.
- Continually assess risk and safety of children in their birth family and foster family at each contact for each of the cases you have been assigned to shadow.
- Participate with the family in development of case plan for each of the cases you have been assigned to shadow.
- Support the family in compliance with the case plan requirements for each of the cases you have been assigned to shadow.
- Help child with developing or updating their life book and other developmental activities on at least one of the cases you have been assigned to shadow.
- Assist a family in working towards the goal of reunification by participating in aftercare planning on at least one of one of the cases you have been assigned to shadow.
- Assist a worker in preparing a caregiver and child in discussions regarding reunification on at least one of your assigned cases.
- Assist a worker in initiating trial visits for a family working toward the goal of reunification for at least one of the cases you have been assigned to shadow.
- Collaborate with other service providers (ongoing throughout child's time in care, and as a part of aftercare planning) for each of the cases you have been assigned to shadow.
- Attend a court hearing in which the Department is recommending reunification for at least one of the cases you have been assigned to shadow.
- Assist in the preparation of parents, youth, children or other team members for a Family Team Case Planning Meeting/Family Team Meeting

## Practice Opportunities Document Checklist

This checklist catalogs several documents you will become familiar with in your internship. Using one of the methods described in the introduction of this section (i.e. redact, change, or make up client information or use information from the mock case), you may wish to practice filling out the listed items and store what you accomplish for future reference. As you complete the documents listed below you should indicate the date of completion in the right-hand column, and place the document (or a copy of the document) in a folder designated for that purpose. If you choose to use this resource, it is unlikely that you will have completed practice documents for all of the listed opportunities below. Instead, try to focus on what is useful to you personally and do not become overly concerned about the rest. If you are not already completing a portfolio for your university, you may also choose to store some of your professional documents and accomplishments alongside these completed practice opportunity documents in a 3-ring binder. Beside any completed Practice Opportunity Documents, the items listed under the “professional” heading would be appropriate for the professional portfolio of a graduating social work student.

Completed Practice Opportunity Documents	Date of Completion
A child's case plan	
A parent's case plan	
Ongoing narrative of a child in care	
Closing narrative of case	
Social history of a child in care	
A Family Social Assessment	
A genogram completed with a family	
A court report	
Youth Transition Plan	
Parent-child visitation narrative	
Other assessments	
Life book completed with a client	
Adoption subsidy application	
Home study	
ICPC home study	
Home study for emergency placement with a relative	
Request for a special board rate	
Fill In	
<i>Professional</i>	
Any letters written when advocating for clients (redact personal info or use pseudonyms)	
Any research papers or reports written for a class that relates to child welfare	
Learning Plans from internship	
Performance reviews from internship	
Any other performance evaluations received	
State pre-employment application	
First performance planning and reviews once employed	
Information on any conferences, presentations or workshops you facilitated	
Resume	
College transcripts and diplomas	
Fill In	

**Section IV**  
**Structured Activity**  
**Exercises**

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# Introduction – Structured Activity Exercises

This section of your manual provides you with a hard copy of the Structured Activity Exercises you are to complete and submit. These exercises will help to prepare you for your job duties and it is important that you complete the first twenty-eight exercises (numbers 1 through 28) and take the work you do in this section seriously. The exercises found in this manual are also part of the New Hire Training that all new employees must take. You will receive credit for completing these modules as an intern. Any modules not completed and reported will have to be completed during your New Worker Training upon hire.

*Important: All interns will complete the first twenty-eight exercises (1-28). The remaining exercises are completed based on your placement type (Family Services, Foster Care, or Child Protection Services). Interns are only required to complete the exercises (beginning with exercise 29) pertaining to their placement. Other modules may be completed for credit but are not required.*

You and your supervisor are required to review, sign, and date each structured activity upon completion. We are in the process of converting these activities to Moodle modules to aid in completing these activities. Your supervisor will also assess your mastery of the competence associated with each structured activity. When you have completed the structured activities in your learning plan and reviewed them with your supervisor, your supervisor will certify the completion of the activities and submit certification to DCFS training.

Note: Previous Title IV-E student interns have stated that one area they felt overwhelmed with when they started their employment with DCFS was feeling unfamiliar with many of the forms used by the department. With this in mind, we have attempted to include information and opportunities for you to practice using the various forms as you complete your structured activities. Specifically, in several places under the title of an activity, you will see "Associated forms:" followed by a list of forms relevant to the tasks you are to complete in that activity. All of the forms listed under associated forms in the activities are alphabetically included in the Appendix section of this manual for your convenience. Please read the policy memoranda regarding DCFS policy changes at the beginning of the Appendix section prior to studying or using any hard-copy policy, including those contained in any section of this manual. We also ask you to pay special attention to the forms you encounter during your internship, asking questions as needed, so that you do not feel unprepared when it comes to this important aspect of your work in the future.

# ACTIVITY 1: New Worker Office Scavenger Hunt

*Introduction to your new office. Have fun, recruit help from your colleagues and take this opportunity to learn your way around the office and get to know people and office tools to help you be successful! Selfies are OPTIONAL but a fun option.*

*INSTRUCTIONS: Check off as you go and write down names/information to help you get familiar with your colleagues and office!*

1. \_\_\_\_ **Talk to your supervisor about office security procedures to include your alarm code, parking procedures, emergency procedures and write it down.**

Security Information: \_\_\_\_\_

2. \_\_\_\_ **Find and introduce yourself to the front clerical worker and security guard. Get their names and take a selfie with their permission.**

Front Clerical Worker: \_\_\_\_\_

Security Guard: \_\_\_\_\_

3. \_\_\_\_ **Find the large conference room used by your office and take a picture.**

4. \_\_\_\_ **Find all the copiers used by child welfare staff in your building. Take a picture.**

5. \_\_\_\_ **Find the office library/resource room, postage machine, supply/file room and take pictures.**

6. \_\_\_\_ **Find and the offices of Bureau of General Council (DCFS Attorneys) offices and introduce yourself to them. Get their business cards and take a selfie with each.**

DCFS Attorney: \_\_\_\_\_

DCFS Attorney: \_\_\_\_\_

DCFS Attorney: \_\_\_\_\_

7. \_\_\_\_ **Find and introduce yourself to the other CW supervisors in your office and take a selfie with each.**

Supervisor: \_\_\_\_\_ Program(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Program(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Program(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Program(s): \_\_\_\_\_

8. \_\_\_\_ **Find and introduce yourself to your Program Manager and take a selfie with him/her.**

Program Manager: \_\_\_\_\_

9. \_\_\_\_ **Find and introduce yourself to your Area Director. If your Area Director is not located in your office, inquire about their name and location.**

Area Director: \_\_\_\_\_

**10. \_\_\_\_ Find and introduce yourself to the clerical support staff assigned to your unit. Inquire as to what they handle for your program.**

Clerical Support: \_\_\_\_\_

Task she performs for your unit: \_\_\_\_\_

**11. \_\_\_\_ Locate the kitchen, breakroom, vending machines, eating area, bathrooms and water fountain and take selfies.**

**12. \_\_\_\_ Find and introduce yourself to the transportation workers and get a copy of the transport request form.**

Transportation Worker: \_\_\_\_\_

Transportation Worker: \_\_\_\_\_

**13. \_\_\_\_ Locate the visitation rooms and interview rooms in your building. Take a selfie.**

**14. \_\_\_\_ Learn who is the Human Resource personnel assigned to your unit.**

HR: \_\_\_\_\_

**15. \_\_\_\_ Learn who your Regional Trainer is, send them an email introducing yourself and ask them about any helpful upcoming trainings that may pertain to you program and DCFS employees in general.**

Regional Trainer: \_\_\_\_\_

**16. \_\_\_\_ Locate online DCFS Human Resources Employee Handbook Policy, review it and save a copy to your laptop desktop for future reference.**

**17. \_\_\_\_ Find the printer/scanners closest to your office. Document the printer number and have someone help you add it to your laptop print options. Then scan and email this completed sheet to yourself.**

Printer # \_\_\_\_\_

## ACTIVITY 2: Introduction to DCFS and Client Services

INSTRUCTIONS: Review DCFS Resource Manual section I titled Louisiana Department of Children and Family Services, Supports for Caseworkers, Child Welfare Services to our Families

### QUESTIONS:

1. What is the \_\_\_\_\_ of the Department of Children & Family Services?
2. What is the \_\_\_\_\_ of the Department of Children & Family Services?
3. What are the \_\_\_\_\_ of the Department of Children and Family Services?  
Treating all people with dignity, compassion, and respect while providing services with \_\_\_\_\_.
4. What are the overarching goals of all DCFS child welfare practice?
5. Identify GENERAL EXPECTATIONS for caseworkers?
6. Identify SUPPORTS for a caseworker?
7. Who do we (DCFS) serve?

**8. What are DCFS Customer Service Standards for caseworkers?**

**9. What is the chain of command for processing Customer complaints/dissatisfaction?**

**10. DCFS staff is expected to demonstrate cultural awareness of populations served in order to minimize or avoid stereotypes and biases that may result in disparate treatment for members of minority groups.**

**11. Parents have constitutional right to make decisions concerning their children. Although their rights may be restricted, parents retain some rights even when their children are placed in the custody of the state.**

**12. DCFS enjoys partnerships with other agencies, organizations, and systems including:**

## ACTIVITY 3: Overview of DCFS Major Programs

*INSTRUCTIONS: Read the following content from Section I of CHILD WELFARE DESK RESOURCE: Child Welfare Program, Child Support Enforcement and Economic Stability.*

### QUESTIONS:

Match the major Child Welfare programs of DCFS with their correct description

- Child Protection Services (CPS) –
- Centralized Intake (CI) –
- Family Services –
- Foster Care –
- Adoption –
- Home Development –
- Match the other service areas of DCFS with their primary services.

Child Support Enforcement – (CSE) Major programs of CSE:

Economic Stability (ES)

Major programs of ES:

## **ACTIVITY 4: Introduction to Power DMS Policy Management Systems**

*INSTRUCTIONS: Your supervisor (or co-worker chosen to assist you) will show you how to access the Louisiana Power DMS Policy Management System and provide you with an overview. Instructions to access the Policy Management from any connected device are also located in your Child Welfare Desk Resource Manual. After you have been given a basic overview, take the time to look around and gain a general overview of contents and organization. Have your supervisor or co-worker walk you through accessing and logging into Power DMS policy management for Child Welfare. Then answer the following questions.*

- 1. What Chapter is Family Services policy located?**
- 2. Chapter 5, locate and review document Definition and Purpose. What is the policy number?**
- 3. What Chapter is Foster Care policy located?**
- 4. In Chapter 6, locate and review document Definition of Foster Care and Services to Parents. What is the policy number?**
- 5. What chapter is Child Protective Services located?**
- 6. In Chapter 4, locate document Goal, Definition and Objectives of CPS Services. What is the policy number?**
- 7. In what chapter are program forms are located?**
- 8. Locate the form that explains what clients are entitled to, responsible for and should expect from worker and services for their child. What is the title of the form?**

## ACTIVITY 5: Child Welfare Code of Ethics

Ethical practice is considered a cornerstone of the field of Social Work. The Louisiana Department of Children and Family Services provides a code of ethics specifically for child welfare professionals. It is important for all workers to understand ethical practice and the characteristics and legal rights of the clients they serve.

Instructions: Read the Child Welfare Code of Ethics located in your Child Welfare Desk Resource manual for your convenience. Answer the following questions.

**1. Our clients and society must be able to trust that child welfare professionals are working with their clients' best interests in mind, with no element of disrespect, punishment, or personal bias.**

**2. Under the section "ETHICAL DECISION-MAKING" what is the first expectation?**

**3. Ethical Child Welfare Professionals have "Responsibilities" to several parties, check all that apply.**

Client

Courts

Colleagues

Society

Child Welfare Field

Foster/Adoptive/Relative Caregivers

**4. General responsibilities of child welfare professionals include: (Check all that apply).**

Child welfare professionals should carry out their professional responsibilities with integrity, treating those with whom they have professional relationships in a dignified, respectful, honest, and fair manner.

Child welfare professionals should be aware of current professional information and take advantage of continuing professional education, in order to maintain a high level of competence.

Child welfare professionals should seek and obtain the supervision and training necessary to ensure that interventions with all clients are unbiased, competent, and culturally sensitive.

Child welfare professionals should not perform professional activities when they know or should know that personal problems, mental health problems, or substance abuse could impede professional judgment and performance.

Child welfare professionals should accurately and truthfully document their professional work according to agency policy and/or legal requirements, in order to ensure accountability and continuity in the provision of services to clients.



**5. Avoiding Harm means:**

**6. Take time to discuss with your supervisor any points you need clarity on within the DCSF Codes of Ethics:**

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## **ACTIVITY 6: Principles of Child Welfare Practice**

*Instructions: In Section I of your CHILD WELFARE DESK RESOURCE read Principles of Child Welfare Practice and answer the following questions.*

Match the five Child Welfare Practice Principles with the statement which best describes a component of it.

- 1. Children are safe, and their well-being is supported.**
- 2. Families are strengthened and their protective capacity is enhanced.**
- 3. Children and youth have permanence in their lives; physically, legally, and emotionally.**
- 4. Communities are engaged as system partners.**
- 5. The competence and well-being of those working in systems are valued.**

## ACTIVITY 7: Online Mandated Reporter Training

*Per Louisiana Children's Code 603 (17) Child Welfare Professionals are also mandated reporters. Mandated reporters are persons who work or volunteer in a specific roles and are required by law to report any suspicions of child maltreatment. Per LA Children's Code Article 609 mandatory reporters are required to complete DCFS training on the mandatory reporter's responsibility to report and appropriate reporting procedure.*

*Instructions: You will Complete the Mandated Reporter Training located on Moodle (Once Unlocked for You).*

## ACTIVITY 8: Laws that Govern our Practice

*As a DCFS Child Welfare Worker it is important for you to understand the legal statutes governing our practice with children and families. For this activity, you will read a brief background statement on the relationship between federal legislature and state enactment, the major federal laws relating to Child Welfare Services and Adoption, Louisiana's Children's Code, and Louisiana Revised Statute. You will also watch videos to help you understand historical events which precipitated our present-day child welfare laws and practice. Refer to the Child Welfare Desk Resource Section II for information on State and Federal Laws.*

**1. Watch this video on the Orphan Train and takes notes to discuss during Week 1 orientation:**

<https://www.youtube.com/watch?v=WDJx8m5DCL4>

**2. Watch this video on Mary Ellen the first case of child maltreatment: "The Stranger Who Cared" and take notes to discuss during Week 1. <https://www.youtube.com/watch?v=6vY6M4BGJDU>**

**3. Use the law resources to review these laws and match them with their primary goal.**

**Louisiana R. S. 36:477 (1988)**

**Louisiana Children's Code (1992)**

**Child Abuse Prevention and Treatment Act of 1974 (CAPTA) P. L. 93-247**

**Adoption Assistance and Child Welfare Act of 1980 P. L. 96-272**

**Adoption and Safe Families Act of 1997 (ASFA) P.L. 105-89**

**Indian Child Welfare Act of 1978 (ICWA) P.L. 95-608**

**Multi-Ethnic Placement Act of 1994 (MEPA) P.L. 103-382 and Inter-Ethnic Placement Act of 1996 (IEPA) P.L. 104-188**

**4. The following link will take you to the Louisiana State Legislature website on the Louisiana laws: [https://legis.la.gov/legis/Laws\\_Toc.aspx?folder=71&level=Parent](https://legis.la.gov/legis/Laws_Toc.aspx?folder=71&level=Parent)  
Take a few minutes to click on various links and get a feel for the topics covered under the Louisiana Revised Statutes and the Louisiana Children's Code. Then answer the following questions.**

**What does Louisiana Children's Code Article 606 identify?**

**What does Louisiana Children's Code Article 603 identify?**

**According to the Louisiana Children's Code 603, what is the definition of "Abuse"?**

**5. Review Louisiana R. S. 46:56. It can be summarized as the law that outlines:**

## ACTIVITY 9: Safety Focused Practice Terms and Concepts

The main goal of the Department is to ensure the safety of Louisiana's children. For this reason, safety focused practice permeates all of our program areas. We use evidence-based practice in our assessment and practice with children and families to ensure this goal is met.

You can locate Safety Focused Practice resources via DCFS intranet or Power DMS. Please be advised you may hear or see the term "Advanced Safety" which is not referred to as "Safety Focused Practice". Additionally, you may also hear "Six Areas of Assessment" which was recently changed to "Areas of Assessment". You may follow the link below to access Safety Focused Practice resources:

<http://intra/CWAdvancedSafety.aspx>

### 1. Match the safety terms with their correct definitions.

- **Safe Child:**
  
- **Unsafe Child:**
  
- **Vulnerable Child:**
  
- **Caregiver Protective Capacity:**
  
- **Present Danger:**
  
- **Present Danger Plan:**
  
- **Impending Danger:**
  
- **Safety Plan for Impending Danger:**
  
- **Safety Providers:**
  
- **Safety Threshold:**

- **Risk:**

- 1. Correctly identify Safety Plan Criteria**

- 3. Correctly identify Safety Threshold Criteria for Present Danger:**

- 4. Correctly identify Safety Threshold Criteria for Impending Danger:**

## **ACTIVITY 10: Working Safe, Working Smart**

One of the most important strategies to maintaining safety is OPEN COMMUNICATION with your supervisor and co-workers. Your supervisor can provide you with direction and support when they are made aware of potential safety concerns. Safety is a goal at DCFS and you are the key to your own safety. All employees need to feel that they can talk about their concerns for personal safety within the Child Welfare structure.

### **Talk to your supervisor and co-workers are safety in the OFFICE:**

- Be aware of exits, fire extinguishers, first aid kits.
- Learn about office security procedures and codes.
- Know emergency protocols for your office/fire drills etc
- Be familiar with procedures for client visits.
- Understand how to alert staff to threats of danger.

### **Discuss with your supervisor and co-workers these tips for safety in the FIELD:**

1. Avoid wearing/carrying valuables into homes.
2. Check out the neighborhood before parking and getting out.
3. Maintain your car in good mechanical condition (low battery or little gas).
4. Be exceptionally alert when subjects are unknown, if the area has a high crime rate, or it's isolated, or when there are indicators of a domestic dispute or physical violence.
5. Make note of all exits in home. Stay near door and keep car keys accessible.
6. State clearly who you are and why you are there.
7. Watch for signs indicating imminent violence. Non-verbal indicators include clenched fists, dilated pupils, etc.
8. Do not turn your back or allow disturbed persons to walk behind you.
9. Park in an area close to the client's residence, where you cannot be blocked in. Your car should be facing in the direction you will be exiting the area. If you must park in the driveway, back in.
10. Always notify your supervisor where you are going and how long you will be there and if your schedule changes.
11. Always be aware of your surroundings, look for signs of potentially dangerous animals. i.e., dog collars, food & water dishes, chains, etc.
12. Observe the yard and residence for signs of alcohol consumption, drug paraphernalia, unusual strong odors (like cat urine, ether, ammonia, or acetone), windows blacked out, excessive trash including large amounts of antifreeze containers, lantern fuel cans, red chemically stained coffee filters, drain cleaner, duct tape, unusual amounts of clear glass containers.
13. Dress for safety. Avoid jewelry, restrictive clothing, mini-skirts, tight jeans, or flesh exposing garments.
14. Leave the area once the visit has concluded. Never sit in client's driveway or in front of the house to write your notes. Proceed to a location outside of the area to write.

## ACTIVITY 11: Observation Shared Decision Making

*The philosophy of shared decision making is a base line concept for the decisions in which you will be involved on a daily basis. It is very important that you believe that you are not alone in deciding the fate of children and families. Because DCFS believes that shared decision making is a crucial element of the work you do, there are many policy team decision making internal staffings, court intervention, and meetings that involve parents and partners.*

*Take the time to attend multiple shared decision making conferences. Document the date you observed at least one type listed below. Take note to understand the reason for the staffing, decision made during the staffing, forms completed and participants.*

### **Case Staffing Date:** \_\_\_\_\_

Every worker shall staff cases periodically with their supervisor at key points in the casework process. This differs for each program.

### **Transfer Staffing Date:** \_\_\_\_\_

Transfer staffing are held when a case is being transferred from one program to another.

### **Pre/Post-Removal Staffing Date:** \_\_\_\_\_

Pre Removal staffings are held when CPS or FS are considering removing a child from their home. Post removal staffings are held after a child is removed and placed in foster care in preparation for court.

### **Multi-Disciplinary Team Staffing (MDT) Date:**\_\_\_\_\_

MDT staffings occur on an as needed basis and give workers the opportunity to meet with professionals from several disciplines and receive input on particularly difficult cases. The worker presents the case to the team of professionals and the team decides as a group the validity of a case or the appropriate course of action to take.

### **Family Team Meeting Date:** \_\_\_\_\_

An initial Family Team Case Planning Meeting takes place when the worker, client, and other supportive individuals invited by the client come together to develop a case plan. Closely tied with Family Team Case Planning Meetings is the concept of family teaming.

### **Court Hearing Date:** \_\_\_\_\_

Each program can exercise court involved intervention and the type of hearing varies regarding the purpose of the court intervention. Through CPS and FS programs the agency can request removal of an unsafe child from their home. FS can petition the courts to order and monitor the family services plan. FC is obligated to report to the courts regarding the care of child in foster care and the parents and agency's efforts to return the child to a state of permanency.



## **ACTIVITY 12: Shadow an Experienced Worker**

Your supervisor will pair you up with an experienced worker to shadow and observe their casework practice. You will have many opportunities to observe your co-workers practice within all programs.

Instructions: For this activity observe an experienced co-worker as they complete some basic casework task in the office or in the field. The following topics are guides to help you communicate with the worker or supervisor you will shadow.

### **Shadow on a Client visit:**

Inquire with the worker about the reason for the visit?

Has the worker had previous contact with the family for this case or is this an initial visit?

What preparations did the worker make to prepare for the visit?

What forms will the worker use during the visit, share with or receive from the client?

Where will the visit take place?

Pay attention to how the worker introduces him/herself?

If the client has any questions, take note to how the worker addresses their concern or inquiry.

### **Entering a case in the electronic format:**

What systems are used? Log in process? Any tips they would like to share to worker efficiently in the program? Ask the worker to allow you to practice in the program in possible. Ask worker to allow you to see applicable domains

### **Interviewing collaterals or speaking with system partners:**

Necessity for the call/contact? Is this the initial contact? Information expected to obtain from the collateral?

### **Staffing a case.**

How did they prepare for the staffing? Forms used? Is this a scheduled staffing? What kind of staffing? Key decisions to be made in the staffing?

### **Reviewing reports from service providers.**

Where is the report from? Referral process? Reason report is needed. What decisions will this report help us to make? Where will this report be filed?

## **ACTIVITY 13: Observe a Family Visit**

*Instructions: Observe an experienced co-worker on one of the cases you have been assigned to shadow as they conduct a family visit. Gather information from the worker on the type of visit you are observing. Remember that a family visit can take place almost anywhere, in the home, the office, or even a fast food restaurant. Take every opportunity to observe as many visits as possible. In preparing for this activity the following are considerations to discuss with the worker.*

**Was the visit planned or unplanned?**

**Purpose of the visit?**

**Duration of the visit?**

**What was the worker's role during the visit?**

**Were there outside consultants or resources that were used during the visit (i.e. visit coach)?**

**Take note of the discussion the worker has with the caregivers or the children.**

**How does the worker introduce themselves to the caregiver, to the children, the contractor?**

**How does the worker assess Safety, Permanency and well-being of the children in their role during the family visit?**

**Are there any intentional cultural considerations/ accommodations made by the worker to engage the family?**

**Note how the caregivers react to the worker, to their children, to consultants (if present).**

**Observe the children, consider their developmental functioning level, and how they react to the caregivers and the worker.**

**Observe the environment, any concerns noted. Any strengths observed. Consider how the**

**environment affects the worker's observations or the interaction between the parent and child.  
Does the worker discuss agency expectations or case progress with the caregiver?**

**What forms does the worker use, complete, share during the visit?**

## ACTIVITY 14: Family Engagement

Instructions: Observe an interview conducted by the caseworker with a client from one of the cases you have been assigned to shadow. It is beneficial for new child welfare workers to shadow multiple family engagement interactions by different workers, with different families and in different environments. Continue to seek our opportunities to shadow workers interacting with clients.

Take note of what forms of engagement did you observe (or utilize)?

How did the worker introduce themselves?

Did they explain the reason for the contact?

Did they allow/encourage the caregiver/child to ask questions, seek clarification or tell their story uninterrupted?

What type of questions did the worker utilize to get the client talking? How did the questions differ when they sought “specific” information?

What other types of engagement techniques were used?

Did the worker identify strengths/resources in the family during the contact?

Did the worker direct their attention to the family or to taking notes?

Did you observe any of the following types of engagement questions or solution-focused questions?

- Open-Ended Questions
- Miracle Questions
- Scaling Question
- Open-Ended Questions
- Indirect Questions
- Exception Finding Questions
- Past Successes Questions

## ACTIVITY 15: LGBTQ Youth

DCFS is committed to ensuring youth who identify as LGBTQ are supported by their caregivers, their community and by our interventions.

You may access the LCWTA MOODLE System with the following link: [www.moodle.lcwta.org](http://www.moodle.lcwta.org) and self enroll in one of the 2 available trainings and complete the online training.

### **OPTION #1:** LGBTQ: Opening Doors.

This online training will help you to understand what are the rights of LGBTQ young people in care? How do I balance personal beliefs with professional responsibility? What resources exist for families of LGBTQ-identified youth? What does LGBTQ even mean?

### **OPTION #2:** Working with LGBTQ Youth.

Working with LGBTQ Youth and understanding language, symbols and the concept of coming out v's being found out. Participants will gain a basic understanding of :

- Concepts and Language.
- Coming Out/Found Out
- Adaptations for LGBTQ Persons
- Assessment & Interventions
- References and Resources

## ACTIVITY 16: Human Trafficking 101

The Louisiana Child Welfare Training Academy has developed a 2 hour training for caseworkers, students and CW stakeholders entitled “Human Trafficking 101”.

You may access the LCWTA MOODLE System with the following link: [www.moodle.lcwta.org](http://www.moodle.lcwta.org).

There will be a category dedicated Students. Once you click on the Student’s Category you will see a list of courses click on Human Trafficking and follow the [instructions to complete](#) the course.

When you have completed the online training. Review DCFS policy for your program on assessing for Human Trafficking victims. Discuss what you learned with your supervisor.

### Training Overview:

This training will explain the most common types of human trafficking occurring in Louisiana, and the Federal definition for both Labor Trafficking and Sex Trafficking. Statistics describing the magnitude and prevalence of the problem, both nationally and locally, are reviewed.

Then Federal laws to combat the problem and Louisiana’s response to those laws are presented. The training focuses primarily on Sex Trafficking as a problem seen in the child welfare system. Factors that make an individual vulnerable are discussed in terms of risk factors child welfare workers should be aware of. Most importantly, participants should learn to identify the risk factors and assess for victims of human trafficking. The training concludes with a review of the services available to human trafficking victims in the Louisiana.

## ACTIVITY 17: Cultural Competency & Awareness

**Part 1: Review the "Child Welfare Services to Our Families" information in the Overview section of your manual and answer the following question.**

**Then discuss with your supervisor:** How can we "deliver services that build on the families' strengths, community, and culture," and why is it important to do so?

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Part 2: Read the Interpreter Services Information section in the Child Welfare Resources section of your manual and carefully read the instructions on the copy of the Language Line Services card. Follow the instructions on the Language Line Services card to place a call to hear a recorded demonstration of an over-the-phone interpretation. Then answer the following questions.**

**Then discuss with your supervisor:** Why is it so important for caseworkers to be sensitive to the English language abilities of their clients? What could potentially occur with a case if the caseworker is not aware of language barriers?

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Discuss with your supervisor:** When is it ok to use another family member (for example, the child of a mother who only speaks Spanish) as an interpreter for you? Discuss your answer with your supervisor.

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Part 3: Observe the experienced co-worker conducting the field visit with a family who is of a different culture than his/her own. (For example: Native American, Asian, Latino, Middle Eastern, City/Urban, or Rural, Cajun, Creole, Catholic, Protestant, Etc).**

**Discuss with the worker or your supervisor:** Referral to meet the unique cultural needs of the family, or ask the worker about previous culturally appropriate referrals they have made for this family. Ask the worker to explain why that provider is culturally appropriate for this particular family.

NOTES: \_\_\_\_\_  
\_\_\_\_\_

## ACTIVITY 18: Child Developmental Milestones

Instructions: Review closely the Developmental Milestones Chart located in the Child Welfare Resources section of your manual. This information is vital to equip you to assess normal development and identify potential developmental delays or concerns as you interact with children in your cases. Answer the following questions and complete the field experience activity.

- 1. Why is it important for Child Welfare Professionals to be familiar with and understand the developmental milestones of children?**
- 2. What are the 4 developmental domains to assess in a child?**
- 3. Maltreatment may effect normal develop and may manifest in a number of ways depending on the child's age.**
- 4. While shadowing an experienced worker interaction with a child, consider and discuss the following:** "Are there any obvious indicators that the child is developing normally, above level or delayed in any area?" Make notes on any area that the child seems to be above level and a behaviorally specific description of what you observed that indicated this to you.
- 5. Discuss with your supervisor resources available in your community for children with developmental delays and their referral process.** (For example Early Steps, Louisiana Department of Health, Families Helping Families).



## **ACTIVITY 19: Observe the Completion of an Assessment**

Observe an experienced co-worker completing an assessment on one of the cases you have been assigned to shadow. Alternatively, if you have observed the completion of several assessments already, and both you and your supervisor agree you are ready, you may have an experienced co-worker observe you as you complete an assessment.

**Part 1: Review a completed electronic assessment for your program. For the same case, review the copy of the assessment in the paper file format.**

**Part 2: Observe the completion of an assessment for your program. Considerations to discuss with the worker or supervisor following or during the assessment observation:**

Prior to the assessment, discuss the history of the case with your co-worker (i.e. reason for agency involvement, number of children involved, caregivers, and specific issues to be addressed with the family, etc.).

What tool(s) did the worker (or you) utilize to capture the information necessary for an accurate assessment of the family?

What methods did the experienced co-worker (or you) utilize to elicit the information needed?

Was it necessary to engage the client? If so, why?

**Part 3: Watch the worker enter the assessment information into ACCESS or FATS, or you may ask the worker to observe you as you practice entering the assessment information in yourself.**

## ACTIVITY 20: Quality Parenting Initiative (QPI)

Louisiana was the first state to adopt Quality Parenting Initiative as a statewide approach. Quality Parenting is an approach to strengthening foster care including kinship care, by refocusing on quality parenting for all children in the child welfare system regardless of where they live. It is a philosophy to which we hold ourselves accountable for the day-to-day care and parenting of children and teens in the custody of the State of Louisiana. As Child Welfare Professionals we all have a role to play in Quality Parenting Initiative regardless of programs.

Instruction: In your internet browser access DCFS website [www.dcfslouisiana.gov](http://www.dcfslouisiana.gov). On the home page click on the Child Welfare tab. Then select QPI Louisiana. Review the corresponding QPI links and then answer the following questions.

There are 4 QPI Principles. Read the following statement and fill in the missing words.

1. Children \_\_\_\_\_ foster parents and kinship caregivers who convey love and acceptance and who strive to co-parent with and demonstrate \_\_\_\_\_ of birth parents' efforts to be \_\_\_\_\_
  
2. QPI goal is to ensure that every child who is removed from his or her home receives quality parenting from kinship or foster parents that meet his or her emotional, developmental, cognitive and social needs. The expected outcome are:
  - \_\_\_\_\_ numbers of committed and quality care families, including kin, who can parent these children
  - Increased rates of placement \_\_\_\_\_
  - \_\_\_\_\_ of use of group care
  - Increased rate of same placement for \_\_\_\_\_ Increased \_\_\_\_\_ of children and birth families
  - \_\_\_\_\_ permanency
  - -skilled staff \_\_\_\_\_ to Quality Parenting
  
3. Match the QPI Practice Guides with the correct description.
  - Initial Call
  - Initial Removal
  - Planful Transitions
  - Icebreaker Meetings

4. Click on the QPI Resources tab and read about Role Cards. Role cards convey the expectations for each child welfare professional. Click on the Role Card for your assigned program, review “How do I QPI Today” for your program. Print the card to add to your field folder and save a copy to your desktop. Discuss with your supervisor Role Card expectations and what that might look like in practice.

## **ACTIVITY 21: Continuum of Services and Case Review**

**(entire paper record)**

*Instructions: Review DCFS Continuum of Services chart located in the DCFS Overview Section to become familiar with each major program their goals, decisions made and tools used. Once you have reviewed the Continuum of Services, ask your supervisor for a complete case file.*

*Regardless of the program you are assigned to, it would be beneficial for you to review a complete case from intake to reunification (if available) to help you understand our continuum of care and casework process. This list is a guide to help you identify key components to locate with in the case record.*

- Case name and number
  - Identify the Primary caregiver
  - Other caregivers in the home
  - Parents outside of the home
  - Names and ages of children
  - Are all identified children also identified as victims of maltreatment.
  - the family TIPS #. Note that everyone has a personal TIPS number but the family TIP # belongs to the primary client.
- 
- **CPS:**
  - Review the initial intake.
  - When and why did the case initially come to the attention of DCFS?
  - Who was the reporting party?
  - What were the initial allegations?
  - What was the disposition of each?
  - Did the family have any previous DCFS history?
  - Were there prior services (either voluntary or court ordered) involving the family? What resulted in the termination/completion of those services?
  - Have any of the children been previously placed in out of home care? What resulted in their return home?
  - Do the parents have a criminal history.
  - Review case notes/contacts recorded?
  - Review the Safety Assessments
  - Were there any present or impending danger threats identified?
  - Was a Safety Plan initiated?
  - Review the Areas of Assessment
  - Review the original Structured Decision Making. ( Initial Risk Assessment)
  - What was the risk level?

- What are some of the factors for this family that increase risk?
- Were there any issues related to mental health, substance abuse or domestic violence?
- Review the final finding on the case and determination for each allegation.
- How long was the case open. Find the date it was closed.
- Review various staffings completed and supervisor notes/recommendations.
- What this case referred to Family Services or Foster Care?
- Review the referral form and information it contains.
  
- **Family Services:**
- Reason for referral? Reason for acceptance into FS?
- Identify the date of was accepted. Review referral form 10 or Form 6.
- Review the Safety Assessments
- Were there any Present or Impending danger threats identified by CPS?
- Was there Safety Plan?
- Review the Assessment of Family Functioning ( in FATS)
- Review the initial SDM (Structured Decision Making) completed by CPS.
- What was the risk level?
- What are some of the factors for this family that increased the risk level?
- Locate the case plan.
- What areas of the caregiver’s protective capacity needed enhancing? What areas were they protective?
- What referrals were made? Review reports.
- Who were collaterals and review the information they provided.
- Were there any issues related to mental health, substance abuse or domestic violence?
- How often did the worker have to visit the family (per SDM level)?
- Review visit notes (CR8).
- Was there any court order services? If so, review court orders and reports.
- Review staffings (Form 62) completed and supervisor’s notes/recommendations.
  
- **Foster Care Services:**
- What was the reason for removal?
- Find the Continued Custody (72 hour) court minutes or report
- What were the “reasonable efforts” provided prior to the removal of the children?
- Family Team Meeting
- When was it held? \_
- Who attended and what was their relationship to the caregiver or children?
- Locate Disposition Orders. For all cases, pre & post disposition review legal folder and:
- Locate all previous court reports and minute orders.
- Find the most recent minute order note:
- Date of the next hearing
- Type of hearing
- When is next report due
- What are the current orders for DCFS (aka YOU)?

- What are the orders for visitation between parents & children?
- If siblings are not placed together, what is the plan for visits?
- Find the pictures of the children. Where are they located?
- Review placement paperwork
- Identify child's birth certificate medical, dental and school information
- Are there current medical concerns regarding the children? If so, what is the plan to address?
- Are there current mental health concerns for the children? What is the plan to address?
- Any parents' deceased?
- Review the original Structured Decision Making. ( Reunification Risk Re-Assessment)
- What was the risk level?
- What are some of the factors for this family that increased the risk level?
- Review the case plan.
- What areas of the caregiver's protective capacity needed enhancing? What areas were they protective?
- What were the services provided to the parents.
- Review staffings completed and supervisor's notes/recommendations.

## **ACTIVITY 22: Community Resources**

*Refer to the Child Welfare Desk Resource and read DCFS's Relationship with Other Community Resources to answer the following questions.*

1. It is important to understand how our department's service delivery system is integrated with others in the community environment.
  
2. Collaboration efforts are a \_\_\_\_\_ and \_\_\_\_\_ part of providing a community-based continuum of care to the children and families of Louisiana.
  
3. DCFS enjoys partnerships with other agencies, organizations, and systems as well, including law enforcement, hospitals, schools, correctional facilities, the Families in Need of Services (FINS) programs, Court Appointed Special Advocates (CASA), and the court systems.
  
4. The \_\_\_\_\_ in each region, as well as, the State Level CQI Team, includes community stakeholders who help define the organizations' overall performance.
  
5. Interview several workers in your program in addition to searching online regarding local community providers. Familiarize yourself with the major providers and visit some of these locations when possible. Build your own community resource guide for reference when you receive your caseload. Ensure your list includes as least 2 of each resource below.

- Substance Use Clinic

- Behavioral Health Providers
- Early Steps
- Psychologist/Therapist Office
- Law Enforcement (State Police local troop, Sheriff, Local Police)
- Assistance District Attorney
- State Approved Day Care Centers
- Residential Facility/Group Home
- Family Resource Center (For your region)
- Local Parish School Boards Child Attendance Office
- Local Schools and counselors
- FINS (for your district)
- CASA
- Hospital Social Work Units
- Judge
- Correctional facilities
- Food Banks
- Shelters
- Community Action Agency
- Volunteers of America (For your region)
- United Way (for your region)
- Online resources ( for example):
  - Prevent Child Abuse Louisiana
  - Louisiana 211 ( for your region)
  - Louisiana HelpDesk by Team Dynamics, LLC
  - Text4baby.org

## IMPORTANT, PLEASE READ

For the next several structured activities (23-28), interns should shadow and observe casework practice daily. In order to understand child welfare practice as well as forms, specialized tools and practice principles, workers are instructed to shadow numerous workers performing various aspects of the casework. **This is a profession where you must immerse yourself into the work, to learn how to do it.** The more you shadow, discuss with your supervisor and read related material, the quicker you will begin to clearly understand how what you observe connects with the outcomes we seek in the services we provide to families. These activities are inclusive of the specific activities listed in this section, but not limited to:

- Take the opportunities to get workers or your supervisor allow you to practice (with their assistance) creating an electronic case record in ACESS, FATS, TIPS.
- Assembling a paper record to learn where forms should go.
  
- Staffing with supervisor on what you observe and asking questions to understand.
- Attending staffings for numerous workers at different points in their cases.
- Attend different kinds of staffing and debrief with your supervisor following to understand the reason for the staffing and the decision made in it.
  
- Shadow workers visiting clients in various settings (school, the office, home, court, jail, etc).
- Talking with service providers
- Talking with collaterals
- Testifying in court on case
- Entering case documentation into ACESS, TIPS, or FATS
- Completing paperwork for payments of client services
- Completing SDM
- Administering TBH
- Working in TIPS.
- Assessing for safety and completing safety assessments
- Entering case in FATS
- Shopping for a client
- Make resource referrals for a client
- Arranging transportation
  
- Observe workers preparing to initiate a case. Take note of how they prepare their paperwork, discussion with their supervisor prior to initiating contact with client, and any calls they may make to reporters, collaterals or community providers.

