


DCF	COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES	
	Policy Name: Safe and Supported Placements	
	Policy #: 23-02	Approved by: 
	Effective Date: 02/27/2023	
	Revision Date(s): 12/11/2020; 1/17/2021; 7/19/2021; 8/25/2022; 11/10/2022; 1/28/2023; 02/27/2023; 12/12/2025	
	Federal Legal Reference(s): 42 USC, sec 671 and 675 (10-12) ; 45 CFR, sec 1356	
Massachusetts Legal Reference(s): MGL c. 18B, § 2; MGL c. 119, §§ 23, 23A, 26A and 33; MGL c. 15D, §§ 6-7; 110 CMR 7.100, et seq ; 110 CMR 18.00 ; 606 CMR 5.00 ; and 606 CMR 7.00		

SAFE AND SUPPORTED PLACEMENTS

Table of Contents

I. Policy	
II. Procedures	
A. Definitions/Key Terms	3
B. Roles and Responsibilities	3
C. Ongoing Support	5
D. Planning Placement	9
E. Placement Activities	12
F. Placement Stabilization	15
G. Support During Transition	18
H. Out of State ICPC Homes	21

I. POLICY

Child development research tells us that children need consistency, predictability, and attachment to a caring adult to thrive. This is especially true for children in foster care, who have experienced trauma leading up to and including removal from their home. Children in out-of-home care need stable placements and connections to caring foster parents. The Department of Children and Families is committed to providing safe and supported placements for children in out-of-home care to increase placement stability and lead to better outcomes for children. The Department does not tolerate discrimination based on religion, race, color, creed, gender, gender identity or expression, sexual orientation, national origin, age, or disability.

To ensure safe and supported placements, the Department actively teams with foster parents to promote the safety, permanency, and well-being of children in their care. The Department provides continuous support services and training to foster parents so they can best support children in their care within the context of family and community life. The foster parent is both a caregiver and a trained resource for the child. The environment that the foster parent provides is the primary stabilizing factor for a child who has experienced trauma. The foster parent possesses specific skills and abilities to work effectively with each child placed in their care. They utilize resources to meet the child's needs and are able to advance the child's plan for well-being and permanency.

It is crucial that the Department understands each child's unique needs and develops an array of interventions and/or services to meet those needs. The Department assists foster parents to implement strategies that help care for and promote stability for the child. Achieving this requires purposeful collaboration between the child's clinical team and Foster Family/Kinship staff. Together with the foster/kin family, they proactively identify predictable sources of stress for the child and foster parent that may occur throughout placement. They actively address these potential situations by coordinating to provide direct intervention and access to a variety of concrete support services for both the child and foster parent.

The Department regularly visits with the foster family. The goal of regular visitation is to support the foster family in carrying out their role in meeting the needs of the child(ren) placed in their home. Together, the Department and the foster parents build upon and enhance the foster family's strengths through:

1. timely sharing of information regarding the child in placement and their family that will help the foster family care for the child. This includes information about the Action Plan objectives and tasks, particularly those related to child and the foster family;
2. timely identification of changes or issues that may affect the foster family's caregiving capacity;
3. timely response to questions and concerns the foster family has regarding the foster child's needs to support the foster parents in parenting the child;
4. identifying, with the foster family, education and training programs that may assist them in meeting the child's needs; and
5. referring the child and/or the foster family to relevant services and supports to enhance the foster family's caregiving capacity.

In addition to teaming with foster parents while a child is placed in the home, the Department is committed to partnering with foster parents to support transitions out of the foster home. Transition of a child(ren) from a foster family back to their family home or to another placement setting impacts all involved. The transition can be as traumatic for a child as removal from their home of origin. Whether due to a positive move toward permanency, or an unforeseen disruption, the child(ren) and foster parents may experience transition as a loss. All transitions should be conducted in a thoughtful, planned manner that minimizes disruption to the child, the foster family, any other children placed in the foster home, and the child's family.

Working with individuals who are Deaf or Hard of Hearing and individuals with Limited English Proficiency: The Department secures interpreter services for individuals who identify as Limited English Proficient (LEP) in a timely manner. To secure services for individuals who are Deaf and Hard of Hearing, the Social Worker contacts the Department's identified contact with the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) who can make requests directly from MCDHH. The Social

Worker, or other Department staff, will not require or suggest that an individual who identifies as LEP bring their own interpreter or communication specialist to meetings. The Social Worker, or other Department staff, will not rely on an adult accompanying an individual who identifies as LEP to interpret for the individual UNLESS it is an emergency involving an imminent threat to the safety or welfare of an individual or the public and there is no other interpreter available; OR the individual specifically asks that the accompanying adult interpret or facilitate communication for them, the accompanying adult agrees to do so, and reliance on the adult is appropriate under the circumstances.

For all individuals who identify as LEP, documents must be translated and provided in the individual's preferred language. The Social Worker arranges for the documents to be translated by using the Department's translation service contract in the Area Office. *For the purposes of this policy, documents requiring translation include but are not limited to the Child Placement Agreement, the Foster Parent Agreement, and notification letters.*

II. PROCEDURES

A. DEFINITIONS/KEY TERMS

Throughout this policy, the term "foster" is used to refer to unrelated foster, kinship foster, and pre-adoptive parents, families, and children and ICPC homes in Massachusetts.

Throughout this policy, tasks that apply to the Foster Family Social Worker (FFSW) also apply to the Kinship Social Worker (KSW). Interstate Compact for the Placement of Children (ICPC) homes located in Massachusetts are assigned to the Kinship Social Worker for support once licensed.

Age or Developmentally Appropriate Activities - activities that are generally accepted as suitable for children, youth and young adults of the same chronological age or level of maturity or that are determined to be developmentally-appropriate based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group and in the case of a specific child, youth or young adult, activities that are suitable based on the developmental stages attained by the child, youth or young adult with respect to their cognitive, emotional, physical, and behavioral capacities.

Limited English Proficient (LEP) – An individual may self-identify as not fluent in speaking, reading, writing, or comprehending English with providers and staff.

Reasonable and Prudent Parent Standard - The standard characterized by careful and sensible parental decisions that maintains the health, safety, and best interests of a child, youth, or young adult while at the same time encouraging the emotional and developmental growth of the child, youth, or young adult. A caregiver uses this standard when determining whether to allow a child, youth, or young adult in foster care to participate in the regular extracurricular, enrichment, cultural, and social activities of childhood.

Visiting Resource - Visiting resources are adults who have a pre-existing relationship with the foster child AND the foster child visits their home on a recurring/routine basis.

