

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

INTRODUCTION:

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes provides a list of policies, forms and appendices with explanations for the PPS substantial policy revisions and clarifications for January 2025. These policy revisions are effective January 2025.

DEFINITIONS:

Substantial Changes- Substantial Changes to policy, forms appendices include revisions affecting the meaning or involves a change to practice.

Clarifications- Clarifications to policy includes revisions to improve clarity or style.

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- No Revisions

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- No Revisions

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II. Clarifications

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SUBSTANTIAL CHANGES Substantial Changes to policy, forms appendices include revisions affecting the meaning or involves a change to practice. *(Click on policy/form/appendix links to review the draft changes)*

Section 0000 General Information

Definition of Adoptee

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [0160 Glossary](#)

What prompted this revision?

Add definition of Adoptee

Brief description of the revision:

Adoptee: A person who is adopted.

What is the anticipated impact to practice?

Clear definition for an adoptee.

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Removing Educational Neglect

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [0160 Glossary](#)
- 1630 School Attendance
- 2502 Allowable Case Findings
- 2731 School Non-Attendance
- PPS2011 Case Findings
- 2B Guide for Assessment and Decisions

What prompted this revision?

In efforts to align how we support children and families who may be experiencing a need for support related to school attendance or performance, DCF believes that assessing via the framework of a Family In Need of Assistance verse an allegation of abuse/neglect is the most appropriate way to support children and families.

Brief description of the revision:

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Educational Neglect is no longer an allegation type.

What is the anticipated impact to practice?

These concerns will be addressed as a FINA type-Truancy.

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Case Finding Structure Update

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [0160 Glossary](#)
- [0425 Contents of Assessment & Prevention, Family Services, Family First Prevention Services, and Family Preservation Case Records](#)
- [0622 Kansas Department of Corrections - Community Based Services](#)
- 1821 Search Sources
- 2502 Allowable Case Findings
- 2511 Case Finding Decision Points for Family Reports
- 2521 Case Finding Decision Points for Facility Reports
- 2540 Notice of Department Finding
- 2543 Affirmed or Substantiated Case Findings on Children Under the Age of Three
- 2544 Notification on Facility Reports
- 2546 Providing Affirmed and Substantiated Findings to the Kansas Attorney General
- 2547 Notification to County or District Attorney of DCF Finding of Abuse or Neglect
- 2548 Notice Regarding Affirmed or Substantiated Case Finding of a Youth Who Has Been Adjudicated a Juvenile Offender
- 2560 Recurrent Maltreatment Reviews
- 2570 Appeal of Finding Decision By a Perpetrator
- 2571 Finding Decisions Reversed by the Administrative Hearing Office
- 2770 Uploading Documents in KIDS
- 2813 Case Findings
- 2842 Finding Decision Fields
- 2843 Individual Information
- PPS2010 What you need to know about Investigations of Child Abuse or Neglect
- PPS2011 Case Findings (Child Abuse and Neglect Report)
- PPS2012 Notice of Department Findings
- PPS2012_Instructions Notice of Department Findings_Instructions
- PPS2017 Notification of Affirmed or Substantiated Case Finding
- PPS2018 Review of Repeat Maltreatment in Six Months

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- PPS2030F Family Based Assessment Summary
- 2B Guide for Assessment and Decisions
- 2E DCF Case Finding History

What prompted this revision?

DCF Leadership requested affirmed finding to be removed from the Kansas Administrative Regulations (K.A.R.).

Brief description of the revision:

Effective January 1, 2025, DCF PPS is implementing a two-tiered case finding structure. DCF agency regulations are being amended to remove Affirmed Findings, leaving Substantiated and Unsubstantiated findings. As a result, Affirmed case finding decisions will be removed from practice and policy and Substantiated and Unsubstantiated case finding decision will be the two remaining case finding decisions.

What is the anticipated impact to practice?

The standard of evidence used to make case findings will remain a preponderance of the evidence indicating the alleged facts and circumstances more likely than not meet the abuse/neglect definitions per K.S.A. and K.A.R, (51% convinced something occurred). The purpose of a case finding is to place those who have been substantiated on the DCF Central Registry, thus preventing them from working, residing or regularly volunteering in a facility licensed by Kansas Department of Health and Environment (KDHE) or DCF Foster Care and Residential Licensing.

As we continue to move forward in our practice it is important to focus on building safety for a child through safety planning, building networks, services and DCF protective action not the outcome of the finding decision. A finding decision does not keep a child safe.

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Continuous Eligibility Definition

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [0160 Glossary](#)

What prompted this revision?

Consolidated Appropriations Act

Brief description of the revision:

Adding Continuous Eligibility to Glossary

What is the anticipated impact to practice?

An understanding of Continuous Eligibility.

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DCF Records/Retention Policy & Form Changes

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [0310 Public Knowledge Case](#)
- [DELETE 0312 Access to Information Regarding Closed Guardianship, Custodianship and Adoption Records](#)
- [0313 Request for Adoption Records and Searches](#)
- [0314 Request for Guardianship, Custodianship, and Foster Care Records](#)
- [0440 Retention of Records](#)
- [0441 Archiving and Storage of Records](#)
- [PPS0330 Adult Adoptee Requesting Copy Of Adoption Record](#)
- [DELETE PPS0331 Adult Former Foster Care \(PRT\) Requesting Case File Information](#)
- [PPS0332 Adult Former Foster Child Requesting Case File Information](#)
- [PPS0335 Birth Parent Requesting Search-Contact With Adult Adoptee](#)
- [PPS0340 Adult Adoptee Requesting Search-Contact](#)
- [PPS0350 Authorization To Release Information Form](#)

What prompted this revision?

The need for revision was identified after receiving feedback from various stakeholders, including adoptive parents and social service providers. The revisions aim to align policies with current best practices and statutory requirements, addressing observed challenges in accessing records and information.

Brief description of the revision:

The revision focuses on streamlining the process for accessing adoption and guardianship records, ensuring clarity and compliance with existing Kansas statutes while enhancing the experience for all parties involved.

What is the anticipated impact to practice?

The anticipated impact includes more efficient handling of records requests, improved satisfaction among stakeholders, and a greater ability for individuals to access critical information pertaining to their adoptions and familial connections.

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Transition Planning for Youth in DCF Custody and in Out of Home Placement

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List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **0430 Contents of Foster Care, Adoption and Independent Living Services Case Records**
- 3207 Case Plan Participants
- 3210 Roles Related to Case Planning
- 3214 Planning with Youth Prior to Release of Custody
- 3321 DCF and Child Welfare Case Management Provider Responsibility to the Court
- 3233 Development of Objectives and Activities
- 3841 Entering Transition Plan Information
- 5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider
- 7040 Self-Sufficiency Planning
- 7213 Life Skills Services and Supports
- 7800 Entering Independent Living Services for Young Adults Who are not in the Custody of the Secretary
- PPS3059A My Plan for Adulthood
- PPS3059A Instructions
- PPS3059B My Adult Services Plan
- PPS3059B Instructions
- PPS3059C My Exit Plan
- PPS3059C Instructions

What prompted this revision?

DCF and CWCMP staff identified the need to provide updates to the DCF Transition plan and the creation of a plan specific to young people on the I/DD waiver or waitlist.

Brief description of the revision:

There have been updates to the DCF transition plan to reflect current information and resources available to young people. The individual sections within the transition plan have been reordered to prioritize lifelong connections. There was also an additional legal section created to address the needs of Crossover youth. Additionally, a new transition plan for young people on the I/DD waiver or waitlist has been created.

What is the anticipated impact to practice?

CWCMP staff will be able to better engage and plan with young people around planning goals and activities as it relates to their transition into adulthood.

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PS-TDM Protocol and Supporting Documents

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List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [0D1 PS-TDM Protocol](#)
- [0F1 Worker Quick Presentation Outline for PS- TDM](#)
- [0F2 PS- TDM Supervisor Guide](#)
- [0F3 TDM Key Elements](#)

What prompted this revision?

Permanency along with PS-TDM SIT members determined a need to begin adding PS-TDM to the policy manual. The impact made will clarify appendices to reflect Initial and PS-TDM forms and documents as prior the appendix section of the PPM only included Initial TDM documents. By including the addition of the PS-TDM protocol and other supporting documents to the appendices will provide guidance and support to external partners on PS-TDM protocol and best practice.

Brief description of the revision:

Permanency along with PS-TDM SIT members determined a need to begin adding PS-TDM to the policy manual starting with the PS-TDM protocol in the appendices. After review of the forms in the appendix section, it was determined to add the PS-TDM presentation outline and supervisor guide as well to make consistent on what is in there for Initial TDM. The last document being adding is the TDM Key Elements which are the core values and beliefs for all TDMs.

What is the anticipated impact to practice?

The impact made will clarify appendices to reflect Initial and PS-TDM forms and documents, as prior the appendix section of the PPM only included Initial TDM documents. By including the addition of the PS-TDM protocol and other supporting documents to the appendices will provide guidance and support to external partners on PS-TDM protocol and best practice.

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TDM and Ex Parte Order of Protective Custody

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [0D Initial TDM Protocol](#)
- 2471 Requests for Police Protective Custody

What prompted this revision?

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The need for policy guidance related to when courts file an ex parte order of protective custody, without DCF involvement and/or input, to determine the need for a TDM meeting, so the TDM meeting recommendations can be provided at the initial court hearing. This policy change will better align with the Kansas Practice Model to ensure all families have the opportunity to be involved in agency related decision involving their child(ren).

Brief description of the revision:

When the court files an ex parte order of protective custody without DCF involvement and/or input, the CPS Specialist and PPS Supervisor shall staff to determine the need for a TDM meeting based on the three TDM criteria

What is the anticipated impact to practice?

Holding TDM meetings in these specific cases, allows the family to be involved in DCF's recommendations to the court for the initial court hearing, just as they are without court involvement. If recommendations aren't typically given at the initial court hearing, this change will prompt DCF to hold a TDM meeting with the family and their identified supports and then be able to communicate the team decision and the agency's recommendations to the court. This allows the family to be involved in all decisions related to their own lives. Through transparent conversations in a TDM meeting, the family will be aware of the worries, what is working well, and be a part of developing the next steps to ensure the safety of their own children. If the team's decision and recommendation to the courts is a less restrictive plan, the best hope is that the court will hear DCF's recommendation and agree with it. If the team recommends that the child/youth remain in out-of-home care or the court doesn't agree with the TDM recommendations, the parents/caregivers will have a clear understanding of the worries and next steps needed to reintegrate their child(ren) back into their home. This will give a warm handoff for the family to the foster care contractor with the goal of identifying and encouraging kinship placement while the family works to reintegrate the child(ren) back into their home in a timely manner.

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Section 1000 Intake

Removing Educational Neglect

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **1630 School Attendance**
- 2502 Allowable Case Findings
- 2731 School Non-Attendance
- PPS2011 Case Findings
- 2B Guide for Assessment and Decisions

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- 0160 Glossary

What prompted this revision?

In efforts to align how we support children and families who may be experiencing a need for support related to school attendance or performance, DCF believes that assessing via the framework of a Family In Need of Assistance verse an allegation of abuse/neglect is the most appropriate way to support children and families.

Brief description of the revision:

Educational Neglect is no longer an allegation type.

What is the anticipated impact to practice?

These concerns will be addressed as a FINA type-Truancy.

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Response times for assigned abuse/neglect concerns

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [1521 Criteria for Establishing Response Times](#)

What prompted this revision?

PRC Policy Workgroup and SIT Committee identified policies needed to be reviewed and updated to better align with the Kansas Practice Model and to improve practice.

Brief description of the revision:

Policy aligns with the Kansas Practice Model and the new Kansas Intake Guidance.

What is the anticipated impact to practice?

These changes align with the Kansas Practice model and how response times should be assigned for abuse/neglect concerns.

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Kansas Intake Manual

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [1A Kansas Intake Guidance](#)

What prompted this revision?

The Kansas Protection Reporting Center identified the need to review the assessment

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tool and manual to better align with the Kansas Practice Model.

Brief description of the revision:

These changes align with the Kansas Practice Model and abuse/neglect intakes should be assessed.

What is the anticipated impact to practice?

Practice will better align with the Kansas Practice Model.

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Section 2000 Investigation and Assessment

Removing Educational Neglect

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [2502 Allowable Case Findings](#)
- [2731 School Non-Attendance](#)
- [PPS2011 Case Findings](#)
- [2B Guide for Assessment and Decisions](#)
- 0160 Glossary
- 1630 School Attendance

What prompted this revision?

In efforts to align how we support children and families who may be experiencing a need for support related to school attendance or performance, DCF believes that assessing via the framework of a Family In Need of Assistance verse an allegation of abuse/neglect is the most appropriate way to support children and families.

Brief description of the revision:

Educational Neglect is no longer an allegation type.

What is the anticipated impact to practice?

These concerns will be addressed as a FINA type-Truancy.

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Case Finding Structure Update

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

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- 2502 Allowable Case Findings
- 2511 Case Finding Decision Points for Family Reports
- 2521 Case Finding Decision Points for Facility Reports
- 2540 Notice of Department Finding
- 2543 Affirmed or Substantiated Case Findings on Children Under the Age of Three
- 2544 Notification on Facility Reports
- 2546 Providing Affirmed and Substantiated Findings to the Kansas Attorney General
- 2547 Notification to County or District Attorney of DCF Finding of Abuse or Neglect
- 2548 Notice Regarding Affirmed or Substantiated Case Finding of a Youth Who Has Been Adjudicated a Juvenile Offender
- 2560 Recurrent Maltreatment Reviews
- 2570 Appeal of Finding Decision By a Perpetrator
- 2571 Finding Decisions Reversed by the Administrative Hearing Office
- 2770 Uploading Documents in KIDS
- 2813 Case Findings
- 2842 Finding Decision Fields
- 2843 Individual Information
- PPS2010 What you need to know about Investigations of Child Abuse or Neglect
- PPS2011 Case Findings (Child Abuse and Neglect Report)
- PPS2012 Notice of Department Findings
- PPS2012_Instructions Notice of Department Findings_Instructions
- PPS2017 Notification of Affirmed or Substantiated Case Finding
- PPS2018 Review of Repeat Maltreatment in Six Months
- PPS2030F Family Based Assessment Summary
- 2B Guide for Assessment and Decisions
- 2E DCF Case Finding History
- 0160 Glossary
- 0425 Contents of Assessment & Prevention, Family Services, Family First Prevention Services, and Family Preservation Case Records
- 0622 Kansas Department of Corrections - Community Based Services

What prompted this revision?

DCF Leadership requested affirmed finding to be removed from the Kansas Administrative Regulations (K.A.R.).

Brief description of the revision:

Effective January 1, 2025, DCF PPS is implementing a two-tiered case finding structure. DCF agency regulations are being amended to remove Affirmed Findings, leaving Substantiated and Unsubstantiated findings. As a result, Affirmed case finding decisions will be removed from practice and policy and Substantiated and

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Unsubstantiated case finding decision will be the two remaining case finding decisions.

What is the anticipated impact to practice?

The standard of evidence used to make case findings will remain a preponderance of the evidence indicating the alleged facts and circumstances more likely than not meet the abuse/neglect definitions per K.S.A. and K.A.R, (51% convinced something occurred). The purpose of a case finding is to place those who have been substantiated on the DCF Central Registry, thus preventing them from working, residing or regularly volunteering in a facility licensed by Kansas Department of Health and Environment (KDHE) or DCF Foster Care and Residential Licensing.

As we continue to move forward in our practice it is important to focus on building safety for a child through safety planning, building networks, services and DCF protective action not the outcome of the finding decision. A finding decision does not keep a child safe.

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Case Finding Alignment

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [2030 CPS Investigators](#)
- [2511 Case Finding Decision Points for Family Reports](#)
- [2530 Documenting the Case Finding](#)
- [2600 Assessment Map](#)
- [PPS2011_Instructions](#)
- [2B Guide for Assessment and Decisions](#)

What prompted this revision?

The Kansas Practice Model (KPM) Statewide Implementation Team (SIT) recognized the need for case finding documentation to align with the KPM. A pilot was held in the Northeast Region prior to policy changes being made.

Brief description of the revision:

The basis for finding and rationale will now be documented on the Assessment Map. FACTS required field will still be documented on the PPS2011 in KIDS. Policies have been updated to reflect these changes regarding the documentation.

What is the anticipated impact to practice?

The practice for case finding alignment is currently in process, with child protection teams across the state documenting their narratives for unsubstantiated family findings via the Assessment Map, rather than the PPS 2011 Case Finding Narrative. Policy does make it clear that all affirmed and substantiated cases as well as unsubstantiated facility and third-party events are to be documented completely via the PPS 2011 Case Finding

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section in KIDS.

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Immediate Safety Planning

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [2462 Immediate Safety Planning](#)

What prompted this revision?

Child and Family Services Review Results indicated a need for improvement related to how families are engaged in the safety planning process in addition to enhancements related to how Child Protection Specialist and or Child Protective Investigators monitor an implemented Safety Plan.

Brief description of the revision: Policy now more clearly describes expectations for how families should be engaged in the safety planning and also that a safety plan should be monitored by the Child Protection Specialist and or Child Protective Investigator until it is no longer needed or until case closure (whichever occurs first)

What is the anticipated impact to practice? These changes align with the practice model and how families should be experiencing our efforts already. Policy was enhanced to specifically identify two expectations that should already be occurring.

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Immediate Safety Determination

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [2310 Immediate Safety Determination](#)

What prompted this revision?

DCF leadership prompted this revision as a need for increased clarity to enhance performance surrounding timeliness of safety determination.

Brief description of the revision:

The revisions provide clarity around what the immediate safety determination is, how to clearly document the safety determination and formatting revisions.

What is the anticipated impact to practice?

Not an intent to change practice, but a heightened increase in understanding of policy

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requirements and best practices surrounding assessing safety in a timely manner.

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TDM and Ex Parte Order of Protective Custody

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [2471 Requests for Police Protective Custody](#)
- 0D Initial TDM Protocol

What prompted this revision?

The need for policy guidance related to when courts file an ex parte order of protective custody, without DCF involvement and/or input, to determine the need for a TDM meeting, so the TDM meeting recommendations can be provided at the initial court hearing. This policy change will better align with the Kansas Practice Model to ensure all families have the opportunity to be involved in agency related decision involving their child(ren).

Brief description of the revision:

When the court files an ex parte order of protective custody without DCF involvement and/or input, the CPS Specialist and PPS Supervisor shall staff to determine the need for a TDM meeting based on the three TDM criteria

What is the anticipated impact to practice?

Holding TDM meetings in these specific cases, allows the family to be involved in DCF's recommendations to the court for the initial court hearing, just as they are without court involvement. If recommendations aren't typically given at the initial court hearing, this change will prompt DCF to hold a TDM meeting with the family and their identified supports and then be able to communicate the team decision and the agency's recommendations to the court. This allows the family to be involved in all decisions related to their own lives. Through transparent conversations in a TDM meeting, the family will be aware of the worries, what is working well, and be a part of developing the next steps to ensure the safety of their own children. If the team's decision and recommendation to the courts is a less restrictive plan, the best hope is that the court will hear DCF's recommendation and agree with it. If the team recommends that the child/youth remain in out-of-home care or the court doesn't agree with the TDM recommendations, the parents/caregivers will have a clear understanding of the worries and next steps needed to reintegrate their child(ren) back into their home. This will give a warm handoff for the family to the foster care contractor with the goal of identifying and encouraging kinship placement while the family works to reintegrate the child(ren) back into their home in a timely manner.

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Section 3000 Case Management

Transition Planning for Youth in DCF Custody and in Out of Home Placement

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [3207 Case Plan Participants](#)
- [3210 Roles Related to Case Planning](#)
- [3214 Planning with Youth Prior to Release of Custody](#)
- [3321 DCF and Child Welfare Case Management Provider Responsibility to the Court](#)
- [3233 Development of Objectives and Activities](#)
- [3841 Entering Transition Plan Information](#)
- [PPS3059A My Plan for Adulthood](#)
- [PPS3059A Instructions](#)
- [PPS3059B My Adult Services Plan](#)
- [PPS3059B Instructions](#)
- [PPS3059C My Exit Plan](#)
- [PPS3059C Instructions](#)
- 0430 Contents of Foster Care, Adoption and Independent Living Services Case Records
- 5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider
- 7040 Self-Sufficiency Planning
- 7213 Life Skills Services and Supports
- 7800 Entering Independent Living Services for Young Adults Who are not in the Custody of the Secretary

What prompted this revision?

DCF and CWCMP staff identified the need to provide updates to the DCF Transition plan and the creation of a plan specific to young people on the I/DD waiver or waitlist.

Brief description of the revision:

There have been updates to the DCF transition plan to reflect current information and resources available to young people. The individual sections within the transition plan have been reordered to prioritize lifelong connections. There was also an additional legal section created to address the needs of Crossover youth. Additionally, a new transition plan for young people on the I/DD waiver or waitlist has been created.

What is the anticipated impact to practice?