## ACTIVITY 23: Substance Use

Research indicates that 92% of our clients have substance abuse issues. With regards to good practice, it is equally important that we understand the negative effects on substance abuse on parents, as well as, children.

The **National Center on Substance Abuse and Child Welfare** (NCSACW) has created free tutorials designed to facilitate the working relationship between the substance abuse treatment system, courts, and the child welfare system. The successful collaboration between these three systems is crucial to meeting the needs of parents and families struggling with substance abuse and addiction. The tutorial designed for child welfare professionals will help you to understand substance use disorders, how substance use disorders can best be treated, and how you can help a family recovery from addiction.

- Click on the following link: <https://www.ncsacw.samhsa.gov/training/default.aspx>
- The above link will open the "Training and Tutorials" page. Click the purple box on the right hand side of the screen that says "SIGN UP NOW."
- You will be sent to the "ONLINE TUTORIAL REGISTRATION" page where you will be asked to enter your email address. Of the three course options please select "TUTORIAL FOR CHILD WELFARE PROFESSIONALS"
- When you "SUBMIT REGISTRATION" you will be emailed an "Access Key". Copy the Access Key from your email and paste the access key into the TUTORIALS SIGN BOX before pressing "SIGN IN." You will need the access key every time you sign in.
- Access Key: \_
- Tutorial for Child Welfare Professionals consists of an overview, five modules, an assessment, resources, and your personalized certificate (of you complete all. The five modules are:
  - Module 1: Primer on Substance Use Disorders for Child Welfare Professionals
  - Module 2: Engaging Families in Substance Abuse Treatment
  - Module 3: Substance Use Disorder Treatment and Recovery
  - Module 4: Special Consideration for Children Whose Parents Have Substance Use Disorders
  - Module 5: Partnering Strategies in Service to Child Welfare Families Affected by Substance Use Disorders



## ACTIVITY 24: Effects of Maltreatment on Child Development

1. Review closely the Developmental Milestones Chart located in Section 2 giving special attention to the effects of maltreatment section for each age group.
2. Observe multiple co-workers interacting with children. This can include CPS interview at school or in the home, Family Services worker visiting with a child and assessing safety, or Foster care worker visiting with a child at the office, court or during a family visit. Consider each child's age, appropriate developmental behavior and what you observed in each child. Then discuss with your observations or concerns with supervisor or the co-worker referencing the information on Effects of Maltreatment on Child Development.
3. As you interact with the child be observant of any behaviors or statements that appear to represent possible effects of maltreatment. Circle those points on the chart. In addition, make behaviorally specific notes of your observations that explain the observations that led to your concerns. For example,

SCENARIO: A school aged child told you a story about how his mother is now rich because she won the lottery at the Billups Quick Stop in Monroe. The child tells you that his mother is now looking for a house to buy that will have a bedroom for him and one for each of his six siblings, so that they all can go home to live her.

CONSIDERATION: Could this story be a possible effect of maltreatment? Does such a story seem to coincide with the effects of maltreatment listed on the Developmental Milestones Chart for school aged child: "May speak in unrealistically glowing terms about his parents?" Provide the specific behaviors (e.g. told story about mother winning lottery and buying a big house, etc.) in your notes. Another example,

SCENARIO: At a foster home a six-year-old child strongly insists that he must be the one to put the shoes on his three-year-old sibling before they go out in the yard to play. He demonstrates this by taking over the situation by finding the shoes and socks and putting them on the sibling.

CONSIDERATION: Consider, is it appropriate for a 6-year-old to assume this level of responsibility? This is a behaviorally specific example of the possible effect of maltreatment: "Role reversal to please parents, and take care of parent and younger siblings," as found on the Developmental Milestones Chart? Provide the specific behaviors (e.g. takes over putting shoes on his sister, etc.) in your notes.

**Using the Developmental Milestones Chart located in Section 2: match the child age group with the appropriate possible effect of maltreatment on the child's development.**

1. Infants and Toddlers
2. Preschool
3. School Aged
4. Adolescent

## ACTIVITY 25: Structured Decision Making

Structured Decision Making is a tool our agency uses to determine risk of future maltreatment and consistently guide cases. Go to the Structured Decision Making (SDM) System for Child Welfare Services (2013 issue) – Policy and Procedures Manual. You may access the SDM manual on Power DMS.

1. Review the SDM Manual.
2. Review a completed SDM.
  - Ask your supervisor or co-worker to show you a completed SDM for your program explaining the procedures to complete and the reason why they are used for all cases.
  - Discuss the different SDM tools and which programs primarily use which one.
  - Discuss how often are SDM's completed on each case in your program.
  - What kind of criteria is assessed in each SDM and why is it important to our decision making process on cases.
3. Complete a SDM.
  - Ask your supervisor or co-worker to assist you in entering at least one SDM for a case in your program.
4. Using the SDM Manual and information from discussions with your supervisor/co-worker, answer the following questions.

What does SDM stand for?

What are the three types of SDM?

Which programs primarily use which SDMs?

What does SDM determine?

What are the 4 risk levels of SDM?

## ACTIVITY 26: Case Transfer Staffing

Observe a case transfer staffing that includes your program either accepting or transferring a case to another program. During this staffing use the following list to ensure you understand the information being presented and the considerations being made on a whether a case should be accepted. Discuss this checklist and your observations with your supervisor and co-worker following the staffing.

### Case Transfer Information Sufficiency Checklist

◆ **Review the Areas of Assessment from CPS Observation Page, the PD and ID Safety Assessment Forms, the SDM initial risk assessment, and the Safety Plan.**

- Are there gaps in information?
- Is there a need for further clarification regarding documenting information?
- Are family, caregiver, and child functioning sufficiently understood?

◆ **Do you understand the IMPENDING DANGER identified by CPS?**

- Does documentation in the Areas of Assessment support the identification of impending Danger?
- It is obvious how threats to child safety are operating in the family?
- Is impending danger justified, clearly and precisely described in the Areas of Assessment and Safety Assessment?
- Is further information needed to understand the safety assessment decision?
- Is it clear what safety threats and issues caused a need for a safety plan?

◆ **Is there a clear understanding of how the safety plan sufficiently manages danger?**

- For out of home plans, is there a clear understanding of which safety interventions are needed to make an in-home plan to be possible?

Is there a clear understanding of how the safety actions will reduce the danger to the child?

- Is it clear who is responsible for providing safety action?
- Does the safety plan still meet the criteria of : control or manage danger, have an immediate effect, be immediately accessible and available, contain safety services and actions only, and contain no promissory commitments?
- Is there a clear understanding of strengths of caregivers involved in safety plan?
- What Strengths are identified?

◆ **Identification of Caregiver Protective Capacities.**

- What are the caregiver protective capacities that have already been identified as enhanced or diminished?
- Consider what possibilities may exist for discussing and using caregiver protective capacities during the AFF process.

◆ **CONSIDERATIONS:**

- Consider whether there is a need to immediately contact safety service providers (in-home safety plan.)
- Always consider if there is a need for immediate adjustments to safety plan prior to initiating the AFF with caregivers.
- Prior to the introduction meeting with caregivers, make sure you are clear about what safety threats exist in the family.

## ACTIVITY 27: Attend Court Hearing

This opportunity is designed to help you understand the court process. Meet with your supervisor regarding attending a court hearing for a case that you have been assigned to shadow. Use this list as a guide to discuss pertinent information before court and following.

1. Discuss with your supervisor **BEFORE** going to court:
  - The expectations of workers by the court
  - What to wear?
  - What time to arrive, where to park, sit?
  - What you should or should not bring with you to court?
  - Security procedures
  - Where do workers and clients sit?
  - Type of court
  - Type of hearing and purpose of the hearing
  - Ask to observe the worker and supervisor staffing/prepping for court
  
2. Following court discuss your observations with your supervisor and co-worker you shadowed
  - Who were the individuals present at the hearing?
  - What were the documentation presented to the courts by the worker? Review a copy.
  - Discuss unfamiliar phases and terminology used by judge, attorneys, and worker.
  - Discuss the judge who presided and their expectations of workers.
  - How often is court for this jurisdiction?
  - What are common court procedures and expectations for CPS workers?
  - Discuss the Assistant District Attorney (ADA), their role in court hearings and their expectations for workers.
  - Discuss the parent and child attorneys, their role in the hearing and with the case.
  - What are the different hearings workers (for your program) will attend in the life of case when a child has been removed?

## **ACTIVITY 28: Shadow an Experienced Worker in your Program**

Your supervisor will pair you up with an experienced worker to shadow and observe their casework practice. You will have many opportunities to observe your co-workers practice within your specific program.

Instructions: For this activity observe multiple experienced co-workers with in your program as they complete some basic but vital casework task in the office or in the field. The following topics are guides to help you communicate with the worker or supervisor you will shadow.

### **Shadow on a Client visit:**

Inquire with the worker about the reason for the visit.

Has the worker had previous contact with the family for this case or is this an initial visit?

What preparations did the worker make to prepare for the visit?

What forms will the worker use during the visit, share with or receive from the client?

Where will the visit take place?

Pay attention to how the worker introduces him/herself.

If the client has any questions, take note to how the worker addresses their concern or inquiry.

Removing a child from their primary home.

Placing a child in a foster home.

### **Entering a case in the electronic format:**

What systems are used? Log in process? Any tips they would like to share to worker efficiently in the program? Ask the worker to allow you to practice in the program in possible. Ask worker to allow you to see applicable domains and

### **Interviewing collaterals or speaking with system partners:**

Necessity for the call/contact? Is this the initial contact? Information expected to obtain from the collateral?

Testifying in court

### **Staffing a case.**

How did they prepare for the staffing? Forms used? Is this a scheduled staffing? What kind of staffing? Key decisions to be made in the staffing?

Preparing for FTM

### **Reviewing reports from service providers.**

Where is the report from? Referral process? Reason report is needed. What decisions will this report help us to make? Where will this report be filed?

## Child Protection Services Activities

You are only required to complete the following CPS activities if you are completing your placement in CPS.

### **CPS ACTIVITY 29: Review of the CPI-1 and Reporter Contact**

Have someone show you how to access and print the CPI1 from ACESS and review its components and the information contained on it. Discuss with your supervisor or mentor the importance of reporters, information we receive from them, what kind of information we can give them and how we protect their identity. Shadow a worker as they make a call to a reporter, listening to the conversation.

1. What is the CPI-1?
2. List the information that can be found on the CPI-1.
3. Where can you find the information regarding the reporter of the intake report?  
.
4. What is the first contact that should be made when an investigation is assigned to a worker?
5. Why is the reporter contacted?
6. What information can be provided to the reporter?
7. When is it ok to reveal the identity of the reporter?

## **CPS ACTIVITY 30: Initial Forms Folder**

Sit with an experienced CPS worker and review their forms folder and discuss and answer the following questions. Have a co-worker (chosen by your supervisor) assist you in gathering the forms needed to set up a case record. See if you can locate all of these forms in the Policy Management System. Place the forms in the correct sections of the case record as identified by the case record cover sheet

- 1. What is the clients' rights form and why is it important?**
- 2. What is the form 470 and when is it used?**
- 3. What is a form 42?**
- 4. What is the proper way to complete a consent form?**
- 5. Consult your supervisor, co- workers and policy to start compiling your initial forms folder which you will use regularly in the field. This folder should be prepared and brought to New Child Welfare Worker Orientation during Specialized Week (wk 3).**

**Mark when this assignment has been completed.**

Date: \_\_\_\_\_



## **CPS ACTIVITY 31: Response Priority**

*Review response priority timeframes with your supervisor or co-worker and answer the following questions.*

- 1. What is response priority?**
- 2. What are the 4 response priorities and what are the time frames?**
- 3. What contacts are required to meet response priority?**
- 4. What is an investigation level?**
- 5. Provide information regarding allegations and their corresponding investigation levels.**
- 6. What is a collateral and how do you know how many and what type you need?**
- 7. What are the possible closure outcomes for an investigation at Final Finding.**

## CPS ACTIVITY 32: Review an entire CPS case record

As a new worker at DCFS, it is important for you to understand the entire life of a case, from the point of entrance to when the case is terminated. When a call comes in to Centralized Intake, it is determined if the report is accepted for an assessment or non-accepted. If the report is accepted for a, it is assigned to a CPS worker who is in charge of assessing the report of abuse and/or neglect. The CPS worker and supervisor then decides the validity of the case. With your supervisor or mentor, review multiple CPS records in different formats to get familiar with how we document as an agency in different formats. Compare the difference between the cases and between the different formats for each case you review. Review an INVALID case, VALID case and a VALID case transferred to FC or FS.

### 1. Observe entire CPS paper records of a closed case and enter the ACCESS investigation number below of each case.

*This list is a guide to help you identify key components to locate with in the case record.*

- Case name and number
- Identify the Primary caregiver
- Other caregivers in the home
- Parents outside of the home
- Names and ages of children
- Are all identified children also identified as victims of maltreatment.
- Identify the family TIPS #. Note that everyone has a personal TIPS number but the family TIP # belongs to the primary client.
  
- Review the initial intake.
  - When and why did the case initially come to the attention of DCFS?
  - Who was the reporting party?
  - What were the initial allegations?
  - What was the disposition of each?
  - Did the family have any previous DCFS history?
- Were there prior services (either voluntary or court ordered) involving the family? What resulted in the termination/completion of those services?
- Have any of the children been previously placed in out of home care? What resulted in their return home?
- Do the parents have a criminal history.
- Review case notes/contacts recorded?
- Review the Safety Assessments
  - Were there any present or impending danger threats identified?
  - Was a Safety Plan initiated?
- Review the Areas of Assessment
- Review the original Structured Decision Making. ( Initial Risk Assessment)
  - What was the risk level?
  - What are some of the factors for this family that increase risk?
- Were there any issues related to mental health, substance abuse or domestic violence?
- Review the final finding on the case and determination for each allegation.
- How long was the case open. Find the date it was closed.
- Review various staffings completed and supervisor notes/recommendations.

- What this case referred to Family Services or Foster Care?
  - Review the referral form and information it contains.

**2. Review the same cases in ACESS, noting what documentation is included in ACESS that is not in the paper record.**

**3. Review the same cases in TIPS, noting the codes and pages that communicate the case history.**

Valid case # \_\_\_\_\_

Invalid case # \_\_\_\_\_

Valid Case transferred to FC or FS # \_\_\_\_\_

## CPS ACTIVITY 33: Observing CPS Validity Staffing

If, while investigating the report, the CPS worker does not observe anything that suggests that the child is at an immediate risk of harm, the worker wraps up the assessment for the day. The worker and supervisor then have 30 days to staff the case and determine if the case is valid (has evidence of abuse and/or neglect) or invalid (does not have evidence of abuse and/or neglect). This process is called a validity staffing.

Some cases are determined to be invalid at the validity staffing and are then closed. Some cases can be validated and still be closed, with some services being provided by the CPS worker, or with the case being referred to Family Services. Finally, sometimes when reviewing the evidence during the validity staffing, it becomes apparent that the case is, in fact, high risk, and the worker requests the removal of the children from the home (via verbal Instanter order, or via writing).

1. Ask your supervisor to assign a CPS worker, who has an upcoming validity staffing, for you to shadow.
2. Meet the CPS worker and ask him/her if you can look at the notes and evidence collected during assessment.
3. Find out when the validity staffing is going to take place so that you can attend and observe.
4. Answer the following questions:

- a. Describe the procedures you witnessed at the validity staffing:

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- b. How did the worker and supervisor decide whether the case was valid or invalid? Did you agree with their decision? Why or why not? \_\_\_\_\_

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# CPS ACTIVITY 34: Observing Post Removal Activities

## Child Protective Services Case Assessment Post Removal

Associated Forms: Initiation of the Investigation with the Parent or Caregiver (4-512); Present Danger Safety Assessment; Present Danger Safety Plan; Impending Danger Safety Plan; Impending Danger Assessment;

As a DCFS employee, it is important for you to understand the entire life of a case, from the point of entrance to when the case is terminated. When a call comes in to Centralized Intake, it is determined if the report is accepted for an assessment or non-accepted. If the report is accepted for a, it is assigned to a CPS worker who is in charge of assessing the report of abuse and/or neglect. The CPS worker and supervisor then decides the validity of the case.

If, while investigating the report, the CPS worker determines that the child is at an immediate risk of harm they will take the child into immediate care by either obtaining an Instanter order (calling the judge and getting a verbal order to remove the child), or by petitioning the court in writing. Once the child is in custody, the CPS worker has 24 hours to compose and present an affidavit to the judge, and then the worker and supervisor have 30 days to staff the case and determine the validity of the case.

1. Ask your supervisor to assign a CPS worker, who has taken a child into immediate care sometime in the last two days, for you to shadow.
2. Meet the CPS worker you will be shadowing and ask him/her if you may look at a copy of the affidavit that was prepared for this case.
3. Find out when and where the 72-hour hearing is set so that you can attend and observe.
4. Consider the following questions:
  - a. Ask the CPS worker what evidence did s/he find that suggested that the child was at immediate risk of harm and needed to be removed from the home?
  - b. Ask the CPS worker to walk you through using the SDM, following the evidence gathered for this case. How are the conclusions drawn by the SDM the same or different than the worker's impressions?
  - c. What similarities did you notice between the affidavit you read and the information the CPS worker presented to the judge?

## Family Services Activities

You are only required to complete the following FS activities if you are completing your placement in FS.

### **FS ACTIVITY 29: Introduction to Family Services**

- 1. What is the purpose of the Family Services program?**
- 2. What are the ways that Family Services can get involved with a family?**
- 3. What are some the services that Family Services can use to assist a family?**
- 4. What computer program does FS use to enter case information?**
- 5. What assessment tool is used to determine the frequency of workers monthly visits with the family? Can this initial assessment outcome change over time?**  
.
- 6. When is an FS case is considered complete and ready for closure?.**

## FS ACTIVITY 30: FATS and TIPS

Sit with your supervisor or co-worker and discuss the electronic systems we use to capture data which are TIPS and FATS. Talk about what kind of information is captured in each. In addition to their tutorial, retrieve a copy of the instructions for TIPS and FATS from Power DMS. Complete the following activities.

- 1. Have your co-worker show you how to open a FS case in TIPS. Record the steps here:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2. Have your co-worker show you how to create an Assessment of Family Functioning (AFF) and case plan and in FATS. Record the steps here:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 3. Tell your co-worker that you also need to see how a case is closed in TIPS and FATS. Ask your co- worker if they will show you the steps to do this next time they have to close a case and you are available. Record the steps to closing here:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Case closure information for TIPs is found in policy 5-810 and will come up in TIPS when choosing the reason on the 106 page. Match the closure code with the appropriate reason.

- CNC =

- NCS =

- CTA=

- CTR =

- DEC=

- MOV =

- SC1=

- .

- SC2=

- TOP =

- UTL=



## **FS ACTIVITY 31: Information Collection and Client Progress**

- 1. What documents/forms are provided from the CPS worker when a case is transferred to FS?**
- 2. What is the timeframe for initial contact with the family by the FS worker and what information is gathered at this meeting?**
- 3. How is client compliance assessed? How is progress assessed?**
- 4. If a client is showing signs of non-compliance, what are the steps to resolve the issue? If the client is not making progress toward the goals agreed upon in the case plan, what are the steps to resolve the issue?**
- 5. When is an FS case petitioned to court and what inner office steps are taken prior to the case being referred for court involvement?**
- 6. What is the ideal timeframe of FS involvement with a family?**

## **FS ACTIVITY 32: FS Forms Folder**

*Consult your supervisor, co-workers and policy and start compiling your forms folder which you will use regularly in the field. See if you can locate all of these forms in the Policy Management System. Place the forms in the correct sections of the case record as identified by the case record cover sheet. This folder should be prepared and brought to your placement for inspection by your field instructor.*

when this assignment has been completed.

Date: \_\_\_\_\_

## FS ACTIVITY 33: Review entire FS Case record.

As a new worker at DCF, it is important for you to understand the entire life of a case, from the point of entrance to when the case is terminated. With your supervisor or co-worker, review multiple FS records in different formats to get familiar with how we document as an agency. You should also review cases of different workers. Compare the difference between the cases and between the different formats for each case you review. For this exercise, obtain at least 2 paper records of closed FS cases. While reviewing each paper record, also review the case in TIPS and FATS using the guide below to review pertinent components and then discuss with your supervisor.

### Family Services Case Guide:

- Reason for referral? Reason for acceptance into FS?
- Identify the date of was accepted. Review referral form 10 or Form 6.
- Review the Safety Assessments
  - Were there any Present or Impending danger threats identified by CPS?
  - Was there Safety Plan?
- Review CPS Areas of Assessment
- Review the initial SDM (Structured Decision Making) completed by CPS.
  - What was the risk level?
  - What are some of the factors for this family that increased the risk level?
- Review Assessment of Family Functioning (in FATS)
  - Review the information documented in each domain. What were the ratings?
- Locate the case plan (in the paper record and in FATS).
  - What areas of the caregiver's protective capacity needed enhancing? What areas were they protective?
  - What are the case plan goals and the actions steps to achieve each goal?
- What service referrals were made? Review reports.
- Who were collaterals? Review the information they provided.
- Were there any issues related to mental health, substance abuse or domestic violence?
- How often did the worker have to visit the family (per SDM level)?
  - What are some of the factors for this family that increased the risk level?
- Review visit notes (CR8 and in FATS).
- Review TBH screenings.
- Review Sex Trafficking Screening for the teens in the home.
- Review the In- home Risk ReAssessment SDM completed by the FS worker. What was the risk level?
- Was there any court order services? If so, review court orders and reports.
- Review staffings (Form 62) completed and supervisor's notes/recommendations.
- Review After Care Plan
- How long was the case open?
  - What was the reason this case was closed? Review TIPS closure codes.

## FS ACTIVITY 34: Trauma and Behavioral Health Screen

*Please note that DCFS policy **requires** the administration of the TBH screen for all open FC, FS, and adoption cases. DCFS caseworkers can refer to Chapter 3 of DCFS Child Welfare Policy (Policy 3-220 - Behavioral Health Screen and Assessment of Children) for more information regarding this requirement.*

In 2012, Louisiana was one of 9 states to receive a five-year grant to increase the use of needs- driven, evidence-based assessment and intervention in the child welfare system. In conjunction with DCFS, the Tulane University Department of Psychiatry and Behavioral Sciences began an initiative to increase DCFS staff and stakeholder awareness regarding traumatic experiences and effects among youth. The partnership also developed and implemented a new instrument to be used to screen for trauma among children in the DCFS system. The home page for the Louisiana Child Welfare Trauma Project (LCTP) may be found here:

<https://latrauma.com>.

1. Then watch the following two training videos on the Trauma and Behavioral Health Screen (TBH).

Part 1 Video (7:29):

<https://sharestream.tulane.edu/ssdcms/i.do?u=a8802ab27da3431>

Part 2 Video(13:22):

<https://sharestream.tulane.edu/ssdcms/i.do?u=7637d7b991c142b>

2. You may obtain digital copies of both versions of the TBH (in English or Spanish) via this link: <https://latrauma.com/resources/caseworkers/>
3. In the future, once you have administered the TBH to children and caregivers on your case load you may enter the responses at the TBH Online Data Entry System:  
<https://www.snapsurveys.com/wh/s.asp?k=151016857178> Please follow the instructions for data entry carefully. **PRINT YOUR RESULTS AFTER EACH ENTRY FOR EACH CHILD.** You will not be able to retrieve results once you leave the site.

## Foster Care Activities

You are only required to complete the following FC activities if you are completing your placement in FC.

### **FC ACTIVITY 29: Introduction to FOSTER CARE**

Talk with your supervisor or co-worker about foster care using these questions to guide the discussion. Then return to answer the questions in Moodle.

1. What is the purpose of the Foster Care program?
  
2. What are the 2 primary ways a case be transferred to Foster Care?  
  
.
3. What is the agency's focus in working with parents?  
  
.
4. What are the 4 possible Foster Care Permanency outcomes?
  
  
5. What is Quality Parenting Initiative (QPI) and how does it relate to FC?
6. How does QPI application look in Foster care?
  
  
7. What is the Child Welfare Title IV-E Unit and their purpose?

## **FC ACTIVITY 30: Case Entry and Assessment Tools**

Meet with your supervisor, look in FC policy and talk with your co-workers using these questions as a guide to understand the case entry process and assessment tools used in foster care. Then return to Moodle to answer the questions.

- 1. What computer program does FC use to enter case information and its function?**  
.
- 2. What assessment tool is used to determine the frequency of workers monthly visits with the family?**  
.
- 3. The case worker will visit with the parents at a frequency which coincides with the risk level, to assess risk/safety to a child.**
  - VERY High SDM =
  - High SDM=
  - Moderate and Low SDM =
- 4. What is the tracking system used by Foster Care for monitoring all aspects of cases, (profile, history, case events, provider and caseload reports)**
- 5. What types of staffings are held by Foster Care case managers, how often and who are the involved parties?**

## **FC ACTIVITY 31: Information Collection and Client Progress**

*>>>Talk to your supervisor and get linked up to a mentor to observe interactions with foster parent, observe a foster placement of children or services to parents.*

- 1. What documents/forms are provided by the CPS worker when a case is transferred to FC?**
  - 2. What are Family Team Meetings (FTM) and how often are they held?**
  - 3. When should a foster care case's Family Social Assessment be completed and how often?**
  - 4. When children are placed in out of home care, how should foster home placements be determined?**
  - 5. How is client progress assessed?**
  - 6. What is the most important aspect of FC?**
- 
- 4. In FC program, who is the client?**
  - 5. What is the responsibility of the FC caseworker to visit a foster child?**
  - 6. Primary practice responsibilities of a foster care case worker:**

## **FC ACTIVITY 32: Court Compliance**

Talk with your supervisor or co-worker about court compliance expectations for Foster Care Case Workers. Use the following questions as a guide your discussion.

Review various court reports completed by your co-workers recommended by your supervisor. Discuss Caseworker expectations with regards to testifying and court reports.

### **1 Match the steps in the Foster Care court process with the correct timeframe?**

- 72hr hearing(continued custody):
- Adjudication hearing:
- Dispositional hearing:
- Review Hearing:
- Permanency Hearing:

2. Who must review and approve court reports before submitting them to the courts?

4. **What are the timelines for court reports to be submitted to court personnel?**

5. **What parties are provided a copy of the written court?**

6. **What is the ideal timeframe of FC involvement with a family?**



## FC ACTIVITY 33: FATS and TIPS

Sit with your supervisor or co-worker and discuss the electronic systems we use to capture data which are TIPS and FATS. Talk about what kind of information is captured in each. In addition to their tutorial, retrieve a copy of the instructions for TIPS and FATS from Power DMS. Complete the following activities.

4. **Have your co-worker show you how to open a FC case in TIPS. Record the steps here:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. **Have your co-worker show you how to create an Assessment of Family Functioning (AFF) and case plan and in FATS. Record the steps here:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

6. **Tell your co-worker that you also need to see how a case is closed in TIPS and FATS. Ask your co- worker if they will show you the steps to do this next time they have to close a case and you are available. Record the steps to closing here:**

- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_

## FC ACTIVITY 34: Observe a Family Team Meeting (FTM)

**Observe a Family Team Meeting & Enter Case Plan into FATS.** An initial Family Team Meeting (Case Planning meeting) takes place when the worker, client, and other supportive individuals invited by the client come together to develop a case plan. Closely tied with Family Team Case Planning Meetings is the concept of 'family teaming.'

1. Ask a co-worker (chosen by your supervisor) to provide you with their definition of Family Team Meeting (FTM) and discuss.
2. Help your co-worker and supervisor to prepare for the initial Family Team Meeting by asking your supervisor and/or co-worker if they have any appropriate tasks that you could work on to assist in preparing for or conducting the meeting. For instance, you may be able to help by taking notes during the meeting, preparing a poster or banner, take on a step in the team meeting process (e.g., establishing confidentiality or generating ground rules), or documenting decisions on a flip chart.
3. Observe the worker as he/she conducts the initial Family Team Meeting for a case you have been assigned to shadow.
4. Identify individuals present at the meeting and their role or relationship to the child or parent.
5. Observe the process of making decisions about what the case plan will include. Considerations to look for:
  - What are the non-negotiable included in the case plan?
  - Did the case plan correspond to the family's ideas and goals and identify the family's "underlying" needs? How so? Or, why not?
  - Did the plan build on the family's strengths? What are these strengths?
  - Did the meeting feel like the "family's meeting?" What did that look like?
  - How do the supportive individuals invited by the client help or hinder the development of the case plan? Why?
6. Observe as a co-worker enter the case plan developed at the initial Family Team Meeting into FATS or ask the caseworker to allow you to enter the information while they assist you.

## FC ACTIVITY 35: Foster Home Placement

### Foster Parents and Placement of Child/ren

Foster parents play a critical role in our ability to serve the children of Louisiana. In fact, research indicates that Child Protection agencies nationwide could not properly function without the support of foster parents. Foster parents are considered an important part of our DCFS Child Welfare Team. We value their time, expertise, and the tireless efforts they put forth in providing safe homes for our children.

1. Review again QPI Planful Transitions Resources on Louisiana DCFS website.
2. Review your QPI role as a Foster Care Worker
3. Review the Foster Parent QPI Role.
4. Meet with your supervisor and obtain a listing of foster parents in your region. Inquire with your supervisor about any tips or unique circumstances regarding any particular foster parents.
5. Observe an experienced co-worker making a foster home placement on **one of the cases you have been assigned to shadow**. This should include completion of shopping, paperwork, etc.
6. Observe and discuss the preparations the foster care worker makes, how they inform and prepare the child for the transition.

## FC ACTIVITY 36: Trauma and Behavioral Health Screen

*Please note that DCFS policy **requires** the administration of the TBH screen for all open FC, FS, and adoption cases. DCFS caseworkers can refer to Chapter 3 of DCFS Child Welfare Policy (Policy 3-220 - Behavioral Health Screen and Assessment of Children) for more information regarding this requirement.*

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4. Then watch the following two training videos on the Trauma and Behavioral Health Screen (TBH).

Part 1 Video (7:29):

<https://sharestream.tulane.edu/ssdcms/i.do?u=a8802ab27da3431>

Part 2 Video(13:22):

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5. You may obtain digital copies of both versions of the TBH (in English or Spanish) via this link: <https://latrauma.com/resources/caseworkers/>
6. In the future, once you have administered the TBH to children and caregivers on your case load you may enter the responses at the TBH Online Data Entry System: <https://www.snapsurveys.com/wh/s.asp?k=151016857178> Please follow the instructions for data entry carefully. **PRINT YOUR RESULTS AFTER EACH ENTRY FOR EACH CHILD.** You will not be able to retrieve results once you leave the site.

## FC ACTIVITY 37: Entire FC Record Review

*Ask your supervisor for a complete foster care case file. This list is a guide to help you identify key components to locate within the case record.*

### **Foster Care Services:**

- What was the reason for removal?
- Find the Continued Custody (72 hour) court minutes or report
- What were the “reasonable efforts” provided prior to the removal of the children?
- Family Team Meeting
  - When was it held? \_
  - Who attended and what was their relationship to the caregiver or children?
- Locate Disposition Orders. For all cases, pre & post disposition review legal folder and:
  - Locate all previous court reports and minute orders.
  - Find the most recent minute order note:
  - Date of the next hearing
  - Type of hearing
  - When is next report due
- What are the current orders for the parents?
- What are the current orders regarding the children?
- What are the current orders for DCFS (aka YOU)?
- What are the orders for visitation between parents & children?
- If siblings are not placed together, what is the plan for visits?
- Find the pictures of the children. Where are they located?
- Review placement paperwork
- Identify child’s birth certificate medical, dental and school information
- Documented medical concerns regarding the children? If so, what is the plan to address?
- Documented mental health concerns for the children? What is the plan to address?
- Any parents' deceased?
- Review the original Structured Decision Making. ( Reunification Risk Re-Assessment)
  - What was the risk level?
  - What are some of the factors for this family that increased the risk level?
- Review the case plan.
  - What areas of the caregiver’s protective capacity needed enhancing? What areas were they protective?
  - What were the services provided to the parents.

## **Activity 38: Pelican Center Training** (Page 1 of 2)

### **KNOWLEDGE & SKILLS SEGMENT 3** – (Supplemental) **Pelican Center Training**

The Pelican Center is a non-profit organization that aims to improve the outcomes of the children and families of Louisiana. The Pelican Center is also one of the Louisiana Child Welfare Training Academy's partners.

1. Go to the Pelican Center's home page by clicking or entering the following link:
  - <http://www.pelicancenter.org/index.html>
2. Read the Overview on the home page.
3. Click the "History" link on the left hand side of the home page and read about how the Pelican Center was developed.

The Pelican Center is relatively new, and is in the process of creating new learning opportunities for those who serve Louisiana's children and families, and expanding their available services across the state.

The Pelican Center's "Child Welfare Basics" training is going to be offered at least 4 times a year at various locations around the state. This training consists of 6.5 hours of instructional time and includes information about abuse and neglect and childhood development. In addition, more advanced information regarding the roles and responsibilities of child welfare stakeholders, the impact of trauma, and an overview of federal and state laws relating to child welfare will be discussed. This training provides attendees with a lot of relevant information, but also helps novice caseworkers and interns put this information into the context of their future practice. You may have already registered and attended this training.

If you have not already, you should attend one of the four trainings during your internship year if at all possible. Often, trainings such as these may count towards your required internship hours. Please discuss this possibility with your field liaison from your school and communicate the answer you receive with your supervisor.

4. Click the following link or proceed to the "contact us" link on the Pelican Center website.
  - <http://www.pelicancenter.org/contacts.html>
  - Fill in the information boxes with your name and email address and politely ask for the upcoming dates and locations of the Child Welfare Basics Training. When you receive this information, you may record it below. Make sure to reply, thanking whoever contacted you for the information and their time (Remember you are representing DCFS!).

- Upcoming Trainings:
- Date: \_\_\_\_\_ Location: \_\_\_\_\_
- Date: \_\_\_\_\_ Location: \_\_\_\_\_
- Date: \_\_\_\_\_ Location: \_\_\_\_\_
- Date: \_\_\_\_\_ Location: \_\_\_\_\_

5. Attend the Child Welfare Basics training given by the Pelican Center. Keep any handouts, notes, or other information you receive for your own future reference.
6. Once you have attended this training bring the materials you were given with you to your internship. Review the materials with your supervisor and have a discussion about what you learned and how you see it relating to your internship year and practice in coming years.

**I discussed the following with my supervisor regarding the Pelican Center and "Child Welfare Basics" training:**

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Student Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## Activity Thirty-Nine: A Journey Home

(1 OF 3)

A Journey Home training is a required training for all Louisiana DCFS foster parents who previously attended MAPP pre-service training. The purpose of this On-line Journey Home training is to provide an overview for foster parents with an overview of the new foster parent pre-service training “A Journey Home”. A Journey Home training includes information on the Louisiana Quality Parenting Initiative, working with birth parents, parenting the sexually abused child, understanding substance abuse, understanding trauma and Trust-Based Relational Intervention®.

You will need to create or log into your LCWTA Moodle Account ([see page 5](#) , MOODLE Instructions). You may access the LCWTA MOODLE System with the following link: [www.moodle.lcwta.org](http://www.moodle.lcwta.org).

### **The 4 course objectives for students are to:**

1. Explain the mission, vision and values of DCFS and how your role fits into system of care.
2. Demonstrate a clear understanding of the DCFS Advanced Safety-Focus Practice.
3. Demonstrate a clear understanding of Quality Parenting Initiative.
4. Be prepared to provide quality parenting, normal childhood experiences and trauma-sensitive care children in care.

There are 5 Modules you must complete in order to receive credit.



## **A Journey Home Module Pre/Post Test Score Sheet.**

Please record your pre and post test scores from A Journey Home Module 1-5.

### **Module 1:**

Pre-Test \_\_\_\_\_

Post-Test \_\_\_\_\_

### **Module 2:**

Pre-Test \_\_\_\_\_

Post-Test \_\_\_\_\_

### **Module 3:**

Pre-Test \_\_\_\_\_

Post-Test \_\_\_\_\_

### **Module 4:**

Pre-Test \_\_\_\_\_

Post-Test \_\_\_\_\_

### **Module 5:**

Pre-Test \_\_\_\_\_

Post-Test \_\_\_\_\_

1. Log into MOODLE.
2. There will be a category dedicated to Title IV-E Scholar Students. Once you click on the Title IV-E Scholar Students Category you will see a list of courses click on A Journey Home.
3. When your certificate of completion loads you will see a "print certificate" button (you will get the certificate after your complete Module 5). Please print a copy of this certificate to show your supervisor and keep in your portfolio. You must also email the pdf file of your certificate to [DCFS.Training@LA.GOV](mailto:DCFS.Training@LA.GOV) to receive credit.

**I discussed the following with my Supervisor:**

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Student Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

# **Section V**

## **Learning Resources**

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# Introduction - Learning Resources

The Learning Resources section of your manual includes resources needed to complete the Structured Activity Exercises. The resources follow the order that they are presented in the Structured Activities. For example, Activity Four refers to the NASW Code of Ethics and Activity 14 refers to the Structured Decision Manual. All Students should have received the 2018 NASW Code of Ethics at Orientation.

If you did not receive the 2018 NASW Code of Ethics please contact the Loui

All Students and Supervisors should have received a 2018 NASW Code of Ethics at Orientation. If you did not receive a copy please contact the LCWTA and one will be mailed out within 2 business days.

Email: [lcwta@selu.edu](mailto:lcwta@selu.edu)

Subject Line: Request NASW Code of Ethics Book

Body of Email should include the following:

First/Last Name

University Affiliation

BSW or MSW

Mailing Address



## **CODE OF ETHICS**

for

## **CHILD WELFARE PROFESSIONALS**

Published by the  
Louisiana Department of  
Children and Family Services

## **FOREWORD**

The Department of Children and Family Services provides child welfare services for the State of Louisiana. In fulfilling this mandated role, our staff, serve our state and our society, but more specifically our state's children and families who need assistance to function more successfully as a family. It is our professional commitment to perform our role in a manner which consistently promotes practice standards of excellence in the field of child welfare and integrity in public service. In honor of this commitment we expect all staff within our agency to accept and adhere to our Code of Ethics.

## **ACKNOWLEDGMENT**

We would like to express our appreciation to the Illinois Office of the Inspector General, Department of Children and Family Services. The Code of Ethics for Child Welfare Professionals published by the Louisiana Department of Children and Family Services, Child Welfare Program is primarily a reproduction of the Illinois Code of Ethics for Child Welfare Professionals, Rev. 5/96. This copyrighted material has been duplicated with the permission of the Inspector General.

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CODE OF ETHICS  
For  
Child Welfare Professionals

PREAMBLE:

Society makes each child's right to have basic needs for survival and development met and each child's right to live with his/her parents. Society also values each parent's right to rear his/her child, but through its child welfare laws, defines certain situations in which the parent's rights can be limited so that the child can be protected. Society delegates to the child welfare field and to those who become members of the field the authority to intervene in the lives of families with the goals of ensuring the safety of abused and neglected children, assisting parents in meeting minimum parenting standards, and planning alternative permanent care when parents are incapable of or unwilling to meet those standards.