B. ROLES AND RESPONSIBILITIES

1. The **Foster Family Social Worker (FFSW) or Kinship Social Worker (KSW)**
 - developing an ongoing relationship with foster parent(s) and understanding their strengths and challenges;
 - engaging and regularly communicating with foster parent(s) and foster children in the home to support the foster parent's caregiving capacity;
 - arranging for services for the foster parent, if needed;
 - assisting the foster parent in navigating the activities and expectations of the Department and other entities involved in service delivery;

- identifying an appropriate foster home for child(ren) experiencing family separation or other transitions;
 - preparing the foster parent for placement and/or transitions of foster child(ren);
 - collaborating with child's social worker in support of foster family to meet child(ren)'s needs;
 - communicating with and supporting the foster family during crisis and transitions; and
 - communicating and collaborating with child's Social Worker during transition.
2. The **Foster Family Social Worker Supervisor or Kinship Social Worker Supervisor**
- is responsible for supporting the Foster Family Social Worker in completing activities to support the foster family and:
 - assist the FFSW in the identification of an appropriate foster home for child(ren) experiencing family separation or other transitions;
 - completing the service referral for placement;
 - collaborating with child's social worker in support of foster family to meet child(ren)'s needs;
 - communicating with and supporting the foster family during crisis; and
 - assisting in transition activities, if needed.
3. The **Area Program Manager** over foster care is responsible for:
- supporting the foster care units in decision-making;
 - collaborating with child's social worker in support of foster family to meet child(ren)'s needs;
 - communicating with and supporting the foster family during crisis and transitions; and
 - assisting in transition activities, when needed.
4. The **Area Program Manager** over child's case is responsible for:
- assisting the child's social worker and supervisor in decisions on emergency transitions;
 - assisting in transition activities, when needed; and
 - collaborating with Department staff to assist in resolving issues, as needed.
5. The **Area Director** is responsible for:
- supporting the foster care units in decision making;
 - approving emergency transitions of foster children from the foster home; and
 - collaborating with Department staff to assist in resolving issues, as needed.
6. The **Child's Social Worker** is responsible for:
- providing information to the Foster Care Unit about the child to allow for an appropriate placement;
 - providing information to the foster parents about child needs and activities;
 - collaborating with the FFSW and foster parent to arrange phone contact and Family Time between child(ren) and parent(s);
 - collaborating with the foster parent to arrange sibling visitation when needed;
 - collaborating with the FFSW to support the foster parents in meeting the child's needs;
 - preparing the child for transitions, if applicable; and
 - communicating with and collaborating with the FFSW and foster parents during transitions.
7. The Child's **Social Worker Supervisor** is responsible for supporting the Child's Social Worker in carrying out the activities in this policy.
8. The **Foster/Pre-adoptive Parent** is responsible for:
- welcoming a child(ren) into their home at time of placement;
 - working collaboratively with the child's parent(s), when safe and appropriate;
 - encouraging and supporting the emotional and developmental growth of the foster child(ren) in their home;
 - meeting regularly with their assigned FFSW and child(ren)'s Social Worker;
 - collaborating with the FFSW and child(ren)'s Social Worker during transitions; and

- fulfilling the responsibilities of a Foster Parent, including but not limited to:
 - meeting with collaterals and community supports as outlined by the child's treatment plan,
 - attending meetings and other appointments related to the child's case,
 - transportation of the child, and
 - attending training.
9. The **Emergency Response Worker (ERW)** is responsible for:
- Supporting the child during an emergency transition.
10. The **Hotline On Call Supervisor (OCS)** is responsible for supporting the ERW when emergency transition is needed and:
- seeking AD/Designee approval for an emergency transition;
 - entering placement information in electronic record, where applicable; and
 - notifying the Child's Social Worker/Supervisor and the FFSW/Supervisor of emergency transition.
11. The **Regional Director** is responsible for:
- resolving disagreements about transitions between hosting and placing offices; and
 - approving placing child in a foster home that meets their needs when the total number of children in the home would exceed six foster children.

C. PROCEDURES: ONGOING SUPPORT

The FFSW uses their knowledge of clinical and community resources to arrange services for the foster family that help them provide individualized care to the foster children in their home. They oversee the foster family's involvement in helping the child achieve their Action Plan goals and coordinate associated activities. They advocate for the foster family's needs, support them to complete their tasks, and facilitate communication between the foster family and the child's clinical team. They help establish normalcy for the child by coordinating their Department and treatment activities so that the child can still pursue activities and relationships that are important to them. Finally, they continually assess the foster family's caregiving capacity and change services and supports to ensure that the foster family has access to the resources that will help them be successful caregivers.

The FFSW and the social workers of children placed in the home maintain open channels of communication so that everyone is aware of the foster family and child's progress towards a stable and supported placement. The FFSW and child's social worker contact each other as needed to discuss changes in the child's case or treatment plan. They also discuss any changes in the foster family home that have the potential to affect the relationship between the foster parent and foster child and/or placement stabilization. The FFSW ensures that the child's social worker has relevant information they need about the foster home required to assess the child's clinical needs. The child's social worker ensures that the FFSW has relevant information about the child required to assess the foster family's need for services and support.

Get to Know the Foster Family

1. At assignment, the FFSW reviews the Caregiver Assessment to learn about the foster family. Within five working days, the FFSW contacts the foster family to introduce themselves and schedule a home visit to occur within twenty working days of assignment or earlier if requested by the foster parent. Building ongoing, meaningful relationships with foster parents is vital to the success of placing children. When the FFSW is familiar with the foster family's strengths, skills, and preferences, they can effectively match children with foster homes that meet their specific needs.
2. At the first home visit the foster/pre-adoptive parent agreement and other

necessary forms are reviewed and signed. The FFSW reviews the training and support plan with the foster parent, including available DCF resources and supports and other education and training resources. The FFSW informs the foster parent about various resources like the Department's online portal to share information with foster parents, the Foster Parent Liaison, and the foster parent support provider, if not already provided.

3. The FFSW gets to know the foster family and their community by asking questions about their daily routines, regular activities, rules and expectations in their home, community resources and supports, etc. The FFSW uses this information when matching children with a foster home that meets their needs, when strategizing with foster parent(s) how to address potential challenges prior to placement, and when communicating information to foster children and their clinical team about the foster home prior to placement.
4. The FFSW reviews annual and interim assessments so that they can follow up with the foster family as needed and can integrate the information from those assessments into their work with the foster family. The FFSW contacts the LTSW as needed to discuss an annual or interim assessment.