CWCMP staff will be able to better engage and plan with young people around planning goals and activities as it relates to their transition into adulthood.

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Case Management Safety and Risk Assessment

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **3110 Case Management Safety and Risk Assessment**

What prompted this revision?

Changes align the Safety and Risk assessment language more closely with KPM. Change was prompted by similar updated to PPM 2300 in July related to the PIP.

Brief description of the revision:

Changes align the Safety and Risk assessment language more closely with KPM. Change was prompted by similar updated to PPM 2300 in July related to the PIP.

What is the anticipated impact to practice?

Improve language to align with the KPM.

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Out of Home Change of Venue

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **DELETE 3R Reintegration/Foster Care Change of Venue Procedures**
- **3384 Change of Venue for Out of Home Service Cases**

What prompted this revision?

Regional DCF Foster Care teams identified a need for clarity on expected timelines and responsibility for transfer of case information when a change of venue occurs.

Brief description of the revision:

PPM 3384 was revised to provide clarity on expected timelines and responsibility for transfer of case information when a change of venue occurs. Language from the Appendix 3R was inserted into the policy to provide guidance in one cohesive location.

What is the anticipated impact to practice?

Regional DCF Foster Care teams and Case Management Providers will more clearly understand their responsibilities when a change of venue occurs on an out of home case.

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Family Mobile Crisis Helpline

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [3M Family Mobile Crisis Helpline](#)
- 5259 Life Books

What prompted this revision?

The practice change is requiring mobile crisis contact information to be in Life Books to ensure each placement has the information readily available to them. Change was prompted by creation of new distribution materials, and community recommendation DCF ensure every foster parent has access to the information.

Brief description of the revision:

The practice change is requiring mobile crisis contact information to be in Life Books to ensure each placement has the information readily available to them. Change was prompted by creation of new distribution materials, and community recommendation DCF ensure every foster parent has access to the information.

What is the anticipated impact to practice?

The family mobile crisis helpline information is being shared with the families and youth.

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Section 4000 Prevention Services

Family Preservation Services Form Updates

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [PPS4200 Family Preservation Referral](#)
- [PPS4200_Instructions Family Preservation Referral Instructions](#)

What prompted this revision?

Family Preservation cases are becoming more complex due to keeping the children with other family members while receiving services to prevent children being removed.

Brief description of the revision:

Adding a column for additional case participants.

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What is the anticipated impact to practice?

DCF workers will separate case participant that live inside and outside of the home. FPS providers and FACTS will have a clear understanding of the entire family/case participants.

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Section 5000 Child Welfare Case Management Providers

Sibling Split Policy Changes

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [5237 Sibling Placements and Connections](#)
- [PPS5147- Sibling Split Request](#)
- [DELETE Appendix_5I](#)
- [DELETE Appendix_5X](#)

What prompted this revision?

The need for clearer, more structured decision-making in cases where sibling separation might be in a child's best interest prompted the revision.

Brief description of the revision:

The revision introduces detailed criteria for evaluating sibling split requests, a structured review team process, and documentation requirements using the new PPS 5147 form, which outlines key factors to assess for each case (e.g., trauma history, family dynamics, therapeutic efforts)

What is the anticipated impact to practice?

The revision is expected to enhance decision-making quality, ensuring that sibling splits are well-considered, involve necessary stakeholder input, and are only approved in circumstances where it is in the child's best interest. This should improve the documentation and review process, leading to more consistent practices across cases.

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Assessing the Adoptive Family

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [5330 Assessing the Adoptive Family](#)

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

What prompted this revision?

Practice change is increasing the required age for fingerprinting during adoption assessment to 18yo.

Brief description of the revision:

Change was prompted by increase June 2024 change in licensing regulation increasing the age for fingerprinting household members of licensed foster homes.

What is the anticipated impact to practice?

The revised policy will increase the required age for fingerprinting during adoption assessment to 18yo.

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Additional “Date Reported” Field to the Foster Care Referral

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [5825 Entering Prior Sex Trafficking](#)

What prompted this revision?

AFCARS revision to element 108 Prior Date of Sex Trafficking Report to Law Enforcement

Brief description of the revision:

An additional field has been added to the Foster Care Referral to indicate multiple dates that DCF reported prior sex trafficking to law enforcement. If multiple dates were reported to law enforcement, each is to be recorded in FACTS.

What is the anticipated impact to practice?

The anticipated impact to FACTS staff is minimal. When entering a Foster Care Referral, an additional LE01N code will be entered onto RESP if applicable.

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Non-Licensed Placement Crisis Line Acknowledgement

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [5234 Relative Home Placement](#)
- [5235 Non-Related Kinship Home Placement](#)
- [5B Non-Licensed Placement Crisis Information Acknowledgement](#)

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

What prompted this revision?

This revision will align the practice of confirming receipt of crisis hotline information with licensed and non-licensed placement providers.

Brief description of the revision:

A new form was created which includes crisis hotline information and requires an annual signature from non-licensed placement providers and case management provider staff.

What is the anticipated impact to practice?

Non-Licensed placement providers will receive the same crisis hotline information as licensed family foster homes.

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Consolidated Appropriations Act Updates

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [PPS5918 Medicaid Requirement for Children in Out of Home Care](#)
- [5918 Medicaid Requirement for Children in Out of Home Care](#)
- [5930 Closing the Foster Care Case](#)

What prompted this revision?

Consolidated Appropriations Act

Brief description of the revision:

All youth under the age of 19 with Medicaid coverage are to have 12 months of continuous eligibility.

Youth being discharged from JDC/JCF are to have Medicaid authorized/reinstated within 30 days prior to discharge.

What is the anticipated impact to practice?

Eligibility staff will notify KDHE to maintain Medicaid coverage when youth are no longer eligible for FCM or ASM.

Eligibility staff will authorize/reinstate Medicaid for youth prior to being discharged from JDC/JCF.

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Transition Planning for Youth in DCF Custody and in Out of Home Placement

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

to see drafts)

- **5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider,**
- 7040 Self-Sufficiency Planning
- 7213 Life Skills Services and Supports
- 7800 Entering Independent Living Services for Young Adults Who are not in the Custody of the Secretary
- PPS3059A My Plan for Adulthood
- PPS3059A Instructions
- PPS3059B My Adult Services Plan
- PPS3059B Instructions
- PPS3059C My Exit Plan
- PPS3059C Instructions
- 0430 Contents of Foster Care, Adoption and Independent Living Services Case Records
- 3207 Case Plan Participants,
- 3210 Roles Related to Case Planning
- 3214 Planning with Youth Prior to Release of Custody
- 3321 DCF and Child Welfare Case Management Provider Responsibility to the Court
- 3233 Development of Objectives and Activities,
- 3841 Entering Transition Plan Information

What prompted this revision?

DCF and CWCMP staff identified the need to provide updates to the DCF Transition plan and the creation of a plan specific to young people on the I/DD waiver or waitlist.

Brief description of the revision:

There have been updates to the DCF transition plan to reflect current information and resources available to young people. The individual sections within the transition plan have been reordered to prioritize lifelong connections. There was also an additional legal section created to address the needs of Crossover youth. Additionally, a new transition plan for young people on the I/DD waiver or waitlist has been created.

What is the anticipated impact to practice?

CWCMP staff will be able to better engage and plan with young people around planning goals and activities as it relates to their transition into adulthood.

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CWCMP Notification to DCF of a Move, Placement, or Change

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

to see drafts)

- [5120 Notification of Moves, Placements, and Changes](#)

What prompted this revision?

The DCF Permanency Team along with FACTS and IT identified a need for improved clarity in the PPM regarding when DCF needs to receive a PPS 5120 form.

Brief description of the revision:

Criteria for when DCF needs a PPS 5120 from the CWCMP will be added to the PPM.

What is the anticipated impact to practice?

Providers will have a more clear understanding of the instances when this form is required.

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Out of Home Placement Definitions

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [5233 Placement Definitions](#)

What prompted this revision?

This work was prompted by the DCF Placement Stability Program Improvement Plan workgroup.

Brief description of the revision:

The policy creates consistent language for out-of-home placement terms.

What is the anticipated impact to practice?

With shared statewide language data collection will improve, and efforts to improve placement stability will be more well-informed.

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Educational Stability

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [5254 Educational Stability](#)

What prompted this revision?

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

The educational stability workgroup identified that the policy needed to be updated for language clarity, add that a BID can be held virtually, and if a child wishes to pursue post-secondary education, support achieving this goal shall also be provided.

Brief description of the revision:

Language updated for clarity, added that a BID can be held virtually, and that support will be provided for a child that wishes to pursue post- secondary education.

What is the anticipated impact to practice?

Improve policy for clarity of expectations from the CWCMP to ensure educational stability for all youth in the custody of the secretary.

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New Section added to PPS 5254- Educational Enrollment (ESOL)

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [PPS5254 Educational Enrollment Information for School Placement Form \(EEISPF\)](#)

What prompted this revision?

The educational stability workgroup identified that a checkbox needed to be added to ensure that schools are aware of any foster care youth who speaks a language other than English and could qualify for English for Speakers of Other Languages services.

Brief description of the revision:

Checkbox was added “English for Speakers of Other Languages”.

What is the anticipated impact to practice?

Improve collaboration with schools and CWCMP’s to ensure youth are receiving ESOL services if they qualify.

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Family Mobile Crisis Helpline

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [5259 Life Books](#)
- 3M Family Mobile Crisis Helpline

What prompted this revision?

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

The practice change is requiring mobile crisis contact information to be in Life Books to ensure each placement has the information readily available to them. Change was prompted by creation of new distribution materials, and community recommendation DCF ensure every foster parent has access to the information.

Brief description of the revision:

The practice change is requiring mobile crisis contact information to be in Life Books to ensure each placement has the information readily available to them. Change was prompted by creation of new distribution materials, and community recommendation DCF ensure every foster parent has access to the information.

What is the anticipated impact to practice?

The family mobile crisis helpline information is being shared with the families and youth.

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Section 6000 Permanent Custodianship and Adoption

Update to Adoption Assistance Review Form

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [PPS6135 Adoption Assistance Review](#)

What prompted this revision?

The revision was prompted by feedback and observed issues where adoptive parents were unsure how to request a renegotiation, resulting in missed or delayed adjustments to the adoption assistance subsidy.

Brief description of the revision:

The revision involves adding a new, clearly labeled section within the form where adoptive parents can indicate they want DCF to contact them to discuss potential renegotiation of the adoption assistance subsidy.

What is the anticipated impact to practice?

This change is anticipated to improve responsiveness to adoptive families' needs, helping DCF more proactively support adoptive parents in securing appropriate subsidies for their children. The practice change may encourage more consistent communication between adoptive families and DCF.

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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

NEW SOUL FLP AFCARS DATA REPORTING FORM AND POLICY

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [PPS6186 SOUL Family Legal Permanency AFCARS Data](#)
- [6313 SOUL Family Legal Permanency Eligibility Determination](#)

What prompted this revision?

The SOUL FLP Implementation team identified a barrier in which reporting AFCARS data using a Permanent Custodianship form caused confusion among those filling this out. A new form was created to capture this data. Policy was updated to reflect this new form and requirement of CWCMP to fill out after finalization.

Brief description of the revision:

PPS6186 is the new AFCARS data reporting form for SOUL FLP. 6313 was updated to include this form as a requirement for CWCMP after SOUL FLP finalization.

What is the anticipated impact to practice?

NA

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Section 7000 Independent Living

Transition Planning for Youth in DCF Custody and in Out of Home Placement

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [7040 Self-Sufficiency Planning](#)
- [7213 Life Skills Services and Supports](#)
- [7800 Entering Independent Living Services for Young Adults Who are not in the Custody of the Secretary](#)
- PPS3059A My Plan for Adulthood
- PPS3059A Instructions
- PPS3059B My Adult Services Plan
- PPS3059B Instructions
- PPS3059C My Exit Plan
- PPS3059C Instructions
- 0430 Contents of Foster Care, Adoption and Independent Living Services Case Records
- 3207 Case Plan Participants,
- 3210 Roles Related to Case Planning

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- 3214 Planning with Youth Prior to Release of Custody
- 3321 DCF and Child Welfare Case Management Provider Responsibility to the Court
- 3233 Development of Objectives and Activities,
- 3841 Entering Transition Plan Information
- 5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider

What prompted this revision?

DCF and CWCMP staff identified the need to provide updates to the DCF Transition plan and the creation of a plan specific to young people on the I/DD waiver or waitlist.

Brief description of the revision:

There have been updates to the DCF transition plan to reflect current information and resources available to young people. The individual sections within the transition plan have been reordered to prioritize lifelong connections. There was also an additional legal section created to address the needs of Crossover youth. Additionally, a new transition plan for young people on the I/DD waiver or waitlist has been created.

What is the anticipated impact to practice?

CWCMP staff will be able to better engage and plan with young people around planning goals and activities as it relates to their transition into adulthood.

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SOUL Family Permanency included on Independent Living eligibility determinations

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [7100 Eligibility](#)
- [7253 SOUL Post-Secondary Education/ Certified Training \(PSCT\) Assistance](#)

What prompted this revision?

Passage of SOUL Family Legal Permanency

Brief description of the revision:

SOUL Family Legal Permanency was passed into law in Kansas July 2024. SOUL Family Legal Permanency affects Independent Living eligibility for ETV and a new educational benefit for young people exiting care to SOUL Family Legal Permanency.

What is the anticipated impact to practice?

Independent living and Foster Care staff at DCF and the CWCMPs will have be more

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

clear about eligibility and practice related to ETV and SOUL PSCT for young people who exit care to SOUL Family Legal Permanency.

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SOUL Family Permanency included on Independent Living eligibility determinations

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [PPS 7000B Independent Living Eligibility](#)

What prompted this revision?

Passage of SOUL Family Legal Permanency

Brief description of the revision:

SOUL Family Legal Permanency was passed into law in Kansas July 2024. SOUL Family Legal Permanency affects Independent Living eligibility determinations.

What is the anticipated impact to practice?

Independent living staff can clearly document eligibility related to SOUL Family Legal Permanency for IL service components.

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Section 8000 Continuous Performance Improvement

No changes

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Section 9000 Interstate Compact for the Placement of Children (ICPC)

No changes

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Section 10000 Adult Protective Services

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

Repatriation Requests to APS

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- [NEW 10040 APS Eligibility for Adults Requesting Repatriation](#)

What prompted this revision?

The APS program has started to see an increase in requests from the U.S. Repatriation Program for individuals who are vulnerable and in need of APS intervention to help them with connecting to services upon returning to Kansas. The APS Management Team recommended that a policy be created to provide guidance to APS staff when a report is received to DCF and APS intervention is needed.

Brief description of the revision:

This is a new policy that provides guidance to APS staff when a request is submitted to DCF to provide assistance to an adult returning to Kansas from out of the country. This adult meets criteria for APS case assignment and APS will work to connect the involved adult to community resources.

What is the anticipated impact to practice?

The impact will include clarification and guidance for APS staff when a request for a repatriated adult comes to DCF and this adult is vulnerable and meets criteria for APS involvement.

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CLARIFICATIONS

Clarifications to policy includes revisions to improve clarity or style.

(Click on policy/form/appendix links to review the draft changes)

Section 0000 General Information

Appendix 0E – Added the word "Initial" in the header in front of TDM. Added the word "Initial" on the website

Appendix 0M – Added the words "Initial TDM Summary Form and added header

Section 1000 Intake

1230 – Removing duplicate efforts identified in other policies.

1300 – Updating with current practice and aligning with the Kansas Practice Model.

1301 – Updating with current practice and the Kansas Practice Model.

1321 – Updating with current practice and eliminating duplication.

1388 – Reflect current practice. One of the systems noted to search is no longer available. The notifications are automated and the direction on how to send needed to be updated. Removing practice of the subject header template.

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1871 – This outdated policy provided guidance to search systems that have been discontinued (KAESCES, KS Cares, KanPay & Child Support Services) Updating the policy reflect present system, KEES.

DELETE Appendix 1D – Deleting appendix as we are currently using a form of questioning developed through the Kansas Practice Model. These intake questions can be available as a guide for staff but should not be in policy

Section 2000 Investigation and Assessment

2315 – Updated reference to PPM 2310 E to just PPM 2310

2700 – Updated reference to PPM 2740 D to PPM 2740

2740 – Completely reformatting to make the FBA policy easier to understand and read as well as removing redundant information that is found in other policies

2746 – Removing the words "at any tier" in G1

2760 – Updated reference to PPM 2310 C, PPM 2310 E 1-4, and PPM 2740 D to just reference the policy more broadly (PPM 2310 & PPM 2740) due to reformatting in PPM 2310 & PPM 2740

2823 – Removing reference to PPM 2313. PPM 2313 was deleted in 2020

2910 – Changing system references from KAECSES to KEES

2911 – Changing system references from KAECSES to KEES

2912 – Changing system references from KAECSES to KEES

Section 3000 Case Management

3231 – Moved section 4.b into to a different area, it was in the wrong spot

3234 – Moved last sentence in line G to it's own line H. "For youth ages 14 or older, they shall receive and have explained their health rights and the right to have an annual credit check". Added language as indicated in the PPS3059A for clarity

3815 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

3835 – Recently discovered the PPM was missing reason for discharge codes. No changes to practice, the policy has been updated to reflect guidance for codes not mentioned in the PPM

3870 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

3880 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

3881 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

PPS3057 – Removed duplicate codes

Section 4000 Family Services

4905 – Changing system references from KAECSES to KEES

PPS4250 – Removing tier language missed last period

Section 5000 Child Welfare Case Management Provider Services

5206 – Removing reference to PPS 5425A. this form has not been required in several

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

years

5820 – Removing instruction to close a foster care plan when the child has been placed at home for 6 months. This instruction became outdated in July of 2022 and the policy change fell through the cracks. No change to current practice

5824 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

5827 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

5834 – Recently discovered the PPM was missing guidance for a couple of Out of Home End Reason codes. This is a clarification because there is no change to practice

5840 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

5882 – Replacing the wording "PPS 5110" to read "Foster Care Referral" as the PPS 5110 no longer exists and has evolved into the "Foster Care Referral" form

5901 – Changing system references from KAECSES to KEES & changing Juvenile Services to Community Based Services

5914 – Adding clarification for determining ongoing placement eligibility

5925 – Replacing references to KAECSES system with KEES system instructions. Adding clarification regarding CS referral processes that are currently used

Appendix 5J – Update form to current court form

PPS5120 – To provide a better explanation and clear definition of what each ICWA question is asking to align with AFCARS and all ICWA questions in CareMatch

PPS5146 – Updated the date of review. moved liaison distribution

PPS5341 – Updated review date.

PPS5341_Instructions – Update to current practice

PPS5410A_Instructions – Instructional document to assist staff in completing the PPS 5410A

Section 6000 Permanent Custodianship and Adoption

6902 – Changing system references from KAECSES to KEES

6921 – Changing system references from KAECSES to KEES

Appendix 6C – Header was updated to show new review date

PPS6110 – Review date updated

PPS6115_Instructions – Grammar and changed review date

Section 7000 Independent Living & Self Sufficiency

7250 – A strikethrough wasn't deleted last time this policy was updated. Deleting that so policy is clean

7300 – Removed outdated amount for ETV limits and updated language from youth to young adult

Section 8000 Continuous Performance Improvement

No Revisions

Section 9000 Interstate Compact

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2025

No Revisions

Section 10000 Adult Protective Services

10112 – Updated formatting errors

PPS10209 – Adding bank financial manager to replace who it may concern. Updating APS Investigator to APS Protection Specialist. Updating K.S.A. 39-1434 and 39-1436 statute language which reflects DCF instead of SRS

PPS10211 – Updating the first sentence to include Dept. for children and families and adding an additional statute K.S.A. 39-1436 confidentiality statute

PPS10224A – Recommendation from legal - Adding language to the IDA tool regarding the purpose of IDA on the bottom of each page.

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PPS10224B – Recommendation from legal - Adding language to the IDA tool regarding the purpose of IDA on the bottom of each page.

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PPS10224C – Recommendation from legal - Adding language to the IDA tool regarding the purpose of IDA on the bottom of each page.

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PPS10224D – Recommendation from legal - Adding language to the IDA tool regarding the purpose of IDA on the bottom of each page.

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PPS10600A – Updating form sections so it is more clear the sections KGP completes and what sections DCF-APS completes. Edited the format so information is more clear as well

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0160 Glossary

A

Abuse/Neglect: Reports assigned for Abuse/Neglect require an investigation to determine the validity of the report and an assessment to determine if further action may be needed.

Physical Abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or

B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202. (See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)

Mental or Emotional Abuse: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

A. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;

B. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and

C. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10

Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Medical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

Lack of Supervision: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

~~**Educational Neglect:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. (K.S.A. 38-2202) This term may include the following, failure of the parent or caregiver to provide education as required by law.~~

Neglect of a Substance Affected Infant: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. K.S.A. 38-2202. This term may include the following but shall not be limited to: failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.). A substance affected infant is defined by K.A.R. 30-46-10 as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Adjudication: A court hearing in which a determination is made whether a child is a CINC (child in need of care) or juvenile offender.