The child welfare professional is a person who functions in a legally sanctioned decision-making capacity for neglected and/or abused children and their families. The child welfare professional may also fulfill other child welfare related duties not directly associated with abuse or neglect. When individuals accept the role of child welfare professional and the delegated authority inherent in that role, they publicly acknowledge having the professional responsibilities which accompany their authority. Society and agency clients, therefore, have legitimate expectations about the nature of professional intervention as it occurs in one-on-one professional/client interactions, in the management and administration of those providing intervention, and in policy decision-making.

Because of their special knowledge and authority, all professionals are in a position of power in inherently unequal relationships with their clients. The power of child welfare professionals is particularly daunting, because of their delegated state authority and the mandated nature of their professional/client relationships. Their clients and society must be able to trust that child welfare professionals are working with their clients' best interests in mind, with no element of disrespect, punishment, or personal bias. Child Welfare professionals must behave in such a manner as to ensure not only that their delegated authority is exercised appropriately, but that their clients and society perceive their use of authority as appropriate.

Child welfare professionals' responsibilities to clients are grounded in a relationship with a promise of trustworthy intervention in the lives of those

less powerful. This type of relationship entails certain responsibilities based on the values of respect for persons, client self-determination, individualized intervention, cooperation, flexibility, competence, loyalty, diligence, honesty, reliability, and confidentiality. Child welfare professionals' responsibilities to colleagues, foster parents, the court, employees, the child welfare field, and society also find their roots in many of the same values – respect for persons, honesty, reliability, and loyalty – as well as in the values of accepting the responsibility for one's actions and their consequences and holding professional behavior to a standard higher than self-interest.

This code of ethics sets forth ethical principles which should be considered by child welfare professionals whenever ethical judgment must be exercised in specific situations and which should become habitual guides to daily conduct. It sets standards of behavior to be adhered to in relationships between professionals and their clients, colleagues, foster parents, the court, employees, the child welfare field, and society. Its purpose is to assist in identifying the many and often competing values and responsibilities present in practice issues so that appropriate consideration is given to each value and responsibility in the decision-making process.

It is understood that ethical judgments are made by individuals who bring their personal values, culture, and experiences to the decision-making process. By making public the values and ethical standards shared by child welfare professionals, this code will assist in making ethical decisions more consistent and objective and will reinforce child welfare professionals' accountability to society and to those individuals with whom they have professional relationships.

## 1. GENERAL RESPONSIBILITIES

### 1.01 Integrity

Child welfare professionals should carry out their professional responsibilities with integrity, treating those with whom they have professional relationships in a dignified, respectful, honest, and fair manner.

### 1.02 Propriety

Child welfare professionals should maintain high standards of personal moral conduct when engaged in professional activity. Personal standards and conduct are private matters, except when such conduct may compromise professional responsibilities or reduce public confidence in the child welfare field.

### 1.03 Competence

- a. Child welfare professionals should provide services only within the boundaries of their competence, based on their education, training, supervised experience, and professional experience.
- b. Child welfare professionals should accurately represent their qualifications, educational backgrounds, and professional credentials.
- c. Child welfare professionals should be aware of current professional information and take advantage of continuing professional education, in order to maintain a high level of competence.

### 1.04 Avoiding Harm

Child welfare professionals should act in the best interest of those toward whom they have professional responsibilities. It is understood, however, that choices must often be made from among competing values and responsibilities resulting in some values being given priority over others.

- a. Child welfare professionals should promote the welfare of those toward whom they have professional responsibilities.
- b. Child welfare professionals should avoid harming those

- toward whom they have professional responsibilities.
- c. Child welfare professionals should minimize harm when it is unavoidable.
  - d. Child welfare professionals should not take unfair advantage of any professional relationship or exploit others to further their own personal, religious, political, or business interests.

#### 1.05 Nondiscrimination

- a. Child welfare professionals should not engage in and should act to prevent discriminatory behavior on any basis prohibited by law.
- b. Child welfare professionals should seek and obtain the supervision and training necessary to ensure that interventions with all clients are unbiased, competent, and culturally sensitive.

#### 1.06 Sexual Harassment

Child welfare professionals should not engage in and should act to prevent sexual harassment.

#### 1.07 Conflict of Interest

##### 1.07(a) Multiple Relationships

Child welfare professionals should take into consideration the potential harm that intimate, social or other nonprofessional contacts and relationships with clients, family members, foster parents, colleagues, and supervisees could have on those with whom they have professional relationships and on their professional objective judgment and performance.

- a. Child welfare professionals should avoid any conduct that would lead a reasonable person to conclude that the child welfare professional might be biased or motivated by personal interest in the performance of duties.
- b. Child welfare professionals should avoid professional relationships when a preexisting nonprofessional relationship is present. This includes supervisory relationships as well as client relationships.

- c. Child welfare professionals should discuss past, existing and potential multiple relationships with their appropriate superiors and resolve them in a manner which avoids harming and/or exploiting affected persons.
- d. Child welfare professionals who are also foster parents should disclose and have ongoing discussions regarding these dual roles with their appropriate superior in order to prevent conflicts of interest, abuse of power, or the suggestion of impropriety in carrying out professional activities.

#### 1.07(b) Private Interests

- a. Child welfare professionals should not allow their private interests, whether personal, financial, or of any other sort, to conflict or appear to conflict with their professional duties and responsibilities. Any conduct that would lead a reasonable person to conclude that the child welfare professional might be biased or motivated by personal gain or private interest in the performance of duties should be avoided.
- b. Child welfare professionals should avoid professional matters where they have a private financial or personal interest. If a situation arises where such a conflict may exist, child welfare professionals should consult with an appropriate superior and take steps to eliminate any potential or real conflict.

#### 1.08 Problems

- a. Child welfare professionals should not perform professional activities when they know or should know that personal problems, mental health problems, or substance abuse could impede professional judgment and performance.
- b. When such problems could interfere with performance, child welfare professionals should consider obtaining appropriate professional help and determine, along with their appropriate superior, whether they should limit, suspend or terminate their professional duties

## 1.09 Documentation of Professional Work

Child welfare professionals should accurately and truthfully document their professional work according to agency policy and/or legal requirements, in order to ensure accountability and continuity in the provision of services to clients.

## 2. RESPONSIBILITIES TO CLIENTS

The client is a child or a family member who is receiving a professional intervention and/or child welfare services from the Department of Children and Family Services or through an agency with which DCFS has contracted to provide services to clients. The first responsibility of the child welfare professional is to the client; however, the specific nature of that responsibility differs depending on whether the client is the child, the parent, or another family member

### A. Responsibilities to the child

The child becomes a client when the child's right to have basic needs met may have been compromised or denied. The child welfare professional acts to ensure that the basic needs of the child are met by the child's parents. If this is not possible, the child welfare professional acts in a timely manner to ensure that the basic needs of the child are met by others. All decision making regarding the child should be guided by efforts to maintain the safety and well-being of the child while seeking permanency for the child.

### B. Responsibilities to the parents

The parent becomes a client when the parent's ability to responsibly care for the child has been questioned or determined to be compromised, or the parent requests services from the agency. Both the parent and the child have the right to live together as a family, and the parent has the right to care for the child, if the parent is able and willing to meet the basic needs of the child. The child welfare professional makes reasonable efforts to empower the parent to meet the applicable standard of care. The child welfare professional recognizes the evolving nature of their responsibilities to the parent, based on the parent's response to intervention and ability to make changes to meet the needs of the child.

## C. Responsibilities to other family members

Other family members become clients when providing services to them will help meet the basic needs of the child. The child welfare professional acts to provide those services. All family members have the right to care for and maintain the child as a member of the family unit if the family members are willing and able to meet the basic needs of the child. The child welfare professional is responsible for exploring members of a child's family to evaluate the availability of family members willing and capable of providing for the needs of the child.

### 2.01 Integrity

Child welfare professionals recognize the vulnerability of their clients and the serious responsibilities associated with intervention in the parent/child relationship. The behavior of child welfare professionals should reflect the emphasis placed by the child welfare field on professional trustworthiness and on the values of respect for persons, client self-determination, individualized intervention, competence, loyalty, diligence, honesty, cooperation, flexibility, reliability, and confidentiality.

### 2.02 Client Self-Determination

The mandated nature of the child welfare professional/client relationship limits the options available to clients, but does not eliminate their right to self-determination. Client self-determination refers to the client's right to make self-determined choices and freely act upon those choices without undue influence or coercion. It also refers to the client's right to receive information necessary to make a self-determined choice.

- a. Child welfare professionals should evaluate the decision-making capacity of all clients and reevaluate it.
- b. Child welfare professionals should ensure all clients, whatever their age, have the opportunity to make self-determined choices, according to their level of understanding and decision-making capacity.
- c. Child welfare professionals should ensure their clients have available to them all of the information necessary to make self-determined decisions.
- d. Child welfare professionals should ensure their clients

have the opportunity to make self-determined choices among the options available to them, free from external coercion.

- e. Child welfare professionals should ensure psychological constraints to self-determined decision-making are addressed and, if possible, eliminated or reduced so self-determination is enhanced.

### 2.03 Informed Consent

Informed consent emanates from the principle of client self-determination. It promotes decision-making by the client after complete and accurate information regarding the nature of the intervention and the possible consequences of that intervention have been fully discussed by the professional and the client. Child welfare professionals have the responsibility to engage in this process with mandated clients who have not chosen to become clients but who have options to consider and decisions to make within the framework of a mandated intervention.

### 2.04 Confidentiality

- a. Child welfare professionals should respect the confidentiality rights of clients and those with whom they work or consult. Confidential information should be used only for professional purposes and shared only with authorized parties in accordance with state law and agency policy.
- b. Child welfare professionals have a duty to be familiar with all relevant confidentiality requirements and limitations found in federal and state laws and agency rules that apply to the child welfare field.
- c. Child welfare professionals should inform clients of all relevant confidentiality requirements and limitations.

### 2.05 Duty to Report/Warn

Child welfare professionals have a responsibility to report any viable intent to cause harm and any evidence of abuse or neglect to children, disabled adults, the elderly, or animals that they become aware of during routine fulfillment of their professional duties and in accordance with law, their individual professional licenses, and agency



policy.

## 2.06 Sexual Relations with Clients

Child welfare professionals are in inherently unequal relationships with their clients creating the potential for abuse of power. In mandated relationships there is a special potential for harm and exploitation of vulnerable clients by child welfare professionals.

- a. Child welfare professionals should not engage in sexual activities with former or current clients.
- b. Child welfare professionals should not accept as clients persons with whom they have previously engaged in sexual activities.
- c. Child welfare professionals who leave the child welfare profession continue to have the responsibility of considering the potential for exploitation and harm in relationships with former clients.
- d. Child welfare professionals should not engage in sexual activity with clients' relatives or with other individuals with whom clients maintain a close personal relationship since such behavior has the potential of being harmful to the client.

## 2.07 Termination of Services

- a. Child welfare professionals should promptly notify clients when the staff member is transferring to a different professional role within the agency, the staff member is terminating employment with the agency, or termination or interruption of current services is anticipated.
- b. Prior to termination, for whatever reason, except precise order of the court, child welfare professionals should provide appropriate pre-termination counseling and take other steps to facilitate transfer of responsibility to another colleague or provider of services if further intervention is required.
- c. Child welfare professionals should request the transfer of a case to another professional when compelling reasons prevent successful professional intervention or continuation of services.
- d. Child welfare professionals, upon termination of a case,

should provide clients with resource information on how to seek assistance in the future for similar circumstances which brought the family to the attention of the agency or any other needs identified during the period of intervention.

### **3. RESPONSIBILITY TO COLLEAGUES**

Child welfare professionals should act with integrity in their relationships with their colleagues, treating them with respect, honesty, and fairness and accepting their right to hold values and beliefs that differ from their own.

- a. Child welfare professionals should cooperate with colleagues in order to serve the best interests of their clients effectively and efficiently.
- b. Child welfare professionals should accurately represent the views and qualifications of colleagues, making opinions on such matters known through the appropriate professional channels.
- c. Child welfare professionals should extend to colleagues of other agencies and professions the same respect, honesty, fairness, and cooperation that is expected by child welfare professionals.
- d. Child welfare professionals should also extend to members of their own profession respect, honesty, fairness, and cooperation.

### **4. RESPONSIBILITY TO THE COURT**

Child welfare professionals frequently are called upon to appear in court and participate in court proceedings. They have special responsibilities in that setting.

- a. Child welfare professionals should treat all parties to the case with respect, honesty, fairness, and cooperation.
- b. Child welfare professionals should thoroughly familiarize themselves with the background of the case involved.
- c. Child welfare professionals should testify honestly in court. They should apprise the court of all relevant facts in the case, both positive and negative, of which

- they are aware.
- d. Child welfare professionals should advise the court if they come to know of incorrect prior testimony given in a child welfare proceeding.
- e. Child welfare professionals should take appropriate action against any unethical conduct they observe in court

## **5. RESPONSIBILITIES TO FOSTER/ADOPTIVE PARENTS AND RELATIVE CAREGIVERS**

Foster/adoptive parents and relative caregivers act as bridge between the client and child welfare agencies. They can also serve as a support to the child and the child's parents. Therefore, child welfare professionals should treat foster/adoptive parents and relative caregivers with respect, fairness, honesty, and cooperation.

- a. Child welfare professionals should not engage in sexual activities with foster/adoptive parents and relative caregivers with whom they are presently working or may potentially work with in the future.
- b. Child welfare professionals should consult with their appropriate superiors when they have had an intimate relationship with a person who will now be working with them as a foster/adoptive parent or relative care giving capacity. This type of situation should be resolved in a manner which avoids harming and/or exploiting all affected persons.

## **6. RESPONSIBILITIES IN SUPERVISION**

Child welfare supervisors, as members of management, recognize their primary responsibility is to implement the policies and practices of DCFS so the best possible services are delivered to clients. Child welfare supervisors also recognize their responsibilities to their supervisees, treating them with respect, fairness, and honesty; offering the professional support necessary to sustain the supervisees' continued motivated work; and providing a work environment which encourages ethical behavior.

## 6.01 Personal Integrity

- a. Child welfare supervisors should not use their position of authority to exploit their supervisees in any way.
- b. child welfare supervisors should not engage in sexual activities with current or potential supervisees.
- c. Child welfare supervisors should accept responsibility for their own decisions and the consequences of those decisions. They also have a high level of responsibility for decisions made by their supervisees and should accept appropriate responsibility for those decisions.
- d. Child welfare supervisors should not provide supervision to their own family members.

## 6.02 Management Responsibilities

- a. Child welfare supervisors should apprise supervisees of current professional information and encourage supervisees to take advantage of continuing professional education in order to maintain a high level of competence.
- b. Child welfare supervisors should communicate, explain, and apply legislation, agency policies, and administrative decisions necessary for them and for their supervisees to perform their work competently.
- c. Child welfare supervisors should act as advocates for their supervisees by apprising upper management of problems which impede or prevent them from efficiently and effectively performing their duties. They should also suggest appropriate changes in policy and procedure.
- d. Child welfare supervisors should provide necessary training and guidance when supervisees' personal or cultural differences could result in biased or discriminatory professional intervention with a particular individual or groups.
- e. Child welfare supervisors should consult with supervisees and help with remedial actions if they have knowledge of the supervisees' impairment due to personal problems, mental health problems, or substance abuse.
- f. Child welfare supervisors should evaluate supervisees fairly and objectively on clearly stated criteria, sharing opinions about the supervisees' performance in an

- ongoing manner.
- g. Child welfare supervisors should take appropriate steps to terminate employment of supervisees who are not competent and are not likely to become competent.

## **7. RESPONSIBILITIES IN ADMINISTRATION**

Child welfare administrators recognize that, although each child welfare professional is responsible for his/her ethical behavior, the agency is responsible for the environment in which ethical judgments are made. Child welfare administrators, therefore, should nurture and model organizational norms that encourage and reward the ethical behavior for which society holds the child welfare field accountable.

### **7.01 Personal Integrity**

- a. Child welfare administrators should treat each client, colleague, and employee with respect.
- b. Child welfare administrators should maintain truthfulness and honesty and not compromise them for advancement, recognition, or personal gain.
- c. Child welfare administrators should take responsibility for their own decisions and behavior. Child welfare administrators should conduct official acts without partisanship.

### **7.02 Public Welfare**

- a. Child welfare administrators should exercise their discretionary authority to promote the values of the child welfare field.
- b. Child welfare administrators should respond to the public in ways that are complete, truthful, clear, and easy to understand.
- c. Child welfare administrators should understand and apply legislation and regulations relevant to their professional role.
- d. Child welfare administrators should work to improve and change laws and policies which are counter-productive or obsolete.
- e. Child welfare administrators should prevent all forms of mismanagement of public funds by establishing and

- maintaining strong fiscal and management controls, and by supporting audits and investigative activities.
- f. Child welfare administrators should interact with other professionals in a manner which promotes positive and productive working relationships, and greater understanding of the child welfare profession.

### 7.03 Organization

- a. Child welfare administrators should enhance organizational capacity for open communication, creativity, efficiency, and dedication.
- b. Child welfare administrators should subordinate institutional loyalties to the public good.
- c. Child welfare administrators should establish procedures that promote ethical behavior and hold individuals and organizations accountable for their conduct.
- d. Child welfare administrators should provide organization members with a working environment which permits frank discussion and criticism of agency operations and with an administrative means for dissent, assurance of due process, and safeguards against reprisal.
- e. Child welfare administrators should promote organizational accountability through appropriate controls and procedures.
- f. Child welfare administrators should maintain a high level of competence and provide support to upgrade competence throughout the organization.

## **8. RESPONSIBILITIES TO THE CHILD WELFARE FIELD**

- a. Child welfare professionals should perform their duties in a competent, honest, diligent manner to ensure society's continuing trust in the child welfare field.
- b. Child welfare professionals should critically examine child welfare policies and advocate appropriate change.
- c. Child welfare professionals should take appropriate action against unethical conduct by any member of the child welfare field.
- d. Child welfare professionals should unceasingly advocate for their clients with the best interests of the child always

- remaining paramount.
- e. Child welfare professionals should exercise caution in carrying their professional role into their personal lives or other professional role not related to their child welfare career and giving professional advice in an unauthorized capacity.

## **9. RESPONSIBILITIES TO SOCIETY**

Child welfare professionals should apply the values and specialized knowledge of the child welfare field and should work to increase public awareness of those values in order to promote the general welfare of society.

## **10. ETHICAL DECISION-MAKING**

- a. Child welfare professionals have a duty to be familiar with this Code of Ethics and to consider which ethical principles apply in each practice decision.
- b. Child welfare professionals should follow applicable ethical principles in each practice decision. If there is a conflict between two or more ethical principles and/or responsibilities in a particular case, child welfare professionals should consult with superiors and colleagues knowledgeable about ethics issues in choosing a proper course of action.
- c. If the demands of an agency with which child welfare professionals are affiliated conflict with this Code of Ethics, child welfare professionals should clarify the nature of the conflict, make known their commitment to the Code, and seek to resolve the conflict in a way that permits fullest adherence to the Code.
- d. Child welfare professionals who observe a violation of this Code by a colleague should bring the issue to the attention of the colleague if an informal resolution appears appropriate. If the issue cannot be informally resolved, child welfare professionals should refer it to appropriate superiors.

## DCFS CODE OF ETHICS

### STAFF ACCEPTANCE AND ADHERENCE AGREEMENT

I, *(print name)*, have read and understand the **DCFS Code of Ethics**. In accepting employment in the role of a child welfare professional, I hereby agree to abide by the ethical guidelines set forth in the Code. I recognize my responsibility as an employee of the **Department of Children and Family Services** to the State of Louisiana, our society and the child welfare profession to habitually conduct myself in a manner based on values of respect for persons, client self-determination, individualized intervention, cooperation, flexibility, competence, loyalty, diligence, honest, reliability, and confidentiality.

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Employee Signature

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Date Signed

This page should be completed by each staff member upon employment by the agency to demonstrate commitment to the values of the profession. Once signed, this page should be detached from the book and filed in the staff member's official personnel record.



# **Characteristics and Legal Rights of DCFS Clients in Louisiana**

## **Characteristics of DCFS Clients in Louisiana**

### **The DCFS Population in Louisiana**

The Department of Children and Family Services (DCFS) provides its services to all the residents in the state of Louisiana. Thus, agency staff will serve people from a wide variety of backgrounds and situations. Some of the of the more common characteristics among Louisiana's DCFS service population indicates some areas of concern. For instance, this population experiences a high level of life stressors, and life stressors have a major impact on the well-being of families across the state.

Children and families of color are also overrepresented within our service population. Statistical analysis consistently demonstrates this overrepresentation at both the national and state levels. For instance, in Louisiana, 58% of all children in Foster Care are African American when only 13.3% of the population in Louisiana is African American (U.S. Census Bureau, 2015). We must be aware of issues such as this, so that we can address it through administrative, program and service delivery practices and initiatives. In addition, non-Caucasian children of different ethnic or racial backgrounds follow alternative paths through the child welfare system. For example, the U.S. Census Bureau reports that of the children exiting care in 2013, 63% of Caucasian children were reunified with their birth families, and 26% were adopted. Conversely, 71% of African American children were reunified with their birth families, and 16% were adopted. This phenomenon is the subject of increasing scrutiny and study nationwide. In fact, due to overrepresentation and the alternate paths children take through care, many child welfare organizations have been closely investigating these matters.

### **Cultural Sensitivity**

DCFS is committed to addressing the cultural needs of all the children and families we serve. In addition, DCFS also considers the cultural needs of staff employed by the agency to be of high importance. On an ongoing basis, DCFS works to identify and address the cultural needs of staff and individuals served. Indeed, the state level DCFS Continuous Quality Improvement (CQI) team has emphasized the need to respect and utilize the strengths of the many cultures among our families and staff. Due to this increased emphasis on cultural sensitivity, the agency, with the assistance of community stakeholders, has adopted the following position:

DCFS is committed to excellence in the development of a more culturally competent workplace. DCFS refers to culture as a set of values, beliefs, and practices of a particular group or sub-group. Culture not only shapes personal/group values and attitudes, it also influences individual/familial beliefs, practices and behavior. Furthermore, culture may be a factor in influencing service outcomes. Staff is expected to demonstrate cultural awareness of populations served in order to minimize or avoid stereotypes and biases that

may result in disparate treatment for members of minority groups. Thus, DCFS staff is expected to refrain from standardization of a particular culture's beliefs and practices. Each person is to be treated as an individual. DCFS believes that cultural competence is a process rather than an outcome. Staff is committed to awareness of the impact of culture and ethnicity on an individual's or family's values, beliefs, and responses to agency involvement. The agency is committed to developing a service delivery system that incorporates knowledge and skills with accurate assessment while recognizing culture-based beliefs regarding health, behavior, and child rearing practices. DCFS and its staff are committed to a service delivery system that offers service solutions that are respectful of cultural and ethnic factors and demonstrate an understanding of cultural and ethnic barriers. Toward this goal of creating sensitive services and a culturally sensitive workplace, the agency plans to communicate the importance of cultural sensitivity to staff and provide new and innovative training. The training curriculum facilitates awareness of personal biases and beliefs regarding race and culture and helps participants to acknowledge the impact of personal values on service delivery. It teaches the importance of using cultural guides and the concept of historical distrust and stereotyping. Through commitment to cultural sensitivity, DCFS seeks to provide the best possible services to the children and families of Louisiana and to create a work environment where individuals and their cultural differences are acknowledged and respected.

## **Legal Rights of DCFS Clients in Louisiana**

### **U.S. Constitution**

All people have certain rights that are granted by the constitution, and implemented by federal and state statutes and jurisprudence. The Bill of Rights, the first ten amendments of the U.S. Constitution, confirms the fundamental rights of all citizens. Subsequent amendments have broadened and protected these rights. For example, the 14<sup>th</sup> Amendment prohibits the state from abridging "the rights and immunities" of any citizen without due process of law. The Supreme Court has interpreted this amendment to include protection of the fundamental right of parents to make decisions concerning their children.

### **State and Federal Statutes**

Although their rights may be restricted, parents retain some rights even when their children are placed in the custody of the state. State and federal statutes have been enacted to ensure that a parent's rights are protected, and that prior to interfering with another's parenting of their own children, due process procedures are followed. Federal law requires that states develop case plans and case review systems, with parental involvement. In addition, the status of children in the system must be reviewed at least every six months. Prior to the placement of a child in foster care, states are required to make reasonable efforts to prevent or eliminate the need for the removal of the child from his/her home. States are also required to make reasonable efforts towards reunification.

Louisiana state law was drafted with the oversight of these constitutional and federal requirements. Although a child can expect to be protected from abuse or neglect, interference by the state in family matters must be handled in a manner that ensures the minimum interference to the family's privacy. The Children's Code sets forth procedures for the protection of children and families that ensures that individual's right to due process is protected.

Parents and children involved in a child in need of care hearing (CINC), have the right to have a hearing/trial, to receive notice of the nature of the proceedings, the time, date, and location at which the hearing/trial will take place, to be informed of the possible outcomes of the hearing/trial, to attend the hearing/trial and present evidence on their own behalf, the right to retain counsel, or to have counsel appointed for them if they are indigent, and the right to appeal any ruling made against them by the court.

As part of CINC, when legal custody of the child is placed with the state, parents retain "residual parental rights." Residual parental rights are defined in the Children's Code as:

"Those rights and responsibilities remaining with the parents after the legal transfer of custody of their child, including but not necessarily limited to right of visitation, consent to adoption, right to determine religious affiliation, responsibility of support, and the right of inheritance from the child."

A child retains his right to inherit from his/her parents even after parental rights have been terminated. A parent retains these rights unless their parental rights are terminated by the court, surrendered, otherwise altered by a court order, or overridden by governmental interest.

Parental rights can be altered either by a court order, or overridden by governmental interest. For instance, the court may issue an order restricting the parent's access to the child if parental visits are not in the best interest of the child. Another illustration of altered parental rights may be if, due to safety concerns, an incarcerated parent is denied access to his child by penal officials.

Federal and state laws require that foster parents, adoptive parents, or relatives providing care for a child, receive notice and are given the opportunity to be heard at case reviews and/or permanency hearings.

Federal law also mandates that an individual, who has made a claim for Title IV-E benefits to the state and was denied, or who made a claim that was not acted upon with reasonable promptness, is granted the right of an administrative appeal. Similarly, when the state has the responsibility for handling the case of a child, and an approved family outside the jurisdiction is available to adopt the child, an individual who alleges that the state has denied or delayed the placement of the child for adoption is also granted the right of an administrative appeal.

Federal law requires that:

"No person shall on the grounds of age, sex, religion, race, color, national origin,

political belief or disability be excluded from participation in; be denied the benefits of or be subjected to discrimination or rude/hostile treatment under any program or activity conducted by the Louisiana Department of Children and Family Services."

An individual who believes that he/she or a specific class of persons has been subjected to discrimination or rude/hostile treatment may file a private cause of action, or file a written complaint with the DCFS Division of Civil Rights, and or any of the federal oversight agencies.



## Major Federal Legislation concerned With child Protection, child Welfare, and adoption

The primary responsibility for child welfare services rests with the States. Each State has its own legal and administrative structures and programs that address the needs of children and families. However, States must comply with specific Federal requirements and guidelines in order to be eligible for Federal funding under certain programs.

Beginning with the passage of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, the U.S. Congress has implemented a number of laws that have had a significant impact on State child protection and child welfare services.<sup>1</sup> Such legislation frequently requires Federal departments and agencies, such as the Children's Bureau within the U.S. Department of Health and Human Services, to issue or amend Federal policy and regulation.<sup>2</sup> New legislation also prompts responses at the State level, including enactment of State legislation, development or revision of State agency policy and regulations, and implementation of new programs.

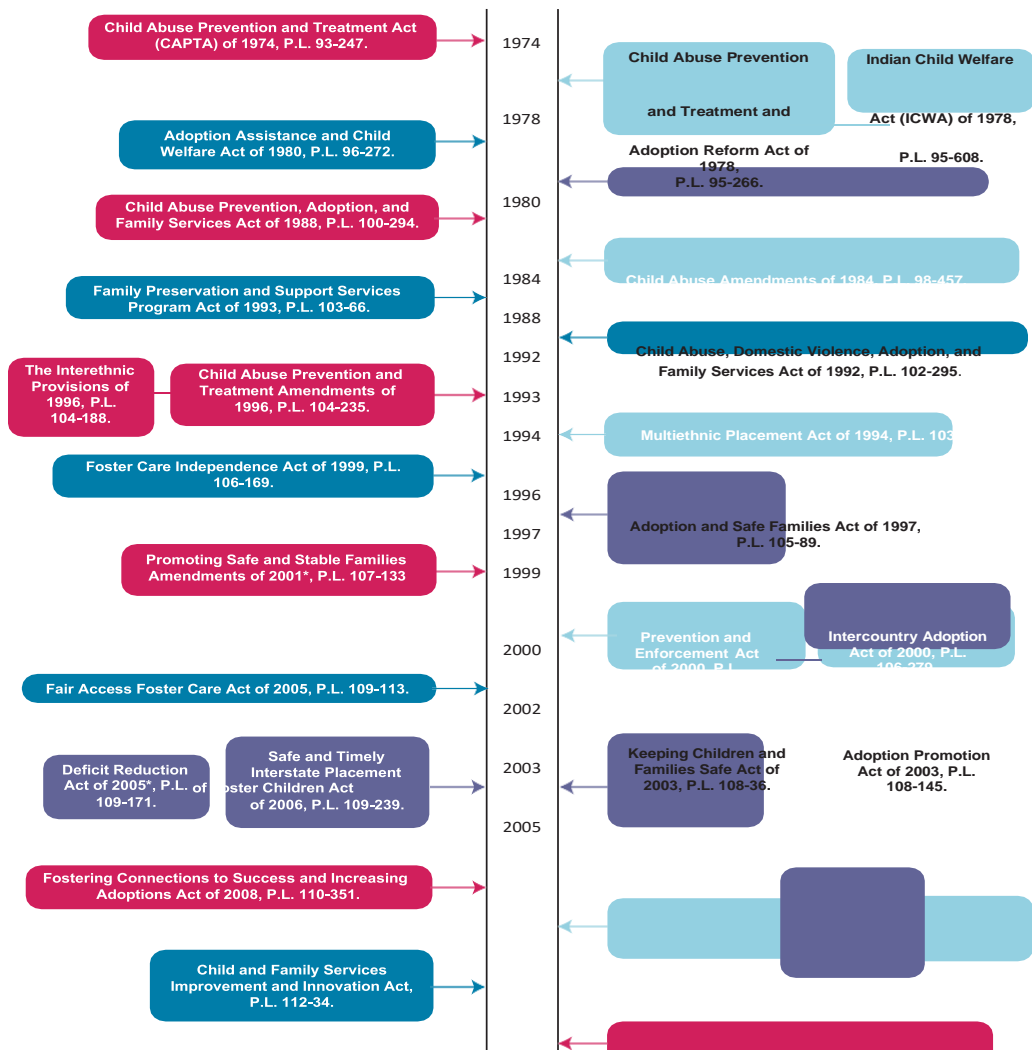
<sup>1</sup>The Federal Government started providing grants to States for preventive and protective services and foster care payments in 1935 with the Child Welfare Services Program, title IV-B of the Social Security Act. In 1961, legislation provided for foster care maintenance payments under the Aid to Dependent Children Program, title IV-A of the Social Security Act. Both of these programs were amended by the Adoption Assistance and Child Welfare Act of 1980.

<sup>2</sup>For information on Children's Bureau policy, visit the website at <http://www.acf.hhs.gov/programs/cb/laws-policies>.

The largest federally funded programs that support State and Tribal efforts for child welfare, foster care, and adoption activities are authorized under titles IV-B and IV-E of the Social Security Act (the Act). These programs are administered by the U.S. Department of Health and Human Services and include the title IV-B Child Welfare Services and Promoting Safe and Stable Families (formerly known as Family Preservation) programs, the title IV-E Foster Care Program, the title IV-E Adoption Assistance Program, and the title IV-E Chafee Foster Care Independence Program. The Social Services Block Grant (SSBG) is authorized under title XX of the Act and funds a wide range of programs that support various social policy goals.

To provide a framework for understanding the Federal legislation that has shaped the delivery of child welfare services, this publication presents a summary of Federal legislation since 1974 that has had a significant impact on the field. It provides an overview of each act and its major provisions. To browse or search the summaries of acts included in this publication, visit the [Major Federal Legislation Index and Search](#). The full text of the acts included in this publication can be found on Information Gateway's [Index of Federal Child Welfare Laws](#).

### Timeline of Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption



2006

... the Act of

2008

2010

**CAPTA Reauthorization  
Act of 2010, P.L.  
111-320.**

**Patient Protection  
and Affordable Care  
Act, P.L. 111-148.**

2011

2014

2015

\*Some acts were enacted the year following their introduction in Congress.

**Suggested citation:**

Child Welfare Information Gateway. (2016). *Major federal legislation concerned with child protection, child welfare, and adoption*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.



**P.L. 114-22****Justice for Victims of trafficking act of 2015****Overview**

S. 178

Enacted May 29, 2015

Purpose: To provide justice for the victims of trafficking through grants to States for child abuse investigation and prosecution programs, services for victims of child pornography, and domestic child human trafficking deterrence programs. The act also authorized specialized training programs for law enforcement officers, first responders, health-care and child welfare officials, juvenile justice personnel, prosecutors, and judicial personnel to identify victims and acts of child human trafficking and to facilitate the rescue of child victims of human trafficking.

Note: The Children's Bureau offers guidance on the provisions of this legislation in [Information Memorandum ACYF-CB-IM-15-05](#), issued July 16, 2015.

**Major Provisions of the act**

- Amended the Child Abuse Prevention and Treatment Act to require that a State's plan for its child protective services system include an assurance that the State has in effect and is enforcing a law requiring:
  - » Identification and assessment of all reports involving children known or suspected to be victims of sex trafficking
  - » Training child protective services workers in identifying, assessing, and providing comprehensive services for children who are sex trafficking victims
- Required each State receiving a grant to submit an annual data report that includes the number of children determined to be victims of sex trafficking.
- Provided that a child is considered to be a victim of 'child abuse and neglect' and of 'sexual abuse' if the child is identified by a State or local agency as being a victim of sex trafficking or a victim of severe forms of trafficking in persons.
- Gave States the option to define 'child' as a person who has not reached age 24.
- Authorized a program of 3-year renewable block grants administered by the Department of Justice (DOJ) to develop, improve, or expand domestic child human trafficking deterrence programs that assist law enforcement and other entities in rescuing and restoring the lives of trafficking victims, while investigating and prosecuting offenses involving child human trafficking. Grant funds may be used for:
  - » Specialized training programs for law enforcement officers, first responders, health-care and child welfare officials, juvenile justice personnel, prosecutors, and judicial personnel to identify victims and acts of child human trafficking and to facilitate the rescue of child victims of human trafficking
  - » Anti-trafficking law enforcement units and task forces to investigate child human trafficking offenses and to rescue victims
  - » Problem-solving court programs for trafficking victims
- Expanded the Federal definition of 'child abuse' to include human trafficking and the production of child pornography.
- Required the DOJ to ensure that:
  - » All task forces within the Innocence Lost National Initiative engage in activities, programs, or operations to increase the investigative capabilities of law enforcement officers in detecting, investigating, and prosecuting persons who patronize or solicit children for sex
  - » All components and task forces with jurisdiction to detect, investigate, and prosecute cases of child labor trafficking engage in activities, programs, or operations to increase the capacity of such components to deter and punish child labor trafficking
- Amended the Crime Control Act of 1990 to:
  - » Require State reports on missing children to include a recent photograph of the missing child (if available)
  - » Reduce the period for verifying and updating records on missing children in a State law enforcement system and in National Crime Information Center (NCIC) computer networks from 60 to 30 days
  - » Require notification to the National Center for Missing and Exploited Children of each report received of a child reported missing from foster care or a child care institution
  - » Permit NCIC to update its missing person record with additional information obtained from investigations

- Required the DOJ to make a database with information on counseling and hotline resources, housing resources, legal assistance, and other services for trafficking survivors, trafficking victim advocates, crisis hotline personnel, foster parents, and law enforcement personnel available on the website of the Office of Juvenile Justice and Delinquency Prevention.
- Extended the statute of limitations for civil actions against perpetrators of human trafficking offenses until 10 years after the victim reaches age 18.
- Amended the Runaway and Homeless Youth Act to include within criteria for awarding grants for services to runaway and homeless youth whether such youth have been subject to severe forms of trafficking in persons or sex trafficking.
- Required training for Federal government personnel related to trafficking in persons to include a distance-learning course on trafficking-in-persons issues and the Department of State's obligations under the act, designed for embassy reporting officers, regional bureaus' trafficking-in-persons coordinators, and their superiors.
- Authorized the DOJ to give preferential consideration in awarding public safety and community-oriented policing grants to a State that has in effect a law that:
  - » Treats a minor who has engaged in a commercial sex act as a victim of a severe form of trafficking in persons
  - » Discourages or prohibits charging or prosecuting that minor for a prostitution or sex trafficking offense based on such conduct
  - » Encourages the diversion of such minor to appropriate service providers, including child welfare services, victim treatment programs, child advocacy centers, rape crisis centers, or other social services
- Required the Department of Health and Human Services (DHHS), annually beginning in FY2017, to make grants for a national communication system to assist victims of severe forms of trafficking in persons to communicate with service providers.
- Required the Health Resources and Services Administration of DHHS to award a grant to an accredited school of medicine or nursing with experience in the study or treatment of victims of a severe form of trafficking to train health-care professionals to recognize and respond to trafficking victims. Required grantees to:
  - » Develop evidence-based best practices for health-care professionals to recognize and respond to victims of trafficking
  - » Implement a pilot program to test the best practices and educational material developed for health-care professionals
  - » Analyze and report on the pilot program

## P.L. 113-183

### Preventing Sex trafficking and Strengthening Families act

#### Overview

H.R. 4980

Enacted September 29, 2014

Purpose: To amend the Social Security Act with provisions to prevent and address sex trafficking of children in foster care, to develop a reasonable and prudent parent standard to allow a child in foster care to participate in age-appropriate activities, to extend and improve adoption incentives, and for other purposes.

Note: The Children's Bureau offers guidance on this legislation in Information Memorandum [ACYF-CB-IM-14-03](#), issued October 23, 2014; Program Instruction [ACYF-CB-PI-14-06](#), issued November 21, 2014; and Program Instruction [ACYF-CB-PI-15-07](#), issued June 26, 2015.