Monthly Visits

5. The FFSW informs the foster family about the purpose of monthly visits and schedules their next visit if possible. The purpose of monthly visits is to engage with the foster parent(s) and any child(ren) placed in the home and to support the foster parent in their caregiving capacity. Monthly visits allow the FFSW to problem solve in real time in order to stabilize foster families and minimize placement disruptions. The monthly visits should include:
 - identification of any challenges or issues that may impact the foster family's ability to care for foster children;
 - continuing assessment of the foster parent(s) strengths and challenges;
 - review of the training and support plan, including progress towards the annual 20 hour training requirement and any needed changes;
 - discussion of any plan for respite, if needed;
 - discussion of any changes to the foster family household and the impact; and
 - identification of any changes to the housing standards of the home.
6. When a foster child is in the home, monthly visits also include the following discussions:
 - the child's adjustment to the foster home, including a review of the foster parent's Weekly Observation Log, and any additional services that may be needed to stabilize the placement;
 - the foster parent's participation in the child's action plan and how they have helped the child's progress towards their Action Plan goals;
 - any changes to the child's permanency plan; and
 - any upcoming activities related to the child's case (e.g. court dates, family visits, foster care reviews – See: [Permanency Planning Policy](#)) and strategizing how to encourage foster parent participation when appropriate.
7. The FFSW in consultation with their Supervisor may decide to increase the frequency of visits to the foster family home at the foster parent request, as a result of a need for placement stabilization, or due to a safety or clinical concern.

Observe Foster Family Functioning

8. The FFSW should see the foster family interact with the foster children in the home at least every two months. The FFSW assesses foster family functioning and the foster parent's caregiving capacity by observing interactions between foster children in the home and the foster parents. The FFSW also speaks to the foster children if age and developmentally appropriate about how placement is going. Based on these conversations and their observations, the FFSW can help stabilize the placement in several ways including but not limited to:
 - helping the foster child and foster parents communicate and resolve any disagreements;
 - putting in place new services for the foster family as needed and assisting the foster family in accessing additional community supports that enhance the clinical services put in place by the child's social worker; and
 - giving feedback to the foster parent about their use of the five protective factors and how they can integrate them into their caregiving. (See: [Licensing of Foster, Pre-Adoptive, and Kinship Families.](#))

Quarterly Joint Visits

9. Once each quarter that a child remains in the same foster home, the FFSW and the child's social worker will conduct a joint visit with the foster parent(s) to engage the foster parent(s) in conversations about the child's care and progress. It's critical for these individuals to meet regularly, as the foster home and relationship with the foster parent are some of the most important factors in a foster child's success.
10. This meeting serves several purposes:
 - For the child's social worker: information sharing ensures that the child's social worker receives holistic information about the child's progress within the context of their foster home and community and is able to adjust services and supports for the child as needed.
 - For the FFSW: information sharing ensures that the FFSW understands the child's family's progress towards their Action Plan goals (and youth's progress when applicable), including any child-specific activities, and is able to prepare the foster parent for participation in upcoming activities related to the child's case, including transition when applicable.
 - For the Foster Parents: information sharing ensures that the Department understands all of the foster parents' responsibilities towards the children in their care and collaborates to help the foster parent meet the child(ren)'s needs.
 - Together, they review the child's functioning at home, in school, and in the community; the child's extracurricular, enrichment, cultural, and social activities; the child's treatment needs and treatment plan; the child's permanency plan; and plan for transition from the home when applicable. This meeting should also cover the topics normally discussed with the foster family at individual monthly meetings.

Update Child Placement Agreement

11. In conjunction with the FFSW and the foster parents, the child's social worker updates the child placement agreement every six months that a child is placed in the home. This can occur during a quarterly joint visit and is an opportunity to complete additional tasks such as:

- review any changes to the information that has been provided about the child and the child's functioning;
- ensure that their medical information is up to date;
- ensure the foster parent has a copy of and understands their expectations in the current action plan;
- review any changes in services being provided to the child and their family;
- review any changes in visitation schedules between the child and their family; and
- review any continuances or changes to supplemental reimbursement services. A new/revised supplemental reimbursement request and agreement is completed if needed. (See: [Supplemental Reimbursement Policy](#))
- A copy of the updated signed document is uploaded into the child's and foster family's electronic case records, and a signed copy is given to the foster parents.

Assess Appropriateness of Placement

12. During regular supervision, the FFSW and their Supervisor assess for each foster child whether the placement remains the best match for the child's needs based on the information gathered during monthly meetings with the foster family. When the foster family demonstrates consistent inability to meet the specific needs of the foster child even with the provision of services and support, the FFSW and their Supervisor reach out to the child's social worker and their Supervisor to discuss the appropriateness of the placement. The foster care team and the child's clinical team involve their managers as needed to decide whether to transition the child out of the foster home. When individuals cannot agree, the ACM convenes a clinical review team to examine the situation and make a decision.
 - When the disagreement is across offices or regions, the RCD of the placing office convenes a clinical review team and determines who should attend.

Attend Meetings

13. Although the FFSW is constantly assessing placement stability and instituting new services and supports as needed, the Department periodically assesses the appropriateness of placement during meetings set aside for this purpose, like the initial placement review, foster care reviews and permanency planning conferences. Foster parents and the FFSW attend these meetings when invited in order to discuss the progress of the child and if the current placement continues to meet the needs of the child. The initial placement review is an especially critical time in which to explore placement with kinship foster families unknown to the Department at the time of initial placement. (See: [Permanency Planning Policy](#))

Inactive Status

14. Occasionally, foster families are not able to take placements. In this case, the family may go inactive instead of closing. A family may only be inactive for a period of up to six months. The FFSW does not visit foster families when they are inactive. The FFSW Supervisor approves inactivity.
 - **Foster Parent Initiated Inactive Status:** The foster family can request to go inactive due to a circumstance that will affect their caregiving capacity (e.g. new baby, new pre-adoptive child, medical procedure, extended vacation). The foster family must inform their FFSW at least twenty working days before their intent to go inactive in order to allow for planned transitions of any foster children living in their home. The foster

family specifies the period of time that they will be inactive. They contact the Department when they are ready to accept placements again.

- **Department Initiated Inactive Status:** If a foster family has not had a foster child in their home in forty working days, the FFSW checks in with the foster family to inquire if they are still interested in being a foster family and if yes, to strategize around how to reduce any barriers to placement of new children. If the foster family continues to have no placements for an additional twenty working days, their status is changed to inactive.
15. Typically, when the reason for inactivity is that the foster home is not accepting placements, the foster home is closed after six months of inactivity. There may be unique circumstances that can be approved on a discretionary basis if the foster home intends to accept placements in the near future.

D. PROCEDURES: PLANNING PLACEMENT

Planning placement improves outcomes for children in care by taking the time to partner with their families, identify their needs, locate the most appropriate placement, and create a plan for stabilization and well-being. The child's family and the child's clinical team plan together for possible family separation and placement. As the Department is committed to minimizing transitions for a child and making efforts to ensure the child's first placement is their only placement, resources and foster homes are shared among offices to support placement stability. Placement decisions are based on matching the child's best interests to a foster family who can provide for their needs, including those needs related to safety, well-being, permanency, and continuity of significant relationships. Good matches keep families together or in close proximity whenever possible and appropriate. They provide opportunities for children to develop an understanding of and positive connections with their ethnic, linguistic, racial, cultural, and religious background. Good matches ensure that the foster family has the skills and supports to meet the specific needs of the child, including promoting normalcy and educational success and helping to facilitate permanency for the child whether through reunification or adoption.