Adoptee: A person who is adopted.

Adoption Assistance: Monies that a family adopting a child may receive when it is determined that the child will not go back to the family from which they have been removed. These payments may be for one-time adoption expenses, a monthly cash subsidy and/or medical assistance.

Affirmed Perpetrator: Formerly in K.A.R. 30-46-10, affirmed perpetrator means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have committed an act of abuse or neglect, regardless of where the person resides, but has not been substantiated so the affirmed perpetrator's name is not placed on the child abuse and neglect central registry. (K.A.R. 30-46-10). Affirmed case finding decisions will no longer be made on or after January 1, 2025. See also Affirmed Perpetrator Substantiated Perpetrator and Unsubstantiated Perpetrator.

Alternative Response: Alternative Response was a program which was in effect from October 1, 2012- June 30, 2014. Reports which were assigned for Alternative Response used the Solution-Based Casework practice model to enhance family engagement and involvement. Comprehensive assessments assisted in identifying the underlying and contributing factors which brought the family to the attention of the agency.

Alleged Perpetrator: The person identified in the initial report or during the investigation as the person suspected of perpetrating an act of abuse or neglect. (K.A.R. 30-46-10) See also Affirmed Perpetrator, Substantiated Perpetrator and Unsubstantiated Perpetrator.

B

Basic Eligibility: Eligibility for IV-E federal reimbursement for administrative expenses for children whose families meet several basic IV-E criteria.

C

Candidate for Care: A child is determined a candidate for care when any one of the following situations apply:

- A. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
- B. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
- C. a child or youth temporarily or permanently residing with a relative or kin caregiver;

D. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;

E. pregnant and parenting youth in foster care and in an out of home placement.

F. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753 , Section E).

G. a child/youth remaining in the home whose siblings are in foster care.

Caregiver: Adult or youth who provides care for a child in the absence of, or in conjunction with the child's parent or guardian. The caregiver may or may not reside in the home with the child.

Case Number: A unique computer-generated number assigned to each case.

Central Registry: The Child Abuse and Neglect Central Registry is a computerized name-based list of persons who have been confirmed, validated or substantiated for child abuse or neglect. The name of a perpetrator is not entered in the central registry until they have been afforded an opportunity for an interview and have exercised their right of appeal or the time limit for appeal has expired without action.

Child: anyone under the age of 18 or any adult under the age of 21 and in the custody of the Secretary.

Child in Need of Care: The Kansas Code for Care of Children (K.S.A. 38-2202(d)) defines Child in Need of Care as a person less than 18 years of age who:

A. Has been physically, mentally or emotionally abused or neglected or sexually abused.

B. Has been abandoned or does not have a known living parent.

C. Is without the care or control necessary for the child's physical, mental or emotional health.

D. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.

E. While less than 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S. A. 21-3105 and amendments thereto OR knowingly possesses a firearm with a barrel less than 18 inches long.

F. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.

G. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.

H. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.

I. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.

J. Has been placed for care or adoption in violation of the law.

K. Permanent Custodian is no longer willing or able to serve.

Child in Need of Care Petition: A petition filed with the clerk of the district court by the county/district attorney alleging a child or youth is a Child in Need of Care. Refer to K.S.A. 38-2233(b), concerning the filing of a Child in Need of Care petition by any other individual.

Child Support Services (CSS): This agency has the responsibility of seeking child support for children in DCF custody and in an out-of-home placement.

Child Welfare Case Management Providers: Child Welfare Case Management Providers are private organizations that contract with DCF to provide adoption, foster care, reintegration and family preservation services using a philosophy which includes the community, immediate and extended families, and concerned kin in planning for the child's safety, permanency and well-being.

Citizen Review Board: A group of citizen volunteers appointed by a court to review child in need of care cases and make recommendations to the court.

Clear and Convincing Standard: Evidence which shows the truth of the facts asserted is highly probable. This standard of evidence was used for case findings from July 1, 2004-June 30, 2016. Beginning July 1, 2016, the standard of evidence is preponderance.

Client Eligibility: All children who have been removed from their homes by a judge and placed in the custody of DCF must receive an eligibility determination for Title IV-E.

Client ID Number: A unique number assigned to each individual who is known to KEES. This number is cross referenced with FACTS.

Client Purchase Agreement: Form PPS 2833-PPS Client Purchase Agreement-Payment Request and Authorization is used to document the request, approval, and payment for client purchases across all programs within PPS.

COBRA: A federal amendment to the Social Security Act. It enables Title IV-E eligible foster children and adoption assistance children to receive Medicaid coverage in the state in which they physically reside.

Computer Systems:

FACTS

Family And Children Tracking System is the agency's child welfare information system. Information in FACTS is used to support the department budget, internal management, and reports to the legislature, federal government and the general public. FACTS includes information about the outcomes of abuse and neglect investigations, the child abuse and neglect central registry and foster care and adoption information.

KAECSES

Kansas Automated Eligibility System KAECSES is a major computer system which contained data for all children placed in state custody and removed from their home. As of September 13th, 2017, KEES replaced KAECSES for this function.

KanPay

KanPay is a sub-system of KAECSES. This system created an on-line eligibility process for vendor payments. This system was used by PPS for Family Services cases. KanPay was used when the family had no involvement in other assistance programs. Staff began using KEES for this function as of September 13, 2017. KanPay is no longer used by agency staff.

KEES

Kansas Eligibility and Enforcement System is an internet-based system designed for determining eligibility, issuing benefits, collecting data, and developing reports. KEES has replaced the KAECSES and KanPay systems as of September 13, 2017.

MMIS

Medicaid Management Information System -
DCF staff utilize the MMIS to enter or review Medicaid data.

SCRIPTS

Statewide Contractor Reimbursement Information and Payment Tracking System - SCRIPTS makes payments to the Child Welfare Contract Management Provider and produces the federal claim for IV-E funding.

Referral information and IV-E customer eligibility is entered into FACTS and downloaded into SCRIPTS on a regular basis to maintain these functions. The federal claim is based on IV-E customer eligibility downloaded from FACTS and

also based on Child Welfare Contract Management Provider services reported to SCRIPTS as encounter data.

SMART

Statewide Management, Accounting, and Reporting Tool. System used to make payments to all vendors.

Continuous Eligibility (CE): The 12-month period of time including the month Medicaid is approved and the following 11-months when Medicaid cannot be discontinued for a youth under the age of 19 for reasons other than state residency, voluntary withdrawal, erroneous approval, and death. CE is renewed each year when a medical review is completed and the youth continues to meet eligibility criteria.

Contractor/Contract Agency: A person or agency who enters into a contractual agreement with DCF to provide specified services.

Court Appointed Special Advocate (CASA): A responsible adult other than an attorney or guardian ad litem appointed by the court to represent the best interests of a child. (K.S.A. 38-2202(fg), K.S.A. 38-2206). A CASA may also be appointed under the Juvenile Offender Code or the Domestic Relations Code.

Crossover Youth: A young person age 10 and older with any level of concurrent involvement with the child welfare and juvenile justice systems.

A. "Involvement" in the Juvenile Justice system includes court-ordered community supervision and Immediate Intervention Programs (IIP).

B. "Involvement" in child welfare system includes out of home placement, an assigned investigation of alleged abuse or neglect with a young person named as alleged perpetrator, and/or participation in voluntary/preventative services that are open for services.

Delineation of involvement related to specific child welfare and juvenile justice programs is for the explicit purpose of collaborative data collection per agreement between DCF, DOC, and OJA.

Custody/Custodian: Custody, whether temporary, protective or legal, means the status created by court order or statute which vests in a custodian, whether an individual or an agency, the right to physical possession of the child and the right to determine placement of the child, subject to restrictions placed by the court. (K.S.A. 38-2202(g)).

D

Dedicated WARDS Account: SSI money received for a youth in custody that is a lump-sum of, at a minimum 6 months accumulated, SSI benefits. Social Security deposits the lump-sum and must approve all withdrawals from this account.

Deterioration: The child's condition, health or functioning becomes progressively worse indicating harm to the child.

Disposition: A court hearing following adjudication in which an order may be issued regarding services, custody, placement, sentencing for juvenile offenders or other matters.

E

Endangered: The risk or exposure to harm.

Ex Parte Order: An order issued by a judge without a hearing.

F

Facility Facilities include homes and child care providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

Facility includes:

- A. family foster homes,
- B. residential childcare facilities,
- C. detention,
- D. secure care,
- E. attendant care facilities,
- F. day care homes or centers.
- G. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

For purposes of complaints alleging abuse or neglect, "facility" includes any of the above entities which are subject to regulation, whether operating within or without the law.

Facility Reports: In facility reports the alleged perpetrator is a foster parent, a minor over the age of 10 in the facility, childcare provider, employee in a facility, or another care giver other than the child's parents.

Family: A family means any group of persons who act as a family system with or without a legal or biological relationship.

Family Centered Systems of Care: This is a family driven, individualized, culturally competent, and strength-based approach. The family is seen as the expert on their strengths and needs. The family identifies natural resources, including kin and shall be included in all case planning activities, allowing the family to determine their choices and actions.

Family First Prevention Services Act (FFPSA): FFPSA became law February 9, 2018. This law provides Title IV-E federal funds for prevention and limited Title IV-E eligible placements in foster care. The law's focus is foster care prevention services, and when foster care is required, the aim is to encourage placements in family-like settings for children.

Family in Need of Assessment (FINA): Family In Need of Assessment (FINA) assignments are specific family conditions, which do not meet criteria to assign for abuse/neglect, but are assigned to assess to determine whether services to the child and family are indicated.

The following are FINA sub-types:

A. Caregiver Substance Use: Parent/caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

B. Caregiver Unable/Unavailable to Provide Care: Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority, and without services, deterioration of the children's health/well-being is likely; and the children are at risk of removal.

C. Child Substance Use: Child using substances which negatively impacts the family/child functioning.

D. Children with Behavior Problems: Child's actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).

E. Infant Positive for Substances: An infant (birth to age 1) or the mother of an infant with a positive drug screen, and a medical professional has not determined the infant is substance affected, but there is an indication services may be needed.

F. Less than 10 Committing an Offense: while less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

G. Runaway: Child is willfully and voluntarily absent from the child's home or placement without the consent of the child's parent or other custodian.

H. Truancy: Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes home schools registered with the Kansas Department of Education.

Family Preservation Referral: A referral made to the Family Preservation Case Management Provider to provide services to keep the family intact and to prevent out of home placement for the child/children in the family, including pregnant women using substances, who may or may not have other children.

Family Reports: In family reports the alleged perpetrator is a parent of the child, other adult residing in the home, or a sibling or relative age 10 and older.

Family Services: Non-custody services provided directly to families by CPS specialists or through purchase of services by DCF. Family services are designed to meet identified needs or to support family strengths and are based on a safety or risk assessment of the child and family.

Family Team Meeting (FTM): A Family Team Meeting (FTM) is a meeting with parents, family members, supports, service providers, and others who come together to determine what the best next steps are to increase the child's/family's well-being and functioning.

FC Referral: A referral made to a foster care provider to provide case management and supervision for children removed from the home and placed into court ordered DCF custody.

Female Genital Mutilation: Defined in Crimes and Punishments Chapter of Kansas Statutes, and may be considered for assignment of physical abuse. Per K.S.A. 21-5431 Female Genital Mutilation is defined as:

A. Knowingly circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of a female under 18 years of age;

B. removing a female under 18 years of age from this state for the purpose of circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of such female; or

C. causing or permitting another to perform the conduct described in subsection (a)(1) or (a)(2) when the person causing or permitting such conduct is the parent, legal guardian or caretaker of the victim.

D. Unless, the procedure is medically necessary pursuant to the order of a Physician, and such procedure is performed by a physician.

Food Assistance: A federal income subsidy to buy food for families who have marginal income. Previously referred to as Food Stamps and is also known as Supplemental Nutrition Assistance Program (SNAP).

Foster Care: 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.

Foster Family Home: means "a private home in which care is given for 24 hours a day for a small number of children away from their parent or guardian" (K.A.R. 28-4-311 (d)). Foster families must be licensed by DCF Foster Care and Residential Facility Licensing. In addition to licensing requirements, the home must be sponsored by a licensed child placing agency (CPA). The CPA recruits and trains foster parents. The CPA assesses foster parents post training to determine if the foster parents can meet the safety and well-being needs of children placed with them.

G

Guardian Ad Litem: An attorney appointed by the court to represent the interests of a person to act on his or her behalf in a particular legal proceeding including, but not limited to, an attorney appointed by the court to represent the best interests of the child in Child in Need of Care proceedings to represent the best interests of the child.

Guardianship: A status in which the court gives a person specified rights to the custody and control of a child subject to ongoing review by the court of jurisdiction.

H

Harm: Physical or psychological injury or damage. K.S.A. 38-2202(kl)

Healthwave 21: See KanCare 21

Host Family: An individual or family who provides temporary care of children through a program created pursuant to the Host Families Act, K.S.A. 38-2401 et.seq. (i.e. Safe Families for Children is an organization with a program created pursuant to the host families act.)

I

Icebreaker: An Icebreaker is a facilitated conversation that provides an opportunity for parents/caregivers and foster parents to meet face-to-face, talk about the needs of the child and share information about themselves and their family routines and traditions. The focus is on the care and well-being of the child.

Identified Adoptive Resource: A family may be considered an identified adoptive resource when they have submitted the Potential Identified Adoptive Resource Application form (PPS5316) to adopt (not necessarily all the supporting documentation).

Imminent: implies more than speculation but less than certainty. An event is imminent if a reasonable person using common sense, training or experience concludes an event will occur without delay unless there is prompt intervention.

Independent Assessor: A trained professional or licensed clinician who is not an employee of the agency and is not connected to or affiliated with any placement setting in which children are placed by the agency. Completes assessments to determine when a child should or should not be placed in a Qualified Residential Treatment Program (QRTP).

Independent Living Setting: An out-of-home foster care placement, including a transitional living program (TLP), community integration program (CIP), or a youth living on their own who continues to be supported by a Child Welfare Case Management Provider.

K

KanCare: The KanCare program is the State of Kansas' plan to transition Kansas Medicaid into an integrated care model. Kansas contracted with managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries.

KanCare 21: A Federal program to cover low income, uninsured children who do not qualify for Medicaid. This Children's Health Insurance Program (CHIP) is funded with Federal and State money. A small premium is charged depending on the family's income. This is only for children up to age 19. Previously known as Healthwave 21.

K.A.R.: Kansas Administrative Regulations

K.S.A.: Kansas Statutes Annotated.

Kinship Caregiver: An adult who the Secretary has selected for placement of a child in need of care with whom the child or the child's parent already has close emotional ties. K.S.A. 38-2202 (w)

Kinship Navigator Program: A program offering information, referral, and follow-up services to kinship caregivers raising children. The program links the kinship family to needed benefits and services for the family or the children.

L

Likelihood: Implies more than speculation and less than certainty. An event is likely if a reasonable person using common sense, training or experience concludes that, given the circumstances, an event is probable without a change in those circumstances.

M

Medicaid: A government health care assistance program for families who are below the poverty level. Medicaid funds traditional medical services as well as a variety of behavior management services. A child removed from the home and placed in foster care usually qualifies for Medicaid since they are considered a family of one if their resources do not exceed the established limitations. The Medicaid program is funded with Federal and State money.

Mental Health Consortium: An affiliated group of mental health professionals and centers.

Mitigate: To make less severe or alleviate. To mitigate something means to make it less serious.

Multidisciplinary Team: A group of persons with special knowledge regarding the detection, investigation or treatment of child abuse or neglect. The Kansas Code for Care of Children authorizes DCF to request, and the court to appoint, a multidisciplinary team "to assist in gathering information regarding a child who may be or is a child in need of care" (K.S.A. 38-2228).

N

National Electronic Interstate Compact Enterprise (NEICE): A national electronic system for quickly and securely exchanging the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. With NEICE, a case can be created by a Sending State caseworker and reach the Receiving State caseworker within a day, sometimes within an hour. NEICE allows child welfare workers to communicate and provide timely updates to courts, relevant private service providers, and families awaiting placement.

Non-Abuse/Neglect (Family in Need of Assessment)- NAN (FINA): Children who come to the attention of the agency for reasons other than alleged abuse or neglect or juvenile offense and who meets one or more of the definitions in K.S.A. 38-2202(d). Non-Abuse/Neglect (Family in Need of Assessment) definition was replaced by Family in Need of Assessment (FINA) upon system changes July 1, 2018.

Non-family/Unregulated Care Giver: A person who is not the child's parent, guardian or other person who regularly cares for the child. (examples: teacher, coach, big brother/sister, neighbor, etc.)

P

Parent: when used in relation to a child or children, includes a guardian, and every person who is by law liable to maintain, care for or support the child. (K.S.A. 38-2202(u)).

Payment Eligibility: Eligibility for IV-E federal reimbursement for maintenance expenses (primarily room and board) for children in custody who meet all IV-E eligibility criteria.

Permanency: The child is being released from DCF custody after achieving reintegration, guardianship, finalization of adoption, SOUL Family Legal Permanency, or APPLA.

Permanency Hearing: A notice and opportunity to be heard is provided to interested parties, foster parents, pre-adoptive parents or relatives providing care for the child. The court, after consideration of the evidence, shall determine whether progress toward the case plan goal is adequate or reintegration is a viable alternative, or if the case should be referred to the county or district attorney for filing of a petition to terminate parental rights or to appoint a permanent guardian.

Placement Stability Team Decision Making (PS-TDM): a facilitated meeting held for all out of home placement related decisions (except removal, reunification, or adoption) to decide or recommend whether a child in out of home placement can remain in their current placement setting with supports or if a new placement is needed. In the event of a planned positive move, a PS-TDM will support decision making around what services, actions, or resources can be put in place to ensure the move will lead to stability and timely permanency.

Pregnant Woman Using Substances: Reports assigned by the department indicating a pregnant woman is using substances. The purpose of the assessment is to determine the level of services needed and make referrals as needed.

Preponderance of evidence: Alleged facts and circumstances, more likely than not, meet the abuse/neglect definitions per K.S.A. and K.A.R.

Protective Custody: The status of a child believed by a law enforcement officer (Police Protective Custody) or a judge (Order of Protective Custody) that a child alleged to be a child in need of care needs to be removed from danger of harm and placed in a shelter or other emergency or temporary care pending a court hearing.

Protective Placement: The status of a child determined by a law enforcement officer (Police Protective Custody) or a judge (Order or Protective Custody) that the child is alleged to be a Child in Need of Care and should be removed from danger or harm, by placement into emergency or temporary care pending a court hearing.

Provider Agreement: An agreement between a provider of services and DCF for specific services the provider offers to families and children.

Q

Qualified Alien – As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term “qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A refugee who is admitted to the U.S. under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

Qualified Residential Treatment Program (QRTP): Title IV-E eligible congregate placement for a child in foster care meeting specific criteria. To serve as a QRTP, the facility must use a trauma-informed treatment model to address the needs of children with serious emotional or behavioral disorders or disturbances. The facility must have the ability to deliver treatment for the child as determined through an independent assessment indicating appropriateness for placement in the facility.

R

Reasonable and Prudent Parenting Standard: Careful and sensible parental decisions that maintain a child’s health, safety, and best interests while at the same time encouraging the child’s emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities.

Redetermination: A re-assessment of IV-E eligibility criteria when a change in placement or circumstance occurs for a child in foster care.

Referral: Process of referring a child to a provider for out of home or in home services.

Relative: A person related by blood, marriage or adoption.

Resource Family: A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and

will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

S

Siblings: Children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

Sibling Separation: Separate placement of siblings who are in foster care.

Sibling Split: A decision not in the best interest of siblings to be placed together.

State Wards: Foster children become wards of the state when both maternal and paternal rights have been terminated and the child has not been formally adopted.

Child In Need of Care cases remain open under these circumstances and the DCF retains custody. For children who are directly relinquished to DCF, it will be necessary for the case managing entity and DCF to work together to approach the county/district attorney and request a Child In Need of Care petition.

Structured Decision Making (SDM): The Structured Decision Making® (SDM) model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. SDM was fully implemented for intake with the Kansas Protection Report Center in August 2019. SDM safety and risk assessments were piloted in December 2019, in four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

Substantiated Perpetrator: A person regardless of where the person resides, who has been substantiated by the secretary or designee, by a preponderance of evidence, to have either intentionally committed an act of abuse or neglect or failed or refused to protect a child when a reasonable person would have anticipated that the act of abuse or neglect would result in or create a likelihood of serious harm, injury, or deterioration to the child. The substantiated perpetrator's name is placed on the Kansas Child Abuse and Neglect Central Registry, and the person is thereby prohibited from residing, working, or volunteering in a childcare facility pursuant to K.S.A. 65-516, and amendments thereto. (K.A.R. 30-46-10) See also Alleged Perpetrator, ~~Affirmed Perpetrator~~ and Unsubstantiated Perpetrator.