#### Major Provisions of the act

Amended title IV-E State plan to require State agencies:

- To develop policies and procedures for identifying, documenting in agency records, and determining appropriate services for any child or youth over whom the State agency has responsibility and who the State has reasonable cause to believe is, or is at risk of being, a victim of sex trafficking
- To authorize a State, at its option, to identify and document any individual under age 26 without regard to whether the individual is or was in foster care
- To report to law enforcement authorities of instances of sex trafficking
- To include sex trafficking data in the Adoption and Foster Care Analysis and Reporting System (AFCARS)
- To locate and respond to children who have run away from foster care

- To report immediately information on missing or abducted children or youth to law enforcement authorities for entry into the National Crime Information Center (NCIC) database and to the National Center for Missing and Exploited Children
- To develop a reasonable and prudent parent standard for the child's participation in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities and apply this standard to any foster family home or child care institution receiving title IV-E funds
- To develop strategies to assist foster parents in applying a reasonable and prudent parent standard in a manner that promotes child safety, while also allowing children to experience normal and beneficial activities

Further amended title IV-E to:

- Make it a purpose of the John H. Chafee Foster Care Independence Program to ensure that children who are likely to remain in foster care until age 18 have regular, ongoing opportunities to engage in age or developmentally appropriate activities
- Limit the option of being placed in a planned permanent living arrangement to children age 16 or older, and prescribe documentation and determine requirements for such an option
- Give children age 14 and older authority to participate in the development of their own case plans, in consultation with up to two members of the case planning team, as well as transitional planning for a successful adulthood
- Require that children who are leaving foster care at age 18 or older be provided with a copy of their birth certificate, Social Security card, health insurance information, medical records, and a driver's license or equivalent State-issued identification card
- Extend through fiscal year (FY) 2016 the Adoption Incentive Program, revise State eligibility requirements, and revise the formula for determining the amount of an award given to a State
- Rename the Adoption Incentive Program as the Adoption and Legal Guardianship Incentive Payments Program
- Preserve a child's eligibility for kinship guardianship assistance payments when a guardian is replaced with a successor guardian
- Direct the Secretary of Health and Human Services to report to Congress on information about (1) children who run away from foster care and their risk of becoming sex trafficking victims; (2) State efforts to provide specialized services, foster family homes, child care institutions, or other forms of placement for children who are sex trafficking victims; and (3) State efforts to ensure children in foster care form and maintain long-lasting connections to caring adults, even when a child in foster care must move to another foster family home or when the child is placed under the supervision of a new caseworker
- Require the Secretary to include in the annual report to Congress on State performance on child protection and child welfare program outcome measures any State-by-State data on children in foster care who have been placed in a child care institution or another setting that is not a foster family home, as well as State-by-State data on children in foster care who are pregnant or parenting

Amended title IV-B to:

- Extend the Family Connection Grant Program through FY 2014
- Make universities eligible for matching grants under the program
- Require a kinship navigator to promote partnerships between public and private agencies to increase their knowledge of the needs of other individuals willing and able to be foster parents for children in foster care who are themselves parents

Amended title XI to establish the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States to advise the Secretary of Health and Human Services and the Attorney General on practical and general policies concerning improvements to the nation's response to the sex trafficking of children and youth in the United States.

**P.L. 112-34****child and Family Services Improvement and Innovation act****Overview**

H.R. 2883

Enacted September 30, 2011

Purpose: To amend part B of title IV of the Social Security Act to extend the Child and Family Services Program through fiscal year (FY) 2016, and for other purposes.

Note: Children's Bureau offers guidance on this legislation in Information Memorandum [ACYF-CB-IM-11-06](#), issued October 6, 2011, and Program Instruction [ACYF-CB-PI-11-09](#), issued December 9, 2011.

**Major Provisions of the act**

- Required each State plan for oversight and coordination of health-care services for any child in foster care to include an outline of:
  - » The monitoring and treatment of emotional trauma associated with a child's maltreatment and removal from home
  - » Protocols for the appropriate use and monitoring of psychotropic medications
- Required each State plan for child welfare services to describe:
  - » Activities to reduce the length of time children under age 5 are without a permanent family
  - » Activities to address the developmental needs of such children who receive benefits or services
  - » The sources used to compile information on child maltreatment deaths that the State agency is required by Federal law to report, as well as why the compilation does not include information on such deaths from specified State entities, if it does not, and how the State will include such information
- Revised provisions for monthly caseworker visits to require that States take necessary steps to ensure that the total number of monthly caseworker visits to children in foster care during a fiscal year is at least 90 percent (raised to 95 percent for FY 2015 and thereafter) of the total number of such visits that would occur during the year if each child were visited once a month while in care
- Required a State Safe and Stable Families Program plan to describe how the State identifies which populations are at the greatest risk of maltreatment and how services are targeted to them
- Revised requirements for time-limited family reunification services provided to a child removed from the child's home and placed in out-of-home care, and to the child's parents or primary caregiver, in order to facilitate the child's safe, appropriate, and timely reunification with the parents or caregiver. Required services include:
  - » Peer-to-peer mentoring and support groups for parents and primary caregivers
  - » Services and activities designed to facilitate visitation of children by parents and siblings
- Extended through FY 2016 the specified reservations of funds for monthly caseworker visits and regional partnership grants and required monthly caseworker visit grants to be used to improve the quality of monthly caseworker visits, with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of foster children
- Revised requirements for grants to assist children affected by a parent's or caretaker's methamphetamine or other substance abuse to remove the specification of methamphetamine and apply the grant program generally to children affected by a parent's or caretaker's substance abuse
- Revised the court improvement program to require grants be awarded to the highest State courts for increasing and improving engagement of the entire family in court processes relating to child welfare, family preservation, family reunification, and adoption
- Allowed a court to submit one application, rather than separate applications, for more than one grant
- Directed the U.S. Department of Health and Human Services (HHS), in order to improve data matching, to designate nonproprietary and interoperable standard data elements for any category of information required to be reported
- Required State title IV-B/IV-E agencies to meet the educational stability case plan requirement at the time of each placement change, not just at the initial placement into foster care
- Amended the case review system definition to require that each child age 16 and older in foster care receives a free copy of any consumer credit report each year until discharged from foster care and be offered in interpreting the credit report and resolving any inconsistencies
- Renewed through FY 2014 the authority of HHS to authorize States to conduct child welfare program demonstration projects likely to promote the objectives of title IV-B or IV-E and:

- » Repealed the requirement for State project applications to consider certain types of proposals; replaced the requirement with specified conditions for State eligibility to conduct a new demonstration project
- » Limited any child welfare demonstration project to 5 years unless HHS determines that it should be continued
- » Required States authorized to conduct a demonstration project to obtain an evaluation of its effectiveness by an independent contractor
- Authorized a State to elect to establish a program to:
  - » Permit part E foster care maintenance payments to a long-term therapeutic family treatment center on behalf of a child residing in the center
  - » Identify and address domestic violence that endangers children and results in the placement of children in foster care
- Set forth child welfare improvement policies, at least two of which a State must have implemented or planned to implement within a certain period of time
- Treated as a State any Indian Tribe, Tribal organization, or Tribal consortium operating a title IV-E program

## P.L. 111-320

### caPta Reauthorization act of 2010

#### Overview

S. 3817

Enacted December 20, 2010

Purpose: To amend and reauthorize the Child Abuse Prevention and Treatment Act (CAPTA), the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, and the Abandoned Infants Assistance Act of 1988, and for other purposes.

Note: Children's Bureau offers guidance on the provisions of this legislation in Information Memorandum [ACYF-CB-IM-11-02](#), issued February, 15, 2011.

#### Major Provisions of the act

- Amended the State plan eligibility provisions to require submission of a plan that will remain in effect for the duration of the State's participation in the program, with States required to:
  - » Periodically review and revise the plan to reflect any changes in State programs
  - » Provide notice to the U.S. Department of Health and Human Services (HHS) of any substantive changes related to child abuse prevention that may affect the State's eligibility for the grant program
  - » Provide notice to HHS of any significant changes in how the State is using grant funds
  - » Prepare and submit to HHS an annual report describing how CAPTA funds were used
- Directed the Secretary of HHS to complete studies and reports to Congress on:
  - » Shaken baby syndrome
  - » Efforts to coordinate the objectives and activities of agencies and organizations responsible for programs and activities related to child abuse and neglect
  - » The effectiveness of citizen review panels in examining State and local child protection agencies and evaluating the extent to which they fulfill their child protection responsibilities
  - » How provisions for immunity from prosecution under State and local laws and regulations facilitate and inhibit individuals cooperating, consulting, or assisting in making good faith reports of child abuse or neglect
- Authorized grants to public or private agencies and organizations to develop or expand effective collaborations between child protective service (CPS) entities and domestic violence service entities to improve:
  - » Collaborative investigation and intervention procedures
  - » Provision for the safety of the nonabusing parent and children
  - » Provision of services to children exposed to domestic violence that also support the care-giving role of the nonabusing parent
- Amended the requirements for State plan assurances to include laws, policies, or programs for:
  - » Identifying categories of mandated reporters
  - » Including fetal alcohol spectrum disorders in procedures for referral and development of a plan of safe care for substance-exposed newborns

- » Including differential response in screening and assessment procedures
- » Requiring that guardians ad litem be trained in early childhood, child, and adolescent development
- » Providing that reunification not be required when a parent has committed intrafamilial sexual abuse or must register with a sex offender registry
- » Ensuring the provision of technology to track CPS reports from intake through final disposition
- » Encouraging the appropriate involvement of families in decision-making
- » Promoting and enhancing collaboration among child protective, substance abuse, and domestic violence agencies
- » Requiring training and programs that address the needs of unaccompanied homeless youth
- » Ensuring collaboration with community-based prevention programs and families affected by child abuse and neglect in the development of the State plan
- » Ensuring that the State, to the maximum extent possible, has coordinated its CAPTA State plan with its title IV-B State plan
- Required additional data in the annual State data reports, including:
  - » The number of families that received differential response as a preventive service
  - » Caseload requirements and the average caseload for CPS workers
  - » The education, qualifications, and training requirements for CPS personnel
  - » The number of children referred to CPS under policies established to address the needs of infants born affected by illegal substance abuse or fetal alcohol spectrum disorder
  - » The number of children under age 3 involved in a substantiated case of child abuse or neglect who were eligible for referral to agencies providing early intervention services and the number of those children who were actually referred
- Reauthorized the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, including appropriations, through FY 2015. Amendments to the act required:
  - » Efforts to promote the adoption of older children, minority children, and children with special needs
  - » Recruitment of prospective adoptive families for children in foster care, including developing and using procedures to notify family and relatives when a child enters the child welfare system
- Authorized grants to States for improving efforts to increase the placement of foster care children legally free for adoption. Required that grant applications describe:
  - » How the State plans to improve the placement rate of children in permanent homes
  - » The methods the State, prior to submitting the application, has used to improve the placement of older children, minority children, and children with special needs, who are legally free for adoption
  - » The State's evaluation plan for determining the effectiveness of programs and methods of placement
  - » How the State plans to coordinate activities under this subsection with relevant activities under 42 U.S.C. 673

## P.L. 111-148

### Patient Protection and affordable care act

#### Overview

H.R. 3590

Enacted March 23, 2010

Purpose: To amend the Public Health Service Act in order to provide better health-care coverage for all Americans, improve health-care services for underserved communities, and for other purposes.

Note: Children's Bureau offers guidance on the provisions of this legislation in Program Instruction [ACYF-CB-PI-10-10](#), issued June 7, 2010.

#### Major Provisions of the act

Provisions relevant to child welfare practice include:

- Extended Medicaid coverage to former foster care children younger than age 26
- Required a State Children's Health Insurance Program (CHIP) plan, beginning January 1, 2014, to use modified gross income and household income to determine CHIP eligibility
- Required a State to treat any child who is determined to be ineligible for Medicaid as a result of the elimination of an income disregard based on expense or type of income as a targeted low-income child eligible for CHIP

- Amended title V of the Social Security Act (Maternal and Child Health Services) to provide grants to eligible entities for early childhood home visitation programs
- Required the case review system for children aging out of foster care and independent living programs to include information about the importance of having a health-care power-of-attorney in transition planning
- Reauthorized appropriations for health centers to serve medically underserved populations
- Reauthorized appropriations for FY 2010-2014 for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care
- Authorized the award of grants and cooperative agreements for demonstration projects for the provision of coordinated and integrated services to special populations through the co-location of primary and specialty care services in community-based mental and behavioral health settings
- Established a Pregnancy Assistance Fund for grants to States to assist pregnant and parenting teens and women
- Increased from \$10,000 to \$13,170 the dollar limitation on the tax credit for adoption expenses and the tax exclusion for employer-provided adoption assistance, allowed an inflation adjustment to such limitation after 2010, and made the credit refundable

## P.L. 110-351

### Fostering connections to Success and Increasing adoptions act of 2008

#### Overview

H.R. 6893

Enacted October 7, 2008

Purpose: To amend parts B and E of title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for Tribal foster care and adoption access to title IV-E funds, improve incentives for adoption, and for other purposes.

Note: Children's Bureau offers guidance on the provisions of this legislation in Program Instruction [ACYF-CB-PI-08-05](#), issued October 23, 2008.

#### Major Provisions of the act

- Created a new plan option for States and Tribes to provide kinship guardianship assistance payments under title IV-E on behalf of children who have been in foster care of whom a relative is taking legal guardianship
- Extended eligibility for Medicaid to children receiving kinship guardianship assistance payments
- Required fingerprint-based criminal records checks of relative guardians, and child abuse and neglect registry checks of relative guardians and adults living in the guardian's home, before a relative guardian may receive title IV-E kinship guardianship assistance payments on behalf of a child
- Amended the Chafee Foster Care Independence Program to allow services to youth who leave foster care for kinship guardianship or adoption after age 16
- Amended the Education and Training Voucher Program to permit vouchers for youth who enter into kinship guardianship or are adopted from foster care after age 16
- Authorized grants to State, local, or Tribal child welfare agencies and private nonprofit organizations for the purpose of helping children who are in or at-risk of foster care reconnect with family members through:
  - » Kinship navigator programs
  - » Efforts to find biological family and reestablish relationships
  - » Family group decision-making meetings
  - » Residential family treatment programs
- Permitted States to extend title IV-E assistance to otherwise eligible youth remaining in foster care after reaching age 18 and to youth who at age 16 or older exited foster care to either a kinship guardianship or adoption, provided that they have not yet reached age 19, 20, or 21, as the State may elect, and are in school, employed, engaged in another activity designed to remove barriers to employment, or incapable of doing so due to a documented medical condition (effective October 1, 2010)
- Allowed States to claim Federal reimbursement for short-term training for relative guardians; private child welfare agency staff providing services to children receiving title IV-E assistance; child abuse and neglect court personnel; agency, child, or parent attorneys; guardians ad litem and court-appointed special advocates

- Extended the Adoption Incentive Program through FY 2013 and doubled incentive payment amounts for special needs (to \$4,000) and older child adoptions (to \$8,000)
- Revised adoption assistance eligibility criteria to delink the adoption assistance program from the Aid to Families with Dependent Children requirements
- Phased-in, from FY 2010 to FY 2018, the revised adoption assistance eligibility criteria based on whether the child is defined as “an applicable child,” primarily related to the age of the child in the year the agreement is entered into
- Allowed federally-recognized Indian Tribes, Tribal organizations, and Tribal consortia to apply to receive title IV-E funds directly for foster care, adoption assistance, and kinship guardianship assistance (effective October 1, 2009)
- Required HHS to provide technical assistance and implementation services to Tribes seeking to operate title IV-B and IV-E programs
- Authorized one-time grants to Tribes that apply to assist in developing a title IV-E program
- Required title IV-E agencies to identify and notify all adult relatives of a child, within 30 days of the child’s removal, of the relatives’ options to become a placement resource for the child
- Required each child receiving a title IV-E foster care, adoption, or guardianship payment to be a full-time student unless he or she is incapable of attending school due to a documented medical condition
- Required title IV-E agencies to make reasonable efforts to place siblings removed from their home in the same foster care, adoption, or guardianship placement
- Permitted title IV-E agencies to waive on a case-by-case basis a nonsafety licensing standard for a relative foster family home
- Required States to ensure coordination of health-care services, including mental health and dental services, for children in foster care
- Required that, 90 days prior to a youth’s emancipation, the caseworker develop a personalized transition plan as directed by the youth
- Required that a case plan include a plan for ensuring the educational stability of the child in foster care

## P.L. 109-432

### tax Relief and health care act of 2006

#### Overview

H.R.6111

Enacted December 20, 2006

Purpose: To amend the Internal Revenue Code of 1986 to extend expiring provisions, and for other purposes

Division B, section 405 of the Act amended the Social Security Act to exempt all foster children assisted under title IV-B or IV-E and children receiving title IV-E adoption assistance from the Medicaid citizenship documentation requirements of the Deficit Reduction Act of 2005.

#### Major Provisions of the act

- Amended section 1903(x) of title XIX of the Social Security Act (the Act) (42 U.S.C. § 1386b) by including all foster children assisted by titles IV-B and IV-E of the Act and children receiving title IV-E adoption assistance in the groups exempt from the requirement to present documentary evidence of citizenship or nationality if they declare themselves to be citizens or nationals of the United States
- Added a new provision to title IV-E of the Act to require that State plans include procedures for verifying the citizenship or immigration status of children in foster care under State responsibility under titles IV-B or IV-E
- Amended section 1123A of the Act (42 U.S.C. 1320a-2a) to include review of State conformity with this requirement in the Child and Family Services Reviews (CSFRs)



**P.L. 109-288****child and Family Services Improvement act of 2006****Overview**

S. 3525

Enacted September 28, 2006

Purpose: To amend part B of title IV of the Social Security Act to reauthorize the Promoting Safe and Stable Families (PSSF) program, and for other purposes

**Major Provisions of the act**

- Amended title IV-B, subpart 1 (Child Welfare Services Program) to:
  - » Change the program from a permanent authorization to a 5-year authorization, with \$325 million for each Federal fiscal year 2007 through 2011
  - » Establish a new program purpose that allows a broader array of services and activities and promotes more flexibility for States to design their programs accordingly
- Amended title IV-B, subpart 2 with respect to the Promoting Safe and Stable Families (PSSF) program to:
  - » Reauthorize mandatory grants at \$345 million for each Federal fiscal year 2007 through 2011
  - » Authorize discretionary grant appropriations of \$200 million for each of Federal FY 2007 through 2011
  - » Appropriate \$40 million for FY 2006 for States to spend through September 30, 2009, to support monthly caseworker visits with children in foster care under the responsibility of the State
  - » Set aside an additional \$40 million for FY 2007 through FY 2011 to be divided between Regional Partnership/Substance Abuse Grants and support of caseworker visits
- Required each State to submit annually forms that:
  - » Report on planned child and family services expenditures for the immediately succeeding fiscal year
  - » Provide specified information about PSSF and certain other programs, including the numbers of families and of children, as well as the population, served by the State agency
- Reserved specified funds for States to support monthly caseworker visits with children in foster care under State responsibility, with a primary emphasis on activities designed to improve caseworker retention, recruitment, training, and ability to access the benefits of technology
- Required targeted grants to increase the well-being of, and to improve the permanency outcomes for, children affected by methamphetamine or other substance abuse
- Authorized competitive grants to regional partnerships to provide, through interagency collaboration and integration of programs and services, services and activities designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caregiver's methamphetamine or other substance abuse
- Increased the set-asides for Indian Tribes from 2 to 3 percent of any discretionary funds appropriated and from 1 to 3 percent of the mandatory funds authorized and remaining after the separate reservation of funds for monthly caseworkers is made
- Required each State plan for child welfare services to describe standards for the content and frequency of caseworker visits for children in foster care that, at a minimum, ensure that:
  - » The children are visited on a monthly basis.
  - » The visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the children's safety, permanency, and well-being.
- Reauthorized and extended through FY 2011 the program for mentoring children of prisoners (MCOP)
- Required the Secretary to enter into a 3-year, renewable cooperative agreement with an eligible entity for a Service Delivery Demonstration Project to:
  - » Identify children of prisoners in need of mentoring services
  - » Provide their families with a voucher for mentoring services and a list of providers in their residential area
  - » Monitor and oversee the delivery of mentoring services by providers that accept the vouchers
- Reauthorized and extended through FY 2011 the basic Court Improvement Program
- Amended title IV-E to require certain foster care proceedings to include consultation in an age-appropriate manner with the child who is the subject of the proceeding

**P.L. 109-248****adam Walsh child Protection and Safety act of 2006****Overview**

H.R. 4472

Enacted July 27, 2006

Purpose: To protect children from sexual exploitation and violent crime; to prevent child abuse and child pornography with an emphasis on comprehensive strategies across Federal/State/local communities to prevent sex offenders access to children; to promote Internet safety; and to honor the memory of Adam Walsh and other child crime victims

**Major Provisions of the act**

- Required (1) fingerprint-based checks of the national crime information databases (NCID) for prospective foster or adoptive parents and (2) checks of State child abuse and neglect registries in which the prospective foster or adoptive parents and any other adults living in the home have resided in the preceding 5 years
- Permitted States that prior to September 30, 2005, had opted out of the criminal background checks until October 1, 2008, to comply with the fingerprint-based background check requirement; after October 1, 2008, no State is exempt from those requirements
- Required States to comply with any request for a child abuse registry check that is received from another State
- Required States to have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the State and to prevent any such information from being used for a purpose other than the conducting of background checks in foster or adoptive placement cases
- Required the Attorney General, upon the request of a State, to conduct fingerprint-based checks of the national crime information databases to assist:
  - » Child welfare agencies in checking backgrounds of individuals under consideration as prospective foster or adoptive parents or in investigating child abuse or neglect incidents
  - » Private or public schools or educational agencies in checking backgrounds of prospective employees
- Directed the Secretary of Health and Human Services to:
  - » Create a national registry of substantiated cases of child abuse or neglect
  - » Establish standards for the dissemination of information in the registry
  - » Conduct a study on the feasibility of establishing data collection standards for the registry

**P.L. 109-239****Safe and timely Interstate Placement of Foster children act of 2006****Overview**

H.R. 5403

Enacted July 3, 2006

Purpose: To improve protections for children and to hold States accountable for the safe and timely placement of children across State lines

**Major Provisions of the act**

- Required each title IV-E State plan for foster care and adoption assistance to provide that the State shall:
  - » Have in effect procedures for orderly and timely interstate placement of children
  - » Complete home studies requested by another State within a specified period, which is 60 days in most cases but up to 75 days if specified circumstances warrant an extension
  - » Accept such studies received from another State within 14 days, unless reliance on the report would be contrary to the child's welfare
- Authorized grants for timely interstate home study incentive payments to States that have approved plans and that have completed such studies within 30 days
- Increased the required frequency of State caseworker visits for children in out-of-State foster care placements without imposing restrictions on either State's ability to contract with a private agency to perform those visits

- Amended the definition of “case review system” to:
  - » Require a child’s health and education record to be supplied to the foster parent or foster care provider at the time of placement and to provide it to the child at no cost when he/she leaves foster care by reason of having attained the age of majority
  - » Provide for a relative caregiver, foster parent, and preadoptive parent’s right to be heard in certain proceedings respecting their foster child
- Included among the purposes of grants to the highest State courts the assessment of the court’s role in carrying out State laws requiring proceedings that determine the best strategy to use to expedite the interstate placement of children
- Required State courts to ensure that foster parents, preadoptive parents, and relative caregivers of a child in foster care are notified of certain proceedings held with respect to that child
- Provided for consideration of out-of-State placements in permanency hearings, case plans, and case reviews
- Required each plan for child welfare services to include the assurance that the State will eliminate legal barriers to facilitate timely adoptive or permanent placements for children

## P.L. 109-171

### Deficit Reduction act of 2005

#### Overview

S. 1932

Enacted February 8, 2006

Purpose: Title VII of this act provides for reauthorization of the Temporary Assistance for Needy Families (TANF) program, Healthy Marriage and Family funds, Court Improvement Program, Safe and Stable Families Program, and other child welfare programs.

#### Major Provisions of the act

- Prohibited access to Medicaid to an individual who declares he or she is a U.S. citizen unless one type of specified documentary evidence of U.S. citizenship or nationality is presented; certain classes were exempt from this requirement. [Note: Foster children and children receiving title IV-E adoption assistance were later exempted from this requirement by P.L. 109-432.]
- Replaced incentive bonuses to States for a decrease in the illegitimacy rate with healthy marriage promotion and responsible fatherhood grants, and limited the use of funds for:
  - » Demonstration projects designed to test the effectiveness of Tribal governments or consortia in coordinating the provision of child welfare services to Tribal families at risk of child abuse or neglect
  - » Activities promoting responsible fatherhood
- Prescribed the contents of applications for Court Improvement grants, including grants for improved data collection and training, and made appropriations for FY 2006-FY 2010 for grants to:
  - » Ensure that the safety, permanence, and well-being needs of children are met in a timely and complete manner
  - » Provide for the training of judges, attorneys, and other legal personnel in child welfare cases
- Required that courts and agencies demonstrate meaningful collaboration in child welfare services programs
- Permitted States to allow public access to certain State court child welfare proceedings
- Authorized appropriations for FY 2006 for Safe and Stable Families Programs
- Specified criteria under which States may receive Federal matching funds for allowable administrative expenses for children who are candidates for foster care, living in unallowable facilities, or placed with unlicensed relatives
- Clarified the home of removal for Aid to Families with Dependent Children (AFDC) purposes when determining the eligibility of a child for title IV-E foster care maintenance payments and revised adoption assistance eligibility criteria to require AFDC at the time of the child’s removal from the specified relative’s home only

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**P.L. 109-113****Fair access Foster care act of 2005****Overview**

S. 1894

Enacted November 22, 2005

Purpose: To amend part E of title IV of the Social Security Act to allow foster care maintenance payments to be paid on behalf of eligible children through a nonprofit or for-profit child-placement or child care agency

**Major Provisions of the act**

- Amended section 472(b) of the Social Security Act (42 U.S.C. 672(b)) by striking the word “nonprofit” each place it appears
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**P.L. 108-145****adoption Promotion act of 2003****Overview**

H.R. 3182

Enacted December 2, 2003

Purpose: To reauthorize the adoption incentive payments program under part E of title IV of the Social Security Act and for other purposes

**Major Provisions of the act**

- Amended title IV-E to revise requirements with respect to States eligible to receive Adoption Incentives payments to provide payments for:
    - » Special needs adoptions that are not older child adoptions
    - » Adoptions of older children (age 9 and older)
  - Modified requirements with respect to the determination of numbers of special needs adoptions that are not older children as well as adoptions of older children
  - Authorized the Secretary to impose specified penalties against a State for failure to provide necessary data to the Adoption and Foster Care Analysis and Reporting System (AFCARS)
- 

**P.L. 108-36****Keeping children and Families Safe act of 2003****Overview**

S. 342

Enacted June 25, 2003

Purpose: To amend and improve the Child Abuse Prevention and Treatment Act (CAPTA), the Adoption Opportunities Act, the Abandoned Infants Assistance Act, and the Family Violence Prevention and Services Act

**Major Provisions of the act**

- Reauthorized CAPTA through FY 2008
- Authorized an expanded continuing interdisciplinary and longitudinal research program; provided for an opportunity for public comment on research priorities
- Emphasized enhanced linkages between child protective service (CPS) agencies and public health, mental health, and developmental disabilities agencies
- Mandated changes to State plan eligibility requirements for the CAPTA State grant, including:
  - » Policies and procedures to address the needs of infants born and identified as being affected by prenatal drug exposure
  - » Provisions and procedures requiring that a CPS representative at the initial contact advise an individual of complaints and allegations made against him or her
  - » Provisions addressing the training of CPS workers regarding their legal duties in order to protect the legal rights and safety of children and families

- » Provisions to require a State to disclose confidential information to any Federal, State, or local government entity with a need for such information
- » Provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act
- Directed the Secretary to provide for implementation of programs to increase the number of older foster children placed in adoptive families, including a grants program to eliminate barriers to placing children for adoption across jurisdictional boundaries
- Amended the Abandoned Infants Assistance grants program to prohibit grants unless the applicant agrees to give priority to infants and young children who:
  - » Are infected with or exposed to the human immunodeficiency virus (HIV) or have a life-threatening illness
  - » Have been perinatally exposed to a dangerous drug

## **P.L. 107-133**

### **Promoting Safe and Stable Families amendments of 2001**

#### **Overview**

H.R. 2873

Enacted January 17, 2002

Purpose: To extend and amend the Promoting Safe and Stable Families program, provide new authority to support programs for mentoring children of incarcerated parents, and amend the Foster Care Independent Living program under title IV-E to provide for educational and training vouchers for youth aging out of foster care

#### **Major Provisions of the act**

- Amended title IV-B, subpart 2 of the Social Security Act
- Added findings to illustrate the need for programs addressing families at risk for abuse and neglect and those adopting children from foster care
- Amended the definition of family preservation services to include infant safe haven programs
- Added strengthening parental relationships and promoting healthy marriages to the list of allowable activities
- Added new focus to the research, evaluation, and technical assistance activities
- Allowed reallocation of unused funds in title IV-B, subpart 2
- Created a matching grant program to support mentoring networks for children of prisoners
- Reauthorized funds for the Court Improvement Program
- Authorized a voucher program as part of the John H. Chafee Foster Care Independence Program to provide for education and training, including postsecondary training and education, to youth who have aged out of foster care

## **P.L. 106-279**

### **Intercountry adoption act of 2000**

#### **Overview**

H.R. 2909

Enacted October 6, 2000

Purpose: To provide for implementation by the United States of the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption

#### **Major Provisions of the act**

- Established the U.S. Central Authority within the Department of State with general responsibility for U.S. implementation of the Convention and annual reports to Congress
- Allowed the State Department to enter into agreements with one or more qualified accrediting entities to provide for the accreditation of agencies (nonprofit) and approval of persons (for-profit agencies and individuals) who seek to provide adoption services for adoptions covered by the Convention
- Permitted accrediting entities to:
  - » Process applications for accreditation/approval

- » Be responsible for oversight, enforcement, and compliance by adoption service providers with the Convention, the Intercountry Adoption Act (IAA), and implementing regulations
- » Perform information collection activities
- Authorized U.S. adoption service providers to provide services for Convention adoptions only if they have been Convention-accredited or -approved
- Mandated the Department of State and the Immigration and Nationalization Service (INS) to establish a case registry for all intercountry adoptions, including incoming, outgoing, Hague Convention cases, and others
- Authorized the State Department to:
  - » Monitor each accrediting entity's performance of its duties and their compliance with the Convention, the IAA, and applicable regulations
  - » Issue necessary certificates for the recognition of Convention adoptions/placements made in the United States so long as the department has received appropriate documentation to establish that the requirements of the Convention, IAA, and other regulations have been met
- Established that Convention adoptions finalized in other countries party to the Convention to be recognized throughout the United States
- Provided procedures and requirements to be followed for the adoption of a child residing in the United States by persons resident in other countries party to the Convention
- Outlined certain case-specific duties to be performed by the accredited agency, the approved person, or the prospective adoptive parents acting on their own behalf, if permitted by both countries involved
- Prohibited State courts from finalizing Convention adoptions or granting custody for a Convention adoption unless such a court has verified that the required determinations have been made by both the country of origin and the receiving country
- Amended the Immigration and Nationality Act to provide for a new category of children adopted, or to be adopted, under the Hague Convention and who meet other requirements to qualify for immigrant visas
- Preserved Convention records on individual adoptions held by the State Department and INS without affecting Federal laws concerning access to identifying information
- Preempted State laws only to the extent that they are inconsistent with the IAA
- Had no effect on the Indian Child Welfare Act

## **P.L. 106-177**

### **child abuse Prevention and enforcement act of 2000**

#### **Overview**

H.R. 764

Enacted March 10, 2000

Purpose: To reduce the incidence of child abuse and neglect

#### **Major Provisions of the act**

- Authorized the use of Federal law enforcement funds by States to improve the criminal justice system in order to provide timely, accurate, and complete criminal history record information to child welfare agencies, organizations, and programs that are engaged in the assessment of activities related to the protection of children, including protection against child sexual abuse, and placement of children in foster care
- Allowed the use of Federal grants by law enforcement:
  - » To enforce child abuse and neglect laws, including laws protecting against child sexual abuse
  - » To promote programs designed to prevent child abuse and neglect
  - » To establish or support cooperative programs between law enforcement and media organizations to collect, record, retain, and disseminate information useful in the identification and apprehension of suspected criminal offenders
- Increased the amount of federally collected funds available to the States for implementation of State Children's Justice Act reforms

**P.L. 106-169****Foster care Independence act of 1999****Overview**

H.R. 3443

Enacted December 12, 1999

Purpose: To amend part E of title IV of the Social Security Act to provide States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency

**Major Provisions of the act**

- Revised the program of grants to States and expanded opportunities for independent living programs providing education, training, employment services, and financial support for foster youth to prepare for living on their own
- Allowed funds to be used to pay for room and board for former foster youth age 18 to 21
- Required:
  - » The Secretary to develop outcome measures to assess State performance in operating independent living programs
  - » National data collection on services, individuals served, and outcomes
- Mandated that State plans for foster care and adoption assistance include certification that prospective parents will be adequately prepared to provide for the needs of the child and that such preparation will continue, as necessary, after placement of the child
- Provided States with the option to extend Medicaid coverage to 18- to 21-year olds who have been emancipated from foster care
- Emphasized permanence by requiring that efforts to find a permanent placement continue concurrently with independent living activities
- Increased funding for adoption incentive payments

**P.L. 105-89****adoption and Safe Families act of 1997****Overview**

H.R. 867

Enacted November 19, 1997

Purpose: To promote the adoption of children in foster care

This act amended title IV-E of the Social Security Act.

**Major Provisions of the act**

- Reauthorized the Family Preservation and Support Services Program:
  - » Renamed it the Safe and Stable Families Program
  - » Extended categories of services to include time-limited reunification services and adoption promotion and support services
- Ensured safety for abused and neglected children:
  - » Ensured health and safety concerns are addressed when a State determines placement for abused and neglected children
  - » Required the U.S. Department of Health and Human Services (HHS) to report on the scope of substance abuse in the child welfare population and the outcomes of services provided to that population
  - » Added "safety of the child" to every step of the case plan and review process
  - » Required criminal records checks for foster/adoptive parents who receive Federal funds on behalf of a child, unless a State opted out of this requirement
- Accelerated permanent placement:
  - » Required States to initiate court proceedings to free a child for adoption once that child had been waiting in foster care for at least 15 of the most recent 22 months, unless there was an exception
  - » Allowed children to be freed for adoption more quickly in extreme cases

- Promoted adoptions:
  - » Rewarded States that increased adoptions with incentive funds
  - » Required States to use reasonable efforts to move eligible foster care children towards permanent placements
  - » Promoted adoptions of all special needs children and ensured health coverage for adopted special needs children
  - » Prohibited States from delaying/denying placements of children based on the geographic location of the prospective adoptive families
  - » Required States to document and report child-specific adoption efforts
- Increased accountability:
  - » Required HHS to establish new outcome measures to monitor and improve State performance
  - » Required States to document child-specific efforts to move children into adoptive homes
- Clarified “reasonable efforts”:
  - » Emphasized children’s health and safety
  - » Required States to specify situations when services to prevent foster placement and reunification of families are not required
- Required shorter time limits for making decisions about permanent placements:
  - » Required permanency hearings to be held no later than 12 months after entering foster care
  - » Required States to initiate termination of parental rights proceedings after the child has been in foster care 15 of the previous 22 months, except if not in the best interest of the child, or if the child is in the care of a relative

## P.L. 104-235

### child abuse Prevention and treatment amendments of 1996

#### Overview

S. 919

Enacted October 3, 1996

Purpose: To modify and reauthorize the Child Abuse Prevention and Treatment Act (CAPTA)

#### Major Provisions of the act

- Reauthorized CAPTA through FY 2001
- Abolished the National Center on Child Abuse and Neglect (NCCAN) and created the Office on Child Abuse and Neglect
- Added new requirements to address the problems of false reports of abuse and neglect, delays in termination of parental rights, and lack of public oversight of child protection
- Required States to institute an expedited termination of parental rights process for abandoned infants or when the parent is responsible for the death or serious bodily injury of a child
- Set the minimum definition of child abuse to include death, serious physical or emotional injury, sexual abuse, or imminent risk of harm
- Recognized the right of parental exercise of religious beliefs concerning medical care
- Continued the Community-Based Family Resource and Support Grants Program, the Adoption Opportunities Act, Abandoned Infants Assistance Act, Victims of Child Abuse Act, Children’s Justice Act Grants, and the Missing Children’s Assistance Act
- Provided for Federal grants for the establishment of not less than three citizen review panels in each State, such as child fatality panels or foster care review panels, for the purpose of examining the policies and procedures of State and local agencies and, where appropriate, specific cases, to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities, including:
  - » A review of the extent to which the State child protective services system is coordinated with the foster care and adoption programs established under title IV-E
  - » A review of child fatalities and near fatalities



**P.L. 104-188****the Interethnic Provisions of 1996****Overview**

H.R. 3448

Enacted August 20, 1996

Enacted as title I, subtitle H, section 1808, Removal of Barriers to Interethnic Adoption, of the Small Business Job Protection Act of 1996

**Major Provisions of the act**

- Established the title IV-E State Plan requirement that States and other entities that receive funds from the Federal Government and are involved in foster care or adoption placements may not deny any individual the opportunity to become a foster or adoptive parent based upon the race, color, or national origin of the parent or the child
- Established the title IV-E State Plan requirement that States and other entities that receive funds from the Federal Government and involved in foster care or adoption placements may not delay or deny a child's foster care or adoptive placement based upon the race, color, or national origin of the parent or the child
- Strengthened the Multiethnic Placement Act's (MEPA) diligent recruitment requirement by making it a title IV-B State Plan requirement
- Established a system of graduated financial penalties for States that do not comply with the title IV-E State Plan requirement established under this law
- Repealed language in MEPA that allowed States and other entities to consider the cultural, ethnic, or racial background of a child, as well as the capacity of the prospective parent to meet the needs of such a child

**P.L. 103-382****Multiethnic Placement Act of 1994****Overview**

H.R. 6

Enacted October 20, 1994

These provisions were enacted as title V, part E, subpart 1, of the Improving America's Schools Act of 1994.

This title amended Title IV-E of the Social Security Act.

**Major Provisions of the act**

- Prohibited State agencies and other entities that receive Federal funding and were involved in foster care or adoption placements from delaying, denying, or otherwise discriminating when making a foster care or adoption placement decision on the basis of the parent or child's race, color, or national origin
- Prohibited State agencies and other entities that received Federal funds and were involved in foster care or adoption placements from categorically denying any person the opportunity to become a foster or adoptive parent solely on the basis of race, color, or national origin of the parent or the child
- Required States to develop plans for the recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom families are needed
- Allowed an agency or entity to consider the cultural, ethnic, or racial background of a child and the capacity of an adoptive or foster parent to meet the needs of a child with that background when making a placement
- Had no effect on the provisions of the Indian Child Welfare Act of 1978
- Made failure to comply with MEPA a violation of title VI of the Civil Rights Act

**P.L. 103-66****Family Preservation and Support Services Program act of 1993****Overview**

H.R. 2264

Enacted August 10, 1993

Enacted as title XIII, chapter 2, subchapter C, part 1 of the Omnibus Budget Reconciliation Act of 1993

This title amended title IV-B of the Social Security Act.