Even during immediate kinship placements (See: [Licensing of Foster, Pre-Adoptive, and Kinship Families](#)) and during emergency family separation, placement can still be a planned process. The Department and foster parents have many sources of information at hand to learn about a child, including from their parents, from the child if verbal, from Department records, from the 51A document if applicable, and from contact with internal and external collaterals. Using these different sources, the Department and the foster parents can gather essential medical (including allergies), emotional/behavioral, educational, and developmental information about the child, as well as information about their routines and like/dislikes that will help lead to a successful placement.

The Department and the foster parents will arrange a phone call between the child and their parent(s) within 24-48 hours of placement. The foster parents will need to prepare the child and parents to ensure the phone call is positive. The kinship foster parent should observe the child during the call, provide support, and discuss the call with the parent and the child after it occurs. Establishing a plan for this phone call will reassure the child and help them adjust to placement.

Matching

1. As soon as the child's clinical team determines that family separation is necessary, they contact the foster care unit to request a match with a foster home. The first placement considered is always placement with kin. Ideally, the child's clinical team has already had conversations with the parents about family supports and connections – the individuals who they would

want to care for their child if they are not able to provide care. These conversations can happen during family separation if needed. During separation, the child can also identify people that they feel close to with whom they might like to live. Matching explores best placement when there are multiple kinship placements available. (See: [Licensing of Foster, Pre-Adoptive, and Kinship Families](#))

- Refer to Procedures H: Out of State ICPC Homes when the child's kin is located outside Massachusetts.
2. When a kinship placement is not available, the child's clinical team communicates the specific needs of the child and what is important to them, including their likes/dislikes and activities, and the type of home environment/structure/caregiver that the child will respond best to and which will lead quickly to stabilization. The Foster Care unit can also view the child's case record, which should reflect information about the child that can be used in matching like information about medical/behavioral health, education, and extracurricular activities. They may consider reaching out to ongoing workers previously assigned to the child for more information about the child if the case is not currently open.
 3. When not much is known about the child, the foster care unit should consider placing the child with a foster family who has the flexibility to foster a wider variety of children with varying levels of need.
 4. The FFSW in conjunction with their Supervisor considers the child's needs as they search for appropriate foster homes that have the capacity to meet those needs. The FFSW considers foster homes across Area Offices and regions to identify the best fit for the child. Preference is given to placements that keep siblings together, keep children in their school/childcare of origin and the proximity of the foster home to the child's family/friends. When selecting placement options in another area office, the FFSW in conjunction with their supervisor discuss these considerations with the FFSW or Supervisor assigned to the home to ensure the placement is a good match.
 5. The FFSW in conjunction with the Supervisor considers all characteristics of the child when selecting a placement, including but not limited to age, development, language/culture, sexual orientation and gender identity/expression. They consider how the characteristics of the child and their needs will affect and interact with the characteristics and needs of children already in the foster home and any safety measures that may need to be put in place to mitigate concerns. They consider the clinical appropriateness of children sharing bedrooms when applicable. They consider whether the placement could become the child's permanent legal family if needed.
 6. The recommended capacity for foster homes is 4 foster children. The total number of foster children in a home can not exceed 6 without approval from the Regional Director/Designee (see below).

When placing more than 4 foster children in a home, the FFSW and Supervisor consider how the characteristics and needs of all of the children in the home and the foster family's capacity to meet those needs. The FFSW and Supervisor review the following in consultation with the Manager:

- the characteristics, needs, and stability of all children that would be in the home and how they may impact one another
- the foster family's capacity to meet the children's needs including their past experience in caring for multiple children

- the foster parent's current functioning (review recent events, stress management and coping skills, etc.)
 - the foster family's support system and concrete supports
 - the family's caregiver training and assessment, annual assessments, and any assessment updates; including strengths and needs identified
 - the family's utilization of services, supports, and trainings
 - any interim assessments or 51A reports/responses
 - any safety measures that may need to be put in place to mitigate concerns.
 - the clinical appropriateness of children sharing bedrooms when applicable.
7. In limited circumstances, a child may be placed in a foster home that is intended to be a short-term placement when more time is needed to secure a kinship or long-term placement and/or placement occurs during non-working hours.
 8. In certain circumstances, the FFSW or their Supervisor must seek approval from a manager prior to placement.
 - The AD/Designee may approve placing a child under age 12 in a foster home with a Pit Bull, Rottweiler, German Shepherd, or dog that mixes two out of these three breeds by taking into account the safety considerations set forth in Department regulations.
 - The Regional Director/Designee may approve placements above the total number of foster children permitted in the Department's regulations (i.e. 6 foster children) for the following reasons:
 -
 - To allow a parenting youth in foster care to remain with the child of the parenting youth;
 - To allow siblings to remain together;
 - To allow a child with an established meaningful relationship with the family to be placed or remain with the family; or
 - To allow a family with special training or skills to provide care to a child who has a severe disability.

Prepare the Foster Parent for Placement

9. When a match is made, the FFSW contacts the foster home, explains why they think the foster family is a good match for the child, and provides information about the child(ren), like demographic information, strengths and needs, likes and dislikes, schedule, routine, and upcoming appointments/activities. This information helps establish continuity for the child in the foster home, which can help the child feel stable in their new home. Kinship foster homes may not need as detailed information about the child and their needs due to their pre-existing relationship with the child but may still need information about the child's upcoming planned activities like appointments and extracurricular pursuits.
10. The FFSW and foster parent(s) discuss any foster parent concerns and consider how placement will affect children already in the home. They discuss how the foster family will help the child maintain ties to their family, community, and culture. The foster parent confirms that they are prepared to take the child, and together they form a plan for placement and set a time for placement when the FFSW can be present if possible. The FFSW sets up services/supports to mitigate concerns. Lastly, they discuss how the FFSW

and the child's clinical team can help the foster parents stabilize the child in the critical first few days of placement.

11. Although most placements occur quickly, some may not occur right away for various reasons. In some cases, placement may happen gradually with the child progressively spending more and more time in the foster home.
12. If the foster parent(s) say they are unable to take the child, the FFSW in consultation with their Supervisor identifies another appropriate placement match for the child, and the FFSW contacts them. The child should not be given placement information until a placement is confirmed.
 - *During non-working hours:* The ERW and OCS coordinate to collect as much information about the child as possible from the sources available to them (e.g. the child's parents, the child's electronic record, collaterals) to share with the foster family. The OCS shares this information with the foster family prior to placement if possible; otherwise, it is shared at the time of placement.