T

Team Decision Making (TDM): Team Decision Making (TDM) is a meeting with parents, family, community members and others to actively participate in problem solving and decisions about where children can safely live. TDM was implemented in phases across the state beginning in November 2019, with four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

Temporary Custody: Custody awarded by a Court based upon evidence in a hearing prior to disposition adjudication.

Trauma-Informed: An organization and treatment framework involving understanding, recognizing, and responding to the effects of all types of trauma. Treatment is in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Truant: A child not attending school as required by law.

U

Unsubstantiated Alleged Perpetrator: means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have not committed an alleged act of abuse or neglect. (K.A.R. 30-46-10). See also Alleged Perpetrator, ~~Affirmed Perpetrator~~ and Substantiated Perpetrator.

W

WARDS account: A separate accounting for each child for whom funds are received by DCF on behalf of the child in custody. The account shows all monetary transactions received for and paid out on behalf of the child in custody.

Web KDHE Request Processor (WKRP): is a system that allows DCF the ability to review names of providers or employees used by other facilities against names in the FACTS Central Registry (CERS) to determine if the provider or employee at the facility is a match to the substantiated person in CERS.

Working Day: A day when the Department is open for business; does not include Saturdays, Sundays or official state holidays.

031013 Public Knowledge Case

KSA 38-2212 allows the agency to provide disclosure of procedural details related to the handling of a case in the event the investigation of a case or the filing of a CINC petition becomes public knowledge.

The person in receipt of the request shall ensure the Open Records Coordinator in the Secretary's Office, Records Custodian, Office of General Counsel, the Director of PPS, and the DCF regional Attorney and Program Administrator are notified of the request. The Director of PPS, or Designee and the DCF Regional Attorney and Program Administrator, or Designee(s) shall coordinate review of the case file and how to proceed. The DCF Regional Attorney shall provide to General Counsel for review prior to disclosure of any information.

0313 Request for Adoption Records and Searches ~~Public Knowledge Case~~

KSA 59-2135 requires the district court to send certain information to the DCF. DCF is required to maintain copies of this information and cannot release this information unless allowed by KSA 59-2122. These records are preserved in the PPS Adoption Records Archive Imaging system.

A. Adoption Records Request

1. Parties authorized, without a court order, by KSA 59-2122 to receive adoption records:

- a. The party filing for adoption or termination and their attorney.
- b. An adoptee who has reached the age of majority.
- c. Representatives of the Kansas Department for Children and Families (DCF)
- d. Kansas Office of the Disciplinary Administrator who oversees attorney discipline.
- e. The Commission on Judicial Qualifications.

2. Fee for Records: DCF may charge fees for copies of case record materials as specified in Kansas Administrative Regulation (K.A.R. 30-2-12).

3. Process for requesting records.

a. Required Documents and forms

- i. PPS 0330 Adult Adoptee Requesting Copy of Adoption Record
- ii. PPS 0350 Authorization to Release information.
- iii. Photocopy of birth certificate, current driver's license or Government issued ID.

b. Return Completed Forms to DCF through one of the following methods:

i. Email

a. DCF.KSADPSearch@ks.gov

ii. Mail to Prevention and Protection Services (PPS)

a. 555 S. Kansas Ave., 4th floor, Topeka, KS 66603

4. Upon receiving a request, DCF shall:

a. Search the PPS Adoption Record Archive Imaging system and provide copies of the following documents, if available:

- i. Original Birth certificate, citizenship documents, or both
- ii. Social Security Card or verification of social security number
- iii. Social history
- iv. PPS 5340 Medical and Genetic Information for Child
- v. Permanency plans
- vi. School records
- vii. Miscellaneous: Newspaper articles, letters or correspondence addressed to the adoptee, awards, or pictures
- viii. Decree of adoption

b. Redact the following information:

i. Names, addresses, and contact details:

- a. Extended family members or close associates of the resource parents.
- b. The primary resource parents but also other adults and children living in the home.
- c. Other children or youth in the resource home, including foster children, adoptive children, and biological children.
- d. Babysitters, respite care providers, or any other individuals who provide care or services to the children.
- e. Other individuals with an expectation of privacy.

c. DCF shall not release the following information:

- i. Adoptive names and addresses of birth siblings, if 18 years of age or older, without their written permission.
- ii. Adoptive names and addresses of birth siblings, if under 18 years of age.
- iii. Copies or third-party information or reports without written permission from the author. DCF will provide:
 - a. Information from individuals and agencies with whom DCF has an award for services.

b. The name of the agency or person providing services and any available information regarding how an adult adoptee may obtain third party information.

5. Request for official copy original Birth Certificate (pre-adoption): Contact the Office of Vital Statistics

B. Requesting Contact with Birth Parent, Birth Sibling, or Adult Adoptee

1. KSA 59-2122 authorizes DCF to coordinate contact between adoptive parents of a minor adoptee, birth or genetic parents, adult adoptees, and legal guardians. DCF is not authorized to share identity or contact information without written permission from the person whose information is being shared.

a. DCF may contact the adoptive parents of a minor adoptee at the request of the birth or genetic parents in the event of a health or medical need.

b. DCF may contact the birth or genetic parents of a minor adoptee at the request of the adoptive parents in the event of a health or medical need.

c. DCF may contact the birth or genetic parents of an adult adoptee at the request of the adult adoptee for any reason.

d. DCF may contact an adult adoptee at the request of the birth or genetic parents for any reason.

e. The legal guardian of an adopted adult may be substituted for the adopted adult in any of the above.

2. Requirements for adult adoptee searching for siblings.

a. DCF cannot provide contact information for siblings if the sibling is under 18 years of age.

3. Requesting Contact and Search Process

a) Required documents and forms:

i. One of the following:

a. PPS 0335 Birth Parent Requesting Search or Contact with Adult Adoptee, or

b. PPS 0340 Adult Adoptee Requesting Search/Contact

ii. PPS 0350 Authorization to Release information.

iii. Photocopy of birth certificate or current driver's license/government issued ID

b) Return completed forms to DCF through one of the following methods:

i. Email

a. DCF.KSADPSearch@ks.gov

ii. Mail to Prevention and Protection Services (PPS)

a. 555 S. Kansas Ave., 4th floor, Topeka, KS 66603

c) Upon receiving a request, DCF shall:

i. Initial search efforts will occur for one year from receipt of request. Subsequent search efforts will occur every 5 years from the date of request.

ii. If the requested individuals are located, DCF will request a release of information from the located individuals. Without a release no information will be released. If a release is received, authorized information is sent to the requestor.

iii. DCF will save a copy of the request for contact in the adoption record.

~~KSA 38-2212 allows the agency to provide disclosure of procedural details related to the handling of a case in the event the investigation of a case or the filing of a CINC petition becomes public knowledge.~~

~~The person in receipt of the request shall ensure the Open Records Coordinator in the Secretary's Office, the Director of PPS, and the DCF regional Attorney and Program Administrator are notified of the request. The Director of PPS, or Designee and the DCF Regional Attorney and Program Administrator, or Designee(s) shall coordinate review of the case file and how to proceed.~~

0314 Request for Adoption and Guardianship, Custodianship, and Foster Care Records and Searches

K.S.A. 38-2209 establishes the confidentiality requirements for child in need of care records. To protect the privacy of children involved in such records or reports, these records are kept confidential and are only disclosed as allowed by K.S.A. 38-2210 through K.S.A. 38-2213.

Fee for Records: DCF may charge fees for copies of case record materials as specified in Kansas Administrative Regulation (K.A.R. 30-2-12).

A. Request for guardianship, custodianship, or foster care records:

1 Process for requesting records:

a. The following documents and forms are required:

i. PPS 0332 - Adult Former Foster Child Requesting Case File Information

ii. Photocopy of birth certificate or current driver's license or government issued ID

b. Return Forms to DCF

i. Mail to: Attention: Records Custodian
Kansas Department for Children and Families
Office of the General Counsel (OGC)
555 S. Kansas Avenue, 6th Floor
Topeka, KS 66603

2. Upon receiving a request, OGC shall:

a. Refer the request to the appropriate region.

3. Upon regional staff receiving a request, DCF shall complete the process outlined below, and consult with the regional attorney, as needed:

a. Search the PPS Adoption Record Archive Imaging system and provide copies of the following documents, if available:

i. Original birth certificate, citizenship documents, or both

ii. Social Security Card or verification of social security number

iii. Social history

iv. PPS 5340 Medical and Genetic Information for Child

v. Permanency plans

vi. School records

vii. Miscellaneous: Newspaper articles, letters/correspondence addressed to the foster child, awards, or pictures. (If items were not provided upon release)

viii. Independent Living files, as outlined in PPS 0430, section 11.

b. Redact all information identifying resource parents and other individuals listed in case information in a non-professional capacity:

i. Names, addresses, and contact details:

a. Extended family members or close associates of the resource parents.

b. The primary resource parents but also other adults and children living in the home.

c. Other children or youth in the resource home, including foster children, adoptive children, and biological children.

d. Babysitters, respite care providers, or any other individuals who provide care or services to the children.

4. The regional attorney shall review all documents prior to sending to Records Custodian to provide to the requesting person.

~~Adults who are former foster children and were in the custody of the Secretary of DCF may request information from their case file. The items listed in 0314D shall be released, if available.~~

~~The PPS Adoption Records Archive Imaging is the database of record for cases never to be destroyed. The PPS Adoption Records Archive Imaging is located at <http://dcfnet.dcf.ks.gov/Pages/Applications.aspx>. Foster Care records applicable to PPM 0441 may be scanned into the PPS Adoption Records Archive Imaging Documentum application. DCF shall not release the items and information listed in 0314E.~~

~~1. Adoption Records~~

~~It is the policy of the Department to offer all reasonable assistance to adults (age 18 or older) seeking information about:~~

1. Their own adoption,
2. Their birth parents and birth siblings, (where a relationship had been established prior to out of home placement and birth sibling is currently 18 years old or older)

K.S.A. 59-2122 (b) gives DCF the authority to contact birth parents on behalf of an adult adoptee for any reason or the adoptive parents of a minor in the event of a medical or health need. Identifying information shall not be shared with the birth parents without the written permission of the adoptive parents of a minor child or the adult adoptee.

DCF may contact an adult adoptee at the request of the birth parents once the adult adoptee reaches age eighteen. An inquiry shall be made to ascertain whether the person is interested in establishing contact with the searching person. If everyone is in agreement, DCF staff shall facilitate the sharing of information between the two parties.

2. Requests for Adoption Information

There may be a charge for copies of case record material. The DCF fee policy is set out in K.S.A. 30-2-12.

If available at the local DCF or Child Welfare Case Management Provider office, the adult adoptee may obtain information from the agency record that was authored by either DCF or the Child Welfare Case Management Provider. Information written by someone other than DCF or Child Welfare Case Management Provider staff, shall not be shared without written permission from the author. If the required authorization is not available, the adult adoptee shall be informed of the availability of this information and be referred to the author. When the Child Welfare Case Management provider or DCF receives a request for information:

1. Inform the person(s) the information is available from DCF by contacting:

Prevention and Protection Services (PPS)
555 S. Kansas Ave.
Topeka, KS 66603

2. Provide the person(s) with one of the following forms, as appropriate:

- a. PPS 0330 Adult Adoptee Requesting Copy of Adoption Record
- b. PPS 0335 Birth Parent Requesting Contact with Adult Adoptee
- c. PPS 0340 Adult Requesting Search for Birth Sibling(s)
- d. PPS 0350 Authorization to Release Information

~~A copy of the original birth certificate is to be sent with the request to initiate the search and retrieval of adoption records. Inform the adult adoptee that if they were born in Kansas, they will need to obtain their original Birth Certificate (this birth certificate was issued prior to the adoption – it will be stamped void) by contacting:~~

~~Kansas Department of Health and Environment
(KDHE)
Center for Health and Environmental Statistics
1000 SW Jackson Street, Suite 120
Topeka, KS 66612-2221~~

~~C. Foster Care Records~~

- ~~1. For adult former foster children who were in the custody of the Secretary of Kansas and both parents' parental rights have ended, the adult former foster child may request the information in D from their record by contacting the address listed in B., and filling out the PPS 0331 Adult Former Foster Child (PRT) Requesting Case File Information. If the adult left care at age 18, items listed in PPM 3214 are available to them.~~
- ~~2. For adult former foster children who were in the custody of the Secretary of Kansas without parental rights ending, the adult former foster child may request information in D from their record by contacting their Regional DCF Service Center and filling out the PPS 0332 Adult Former Foster Child (Non-PRT) Requesting Case File Information. If the adult left care at age 18, items listed in PPM 3214 are available to them.~~
- ~~3. See PPM 0440 for information about how long foster care files are kept.~~

~~D. Information if available, shall be released includes:~~

- ~~1. Social history including names, birth dates, addresses, telephone numbers, social security numbers of the adult adoptee's birth parents;~~
- ~~2. All birth and medical information completed by DCF~~
- ~~3. Case Plans prepared by DCF or Child Welfare Case Management Provider, (delete information which identifies resource parents and others who may have an expectation of privacy);~~
- ~~4. Correspondence addressed to the adult adoptee from the birth family;~~
- ~~5. Pictures of the birth family or adult adoptee;~~
- ~~6. Decree of adoption~~

~~E. DCF shall not release the following information: Adoptive names and addresses of birth siblings, if 18 years of age or older, without their written permission;~~

E. Adoptive names and addresses of birth siblings, if under 18 years of age; Names and addresses of extended family members, without their written permission; Copies of Third-Party information or reports completed by persons other than DCF or those individuals or agencies with whom DCF has contracted for services, without written permission from the author. The name of the agency and, if available, contact information to obtain such information or reports, shall be provided to the adult adoptee. —

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There may be a charge for copies of case record material. The DCF fee policy is set out in K.S.A. 30-2-12.

0425 Contents of Assessment & Prevention, Family Services, Family First Prevention Services, and Family Preservation Case Records

A. PPS Assessment & Prevention, Family Services, Family First Prevention Services, and Family Preservation Case records shall contain the following sections:

- Section 1: Logs, family contact sheets
- Section 2: Legal Documentation
- Section 3: Intake and Assessment
- Section 4: Assessment and Case Planning
- Section 5: Contracted Services
- Section 6: Interstate Compact on the Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA)
- Section 7: Eligibility and Financial Planning Payments
- Section 8: Miscellaneous

Children within the family who are in the Secretary's custody shall have their own individual section containing court documents, case plans and medical documentation.

Within each required section, the material shall be organized in like groups, (e.g., All court reports together, all case plans together) depending on the case situation and the forms/documents used. Each section shall be labeled. The material within each section shall be maintained together in reverse chronological order with the most recent material on top. Duplicate material shall not be included in the case file with the exception of birth certificates and social security cards. Working copies shall be maintained in section 3 and originals in section 8.

The forms appearing under the section headings are a guide and not necessarily all the forms which might be appropriately filed in the section. Form numbers listed below are the forms currently in use. Forms which are equivalent, or which serve the same function, shall be placed in the same sections as the current forms.

If a section is not applicable (e.g., interstate compact) a labeled placeholder shall be included to indicate the section has not been overlooked.

Forms completed shall be the order of case record sections:

A. B. Section 1: Logs, family contact sheets

All logs shall be page-numbered, contain month, date, year and full name of the worker.

1. PPS 3011 Visitation/Contact Log
2. PPS 1010 Social Service Case Activity Log
3. E-mails:
 - a. All e-mail correspondence shall be case relevant.
 - b. When applicable, entire e-mail threads shall be included to avoid redundancy.
4. PPS 2019 Mapping Conversation Notes
5. Appendix 2N My Three Houses
6. Appendix 2O Fairy Wizard Template

~~All e-mail correspondence shall be case relevant. When applicable, entire e-mail threads shall be included to avoid redundancy.~~

B. C. Section 2: Legal Documentation

1. Petition
 - a. Applications, affidavits, or worksheets used in the preparation of the petition
- ~~1.~~ **2.** Certified or file stamped copies of orders and journal entries
 - a. Ex Parte Order of Protective Custody
 - b. Temporary Custody Order
 - c. Adjudication
 - d. Dispositional Order
 - e. Order of Informal Supervision
 - f. Court order releasing child from DCF custody/jurisdiction of the court
- 3.** PPS Forms:
 - a. ~~1.~~ PPS 0100 Authorization for Release of Confidential Information
 - b. ~~2.~~ PPS 5123 Consent to Medical Care (Parent)
 - c. ~~3.~~ PPS 5124 Consent to Medical Care (Supervisor)
 - d. ~~4.~~ External Releases of Information

C. D. Section 3: Intake and Assessment

Each report accepted for assessment shall be filed together as a separate packet of completed forms:

1. Copy of Birth Certificates
2. Copy of Social Security Card or verification of social security number
3. PPS 1000 - Face Sheet
4. PPS 1001- Report/Request for Services
5. PPS 1001A - Summary Results Preliminary Inquiry
6. PPS 1002 - Initial Assessment
7. Subsequent reports (PPS 1000, 1001, 1001A and 1002) on open case per PPM 2070, 4013 or 5122.
8. PPS 2000 - Request to Interview a Child at School
9. PPS 2001- Parental Consent to interview child at school

10. PPS 2003 or PPS 2021 Immediate Safety Plan (November 2019 through November 2020 Structured Decision Making (SDM) Immediate Safety Plan in pilot counties)
11. PPS 2005 - UNCOPE
12. PPS 2007- Plan of Safe Care
13. PPS 2011 - Case Findings
14. PPS 2012 - Notice of Department Finding
15. PPS 2015 - Infant-Toddler Referral
16. PPS 2017- Notification of ~~Affirmed~~ or Substantiated Case Finding
17. PPS 2018- Review of Repeat Maltreatment in Six Months
18. PPS 2025- Agency Response (Facility and Third-Party Response) (Utilized on events assigned prior to July 1, 2017)
19. PPS 2030A - Agency Response (Family Based Assessment) (Utilized on events assigned prior to July 1, 2017)
20. PPS 2030B - Safety Assessment (Discontinued January 2021. In pilot counties Structured Decision Making (SDM) Safety Assessment was used instead of the PPS 2030B from November 2019 through November 2020)
21. PPS 2030C - Risk Assessment (short form) (Discontinued January 2021)
22. PPS 2030D - Risk Assessment (Discontinued January 2021. In pilot counties Structured Decision Making (SDM) Risk Assessment was used instead of the PPS 2030D from November 2019 through November 2020)
23. PPS 2030E - Child in Need of Care - Non-Abuse/ Neglect Assessment (Beginning November 2019 only the persons contacted screen is required)
24. PPS 2030F - Family Based Assessment Summary
25. PPS 1006 - Report of Unexcused School Absences
26. Emergency Shelter Referrals
27. Team Decision Making (TDM) Summary

D. E. Section 4: Assessment and Case Planning

1. PPS 2035- Family Service Risk and Safety Assessment
2. PPS 3003- Court Report other reports required by District court
3. PPS 3005- Case Transfer Summary
4. PPS 5140 - Educational Advocate Referral Form
5. PPS 3050 - Family Case Plan
6. PPS 3050A- Family Service/ Family Preservation Candidacy for Care
7. PPS 3051 - Permanency Plan
8. PPS 3052 - Administrative Requirements
9. PPS 3054 - Visitation Schedule
10. PPS 3055 - Permanency Plan Review
11. PPS 3056 - Permanency Plan Desk Review
12. PPS 3057 - Service and Codes
13. PPS 3057A – Independent Living Service Descriptions
14. PPS 3058 – Permanency Plan Checklist
15. PPS 4005- Family Service Case Status

16. PPS 4010- In-Home Family Services Supervision Consultation Log (DCF Family Services Case)
17. Behavior Contract
18. Consultation notes
19. Service Provider Reports
20. Court Service Officer Reports
21. Law Enforcement Reports
22. Medical and Dental assessments, evaluations, and service records
23. Mental/Behavioral Health

E. F. Section 5: Contracted Services

1. PPS 4005 - Family Service Case Status
2. PPS 4010 In-Home Family Services Supervisor Consultation Log (Community Family Services Provider Case)
3. PPS 4200 Family Preservation Referral and Transmittal Sheet
4. PPS 4205 Family Preservation Acknowledgement of Referral/Change/Closure
5. PPS 4250 Family Preservation Lack of Contact Notification
6. PPS 4255 Family Preservation Transfer Case
7. PPS 4260 Request for Retraction
8. PPS 431100 Family First Services Prevention Plan and Referral Status Form
9. PPS 4310 Family First Services Case Status/Retraction
10. PPS 5110 Initial Referral to Out of Home Service Provider

F. G. Section 6: Interstate Compact

1. PPS 9110 - ICAMA Form 6.01, Notice of Medicaid Eligibility/Case Activation
2. PPS 9115 - ICAMA Form 6.02, Notice of Action
3. PPS 9120 - ICAMA Form 6.03, Report of Change in Child/Family Status
4. PPS 9200 ICPC Acknowledgement and Updates

G. H. Section 7: Eligibility and Financial Planning

1. Social Security Eligibility Packet
 - a. All correspondence with Social Security Administration.
 - b. 1. Appendix 5U - Disability Determination Referral to Kansas Legal Services
2. Additional Information Packet:
 - a. ADM 3465 - Invoice and Timesheet: Purchase of Service.
 - b. Client Service Agreements
 - c. Flex Funds requests
 - d. Receipts for goods or services
 - e. Other eligibility or financial information

H. I. Section 8: Miscellaneous

1. Correspondence (Other than reports or evaluations in letter format. Correspondence may optionally be kept in a separate folder within the miscellaneous section.)
2. Newspaper articles
3. The following items shall be placed in an envelope and attached to the back, right side of the folder:

- a. ~~1.~~ Birth Certificates
- b. ~~2.~~ Social Security Card or verification of social security number
- c. ~~3.~~ Copy of Insurance Cards
- d. ~~4.~~ Photographs/Electronic media

4. FACTS Printouts

FACTS face sheets and other printouts may be kept in a manner which best serves the continuity of the case activities and management functions. They may be kept in the section to which they pertain or in a separate folder, clearly identified, and maintained where convenient within the case record.