**Major Provisions of the act**

- Encouraged States to use funds to create a continuum of family-focused services for at-risk children and families
- Required States to engage in a comprehensive planning process to develop more responsive family support and preservation strategies
- Encouraged States to:
  - » Use funds to integrate preventive services into treatment-oriented child welfare systems
  - » Improve service coordination within and across State service agencies
  - » Engage broad segments of the community in program planning at State and local levels
- Broadened the definition of “family” to include people needing services regardless of family configuration: biological, adoptive, foster, extended, or self-defined
- Defined services to be provided by the States, including:
  - » Preservation services that include activities designed to assist families in crisis, often when the child is at risk of being placed in out-of-home care because of abuse and/or neglect
  - » Support services that include preventive activities, typically provided by community-based organizations, designed to improve the nurturing of children and to strengthen and enhance stability of families
- Provided grants to the highest court of each State to conduct assessments of the roles, responsibilities, and effectiveness of State courts in handling child welfare cases, and to implement changes deemed necessary as a result of the assessments [Court Improvement Program]

**P.L. 102-295****child abuse, Domestic Violence, adoption, and Family Services act of 1992****Overview**

S. 838

Enacted May 28, 1992

Purpose: To amend the Child Abuse Prevention and Treatment Act (CAPTA) to revise and extend programs under the Act

**Major Provisions of the act**

- Revised provisions for research and assistance activities to include:
  - » Cultural distinctions relating to child abuse and neglect
  - » Culturally sensitive procedures with respect to child abuse cases
  - » The relationship of child abuse and neglect to cultural diversity
- Provided assistance for States in supporting child abuse and neglect prevention activities through community-based child abuse and neglect prevention grants
- Required the U.S. Department of Health and Human Services to provide information and service function related to adoption and foster care, including:
  - » Onsite technical assistance
  - » National public awareness efforts to unite children in need of adoption with appropriate adoptive parents
  - » Operation of a National Resource Center for Special Needs Adoption

**P.L. 100-294****child abuse Prevention, adoption, and Family Services act of 1988****Overview**

H.R. 1900

Enacted April 25, 1988

Purpose: To amend the Child Abuse Prevention and Treatment Act (CAPTA), the Child Abuse Prevention and Treatment and Adoption Reform Act, and the Family Violence Prevention and Services Act

**Major Provisions of the act**

- Established the Inter-Agency Task Force on Child Abuse and Neglect, with responsibility for programs and activities related to child abuse and neglect
- Broadened the scope of research to include investigative and judicial procedures applicable to child abuse cases and the national incidence of child abuse and neglect
- Established a national data collection system to include standardized data on false, unfounded, or unsubstantiated cases and the number of deaths due to child abuse and neglect
- Expanded the Adoption Opportunities program:
  - » To increase the number of minority children placed in adoptive families, with an emphasis on recruitment of and placement with minority families
  - » To provide for postlegal adoption services for families who have adopted special needs children
  - » To increase the placement of foster care children legally free for adoption

**P.L. 98-457****child abuse amendments of 1984****Overview**

H.R. 1904

Enacted October 9, 1984

Purpose: To extend and improve provisions of laws relating to child abuse and neglect and adoption

**Major Provisions of the act**

- Required States to have in place procedures with State protective systems to respond to reports of medical neglect, including instances of withholding medically indicated treatment from disabled infants with life-threatening conditions
- Directed HHS to develop regulations and to provide training and technical assistance needed by care providers to carry out the provisions of the act
- Required State-level programs to facilitate adoption opportunities for disabled infants with life-threatening conditions
- Provided for the establishment and operation of a Federal adoption and foster care data-gathering and analysis system
- Provided for a national adoption exchange to match special needs children with prospective adoptive families

**P.L. 96-272****adoption assistance and child Welfare act of 1980****Overview**

H.R. 3434

Enacted June 17, 1980

Purpose: To establish a program of adoption assistance; strengthen the program of foster care assistance for needy and dependent children; and improve the child welfare, social services, and aid to families with dependent children programs

This act amended titles IV-B and XX of the Social Security Act.

**Major Provisions of the act**

- Required States to make adoption assistance payments, which take into account the circumstances of the adopting parents and the child, to parents who adopt a child who is Aid to Families with Dependent Children (AFDC)-eligible and is a child with special needs
- Defined a child with special needs as a child who:
  - » Cannot be returned to the parent's home
  - » Has a special condition such that the child cannot be placed without providing assistance
  - » Has not been able to be placed without assistance
- Required, as a condition of receiving Federal foster care matching funds, that States make "reasonable efforts" to prevent removal of the child from the home and return those who have been removed as soon as possible
- Required participating States to establish reunification and preventive programs for all in foster care
- Required the State to place a child in the least restrictive setting and, if the child will benefit, one that is close to the parent's home
- Required the court or agency to review the status of a child in any nonpermanent setting every 6 months to determine what is in the best interest of the child, with most emphasis placed on returning the child home as soon as possible
- Required the court or administrative body to determine the child's future status, whether it is a return to parents, adoption, or continued foster care, within 18 months after initial placement into foster care

**P.L. 95-608****Indian child Welfare act (IcWa) of 1978****Overview**

S. 1214

Enacted November 11, 1978

Purpose: To establish standards for the placement of Indian children in foster and adoptive homes and to prevent the breakup of Indian families

**Major Provisions of the act**

- Established minimum Federal standards for the removal of Indian children from their families
- Required Indian children to be placed in foster or adoptive homes that reflect Indian culture
- Provided for assistance to Tribes in the operation of child and family service programs
- Created exclusive Tribal jurisdiction over all Indian child custody proceedings when requested by the Tribe, parent, or Indian "custodian"
- Granted preference to Indian family environments in adoptive or foster care placement
- Provided funds to Tribes or nonprofit off-reservation Indian organizations or multiservice centers for the purpose of improving child welfare services to Indian children and families
- Required State and Federal courts to give full faith and credit to Tribal court decrees
- Set standard of proof for terminating Indian parents' parental rights that required the proof to be beyond a reasonable doubt

**P.L. 95-266****child abuse Prevention and treatment and adoption Reform act of 1978****Overview**

H.R. 6693

Enacted April 24, 1978

Purpose: To promote the healthy development of children who would benefit from adoption by facilitating their placement in adoptive homes, and to extend and improve the provisions of the Child Abuse Prevention and Treatment Act (CAPTA)

**Major Provisions of the act**

- Required the National Center on Child Abuse and Neglect (NCCAN) to:
  - » Develop a comprehensive plan for facilitating the coordination of activities among agencies

- » Establish research priorities for making grants
- » Set aside funds to establish centers for the prevention, identification, and treatment of child sexual abuse
- Established the Adoption Opportunities Program to:
  - » Facilitate placement of children with special needs in permanent adoptive homes
  - » Promote quality standards for adoptive placement and the rights of adopted children
  - » Provide for a national adoption information exchange system
- Provided for annual summaries of research on child abuse and neglect

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**P.L. 93-247****child abuse Prevention and treatment act (caPta) of 1974****Overview**

S. 1191

Enacted January 31, 1974

Purpose: To provide financial assistance for a demonstration program for the prevention, identification, and treatment of child abuse and neglect

**Major Provisions of the act**

- Provided assistance to States to develop child abuse and neglect identification and prevention programs
- Authorized limited government research into child abuse prevention and treatment
- Created the National Center on Child Abuse and Neglect (NCCAN) within the Department of Health, Education, and Welfare to:
  - » Administer grant programs
  - » Identify issues and areas needing special focus for new research and demonstration project activities
  - » Serve as the focal point for the collection of information, improvement of programs, dissemination of materials, and information on best practices to States and localities
- Created the National Clearinghouse on Child Abuse and Neglect Information
- Established Basic State Grants and Demonstration Grants for training personnel and to support innovative programs aimed at preventing and treating child maltreatment



U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau





## **Applications and client case records; definitions; confidentiality; waiver; penalty**

A. Applications for assistance and information contained in case records of clients of the Louisiana Department of Health, the Department of Children and Family Services, or the Office of Elderly Affairs, for the purpose of adult protective services, shall be confidential and, except as otherwise provided, it shall be unlawful for any person to solicit, disclose, receive, make use of, or to authorize, knowingly permit, participate in, or acquiesce in the use of applications or client case records or the information contained therein for any purpose not directly connected with the administration of the programs of the department.

B.(1) For the purposes of this Section, "department" means the Louisiana Department of Health, the Department of Children and Family Services, and the adult protection agency as provided in R.S. 15:1503(4). It is the express intent of this Section that the Louisiana Department of Health, the Department of Children and Family Services, and, for the purpose of adult protective services, the Office of Elderly Affairs share access to each other's case records to the extent that such access is not prohibited by any contrary provision of federal law or regulation.

(2) For the purposes of this Section, "case records" are assistance records, social service records, records of the Supplemental Nutrition Assistance Program or any predecessor, medical services records, probation and parole records, records pertaining to the adoption of children, records of foster care services, records and investigative reports on abuse or neglect of children or adults, and records of other child welfare services administered by the department, including services for children with disabilities, nutrition, immunization, and other medical and public health services records pertaining to children or adults and where such records are in the custody of parish health units, and regional and central offices of the office of public health of the Louisiana Department of Health.

(3) Notwithstanding any provision of law to the contrary, including but not limited to the provisions of this Section, all offices, bureaus, and agencies within the Department of Children and Family Services are hereby expressly authorized to share access to each other's case records as necessary for the administration of their respective programs, except as prohibited by federal law or regulation.

C. Publication of lists or names of clients or applicants is prohibited, except as provided in this Section.

D. Subject to the exceptions enumerated in R.S. 44:17 and Subsections E, F, and M of this Section, confidential information may be released to an outside source not directly connected with the administration of the programs of the department only upon written request of the outside source and only after written waiver by the applicant, client, or his legal representative. Governmental authorities, the courts, and law enforcement agencies shall be considered the same as any other outside source, except as provided in R.S. 44:17 and Subsections E and F.

E.(1) Upon request of any authorized person, the most recent address and place of employment of any absent parent shall be provided if such information is available, notwithstanding any other provisions of this Section. For the purposes of this Subsection, the term "authorized person" shall mean:

(a) Any agent or attorney of any state agency which has the duty or authority to seek to recover any amounts owed as child support;

(b) Any court of competent jurisdiction which has authority to issue an order against an absent parent for the support and maintenance of a child, or any agency of such court; and

(c) Any resident parent, legal guardian, attorney, or agent of any child, except a child currently receiving aid to dependent children, without regard to the existence of any court order against an absent parent who has a duty to support and maintain any such child.

(2) Information of the department pertaining to financial assistance programs may be released in accordance with the federal laws and regulations governing the release of information of the financial assistance programs.

F. The following information shall not be subject to waiver and shall not be released to applicants, recipients, or outside sources, except those outside sources engaged in the administration of the programs of the department:

(1) Records pertaining to foster care of children, investigations of abuse and neglect of children, and other child welfare services. For the purposes of this Paragraph, case records of children in abuse and neglect and foster care cases may be reviewed by attorneys who are appointed by a court of juvenile jurisdiction to represent the sole interest of the children, and pursuant to court order, such case records may be reviewed by court-appointed special advocates appointed pursuant to Ch.C. Art. 424(D). Prior to a court hearing, the department may provide to such attorneys and court-appointed special advocates copies of the most recent case plan for the child and his family, the most recent court order and court report, and the child's most recent medical report. Additionally, pursuant to Article 616 of the Children's Code, a judge of a court exercising juvenile jurisdiction may request, in writing to the department, central registry record checks. However, in no instance

shall the name or identifying information regarding a complainant in neglect and abuse cases or the case records of the foster parents be subject to such review. The department may, however, provide foster parents all information from the department's records and from other records to which the department has access concerning a child in the foster home, and concerning the child's family, where such information is necessary for the foster parents to properly care for the child. The department may also provide surrogate parents representing the special education interests of children in the department's custody with all information from the department's records and from other records to which the department has access where such information is necessary for the surrogate parents to properly advocate for the children. In any child custody proceeding, after the issue has been raised of the potential existence of a relevant departmental record concerning the abuse or neglect of a child who is the subject of that proceeding, the judge may contact the local child protection unit to determine if such a record exists. If a determination has been made that such report appears justified pursuant to Ch.C. Art. 615(B)(1) through (3), the local child protection unit shall verbally advise the judge that such report is in the possession of the unit. If the court finds that information which may be contained in the report is necessary for an issue before the court, the court may order the release of such information. If a determination was made that such report was unjustified or inherently improbable, such records shall be sealed and accessible only pursuant to Ch.C. Art. 616(A)(2).

(2) Information furnished to the department by persons, governmental agencies, or other legal entities when such furnisher of information is subject to a confidentiality statute or regulation which prohibits release of such information to an outside source, and

(3) Information contained in applications for assistance and case records that is furnished to law enforcement agencies or courts to aid in the prosecution of criminal offenses related to any program.

(4)(a) For the purpose of this Subsection, those outside sources engaged in the administration of the programs of the department pertaining to child welfare services shall be local child service agencies, including but not limited to hospitals, clinics, schools, and counterpart agencies in other states engaged in delivering family and children's services; local, state, and federal law enforcement agencies, including but not limited to military authorities, probation officers, district attorneys, and coroners; the Louisiana State Board of Dentistry; and the Louisiana State Board of Medical Examiners. The department may release information to a child abuse citizens' review panel or a state child fatality review panel only to the extent that the requested information is consistent with the purpose of the requesting panel as provided by state law or regulation. Information may be released by the department only to an agency engaged in rendering services or treatment to a recipient or former recipient of the department's services and only



for the purpose of furthering the services or treatment; or to an agency engaged in enforcing or prosecuting violators of the child abuse and neglect law or perpetrators of acts against children in violation of the criminal statutes of this state or of another state or of federal criminal statutes. The requesting agency shall request the information in writing and state the purpose for which the information is being requested.

(b) In addition, the department may release information to other agencies of state government that are engaged in rendering services or treatment to a department recipient or former recipient. The agency receiving the information from the department under this Paragraph shall be bound by the same confidentiality standard as prescribed in this Section with regard to release of this information to the recipient, the client's legal representative, or an outside source. The Louisiana Department of Health, the Department of Children and Family Services, and, for the purpose of adult protective services, the Office of Elderly Affairs may release information to each other for the purpose of furthering services or treatment to clients or recipients of services of either department. Information subject to release under this Section that is covered by federal statutes or regulations restricting release of the information shall be released only in accordance with the federal statutes or regulations.

(c) Following any investigation by the department of a public or private day care center, registered family child day care home, or residential provider, the department may inform the parent or guardian of any child being cared for at the center, home, or residence or the parent or guardian of any child who has applied for placement in the center, home, or residence of a valid finding of child abuse, neglect, or exploitation occurring at the center, home, or residence upon the request of the parent or legal guardian. The department may also advise such parent or legal guardian of a valid finding when it becomes necessary for the department to take adverse action against a center, home, or facility in the interest of the safety and welfare of the children. The department may release to the Department of Education limited information concerning a valid finding of child abuse, neglect, or exploitation occurring at a family child day care home that is registered by that department. These circumstances shall constitute authorized disclosures under the provisions of R.S. 14:403(A)(2).

(5)(a) The department may release the information described in Paragraph (1), except names and any other identifying information, to a professional person or professor or graduate student of a college or university who is engaged in bona fide professional, academic, or scholarly research in the field of child welfare services or to a duly authorized person conducting an audit of the department.

(b) Upon written approval of the department and of the child through his representative, when required by federal law, the information described in Paragraph (1) may be released, including names and other identifying information,

except identifying information regarding complainants in neglect and abuse cases, to researchers whose proposed research in the field of child welfare services has been reviewed and approved by an institutional review board conformed in accordance with and operating under the standards provided for in the United States Department of Health and Human Services' Policy for the Protection of Human Subjects, provided that access to that information is essential to the research. The researcher shall furnish to the department a written certification from the institutional review board confirming the board's compliance with the applicable standards and its review and approval of the research consistent with those standards. The certification shall also describe the board's future oversight responsibilities and specific procedures for assuring that the confidentiality of identifying information is strictly preserved. The department is authorized to develop a standardized certification form and other procedures as needed to facilitate its review and authorization of research requests consistent with its child welfare administrative responsibilities under state and federal law.

(c) The person receiving the information from the department under this Paragraph shall be bound by the same confidentiality standard and subject to the same penalties for improper disclosure as prescribed in this Section with regard to release of this information to the recipient, the client's legal representative, or an outside source. Any paper, report, thesis, dissertation, or other document resulting in whole or in part from the research or audit shall not contain the name or any identifying information regarding an applicant, recipient, or client, or other person to whom the records pertain.

(6) Research proposals which request access to clients or former clients of the department may be approved, but only after a determination that the following criteria are met:

(a) Contact with the client and the nature of the research will not have a detrimental effect on the client;

(b) The client or his legal guardian has consented in writing to such research; and

(c) The research will be of value to the department.

(7)(a) The department may release, upon written request, the information described in Paragraph (1) of this Subsection to the former foster child or his legal tutor if in its discretion it believes the release of such information to be in the best interest of the former foster child. Such information shall not include any information regarding the identity of the birth parents or birth siblings of a former foster child who was subsequently adopted or any information regarding the identity of the reporter in a case of abuse or neglect.

(b) The department, upon written request, shall release to a former foster child or his legal tutor, non-identifying medical or genetic information that may be contained in any record maintained by the department without the necessity of

filing a petition for disclosure from the department as required by the provisions of Chapter 5 of Title XII of the Children's Code.

(8)(a) Case records involving investigation of reports of child abuse and neglect shall be confidential in order to protect the rights of the child and his parents or guardians. Information contained in such records shall only be made available as provided in this Section or applicable state or federal laws or regulations.

(b) The department shall not disclose identifying information concerning an individual who initiated a report or complaint of alleged child abuse or neglect, except that the department shall disclose such information pursuant to a court order after such court has reviewed, in camera, the department's case record and finds reason to believe that the reporter knowingly made a false report.

(9) Notwithstanding any other provision of this Section, limited public disclosure of summary information contained in the child abuse or neglect records of the Department of Children and Family Services may be made as follows:

(a) When there has been a child fatality or near fatality in which abuse or neglect was medically determined by an examining physician to be a contributing factor in the cause of death or near fatality. For purposes of this Paragraph, "near fatality" means an act as certified by the physician who examined the child which placed the child in serious or critical condition.

(b) To confirm, clarify, or correct information concerning a case of child abuse or neglect not involving a child fatality, or near fatality that has been made public by sources outside the department. Any release of information shall be made in a manner respectful of the parties' right to privacy and be specifically limited to the information already made public.

(c) To the individual who initiated the report if that individual is a mandatory reporter as defined by Article 603(13) of the Children's Code. The person receiving the information under this Subparagraph shall be bound by the confidentiality standard and subject to the penalties for improper disclosure, as prescribed in this Section.

(d) This Paragraph shall not apply when the local district attorney requests that certain information not be released due to its potential to compromise a pending criminal investigation or prosecution or when, in the judgment of the department, disclosure may compromise the integrity of a child protection investigation. However, all information, including but not limited to the departmental case records, shall be available to the local district attorney for inspection.

(e) The department shall not publicly disclose any information concerning the individual initiating a report or complaint.

(f) Notwithstanding any other provision of this Paragraph, the confidentiality of the department's records shall be maintained by the department as required by federal law as a condition of the allocation of federal monies to the state.

(g) Nothing in this Paragraph shall limit the authority of the department to disclose requested information to the parent or guardian of an abused or neglected child as otherwise provided by law.

(h) Notwithstanding the provisions of Subsection B of this Section, references in this Paragraph to the term "department" shall only mean the Department of Children and Family Services.

(10)(a) Upon written request, the department shall disclose limited information contained in child abuse or neglect records or reports to the following:

(i) An examining physician of a child whom he reasonably believes has been abused or neglected.

(ii) A committee or subcommittee of the legislature which has subject matter jurisdiction over child protection legislation according to the rules of the respective house, provided that such information is reviewed in closed session and kept confidential.

(iii) The executive director of a day care center or residential provider, provided that the use of such information is limited to a confidential employee disciplinary investigation of alleged abuse or neglect of a child within that facility and the employee who is the subject of the disciplinary investigation is the subject of the requested information. However, the department shall have the authority to fine, revoke, or suspend the license of any day care center or residential provider, after due notice and a hearing, if the executive director releases the confidential information to an unauthorized person or persons. The proceedings shall be conducted in accordance with rules and regulations to be promulgated by the department.

(iv) The attorney who represents the child, the day care center, or an employee of the day care center.

(b) The information disclosed pursuant to this Paragraph shall be limited to the following:

(i) Whether or not the department has a report, which has been determined to be justified pursuant to Article 615 of the Children's Code, in its possession concerning the child or person who is the subject of the information request.

(ii) The status of the investigation, the determination made by the department, and any action taken by the department.

(c) Nothing in this Paragraph shall authorize release of any information concerning an individual initiating a report or complaint of abuse or neglect or authorize access to any information which is prohibited by federal law.

(11) Upon written request of a caregiver, the department shall disclose limited information contained in child abuse or neglect records or reports to an

employer or prospective employer of a person who will be exercising supervisory authority over that employer's minor children or other dependent person as part of that person's employment as a caregiver. The information disclosed pursuant to this Paragraph shall be limited to cases in which the department has determined that the allegations from which such information has been developed are justified pursuant to Article 615 of the Children's Code. The provisions of this Paragraph shall not be interpreted to authorize the release of or access to any information protected under federal law.

(12)(a) Notwithstanding any other provision of this Section, including without limitation Subsection K or of any other law to the contrary, the department shall disclose case records involving an investigation of a report of child abuse or neglect to an immediate family member who initiated the report or complaint of alleged child abuse or neglect when the child who was the subject of the report or complaint died and abuse or neglect was medically determined by an examining physician or a coroner to be a contributing factor in the cause of death. For the purposes of this Paragraph, "immediate family member" means the child's parent or grandparent; however, if any such person is the accused abuser of the child, such person shall not be considered to be an immediate family member for the purposes of this Paragraph.

(b) Any immediate family member who requests and receives the case record involving an investigation of a report of child abuse or neglect shall agree in writing to hold the department harmless for any damages, special or general, which may result from the information contained in the case record of the investigation.

G. Notwithstanding any other provision of this Section, information pertaining to adoption of children shall be strictly confidential and shall only be released to courts of competent jurisdiction in accordance with existing laws.

H.(1) Information pertaining to foster care of children, reports and investigations on abuse or neglect of children, and records of other child welfare services administered by the department, including but not limited to children's special health services, nutrition, immunization, and other medical and public health services records pertaining to children and where such records are in the custody of parish health units or regional and central offices of the office of public health of the Louisiana Department of Health, shall not be subject to discovery or subpoena in any civil suit in which the department is not a party.

(2) In the event of the issuance of a subpoena or subpoena duces tecum served upon the custodian of case records or other qualified witness or employee of the department in a civil action in which the department is not a party, or in any criminal proceeding, and such subpoena requires production for trial or discovery of any or all of the department's records, it shall be sufficient compliance if the custodian or other qualified employee delivers by registered mail or by hand a true and correct copy of all records described in such subpoena to the clerk of court or

other tribunal, together with an affidavit of their authenticity, to be sealed by the court and made available only to the litigants, after an in camera inspection by the court for a determination of relevance and/or discoverability, who shall be bound by the limits of confidentiality. Under no circumstances shall said production include the name of any confidential informant, in accordance with R.S. 14:403(B). Production of said records as described in this Section shall be deemed timely if made any time prior to the requested date or date of trial, provided that the subpoena duces tecum is served at least five days prior to the requested date or date of trial.

(3) No subpoena for testimony shall issue to any employee or representative of the department in such a civil suit if the department's records are available for production pursuant to R.S. 46:56(H)(2). If the court, after the in camera inspection of the department's records as described in R.S. 46:56(H)(2), determines that good cause exists for testimony by a department employee or representative, said employee or representative may be permitted to testify in chambers.

I. Any person who violates any of the provisions of this Section shall be fined not more than two thousand five hundred dollars or imprisoned for not more than two years in the parish jail, or both, nor less than five hundred dollars or ninety days on each count.

J. Notwithstanding the foregoing provisions of this Section, the department shall maintain in each parish or district office a current monthly roster or listing by category of recipients of public assistance showing the names and amounts received by each. Said roster shall not contain information pertaining to food stamps or the Medicaid Program (Title XIX of the Social Security Act). This roster shall be kept available in the reception room or some conspicuous place during regular office hours of each parish office, to any person wishing to view the contents. The department shall supply the parish or district offices with forms, one of which shall be filled out, dated, and signed by each person wishing to avail himself of the provisions of this Subsection. However, it shall be unlawful to use its contents for political or commercial purposes.

K. Notwithstanding the foregoing provisions of this Section, this Section shall not be construed in any manner inconsistent with the provisions enumerated in Ch.C. Article 616.

L. Notwithstanding the foregoing provisions of this Section, in any hearing before the State Civil Service Commission, Equal Employment Opportunity Commission, and any office in the Louisiana Workforce Commission in its capacity of administering Louisiana Employment Security Law, or in any civil or criminal judicial proceeding, wherein the work performance or conduct of an employee of the department is at issue, client case records relevant to said work performance or conduct shall be admissible. However, prior to admission into evidence, the client case records shall have client names and identifying data obliterated. The

department shall provide to the employee the relevant case records with names and other identifying data obliterated, except that where an employee is disciplined as a result of allegations made by the guardian, parents, family members, or tutor of the client, the names of the accuser shall not be withheld so as to deny the employee the right of confrontation granted to him by the constitution and laws of the United States of America and the state of Louisiana.

M.(1) Notwithstanding the foregoing provisions of this Section, payment histories on child or spousal support obligations maintained by the department in conformity with the provisions of Title IV-D of the Social Security Act or by the department's child support enforcement section may be released to a consumer reporting agency upon its application in writing and payment of a fee covering the department's actual costs for duplicating, copying, or transmitting the information. Payment histories shall not be released without the removal or obliteration of any confidential information contained therein, including but not restricted to the payee's address or receipt of Aid to Families with Dependent Children, or any successor to that program, or other state assistance.

(2) For purposes of this Subsection, "consumer reporting agency" means any person who, for monetary fees or dues or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers to furnish consumer reports to third parties and who uses any means or facility of interstate commerce to prepare or furnish consumer reports.

# State Laws

## Summary of the Louisiana Children's Code

The Louisiana Children's Code became effective January 1, 1992. This is a collection of Louisiana laws affecting the exercise of juvenile court jurisdiction. It is presently composed of sixteen Titles and an Appendix – Code of Juvenile Procedure.

The following is a summary of some of the Titles, Chapters, or Articles affecting the Department of Children and Family Services service delivery system.

### TITLE I – GENERAL PROVISIONS

#### ARTICLE 102. – Purpose and Construction

The purpose of the Code shall be **LIBERALLY CONSTRUED** to the end that **EACH CHILD AND PARENT** coming within the jurisdiction of the court shall be accorded due process and that each child shall receive, preferably in his own home, the care, guidance, and control that will be conducive to his welfare. In those instances when he is removed from the control of his parents, they shall secure for him care as nearly as possible equivalent to that which the parents should have given him. These Code provisions shall be construed to promote the **STABILITY** of the family and to secure simplicity in procedure, fairness in adjudication and administration of unjustifiable delay.

#### ARTICLE 114. – Computation of Time

A. In computing a period of time allowed or prescribed by law or by order of court, the date of the act, event, or default after which the period begins to run is not to be included. The last day of the period is to be included, unless it is a legal holiday, in which event the period runs until the end of the next day which is not a legal holiday.

B. A half-holiday is considered as a legal holiday.

C. A legal holiday is to be included in the computation of a period of time allowed or prescribed, except in any one of the following instances:

(1) It is expressly excluded.

(2) It would otherwise be the last day of the period, except that, for purposes of calculating a release date from an order of commitment, a legal holiday shall be included if it is the last day of the period.

(3) The period is less than seven days.

D. All Saturdays and Sundays are also considered as legal holidays.

### TITLE II – LEGAL STATUS OF CHILDREN (RESERVED)

### TITLE III – JURISDICTIONAL, GENERAL AUTHORITY, AND APPEALS



## **CHAPTER 3 – JURISDICTION OVER CHILDREN AND MINORS**

### **ARTICLE 303 – Exclusive jurisdiction over children and minors; exceptions**

A court exercising juvenile jurisdiction shall have exclusive original jurisdiction over:

- (1) Delinquency proceedings pursuant to Title VIII, except when a child either:
  - (a) Is subject to the jurisdiction of the criminal courts for prosecution and liability as an adult pursuant to Chapter 4 of this Title.
  - (b) Has been transferred by the juvenile court for criminal prosecution and liability as an adult pursuant to Chapter 11 of Title VIII.
- (2) Child in need of care proceedings pursuant to Title VI.
- (3) Families in need of services proceedings pursuant to Title VII.
- (4) Traffic proceedings pursuant to Title IX.
- (5) Involuntary termination of parental rights proceedings pursuant to Title X.
- (6) Voluntary termination of parental rights proceedings pursuant to Title XI.
- (7) Adoption proceedings pursuant to Title XI or XII.
- (8) Mental health proceedings pursuant to Title XIV.
- (9) Any special proceeding authorized by Title XV, except domestic abuse assistance proceedings brought in a district court pursuant to R.S. 46:2131 et seq.
- (10) Any proceeding necessary to implement the provisions of interstate compacts affecting children pursuant to Title XVI.
- (11) Such other jurisdiction over children as may be provided by law.

## **CHAPTER 8 – SPECIAL AUTHORITY OF COURTS; PROTECTED PERSONS; VIDEOTAPING; CLOSED CIRCUIT TELEVISION**

### **ARTICLE 322 – Purpose**

The purpose of this Chapter is to provide further protection for protected persons who are witnesses to or victims of a crime and to permit the trial concerning such crime to proceed with a minimum of additional intrusion into the lives of such protected persons. To effect this purpose, the need for a special exception to the hearsay rule allowing receipt of videotaped statements of the protected person's account and the need for closed-circuit television for transmitting certain protected person's testimony is recognized.

## **TITLE IV – JUVENILE COURT ADMINISTRATION**

## **TITLE V – SERVICES TO FAMILIES**

## **TITLE VI – CHILD IN NEED OF CARE**

## **CHAPTER 1 – PRELIMINARY PROVISIONS; DEFINITIONS**

### **ARTICLE 601 – Purpose**

The purpose of this title is to protect children whose physical or mental health and welfare is **SUBSTANTIALLY AT RISK** of harm by physical abuse, neglect, or exploitation and who may be further threatened by the conduct of others, by providing for

the reporting of suspected cases of abuse, exploitation, or neglect of children; by providing for the investigation of such complaints; and by providing, if necessary, for the resolution of child in need of care proceedings in the courts. The proceedings shall be conducted expeditiously to avoid delays in achieving permanency for children. This Title is intended to provide **THE GREATEST POSSIBLE PROTECTION AS PROMPTLY AS POSSIBLE** for such children. The **HEALTH, SAFETY, and BEST INTEREST OF THE CHILD SHALL BE THE PARAMOUNT** concern in all proceedings under this Title. This title shall be construed in accordance with Article 102. This Title shall be administered and interpreted to avoid **UNNECESSARY INTERFERENCE** with family privacy and trauma to the child, and yet, at the same time authorize the protective and preventive intervention needed for the health, safety, and well-being of children.

## **TITLE VII – FAMILIES IN NEED OF SERVICES**

### **CHAPTER 1: PRELIMINARY PROVISIONS; DEFINITIONS**

#### **ARTICLE 726 – Purpose**

The purpose of this Title is to define self-destructive behaviors by the child and conduct by other family members which contribute to the child's harm and which warrant court intervention in the family's life so that appropriate services to remedy the family's dysfunction can be secured; to secure the effectiveness of the court's intervention by explicitly confirming its duty to obtain the cooperation and coordination of all public institutions or agencies having responsibility to supply services to any member of the family referred to the court; to establish a family service plan binding upon all family members and the appropriate service providers; and to protect the integrity of the family by authorizing adjudication and the imposition of a dispositional judgment requiring participation in a plan of services only after all available voluntary alternatives have been exhausted.

## **TITLE VIII – DELINQUENCY**

## **TITLE IX – TRAFFIC VIOLATIONS**

## **TITLE X – JUDICIAL CERTIFICATION OF CHILDREN FOR ADOPTION**

### **CHAPTER 1 – PRELIMINARY PROVISIONS; DEFINITIONS**

#### **ARTICLE 1001 – Purpose**

The purpose of this Title is to protect children whose parents are unwilling or unable to provide safety and care adequate to meet their physical, emotional, and mental health needs, by providing a judicial process for the termination of all parental rights and responsibilities and for the certification of the child for adoption. In all proceedings, the primary concern is to secure the best interest of the child if a ground justifying termination of parental rights is proved. Termination of parental rights is to be considered the first step toward permanent placement of the child in a safe and suitable home, and if at all possible, to achieve the child's adoption. The procedural provisions of this Title shall be construed liberally. The proceedings shall be conducted expeditiously to avoid delays in resolving the status of the parent and in achieving permanency for children.

## **DCFS's Relationship with Other Community Resources**

The Department of Children and Family Services (DCFS) is not solely responsible for the safety, permanency, and well-being of Louisiana's children and families.

The department in which you work is a complex system. Moreover, it is part of several other larger systems made up of the community and the network of state and local human service agencies. It is important to understand how our department's service delivery system is integrated with others in this community environment. Knowledge of the community resources and the ability to connect the client/families to appropriately to these resources is a part of risk assessment, as well as, ongoing services. Timely identification of service needs, combined with referrals to community resources, can reduce the risk of future harm for the children and enhance the family's well-being. Our services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial in meeting the needs of children and families.

Collaboration efforts are a necessary and vital part of providing a community-based continuum of care to the children and families of Louisiana. As such, the agency continues to participate collaboratively with stakeholders such as the Louisiana Children's Cabinet, the Louisiana Court Improvement Project, the Children's Trust Fund, the Interagency Service Coordination Committee, the Louisiana Adoption Advisory Board, and the Louisiana Foster and Adoptive Parent Association Board. These efforts, coupled with initiatives at local, private, and non-profit organizations, aid in the identification of internal and external barriers that inhibit service delivery.

The department collaborates on a local level with our community partners in a variety of ways. Many of our department's staff have working relationships with providers, child advocates, other governmental agencies, and the community at large. This in-depth, personal knowledge enables each of our local offices to maintain an up-to-date list of resources that aid staff in making appropriate referrals for services. The results of our partnerships with communities are probably best exemplified by the service oriented family resource centers implemented through joint effort. DCFS enjoys partnerships with other agencies, organizations, and systems as well, including law enforcement, hospitals, schools, correctional facilities, the Families in Need of Services (FINS) programs, Court Appointed Special Advocates (CASA), and the court systems.

In addition, CQI teams at both regional and state levels include community stakeholders who help define the organizations' overall performance. There are six Citizen Review Panels in the state.

These panels, which are comprised of community volunteers, make recommendations to the agency regarding needed administrative, program, or service improvements.

# Structured Decision Making<sup>®</sup> System for Child Welfare Services

## Policy and Procedures Manual

Reissued:  
April, 2013

State of Louisiana,  
Department of Children and  
Family Services



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Children's Research Center is a nonprofit social research organization and a division of the National Council on Crime and Delinquency.

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## STRUCTURED DECISION MAKING® SYSTEM GOALS

### Structured Decision Making® System Goals

1. **Reduce subsequent maltreatment to children.**
  - a. Reduce subsequent referrals
  - b. Reduce subsequent substantiations
  - c. Reduce subsequent injuries
  - d. Reduce subsequent foster placements
2. **Expedite permanency for children.**

### Structured Decision Making® System Objectives

1. Identify **critical decision points**.
2. Increase **reliability** of decisions.
3. Increase **validity** of decisions.
4. **Target resources** to families at **highest risk**.
5. **Use case-level data** to inform decisions throughout the \* department. \*\*

### Critical Characteristics of the Structured Decision Making® System

**Reliability:** Structured assessment tools and protocols systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the case rather than by individual judgment.

**Validity:** Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect, as evidenced by reduced rates of subsequent referrals, substantiations, injuries to children, and placements in foster care. The cornerstone of the model is the actuarial research-based risk assessment that accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

**Equity:** Structured Decision Making® (SDM) assessment tools ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels. The reunification assessment has demonstrated expedited permanency for children regardless of race.

**Utility:** The model and its tools are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Use of the assessments provides workers with a means to focus the information gathering and assessment process. By focusing on critical characteristics, workers are able to organize case narrative in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitates communication among community partners and stakeholders.

## OVERVIEW OF SDM® POLICY AND PROCEDURES

ASSESSMENT TOOL/ DECISION GUIDELINE	WHICH CASES	WHO	WHEN	DECISION
Initial Risk Assessment	All CP (child protection) investigations and AR (alternative response) assessments.	The assigned CP or AR workers	Prior to the end of every CP investigation and AR assessment, no later than 30 days from the referral date	Informs the transfer/close decision, and sets contact requirements
Contact Requirements	All ongoing cases	FS (Family Services) worker or Services to Parent (SP) worker	Determined assignment (based on initial risk assessment) and at every reassessment (as risk level changes)	Frequency of contact with the parent and child
In-home Risk Reassessment	Cases in which all the children remain in the home or have been returned home	FS worker or SP worker	Within three months of case opening and at least every three months thereafter	Guides decision to close the case or to adjust contact requirements
Out-of-home Reunification Reassessment	Cases in which at least one child in out-of-home placement has a goal of "reunification"	FS worker or SP worker	<p>Within three months from the date of placement and at least every three months thereafter until:</p> <ol style="list-style-type: none"> <li>1. All children have been returned home (future case reviews will utilize the risk reassessment)</li> <li>2. Permanency plan goal has been achieved</li> </ol>	Guides the permanency plan recommendation, including the decision to return a child to the removal home or other parent

## STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES SDM® GENERAL DEFINITIONS

All SDM® assessments are household-based assessments. To accurately complete these assessments, it is critical to accurately identify the household being assessed and the primary caregiver and the secondary caregiver in the household.

**Household** is defined as all persons living in the home 50% or more of the time, excluding employees.

**Primary caregiver** is defined as:

- C The **adult in the household who has legal responsibility for the child**. For example, when a mother and her boyfriend reside in the same household, the mother is the primary caregiver.
- C If there are two legally responsible adults in the household (i.e., two-parent household), then select **the caregiver who performs most of the childcare activities** (i.e., bathing, feeding, supervising, transporting, etc.).
- C If both legal caregivers share childcare activities equally, **the legally responsible adult who was the perpetrator or alleged perpetrator** should be selected. For example, when a mother and a father reside in the same household and appear to equally share childcare responsibilities, and the mother is the perpetrator (or the alleged perpetrator), the mother is selected.
- C If both parents are in the household, equally sharing childcare responsibilities, and both have been identified as perpetrators or alleged perpetrators, **the parent demonstrating the more severe behavior is selected**.

**Secondary caregiver** is defined as an adult living in the household who has at least some routine interaction with the child. The secondary caregiver **may or may not have a legal relationship to the child** (i.e., a boyfriend, girlfriend, or roommate could all be considered secondary caregiver).

When a **minor parent** is living with his/her parent and the minor parent retains legal care and custody of the child, the minor parent should be considered the primary caregiver of his/her child. The minor parent's parent may be considered a secondary caregiver of the infant/young child.