Prepare the Foster Child for Initial Placement

13. Family separation can be a traumatic event for children. It's important that the staff person placing the child communicate, as appropriate to their age and development, what is happening and what will be happening in their immediate future, including when they will next be able to contact and see their family. They provide as much information as possible to children about the foster family they are joining, including who is part of the foster family and photos of the family and their home if possible. They should ask what information the child would like their foster family to know about them and should share that information with the foster parents prior to placement if possible. Familiarizing the child with the foster family may not be necessary when the child is going to kin due to their pre-existing relationship.
14. The person removing the child from their home engages their parents in further conversations about the child's current schedule and routines and any upcoming appointments or activities. They assist the child and their parents (if safe and appropriate to do so) to pack a bag for the child with favorite items and any necessary items like medication.

E. PROCEDURES: PLACEMENT ACTIVITIES

Placement is an important activity in stabilizing a child and setting them up for success. When done well, placement can reduce trauma for the child and reduce stress for both the child and the foster family. Successful placements familiarize the child with the foster family, their home, and routines and expectations and familiarize the foster family with the child. The foster parent, the FFSW, the staff person placing the child, and the child's social worker all have an important role to play.

Welcome the Child

1. Transitioning the child into the foster home can be extremely difficult depending on the child and nature of family separation. Every child will react differently. There are many steps that foster parents and Department staff, including the staff person placing the child, can take to make the child feel welcome in the foster home and help settle them. These include:
 - communicating information that the child wanted to share with the foster family or encouraging the child to share information if age appropriate;
 - showing them around the house (where they will sleep, where they will store their belongings);
 - helping them unpack their belongings;

- talking through the schedule/routine for the rest of the day, including information about mealtimes and snack times;
- going over the rules and expectations in the home;
- asking about the child's favorite activities/foods and supplying them if possible;
- providing age and developmentally appropriate comfort with the child's consent;
- acknowledging the child's feelings and the difficulty of what they are going through;
- assuring the child that they are safe and will be well cared for;
- asking the child if they have any questions and providing appropriate answers; and
- addressing the child's concerns if possible about the placement, about their family, or other concerns they may have.

Discuss Child Safety 2. The foster parents and Department staff discuss safety considerations for the foster child (e.g., safe sleep), including reviewing any case-specific information relevant to the child's safety (e.g., a child who is a victim of sex trafficking). Together, the foster parents and Department staff develop an initial plan for the child's safety, which may include purchasing additional items to ensure the home is safe for that particular child (e.g., baby gates) and/or rules for a youth regarding curfew or cell phone use. The FFSW and foster parents will revisit the foster child's safety plan as needed.

Share Information 3. Though information should have already been shared with the foster parent prior to placement, it helps to have further conversations at placement, as there may be more information to communicate. The foster parents, staff person placing the child, the child when appropriate, and other staff present should discuss information known about the child that the foster parent needs to know in order to provide individualized care for the child over the next few days. This should include information about the child's immediate needs and schedule, what the foster parent needs to know about why the child was removed from their family, and any restrictions on contact with family members. Together they should review common reactions to trauma and specific information about how this child may react to trauma if known.

4. Together they plan for the next few days. During initial placement, this includes the first phone call between the child and their parents, which is to occur within 24-48 hours, and the date, time, and location of the first parent/child/sibling visit, which is to occur within five working days. They also plan for other upcoming activities as appropriate, such as the 7-day medical screening, and child-specific activities like school/childcare, extra-curricular activities, and other pre-existing appointments. Together they strategize how to solve any barriers to participation by the foster parent or child.

- During non-working hours: The staff person who is placing the child gives the foster family the number of the office to which the case is assigned and the name and number of the child's social worker if known. They let the foster family know that they can call the Hotline or Foster Parent Helpline for support if needed.

Complete Documentation 5. The child's social worker collaborates with the FFSW to provide the foster family with all placement documents at the time of placement. For immediate kinship placements or emergency unrelated placements, the child's social

worker and FFSW provide the foster family with all placement documents at the time of placement if possible or within three working days. These documents include a signed “Child Placement Agreement” (including Supplemental Reimbursement Request, if applicable), Letter of Authorization, and the child’s MassHealth card and medical/behavioral health information.

- *During non-working hours*, the staff person placing the child must give the foster family a Letter of Authorization, necessary medical/behavioral health information, and may give other placement documents if available.
6. The FFSW Supervisor documents the child’s placement by completing the service referral on the same day as the placement to ensure that Department staff know where the child is located and that the foster home receives timely payment, including clothing allowance and other funds if applicable.
 - *During non-working hours*: The OCS documents the child’s placement and notifies the foster care unit. The FFSW Supervisor completes the service referral on the next working day.
 7. The FFSW initiates referrals for any additional services or supports that the foster parents may need to assist in the care of the child.

Check In with the Foster Family

8. If the FFSW was not present during the time of placement, the FFSW or their Supervisor contacts the foster parents within one working day of placement. Together they review everything that the foster parents discussed with the staff person placing the child. They plan for how the foster parents will meet the specific immediate needs of the child, including upcoming appointments and activities, both related to the child’s schedule and to the ongoing case. The foster parent may request a visit from the FFSW if they feel it is needed to help settle the new child.
 - *For placements occurring after hours*: The FFSW is available to discuss foster parent concerns on the next working day and concludes any discussions at the foster parent’s next monthly visit as needed.
9. Within five working days of placement, the FFSW contacts the foster parents to see how the placement is going. The focus of the call should be on the child’s adjustment to the home and any questions or concerns of the foster family. Together, they again review the child’s upcoming schedule and the foster parent’s plan for meeting the child’s scheduled activities and ensure that the 7- and 30-day medical appointments have been scheduled. The FFSW requests new services or supports to help stabilize the placement as needed based on the foster parent’s feedback.

Involve the Child’s Family in Placement

10. The child’s clinical team determines whether involving the child’s parents in placement is in the child’s best interests. The Department strongly encourages foster parents to develop working relationships with the child’s parents when safe and appropriate in order to support the child’s well-being and development. The FFSW assists the foster parents in understanding why it’s important to involve the child’s parents in the child’s care and helps them identify ways to include the child’s parents in the child’s care. The FFSW works with the foster parents to mitigate concerns and together plan for the introduction of the child’s family in a way that is supportive for the child. This conversation should begin prior to placement and should continue throughout placement as long as involving the child’s parents remains in the child’s best interests.