0430 Contents of Foster Care, Adoption and Independent Living Services Case Records

A. PPS Foster Care, Adoption and Independent Living Services Case records shall contain the following sections:

- Section 1: Logs, family contact sheets
- Section 2: Intake and Referral
- Section 3: Legal Documentation
- Section 4: Incident/Investigative Reports
- Section 5: Case Planning
- Section 6: Placement Information (Subsection: ICPC/ICAMA)
- Section 7: Mental/Behavioral Health, Drug & Alcohol
- Section 8: Medical
- Section 9: Education
- Section 10: Adoption
- Section 11: Independent Living
- Section 12: Correspondence
- Section 13: Eligibility and Financial Planning
- Section 14: Miscellaneous

Children within the family who are in the Secretary's custody shall have their own individual file.

Within each required section, the material shall be organized in like groups, (e.g., All court reports together, all case plans together) depending on the case situation and the forms/documents used. Each section shall be labeled. The material within each section shall be maintained together in reverse chronological order with the most recent material on top. Duplicate material shall not be included in the case file.

The forms appearing under the section headings are a guide and not necessarily all the forms which might be appropriately filed in the section. Form numbers listed below are the forms currently in use. Forms which are equivalent, or which serve the same function, shall be placed in the same sections as the current forms.

If a section is not applicable (e.g., interstate compact), a labeled placeholder shall be included to indicate the section has not been overlooked.

Forms completed shall be the order of case record sections:

B. Section 1: Logs, family contact sheets

All logs shall be page-numbered, contain month, date, year and full name of the worker.

1. PPS 3011 Interaction /Visitation/Contact Log
2. PPS 1010 Social Service Case Activity Log
3. E-mails.

All e-mail correspondence shall be case relevant. When applicable, entire e-mail threads shall be included to avoid redundancy.

4. PPS 3061 Monthly Individual Contact

C. Section 2: Intake and Referral

1. Copy of Birth Certificates
2. Copy of Social Security Card or verification of social security number
3. PPS 2030A - Agency Response (Family Based Assessment) (Utilized on events assigned prior to July 1, 2017)
4. PPS 2030B - Safety Assessment
5. PPS 2030C - Risk Assessment (short form)
6. PPS 2030D - Risk Assessment
7. PPS 2030E - Non-Abuse/ Neglect Assessment (Family in Need of Assessment)
8. PPS 2030F - Family Based Assessment Summary
9. PPS 5110 - Initial Referral to Out of Home Service Provider for Child in DCF Custody
10. PPS 5110A - Initial Referral to Out of Home Placement Provider for Child in DCF Custody-Consideration of Relative Placement and Additional Information
11. PPS 5120 - RE/FC/AD Acknowledgement of Referral Notification of Move/Placement/Change
12. PPS 0100 - Authorization for Release of Confidential Information
13. PPS 5123 - Consent to Medical Care (Parent)
14. PPS 5124 - Consent to Medical Care (Supervisor)
15. Appendix 5M- Referral to DCF for Continued Services

D. Section 3: Legal Documentation

1. Petition
 - a. Applications, affidavits, or worksheets used in the preparation of the petition
2. Certified or file stamped copies of orders and journal entries
 - a. Ex Parte Order of Protective Custody

- b. Temporary Custody Order
- c. Adjudication
- d. Dispositional Order
- e. Order or Journal Entry resulting from a permanency hearing
- f. Order of Informal Supervision
- g. Termination of Parental Rights
- h. Permanent custodianship
- i. Adoption Decree
- j. Court order releasing child from DCF custody/jurisdiction of the court

PPS Forms:

- 1. Appendix 5J - Relinquishment of Minor Child to the Agency
- 2. PPS 3003 - Court Report

E. Section 4: Incident/Investigative Reports

- 1. Provider Critical Events
- 2. PPS 0550 Critical Incident
- 3. Law Enforcement Reports
- 4. Child Abuse/Neglect Reports
- 5. Subsequent reports (PPS 1000, 1001, 1001A and 1002) on open case per PPM 5212.
- 6. Safety Plans

F. Section 5: Case Planning

- 1. PPS 3005 Case Transfer Summary
- 2. PPS 3051 - Permanency Plan
- 2. PPS 3052 - Administrative Requirements
- 3. PPS 3053 - Parent and Child Interaction Schedule
- 4. PPS 3054 - Visitation Schedule
- 5. PPS 3055 - Permanency Plan Review
- 6. PPS 3056 - Permanency Plan Desk Review
- 7. PPS 3057 - Service and Codes
- 8. PPS 3057A – Independent Living Service Descriptions
- 9. PPS 3058 – Permanency Plan Checklist
- 10. PPS 3059A - Transition My Plan for Successful Adulthood or PPS 3059B- My Adult Services Plan

11. PPS3059C- My Exit Plan

~~11.12.~~ Case Plan Invites

~~12.13.~~ Case Plan Waivers

~~13.14.~~ PPS 3070 Aftercare Contact Agreement

~~14.15.~~ PPS 3071 Aftercare Monthly Report

~~15.16.~~ Social History

~~16.17.~~ Genogram

~~17.18.~~ Ecomap

~~18.19.~~ Timeline

G. Section 6: Placement Information (Subsection: ICPC/ICAMA)

1. PPS 5144 - Proposed Placement with Relative

2. PPS 5145 - Relative Home Study

3. Respite information

a) PPS 5120 - RE/FC/AD Acknowledgement Notification of Move/Placement/Change

b) Placement Agreements

c) Placement Reports

d) Placement Disruption Reports

e) Placement Discharge Summaries

f) Appendix 5K APPLA Commitment Agreement

g) Appendix 5L Custodianship Commitment Agreement

4. PPS 9110 - ICAMA Form 6.01, Notice of Medicaid Eligibility/Case Activation

5. PPS 9115 - ICAMA Form 6.02, Notice of Action

6. PPS 9120 - ICAMA Form 6.03, Report of Change in Child/Family Status

7. PPS 9130 - Interstate Compact Placement Request (100A)

8. PPS 9140 - Interstate Compact Financial/Medical Plan If Child is Placed Out-of-State

9. PPS 9100 - Case Manager Statement

10. PPS 9135 - ICPC Report on Child's Placement Status (100B)

11. Appendix 9G – ICPC Regulation 7 Expedited Placement

12. PPS 9145- ICPC - Priority Home Study Request

13. ICPC Supervision Reports

a) Appendix 9B – ICPC Supervision Report – 90 Days

b) Appendix 9C – ICPC Supervision Report – 30 Days

c) Appendix 9E – ICPC Residential Supervision Report

H. Section 7: Mental/Behavioral Health, Drug & Alcohol Screenings

Evaluations

Referrals

Treatment Plans

Progress Reports

I. Section 8: Medical

1. PPS 5340 - Medical and Genetic Information for Child
2. Kan Be Healthy
3. Immunization Records
4. Medical and Dental assessments, evaluations, and service records

J. Section 9: Education

1. IEP and follow-up reports
2. School progress, grade reports and attendance
3. Disciplinary reports
4. Awards and recognitions
5. PPS 5140 Referral for Education Advocate
6. Appendix 5H Consent for Release of Information
7. Appendix 5Q Authorization for Disclose Information, Including Individual Identifiable Health Information (IIHI)
8. PPS 5254 Best Interest Determination Summary and Educational Enrollment Information for School Placement Form

K. Section 10: Adoption

1. Individual Recruitment Plan
2. PPS 5310 Adoption Exchange Information
3. PPS 5315 Adoption Exchange Case Status Update
4. PPS 5318 Family Assessment and Preparation Study (for the family approved to adopt the child)
5. PPS 5318A Adoptive Family Budget (for the family approved to adopt the child)
6. PPS 5330 Prediction Path
7. PPS 5341 Best Interest Staffing Recommendation Authorization
8. PPS 5343 Adoption Placement Agreement
9. PPS 5350 Agency Consent to Adoption of Minor Child (Committed) and/or
10. PPS 5355 Agency Consent to Adoption of Minor Child (Relinquished) and/or
11. PPS 5360 Agency Consent to Adoption of Minor Child (Committed and Relinquished)
12. Best Interest Staffing documents
13. Adoption process documents
14. Sibling split/separation documentation
15. Child specific recruitment information

L. Section 11: Independent Living

1. Casey Life Skills Assessment
2. Final version of PPS 3059A My Transition Plan for Successful Adulthood or PPS 3059B My Adult Services Plan
3. Final version of PPS 3059C My Exit Plan
- 3.4. PPS 7000 Self Sufficiency Plan
- 4.5. PPS 7000A Independent Living Monthly Budget Plan
- 5.6. PPS 7001 Education and Training Voucher Program Plan
- 6.7. PPS 7210 Independent Living Subsidy Payment Unit Notification
- 7.8. PPS 7215 Independent Living Monthly Mentor Report
- 8.9. PPS 7220 Independent Living Mentor Agreement
- 9.10. PPS 7260 Application for Foster Child Education Assistance Program
- 10.11. PPS 7300 Independent Living Program Violation Notice
- 11.12. PPS 2833 Client Purchase Agreement
- 12.13. Employment and Post-Secondary Education Records
14. PPS 1010 Social Service Case Activity Log for the Self-Sufficiency Case/ Emails / Written Correspondence- All email correspondence shall be case relevant. When applicable, entire email threads shall be included to avoid redundancy.

M. Section 12: Correspondence

1. PPS 5125 Relative Notice Letter
2. Letters

N. Section 13: Eligibility and Financial Planning Payments

Each region will determine the color of the file folder for the financial packet for both IV-E and State only eligible cases. There will be one colored file folder for IV-E eligible packets and a different colored file folder for State only eligible. There will be a separate file folder for each foster care episode. The file folders will be located in the Section 7 of the social service file which will be kept by the eligibility specialist until the case is closed and then Section 7 will be placed with the rest of the social service file for archiving.

Foster Care IV-E Eligibility Packet

Section I

1. PPS 5435 - Eligibility Tracking Summary
2. Logs

Section II - Initial Eligibility

1. Cover Sheet/or Log supporting eligibility determination
2. PPS 5410A
3. PPS 5410B
4. FOCA
5. CLPR
6. Documentation of AFDC group
7. PRIP Screen
8. PPS 1000
9. Screen Prints to Support Income and Resources
 - a. BARI
 - b. BASI
 - c. VEHI
 - d. UNIN
 - e. OTAP
 - f. LIRA
 - g. VIQM
 - h. CHILD CARE
 - i. PACC
 - j. PAYR
 - k. COMN
 - l. COLL
 - m. Kansas Payment Center Screens
 - n. LCDA
 - o. Any other information which supports the initial determination
(Items a-o will be fastened together)

10.Citizenship

- a. TPQY
- b. Birth Certificate

Section III - Court Documents

1. Affidavit
2. Petition/Complaint
3. Initial Court Order placing child in State's custody
4. Journal Entries showing ongoing custody

Section IV - Redetermination

1. Cover Sheet/or Log supporting eligibility determination
2. PPS 5425A
3. PPS 5425B

(Items 1- 3 will be fastened together for each redetermination)

Section V - Permanency Hearings

Section VI - Placements

1. PPS 5440 - Placement Tracking for IV-E Eligible Youth
2. FACTS Face Sheet (printed only at time of an audit or closure)
3. Acknowledgements of Placement Changes/PPS 5460

Attached to this is the CLARIS print outs to verify the placement meets IV-E criteria for Payment. The first print out after the Acknowledgement /PPS 5460 verifies when the youth first entered the placement eligibility. The next CLARIS print out verifies that during the redetermination the placement did or did not continually meet the eligibility criteria.

Foster Care State Only Eligibility

Section I

1. PPS 5435 - Eligibility Tracking Summary
2. Logs

Section II - Initial Eligibility

1. Cover Sheet
2. PPS 5410A
3. PPS 5410B
4. FOCA
5. CLPR

6. Documentation of AFDC group
7. PRIP Screen
8. PPS 1000
9. Screen Prints to Support Income and Resources
 - a. BARI
 - b. BASI
 - c. VEHI
 - d. UNIN
 - e. OTAP
 - f. LIRA
 - g. VIQM
 - h. CHILD CARE
 - i. PACC
 - j. PAYR
 - k. COMN
 - l. COLL
 - m. Kansas Payment Center Screens
 - n. LCDA
 - o. Any other information which supports the initial determination
(Items 1-9 will be fastened together)
10. Citizenship
 - TPQY
 - Birth Certificate

Section III - Court Documents

1. Affidavit
2. Petition/Complaint
3. Initial Court Order placing child in State's custody
4. Journal Entries showing ongoing custody

Section IV - Redetermination

1. Cover Sheet
2. Medicaid redetermination

Section V - Permanency Hearings

Section VI – Placements

Acknowledgements of Placement Changes/PPS 5460

Social Security Eligibility Packet

All correspondence with Social Security Administration.

Permanent Custodianship Eligibility Packet

1. PPS 6160 – Permanent Custodian Subsidy Agreement
2. PPS 6155 – Referral for Payment: Permanent Custodianship Subsidy
3. PPS 6150 – Request for Permanent Custodianship Subsidy
4. PPS 6165 – Permanent Custodianship Annual Report
5. PPS 6170 – Permanent Custodianship Change in Status

Adoption Subsidy Eligibility Packet

Place a copy of all documentation required used for the determination of adoption assistance in a separate adoption assistance folder in both the financial section of the youths' case file. and in the child's permanent case file.

The Adoption Assistance financial section of the youth's case file shall include:

1. The PPS 6115 - Eligibility for Adoption Assistance
2. A copy of the adoption petition; and the PRT Journal Entry or voluntary relinquishment
3. The PPS 6110 - Referral for Adoption Assistance
4. The Adoption Placement Agreement
5. The PPS 6130 - Adoption Assistance Agreement
6. The child's social history or case planning documentation related to the determination of the child's special needs
7. The family assessment of the adoptive family
8. Documentation of attachment to a foster parent, placement with a relative, or individual recruitment plan or case planning conference notes related to the reasonable efforts to place without adoption assistance
9. All foster care eligibility determination documentation
10. Documentation of eligibility or receipt of SSI
11. HCBS Waiver Information Packet, if applicable
12. Adoption decree
13. Disability documentation from a physician, hospital, clinic or other qualified licensed medical or professional practitioner of the youth's physical or mental disability
14. The PPS 6135 Adoption Assistance Review
15. PPS 1010 and documentation of the negotiation process

16. Documentation from post adoption requests

Additional Information Packet:

1. ADM 3465 - Invoice and Timesheet: Purchase of Service, not associated to Independent Living, Permanent Custodianship or Adoption Subsidy will be filed in the back of the file
2. PPS 5135 - Acknowledgement of Parental Obligation
3. Past FACTS face sheets
4. Other Miscellaneous information

O. Section 14: Miscellaneous

Newspaper articles

Personal articles, letters, awards,

The following items shall be placed in an envelope and attached to the back, right side of the folder:

1. Birth Certificates
2. Social Security Card or verification of social security number
3. Copy of Insurance Cards
4. Photographs

B. Child Welfare Case Management Provider Case Records

Cases referred to the Child Welfare Case Management Provider on or after October 1, 2014 shall have case records consistent with PPS required case record order. Files shall be child specific and in reverse chronological order Each Child Welfare Case Management Provider shall use the same format for case record organization.

0440 Retention of Records

Prevention and Protection Services is responsible for retaining case records meeting certain requirements. Records are retained in the DCF regions unless requirements for archiving per PPM 0441 are met.

A. The following records shall be retained in the DCF regions:

1. All cases accepted for investigation of alleged child abuse and/or neglect.

A. a. Effective January 1, 2019, all cases accepted for investigation of alleged child abuse and/or neglect shall be retained indefinitely, regardless of the case finding decision (substantiated/confirmed/affirmed/unsubstantiated/unconfirmed) and even if overturned in an appeal or later expunged. The records are retained at the regional DCF office until Business Technology Career Opportunities (BTCO) notifies the regional DCF office to send the case files for scanning into the Abuse and Neglect Archive Imaging (ABNG) Documentum application. See PPM 0441 Archiving and Storage of Records for additional information.

b. Before Prior to January 1, 2019, DCF Regional Records of unsubstantiated cases accepted for investigation or services which were unsubstantiated and were not included in section 0440 were retained for six years following case closure.

B. 2. Family Preservation

C. 3. Family Services

4. Foster Care (Parental Rights Intact)(Refer to PPM 0313 and 0314)

a. Effective January 1, 2025, case records outlined in PPM 0441 shall be stored permanently in PPS Adoption Record Archive Imaging. The records are retained at the regional DCF office until Business Technology Career Opportunities (BTCO) notifies the regional DCF office to send the case files for scanning into the

PPS Adoption Record Archive Imaging Documentum application. See PPM 0441 Archiving and Storage of Records for additional information.

b. Before January 1, 2025, Foster Care cases which were not eligible for archiving (parental rights have not been terminated) were maintained in the regional service centers. These files were destroyed when all four of the following criteria are met:

1i. Age - child reaches 21 years of age, and

2ii. Length of time closed - the case has been closed for at least 72 months., and

3iii. ~~Parental rights are intact, and~~ The case is unrelated to a child death. Per PPM 0441, all cases records, including siblings and family members, which involve a child death are excluded and shall not be destroyed.

4iv. No case record shall be destroyed while an audit or appeal is in process or has been filed.

v. If a youth previously in the custody of the Secretary becomes a parent and incurs a substantiated finding before their foster care file is destroyed, their foster care file shall not be destroyed and shall be kept with their intake and assessment file(s).

vi. All case records, including siblings and family members, which involve a child's death shall not be destroyed, regardless of the case-finding decision.

~~The case is unrelated to a child death. Per PPM 0441, all cases records, including siblings and family members, which involve a child death are excluded and shall not be destroyed.~~

D. 5. Foster Care Eligibility

E. 6. Permanent Custodianship

F. 7. Independent Living Subsidy

G. 8. Adoption Assistance (until case closure—then sent to the Records Center for scanning)

~~H. 9. No case record shall be destroyed while an audit or appeal is in process or has been filed.~~

~~I. 10. If a youth previously in the custody of the Secretary becomes a parent and incurs a substantiated finding before their foster care file is destroyed, their foster care file shall not be destroyed and shall be kept with their intake and assessment file(s).~~

~~J. 11. All case records, including siblings and family members, which involve a child's death shall not be destroyed, regardless of the case finding decision.~~

~~K. The CWCMP shall send closed incoming ICPC cases to the DCF office in the region. The regions shall keep closed incoming ICPC cases, except adoptions finalized in Kansas, for six years after closure, and then the files may be destroyed. This allows relevant information to be kept available should a subsequent home study referral be received for the same family. All adoptions finalized in Kansas, and State Ward cases, shall be archived.~~

~~L. 9. Outgoing Interstate Compact on the Placement of Children (ICPC) cases shall be maintained in the child's case file and follow the foster care criteria for retention and archive.~~

~~M. PPS Administration will keep the Administrative ICPC files for incoming and outgoing ICPC foster care, relative, residential, and public adoption cases for six months after closure. After six months, the file shall be destroyed. All information in the ICPC file is also maintained in the DCF Regional Office file and/or the Provider file.~~

B. The following records shall be retained outside the regional offices:

1. All Kansas incoming and outgoing ICPC cases are stored in the National Interstate Compact Enterprise (NIECE).

The Documentum application is the database of record for cases never to be destroyed. Refer to PPM 0441, Archiving and Storage of Records, for additional information.

0441 Archiving and Storage of Records

Prevention and Protection Services (PPS) is responsible for archiving and storage of case files which are never to be destroyed. The Documentum application is the database of record for files cases never to be destroyed. PPS has two Documentum applications for archiving records: 1) The PPS Adoption Record Archive Imaging and 2) The Abuse and Neglect Archive Imaging (ABNG).