**STATE OF LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SDM® INITIAL RISK ASSESSMENT**

Family Case Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Case TIPS #: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Worker TIPS #: \_\_\_\_\_  
 FS/Foster Care Transfer Date: \_\_\_\_\_ CPI Open Date: \_\_\_\_\_  
 Created: \_\_\_\_\_ Last Updated: \_\_\_\_\_

<b>SECTION 1: NEGLECT/ABUSE INDEX</b>		<b>Neglect Score</b>	<b>Abuse Score</b>
<b>R1. Current report is for</b>			
<input type="radio"/> a. Neglect		1	0
<input type="radio"/> b. Abuse		0	1
<input type="radio"/> c. Both		1	1
<b>R2. Prior investigations</b>			
<input type="radio"/> a. No		0	0
<input type="radio"/> b. Yes		1	0
<b>R2a. Prior neglect</b>			
<input type="radio"/> a. None			0
<input type="radio"/> b. One			1
<input type="radio"/> c. Two			1
<input type="radio"/> d. Three or more			2
<b>R2b. Prior abuse</b>			
<input type="radio"/> a. None			0
<input type="radio"/> b. One			0
<input type="radio"/> c. Two or more			0
<b>R3. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)</b>			
<input type="radio"/> a. No			0
<input type="radio"/> b. Yes			1
<b>R4. Number of child victims involved in the current CA/N incident</b>			
<input type="radio"/> a. One, two, or three		0	0
<input type="radio"/> b. Four or more		1	0
<b>R5. Prior injury to any child in the household resulting from CA/N</b>			
<input type="radio"/> a. No		0	0
<input type="radio"/> b. Yes		0	1
<b>R6. Age of youngest child in the home</b>			
<input type="radio"/> a. 2 or older		0	0
<input type="radio"/> b. Under 2		1	0

0  
1

<b>R7. Characteristics of children in the household (endorse all that apply)</b>			
<input type="checkbox"/> a. Medically fragile/failure to thrive		1	0
<input type="checkbox"/> b. Positive toxicology screen at birth		1	0
<input type="checkbox"/> c. Physical disability		1	0
<input type="checkbox"/> d. Developmental disability		0	1
<input type="checkbox"/> e. Delinquency history		0	1
<input type="checkbox"/> f. Mental health/behavior problems		0	1
<input type="checkbox"/> g. None of the above		0	0
<b>R8. Primary caregiver's assessment of incident (endorse all that apply)</b>			
<input type="checkbox"/> a. Blames child		0	1
<input type="checkbox"/> b. Justifies maltreatment of the child		0	2
<input type="checkbox"/> c. None of the above		0	0
<b>R9. Primary caregiver provides physical care consistent with each child's needs</b>			
<input type="radio"/> a. No	1		0
<input type="radio"/> b. Yes	0		0
<b>R10. Primary caregiver characteristics (endorse all that apply)</b>			
<input type="checkbox"/> a. Provides insufficient emotional/psychological support		0	1
<input type="checkbox"/> b. Employs excessive/inappropriate discipline		0	1
<input type="checkbox"/> c. Domineering parent		0	1
<input type="checkbox"/> d. None of the above		0	0
<b>R11. Primary caregiver has a past or current mental health problem</b>			
<input type="radio"/> a. No	0		0
<input type="radio"/> b. Yes (check all that apply)		1	0
<input type="checkbox"/> During the last 12 months			
<input type="checkbox"/> Prior to the last 12 months			
<b>R12. Primary caregiver has past or current alcohol or drug problem (endorse all that apply)</b>			
<input type="checkbox"/> a. No	0		0
<input type="checkbox"/> b. Alcohol (check all that apply)		1	0
<input type="checkbox"/> During the last 12 months			
<input type="checkbox"/> Prior to the last 12 months			
<input type="checkbox"/> c. Drugs (check all that apply)		1	0
<input type="checkbox"/> During the last 12 months			
<input type="checkbox"/> Prior to the last 12 months			
<b>R13. Secondary caregiver has past or current alcohol or drug problem</b>			
<input type="checkbox"/> a. No secondary caregiver		0	0
<input type="checkbox"/> b. No	0		0
<input type="checkbox"/> c. Yes			
<input type="checkbox"/> Alcohol (check all that apply)			
<input type="checkbox"/> During the last 12 months			
<input type="checkbox"/> Prior to the last 12 months			
<input type="checkbox"/> Drugs (check all that apply)			
<input type="checkbox"/> During the last 12 months			
<input type="checkbox"/> Prior to the last 12 months			

**R14. Primary caregiver has a history of abuse or neglect as a child**

- a. No
- b. Yes

0	0
0	1
0	0
0	2
1	0
2	0
0	0
<b>TOTAL RISK SCORE</b>	

**R15. Two or more incidents of domestic violence in the household in the past year**

- a. No
- b. Yes

**R16. Housing (endorse all that apply)**

- a. Current housing is physically unsafe
- b. Homeless at time investigation began
- c. Family has housing that is physically safe

**SECTION 2: SCORING AND OVERRIDES**

**SCORED RISK LEVEL**

Neglect Score	Abuse Score	Risk Level
0 – 1	0 – 1	Low
2 – 4	2 – 4	Moderate
5 – 8	5 – 7	High
9+	8+	Very High

**OVERRIDES:**

**No Overrides**

Please select an override code.

- No overrides apply

**Mandatory Overrides**

- One or more mandatory overrides are applicable (check all that apply)
  - Sexual abuse case AND the perpetrator is likely to have access to the child.
  - Non-accidental injury to a child under age 2.
  - Severe non-accidental injury.
  - Caregiver action or inaction resulted in death of a child due to abuse or neglect.

\*\*\*

**Discretionary Override**

- Discretionary override

Select override level:  Low  Moderate  High  Very High

**Discretionary override reason:**

**FINAL RISK LEVEL**

Final risk level:  Low  Moderate  High  Very High

**SECTION 3: SUPPLEMENTAL QUESTIONS**

**S1. Known criminal history. Does either caregiver have a history of criminal behavior?**

- a. Yes
- b. No

**If yes, please complete:**

Primary

Arrest

Conviction

Felony conviction

Secondary

Arrest

Conviction

Felony conviction

**S2. Number of moves in the last two years**

- a. None
- b. One
- c. Two
- d. Three or more

**If there were moves in the last two years, were all of them hurricane related?**

- a. Yes
- b. No

**S3. Has the primary caregiver had a live-in partner(s) in the past two years?**

- a. None
- b. One
- c. Two
- d. Three or more

**STATE OF LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**SDM® INITIAL RISK ASSESSMENT**  
**DEFINITIONS**

**R1. Current report is for**

Determine if the current report is for abuse, neglect, or both. Neglect includes caregiver absence/incapacity. Abuse includes physical abuse, emotional maltreatment and/or exploitation, or sexual abuse/sexual exploitation.

Include referred allegations as well as allegations added during the course of the investigation.

**R2. Prior investigations**

Assess prior CPI (child protection investigation) history. Determine if there are any prior investigations for any type of neglect or abuse, regardless of finding. Exclude investigations/assessments of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect. Where possible, history from other jurisdictions should be included.

If yes, answer both R2a and R2b, indicating the number of prior neglect investigations and the number of prior abuse investigations.

- Neglect includes general neglect or abandonment; and if the caregiver is absent or incapacitated.
- Abuse includes physical abuse, emotional abuse, and sexual abuse/sexual exploitation.

**R3. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)**

Assess "Yes" if this household previously had or currently has an open FS/FC case as a result of a prior investigation/assessment. Include voluntary or court-ordered family services, IHBS, or foster care services; do not include delinquency services or "FINS only" cases.

**R4. Number of child victims involved in the current CA/N incident**

Determine the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation/assessment.

**R5. Prior injury to any child in the household resulting from CA/N**

Assess "Yes" if any child sustained an injury resulting from abuse and/or neglect prior to the referral that resulted in the current investigation/assessment. Injury sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment or hospitalization, such as a bone fracture or burn. Prior injury may or may not have been subject to CPI.

**R6. Age of youngest child in the home**

Determine the current age of the youngest child presently in the household where the CA/N incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

**R7. Characteristics of children in the household**

Assess each child in the household and determine the presence of any of the characteristics below. Endorse all that apply.

- a. **Medically fragile/failure to thrive.** Any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention, or is diagnosed as failure to thrive.
- b. **Positive toxicology screen at birth.** Any child had a positive toxicology report for alcohol or another drug at birth.
- c. **Physical disability,** as evidenced by a significant physical handicap.
- d. **Developmental disability,** as evidenced by mental retardation, learning disability, or other developmental problem, including ADHD.
- e. **Delinquency history.** A child has been referred to juvenile court for delinquent or status offense behavior. Status offenses that are not brought to court attention but create stress within the household should also be scored, such as children who run away or are habitually truant.
- f. **Mental health/behavior problems.** These are problems not related to a physical or developmental disability. This could be indicated by a Diagnostic and Statistical Manual (DSM) diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking psychotropic medication.
- g. **None of the above.** No characteristics are exhibited by any child in the household.

**R8. Primary caregiver's assessment of incident**

Assess for each characteristic and endorse all that apply:

- a. **Blames child.** Blaming refers to caregiver's statement that the maltreatment incident occurred because of the child's action or inaction (e.g., claiming that the child seduced him/her, or the child's misbehavior forced caregiver to beat him/her).
- b. **Justifies maltreatment of the child.** Justifying refers to caregiver's statement that his/her action or inaction, which resulted in harm to the child, was appropriate (e.g., claiming that this form of discipline was how the caregiver was raised, so it is all right).
- c. **None of the above** characteristics are applicable.

**R9. Primary caregiver provides physical care consistent with each child's needs**

Assess "Yes" if the caregiver is providing age-appropriate physical care for all children in the household. Examples may include the following:

- C Obtaining standard immunizations;
- C Obtaining medical care for severe or chronic illness;
- C Providing the child with adequately clean, weather-appropriate clothing;
- C Preventing or addressing rodent or insect infestations;
- C Providing adequate housing with operative plumbing and electricity (heating and cooling);
- C Ensuring that poisonous substance or dangerous objects are not within reach of a small child; or
- C Supporting or providing age/developmentally appropriate hygiene (bathing, brushing teeth, changing diapers).

**R10. Primary caregiver characteristics**

Assess the primary caregiver for each characteristic below and endorse all that apply:

- a. **Provides insufficient emotional/psychological support** to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.
- b. **Employs excessive/inappropriate discipline** that caused or threatened harm to the child because the actions were excessively harsh physically or emotionally and/or inappropriate to the child's age or development. Examples include the following:
  - Locking the child in closet or basement;
  - Holding the child's hand overfire;
  - Hitting the child with dangerous instruments; or
  - Depriving a young child of physical and/or social activity for extended periods.
- c. **Domineering parent**, indicated by controlling, abusive, overly restrictive, or unfair behavior or over reactive rules.
- d. **None of the above** characteristics are exhibited by the primary caregiver.

**R11. Primary caregiver has a past or current mental health problem.**

Assess “Yes” if credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver has a past or current mental health problem, not including substance abuse, as evidenced by the following:

- C Diagnosis of a DSM condition by a mental health clinician;
- C Repeated referrals for mental health/psychological evaluations; or
- C Recommendation for treatment/hospitalization, or if the caregiver has been treated/hospitalized for mental health problems at any time.

**R12. Primary caregiver has past or current alcohol or drug problem**

Assess whether the primary caregiver has a past or current alcohol/drug abuse problem that interferes with his/her or the family’s functioning. Legal, non-abusive prescription drug or alcohol use should not be considered an alcohol or drug problem. Interference in functioning may be evidenced by the following:

- C Substance use that affects or affected:
  - o Employment;
  - o Criminal involvement;
  - o Marital or family relationships; or
  - o Ability to provide protection, supervision, and care for the child.
- C An arrest in the past two years for driving under the influence or refusing breathalyzer testing.
- C Self-report of a problem.
- C Treatment received currently or in the past.
- C Multiple positive urine samples.
- C Health/medical problems resulting from substance use.
- C The child was diagnosed with fetal alcohol syndrome or exposure (FAS or FAE), or the child had a positive toxicology screen at birth and the primary caregiver was the birthing parent.

Assess for the following characteristics and endorse all that apply.

- a. **No:** No past or current alcohol or drug problem
- b. **Yes:** Past or current alcohol or drug problem (check all that apply):
  - C Alcohol abuse during the last 12 months
  - C Alcohol abuse prior to the last 12 months
  - C Drug abuse during the last 12 months
  - C Drug abuse prior to the last 12 months

**R13. Secondary caregiver has past or current alcohol or drug problem**

Applying the definition above to the secondary caregiver, assess for the following characteristics and endorse all that apply.

- a. **No secondary caregiver**



- b. **No:** No past or current alcohol or drug problem
- c. **Yes:** Past or current alcohol or drug problem (check all that apply)
  - C Alcohol abuse during the last 12 months
  - C Alcohol abuse prior to the last 12 months
  - C Drug abuse during the last 12 months
  - C Drug abuse prior to the last 12 months

**R14. Primary caregiver has a history of abuse or neglect as a child**

Assess "Yes" if credible statements by the primary caregiver or others indicate that the primary caregiver was abused or neglected as a child, regardless of \* department \*\* history/intervention.

**R15. Two or more incidents of domestic violence in the household in the past year**

Assess "Yes" if credible statements by caregivers or others indicate that there have been two or more physical assaults and/or periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult in the past year.

**R16. Housing**

Assess and determine the presence of any of the characteristics below. Endorse all that apply. If the \* department \*\* has already provided emergency services to address housing, assess housing prior to the intervention.

- a. **Current housing is physically unsafe**, such that it does not meet the health or safety needs of the child (e.g., exposed wiring, unsafe/insufficient heating and cooling, unsanitary plumbing, roach/rat infestations, human/animal waste on floors, rotting food).
- b. **Homeless at time the investigation began**, or about to be evicted at the time the investigation began. If the caregiver is unsure of the family's living situation or considers themselves homeless, endorse this item.
- c. **Family has housing that is physically safe.**

# STATE OF LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## SDM® INITIAL RISK ASSESSMENT

### POLICY AND PROCEDURES

Initial risk assessment identifies families who have low, moderate, high, or very high probabilities of future abuse or neglect. The initial risk assessment does not predict recurrence; it assesses whether a family is more or less likely to have another incident without intervention by the \* department. \*\* The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families and are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: \* department \*\* resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The initial risk assessment is based on research of abuse/neglect investigations that examined the relationships between family characteristics and subsequent negative outcomes for the family. One important result of the research is that different family dynamics are present in abuse and neglect situations. Different characteristics are used to assess the future probability of abuse or neglect. Information for all characteristics must be gathered and assessed for every family under investigation.

**Which Cases:** All “in-family” CP investigations and AR assessments.

**When:** The initial risk assessment is completed no later than 30 days from the referral date in every CP investigation and AR assessment. If the CP investigation or AR assessment is closed prior to 30 days after the referral, the SDM risk assessment must be completed prior to closing.

If the case acceptance/transfer staffing occurs prior to the final finding, and information on all risk items is not available at time of staffing, the initial risk assessment must be completed as soon as possible and no later than within three working days of the referral from CPI.

When an investigation is completed on an open FS or FC case, the initial risk assessment is completed at the final finding staffing (see page \* 25 \*\* for further clarification).

**Who:** The assigned CP or AR worker.

**Decisions:** For both AR assessments and CP investigations, the risk level is used to determine if the case should be transferred for ongoing services or be closed (see matrix on the following page).

If the court has already established an order for DCFS services, the initial risk assessment will be used to identify expected contact guidelines.

For cases opened for ongoing services following the investigation or AR assessment, the risk level is used to determine the contact requirements for the case. See the section on case contact requirements for the specific frequency of contact associated with each risk classification.

SDM® Case Open/Close Guidelines		
Final Risk Level	Investigation Finding	
	Valid	Invalid
Very High	Open for ongoing services	Open for ongoing services
High	Open for ongoing services	Open for ongoing services
Moderate*	Close	Close
Low*	Close	Close

\*Moderate and low risk cases with unresolved safety issues \* (a present and/or impending danger safety plan) and/or involve a valid finding for an investigation of an alcohol and/or drug affected newborn shall \*\* be transferred for ongoing services. These cases may be considered for closure when safety issues are resolved \* and there is sufficient progress with the case plan to prevent a removal. \*\*

### Appropriate Completion:

The initial risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as on the prior history of the family.

### Which Household

The SDM risk assessment is used when workers are investigating or assessing “in-family” abuse or neglect. Identify the household(s) for which the SDM risk assessment will be completed. Only one household can be assessed on each SDM risk assessment. Only one SDM risk assessment can be completed in association with a CP investigation. When a child’s parents do not live together, the child may be a member of two households.

- C Assess the household of the alleged perpetrator when the alleged perpetrator is a parent or legal guardian or lives with a child’s parent or legal guardian. This may be the child’s primary residence (i.e., the child victim lives with the alleged perpetrator), or it may be the household of a non-custodial parent, where the child visits.
- C If the alleged perpetrator is unknown, assess the household of the parent or legal guardian who had care and custody of the child at the time of the alleged incident.
- C If the alleged victim’s parents have separate households \* and \*\* both parents are identified as alleged perpetrators, \*\*\* an SDM risk assessment \* is completed for each household \*\*

### Assessing Individual Items

Workers must gather information and/or engage the family in a discussion of each characteristic included on the initial risk assessment. Some characteristics are very objective (such as prior CA/N history or the age of the child). Others require the worker to use professional judgment based on the information available at the time of assessment. Sources of information used to determine the worker's endorsement of an item may include statements by the child, caregiver, or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to definitions when completing each item and base the initial risk assessment scoring on conditions as they existed at the beginning of the investigation.

any risk-related issues that surface during the course of the investigation. If a risk factor was present at the beginning of the investigation, but it changed during the investigation as a result of \* department \*\* intervention, it should be considered a risk factor.

After all items are completed, an abuse risk level and a neglect risk level are calculated and identified. The scored risk level is the higher of the abuse or neglect index.

### **Mandatory Overrides:**

After completing the initial risk assessment, the worker determines whether any of the mandatory override reasons exist. Mandatory overrides reflect incident seriousness and/or child vulnerability concerns and have been determined by the \* department \*\* to warrant a risk level designation of very high regardless of the risk level indicated by the assessment. Mandatory overrides require supervisor approval.

**Note:** Mark any applicable mandatory overrides.

1. Sexual abuse case AND the perpetrator is likely to have access to the child.
2. Non-accidental injury to a child under age 2.
3. Severe non-accidental injury, e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child(ren), which requires medical treatment.
4. Caregiver action or inaction resulted in death of a child due to abuse or neglect.

\*\*\*

### **Discretionary Overrides:**

A discretionary override may be applied by the worker to increase the risk level when the worker believes that the scored risk level is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the initial risk assessment. Discretionary overrides may increase the risk by one level (for example, from low to medium, OR medium to high, but NOT from low to high). Discretionary overrides require supervisor approval.

After completing the override section, indicate the final risk level, which is the highest of the scored risk level, mandatory override risk level (which is always very high), or discretionary risk level.

## STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES SDM® MINIMUM CONTACT REQUIREMENTS

The initial risk assessment provides reliable, valid information about the risk of continued abuse or neglect to children. For cases that have been transferred for ongoing services, the risk level is used to set the *minimum* amount of contact required with the family each month. These requirements are considered “best practice” and help focus staff resources on the highest risk cases.

There are two sets of guidelines - one for in-home care and one for children in placement. The guidelines reflect policy regarding the minimum number of **face-to-face** contacts with the parent/caregiver and **each** child each month. Workers should use judgment **\* and policy requirements in addition to contacts required by the SDM risk level \*\*** in each case to best determine whether more contacts are needed.

The definition and purpose of a face-to-face “contact” is: an in-person contact in which the **\* DCFS \*\*** worker or contract provider specifically monitors developments in the case, observes interaction between the caregiver and the child, facilitates implementation of the case plan, and assesses progress with the plan.

<b>SDM® Minimum Contact Requirements for In-home Families</b>		
<b>Risk Level</b>	<b>Overall Contact requirements</b>	<b>Lead DCFS Worker</b>
Low	One face-to-face visit per month	<p><b>* DCFS **</b> worker should have face-to-face contact with all caregivers and children together at least once per month. When seen together, the required contact <b>* for the SDM level **</b> is satisfied.</p> <p><b>* DCFS **</b> worker should have at least one contact per month in the family home <b>* as well as a private contact with each child in the family once a month. **</b></p>
Moderate	Two face-to-face visits per month	<p><b>* DCFS **</b> worker should have face-to-face contact with all caregivers and children together at least once per month. When seen together, one contact is satisfied.</p> <p><b>* DCFS **</b> worker should have at least one contact per month in the family home, <b>* as well as a private contact with each child in the family once a month. **</b> One face-to-face contact with family may be completed by IHBS or MST service provider.</p>
High	Three face-to-face visits per month	<p><b>* DCFS **</b> worker should have face-to-face contact with all caregivers and children together at least once per month. When seen together, one contact is satisfied.</p> <p><b>* DCFS **</b> worker should have at least one contact per month in the family home. One face-to-face contact with family may be completed by IHBS or MST service provider.</p> <p><b>* DCFS **</b> worker should spend some time each month with the children in the family, without caregivers present.</p>

Very High	Four face-to-face visits per month	* DCFS ** worker should have face-to-face contact with all caregivers and children together at least once per month. When seen together, one contact is satisfied
		* DCFS ** worker should have at least one contact per month in the family home. Two face-to-face contacts with family may be completed by IHBS or MST service provider.
		* DCFS ** worker should spend some time each month with the children in the family, without caregivers present.

SDM® Minimum Service Levels and Contact Requirements For Parents of Children in Placement with a Goal of Reunification		
Risk Level	Overall Visitation Requirement	Worker Minimum Visitation Requirement
Low	<b>One</b> face-to-face visit per month	<b>One</b> face-to-face visit per month.
Moderate	<b>One</b> face-to-face visit per month	The * DCFS ** worker must have a face-to-face visit with all parents at least <u>once</u> per month in the home.
High	<b>Two</b> face-to-face visits per month	The * DCFS ** worker must have a face-to-face visit with all parents at least <u>once</u> per month in the home.  <u>One</u> face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented in the case record.
Very High	<b>Three</b> face-to-face visits per month	The * DCFS ** worker must have a face-to-face visit with all parents at least <u>twice</u> per month in the home.  <u>One</u> face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented in the case record.

SDM® Minimum Service Levels and Contact requirements For Children in Placement with a Goal of Reunification and Their Placement Caregiver		
Placement Type	Minimum Visitation Requirement with the Child	Minimum Visitation Requirement with the Placement Caregiver
All types of out-of-home placement	<b>One</b> face-to-face visit per month with the child, where the child lives. Part of each visit should occur without the placement caregiver present.  Each child must have a face-to-face visit within the first 24 hours of any new placement.	<b>One</b> face-to-face visit per month with the placement caregiver  <b>One</b> collateral contact per month

Note: For children who remain in the family home, the minimum visitation requirements for in-home cases apply.

**STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SDM<sup>®</sup> MINIMUM CONTACT REQUIREMENTS  
POLICY AND PROCEDURES**

These requirements are considered “best practice” and help focus staff resources on the highest risk cases. There are two sets of guidelines—one for in-home care and one for children in placement. The guidelines reflect policy regarding the minimum number of face-to-face contacts with the parent/caregiver and each child each month.

**Which Cases:** All cases that are opened for ongoing services.

**Who:** The ongoing worker.

**Decision:** Determines the minimum number of contacts the worker must have with the family.

**Appropriate Use:**

In-home Families

For in-home cases, find the row that corresponds to the assessed risk level, and follow the matrix across to determine the minimum number of contacts required with the family each month. For families receiving in-home services, guidelines are established for overall professional contact with the family, the minimum proportion of professional contact that must be performed by the ongoing worker, and additional requirements for family contact.

Parents of Children in Placement with a Goal of Reunification

This table describes the minimum contact requirements for parents of children who are in placement. Frequency of contact is based on the family’s assessed risk level.

Children in Placement with a Goal of Reunification and Their Placement Caregiver

Guidelines for children in placement are described according to placement type.

Note: If one or more children are in placement, and the long-term goal is reunification, in-home care contact requirements describe activity that the worker has with the family, and children in placement contact requirements describe activity that the worker has with the children.

**STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SDM® IN-HOME RISK REASSESSMENT**

Family Case Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Case TIPS # : \_\_\_\_\_

Parish: \_\_\_\_\_ Worker TIPS #: \_\_\_\_\_ FS/FC Case Open Date: \_\_\_\_\_

Created: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Updated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION 1: RISK REASSESSMENT**

Question	Score
----------	-------

- R1. Number of prior CA/N investigations/assessments**
- a. None ..... 0
  - b. One..... 1
  - c. Two or more ..... 2

- R2. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)**
- a. No ..... 0
  - b. Yes..... 1

- R3. Primary caregiver has a history of abuse or neglect as a child**
- a. No ..... 0
  - b. Yes..... 1

- R4. Child Characteristics**
- a. No child in household has any of the characteristics listed below ..... 0
  - b. One or more children in household are developmentally or physically disabled ..... 1
  - c. One or more children in household are medically fragile or diagnosed with failure to thrive ..... 1

*The following items pertain to the period since the last assessment/reassessment.*

- R5. New investigation/assessment of abuse or neglect since the initial risk assessment or the last reassessment**
- a. No ..... 0
  - b. Yes..... 2

- R6. Caregiver has addressed alcohol or drug abuse problem since initial risk assessment or the last reassessment (mark one)**
- a. No history of alcohol or drug abuse problem ..... 0
  - b. No current alcohol or drug abuse problem; no intervention needed ..... 0
  - c. Caregiver has alcohol or drug abuse problem; problem is being addressed ..... 0
  - d. Caregiver has alcohol or drug abuse problem; problem is NOT being addressed ..... 1

- R7. Adult relationships in the household**
- a. There are no problems observed ..... 0
  - b. Harmful/tumultuous adult relationships ..... 1



- c. Domestic violence is present ..... 2 \_\_\_\_\_
- R8. Primary caregiver provides physical care consistent with child needs**
- a. No..... 1
- b. Yes..... 0 \_\_\_\_\_
- R9. Caregiver progress with the case plan (Rate this item for both caregivers; the item will score based on the caregiver with the least demonstrated progress)**
- P S
- a. Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals.....0
- b. Demonstrating some improved behavior; participating in some case plan goals 2
- c. No improvement in behavior; fails to participate or has minimal/sporadic participation.....4
- d. No secondary caregiver.....0 \_\_\_\_\_

<b>TOTAL RISK SCORE</b>	
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<b>SECTION 2: SCORING AND OVERRIDES</b>
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**SCORED RISK LEVEL**

Score	Risk Level
0 - 2	<input type="checkbox"/> Low
3 - 5	<input type="checkbox"/> Moderate
6 - 8	<input type="checkbox"/> High
9 - 16	<input type="checkbox"/> Very High

**OVERRIDES:**

Please select an override code.

**No Override**

- No overrides apply

**Mandatory Overrides**

- One or more mandatory overrides are applicable (check all that apply).
  - Sexual abuse case AND the perpetrator is likely to have access to the child.
  - Non-accidental injury to a child under age 2.
  - Severe non-accidental injury.
  - Caregiver action or inaction resulted in death of a child due to abuse or neglect.

\*\*\*

**Discretionary Override**

- Discretionary override

Select override level:  Low     Moderate     High     Very High

Discretionary override reason:

**FINAL RISK LEVEL**

Final risk level:  Low     Moderate     High     Very High

**STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SDM® IN-HOME RISK REASSESSMENT  
DEFINITIONS**

- R1. Number of prior CA/N investigations/assessments**  
Assess prior CPI history. Include all investigations/assessments for CA/N. Count only reports that were assigned for investigation **prior** to the investigation resulting in the current case. Exclude investigations/assessments of out-of-home perpetrators (e.g., daycare) unless one or more caregivers failed to protect. When possible, history from other jurisdictions should be checked.
- R2. Household previously had an open FS/FC case due to CA/N (voluntary or court-ordered)**  
Assess “Yes” if this household previously had an open FS/FC case because of CA/N prior to the investigation resulting in the current case. Include voluntary or court-ordered FS, IHBS, or FC services; do not include delinquency services or “FINS only” cases.
- R3. Primary caregiver has a history of abuse or neglect as a child**  
Assess “Yes” if credible statements by the primary caregiver or others indicate that the primary caregiver was abused or neglected as a child, regardless of \* department \*\* history/intervention.
- R4. Child characteristics**  
Assess each child in the household for any the characteristics below and endorse all that apply:
- a. No child in the household exhibits characteristics listed below.
  - b. Any child is developmentally or physically disabled, including any of the following: mental retardation, learning disability, other developmental problem, or significant physical handicap.
  - c. Any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention, or is diagnosed as failure to thrive.
- R5. New investigation/assessment of abuse or neglect since the initial risk assessment or the last reassessment**  
Determine if one or more CPI investigations/assessments have been initiated **since the initial risk assessment or last risk reassessment**. Count all investigations/assessments, regardless of findings. Count only reports that were assigned for investigation/ assessment.
- R6. Caregiver has addressed alcohol or drug abuse problem since the initial risk assessment or the last reassessment**  
Assess whether or not either caregiver has a current alcohol/drug abuse problem that interferes with the caregiver’s or the family’s functioning. If there is a problem, assess whether or not it is being addressed. Legal, non-abusive alcohol and/or prescription drug use should be assessed as non-problematic. If both caregivers have a substance abuse problem, rate the more negative behavior of the two caregivers. Not addressing the problem is evidenced by one or more of the following during this assessment period:

- Substance use that negatively affects caregiver's employment; marital or family relationships; or ability to provide protection, supervision, and care for the child(ren).
- An arrest for driving under the influence or refusing breathalyzer testing.
- Criminal activity related to getting or using drugs or alcohol (selling drugs, prostitution, theft).
- Self-report of a problem.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.

\*\*\*

Endorse the most appropriate response:

- a. There is no history of an alcohol or drug abuse problem.
- b. There is no current alcohol or drug abuse problem that requires intervention.
- c. There is an alcohol or drug abuse problem that is being addressed.
- d. There is an alcohol or drug abuse problem that is not being addressed.

Legal, non-abusive alcohol and prescription drug use should not be scored.

**R7. Adult relationships in the household**

Assess this item based upon the current status of adult relationships in the household:

- a. There are no problems observed.
- b. Harmful/tumultuous adult relationships. This includes adult relationships that are harmful to domestic functioning or the care the child receives, but not at the level of domestic violence.
- c. Domestic violence is present. During this assessment period, household has had physical assaults or periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult.

**R8. Primary caregiver provides physical care consistent with child needs**

Assess “Yes” if, during this assessment period, the caregiver has provided age-appropriate physical care for all children in the household. Examples may include:

- Obtaining standard immunizations;
- Obtaining medical care for severe or chronic illness;
- Providing the child with adequately clean and weather-appropriate clothing;
- Preventing or addressing rodent or insect infestations;
- Providing adequate housing with operative plumbing and electricity (heating/cooling);
- Ensuring poisonous substance or dangerous objects are not within reach of a small child; or
- Supporting or providing age/developmentally appropriate hygiene (bathing, brushing teeth, and changing diapers).

**R9. Caregiver progress with the case plan**

Assess primary caregiver’s, and secondary caregiver’s when applicable, progress in achieving the goals identified in the case plan. This assessment is based on active participation in services and demonstrated behavior change.

- a. Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals. The caregiver has successfully met or is actively participating in all identified services. Caregiver demonstrates behaviors that are consistent with case plan goals and continues to cooperate with ongoing services, if applicable.
- b. Demonstrating some improved behavior; participating in some case plan goals. The caregiver is participating in some of the identified services and is demonstrating improved functioning in some of the case plan goals.
- c. No improvement in behavior; fails to participate or has minimal/sporadic participation. The caregiver has not demonstrated improvement in behavior. Caregiver refuses involvement in services, fails to participate as required, or sporadically follows the case plan.

## STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES IN-HOME RISK REASSESSMENT POLICY AND PROCEDURES

The in-home risk reassessment combines items from the original initial risk assessment with additional items that evaluate a caregiver's progress toward case plan goals.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment, which contains separate indices for risk of neglect and risk of abuse, the risk reassessment is comprised of a single index.

- Which Cases:**
1. **All** cases in which all children are in the home.
  2. Cases in which some children are in the home and others are in placement, if the children in out-of-home care have a goal other than reunification. (The out-of-home reunification reassessment is used in cases when some children are in the home and children in out-of-home care have a goal of reunification.)

**When:** **Every three months from the date the case is open for FS or supervision. This should occur in conjunction with the mandatory supervisory review conference, and within 30 days prior to closing a case.**

If a new report is received while a case is open, an initial family risk assessment (not a risk reassessment) will be completed during the investigation, according to the risk assessment policy and procedures in Section I of this manual. If this occurs within 30 days of the scheduled risk reassessment, the risk reassessment does not need to be completed at the three-month review date. In these instances, the most recent initial risk assessment should be considered current and valid. Subsequent risk reassessments should occur every three months, in conjunction with supervisory review conferences and critical case decisions.

The in-home risk reassessment must be reviewed and updated prior to any court hearing or review if:

- C It has been more than 30 days since the last in-home risk reassessment or initial risk assessment; or
- C Family circumstances have changed significantly, and they impact the risk reassessment.

**Who:** The FS or SP worker.

**Decisions:** The in-home risk reassessment guides the decision to maintain services or close a case.

- C All cases in which risk is reduced to low or moderate should be considered for closure unless special circumstances exist.

- C High or very high risk cases should remain open unless special circumstances exist.

For cases that remain open following reassessment, the NEW risk level guides minimum contact requirements that will be in effect until the next reassessment is completed. Use the contact requirements matrix in Section II of this manual.

**Appropriate Completion:**

Items R1-R4: Using the definitions, determine the appropriate response for each item. Note that items R1 and R2 refer to the period of time PRIOR to the investigation that led to the opening of the current case. Scores for these two items should be consistent with R2a, R2b, and R3 on the initial risk assessment completed at the start of this FS episode, unless additional information has become available.

Item R3 may change if new information is available or if there has been a change in primary caregiver.

Item R4 may change if a child's condition has changed or if a child with a described condition is no longer part of the household (children in out-of-home placement with a plan other than reunification are not considered part of the household).

Items R5-R9: These items are scored based ONLY on observations since the most recent assessment or reassessment.

Using the definitions, determine the appropriate response for each item and enter the corresponding score.

After entering the score for each individual item, enter the total score and indicate the corresponding risk level.

**Mandatory Overrides:**

As on the initial risk assessment, the \* department \*\* has determined that certain conditions are so serious that a risk level of very high should be assigned regardless of the risk assessment score. The mandatory overrides refer to incidents or conditions that occurred since the initial risk assessment or last reassessment. If one or more mandatory override conditions exist, mark the reason for the override and mark "very high" for the override risk level. Mandatory overrides require supervisory review.

**Discretionary Overrides:**

Discretionary overrides are used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment, in which the worker could only *increase* the risk level, the risk reassessment permits the worker to increase or *decrease* the risk level by one step. The reason why a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the family. If the worker applies a discretionary override, the reason should be recorded in the space provided. The worker then marks the override risk level. Discretionary overrides require supervisory review.

**STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SDM® OUT-OF-HOME REUNIFICATION REASSESSMENT**

Family Case Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Case TIPS #: \_\_\_\_\_  
 Parish: \_\_\_\_\_ Worker TIPS #: \_\_\_\_\_ If no, enter household \_\_\_\_\_  
 FS/FC Case Open Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Removal Household: No \_\_\_\_ Yes \_\_\_\_  
 Created: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last Updated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	Last Name	First Name	TIPS #	Date of Birth
Child 1				
Child 2				
Child 3				
Child 4				

**SECTION 1: OUT-OF-HOME REUNIFICATION RISK REASSESSMENT**

QUESTION	Score
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**R1. Risk level from most recent investigation (after overrides)**

a. Low ..... 0

b. Moderate ..... 3

c. High ..... 4

d. Very High ..... 5

e. No initial SDM risk level ..... 4 \_\_\_\_\_

**R2. Caregiver progress with the case plan (rate this item for both caregivers; the item will score based on the caregiver with the least demonstrated progress)**

P S

a. Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals ..... -2

b. Demonstrating some improved behavior; participating in some case plan goals 0

c. No improvement in behavior; fails to participate or has minimal/sporadic participation ..... 4

d. No secondary caregiver ..... 0 \_\_\_\_\_

**R3. Has there been a new valid investigation finding (in the household) since the initial assessment or the last reassessment?**

a. No ..... 0

b. Yes ..... 6 \_\_\_\_\_

<b>TOTAL SCORE</b>	
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**SCORING AND OVERRIDES**

**SCORED RISK LEVEL**

Score	Risk Level
-2 - 1	<input type="checkbox"/> Low
2 - 3	<input type="checkbox"/> Moderate
4 - 5	<input type="checkbox"/> High
6 - +	<input type="checkbox"/> Very High

**OVERRIDES:**

**No Overrides**

Please select an override code.

- No overrides apply

**Mandatory Overrides**

- One or more mandatory overrides are applicable (check all that apply)
  - Sexual abuse case AND the perpetrator is likely to have access to the child.
  - Non-accidental injury to a child under age 2.
  - Severe non-accidental injury.
  - Caregiver action or inaction resulted in death of a child due to abuse or neglect.

\*\*\*

**Discretionary Override**

- Discretionary override

Select override level:  Low       Moderate       High       Very High

**Discretionary override reason:**

---



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**FINAL RISK LEVEL**

Final risk level:  Low       Moderate       High       Very High

**SECTION 2: VISITATION PLAN EVALUATION**

Please select a visitation plan for all children.

Child	VISITATION PLAN					NO VISITATION	
	Excellent	Good	Fair	Poor	None	No Visitation	Reason*
							<input type="checkbox"/> COP <input type="checkbox"/> UTL <input type="checkbox"/> Other
							<input type="checkbox"/> COP <input type="checkbox"/> UTL <input type="checkbox"/> Other
							<input type="checkbox"/> COP <input type="checkbox"/> UTL <input type="checkbox"/> Other
							<input type="checkbox"/> COP <input type="checkbox"/> UTL <input type="checkbox"/> Other

\*COP = Court Order Prohibits; UTL = Unable to Locate; O = Other

If reason for no visitation is "Other" please explain: \_\_\_\_\_



**SECTION 3: REUNIFICATION SAFETY REASSESSMENT**

**Part A: Safety Factors**

1. **Are any safety factors identified on the safety assessment that resulted in the child's removal still present?**

- a. Yes, please describe safety factor(s) as it currently exists below.
- b. No, describe how the initial safety factor(s) was ameliorated or mitigated after the child's removal below.

Describe: \_\_\_\_\_  
\_\_\_\_\_

1a. **If yes, is there a protective intervention that can and will be incorporated into the case plan to mitigate these safety concerns?**

- a. Yes
- b. No

Describe: \_\_\_\_\_  
\_\_\_\_\_

2. **Have any new safety factors emerged since the child's removal or are there any other circumstances or conditions present in the reunification household that, if the child were to be returned home, would present an immediate danger of serious harm?**

- a. Yes
- b. No

Describe: \_\_\_\_\_  
\_\_\_\_\_

2a. **If yes, is there a protective intervention that can and will be incorporated into the case plan to mitigate these safety concerns?**

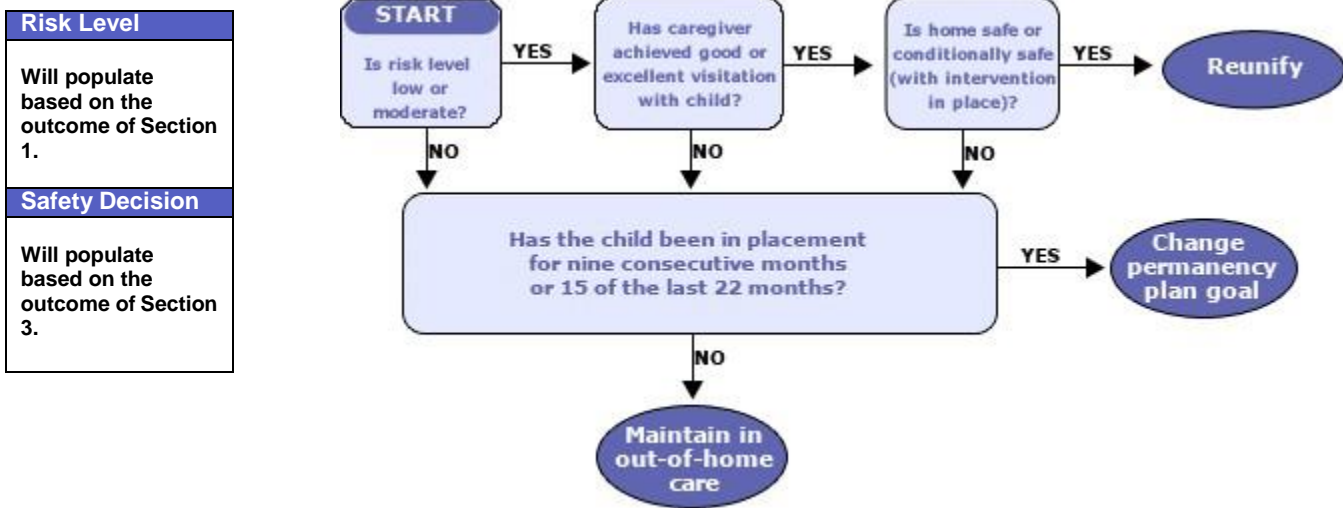
- a. Yes
- b. No

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Part B: Safety Decision**

- A. **Safe.** Safety **\* threats \*\*** that resulted in the child's removal (as documented on the **\* current and or impending danger \*\*** safety assessment) are no longer present, and no additional safety factors identified. **Specific services to support successful reunification are described in the case plan.**  
**\*\*\***
- B. **Unsafe.** One or more safety **\* threats \*\*** are present, as described above, and interventions are not available or possible to ensure child safety in the home; one or more children remain in custody.