Ways to involve the child's parents in placement could include but are not limited to:

- inviting the child's parents to visit the foster home with the child to help their transition to the foster home;
 - allowing the foster parents to facilitate communication between the child and their parents;
 - allowing the foster parents to arrange visits between the child and their parents/siblings;
 - maintaining open communication with the child's parents, including initial conversations about the child's routines and likes/dislikes that can help make the transition smoother for the child and informing the parent about important events in the child's life; and
 - inviting the child's parents to attend important events in the child's life (e.g. medical appointments, education appointments, sports games).
11. The FFSW helps the foster parents develop ways to involve the child's extended family in placement, especially when a termination of parental rights has occurred and involving the child's parents is not appropriate. Children have siblings, grandparents, aunts, uncles, cousins, and family friends who may want to maintain a relationship with them. Maintaining connections with the child's extended family and community may help create continuity in the child's life and support stability in the placement. The foster parents and FFSW work with the child's social worker to coordinate opportunities for engagement between the child and their family. Suggestions include sending photos or letters, phone calls, virtual visits, in-person visits, and involvement on holidays and other special occasions.

F. PROCEDURES: PLACEMENT STABILIZATION

Children thrive within the context of stable, responsive, and supportive relationships. Children in foster care are separated from their parents, which means they are separated from those primary relationships that are crucial for their development. It is extremely important that foster children bond with their foster parents so that foster children feel safe and supported and family separation doesn't hinder their development.

The FFSW, the child's clinical team, and the foster parents work together to provide interventions tailored to the child's specific needs, with the understanding that the most important intervention is the environment in the foster home itself. It's critical that these individuals communicate regularly about how the placement is going and about the progress of the child.

To help maintain placement stability, the FFSW acts as a care coordinator for the foster family, helping them to manage the various activities associated with the child's action plan, treatment needs, and normalcy. This is particularly important when the foster parents need to balance the potentially competing needs, services, and activities of multiple foster children in addition to other children living in the home. The FFSW helps the foster parents deliver individualized quality care for the foster children in their home. The FFSW connects the foster family to services when needed that will help them care for the children in their home. The FFSW also connects the foster family and foster child to additional community supports that may support both caregiving and normalcy. They help the foster parents strategize how to meet all of their responsibilities related to the child's activities. They coordinate with other service providers and other Department staff visiting the home to minimize disruptions to the foster family and child's daily routine. They ensure that a stable foster home is the primary goal of all individuals involved with the foster family.

The work of the FFSW supplements but does not replace the work of the child's social worker. The FFSW assesses and secures the services and supports needed to grow and maintain the relationship between the foster family and the child in their care and achieve placement stabilization. Placement stabilization,

for both the child and foster family, is best achieved through appropriate interventions, including but not limited to the following strategies:

- a. continuous clinical and trauma informed social work practice;
- b. ongoing assessments of the child's needs and the foster home's caregiving capacity;
- c. regular visitation by the child's social worker and the FFSW;
- d. continuous and collaborative communication on the progress of the child, the child's family, and the permanency plan of the child;
- e. team meetings, particularly with involvement by maternal and paternal family members;
- f. coaching and support to foster parent(s);
- g. provision of appropriate services to support both the foster family and the child;
- h. crisis prevention and intervention; and
- i. respite services when needed.

Establish Normalcy

1. Normalcy is important for placement stabilization. Normalcy is both the continuation of relationships and activities that the child had before placement and the offering of new age and developmentally appropriate opportunities. The FFSW discusses prudent parent standards with the foster parents to ensure that they understand that they have the ability to make decisions in the child's life that help support normalcy for them (e.g. sleepovers, outings with friends and friends' parents).

Support LGBTQIA+ Children in Department Care/Custody

2. The Department trains foster parents on how to support LGBTQIA+ children/youth in their care. The FFSW helps foster families build homes and communities that are safe for LGBTQIA+ children. They connect foster parents to resources that build awareness of LGBTQIA+ issues. They help foster parents develop and maintain connections to the LGBTQIA+ community on behalf of their LGBTQIA+ foster children. They refer the foster family for services that are culturally responsive and supportive of LGBTQIA+ children/youth and their identities.

Support Children of Color in Department Care/Custody

3. Department foster parents are trained on how to support and affirm children/youth of color in their care. The FFSW helps foster families build homes and communities that are safe for children of color. They connect foster parents to resources that build awareness of systematic racism and racial equity. They help foster parents develop and maintain connections to the foster child's community of origin. They refer the foster family for services that are culturally responsive and affirming of children/youth of color and recognize the effects that systematic racism and generational trauma can have on young people.

Complete Weekly Reflection Log

4. The Department strongly encourages foster parents to fill out a weekly reflection log. This form records the conditions in the home during the week, including the foster parent's observations of the child's daily functioning and demonstrated strengths, any noteworthy events in the foster child's life or foster home, and reflections by the foster parent about how they and their family are doing. This form is used in conjunction with other information to form a holistic impression of the foster family, which is used in several ways, including during action planning. This form is reviewed at monthly meetings with the FFSW and is one of the ways that the FFSW assesses the relationship between the foster parent and the foster child, the stability of the placement, and if the foster family continues to meet the foster child's needs.

Approve Visiting Resources

5. Visiting resources are adults who have a pre-existing relationship with the foster child AND the foster child visits them and/or their home on a recurring/routine basis. Visiting resources need to be approved by the Department in order to ensure the foster child's continued safety. The child's social worker assesses and approves visiting resources who have a relationship with the child.
6. Visiting resources are an essential part of promoting normalcy and permanency for foster children. Visiting resources maintain lifelong connections for children in care and help build new ones. Visiting resources should be approved or denied within ten working days of initial request.
7. Visiting resources must complete an interview and a criminal and child welfare history check. In this interview, the worker assesses the caregiving capacity of the visiting resource using the protective factors framework and takes into account any criminal and child welfare history check results. The worker may hold the interview in person or via telephone or other electronic medium.
8. The worker in consultation with their Supervisor assesses if the visiting resource's home is a safe environment for the foster child based on their age and development and any additional safety or clinical concerns. Assessment activities may include but are not limited to: a home visit, interviews with other household members in the visiting resource household, and gathering personal references.
9. The worker writes a brief summary detailing the visiting resource's relationship to the foster child, the proposed frequency of the foster child's visits to the visiting resource's home, the visiting resource's caregiving capacity, and a recommendation to approve or deny. Their Supervisor reviews the summary and approves or denies the visiting resource. The worker informs the visiting resource and the foster family that the visiting resource has been approved.
 - If a criminal or child welfare check result requires Manager, Area Director, Regional Director or Commissioner review, the Supervisor forwards the visiting resource summary for approval. The review occurs within five working days.
 - Visiting resources that remain active require annual criminal and child welfare history checks. The worker in consultation with their Supervisor determines what other activities need to be completed to ensure child safety and the frequency required.

Request Respite Care

10. Even good matches may require additional supports to meet temporary, unique needs. Every foster parent is eligible for up to ten days of respite care during a fiscal year. The foster parent is responsible for contacting their FFSW to request respite care and inform them of the dates requested. The FFSW matches the foster child with a foster family who can meet their needs during respite care and informs the foster parent support provider.