Records archived within Documentum may be used by PPS staff to support case decisions and provide relevant history in current situations. For these reasons, it is important essential to maintain records in the Documentum applications in a manner which promotes efficiency and ease in locating needed information.

A. The PPS Adoption Record Archive Imaging contains:

Cases which shall be scanned and stored in the PPS Adoption Record Archive Imaging Documentum application by the DCF Records Center include the following:

1. Adoptions finalized in Kansas
2. Guardianships and Custodianships finalized in Kansas, for youth who were in the custody of the Secretary at the time of finalization. Cases where parental rights have been severed or relinquished.
3. Aged out foster care youth whose parents' rights have been severed or relinquished.
3. 4. A deceased child's records and all records of their siblings and family members.
4. 5. State Ward cases Foster Care File

B. Abuse and Neglect Archive Imaging (ABNG)

1. All investigations accepted for investigation of alleged abuse and/or neglect, regardless of finding (substantiated/ confirmed/ affirmed/ unsubstantiated/ unconfirmed) are scanned by Business Technology Career Opportunity (BTCO) and archived in the ABNG Documentum application.

C. Archive Process:

1. Each region shall designate a Records ~~or~~ Archive Liaison to ensure records meeting requirements for archiving are prepared and shipped. ~~DCF Records Center staff scan files into the PPS Adoption Record Archive Imaging Documentum application, and Business Technology Career Opportunity (BTCO) staff scan files in the ABNG~~
 - a. For Abuse and Neglect files/cases, these are scanned by BTCO and archived in the ABNG Documentum application.
 - b. For Foster Care and Adoption Files, these are scanned by the DCF Records Center staff and archived in the PPS Adoption Record Archive Imaging Documentum application.
- 2.1. The DCF Regional Records ~~or~~ Archive Liaison ensures the following information, when included in the file, is sent for archival in Documentum:
 - a. Social histories; ~~and background information/Genetic and Health information~~
 - b. SSI related documents
 - c. School Record
 - d. PPS 5340 Medical and Genetic Information for Child; ~~Birth and health information~~
 - e. Medical, dental, and hospital records
 - f. Psychological reports and/or evaluations
 - g. Legal documents and reports to the court
 - h. Reports prepared by the Child Welfare Case Management Providers
 - i. Reports prepared by resource parents or facility staff
 - j. Case logs
 - k. Pictures, letters from family, keepsakes, (if not already provided to the child).
 - l. Case planning documents
 - m. Financial Records to include:

- i. Title IV-E Eligibility;
- ii. Subsidy records for Permanent Custodianship, and Independent Living, Adoption Assistance, and SOUL Family Legal Permanency;
- iii. any other financial document(s) pertinent to the child's historical record.

n. Initial Intake and Assessment Reports

o. All pertinent case information, including any additional records, reports, or documents pertinent to the child's historical record.

p. Copies of Birth Certificate, and Social Security Card, Originals shall be provided to child upon release of custody.

3. The following actions shall be completed by Regional Records or/ Archive Liaison prior to sending the child's file to the Records Center or BTCO for scanning:

a. DCF and Provider files for the child are merged;

b. Duplicate information within the merged file is removed and destroyed;

c. Electronically held information, or other information not already in the file, is added. Add any information which may not be in the file such as electronic records/information;

4D. Case File and Box Preparation for scanning and shipment to the Records Center Instructions:

4a. Preparation of Case File

ia. Tape torn pages;

bii. Tape small pieces of paper to a standard 8 ½ X 11 sheet of paper;

biii. Copy onionskin and carbon documents to a standard 8 ½ X 11 sheet of paper;

civ. Place original birth certificate, social security card, pictures, letters, and keepsakes from family in separate envelope, with their name and date of birth on the envelope;

- dv. Complete a search in Documentum and update an existing record or create a new record;
- e vi. Print the PPS 0400 directly from Documentum;
- f vii. Place PPS 0400 in the front of the file; if there is more than one file folder for a child, place a PPS -0400 in each folder for the child with a number, i.e., 1 of 2, 2 of 5, etc.

2b. Shipping Preparation:

- ia. Create a “New Box” in the Record Storage Application, which can be found at:
<http://intranapps.dcf.ks.gov/apps/recordstorage/Pages/default.aspx>;
- bi i. Print the PPS 0415 after entering the contents;
- eiii. Place a copy of the PPS 0415 on top of the files in the box to be shipped;
- div. Region keeps a copy of the PPS 0415 for their records;
- ev. On the outside of the box write the box number assigned by the Record Storage Application;
- fvi. In Documentum, enter the box number on each case record the box contains;
- gvii. When ready to ship, update the Record Storage Application to “In Transit” DCF Records Center;
- h viii. Notify DCF Records Center staff to arrange for pick up or delivery. There is no limit to the number of boxes per delivery.

3c. Record Center Information

- ia. “Storage File-Letter/Legal” boxes shall be used to ship case files to the Records Center. Qualified boxes may be ordered by emailing DCF.RecCtr@ks.gov
- ii b. Records Center Location: 555 S Kansas Ave, Basement, Topeka, KS 66603

E5. Destruction of Printed Documents

- a. Once the printed documentation has been scanned and archived;
 - i. BTCO shall submit to the DCF Operations Contract and Security Manager the Detail Print Report and the

Summary Print report identifying all documents that were unable to be scanned legibly.

ii. The DCF Operations Contract and Security Manager shall review the reports submitted by BTCO to ensure compliance with agreed upon error parameters and shall make a recommendation whether to accept the reports and approve destruction of the printed documents or require BTCO to reprocess the records that failed to be scanned legibly.

iii. The recommendation shall be submitted to the DCF Director of Operations and General Counsel for PPS for review. DCF shall provide BTCO with a response within ten (10) business days from receipt of the Detail Print Report and the Summary Report.

iv. BTCO shall follow through with destruction of the printed documentation upon receipt of approval from DCF.

46. Audio/Video Files

a. BTCO shall scan images of cassette tapes, VHS tapes, flash drives, Compact Discs (CDs) and Digital Video Discs (DVDs) that are unable to be converted and accessible through Documentum.

b. The images shall be associated to the case file in Documentum.

c. BTCO shall box all such files and return to the DCF Regional Office of origin.

~~Also, refer to Section 0440, Retention of Records.~~

0622 Kansas Department of Corrections - Community Based Services

The Kansas Legislature has made provisions for the Kansas Department of Corrections - Community Based Services (KDOC-CBS) and DCF to share information when appropriate. The **revised** Kansas Code for Care of Children - K.S.A. 38-2210 states:

To facilitate investigation and ensure the provision of necessary services to children who may be in need of care and such children's families, the following persons and entities with responsibilities concerning a child who is alleged or adjudicated to be in need of care shall freely exchange information. This includes the Secretary of KDOC-CBS.

~~K.S.A. 38-2212(c)(2) provides KDOC-CBS shall have access to information, records or reports received by DCF as reasonably necessary to carry out their lawful responsibilities to maintain personal safety of KDOC-CBS staff and the personal safety of individuals in their care or to diagnose, treat, care for or protect a child alleged or adjudicated to be in need of care.~~

A. DCF Responsibilities:

1. Investigation of Abuse/Neglect:

Conduct investigations and make findings on alleged abuse and neglect of adjudicated youth. Upon an ~~affirmed or~~ substantiated finding of abuse or neglect, DCF will notify the county or district attorney and the Secretary of KDOC-CBS.

2. Non-Abuse/Neglect Reports:

DCF shall make a referral to the Secretary of KDOC-CBS when a report is received that an adjudicated youth is alleged to be a child in need of care for reasons other than abuse or neglect. DCF shall take no further action. See MOA with KDOC-CBS at Appendix 0001.

3. Interstate Compact Cooperation:

DCF administers the Interstate Compact of the Placement of Children (ICPC) and shall cooperate with KDOC-CBS to assist in the interstate placement of youth who are referred to Kansas or from Kansas to another state for placement in a licensed residential treatment facility. Placement referrals will be made without regard to adjudication.

4. Medicaid Eligibility Determination:

Juvenile offender services are provided under the auspices of the ~~Kansas Department of Corrections - Community Based Services~~ **KDOC-CBS**. DCF

determines eligibility for Medicaid for youth placed in KDOC-CBS custody. Youth in KDOC-CBS custody who are removed from their homes but are not incarcerated, remain part of the overall Kansas foster care population.

B. KDOC-CBS Responsibilities:

1. Notify DCF for eligibility determination or redetermination whenever a youth: enters the custody of the Secretary of KDOC-CBS for an out of home placement; obtains a juvenile offender adjudication; has changes affecting Title IV-E or Title XIX Medicaid eligibility; or is discharged from KDOC-CBS custody. Please reference sections 5940, 5941, 5943, and 5944 of the PPS Policy and Procedure Manual for details.

2. Providing Data to DCF:

KDOC-CBS shall provide DCF with data regarding juvenile offenders which is deemed necessary for DCF to maintain updated information in the DCF information system.

1230 Reports From Law Enforcement Agencies

Law enforcement agencies are authorized and required by statute to "receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect a child" [K.S.A. 38-2226(a)] and to report the investigation to DCF [K.S.A. 38-2223(c)]. DCF may and should accept conclusions of a law enforcement officer at face value unless there is evidence to do so would jeopardize the safety of a child.

When a report is received from law enforcement, the department determines if further assessment is needed even if the law enforcement agency has already acted on the report. The same criteria for ~~deciding~~ **assessing** DCF action applies to reports from a law enforcement agency as from any other source. ~~Staff should take steps necessary to assure that reports requested from law enforcement agencies are received and reviewed without delay.~~

When the report involves a third party (non-family/unregulated caregiver) **refer to PPM 1352**. ~~the department will consider whether law enforcement has acted on the report. If law enforcement is actively investigating or has investigated and no additional FINA concerns are identified the report can be screened out with no further assessment.~~

~~If law enforcement requests assistance from DCF in the investigation of third party (non-family/unregulated care giver) child abuse or neglect, the department will assist. The report shall be forwarded to the responsible region as a courtesy interview for law enforcement. See PPM 1352.~~

When a report is received from law enforcement **by telephone** orally, DCF staff shall **gather information per PPM 1200**, request **a case number** ~~a written report of the situation~~, and any action taken by the law enforcement agency.

~~Delay or failure of the law enforcement agency to investigate or to provide a written report does not relieve the department from the responsibility to determine whether abuse or neglect has occurred or if further steps are necessary to protect a child. The Initial Assessment decision and assignment of the report should not wait on a written report from law enforcement.~~

1300 Initial Assessment of Report Alleging a Child is in Need of Care

An Initial Assessment shall be completed on all reports received by the agency. The Initial Assessment is to determine if ~~when:~~

- A. ~~T~~there are reasonable grounds to believe abuse/neglect exists;
- B. ~~and~~ immediate steps are needed to protect the health and welfare of the ~~abused or neglected child;~~ or
- C. ~~whether~~ ~~T~~he Family is in Need of Assessment to determine if services to the child and family are indicated.

~~Structured Decision Making (SDM)~~ **Kansas Intake Guidance** shall be used to guide the initial assessment decision.

The Initial Assessment is completed when Kansas Protection Report Center (KPRC) staff make one of the following determinations:

- A. Not Assigned for Further Assessment
- B. An investigation and/or further assessment is indicated

1301 Initial Assessment by the Protection Report Center

The KPRC shall assess all reports received by the agency. The assessment shall determine the agency's response to the reported allegations. KPRC staff shall consider safety, and risk, and danger factors to inform the initial assessment decision. Structured Decision Making (SDM) Kansas Intake Guidance shall be used when to considering safety and risk factors. Safety and risk factors which may be considered include, such as but are not limited to:

- A. Age of the children
- B. Perpetrator's access to children
- C. Physical or mental condition of care-giver
- D. Location of the injury
- E. Seriousness of incident
- F. Medical needs of the child
- G. The child's ability to protect self
- H. ~~Others ability to protect child~~ Natural support and/or community resources ability to mitigate the worry.
- I. Recency of an injury
- J. ~~Current condition or behavior of the child~~ Impact to the child
- K. ~~Agency action needed to protect children from harm and action needed to preserve evidence~~
- K. M. ~~Prior department involvement~~ Past patterns of safe and adequate care.
- L. N. ~~Other~~ Past patterns of worrisome behavior.
- M. Caregivers action or inaction.

KPRC staff should use SDM Kansas Intake Guidance to review all possible assignment types and definitions to determine if there are reasonable grounds to believe the criteria for assignment of Abuse and/or Neglect, Family In Need of Assessment (FINA), Pregnant Woman Using Substance , Interstate Compact for the Placement of Children,

or Independent Living is met, and whether the report should be assigned for further assessment, or not assigned for further assessment.

If the report meets criteria for acceptance for further assessment, KPRC staff shall document the level of response and time frame for department response.

See PPM 1302 if the report does not immediately meet criteria to accept for further assessment.

1321 Reports Requiring a Preliminary Inquiry

A. If a report is not immediately accepted for further investigation and/or assessment based on information from the reporter, a Preliminary Inquiry shall be completed for any one of the following reasons to complete an Initial Assessment Decision:

1. Report of a family with a current case open for investigation, family services, family preservation, reintegration foster care or adoption case management services excluding adoption subsidy, custodianship subsidy and previous reports with the same allegation, same alleged perpetrator and same alleged victim; or
2. Report involves an alleged perpetrator previously investigated for abuse/neglect and/or found on the abuse/neglect central registry; or
3. Reported information is vague and additional information may be available from other sources such as schools, health care providers, DCF Programs, Child Welfare Case Management Providers or other agencies; or
4. Reported information identifies persons with additional information necessary to make an assessment decision; or
5. Reports alleging a child has been abused or neglect by a non-family/unregulated care giver requiring coordination with law enforcement to complete the Initial Assessment; or
6. Reported cause of injury does not match the description of the injury; or
7. Reported injury is typical of a child abuse injury with no explanation given to the cause of injury; or
8. Other sources of additional information are identified to inform the Initial Assessment Decision.

B. When KPRC receives a second or subsequent reports related to a report currently on Preliminary Inquiry the following actions shall be taken:

1. If the information in the second or subsequent report is enough to complete the Initial Assessment without a Preliminary Inquiry; OR if the information in the second or subsequent report does not contain any new allegations of Abuse/Neglect previously known;

a. Communication between the KPRC staff will occur to determine who is responsible to complete the initial assessments.

b. If the KPRC staff whom has a report placed on Preliminary Inquiry is unavailable, the KPRC staff with the subsequent report will complete the Initial Assessment and shall communicate the decision to the other KPRC staff. (KPRC staff should search for subsequent reports prior to completing the Preliminary Inquiry.)

~~2. If the information in the second or subsequent report does not contain any new allegations of Abuse/Neglect previously known;~~

~~a. Communication between the KPRC staff can occur to determine who is responsible to complete the initial assessments.~~

~~b. If the KPRC staff whom has a report placed on Preliminary Inquiry is unavailable, the KPRC staff with the subsequent report will complete the Initial Assessment with the decision not to assign for further assessment and shall communicate the decision to the other KPRC staff.~~

1388 Reports Requiring Notification to Department for Aging and Disability Services (KDADS) or Community Support Services (CSS)

A. Child subject of the report with a disability or on a waiver:

When a report is received which alleges the child subject of the report is on an HCBS waiver (Autism, Intellectual / Development Disabilities (I/DD), Physical Disability (PD), Technology Assisted (TA), Serious Emotional Disturbance (SED), and Brain Injury (BI)) or has a disability, related to physical or cognitive development, autism or traumatic brain injury, the report shall be sent to the KDADS.CSSPRC@ks.gov (KDADS.CSSPRC@ks.gov) mailbox by selecting INT KDADS Waiver in the Outside Agencies notification box on the KIPS intake page.

~~The subject line of the e-mail shall contain specific information necessary to identify the report for KDADS.~~

~~1. Type of communication: Intake~~

~~2. Two letter county code with dashes: -Wy-~~

~~3. Case head last name: Smith~~

~~4. Intake id number: 1006983~~

~~For example; Intake-Wy-Smith-1006983~~

If the reporter is unsure if the child is on an HCBS waiver, KPRC staff shall check waiver status by searching in KEES. ~~on the CAP2 screen in KAECSES. Upon implementation of KEES the status shall be reviewed in KEES. If KEES does not show an active waiver, the reporter is unsure of disability status,~~ but the reporter believes the child has a disability as specified above, the report shall be sent to the KDADS.CSSPRC@ks.gov (KDADS.CSSPRC@ks.gov) mailbox by selecting INT KDADS Waiver in the Outside Agencies notification box on the KIPS intake page.

B. Child or family member receiving mental health services:

If a report is received which identifies anyone in the family as receiving mental health services, the report shall be sent to the KDADS.MHPRCReports@ks.gov (KDADS.MHPRCReports@ks.gov) mailbox

by selecting INT KDADS CMHS in the Outside Agencies notification box on the KIPS intake page. The subject line shall read: Intake two letter facility code two letter county code facility name. For example: Intake-CM-DG-Bert Nash. Facility codes for PPS are outlined in PPM 1381.

The subject line of the email shall contain specific information necessary to identify the report to CSP.

1. Type of communication: Intake

2. Two letter facility code: CM

3. Two letter county code with dashes: Dg

4. Facility name: Bert Nash

For example; Intake-CM-DG-Bert Nash

1521 Criteria for Establishing Response Times for Reports of Abuse or Neglect Accepted for Assessment

Reports assigned for abuse/neglect concerns shall be assigned with either a same day or 72-hour response time. KPRC staff shall determine the response time for abuse/neglect assignments according to the following criteria:

A. Same Day:

When there is reason to believe that a child has been seriously harmed or is in immediate ~~serious~~ danger, DCF shall ascertain the safety of the child and take action necessary to protect the child or cause action to be taken by emergency personnel such as law enforcement officers the same day the report is received. See PPM 1530 for determination of joint investigation with law enforcement.

Examples of reports which shall be assigned for same day response:

1. Any alleged abuse or neglect of a child under one year of age.
2. Any child with a current ~~marks or bruises~~ injury due to the alleged abuse/neglect.
3. Any child with an illness, injury, and/or condition that requires emergent care AND the caregiver is failing to take the necessary measures to address the concern.
3. ~~Life threatening situation for a child of any age, including the child is currently engaging in self-harming behaviors.~~
4. Sexual abuse, including human trafficking, of a child with the alleged perpetrator having access and there are no protective factors in place (Appendix 2J).
5. The child is in a life-threatening situation due to abuse or neglect (current situation) and no protective factors are in place (Appendix 2J). ~~without minimal care to prevent loss of life or serious physical injury.~~
6. ~~Child expresses fear of returning home.~~ Child is expressing fear of further abuse/neglect upon returning home AND the child is likely to be in danger of a life-threatening situation with no protective factors in place (Appendix 2J).
7. Child is currently in police protective custody ~~of law enforcement.~~

~~8. An imminent concern a parent may seriously harm his/her child.~~

B. 72 Hours:

Any allegation or suspicion of abuse or neglect not assigned **as** a same day response. DCF must ascertain the safety of the child within 72 hours excluding ~~week-ends~~ **weekends** and state holidays of acceptance of the report.

~~In any case where evidence may be lost through delay, such as bruises or body fluids, use of law enforcement or medical personnel to document the condition of the child or environment should be arranged for or the department should promptly respond.~~

1630 School Attendance

The Kansas Code for Care of Children in the definition of child in need of care [K.S.A. 38-2202(d)(6)] includes children who are not attending school as required by law [K.S.A. 72-3120]. The statutes related to compulsory school attendance [K.S.A. 72-3120] place responsibility with school boards of education to determine the validity of excuses for absences and to designate one or more employees as responsible for notifying the Department for Children and Families (DCF) or the county/district attorney of unexcused non-attendance [K.S.A. 72-3121].

See PPM 0160 Glossary for definitions of ~~Educational Neglect and~~ Truancy.

Reports received regarding a child not attending school as required by law shall receive an Initial Assessment, utilizing **the Kansas Intake Guidance** ~~Structured Decision Making (SDM)~~ as a guide, to determine whether the report meets criteria to assign as ~~Educational Neglect~~, a FINA with the sub-type Truancy, or to not assign for further assessment.

The PPS 1006 Reports of Unexcused Absences is available for schools to utilize when reporting unexcused absences to DCF.

A. Child Age 7 or More but less than 13 Not Attending School As Required By Law

A report received from a person designated by a school system to report the non-attendance of a child age 7 or more but less than 13 as required by law shall be accepted by DCF for assessment of ~~either Educational Neglect or~~ FINA Truancy per **Kansas Intake Guidance** ~~SDM~~. The school district has the authority to schedule additional school days for a student, including summer months. [K.S.A. 72-3115] Unexcused absences from any additional school days required for a student, including summer school are also considered a violation to the compulsory school attendance requirement.