**SECTION 4: PERMANENCY PLAN RECOMMENDATION SUMMARY**



All children require that an in-placement option be selected.

**Instructions:** Record recommendation for each child.

Child Will be listed in same order as Section 2.	Visitation Will populate based on completion of Section 2.	15 of 22?	Recommendation Will populate based on completion of all sections and decision path above.	Override	New Goal Will populate based on completion of all sections and decision path above.
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> No override <input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer to relative <input type="checkbox"/> APLA
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> No override <input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer to relative <input type="checkbox"/> APLA
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> No override <input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer to relative <input type="checkbox"/> APLA
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> No override <input type="checkbox"/> Reunify <input type="checkbox"/> Maintain in care <input type="checkbox"/> Change permanency goal	<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer to relative <input type="checkbox"/> APLA

**Recommendation override reason:**

**STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SDM® OUT-OF-HOME REUNIFICATION REASSESSMENT  
DEFINITIONS**

**SECTION 1: OUT-OF-HOME REUNIFICATION RISK REASSESSMENT**

**R1. Risk level from most recent investigation (after overrides)**

The risk level from the initial risk assessment completed when this removal occurred or completed when an FS case was opened with children subsequently removed. Score “e” if no SDM initial risk assessment was completed for this household.

**R2. Caregiver progress with the case plan**

Assess primary caregiver’s, and secondary caregiver’s when applicable, progress in achieving the goals identified in the case plan. This assessment is based on active participation in services and demonstrated behavior change.

- a. Demonstrates behaviors consistent with all case plan goals; has successfully met or is pursuing all case plan goals. The caregiver has successfully met or is actively participating in all identified services. Caregiver demonstrates behaviors that are consistent with case plan goals and continues to cooperate with ongoing services, if applicable.
- b. Demonstrating some improved behavior; participating in some case plan goals. The caregiver is participating in some of the identified services and is demonstrating improved functioning in some of the case plan goals.
- c. No improvement in behavior; fails to participate or has minimal/sporadic participation. The caregiver has not demonstrated improvement in behavior. Caregiver refuses involvement in services, fails to participate as required, or sporadically follows the case plan.

**R3. Has there been a new valid investigation finding (in this household) since the initial assessment or the last reassessment?**

Rate this item based on whether a report(s) has been investigated and validated for this household **since the initial assessment or the last reassessment.**

- a. No—there has not been a validated investigation for this household during this assessment period.
- b. Yes—during this assessment period, an investigation on this household has been validated.

## SECTION 2: VISITATION PLAN EVALUATION

Note: When assessing visitation, the need to supervise a visit due to safety concerns is evaluated. If a visit is being supervised because of a legal status, but you would not supervise or be concerned for the child's safety were it not for the legal status, consider the visit unsupervised when evaluating the quality of visitation.

- Excellent. Unsupervised (or supervised, but not because of safety concerns) visits, extended and/or overnight visits or contact; positive caregiver-child interactions. No visits have been missed and contact is consistent. During visits, caregiver has demonstrated nurturing, feeding, appropriate supervision, age-appropriate interaction, etc.
  - Good. Unsupervised (or supervised, but not because of safety concerns) visits and contacts; caregiver-child interaction is appropriate. Visits or contacts may have been rescheduled but arrangements were made in advance. No missed visits without a legitimate explanation.
  - Fair. Supervised (due to safety concerns) visits and/or contacts; caregiver-child interaction may have improved, but more improvement is necessary. Visits are supervised but may have been extended in length due to improved parental behavior. No more than one missed visit without legitimate explanation or advance notice.
  - Poor. Supervised (due to safety concerns) visits and/or contacts; poor caregiver-child interaction. More than one missed visit without legitimate explanation and/or advance notice, and/or caregiver has demonstrated poor parenting techniques or poor caregiver-child interaction during visitation. Unsupervised visits may have been rescinded due to poor parental behavior.
  - None. Caregiver has failed to visit, or visits have been suspended due to parental behavior.
- C No visitation. Caregiver is unable to visit the child.

## SECTION 3: REUNIFICATION SAFETY REASSESSMENT

Whenever reunification for any child is being considered, a safety reassessment must be completed on the household to which the child would be returned. The worker must address the \* present and/or impending danger threats \*\* identified at the time of removal and any new or emerging safety \* threats. \* Documentation as to how the \*present and/or impending danger threats and diminished parental protective capacities \*\* were resolved is required. A child may be reunified if a safety \* threat \*\* exists as long as a protective intervention is in place (and documented) to ensure the child's safety.

## **SECTION 4: PERMANENCY PLAN RECOMMENDATION SUMMARY**

### **Reunify**

Based on the reunification reassessment results, the child is eligible for reunification with the household being assessed.

### **Maintain in Care**

Based on the reunification assessment results, the child will remain in out-of-home care and reunification efforts will continue with the household under assessment.

### **Change Permanency Plan**

Change the permanency plan goal from reunification to adoption, transfer to relative, or APLA (Alternate Permanent Living Arrangement—may be used only with a documented and approved compelling reason). Continue reasonable efforts as required.

### **Override**

If an override is used, indicate the final permanency plan recommendation: Reunification, Adoption, Transfer to relative, or APLA.

**STATE OF LOUISIANA, DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SDM® OUT-OF-HOME REUNIFICATION REASSESSMENT  
POLICY AND PROCEDURES**

The out-of-home reunification reassessment consists of five parts that are used to evaluate risk, visitation compliance, and safety issues; describe permanency plan guidelines; and record the permanency plan goal. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to reunify a child. This reassessment is only to be used with households being considered as a reunification resource. This is not to be used to assess potential relative caregivers or other potential permanent placements.

**Which Cases:** Any out-of-home placement case in which at least one child is in out-of-home placement with a court-approved goal of “reunification.” When parents live separately and each has a case plan with reunification as a goal, separate reunification reassessments are required.

If there is a judicial order that reunification efforts are no longer required by the \*department, \*\* the reunification reassessment is no longer used.

**Who:** The SP worker. When more than one worker is assigned to work with the family or various family members, the SP worker is always considered the lead worker and would complete the reunification reassessment. The SP worker would work closely with other assigned workers and each would share vital information as to the risk, safety, visitation, and treatment plan objectives.

If a child in an FS case has been placed out of the home and has a return home goal (i.e., \* removals in accordance with Children’s Code, Article 619 D. 2 \*\*), the FS worker would complete the reunification reassessment.

**When:** At the quarterly supervisory review, which occurs within three months of the case acceptance staffing. Reassessments are required every three months thereafter until the court-approved goal is no longer reunification or all children have been reunified.

At any time a child is being considered for immediate reunification, if more than 30 days has passed since the most recent reunification reassessment.

Prior to court hearing hearings, if more than 30 days has passed since the most recent reunification reassessment.

Note: If a child is removed from the home while the case is opened for FS, the reunification reassessment schedule is based on the date of the child’s removal.

**Decisions:** The reunification risk reassessment, the visitation plan evaluation, and the reunification safety reassessment inform the decision of reunifying a child with his/her parent, continuing reunification efforts, or changing the permanency goal. The permanency plan guidelines and recommendation section provide the structure and documentation for these decisions.

**Appropriate Completion:** In the header, identify if this is the removal household (yes or no). If no, complete "Household Name" field by entering the last name and first name of the primary caregiver in the household that is being assessed.

## **SECTION 1: OUT-OF-HOME REUNIFICATION RISK REASSESSMENT**

Complete the out-of-home reunification risk reassessment and indicate the risk level. For existing open cases at the time of initial SDM implementation, a reunification reassessment will be completed at the next scheduled review using the answer (e) for R1 (no initial SDM risk level). When parents live separate and apart and you are considering reunification to a parent who did not have an initial risk assessment, you would also answer (e) for R1.

### Mandatory Overrides

The worker determines if any of the mandatory override reasons exist. These overrides have been determined by the \* department \*\* as case situations that warrant the highest level of service from the \* department \*\* regardless of the risk scale score at reassessment. If any mandatory override reasons exist, check the applicable reason and increase the final risk level to very high. Note that the conditions associated with all of the mandatory overrides must have taken place as a result of a new referral **during the reassessment period**. A mandatory override is only used at reassessment if the event has occurred in relation to a new referral since the last assessment/reassessment.

### Discretionary Override

The worker determines if there is a discretionary override reason. At reassessment, a discretionary override may be applied to **increase or decrease the risk level** by one level in any case where the worker feels the risk level set by the scale is too low or too high.

## **SECTION 2: VISITATION PLAN EVALUATION**

For each child, indicate the level at which the caregiver has participated in the visitation plan. If there is no visitation plan, identify the appropriate reason and proceed to Section 4.

If there is a visitation plan, evaluate the caregiver's participation. Visitation evaluation choices range from excellent to none. Rate caregiver(s) based on the quality of interaction and his/her compliance with the visitation schedule for each child.

## **SECTION 3: REUNIFICATION SAFETY REASSESSMENT**

Complete the reunification safety reassessment. Review the safety \* present and/or impending danger threats and diminished parental protective capacities \*\* at the time of the child's removal and how they are being addressed and or have been resolved. Indicate whether new safety issues have arisen and how they are being resolved and/or addressed.

### **1. Safety Factors \* /Threats \*\***

Answer questions 1 and 2 in this section based on current information. The worker must review the \* current and impending danger safety assessments \*\* completed at the time of the child's removal to ensure that all conditions that resulted in the child's removal are no longer present. When assessing the household of a non-removal parent, the worker should indicate that the assessment is being completed on a non-removal parent and document the assessment for \* present and/or impending danger threats \*\*

## 2. **Safety Decision**

- a. If no \* present and/or impending danger threats \*\* are present, as indicated by a “no” answer to both questions 1 and 2 in Section 3, mark “A. Safe” to indicate that the child can be recommended for reunification.

\*\*\*

- b. If one or more \* current and/or impending danger threats \*\* are present \* and a in-home safety plan sufficient to control the safety threats cannot be established, \*\* as indicated by a “yes” answer to question 1 and/or 2 in Section 3, and no interventions can be put in place to mitigate safety concerns, mark “C. Unsafe” to indicate that the child will remain in placement. The child must not be recommended to be reunified to a home rated “unsafe.”

### **SECTION 4: PERMANENCY PLAN RECOMMENDATION SUMMARY**

The final risk level (Section 1) and safety decision (Section 3, if applicable) will be displayed next to the permanency plan decision tree. The name of each child for whom a visitation evaluation (Section 2) was completed will appear in the first column of the grid. The visitation evaluation will appear in the second column, based on the completion of Section 2. The worker must indicate if the child has been in care 15 of the last 22 months by checking the appropriate box on the third column. The fourth column will indicate the presumptive permanency recommendation based on the completion of Sections 1, 2, 3 if applicable, and the answer to the 15 of 22 months question. The worker may override this decision by indicating an override in the column titled “override.” If the override is to change the permanency goal, the worker will need to indicate the final recommended permanency goal in the final column. Any override will require a brief description of reasons for the override.





**DEVELOPMENTAL  
MILESTONES  
CHART**



**Developed by  
The Institute for Human Services for  
The Ohio Child Welfare Training  
Program**



**October 2007**

## How to Use This Chart



**Overview:** This developmental milestones chart is designed specifically for Children Services staff. It includes normal expectations of developmental milestones for children birth through adolescence, and information about the possible effects of maltreatment.

**How To Use:** Caseworkers and other CPS professionals will find many ways to use this chart. Below are some suggestions:

- Review the chart prior to scheduled interactions with children to prompt your recall of common milestones and to help you identify potential developmental delays or concerns.
- Copy the chart that corresponds to the age of the child you will be seeing, and use it to assess the child's achievement of milestones and apparent delays. Circle apparent delays, or developmental areas needing further assessment.

# Infants and Toddlers

Physical	Cognitive	Social
<p>Newborn: rough, random, uncoordinated, reflexive movement</p> <p>3 mo: head at 90 degree angle, uses arms to prop; visually track through midline</p> <p>5 mo: purposeful grasp; roll over; head lag disappears; reaches for objects; transfer objects from hand to hand; plays with feet; exercises body by stretching, moving; touch genitals, rock on stomach for pleasure</p> <p>7 mo: sits in "tripod"; push head and torso up off the floor; support weight on legs; "raking" with hands</p> <p>9 mo: gets to and from sitting; crawls, pulls to standing; stooping and recovering; finger-thumb opposition; eye-hand coordination, but no hand preference</p> <p>12 mo: walking</p> <p>15 mo: more complex motor skills</p> <p>2 yrs: learns to climb up stairs first, then down</p>	<p>Sensori-motor: physically explores environment to learn about it; repeats movements to master them, which also stimulates brain cell development</p> <p>4-5 mo: coos, curious and interested in environment</p> <p>6 mo: babbles and imitates sounds</p> <p>9 mo: discriminates between parents and others; trial and error problem solving</p> <p>12 mo: beginning of symbolic thinking; points to pictures in books in response to verbal cue; object permanence; some may use single words; receptive language more advanced than expressive language</p> <p>15 mo: learns through imitating complex behaviors; knows objects are used for specific purposes</p> <p>2 yrs: 2 word phrases; uses more complex toys and understands sequence of putting toys, puzzles together</p>	<p>Attachment: baby settles when parent comforts; toddler seeks comfort from parent, safe-base exploration</p> <p>5 mo: responsive to social stimuli; facial expressions of emotion</p> <p>9 mo: socially interactive; plays games (i.e., patty-cake) with caretakers</p> <p>11 mo: stranger anxiety; separation anxiety; solitary play</p> <p>2 yr: imitation, parallel and symbolic, play</p>

Emotional	Possible effects of maltreatment
<p>Birth-1 yr: learns fundamental trust in self, caretakers, environment</p>	<p>Chronic malnutrition: growth retardation, brain damage, possibly mental retardation</p>
<p>1-3 yr: mastery of body and rudimentary mastery of environment (can get other's to take care of him)</p>	<p>Head injury and shaking: skull fracture, mental retardation, cerebral palsy, paralysis, coma, death, blindness, deafness</p>
<p>12-18 mo: "terrible twos" may begin; willful, stubborn, tantrums</p>	<p>Internal organ injuries</p>
<p>18-36 mo: feel pride when they are "good" and embarrassment when they are "bad"</p>	<p>Chronic illness from medical neglect Delays in gross and fine motor skills, poor muscle tone</p>
<p>18-36 mo: Can recognize distress in others – beginning of empathy</p>	<p>Language and speech delays; may not use language to communicate</p>
<p>18-36 mo: are emotionally attached to toys or objects for security</p>	<p>Insecure or disorganized attachment: overly clingy, lack of discrimination of significant people, can't use parent as source of comfort</p> <p>Passive, withdrawn, apathetic, unresponsive to others</p> <p>"Frozen watchfulness", fearful, anxious, depressed</p> <p>Feel they are "bad"</p> <p>Immature play – cannot be involved in reciprocal, interactive play</p>

# Preschool

Physical	Cognitive	Social
<p>Physically active</p> <p>Rule of Three: 3 yrs, 3 ft, 33 lbs.</p> <p>Weight gain: 4-5 lbs per year</p> <p>Growth: 3-4 inches per year</p> <p>Physically active, can't sit still for long</p> <p>Clumsy throwing balls</p> <p>Refines complex skills: hopping, jumping, climbing, running, ride "big wheels" and tricycles</p> <p>Improving fine motor skills and eye-hand coordination: cut with scissors, draw shapes</p> <p>3- 3 ½ yr: most toilet trained</p>	<p>Ego-centric, illogical, magical thinking</p> <p>Explosion of vocabulary; learning syntax, grammar; understood by 75% of people by age 3</p> <p>Poor understanding of time, value, sequence of events</p> <p>Vivid imaginations; some difficulty separating fantasy from reality</p> <p>Accurate memory, but more suggestible than older children</p> <p>Primitive drawing, can't represent themselves in drawing till age 4</p> <p>Don't realize others have different perspective</p> <p>Leave out important facts</p> <p>May misinterpret visual cues of emotions</p> <p>Receptive language better than expressive till age 4</p>	<p>Play:</p> <ul style="list-style-type: none"> <li>■ Cooperative, imaginative, may involve fantasy and imaginary friends, takes turns in games</li> <li>■ Develops gross and fine motor skills; social skills; experiment with social roles; reduces fears</li> </ul> <p>Wants to please adults</p> <p>Development of conscience: incorporates parental prohibitions; feels guilty when disobedient; simplistic idea of "good and bad" behavior</p> <p>Curious about his and other's bodies, may masturbate</p> <p>No sense of privacy</p> <p>Primitive, stereotypic understanding of gender roles</p>

Emotional	Possible effects of maltreatment
Self-esteem based on what others tell him or her	<p>Poor muscle tone, motor coordination</p> <p>Poor pronunciation, incomplete sentences</p>
Increasing ability to control emotions; less emotional outbursts	<p>Cognitive delays; inability to concentrate</p> <p>Cannot play cooperatively; lack curiosity, absent imaginative and fantasy play</p>
Increased frustration tolerance	<p>Social immaturity: unable to share or negotiate with peers; overly bossy, aggressive, competitive</p>
Better delay gratification	<p>Attachment problems: overly clingy, superficial attachments, show little distress or over-react when separated from caregiver</p>
Rudimentary sense of self	<p>Underweight from malnourishment; small stature</p>
Understands concepts of right and wrong	<p>Excessively fearful, anxious, night terrors</p>
Self-esteem reflects opinions of significant others	<p>Reminders of traumatic experience may trigger severe anxiety, aggression, preoccupation</p>
Curious	<p>Lack impulse control, little ability to delay gratification</p>
Self-directed in many activities	<p>Exaggerated response (tantrums, aggression) to even mild stressors</p>
	<p>Poor self esteem, confidence; absence of initiative</p>
	<p>Blame self for abuse, placement</p>
	<p>Physical injuries; sickly, untreated illnesses</p>
	<p>Eneuresis, encopresis, self stimulating behavior – rocking, head-banging</p>

# School Aged

Physical	Cognitive	Social
<p>Slow, steady growth: 3 -4 inches per year</p>	<p>Use language as a communication tool</p>	<p>Friendships are situation specific</p>
<p>Use physical activities to develop gross and fine motor skills</p>	<p>Perspective taking: 5-8 yr: can recognize others' perspectives, can't assume the role of the other</p>	<p>Understands concepts of right and wrong</p>
<p>Motor &amp; perceptual motor skills better integrated</p>	<p>8-10 yr: recognize difference between behavior and intent; age</p>	<p>Rules relied upon to guide behavior and play, and provide child with structure and security</p>
<p>10-12 yr: puberty begins for some children</p>	<p>10-11 yr: can accurately recognize and consider others' viewpoints</p>	<p>5-6 yr: believe rules can be changed</p>
	<p>Concrete operations: Accurate perception of events; rational, logical thought; concrete thinking; reflect upon self and attributes; understands concepts of space, time, dimension</p>	<p>7-8 yrs: strict adherence to rules</p>
	<p>Can remember events from months, or years earlier</p>	<p>9-10 yrs: rules can be negotiated</p> <p>Begin understanding social roles; regards them as inflexible; can adapt behavior to fit different situations; practices social roles</p>
	<p>More effective coping skills</p>	<p>Takes on more responsibilities at home</p>
	<p>Understands how his behavior affects others</p>	<p>Less fantasy play, more team sports, board games</p>
		<p>Morality: avoid punishment; self interested exchanges</p>

<b>Emotional</b>	<b>Possible effects of maltreatment</b>
<p>Self esteem based on ability to perform and produce</p> <p>Alternative strategies for dealing with frustration and expressing emotions</p> <p>Sensitive to other's opinions about themselves</p> <p>6-9 yr: have questions about pregnancy, intercourse, sexual swearing, look for nude pictures in books, magazines</p> <p>10-12 yr: games with peeing, sexual activity (e.g., strip poker, truth/dare, boy-girl relationships, flirting, some kissing, stroking/rubbing, re-enacting intercourse with clothes on)</p>	<p>Poor social/academic adjustment in school: preoccupied, easily frustrated, emotional outbursts, difficulty concentrating, can be overly reliant on teachers; academic challenges are threatening, cause anxiety</p> <p>Little impulse control, immediate gratification, inadequate coping skills, anxiety, easily frustrated, may feel out of control</p> <p>Extremes of emotions, emotional numbing; older children may "self-medicate" to avoid negative emotions</p> <p>Act out frustration, anger, anxiety with hitting, fighting, lying, stealing, breaking objects, verbal outbursts, swearing</p> <p>Extreme reaction to perceived danger (i.e., "fight, flight, freeze" response)</p> <p>May be mistrustful of adults, or overly solicitous, manipulative</p> <p>May speak in unrealistically glowing terms about his parents</p> <p>Difficulties in peer relationships; feel inadequate around peers; over-controlling</p> <p>Unable to initiate, participate in, or complete activities, give up quickly</p> <p>Attachment problems: may not be able to trust, tests commitment of foster and adoptive parent with negative behaviors</p> <p>Role reversal to please parents, and take care of parent and younger siblings</p> <p>Emotional disturbances: depression, anxiety, post traumatic stress disorder, attachment problems, conduct disorders</p>



# Adolescents

Physical	Cognitive	Social
<p>Growth spurt: Girls: 11-14 yrs Boys: 13-17 yrs</p> <p>Puberty: Girls: 11-14 yrs Boys: 12-15 yrs</p> <p>Youth acclimate to changes in body</p>	<p>Formal operations: precursors in early adolescence, more developed in middle and late adolescence, as follows:</p> <p>Think hypothetically: calculate consequences of thoughts and actions without experiencing them; consider a number of possibilities and plan behavior accordingly</p> <p>Think logically: identify and reject hypotheses or possible outcomes based on logic</p> <p>Think hypothetically, abstractly, logically</p> <p>Think about thought: leads to introspection and self-analysis</p> <p>Insight, perspective taking: understand and consider others' perspectives, and perspectives of social systems</p> <p>Systematic problem solving: can attack a problem, consider multiple solutions, plan a course of action</p> <p>Cognitive development is uneven, and impacted by emotionality</p>	<p>Young (12 – 14): psychologically distance self from parents; identify with peer group; social status largely related to group membership; social acceptance depends on conformity to observable traits or roles; need to be independent from all adults; ambivalent about sexual relationships, sexual behavior is exploratory</p> <p>Middle (15 – 17): friendships based on loyalty, understanding, trust; self-revelation is first step towards intimacy; conscious choices about adults to trust; respect honesty &amp; straightforwardness from adults; may become sexually active</p> <p>Morality: golden rule; conformity with law is necessary for good of society</p>

<b>Emotional</b>	<b>Possible effects of maltreatment</b>
<p>Psycho-social task is identity formation</p> <p>Young adolescents (12-14): self-conscious about physical appearance and early or late development; body image rarely objective, negatively affected by physical and sexual abuse; emotionally labile; may over-react to parental questions or criticisms; engage in activities for intense emotional experience; risky behavior; blatant rejections of parental standards; rely on peer group for support</p> <p>Middle adolescents (15-17): examination of others' values, beliefs; forms identity by organizing perceptions of ones attitudes, behaviors, values into coherent "whole"; identity includes positive self image comprised of cognitive and affective components</p> <p>Additional struggles with identity formation include minority or bi-racial status, being an adopted child, gay/lesbian identity</p>	<p>All of the problems listed in school age section</p> <p>Identity confusion: inability to trust in self to be a healthy adult; expect to fail; may appear immobilized and without direction</p> <p>Poor self esteem: pervasive feelings of guilt, self-criticism, overly rigid expectations for self, inadequacy</p> <p>May overcompensate for negative self-esteem by being narcissistic, unrealistically self-complimentary; grandiose expectations for self</p> <p>May engage in self-defeating, testing, and aggressive, antisocial, or impulsive behavior; may withdraw</p> <p>Lack capacity to manage intense emotions; may be excessively labile, with frequent and violent mood swings</p> <p>May be unable to form or maintain satisfactory relationships with peers</p> <p>Emotional disturbances: depression, anxiety, post traumatic stress disorder, attachment problems, conduct disorders</p>

**Content in this booklet was adapted from  
“The Field Guide to Child Welfare Volume III:  
Child Development and Child Welfare”  
By Judith S. Rycus, Ph.D., and Ronald C. Hughes, Ph.D  
Child Welfare League of America Press 1998**

# Trauma and Behavioral Health Screen (TBH)

## TBH Questions & Answers Sheet

### Overview Video Questions

- \_\_\_\_\_ % of people are vulnerable to developing PTSD after a traumatic event.
- \_\_\_\_\_ to \_\_\_\_\_ % of children in the Louisiana Child Welfare system score high for PTSD.
- Children who score high for PTSD are more likely to score high for other co-occurring disorders such as \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

### Part 1 Video Questions

- What are the three step-by-step changes that are being implemented by \_\_\_\_\_?
- First step: \_\_\_\_\_
- Second step: \_\_\_\_\_
- Third step: \_\_\_\_\_
- Besides the child welfare worker, who are the key players in identifying trauma in youth?
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Fill in the blanks: \_\_\_\_\_ is defined as an \_\_\_\_\_ that is perceived as \_\_\_\_\_ or a severe \_\_\_\_\_ to a person's body.
- Researchers from Duke University found that \_\_\_\_\_ % of all children had experienced trauma by the time they were 16 years old.
- What percentage of people, who after experiencing a significant trauma, continue to have PTSD like symptoms more than a month after the trauma has passed? \_\_\_\_\_
- There are 17 symptoms of PTSD divided into three symptom types. Please list the symptoms of PTSD for each symptom type.
  - Re-experiencing symptoms
    - \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

○ Numbing and Avoidance symptoms

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

○ Increased Arousal symptoms

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- What other mental health disorders could potentially be misdiagnosed in a child who is experiencing Increased Arousal Symptoms due to a traumatic experience? Why?

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- What is the best way to assess the severity of PTSD reactions?

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## Part 2 Video Questions

- What do the following numbers usually represent on a trauma checklist?

- 0: \_\_\_\_\_
- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_

- What is different about the TBH checklist? \_\_\_\_\_

- The TBH checklist includes all possible types of \_\_\_\_\_
- The TBH checklist has \_\_\_\_\_ PTSD items
- The TBH checklist also assesses co-occurring problems such as \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
- Why is it important to assess for co-occurring symptomology?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- As the caseworker who should you hand out the TBH to?  
\_\_\_\_\_  
\_\_\_\_\_
- How often should follow up with a re-administration of the TBH?  
\_\_\_\_\_  
\_\_\_\_\_
- How many total items are on the TBH? \_\_\_\_\_
- There are two versions of the TBH: The \_\_\_\_\_ Version, and The \_\_\_\_\_ Version.
- When a child is under the age of 7 who fills out the TBH?  
\_\_\_\_\_
- When a child is age 7 or older who fills out the TBH? \_\_\_\_\_ and \_\_\_\_\_.
- Is it ok for you to help a child or caregiver by walking them through the checklist if they have trouble completing it on their own? YES NO
- How should you respond if a child or caregiver asks you, "What is trauma?"  
\_\_\_\_\_
- If a child becomes distressed while filling out the TBH how should you proceed?  
\_\_\_\_\_
- When you review the child and/or caregiver versions of the TBH and notice an item was missed you should: \_\_\_\_\_

- If instead you notice that the child or caregiver has circled two numbers for one response you should: \_\_\_\_\_
- The items on the TBH, when answered "YES" raise a red flag and suggest that you should probably ask follow-up questions and provide a referral for treatment.
- Why do children who have experienced traumas often not talk about their experience or associated symptoms? \_\_\_\_\_
- Does PTSD go away on it's own? \_\_\_\_\_
- What evidenced-based therapy is the most commonly suggested for treating PTSD?  
\_\_\_\_\_
- Who enters in the child and caregiver responses on the TBH in the Data Entry System?  
\_\_\_\_\_
- What is the significance of the joint score?  
\_\_\_\_\_  
\_\_\_\_\_
- When you enter the TBH score in FATS what should you do?  
\_\_\_\_\_  
\_\_\_\_\_
- Why is it important to refer your clients to providers who use evidence-based treatments?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What are the three components of the CBT treatment designed to help clients with traumatic experiences?
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
- When you make a referral for a child what should you give the mental health provider?  
\_\_\_\_\_  
\_\_\_\_\_

# TBH Quick Reference Guide

## Who should receive the TBH screen?

The TBH is meant to be administered to every child in a caseworker's caseload

- The screen should be given to every client **at intake** within the first 30 days
- **Re-administered** approximately every six months as part of the case-planning activities during an FTC or FTM to track the child's change in symptoms over time

## How do I administer the TBH?

- **Always** have the child's caregiver fill out the **Caregiver Version**
- If the child is aged 7 to 18, they will fill out the **Child/Adolescent Version** as well
- The TBH is designed to be self-administered, but ideally you should be present to answer any questions about the screen

## Where will the results of the TBH be recorded and scored?

- You will be entering the information into an **online database**
- The database will prompt you to enter the score from every question and will automatically calculate the results for you
- It's **important** to remember that you should **print the results** page for your records

## How is this going to be helpful?

- **Identify** trauma experiences and problems that may not have been identified
- Understand better what **type of therapy** children need
- **Share** information with key players in the child's life:
  - Caregivers, pediatricians, and mental health providers
  - In some cases, it can also be a helpful tool when shared with schools or child-care facilities to aid in understanding the cause of the child's behavior
- Able to **track improvement** in problems over time

## Please visit our website to access:

- The link to the online database to enter your screens
- Our comprehensive FAQ
- Copies of the TBH to print out
- Provider list
- Our contact information

[latrauma.tulane.edu](http://latrauma.tulane.edu)



# TBH: CHILD & ADOLESCENT VERSION

## TRAUMATIC EVENTS for 7-18 year-old children and adolescents

(Adapted from the Child PTSD Checklist, © Michael Scheeringa, MD, MPH, 2010, Tulane University, New Orleans, LA)

**YOUTH TIPS #** \_\_\_\_\_ **Age of Child:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**For 7-18 Year-Old Children/Adolescents to fill out about themselves:**

TO COUNT AN EVENT, YOU MUST HAVE FELT ONE OF THESE:

- (1) Felt like you might die, or
- (2) Had a serious injury or felt like you might get a serious injury, or
- (3) Saw #1 or #2 happen to another person, or saw someone die.

	0 = Did not happen to me. 1 = Did happen to me.	Circle your <u>age</u> when this happened to you the <u>first</u> time.	Circle your <u>age</u> when this happened to you the <u>last</u> time.	Circle <u>how many times</u> this happened to you.
1. Crash in automobile, plane or boat.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
2. Attacked by an animal.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
3. Disasters (flood, hurricane, tornado, house fire, war, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
4. Unusually scary medical procedures or hospitalization.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
5. Physical abuse.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
6. Sexual abuse, sexual assault, or rape.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
7. Life-threatening injuries (burns, falls, near drowning, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
8. Witnessed <u>another person</u> being beaten, raped, threatened with serious harm, shot at, seriously wounded, or killed.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
9. Other:	0 1	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
10. If more than one event happened to you: write the number of the event that you think caused the most distress to you:				

**CONTINUED ON NEXT PAGE...**

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**For 7-18 Year-Old Children/Adolescents:**

Please circle the number under the heading that best describes you:

	(0) NEVER	(1) SOMETIMES	(2) OFTEN
26. Feel sad, unhappy	0	1	2
27. Feel hopeless	0	1	2
28. Down on yourself	0	1	2
29. Worry a lot	0	1	2
30. Seem to be having less fun	0	1	2
31. Fidgety, unable to sit still	0	1	2
32. Daydream too much	0	1	2
33. Distract easily	0	1	2
34. Have trouble concentrating	0	1	2
35. Act as if driven by a motor	0	1	2
36. Fight with other children	0	1	2
37. Do not listen to rules	0	1	2
38. Do not understand other people's feelings	0	1	2
39. Tease others	0	1	2
40. Blame others for your troubles	0	1	2
41. Refuse to share	0	1	2
42. Take things that do not belong to you	0	1	2
43. Worry about things working out for you	0	1	2
44. Worry about being as good as other kids	0	1	2
45. Feel afraid to be alone at home	0	1	2

(Items 26-42 are from the Pediatric Symptom Checklist [Murphy et al., 1989])

(Items 43-45 are from the SCARED [Birmaher et al., 1999])

	No or Unknown	Yes
46. In the last 90 days, have you had suicidal ideas or attempted suicide?	0	1
47. Have you heard voices or seen things that other people don't hear or see?	0	1

**For 13-18 Year-Old Adolescents ONLY:**

	No or Unknown	Yes
48. In the last 90 days, have you abused alcohol and/or drugs?	0	1

(Items 46-48 are from the Behavioral Health Screening Form [DCFS])

Thank you.

## TBH SCORING

### Cut-off Scores that Indicate Clinical Concern and Cause for Referral to Clinicians.

	Items	Cut-off
PTSD score <b>(15 items)</b>	#11-25	10 or higher
Internalizing score <b>(8 items)*</b>	#26-30 + #43-45	8 or higher
ADHD score <b>(5 items)</b>	#31-35	7 or higher
Externalizing score <b>(7 items)</b>	#36-42	7 or higher

## TBH: CAREGIVER VERSION

### TRAUMATIC EVENTS for 0-18 year-old children and adolescents

(Adapted from the Child PTSD Checklist, © Michael Scheeringa, MD, MPH, 2010, Tulane University, New Orleans, LA)

**YOUTH TIPS #** \_\_\_\_\_ **Youth Name:** \_\_\_\_\_

**Age of Child:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**About 0 -18 Year-Olds:**

**Person filling this out (CIRCLE ONE):** Parent      Relative      Foster parent      Other

TO COUNT AN EVENT, YOUR CHILD MUST HAVE FELT ONE OF THESE:

- (1) Felt like he/she might die
- (2) He/she had a serious injury or felt like he/she might get a serious injury, or
- (3) He/she saw (1) or (2) happen to another person, or saw someone die.

	<b>0 = Did not happen</b> to my child. <b>1 = Did happen</b> to my child	Circle your child's <u>age</u> when this happened to him/her the <u>first</u> time.	Circle your child's <u>age</u> when this happened to him/her the <u>last</u> time.	Circle <u>how many</u> <u>times</u> this happened to your child.
1. Crash in automobile, plane or boat.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
2. Attacked by an animal.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
3. Disasters (flood, hurricane, tornado, house fire, war, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
4. Unusually scary medical procedures or hospitalization.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
5. Physical abuse.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
6. Sexual abuse, sexual assault, or rape.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
7. Life-threatening injuries (burns, falls, near drowning, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
8. Witnessed <u>another person</u> being beaten, raped, threatened with serious harm, shot at, seriously wounded, or killed.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
9. Other:	0 1	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
10. If more than one event happened to your child: write the number of the event that you think caused the most distress to him/her:				

**CONTINUED ON OTHER SIDE...**

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**For 3-18 Year-Olds ONLY:**

Below is a list of problems that kids sometimes have after experiencing events from the previous page. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered your child IN THE LAST 2 WEEKS. Fill this out even if no events were endorsed on the previous page; for children in foster care in particular, filling this out might increase your awareness about events that you don't know about yet.

	0	1	2	3
	Not at all or only at one time	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/almost always
11. Having upsetting thoughts or images about the event that came into my child's head when he/she didn't want them to			0	1 2 3
12. Having bad dreams or nightmares			0	1 2 3
13. Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if he/she is there again)			0	1 2 3
14. Feeling upset when he/she thinks about it or hears about the event (for example, feeling scared, angry, sad, guilty, etc.)			0	1 2 3
15. Having feelings in his/her body when thinking about or hear about the event (for example, breaking out into a sweat, heart beating fast)			0	1 2 3
16. Trying not to think about, talk about, or have feelings about the event			0	1 2 3
17. Trying to avoid activities, people, or places that remind him/her of the traumatic event			0	1 2 3
18. Having much less interest in doing things he/she used to do			0	1 2 3
19. Not feeling close to people around them			0	1 2 3
20. Not being able to have strong feelings (for example being unable to cry or unable to feel happy)			0	1 2 3
21. Feeling as if his/her future plans or hopes will not come true (for example, he/she will not have a job or get married or have kids)			0	1 2 3
22. Having trouble falling or staying asleep			0	1 2 3
23. Feeling irritable or having fits of anger			0	1 2 3
24. Being overly careful (for example, checking to see who is around and what is around)			0	1 2 3
25. Being jumpy or easily startled (for example, when someone walks up behind them)			0	1 2 3

**CONTINUED ON NEXT PAGE...**

(Items 11-25 are from the Child PTSD Symptom Scale (CPSS), Caregiver Version [Foa et al., 2001])

**For 3-18 Year-Olds ONLY:**

Please circle the number under the heading that best describes your child:

	(0) NEVER	(1) SOMETIMES	(2) OFTEN
26. Feels sad, unhappy	0	1	2
27. Feels hopeless	0	1	2
28. Is down on self	0	1	2
29. Worries a lot	0	1	2
30. Seems to be having less fun	0	1	2
31. Fidgety, unable to sit still	0	1	2
32. Daydreams too much	0	1	2
33. Distracted easily	0	1	2
34. Has trouble concentrating	0	1	2
35. Acts as if driven by a motor	0	1	2
36. Fights with other children	0	1	2
37. Does not listen to rules	0	1	2
38. Does not understand other people's feelings	0	1	2
39. Teases others	0	1	2
40. Blames others for his/her troubles	0	1	2
41. Refuses to share	0	1	2
42. Takes things that do not belong to him/her	0	1	2
43. Worries about things working out for him/her	0	1	2
44. Worries about being as good as other kids	0	1	2
45. Is afraid to be alone at home	0	1	2

(Items 26-42 are from the Pediatric Symptom Checklist [Murphy et al., 1989])

(Items 43-45 are from the SCARED [Birmaher et al., 1999])

	No or Unknown	Yes
46. Has child/adolescent been a danger to him/herself or others in the last 90 days (attempted suicide; expressed suicidal ideas; puts self in dangerous situations; assaulted other persons; attempted to or has sexually assaulted other children, etc.)	0	1
47. Has child/adolescent exhibited bizarre or unusual behaviors? (Excessive or public masturbation; appears to hear voices; head banging; smears feces, set fire, harmed animal, etc.)	0	1

**CONTINUED ON OTHER SIDE...**

**For 13-18 Year-Olds ONLY:**

	No or Unknown	Yes
48. Is child/adolescent known to abuse alcohol and/or drugs?	0	1

**For 1-18 Year-Olds:**

49. Does child/adolescent have problems with personal care? (Eats or drinks non-food items; stuffs food; eats beyond reasonable amount to be full; hides food; for children 6 years and older – lack of toilet training).	0	1
50. Does the child have a language delay?	0	1
51. Does the child exhibit rocking or arm flapping behavior?	0	1

**For 1-6 Year-Olds ONLY:**

52. Does the child exhibit indiscriminant attachment (e.g. runs up to a stranger for a hug	0	1
53. Does the child have frequent, intense tantrums or extremely aggressive behavior?	0	1
54. Does the child not seek comfort from anyone – or only from a sibling?	0	1
55. Does the child have a sleep problem, trouble getting to sleep, or kick around at night?	0	1
56. Is the child very withdrawn, just sitting, looking off or have a vacant look?	0	1

(Items 46-56 are from the Behavioral Health Screening Form [DCFS])

**Thank you.**

**For 7-18 Year-Old Children/Adolescents:**

Below is a list of problems that kids sometimes have after experiencing events from the previous page. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE LAST 2 WEEKS. Fill this out even if no events were experienced on the previous page.