Managing Crisis

11. Crises could include but are not limited to a foster child who is missing or absent, a foster child experiencing a behavioral health episode, a foster child experiencing a medical emergency, or when a foster child becomes involved with the criminal justice system. Crises could also include incidents within the foster family or their home that affect caregiving capacity (e.g. loss of a foster family member, medical emergency, Domestic Violence, natural disaster, etc.)

12. Many foster children experience an incident of crisis during their time in foster care. Matching a foster child with a foster home able to meet their needs, instituting the right services, and promoting normalcy for foster children should reduce the incidence of crisis, but the Department and the foster parents both need to be prepared just in case. Department staff need to work quickly when a foster child is in crisis to assist the child, prevent escalation, and help the foster family return to routine functioning. Timely response to crisis stabilizes placements and relationships because the foster parents feel like they have the support they need to parent successfully.
13. When the foster family encounters a crisis during working hours, they should contact their FFSW and the child's social worker as soon as possible after taking whatever steps are needed to secure the temporary safety of children in the foster home. The FFSW, Supervisor, or Manager returns contact as soon as possible within the same working day to inquire about the nature of the crisis and how they might assist. The FFSW, Supervisor, or Manager should contact the child's social worker and may contact other staff, including specialists when appropriate, to create a joint plan to support the foster family through the crisis. This group decides what activities need to be completed in relation to the crisis and who should complete the activities. These activities may include: connecting the foster child and foster family to new services and supports, updating the foster family's Training and Support Plan, and visiting the home.
14. The FFSW, Supervisor, or Manager alerts the Licensing and Training Supervisor if the nature of the crisis creates or reveals safety or clinical concerns that may require an Interim Caregiver Assessment. (See: [Licensing of Foster, Pre-Adoptive, and Kinship Families](#))
 - *During non-working hours:* The foster family contacts the Foster Parent Helpline for support during non-working hours and contacts the Hotline if needed. The Foster Parent Helpline notifies the FFSW and child's social worker of any calls and any steps taken to stabilize the family.

G. PROCEDURES: SUPPORT DURING TRANSITION

Just like placements should be planned, transitions out of a foster home should also be planned. A child's transition from their foster family has a dramatic effect on all involved. This is true even when the transition is due to a positive reason like reunification with their family or moving to a permanent home. The security and stability that has been established is lost, which may impact everyone's emotional well-being. It's typical for foster children and foster families to feel a sense of loss or even grief. Transition can be traumatic even when planned and conducted with sensitivity for feelings. The manner in which Department staff and foster parents help the child(ren) to transition can be pivotal to its success. It is important that all who are impacted receive necessary support before, during, and after the transition. A child may transition from a foster/pre-adoptive home for several reasons including:

- a. reunification with their family;
- b. placement with siblings and/or kin;
- c. placement with a pre-adoptive family;
- d. a higher level of care is needed to meet the child's needs;
- e. a different foster home is needed to meet the child's needs;
- f. a young adult transitions into an independent living arrangement;
- g. at the request of the foster/pre-adoptive parents;
- h. license is denied after the Caregiver Assessment on a kinship home;
- i. an emergency removal is needed to maintain the immediate safety of the foster children or the foster family; and
- j. closing of a foster home.

Planning for Transition

1. Prior to the transition of a child from a foster home, there should be increased contact between the individuals involved to plan for the transition. This includes the child's social worker, the FFSW, the current Foster/pre-adoptive parent(s), and the caregivers in the home the child is transitioning to or a provider from the congregate care facility when applicable. Depending on the reason for the transition, the Department should consider including the child's parents and the child when 14 years of age and older. Prior to the transition and depending on their role, these individuals should discuss and understand:
 - the child's placement history, including any evaluations and/or treatment the child may have received during placement;
 - the child's physical, mental/behavioral, and dental health status, related treatments and/or medications, and any scheduled or needed appointments;
 - the child's current education progress and any upcoming school events or meetings; If the child will change schools, the group discusses a plan for the timing of the change and any other tasks needed for a smooth transition;
 - activities or hobbies the child engages in and plans to provide continuity for the activities;
 - plan for continuing, changing, or ending service providers for the child;
 - parenting approaches that have proven helpful or effective with the child;
 - the plan for pre-transition visits, if possible and applicable; and
 - the plan for continued contact between the foster/pre-adoptive parent and the biological parent if applicable and appropriate.

Preparing the Foster Child for Transition

2. Transitioning placements can be a traumatic event for children. For this reason, the Department strives to minimize the number of placements for children. When transitioning placement is necessary, it is done in a planned and thoughtful way that allows time for the child to express their anger, grief, and loss and experience closure. The child's social worker shares information with the child regarding the timeline of transition in an age and developmentally appropriate manner. The child should be given as much information as possible about their new foster family, including who is part of the foster family and photos of the family and their home if possible. Ideally, the child should get the opportunity to meet their new foster family at least once before transitioning into their home. The child's social worker works with the FFSW of their previous placement and the FFSW of their new placement to smooth the transition between placements as much as possible.
3. Transitioning home can also cause stress for the child. They may experience feelings of grief and loss and feelings of confusion or guilt about why they feel that way. Transitioning home should be done in a planned and thoughtful way that allows time for the child to work through their feelings and experience closure. A planned transition also allows time for the family to become reacquainted with each other and their routines. This should hopefully smooth over sources of stress as they begin to live with each other again.

Post-Transition Contact

4. Transitions can be difficult for foster families as well. Foster parent(s) can request post-transition contact to discuss the transition and/or placement. The FFSW in consultation with their Supervisor may also decide to schedule

a post-transition contact with the foster family to check in to see how everything is going. This contact can be a good opportunity to debrief the placement, especially if the foster child presented new or unique challenges for the foster parent(s), and to discuss the foster family's needs going forward. The FFSW puts in place new services and supports as needed to assist the foster family in their continuing work with the Department.

Emergency Transitions

5. Emergency transitions are same-day transitions. They occur in very limited circumstances when the Department has determined that the child is not safe in their current foster home and is at immediate risk. They may occur in the context of a 51B response or during an Interim Caregiver Assessment.
6. When the child's social worker or the FFSW becomes aware of a clinical or safety concern that puts foster children in the home at immediate risk, they immediately confer with their supervisor and manager to determine if the foster child can safely remain in the foster home. The AD/Designee authorizes an emergency transition as needed.
7. The decision to transition one child from the home on an emergency basis does not necessarily mean that other foster children in the home need to be moved as well. The clinical team for each child will need to consider the information available and the specific needs of that child in order to determine if an emergency transition is needed. Whenever possible, the foster child should be allowed to say goodbye to the foster family. Receiving closure can help heal the trauma of an emergency transition. When in-person contact is not possible, a phone call may occur instead.
 - *During non-working hours:* The OCS notifies the AD/designee that an emergency transition is needed. The OCS records the transition and notifies the FFSW and child's social worker.
8. The FFSW or their Supervisor contacts the foster family the child transitioned from within one working day after an emergency transition to check in with the foster family and assess their current need for services and support. They may visit the foster home if there are foster children remaining in the home to help further stabilize the home and check for safety or clinical concerns or if requested by the foster parent. Written notification of the transition is provided to the foster family in writing within 5 working days of the emergency transition.