A report of a child age 7 or more but less than 13 not attending school from a person other than designated school system staff shall be placed on Preliminary Inquiry. As part of the Preliminary Inquiry, the school shall be contacted to determine if the child is attending school as required by law. If the school verifies the child is not attending school as required by law, the report shall be assigned for assessment (~~Educational Neglect or FINA Truancy per SDM~~). If the information regarding non-school attendance is determined by the school district to be inaccurate, and there is no other abuse/neglect or FINA concern, the Initial Assessment of the report may be completed with the decision to not assign for further assessment as the report does not meet the statutory definition of Child in Need of Care.

B. Non-attendance of a Child Age 13 or More and Less Than 18 Years Old

Reports of non-attendance of children age 13 or more but less than 18 shall be forwarded to the county or district attorney or designee, regardless of the Initial Assessment Decision. ~~Reports of non-attendance of children age 13 or more but less than 18 shall receive an Initial Assessment to determine whether criteria is met to assign for abuse/neglect with the allegation type of Educational Neglect. When the Initial Assessment determines no other abuse/neglect concerns, or need for further assessment, the Initial Assessment Decision may be completed with the decision to not assign for further assessment, for the reason the report does not meet the statutory definition of Child in Need of Care.~~

C. Child under age 7 enrolled in school

Any child who is under the age of 7 years and is enrolled in school is subject to the compulsory attendance statute. Any such child may be withdrawn from enrollment in school at any time by a parent or caregiver with legal authority and thereupon the child shall be exempt from the compulsory attendance requirements of this section until the child reaches the age of 7 years or is re-enrolled in school (K.S.A. 72-3120 ©).

D. Enrollment of Exceptional Children

Children receiving special education services as an exceptional child are subject to compulsory attendance at an age that may differ from the ages of children required to attend school under the provisions of K.S.A 72-3115. If a child has been determined to be an exceptional child, is receiving special education services, and a determination has been made that special education services are necessary for such child, the child shall attend school [K.S.A. 72-3421]. This compulsory attendance for exceptional children does not apply to children who fall into the gifted category of exceptional as defined in K.S.A 72-3404.

~~D.~~ E. Home School

The schooling of children in private/home schools is not defined in statutes, but Kansas recognizes Non-Accredited Private Schools/Home Schools. Registration of Non-Accredited Private Schools/Home Schools is required per ~~K.S.A. 53,100-102~~ **KSA 72-4346**. If a report is received by DCF that a child is not attending school as required by law for the reason the child is being home schooled, DCF shall determine whether the private/home school is registered with the Kansas Board of Education to provide private or home instruction. Verification with Kansas Board of Education can be made by calling **(785) 368-7088 or emailing homeschool@ksde.org** ~~(785)296-3743~~. If the private/home school is not

registered, or there is reason to believe the child may otherwise be in need of care, the report will be assigned for assessment.

1871 Unique Case Number

Each family receiving services from PPS has a unique case ID number. ~~in FACTS.~~ Individuals on that case will also have a specific DCF client ID number. ~~This~~ **The** DCF client ID is cross referenced on the High Level Client Index and is the same client ID assigned to the other ~~four~~ DCF statewide information systems **including discontinued systems** (KAECSES, KS Cares, KanPay, and Child Support Services).

~~Upon implementation of KEES an individual who is only known to KEES will have a different client ID assigned to them. If the individual is later added to FACTS, KAECSES, KS Cares, KanPay or Child Support Services they will be assigned a DCF client id. The KEES client id and DCF client id will not be the same if individual is not known to FACTS, the other four DCF statewide information systems or KEES prior to when KEES goes live.~~ **KEES may have a client ID assigned to a person only known to KEES. Duplicate ID's can be created if KEES is not searched before creating a new client ID in FACTS. Unique client ID's for each individual client allows for accurate reporting and tracking of agency involvement and services to that individual.**

2030 CPS Investigators

Child Protective Service (CPS) Investigators provide evidentiary information to support CPS Specialist decisions regarding immediate and lasting safety, and service action. They may assist with initial agency response to interview subjects involved in an abuse/neglect or FINA assessment report or assist as a member of a joint investigative interview team with the CPS specialist.

A. The following tasks may be conducted in accordance with policy by a CPS Investigator:

1. Interview the child alleged to be the victim or identified child(ren).
2. Interview the child's parent(s) or other persons responsible for the care of the child.
3. Interview the alleged perpetrator.
4. Interview the reporter and any collateral witnesses to the alleged maltreatment.
5. Visit the scene of the alleged maltreatment to document relevant environmental information; take photographs.
6. Document physical and behavioral observations of the alleged victim, witnesses and alleged perpetrators; the child's behavior in the presence of caregivers or the alleged perpetrator.
7. Provide information regarding immediate safety of the children involved in the abuse/neglect allegation or FINA concern to the CPS specialist or supervisor who will make the safety determination.
8. Assist the CPS specialist or supervisor with any course of necessary protective action.
9. Obtain relevant records from law enforcement, medical practitioners, or other relevant entities.
10. Prepare any narrative reports for affidavits.
11. Coordinate with the CPS specialist, supervisor and other DCF program staff during the investigation/assessment to ensure agency service delivery for the family.

B. In consultation with and/or approval of the CPS Specialist and/or supervisor the CPS Investigator may:

1. Complete the Agency Response PPS-2030A (for events assigned prior to July 1, 2017). For events assigned on or after July 1, 2017 the Agency Response screens in KIDS for the Verified Incident date, the date and time of the

~~1st Attempt with the 1st Alleged Victim, and the Living Arrangement at the Time of the Incident.~~

2. Develop **Complete** the PPS 2019 Conversation Note

3. Draft the PPS 2021 Immediate Safety Plan

4. Draft the **PPS 2011** Case Findings (~~PPS-2011~~) **for substantiated case findings.**

5. Provide information to CPS Specialist for the Assessment Map for unsubstantiated findings.

~~5.~~ **6.** Draft the **PPS 2012** Notice of **Department** Finding (~~PPS-2012~~)

2310 Immediate Safety Determination

When a report alleging abuse or neglect has been assigned for investigation/assessment, the CPS Specialist shall determine the immediate safety of the child who is the subject of the report **by completing an initial safety assessment** within the response time established on the PPS 1002 **Initial Assessment**, Section VI-Response Time and Due Dates. ~~Immediate Safety is defined as whether the child(ren) are determined safe throughout the duration of the investigation/assessment.~~

A. **The immediate safety determination is the result of the initial safety assessment in which the child may be determined safe, safe with an immediate plan, or unsafe.**

~~To determine immediate safety, the PPS 2019 DCF Kansas Conversation Note, and/or Appendix 2N My three Houses, Appendix 2P Fairy Wizard Template and 2W Ecomap Template is completed alongside the family and their safety network to engage all members in discussion of worries, what is working well and next steps. This assessment helps the practitioner and family determine whether imminent danger (serious harm from maltreatment) is either present right now, or if there is an imminent threat of danger to the child's safety.~~

1. **When the child is determined safe, they can remain in their current environment throughout the investigation/assessment without any immediate intervention from DCF.**

2. **When the child is determined safe with an immediate plan, various interventions and/or protective actions may be taken by the family, safety network, or DCF to ensure safety of the child throughout the investigation/assessment. The plan shall be documented on the PPS 2021 Immediate Safety Plan. The Immediate Safety Plan is developed alongside the family and safety network. The CPS Specialist's or PPS Supervisor's input and approval is required if the safety plan is being initiated by a CPS Investigator. See PPM 2462 for additional guidance regarding safety planning.**

3. **When the child is determined unsafe due to the current danger and the danger cannot be mitigated with an immediate safety plan, DCF shall initiate protective action to remove the child from the danger, which may include law enforcement or court involvement.** ~~When imminent danger threatens serious harm to a child, action shall be taken to protect the safety of a child. Various interventions and protective actions taken by the safety network, family or DCF may occur to ensure immediate safety of a child. If DCF and the family are agreeing to actions the family and network will take to ensure safety in relation to the immediate threat, an Immediate Safety Plan PPS 2021 shall be completed. The Immediate Safety Plan PPS 2021 is developed alongside the safety network and family. The CPS Specialist's or PPS Supervisor's input and approval is required if the safety plan is being initiated by a CPS Investigator.~~

~~See PPM 2462 for Safety Planning. An immediate safety staffing with the PPS Supervisor is required.~~

AB. Factors to Consider for the Immediate Safety Determination

The Appendix 2H Immediate Safety Tips Sheet provides factors to consider for the immediate safety determination. The following appendices may be used to gather information for the safety determination:

1. Appendix 2F Six Areas of Family Life for Assessment
2. Appendix 2J Caregiver Protective Capacity Factors may be used as a guide to gather information and assess the protective capacity of the caregiver(s).
3. Appendix 2I Interview Guide for Runaway and Truant Children may be used as a guide to gather safety and risk information when interviewing children.

BD. Required Contacts

1. In-Person Contact with Child

~~a. The initial safety assessment determination requires DCF staff or authorized collateral complete an in-person contact with the alleged victim child who is the subject of the report, in a location where it is reasonable to expect the child to be found, within the assigned response time established on the PPS 1002, Section VI Response Time and Due Dates. Telephone or letter contact with the child is not sufficient. If the child's location is known, in-person contact shall be made within the response time set.~~

b. In-person contact for the safety determination may be made by a CPS Specialist or authorized collateral, i.e. CPS Investigator, law enforcement officer or child welfare case management provider (CWCMP) assigned case responsibility.

~~i. If authorized collateral makes the in-person contact with the child, The CPS Specialist shall ensure sufficient information has been gathered by the authorized collateral to consider the required factors and determine the safety of the child within the response time.~~

c. Per Adrian's Law, K.S.A. 38-2226, the secretary or the secretary's designee shall visually observe the child who is an alleged victim of abuse or neglect prior to case closure. In the case of a joint investigation with DCF and law enforcement, both agencies shall visually observe the alleged victim.

d. Attempts shall be made to notify the parent/caregiver of the investigation/assessment the same day as the in-person contact with the child to inform the parent/caregiver(s) of the investigation/assessment per PPM 2100, and to assess the safety of the child.

2. Additional Contact(s)

Additional contacts and observations with parent/caregivers, siblings, alleged perpetrators and others may be required to gather sufficient information to determine the safety of the child. If the CPS Specialist determines additional information is needed to make a safety determination, the CPS Specialist shall follow-up to gather the additional information to assess the required factors and determine the safety of the child within the response time.

CE. Reasonable Efforts, Allowable Reasons and Exceptions for the Safety Determination

The following provides requirements for reasonable efforts, allowable reasons and exceptions for the safety determination. If the child(ren)/family are unable to be located, efforts shall continue to determine the safety of the child beyond the assigned response time. A supervisor staffing shall occur within the assigned response time per PPM 2310E. See PPM 2315 for further guidance.

~~If the child to be interviewed can be located or made available, the investigation and/or protective action shall be carried out.~~

1. Reasonable Efforts Requirements

Reasonable efforts are the minimum required attempts to determine the safety of the child within the assigned response time established on the PPS 1002, Section VI- Response Time and Due Dates.

~~DCF staff~~ The CPS Specialist or authorized collateral shall make two attempts within the response time to complete the in-person contact with the alleged victim child in a location where it is reasonable to expect the alleged victim child to be found to satisfy the reasonable effort requirement. To meet reasonable efforts requirements either:

- a. two attempts within the response time set, OR
- b. at least one attempt within the response time set, AND
 - i. a second attempt by the close of business the next working day for a "same day" response time OR
 - ii. within 72 hours, excluding weekends and state holidays, of the initial attempt on a 72-hour response time.

c. Child out of state

- i. CPS Specialist shall, within the response time, make a request to the state's child protection report center/hotline, where the child is located.

If a child is out of state for a timely safety determination, a report shall be made to the other state's child protection report center/hotline to request a courtesy interview and request a safety determination within the assigned response time. Provide information from PPM 2105 A.-F. to assist the other state with the safety determination.

2. Allowable Reasons to Delay the Safety Determination

If it is determined the child is not available within the response time due to allowable reasons; and depending on the circumstances of the situation, two attempts may not be required. Allowable reasons for delaying the safety determination of a child may include the following:

- a. ~~Family left the state~~ Child out of state (allowable only after a request to the other state has been made for a courtesy initial safety assessment determination, and the other state has not been able to locate the child).
- b. DCF has been directed not to proceed by county/district attorney or law enforcement
- c. ~~Family refuses to cooperate. (Requires supervisor staffing per C. above)~~ Child is unable to be located, see PPM 2315 for additional guidance.
 - i. Family does not allow access to the child
 - ii. Scheduled appointments were not kept by the family
~~Appointments were scheduled but the person(s) failed to keep the appointment~~
- e. Act of God (weather, road conditions)
- f. ~~Parents refused access to the child. (Requires supervisor staffing per C. above)~~ Child is currently hospitalized and hospital personnel verified the child will not be dismissed prior to completion of the initial safety assessment in-person contact occurring. This allowable reason to delay shall consider the best interest of the child and is not solely for the convenience of the department or another entity.
- g. ~~C~~child(ren) is on runaway status. ~~Child(ren) out of state i.e. visiting relatives (allowable only after a request to the other state has been made for a courtesy safety determination, and the other state has not been able to locate the child)~~

h. A collaborative decision is made with the PPS Supervisor and Assessment and Prevention Administrator that making the in-person contact within the response time is contrary to the safety and best interest of the child and is not solely for the convenience of the department or another entity.

i.
j.

3. Exceptions

~~DCF shall should honor a request from a law enforcement agency not to take an action which would interfere with a criminal investigation. Such request, however, does not relieve DCF or the law enforcement agency of the responsibility to determine the safety of a child reported as possibly abused or neglected. If the timing of the investigations cannot be resolved, the county or district attorney shall be contacted.~~

F. Documenting the Immediate Safety Determination

Documenting the Immediate safety determination shall be completed in KIDS and on one of the following: PPS 2019 Kansas DCF Conversation Note, Appendix 2N My three Houses, or Appendix 2P Fairy Wizard Template.

1. PPS 2019 Kansas DCF Conversation Note, and/or the Appendix 2N My three Houses, and/or the Appendix 2P Fairy Wizard Template shall include:

a. Attempts to contact the child, if applicable,

b. The safety determination (safe, safe with an immediate plan, unsafe)

c. The date/time/location the immediate safety was determined.

i. The date and time of the safety determination is when the CPS Specialist or authorized collateral has determined the child safe, safe with an immediate plan or unsafe.

ii. If the in-person contact was completed by an authorized collateral contact the date and time of the safety determination is the date and time the CPS Specialist has reviewed the information and determines the child is safe, safe with an immediate plan or unsafe.

d. If unable to determine the safety of the child within the assigned response time, the documentation shall include:

i. The reason the contact was not made

ii. The attempts to locate the child (date and results)

iii. Reasonable efforts, allowable reasons and exceptions, if applicable

2. KIDS Documentation shall include:

a. The date/time/location of the first attempt to contact the first alleged victim shall be documented on the Agency Response screen in KIDS for all abuse/neglect assignments.

b. The date/time/location of the safety determination for each alleged victim shall be documented on the Agency Response screen in KIDS for all abuse/neglect assignments. If an alleged victim was not able to be located, check the "unable to locate" box.

D. Documenting Results for the Immediate Safety Determination

Documentation for the safety determination includes the attempts to contact the child, the results/conclusions of the safety determination and the date and time safety was determined. The date and time of the safety determination is when the CPS Specialist has determined the child safe. If the in-person contact was completed by a collateral contact the date and time of the safety determination is the date and time the CPS Specialist has reviewed the information per B. 1-2, and determines the child is safe.

The PPS 2019 Kansas DCF Conversation Note and PPS 2020 Kansas DCF Assessment shall be used to document the immediate safety determination. If unable to determine the safety of the child within the assigned response time, the documentation includes the reason the contact was not made and the attempts to locate the child (date and results). Reasonable efforts, allowable reasons and exceptions to timelines shall be documented.

1. The dates/times/locations of attempts to contact are documented on the PPS 1010 Case Activity Log or the PPS 2019. The results/conclusions for the determination of safety is documented on the PPS 2019 Kansas DCF Conversation Note.

2. The date/time/location of the first attempt to contact the first alleged victim shall be documented on the Agency Response screen in KIDS for all abuse/neglect assignments.

3. The date/time/location of the safety determination for each alleged victim shall be documented on PPS 2019 and the Agency Response screen in KIDS for all abuse/neglect assignments. If an alleged victim was not able to be located, check the "unable to locate" box.

E. Safety Staffing with Supervisor

The purpose of the safety staffing between the CPS Specialist, CPS Investigator, if applicable, and the PPS Supervisor is to support a comprehensive and informed safety determination. The discussion fosters critical thinking by considering the information

gathered collectively. A safety staffing may occur anytime determined necessary during the case assessment.

An immediate safety staffing shall occur for the following:

1. when imminent danger to a child is identified which may require protective action and/or
2. to determine if a Team Decision Making (TDM) Meeting is needed, and/or
3. if after reasonable efforts have been met and the child is still unable to be located or the parent/caregiver(s) do not allow access within the response time. The safety staffing shall occur within the assigned response time. See PPM 2315 for additional guidance.

4. anytime PPS Supervisor advice is needed to assist in determining whether additional in-person safety contacts are needed, the determination, date and time of the ongoing safety assessment, if applicable, shall be documented for each alleged victim on the Agency Response in KIDS.

Documentation of supervisor consultations shall be completed per PPM 0420. The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the child(ren) is not located/has not been seen in-person and the safety determination has not occurred, leave the field blank.

The CPS Specialist and PPS Supervisor shall discuss whether the criteria for a Team Decision Making (TDM) is met, per TDM Protocol Appendix 0D. The TDM shall be held prior to a child being separated from a parent/caregiver or by the next business day following the separation.

The PPS 2020 Kansas DCF Assessment Map and Appendix 2B may be used, as guides for this safety staffing.

G. Safety Staffing with Supervisor

1. An immediate safety staffing shall take place when one or more of the following occur:

- a. When the safety determination is unsafe

- b. When the safety determination is safe with an immediate plan

- c. If after reasonable efforts have been met and the child is still unable to be located or the parent/caregiver(s) do not allow access within the response time. The safety staffing shall occur within the assigned response time. See PPM 2315 for additional guidance.

- d. Anytime PPS Supervisor advice is needed to assist in determining whether additional in-person safety contacts are needed.

2. Team Decision Making (TDM)

If during the safety staffing it is determined a child has been or is likely to be separated from their parent or caregiver, the CPS Specialist and CPS Supervisor shall determine if the family meets criteria for a TDM per the Appendix 0D Initial TDM Protocol.

3. Documentation

a. Safety Staffing

The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the child(ren) is not located/has not been seen in-person and the safety determination has not occurred, leave the field blank.

b. Additional In-Person Safety Contacts

The determination, date, and time of the ongoing safety assessment, if applicable, shall be documented for each alleged victim on the Agency Response in KIDS.

2315 Unable to Locate

A. Unable to Locate Supervisor Staffing Requirements

1. Initial Safety Determination Staffing

a. When a report alleging abuse or neglect has been assigned for investigation/assessment reasonable efforts as outlined in PPM 2310 shall be made to determine the initial safety of a child. If the child(ren) is unable to be located or the parent(s)/caregiver(s) do not allow access to the child(ren), an initial safety staffing shall occur within the assigned response time.

2. Ongoing Supervisor Staffings

a. Ongoing supervisor staffings shall occur every 3 business days to discuss ongoing efforts to locate the child(ren) and family until:

- i. Child(ren) is located or;
- ii. Case closure due date and;
- iii. Supervisor agrees sufficient efforts have been made to locate the child(ren) and family.

b. The CPS Specialist/CPS Investigator and PPS Supervisor shall discuss worries for imminent danger to the child and determine next steps for ongoing efforts. Appendix 2B, the PPS 2019 Immediate Safety Scale and Appendix 2H Immediate Safety Tips Sheet may be used as a guide to consider next steps. Also see PPM 2310 ~~E~~ for more information.

B. Ongoing Efforts

Ongoing efforts to locate the child shall continue outside the initial response time.

1. Ongoing efforts to locate the child(ren) in-person may include but are not limited to the following:

a. A search for the child(ren) and/or parent/caregiver(s) using internal sources such as CLEAR, KEES, FACTS, etc.

b. A search for the child(ren) and/or parent/caregiver(s) using external sources such as law enforcement, child's school, neighbors, known friends/extended family, service providers, reporter, collateral contacts, etc.

c. CPS Specialist and/or CPS investigator shall make attempts to contact the child(ren) and/or parent/caregiver(s), including the non-residential

parent/caregiver(s), at all addresses/phone numbers found in the above searches which may include attempts outside of business hours.

2. If a child has not been located after 3 business days have elapsed from the required response time and law enforcement is not already involved with the assigned report, contact law enforcement to provide what actions have been taken by DCF to locate the child, known potential locations of the child, details of the case known to DCF, worries for the child reported to DCF, and to continue to jointly search for the child.