	<b>0</b> Not at all or only at one time	<b>1</b> Once a week or less/ once in a while	<b>2</b> 2 to 4 times a week/ half the time	<b>3</b> 5 or more times a week/almost always
<b>11. Having upsetting thoughts or images about the event that came into my head when I didn't want them to</b>	0	1	2	3
<b>12. Having bad dreams or nightmares</b>	0	1	2	3
<b>13. Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if I was there again)</b>	0	1	2	3
<b>14. Feeling upset when I think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)</b>	0	1	2	3
<b>15. Having feelings in my body when thinking about or hearing about the event (for example, breaking out into a sweat, heart beating fast)</b>	0	1	2	3
<b>16. Trying not to think about, talk about, or have feelings about the event</b>	0	1	2	3
<b>17. Trying to avoid activities, people, or places that remind me of the traumatic event</b>	0	1	2	3
<b>18. Having much less interest in doing things I used to do</b>	0	1	2	3
<b>19. Not feeling close to people around me</b>	0	1	2	3
<b>20. Not being able to have strong feelings (for example being unable to cry or unable to feel happy)</b>	0	1	2	3
<b>21. Feeling as if my future plans or hopes will not come true (for example, I will not have a job or get married or have kids)</b>	0	1	2	3
<b>22. Having trouble falling or staying asleep</b>	0	1	2	3
<b>23. Feeling irritable or having fits of anger</b>	0	1	2	3
<b>24. Being overly careful (for example, checking to see who is around and what is around)</b>	0	1	2	3
<b>25. Being jumpy or easily startled (for example, when someone walks up behind me)</b>	0	1	2	3

**CONTINUED ON NEXT PAGE...**

(Items 11-25 are from the Child PTSD Symptom Scale (CPSS), Caregiver Version [Foa et al., 2001])



# Interpreter Services

(DCFS Administrative Policy 1-222 Interpreter Service)

Title VI of the Civil Rights Act of 1964 requires the department to provide Limited English Persons (LEP) with meaningful access to the programs and services of the agency. When a client has a limited proficiency with the English language, interpreters should be used to ensure that LEP receive that language is not a barrier to service delivery. Arrangements for interpreter services should be made as far in advance as possible. This is particularly true when an interpreter is needed for an important proceeding such as a court hearing or other agency meeting. Each region should have an internal procedure for accessing interpreters and you may ask your supervisor about the protocol for your region.

The agency has a membership with Language Line Services, which gives you access to interpreters of 140 languages 24 hours a day, 7 days a week. When you encounter an emergency situation, or only have a brief communication exchange to make with a LEP, you may utilize this resource.

Language Line Services is available to you by calling the toll-free number, 1-877-261-6608. The client ID for use is 505045, and your personal code is your worker ID #. The cost of calls is \$3.50 to \$4.50 per minute and the agency is billed monthly at the state office. Your employee identification number appears next to your calls so that staff member use of Language Line Service can be identified.

Please refer to the Language Line Services Quick Reference Guide for complete instructions on use of this service.



## QUICK REFERENCE GUIDE

Keep this Quick Reference Guide (QRG) nearby for easy reference to effectively utilize **Language Line**® Over-the-phone Interpretation Service.

When receiving a call:

1. **USE CONFERENCE HOLD** to place the Limited English speaker on hold.

2. **DIAL 1-877-261-6608**

**Welcome to Language Line Services**

**Press 1 for Spanish**

**Press 2 for all other languages (speak the name of the language at the prompt)**

**Please provide:**

**Personal Code (workers DSS 10#)**

3. **BRIEF THE INTERPRETER.** Summarize what you wish to accomplish and give any special instructions.

4. **ADD THE LIMITED ENGLISH SPEAKER** to the line.

5. **YOUR CLIENT ID NUMBER IS: 5 0 5 0 4 5**

NOTE: If you need assistance placing a call to a Limited English speaker, please inform the interpreter at the beginning of the call.

.....  
*Following are important tips to help you optimize your experience.*

**UNKNOWN LANGUAGE** – If you do not know which language to request, our representative will help you.

**LINE QUALITY PROBLEMS** - Explain the problem and ask the Representative to stay on the line to check for sound quality. If you have problems before reaching a representative, press “0” to be transferred.

**WORKING WITH AN INTERPRETER** - Give the Interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

**LENGTH OF CALL** - Expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning-for-meaning, not word-for-word. Concepts familiar to English speakers often require explanation or elaboration in other languages and cultures.

**INTERPRETER IDENTIFICATION** - Our Interpreters identify themselves by first name and number only. For reasons of confidentiality, they do not divulge either their full names or phone number.

**DEMONSTRATION LINE** – To hear a recorded demonstration of over-the-phone interpretation call our demonstration line at 1 800 996-8808 or visit our website at [www.LanguageLine.com](http://www.LanguageLine.com).

**DOCUMENT TRANSLATION** – We also provide written translation services, for more information you can contact our Document Translation Department at 1 888 763-3364 or e-mail us at [Translation@LanguageLine.com](mailto:Translation@LanguageLine.com).



# Continuous Quality Improvement (CQI)

Continuous Quality Improvement (CQI) is a process of creating an environment in which management and workers are always striving to improve the quality of the services they provide. CQI is:

- A theory-based management system that looks at processes/outcomes
- Culture change
- Client-centered philosophy
- Tools to help quantify what we do
- A search for common causes of variation
- Driven by data
- System, process and client feedback
- Shared success
- Long-term approach

The key elements of CQI include having a system for accountability, teamwork, a continuous review of progress, taking input from staff at all levels of the organization, and the goal of being driven by quality management, rather than crisis.

Quality management succeeds in the guidance of quality operations, ensuring a safe environment and high quality services, meeting external standards and regulations, and assisting agency programs and services to meet annual goals and objectives.

The process of CQI includes the persons and families served, employees, volunteers, and consultants, members of advisory boards, consumer advocates, and all levels of agency staff. Including all of these parties allows the organization a broad base of invested parties from which to gather information and ways to improve.

Utilizing CQI results in numerous benefits to the organization itself and the clients it serves, including:

- Improved accountability
- Improved staff morale
- Refined service delivery process

- Flexibility to meet service need changes
- Enhances information management, client tracking and documentation
- Means to determine and track program integrity and effectiveness
- Lends itself to design of new programs and program components
- Allows creative and innovative solutions

DCFS employs a team structure for CQI implementation. One team is dedicated to the CQI process on the state level, and there is another team dedicated to the CQI process in each of the 9 regions statewide. Each team is composed of staff from all levels within the department and from all programmatic service areas and community stakeholders. The team consists of a chair/facilitator, a scribe, and team members.

### **Steps in the CQI Process**

**Step 1** - Identify a need/issue/problem and develop a problem statement

**Step 2** - Define the current situation - break down problem into component parts, identify major problem areas, develop a target improvement goal

**Step 3** - Analyze the problem - identify the root causes of the problem and use charts and diagrams as needed.

**Step 4** - Develop an action plan - outline ways to correct the root causes of the problem, specific actions to be taken, identify who, what, when and where

**Step 5** - Look at the results - confirm that the problem and its root causes have decreased, identify if the target has been met and display results in graphic format before and after the change

**Step 6** - Start over - go back to the first step and use the same process for the next problem

**The department engages in a Continuous Quality Improvement process because it provides a mechanism to help the agency constantly improve the quality of services and the functioning of the organization.**

# A Guide to Compliance with the Indian Child Welfare Act

## Working With Native Children and Tribes



**NICWA**

National Indian Child Welfare Association

**Protecting our children. Preserving our culture.**

# A Guide to Compliance with the Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) passed into law in 1978. The law protects American Indian and Alaska Native (AI/AN) children in state child welfare systems and helps them remain connected to their families, cultures, and communities. Compliance is mandatory. This guide is designed to help individuals understand ICWA's requirements and should be read in conjunction with the law (25 U.S.C. § 1901 et seq.) and binding federal regulations (25 C.F.R. Part 23). The information contained in this handout cannot replace the advice of competent legal counsel licensed in your state.

## State ICWAs and Other State Law

A growing number of states have enacted their own ICWA laws or policies. These laws complement the federal ICWA and increase protections for AI/AN children and families. These state laws or policies may require additional efforts beyond what the federal ICWA requires. It is important to find out whether or not your state has additional ICWA laws and to review them in comparison to this guide. Add any notes on differences for your state to this guide before using. Also, many states supply forms and checklists for compliance that should be considered equally with the information presented here. Following this guide will assure compliance with the federal ICWA, but not necessarily state laws or policies.

## Tribal-State Agreements

The first precaution in applying ICWA is to make sure there is no tribal-state agreement that has specific procedures to follow. Many tribes have agreements with state agencies on child welfare matters that may include additional requirements and alter the best practices listed below. It is important to find out whether or not your state has any tribal-state ICWA agreements and to review their requirements. Add any notes on differences based on the tribal-state agreement to this guide before using. Following this guide will assure compliance with ICWA, but not necessarily tribal-state agreements.

## When Does ICWA Apply?

ICWA applies when there is a "child custody proceeding" involving an "Indian child". 25 U.S.C. § 1903 (2012); 25 C.F.R. § § 23.2, 23.103 (2016)

## What is a "Child Custody Proceeding" for the Purpose of ICWA? 25 U.S.C. § 1903(1)

### Child Custody Proceedings ICWA Does Cover

- Termination of parental rights
- Foster care placements
- Placements in an institution or with a conservator
- Guardianships
- Pre-adoptive placements
- Adoptive placements (includes conversion from foster care to adoptive placement)
- Voluntary placements and involuntary placements where parents can't regain custody of child "upon demand" (meaning no formalities or contingencies like contracts, court, or requiring a parent to pay for services before returning a child). 25 C.F.R. § 23.2
- Status offenses (juvenile delinquency proceedings that involve an offense that would not be a crime if committed by an adult, e.g., drinking, runaway, truancy, etc.)

### Child Custody Proceedings ICWA Does Not Cover:

- Divorce proceedings or custody disputes between two parents
- Juvenile delinquency proceedings (violations of criminal law, see note on page 1)

- *Note: ICWA may also apply in a juvenile delinquency proceeding where the basis for the proceeding is a criminal act by the child, but the proposed out-of-home placement is based upon the fitness of the parents rather than the criminal act by the child.*



To review  
the law in its  
entirety, visit  
[nicwa.org](http://nicwa.org)



**NICWA**  
National Indian Child Welfare Association

## Who is an “Indian Child” for the Purpose of ICWA? 25 U.S.C. § 1903(4)

ICWA only protects American Indian and Alaska Native children who are:

1. unmarried,
2. under 18, and
3. a tribal member or are eligible for tribal membership; *and* have a biological parent who is a tribal member.

## How Do I Figure Out if the Child is a Tribal Member or Eligible for Membership?

Does the client family identify as American Indian, Alaska Native, or Native American?

At intake with a family (i.e., child protection investigation), and before every change or potential change in custody, the state case worker should ask a client family how they self-identify. For example, they should ask:

- Which of the following do you consider yourself a member: Asian American, Black/African American, American Indian or Alaska Native or Native American, White, Latino/a?

The state case worker should always follow up by asking:

- Do you have any Native American, American Indian, or Alaska Native ancestry?

If the client responds that they are not Native American, American Indian or Alaska Native, and do not have any related ancestry the state case manager should:

- Document this in case notes

If the client responds that they are American Indian, Alaska Native, or Native American, or believe there is Native ancestry the state case worker should:

- Ask the client family which tribe(s) they identify with and if they are a member and/or enrolled or registered
- Fill out a family tree chart with the help of client family or other genealogy form provided by the agency

If, in following the previous steps, a case worker has reason to know the child is Indian, she/he will need to identify the Indian tribe by:

- Consulting with extended family members and other relatives
- Contacting, as appropriate, the suspected tribe(s) (their designated tribal service agent for ICWA notice\*), an appropriate Indian social services organization, or the Bureau of Indian Affairs (BIA)

If the parents are unavailable or unable to provide a reliable answer regarding the Native heritage of their children, workers then:

- Make a thorough review of all documentation in the case record (look for clues regarding Native ancestry)
- Contact the previous caseworker, if any
- Contact extended family identified by child or client family and ask about identification of the family

● *Note: If caseworkers and officers of the court know or have reason to believe a child is an Indian child, they must apply ICWA in a case until otherwise determined. 25 C.F.R. § 23.107(b) This will help avoid unnecessary delays or the potential for disrupted placements or proceedings in the future.*



\* A directory of these agents can be found at [www.bia.gov/bia/ois/dhs/icwa](http://www.bia.gov/bia/ois/dhs/icwa)



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## If the Family Identifies as American Indian, Alaska Native, or Native American, How Do I Verify if the Child is a Tribal Member? 25 C.F.R. § 23.108

Send notice to the child's tribe via their designated tribal service agent for ICWA notice to get written confirmation that:

- The child is a member; or
- The child is eligible for membership *and* confirm a biological parent's membership

● *Note: If several tribes are identified by the client family, send the letter to all tribes identified.*

Best practice includes telephone contact be made with the tribe's child welfare unit, enrollment office, and their designated tribal service agent for ICWA notice. Although this is not required by ICWA, it may help a case worker get quick confirmation and note that ICWA may apply to a case. Any phone conversation that confirms that ICWA may apply should be documented in the case file. Formal notice must still be sent to the tribe and the written response confirming tribal membership filed in the case file.

### What if the child is a tribal member?

Once a tribe has determined that a child is a member, the response must be documented in the case record, including date and source of documentation. The caseworker should also:

- File the tribe's written statement declaring the child is a member in the case record,
- Incorporate the tribe's written statement declaring the child to be a member in any court hearing,
- Work with the understanding that ICWA applies throughout the entirety of the child welfare case

### What if the tribe responds that the child is **eligible** for membership?

The state case worker should confirm the membership status of the biological parent. The response to both the child and parent's status must be documented in the case record, including date and source of documentation. The caseworker should also:

- File the tribe's written statement declaring the child's eligibility for membership in the case record
- Incorporate the tribe's written statement declaring the child is eligible for membership and the biological parent is a tribal member in any court hearing
- Assist the family in formally enrolling the child or establishing membership of the child. If necessary, the state case worker may counsel parents hesitant to enroll a child by emphasizing the positive benefits of tribal membership, particularly in child welfare and adoption proceedings
- Work with the understanding that ICWA applies throughout the entirety of the child welfare case

### What if the child is not a tribal member and ineligible for membership?

Once a tribe has determined that a child is not a member and not eligible for membership, the response must be documented in the case record, including date and source of documentation. The caseworker should also:

- Document all steps taken to determine the child's Indian or tribal ancestry
- File the tribe's written statement declaring the child ineligible for membership in the case record
- Incorporate the tribe's written statement declaring the child ineligible for membership in any court hearing
- Work with the understanding that ICWA does not apply



Best practice includes telephone contact be made with the tribe's child welfare unit, enrollment office, and their designated tribal service agent for ICWA notice.



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What if the tribe does not respond?

If the tribe does not respond, the state case workers should call the ICW-designated tribal agent for service and inquire about the status of the inquiry and the membership status of the child. The state case worker should document the conversation in the case file.

## What Are the Notification Procedures Required by ICWA? 25 U.S.C. § 1912(a); 25 C.F.R. § § 23.11, 23.111

Who receives notice?

- Parents
- “Indian custodian” (defined by ICWA as “Any Native person who has legal custody of the child under tribal law or custom or under state law or to whom temporary physical care, custody, or control has been transferred by the parent”)
- The child’s tribe (if child is affiliated with or eligible for membership in more than one tribe, all tribes should receive notice)
- The BIA receives a copy of these notices

How is notice sent?

Notice must be sent by registered or certified mail, return receipt requested. A copy of this notice should be filed in the case file and with the court, along with any returned receipts.

When should notice be sent?

No requests for a court proceeding (with the exception of emergency removals) can be made until:

- At least 10 days after receipt of notice by parents or Indian custodian, *or* after 30 days if 20 additional days are requested by the parents or Indian custodian to prepare for the proceeding; *and*
- At least 10 days after receipt of notice by the tribe, *or* after 30 days if the tribe requests an additional 20 days to prepare or the proceeding; *and*
- No fewer than 15 days after receipt of notice by the BIA, if you request their help to locate the tribe, parents, or Indian custodian. 25 C.F.R. § 23.11(c)-(d).

What if the tribe does not respond?

Even if a tribe does not respond to an official notice sent, or if it replies that it does not wish to intervene in the proceeding, continue to send the tribe notices of every proceeding. The tribe can intervene at any point in the proceeding and therefore it has the right to notice of all hearings related to the case.

## How Does Transfer to Tribal Court Work?

Who can request a transfer of jurisdiction to tribal court?

ICWA allows the parent, Indian custodian, or child’s tribe to request that the child custody proceeding be transferred to tribal court.

If the tribe requests, orally or in writing, a transfer of the proceeding to its tribal court:

- The state case worker should inform the parents or Indian custodian of their right to object to the transfer

When is the state required to transfer the case?

The state court must transfer unless:

- The tribal court declines jurisdiction
- Either parent objects to such transfer
- The state court determines that “good cause” exists to deny the transfer

**ICWA allows the parent, Indian custodian, or child’s tribe to request that the child custody proceeding be transferred to tribal court.**

What if there is good cause?

If any party believes that good cause exists to not transfer the proceeding:

- Their reasons for such belief have to be documented with the court
- Other parties must be given the opportunity to respond



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What does good cause to not transfer look like?

- Tribal court declines jurisdiction
- Child over 12 years old objects to the transfer
- It would be difficult to present the evidence and witnesses necessary in tribal court

● *Note: The perceived adequacy of a tribal court, advanced stage of the proceeding, socioeconomic conditions, or whether a transfer would affect the child's placement cannot be considered good cause to not transfer. 25 C.F.R. § 23.118*

**The perceived adequacy of a tribal court, the type of court the tribe uses, or a tribe's use of a traditional decision-making processes cannot be considered good cause to not transfer.**

**What Services Are Required in ICWA Cases? 25 U.S.C. § 1912(d); 25 C.F.R. §§ 23.2**

When should "active efforts" be made?

Active efforts must be undertaken to provide remedial services after an investigation and before a decision is made to place the child out of the home.

Active efforts must also be provided after the child has been removed in order to prevent the breakup of the family by working toward reunification.

What are "active efforts"?

"Active efforts" means not just an identification of the challenges a family faces and providing solutions. Active efforts are the *affirmative, active, thorough, and timely* efforts intended to keep an Indian child with his or her family.

These can be demonstrated by:

- Making a strengths-based evaluation of the family's circumstances that takes into account the prevailing social and cultural conditions and way of life of the child's tribe
- Intervening only when necessary. Workers conducting such an intervention should:
  - ◊ Develop a case plan with assistance from the parents or Indian custodian and in consultation with extended family members and the tribe, offering and employing all available and culturally appropriate family preservation strategies.

**Active efforts require a state case manager make efforts to *actively assist a family* in making the changes necessary to keep a child safely in their home, or to make the changes necessary for a child to return safely and reunify with family.**



- ◊ Seek out the necessary family preservation and wrap-around services to support the family with the child in the home, except where imminent physical or emotional harm may result.
- ◊ Involve the child, if of sufficient age, in the design and implementation of the case plan

- Assisting parents or Indian custodian and child in maintaining an ongoing familial relationship, including supporting regular visits in the most natural setting possible and taking steps to keep siblings together.
- Monitoring progress and participation in services, helping parents overcome barriers such as transportation, and actively assisting parents in obtaining services.

## When Can a Child in an ICWA Case Be Removed from the Home? 25 U.S.C. § 1912(e)

To remove a child, the state must prove (and case records must document) that:

- Conduct or condition of the parent will result in serious physical or emotional damage to the child
  - ◊ There must be a causal relationship between the conditions and the serious damage that is likely to result to the child to meet this requirement of ICWA
  - ◊ Citing structural issues beyond the control of the parent, such as living in poverty, is not appropriate
- Active efforts were made to support the family in overcoming the challenges that presented imminent risk of serious physical or emotional damage to the child
  - ◊ The case record cannot simply state that such efforts were unsuccessful, but must document the specific efforts and how they were unsuccessful

### What burden of proof is required for foster care placement?

ICWA states that a court may not issue the foster care placement of an Indian child in the absence of a determination—by clear and convincing evidence—supported by the testimony of a qualified expert witness that the child's continued custody with the child's parents or Indian custodian is likely to result in serious emotional or physical damage to the child.

### What is "clear and convincing" evidence?

This is a higher level of proof than most states require for foster care placement proceedings. It means that in order to be successful, the side favoring foster care placement must present evidence that is not just slightly more persuasive than the evidence against it, but clearly more persuasive.

### Who are "qualified expert witnesses"? 25 C.F.R. § 23.122

The testimony of a qualified expert witness (QEW) is required to support a state court's

decision to place the child outside of his or her home.

- Must be part of the evidence presented
- Court or agency should request the assistance from the tribe or regional BIA office to locate an appropriate QEW
- The QEW may be designated by the child's tribe
- The QEW cannot be the caseworker regularly assigned to the child

### Where should a child in an ICWA proceeding be placed if removal from the home is necessary? 25 U.S.C. § 1915(c); 25 C.F.R. § 23.131(a)

The child should be put in the setting that:

- Is least restrictive
- Is most like family
- Is within a reasonable proximity to the child's family
- Meets any special needs the child may have



“Clear and convincing evidence” means that in order to be successful, the side favoring foster placement must present evidence that is not just slightly more persuasive than the evidence against it, but clearly more persuasive.



Preference to the following types of placements **must** be given in the order provided, unless there is good cause to place the child elsewhere or the tribe has a different placement preference order 25 U.S.C. § 1915(b); 25 C.F.R. § 23.131(b):

1. Member of the child's extended family
2. Foster home licensed, approved, or specified by the child's tribe
3. Indian foster home licensed or approved by the state or other non-Native licensing authority
4. Institution for children approved by an Indian tribe or operated by an Indian organization that meets the child's special needs

The state case worker should contact the tribe to ask if they have a different order of placement preference.

The state case worker should perform a diligent search to comply with ICWA's placement preferences. This should include, at a minimum:

- Contact with tribe's social service program
- Search of state and county lists of foster homes
- Contact with other tribes and Native organizations with available placement resources

● *Note: ICWA placement preferences apply regardless of whether the child's tribe intervenes in the case or whether the child's tribe can identify a preferred placement home.*

When placing a child in an ICWA case, what should be documented?

State case workers should document the placements of the child and all efforts to comply with the placement preferences.

Where required placement preferences have not been followed, then the state agency must:

- Demonstrate through clear and convincing evidence that a diligent search was made

The standard for proving that a placement was unavailable must conform to the main social and cultural standards of the parent's or extended family's Indian community. 25 C.F.R. § 23.132

What if it is necessary to move the child to a new placement?

If the child is to be moved from one placement to another, or if the foster family plans to move, the child's parents or the Indian custodian must be notified in writing. Workers should follow placement preferences outlined above, unless the child is returned to parents or Indian custodian. 25 U.S.C. § 1916(b)



**Preference to the following types of placements must be given in the order provided, unless there is good cause to place the child elsewhere or the tribe has a different placement preference order:**

1. Member of the child's extended family
2. Foster home licensed, approved, or specified by the child's tribe
3. Indian foster home licensed or approved by the state or other non-Native licensing authority
4. Institution for children approved by an Indian tribe or operative by an Indian organization that meets the child's special needs



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## When Can a Parent in an ICWA Case Have Their Parental Rights Terminated? 25 U.S.C. § 1912(f)

To terminate parental rights, the state must prove (and case records must document) that:

- Conduct or condition of the parent is likely to result in serious risk of serious physical or emotional damage to the child if the parent has continued custody
  - ◊ This must include a causal relationship between the conditions and the serious damage that is likely to result to the child
- Active efforts were made to support the family in overcoming the challenges making continued custody of the child by the parent an imminent risk of serious physical or emotional damage to the child
  - ◊ The case record cannot simply state that such efforts were unsuccessful, but must document the specific efforts and how they were unsuccessful

### What burden of proof is required for terminating the rights of a parent?

In order to ask the court to terminate parental rights, the agency as petitioner must show the court by evidence beyond a reasonable doubt—including the testimony of a qualified expert witness—that continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

### What is evidence “beyond a reasonable doubt”?

This is a higher burden of proof than most states require at termination of parental rights proceedings. It means that the side favoring termination must not only present a more convincing case than the opposition, but must be so convincing that it eliminates all reasonable doubts in the mind of the person deciding the case that the child will be at risk of serious physical or emotional damage if the parent maintains custody. If the evidence fails to do so, the court is obligated by ICWA to deny termination.

### Who is a “qualified expert witness”?

See page 6.

### After the parents’ rights are terminated where should the child in an ICWA case be placed? 25 U.S.C. § 1915(a); 25 C.F.R. § 23.130

Preference to the following types of placements **must** be given in the order provided, unless there is good cause to place the child elsewhere or the tribe has a different placement preference order:

1. Child’s extended family
2. Other members of the child’s tribe
3. Other Indian families

The state case worker should contact the tribe to ask if they have a different placement preference.

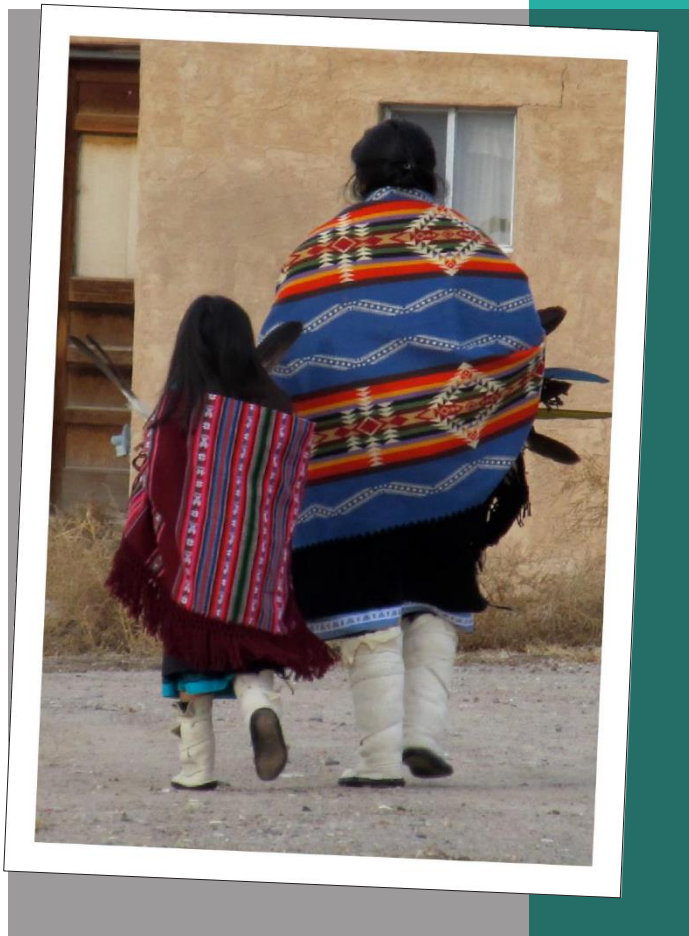
- *Note: ICWA placement preferences apply regardless of whether the child’s tribe intervenes in the case or can identify a preferred placement home.*

### When placing a child in an ICWA case, what should be documented?

State case workers should document the placements of the child and all efforts to comply with the placement preferences.

Where required placement preferences have not been followed, then the state agency must:

- Demonstrate through clear and convincing evidence that a diligent search was made





The standard for proving that a placement was unavailable must conform to the main social and cultural standards of the parent's or extended family's Indian community. 25 C.F.R. § 23.132

What happens if the adoption is disrupted? 25 U.S.C. § 1916(a)

If an adoption is vacated or set aside, or adoptive parents voluntarily consent to termination of parental rights, the Indian parents or Indian custodians must be notified.

- Notice of their right for a return of their child must include a statement that such petition will be granted unless the court rules it is not in the child's best interest

**What if There is an Emergency that Requires Removal of an "Indian Child"? 25 C.F.R. § 23.113**

ICWA applies to emergency removals of Indian children.

Unless circumstances do not permit, the racial/ethnic status of the child should be immediately determined. For example, a case worker should ask:

- "Which of the following do you consider yourself a member? Asian American, Black/African American, American Indian or Alaska Native or Native American, White, Latino/a? If American Indian or Alaska Native or Native American, what is the name of your tribe?"

Emergency protective custody of any Indian child can be taken only if:

- The child is not located on the reservation of a tribe that has jurisdiction over child custody proceedings
- The child is in danger of imminent physical damage or harm

Emergency custody must be terminated when removal is no longer necessary to prevent imminent physical damage or harm to the child.

Petitions for emergency or shelter care should identify if there is reason to know a child is an Indian child, whether the tribe has jurisdiction, include the steps the agency has taken to notify the parents, Indian custodian, and tribe, and include what active efforts have been made to return the child home safely.

Emergency proceedings should not continue for more than 30 days, unless a court determines that:

1. Restoring the child to the parent would place the child in danger of imminent physical damage or harm,
2. The court has been unable to transfer jurisdiction to the tribe, AND
3. It has not been possible to initiate state child custody proceedings

● *Note: To "initiate state child custody proceedings", the state sets a hearing date and sends notice via registered or certified mail, return receipt requested to the parents, Indian custodian, and tribe, along with sending a copy of these notices to the Regional Bureau of Indian Affairs office.*

Where should the child identified as Indian be placed in an emergency?

If the child is believed to be Indian, efforts shall be made to place the child during emergency care in a setting that follows the foster care placement priorities established by ICWA (see above).



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## How Do You Voluntarily Terminate Parental Rights and Place a Child for Adoption Under ICWA? 25 U.S.C. §1913(c)

ICWA requires specific procedures for voluntary consent and specific information be collected at the time of consent to protect children's future connection to their extended family and tribe.

### How must voluntary consent be given?

Consent cannot be accepted unless:

- The child is over 10 days old
- The consent is in writing and recorded before a judge
- The consent is accompanied by the judge's certificate ensuring that terms and consequences of the consent were:
  - ◊ Fully explained in detail and fully understood by the parents or Indian custodian
  - ◊ Fully explained in English or interpreted into a language understood by the parents or Indian custodian

### What information should voluntary consent include?

Consent signed by Indian parents or Indian custodian should contain:

- Name and birth date of child
- Name of child's tribe
- Child's enrollment number or other indication of membership in the tribe
- Name and address of consenting parents or custodians (e.g., mother's birth and married name)
- Name and address of prospective parents, if known, for substitute care placements
- Name and address of person or agency through whom placement arranged, if any, for adoptive placements

### Where should the child be placed?

Preference to the following types of placements must be given in the order provided, unless there is good cause to place the child elsewhere or the tribe has a different placement preference order:

1. Child's extended family
2. Other members of the child's tribe
3. Other Indian families

The adoption case worker should contact the tribe to ask if they have a different order of placement preference. 25 U.S.C. § 1915(a); 25 C.F.R. § 23.130

The adoption and state case worker should also perform a diligent search to comply with ICWA's placement preferences. This should include, at a minimum:

- Contact with tribe's social service program
- Contact extended family members
- Search of state and county lists of foster homes
- Contact with other tribes and Native organizations with available placement resources



*The National Indian Child Welfare Association is available to share and explain this information to stakeholders involved in tribal child welfare, including court officers, tribal councils, tribal child welfare staff, and state and county agencies. To find out how our staff may assist your community or program, contact NICWA at (503) 222-4044. Visit our website at [www.nicwa.org](http://www.nicwa.org).*



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# NICWA

National Indian Child Welfare Association  
*Protecting Our Children • Preserving Our Culture*

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*Disclaimer: This handout has been prepared for general information purposes only. The information on this handout is not legal advice. Legal advice is dependent upon the specific circumstances of each situation. Also, the law may vary from state to state, so some information in this handout may not be correct for your jurisdiction. Finally, the information contained on this handout is not guaranteed to be up to date. Therefore, the information contained in this handout cannot replace the advice of competent legal counsel licensed in your state.*



# Recognized Louisiana Tribes

## Federally Recognized Tribes

### **Chitimacha Tribe**

Lonnie Martin, Chief

P. O. Box 661

Charenton, LA 70523 St. Mary Parish

Phone: (337) 923 – 7215

Fax: (337) 923 – 6848

Website: [www.chitimacha.gov](http://www.chitimacha.gov)

Karen Matthews, Social Services (337) 923 – 7000 or karen@chitimacha.gov)

### **Coushatta Tribe**

Kevin Sickey, Chairman

P. O. Box 818

Elton, LA 70532 Allen Parish

Phone: 337-584-2261

Fax: 337-584-2998

Website: <http://www.koasatiheritage.org/>

Milton Hebert, Social Services (337-584-2261 or mhebert@coushattatribela.org)

### **Jena Band of Choctaws**

Christine Norris, Chairwoman

P. O. Box 14

Jena, LA 71432 LaSalle Parish

Phone: (318) 992 – 2717

Fax: (318) 992 – 8244

Website: [www.jenachoctaw.org](http://www.jenachoctaw.org)

Mona Maxwell, Social Services (318) 992 – 0136 or mmaxjbc@yahoo.com)

### **Tunica/Biloxi Tribe**

Earl Barbry, Sr, Chairman

P. O. Box 331

Marksville, LA 71351 Avoyelles Parish

Phone: (318) 253 – 9767

Fax: (318) 253 – 9791

Website: <https://www.tunicabilo i.org/>

Evelyn Cass, Social Services (318) 240 – 6444 or (318) 264 – 3334 or ecass@tonica.org

## **State Recognized Tribes**

### **Adai Caddo Tribe**

Rufus Davis, Chairman  
4500 Hwy 485  
Robeline, LA 71469 Natchitoches Parish  
Phone: (318) 472 – 8680  
Fax: (318) 472 – 8684  
Website: [www.adaiindiannation.com](http://www.adaiindiannation.com)

### **Biloxi-Chitimacha Confederation/ Bayou Lafourche Band** Randy Verdun, Chairman

P. O. Box 856 Zachary, LA 70791  
Phone: (225) 359 – 2476  
Website: <http://www.biloxi-chitimacha.com/the-confederation.htm>

### **Choctaw – Apache Community of Ebarb**

John W. Porcell, Chairman  
P. O. Box 1428  
Zwolle, LA 71486 Sabine Parish  
Phone: (318) 645 – 2588  
Fax: (318) 645 – 2589  
Email: [achoctaw@yahoo.com](mailto:achoctaw@yahoo.com)  
Website: [www.choctaw-apache.org](http://www.choctaw-apache.org)

### **Clifton Choctaw Tribe**

Tom Neal, Chairman  
1312 Clifton Road  
Gardner, LA 71447 Rapides Parish  
Phone: (318) 793 – 4253  
Fax: (318) 793 – 4211

### **Four Winds Tribe**

La. Cherokee Confederacy  
Jackie Womack, Principal Chief  
P. O. Box 118  
Merryville, LA 70653 Vernon Parish  
Phone: (337) 825 – 8641  
Fa : 337 537 1697  
Website: <http://www.fourwindscherokee.com/>

**Point-Au-Chien Tribe**

Charles Verdin, Chairman  
793 Aragon Road  
P. O. Box 416 Terrebonne Parish Montegut, LA 70377  
Phone: (985) 594 – 6250  
Website: <http://pactribe.tripod.com>

**United Houma Nation**

Brenda DarDar- Chairwoman  
20986 Hwy 1  
Golden Meadow, LA 70357 Lafourche Parish  
Phone: (985) 475 – 6640  
Fax: (985) 475 – 7109  
Website: [www.unitedhoumanation.org](http://www.unitedhoumanation.org)

**Isle de Jean Charles Band**

Chief Albert Naquin  
100 Dennis Street  
Montegut, LA 70377 Terrebonne Parish  
Phone: (985) 594 – 3725  
Email: [whitebuffalo@netscape.net](mailto:whitebuffalo@netscape.net)

**The Louisiana Choctaw Tribe**

James Rainwater  
15212 Hubb Road  
Pride, LA 70770 East Baton Rouge Parish  
Phone: (225) 261 – 9761  
Website: <https://www.choctawnation.com/>

**Grand Caillou/Dulac Band**

Chairwomen Marlene Foret Lafourche Parish  
114 Retreat Drive Bourg, LA 70343  
Phone: (984) 594 – 6593  
Email: [mmforet@mobiletel.com](mailto:mmforet@mobiletel.com) or  
[talkinleaves2003@yahoo.com](mailto:talkinleaves2003@yahoo.com)  
Website: <https://www.gcdbcc.org/>

## **Other Tribes**

### **Talimali Band Apalache of Louisiana**

Gilmer Bennett

P. O. Box 84 Libuse, LA 71348

Phone: (318) 561 – 2333

### **Atakapa-Ishak Nation**

Chief Michael Amos

P.O. Box 1532

Lake Charles, LA 70602

Phone: (409) 728 – 0394

Email: chief.mlamos@sbcglobal.net

Website: <http://www.atakapa-ishak.org/>

### **Louisiana Choctaw Turtle Tribe**

Chief James “Greywolf” Gil

379 Sharon Lane

Lake Charles, LA 70611

Phone: (337) 855 – 4427

Email: harleymawmaw@Gmail.com

### **Chahta Tribe**

Chief Elwin Warhorse Gillum

61357 Dixe Ranch Rd,

Slidell, LA 70460

Phone: (985) 781 – 7650

Email: chiefwarhorse@aol.com

## **Native American Associations**

### **Louisiana Intertribal Council**

Kevin Billiot – Director

5723 Superior, Suite B-1 Baton Rouge, LA 70816

Phone: 225-292-2474

### **Louisiana Indian Education Association**

Pat Arnould – Director

17114 Grey Birch Drive Greenwell Springs, LA 70739

Phone: (225) 925 – 7322

### **Louisiana Indian Heritage Association (LIHA, Inc.)**

Andrea Randazzo – powwow chairperson

P.O. Box 1390

Folsom, LA 70437-1390

(504) 366 – 5409

Website : [www.liha-news.com](http://www.liha-news.com)