Fair Hearing Rights

9. The Foster Family may have the right to a fair hearing to challenge the transition of a child from their home. The Department is required to notify the foster family in writing of the child's transition at least 14 calendar days prior to the intended transition date. The foster parent has 30 calendar days from receipt of the written notification of the transition to request a fair hearing. However, to postpone the transition of the child, the foster parent must request a fair hearing within the first 10 working days of receiving the written notice. The Regional or Area Director may override postponing a transition if it is determined that the foster child's physical, mental, or emotional well-being would be endangered by leaving the child in the home.
10. The foster family does not have the right to request a fair hearing when the child is:
 - reunifying with their parents;
 - transitioning to a pre-independent or independent living situation; or
 - transitioning to a different foster home when their current foster home's license was ended after an annual or interim assessment or when a

kinship home is not licensed at the conclusion of their Caregiver Assessment.

11. The foster family has the right to request a fair hearing when the child is transitioning in the following circumstances IF, at the time of the decision to transition the child, either: 1) the current foster family has requested to become a pre-adoptive or guardian placement and their request has not yet been denied; or 2) the foster parent has requested a fair hearing on the decision to deny their request to be a pre-adoptive or guardian placement and the fair hearing has not been completed.:
 - transitioning to a foster home where one or more of the foster child's siblings are residing, and no siblings of the foster child are residing in their current foster home;
 - transitioning to a kinship foster home, if the current foster home is not a kinship foster home;
 - transitioning from a comprehensive foster care home where the child no longer needs that level of care;
 - transitioning to a pre-adoptive home; or
 - transitioning to the home of a prospective guardian.
12. The pre-adoptive or prospective guardian foster family has the right to request a fair hearing regarding the child's transition, unless the child is being transitioned for one of the following reasons:
 - a. to be reunified with their parent(s) or guardian(s);
 - b. to be placed in an independent living situation; or
 - c. to be placed in a different foster home because the foster family's license has ended.

H. PROCEDURES: PLACING CHILDREN OUTSIDE OF MASSACHUSETTS (ICPC)

Placing a child in an out of state foster home requires collaboration between the child's clinical team, the licensing and training unit, and the ICPC unit. The licensing and training unit assists the child's social worker and consultation as needed related to the child's out of state placement.

Initiate ICPC Process

1. When the best match for a child is with a family who lives outside Massachusetts, the child's social worker must talk with the out-of-state foster family to obtain information that is required to complete an ICPC request including basic demographic information for household members age 15 and older from the out-of-state foster family. The child's social worker adds the out-of-state primary caregiver of the foster family as a kin collateral in the child's case and requests a check of criminal and child welfare history for all household members age 15 and older. This includes CORI (Criminal Offender Record Information), SORI (Sexual Offender Record Information), and DCF History Checks.
2. The child's social worker and their Supervisor review the foster family's history and any related safety or clinical concerns and determine whether to proceed with an ICPC referral. They obtain any necessary approvals related to the foster family's history when the decision is to proceed. (See: [Background Records Check Policy](#).) Once approval is obtained, the child's social worker initiates the ICPC referral in the child's electronic record, including uploading any required documents. The ICPC unit is notified when the referral is complete.

When the decision is not to proceed, the child's social worker contacts the out-of-state foster family and informs them of the decision and informs them in writing of their right to request a Grievance.

Gather Documentation

3. The ICPC unit collaborates with the child's social worker to gather necessary documents for the ICPC referral, including but not limited to basic demographic information about the child; medical, behavioral health, and educational information about the child; the child's current Action Plan; and proof that DCF has custody of the child. The child's social worker compiles the ICPC packet which is uploaded into the ICPC section of the child's electronic record. The ICPC unit reviews the packet and sends the referral to the state where the out-of-state foster home resides. The child's social worker is notified when the referral has been sent.

Upload License Study

4. The ICPC unit uploads the license study for the out-of-state foster family into the child's case record and notifies the child's social worker. If the ICPC home study approves the home for placement, the child's social worker creates the kinship foster care record from the child's clinical case. The home is then assigned to the Regional Office Assignment Manager for them to assign to an LTSW. The assigned LTSW adds the start and end date, if there is one, of the home's foster family license. If the child's ongoing team decides not to move forward with the foster family, the assigned LTSW closes the foster family.

Place the Child

5. The child's clinical team reviews the license study and decides whether to place the child with the out-of-state foster family. The ICPC approval to place the child with the out-of-state foster family is valid for six months.
When the decision is to place the child, the child should be placed in the out-of-state foster home as soon as possible within a timeframe that is clinically appropriate. The child's social worker informs the LTSW and the ICPC unit when the child will not be placed in the ICPC home so that they can close the ICPC home.
The LTSW indicates the placement decision in the out-of-state foster family record, and if the decision is to not place the child, the LTSW informs the family in writing of their right to a Fair Hearing and closes the foster family record. The child's social worker completes the "100 B" information, which includes the date the child will be placed out of state, in the child's ICPC section of the electronic record. The ICPC unit will be notified when the 100 B is complete. The ICPC unit transmits the signed 100 B to the receiving state prior to placement.
6. The child's social worker contacts the out-of-state foster family to obtain a W9 form prior to placement. The LTSW documents the child's placement by completing the service referral on the same day as the placement to ensure Department staff know where the child is located and that the foster home receives timely payment. The LTSW updates the service referral for the out-of-state foster family as needed.

Review Quarterly Updates

7. The LTSW will track and monitor the receipt of quarterly reports from the state of the child's ICPC foster family. ICPC unit uploads quarterly updates into the child's case record and notifies the child's social worker and LTSW. The child's social worker along with the assigned LTSW reviews the quarterly update and discusses the updates with their Supervisors as needed. The LTSW also tracks the license end date for ICPC foster homes and works with the ICPC unit to obtain updated home studies and updated

foster home licenses. The updated documents are uploaded in the ICPC foster family record.

- Close the ICPC Home**
8. The child's social worker informs the LTSW and the ICPC unit when the child is leaving placement, who then close their respective records. When the out-of-state foster family has become the child's Guardians or Adoptive Parents, the child's social worker works with the LTSW and the subsidy unit to transfer the ICPC home record to the subsidy unit.