C. Unable to Locate Case Closing Requirements

Before a case can be closed as unable to locate the following criteria shall be met:

1. The alleged victim child(ren) are unable to be located; AND
2. CPS Specialist/CPS Investigator has exhausted all available resources including contacting law enforcement per PPM 2315 B; AND
3. PPS Supervisor agrees that sufficient efforts have been made to locate the family.

D. Documentation

Documentation of all unable to locate supervisor staffings and the ongoing efforts to locate the child(ren) and/or parent/caregiver(s) shall be completed per PPM 0420 and PPM 2760. The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the child(ren) is not located or has not been seen in-person and the safety determination has not occurred, leave the field blank.

2462 Immediate Safety Planning

The immediate safety plan shall be used to address immediate threats of danger to the child(ren) during the assessment. The immediate safety plan is a temporary, short-term plan to keep the child(ren) and other members of the family safe while building lasting safety. more permanent safety provisions can be put in place.

The immediate safety plan should be used whenever such a plan will enhance family safety and only when it is reasonable to believe safety can be achieved through the plan. The immediate safety plan may have useful application in an assessment assigned for any allegation or presenting situation.

Per Claire and Lola's law enacted July 1, 2019 the department shall not initiate any child protection action (safety planning) or proceeding based solely upon the parent's or the child's lawful possession or use of cannabidiol treatment preparation. K.S.A. 21-5706 (c). (See PPM 0255 Claire and Lola's Law)

In order to be effective, all individuals who are necessary to the immediate safety plan, must be able and willing to cooperate in carrying out the plan and should be involved in the planning. An Immediate Safety Plan empowers the family to remain responsible for their lives, avoids resistance by the family to externally imposed conditions, and can be used as an assessment tool to help the CPS specialist and the family decide together whether change is possible.

Successful safety planning practices include but are not limited to the following factors and elements:

A. Development of the Immediate Safety Plan

The following resources and tools may be used by the Child Protection Specialist or Child Protective Investigator to develop the Immediate Safety Plan.

1. Immediate Safety Scale
2. PPS 2020 Assessment Map
3. Appendix 2H Immediate Safety Tips Sheet
4. Appendix 2J Caregiver Protective Capacities
5. Child Voice, Three Houses, Safety House
6. Child(ren), parent or caregiver, family, and safety network engagement
7. Harm to the child caused by removal of the child(ren) from the care of the parent or caregiver

8. "The Four Questions" sourced from: *4 Questions, 7 Judges*, an Iowa based Judicial Pilot Program

a. What can we do to remove the danger instead of child?

b. Can someone the child or family knows move into the home to remove the danger?

c. Can the caregiver and child go live with a relative or nonrelated kin?

d. Could the child move temporarily to live with a relative or nonrelated kin?

B. Engagement

Engagement is critical to the success of building and maintaining safety. The CPS and the family will determine who should be engaged in the safety planning process. Lack of engagement shall be a factor to consider when assessing the viability of the safety plan. The CPS will consider engaging the following in the safety planning:

1. Child(ren)

2. Parent or Caregiver

3. Safety Network

1. C. Documenting the Immediate Safety Plan

1. PPS 2021 Immediate Safety Plan

The Immediate Safety Plan shall be documented on the PPS 2021 Immediate Safety Plan. The parent or caregiver shall be given the original safety plan. The original shall be copied and uploaded into KIDS and provided to FACTS Data Unit. With permission from the parents or caregivers, copies may be provided to the safety network and child(ren) (if appropriate).

2. Agreement

The Child Protection Specialist or Child Protective Investigator shall ask all individuals engaged in the development of the safety plan to sign indicating agreement in following the safety plan. The Child Protection Specialist or the Child Protective Investigator may document a verbal agreement.

3. Engagement Efforts

All attempts to engage the child, parent or caregiver, family and safety network in the immediate safety planning process shall be documented.

If not, an immediate safety plan is not appropriate. The family is to be given the original plan. The original shall be photo documented to upload in KIDS and provided to FACTS Data Unit. The photo shall be printed and filed in the family case file. In order to be effective, any safety network member all individuals who are necessary to responsible for action steps within the immediate safety plan, must be able and willing to cooperate in carrying out the plan and should be involved of the plan.in the planning. An Immediate Safety Plan empowers the family to remain responsible for their lives, avoids resistance by the family to externally imposed conditions, and can be used as an assessment tool to help the CPS specialist and the family decide together whether change is possible.

2. Safety Factors to be Considered:

In considering if an immediate safety plan is appropriate, the factors listed below must be considered and documented on the PPS 2021 Immediate Safety Plan. The factors are listed to assure each is considered in deciding whether and when to develop an immediate safety plan. Not all factors may be present in every situation. Other factors, not listed, may also be considered:

A. 1. Harm to child caused by removal from home: This factor is placed first in the list to encourage workers to first consider possible unintended consequences of the removal of a child from his or her family, friends, familiar surroundings, possessions, and predictable circumstances.

2. Severity of danger: Not all situations are equally dangerous. Assess the potential seriousness of the situation.

3. Child's or others' ability to protect child: Children are never responsible for their own protection. Older children, however, may have a greater ability to avoid harmful situations or carry out plans to get help. The ability and likelihood that the adults will protect the child is a factor in developing a safety plan or requesting alternate courses of action.

4. Perpetrator's access to child and the non-abusing parent's ability to protect the child.

5. Child's behavior: Care and protection of children is an adult responsibility. The behavior of children can be a factor in the family history or dynamics or chain of events which is important to the cycle of violence.

6. Family isolation: Families may be isolated geographically (e.g., a distance from neighbors or someone from whom to seek help) or socially (e.g., few friends or extended family or community ties). In some cases a family member may dominate and control contacts outside the family. All of these issues, especially the latter, need to be carefully assessed when considering whether a family safety plan is feasible.

7. Family's ability to participate in plan: The family should be assessed for strengths (e.g., strong bonds, pride, and history of accomplishment) which would indicate an ability to participate in a plan.

8. Medical needs of child: For a safety plan to work there must be agreement on obtaining care for any acute medical condition.

3. Development of the Immediate Safety Plan

Immediate safety plans must be developed in conjunction with the child's family and any other persons required to carry out the plan. Decisions regarding the identification of those persons to include in the immediate safety plan will depend on the type of allegation and steps required to ensure safety.

D. Monitoring and Timelines

1. Monitoring

The Child Protection Specialist or the Child Protective Investigator shall include the frequency and method for how the safety plan will be monitored and by whom to ensure the child(ren), parent or caregiver and safety network remain engaged in the action steps of keeping the child safe. The ongoing assessment and evaluation of the safety plan shall be documented.

2. Timeline

Immediate safety plans are ~~interim plans~~ **short-term plans** and shall not exceed beyond the FBA due date. ~~As a rule, plans will~~ **Plans will may** range from a few hours to a few days, depending on the family's assessed ability to carry out the plan and availability of resources.

D. Signatures:

~~All participating individuals shall sign and signatures must be voluntary. If not, an immediate safety plan is not appropriate. The family is to be given the original plan. The original shall be photo-documented to upload in KIDS and provided to FACTS Data Unit. The photo shall be printed and filed in the family case file.~~

E. Per Claire and Lola's law enacted July 1, 2019, the department shall not initiate any child protection action (safety planning) or proceeding based solely upon the parent's or the child's lawful possession or use of cannabidiol treatment preparation. K.S.A. 21-5706 (c). (See PPM 0255 Claire and Lola's Law)

2471 Requests for Police Protective Custody

Only a law enforcement officer, court services officer, or the court has the authority to place a child in protective custody. When the safety of a child cannot be reasonably assured without removal of the child or the alleged perpetrator, and removal of the perpetrator from contact with the child is not feasible, a law enforcement officer should be contacted to determine whether, in the officer's opinion, the child should be removed from the home and placed in police protective custody.

The CPS Specialist and PPS Supervisor shall consider whether a Team Decision Making (TDM) meeting can be held. The TDM meeting shall be held by the next working day or before the initial court hearing occurs if a determination is made the child is in imminent danger and the meeting cannot be held prior to the need for police protective custody. **Police protective custody resulting in the court holding a court hearing shall not be a reason a TDM is not held.** {Refer to Appendix 0D for guidance on TDM}.

Per Claire and Lola's law enacted July 1, 2019 the department shall not initiate proceedings (request police protective custody or an order for protective custody) to remove a child from the home of the child's parent or guardian or initiate any child protection action (safety planning) or proceeding based solely upon the parent's or the child's lawful possession or use of cannabidiol treatment preparation. K.S.A. 21-5706 (c). (See PPM 0255 Claire and Lola's Law)

The law enforcement officer should deliver the child to a safe environment according to local arrangements. An DCF employee is not authorized to take physical custody of or transport a child without a written order of a court placing the child in the custody of the Secretary of DCF. A child not in the custody of the Secretary may be transported by DCF if a parent voluntarily accompanies the child or the parent provides written parental permission.

When a law enforcement officer determines that protective custody is appropriate, the officer, not DCF, should place the child as provided by statute (K.S.A. 38-2231). It is important to remember that DCF staff do not have authority to transport a child placed in protective custody by a law enforcement officer. If DCF staff were to transport a child in the protective custody of law enforcement a potential legal liability exists for the department and the individual. A law enforcement officer or the designated care provider with whom the police placed the child may transport the child.

2502 Allowable Case Findings

For each allegation of abuse/neglect one of the following case finding decisions shall be made:

A. ~~1.~~ Unsubstantiated

A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).

~~2. Affirmed~~

~~A reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse and/or neglect definition per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).~~

~~An affirmed finding of sexual abuse may be considered. See Appendix 2B Sexual Abuse Case Finding Decision section for guidance.~~

B. ~~3.~~ Substantiated

When a determination is made the facts and circumstances meet abuse and/or neglect definitions per PPM 0160, the Child Protection Services (CPS) specialist in consultation with his/her supervisor shall evaluate the facts and circumstances of the alleged incidents to determine whether criterion for a substantiated case finding is met. When criterion is met, a substantiated case finding shall be considered. A substantiated case finding results in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. Per Kansas statutes and regulations, the perpetrator is not permitted to reside, work, or regularly volunteer in a Kansas Department of Health and Environment (KDHE) or Department for Children and Families (DCF) Foster Care and Residential Facility Licensing regulated child care or residential facility.

A substantiated case finding shall meet the following:

1. A determination is made the facts and circumstances meet one of the required definitions per PPM 0160 for abuse, neglect, and/or abandonment of a child; and
2. A determination is made the perpetrator's actions, behaviors, or omissions occurred and meets at least one of the following criteria:

- a. there was an intent to commit the act that resulted in harm; and/or
- b. a reasonable person would have anticipated harm would occur to the child; and/or
- c. the harm was a result of failure or refusal to protect the child; and
- d. there was serious harm, injury or deterioration to the child; or there was a likelihood of, or endangerment of serious harm, injury or deterioration to the child. Serious harm, injury or deterioration may include, but is not limited to:

i.a. Death of a child.

ii.b. Condition which required medical care, hospitalization, or surgery whether received or not, including but not limited to:

1. fractures;
2. bruises on a child's body, including but not limited to, the face, head or abdomen;
3. burns;
4. injuries which are disfiguring;
5. injury resulting in severe or prolonged pain;
6. multiple severe non-accidental injuries;
7. failure to thrive or malnourishment;
8. medical condition such as asthma or diabetes exacerbated by home conditions and/or failure to provide medication.

3. An indicated need for mental health treatment, whether received or not, due to serious mental and/or emotional harm or causal deterioration to the extent the child's emotional well-being is impaired or endangered. Such serious harm or deterioration may include, but not be limited to, characteristics exhibited to a serious degree: anxiety; depression; withdrawal; aggressive or self-harming behavior; or a substantial and observable change in the child's behavioral, emotional or intellectual functioning considering age and development of the child.

4. Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include, but is not limited to, allowing, permitting or encouraging a child to:

- a. Be photographed, filmed or depicted in obscene or pornographic material; or
- b. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual

gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202 (See Appendix 2A for Kansas Statutes Annotated references)

i. Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10 (i)

~~b. A pattern of affirmed educational neglect, which has resulted in serious harm/effect to the child. A pattern may be considered after concerted efforts have been made to provide the parent/caregiver with services and resources to address the reasons for the child not attending school; and despite these efforts the parent/caregiver demonstrates a continuous pattern of failing to ensure the child attends school as required by law, and which results in serious harm/effect to the child, such as, but may not be limited to serious cognitive/developmental impairment or delay.~~

5. Failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant and a medical professional predicts significant physical harm and/or developmental/cognitive delays of an infant (birth to 1 year of age), due to prenatal substance abuse.

6. Outcomes listed above in a.-d. would likely have resulted except discovery or intervention or accidental circumstances occurred prior to such outcomes.

7. A pattern of continuing, repeated, or progressively more severe behavior which indicates abuse or neglect. For purposes of determining whether a pattern exists, verified information from Kansas or any other state, federal enclave or Native American tribe or association using the standards of that state or entity. This may include Confirmed, Validated, Substantiated, Affirmed, or Unsubstantiated findings of abuse or neglect from Kansas, another state, federal enclave, or Native American tribe or association. Verified evidence of a prior conviction of a crime against a child may also be considered when determining if a pattern of abuse or neglect exists.

2511 Case Finding Decision Points for Family Reports

A case finding decision is made weighing the facts and circumstances learned during the investigation and assessment. The facts and circumstances shall provide a preponderance of the evidence of abuse and neglect as identified in the definitions in order to consider an ~~affirmed or~~ substantiated case finding.

A. Same Finding For Child and Alleged Perpetrator:

The same case finding will be made for the child and the alleged perpetrator based on the facts and circumstances of the incident, unless the alleged perpetrator is unknown. If the information gathered during an investigation provides a preponderance of the evidence to ~~affirm or~~ substantiate abuse/neglect of a child occurred, and a preponderance of evidence the alleged perpetrator caused the abuse/neglect, an ~~affirmed or~~ substantiated finding is made for the child and the perpetrator. If there is no ~~affirmed or~~ substantiated finding regarding a child, no ~~affirmed or~~ substantiated finding can be made regarding a perpetrator.

~~B. Affirmed Finding When Perpetrator is Unknown:~~

~~In the rare event where there is a preponderance of evidence for abuse/neglect but there is a lack of evidence to identify the perpetrator, an affirmed finding is made on a child victim and the unknown perpetrator.~~

B. ~~C.~~ Contact With Alleged Victim Required For Finding:

A finding of unsubstantiated, ~~affirmed,~~ or substantiated is made only on the alleged victims who have been interviewed in-person. As long as one in-person contact was made with the alleged victim, a finding of unsubstantiated, ~~affirmed,~~ or substantiated is made based on information available. For the alleged victims which were not located, "unable to locate" should be selected as the status in the Finding field on the KIDS application.

C. ~~D.~~ Time frame:

A case finding shall be made within 30 working days from the date the report was accepted for assessment unless a delay is requested by law enforcement, a county or district attorney, the court, health care professionals, mental health professionals or for similar exceptional circumstances documented in the case file. Failure to receive medical or mental health information which has been requested from professionals or other relevant person may be considered an exceptional circumstance justifying a delay in finding. If requested information is not received, the PPS supervisor will review the information every 60 days to determine if additional time should be allowed and document such decision in the case file. A CPS specialist may be designated for the PPS supervisor's absence.

The date of the case finding is the date the CPS specialist and the supervisor staffed the case to determine the finding decision. The date of the staffing/consultation is entered on the PPS 2011 in the Date of Finding field. The PPS 2011 is signed and dated electronically in KIDS by the supervisor and CPS specialist. **See PPM 2530 for additional information on documenting case finding decisions.** The supervisor's electronic signature in KIDS verifies the approval of the case finding. ~~The signature dates may be a date after the case finding date.~~

D. E. ~~E.~~ Due Process for Alleged Perpetrator:

~~An affirmed or~~ substantiated finding on the perpetrator cannot be made unless the alleged perpetrator has been afforded the opportunity to be interviewed by DCF, a law enforcement officer or a duly appointed member of a multi-disciplinary child protection team. If the whereabouts of an alleged perpetrator **are unknown** ~~is not known~~, the opportunity to be interviewed may be documented by sending a letter offering an interview to the alleged perpetrator's last known address.

E. F. ~~F.~~ Location of Incident and Victim:

A finding of abuse or neglect may be made on the perpetrator and victim in the following situations:

~~1.~~

1. The incident occurred in Kansas, regardless of where the victim is currently found or resides, or
2. The incident occurred in Kansas, regardless of where the perpetrator is currently found or resides, or
3. The child resides in Kansas or is found in Kansas, regardless of where the incident occurred.

F. G. ~~G.~~ Minor Case Finding:

All investigations of a case with an alleged perpetrator who is a minor and case finding is recommended as ~~affirmed or~~ substantiated shall be reviewed by the Regional Director prior to completion of the finding. A minor shall be ~~affirmed or~~ substantiated only if the criterion for ~~an affirmation or~~ substantiation has been met and the child perpetrator is at least 10 years old.

G. H. ~~H.~~ Addition of a Different Allegation Type:

Upon investigation, if the facts and circumstances indicate ~~an affirmed or~~ substantiated finding on **a** different allegation type from the allegation type identified on the PPS 1002 Initial Assessment, ~~an affirmed or~~ substantiated finding shall be made on the allegation type that best describes the facts and circumstances. ~~On the PPS 2011 Case Finding, an unsubstantiated finding shall be made on the assigned allegations type. An additional allegation type shall be~~

~~added for an affirmed or substantiated finding based on the results of the investigation. The allegation type resulting in the affirmed or substantiated finding shall be added into KIDS by the CPS Supervisor, dated and initialed by the CPS specialist to the PPS 1002 Initial Assessment.~~

See PPM 2842 for FACTS instructions.

2521 Case Finding Decision Points for Facility Reports

A. Facilities include homes and childcare providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment (KDHE) or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

B. Facilities includes:

1. DCF Foster Care and Residential Facilities

a. Family Foster Homes

b. Family Foster Homes Relative/NRKIN

c. Attendant Care Centers

d. Group Boarding Homes

e. Residential Centers

f. Detention Centers

g. Secure Care Centers

h. Staff Secure Facilities

i. Secure Residential Treatment Facilities

j. Juvenile Crisis Intervention Centers

k. Child Placing Agencies

i. Host Families

l. Unregulated Facilities

i. Transitional Living Programs

ii. Community Integration Programs

iii. Agency approved homes

2. KDHE licensed facilities

a. Daycare homes or Centers

b. School-age Programs

c. Drop-in Programs

3. KDADS Licensed Facilities

a. Psychiatric Residential Treatment Facilities (PRTF)

~~1. family foster homes,~~

~~2. residential childcare facilities,~~

~~3. detention,~~

~~4. secure care,~~

~~5. attendant care facilities,~~

~~6. daycare homes or centers.~~

~~7. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)~~

For purposes of complaints alleging abuse or neglect, "facility" includes any of the above entities which are subject to regulation, whether operating within or without the law.

C. For the purposes of case findings, a DCF Foster Care and Residential Facility Licensing approved foster home meeting licensing standards is subject to the same policy and procedures as a licensed foster home.

D. All investigations of a case involving staff of a facility and the case finding is recommended as ~~affirmed or~~ substantiated, the Regional Director shall review prior to completion of the finding.

E. If a person voluntarily surrenders a license or registration to provide childcare or voluntarily agrees to cease providing exempt care under approval status, the investigation shall continue. The investigation shall determine the safety of any children involved and include a case finding decision. Information gathered during ~~the course of~~ the DCF investigation shall be forwarded to KDHE or DCF Foster Care and Residential Facility Licensing.

F. ~~When D~~ during the ~~course of an~~ investigation, ~~if~~ DCF determines a child may have experienced serious physical harm, serious deterioration, or sexual abuse, DCF shall provide KDHE or DCF Foster Care and Residential Facility Licensing with facts and information gathered ~~during the DCF investigation/assessment~~ to assist KDHE

or DCF Foster Care and Residential Facility Licensing in determining appropriate action regarding the license.

2530 Documenting the Case Finding

The CPS specialist, in consultation with the supervisor (or designee, see PPM 0140), shall make the finding decision. **The case finding shall be documented as follows:** ~~The case findings shall be documented on the PPS 2011, Case Findings. Case findings are reported in the FACTS database which provides management and statistical information for the department, state and federal government legislative and oversight groups and for the general public. The case finding is also recorded on the PPS 2030F, Family Based Assessment, for cases requiring an FBA.~~

A. Third party and facility case findings shall always be documented on the PPS 2011 in KIDS whether the case finding is substantiated or unsubstantiated.

B. Unsubstantiated Case Findings

1. Assessment Map in the Guided Practice App (GPA)

a. The basis for finding shall be documented in the following sections of the Assessment Map:

- i. Current and Past Harm
- ii. Current and Past Safety
- iii. Complicating Factors
- iv. Family Resources

b. The rationale for the case finding shall be documented in the Rationale section of the Assessment Map.

2. PPS 2011 Case Findings in KIDS

a. Sections I, II, III, V shall be completed in KIDS.

b. Section IV

i. Date of Finding shall be filled out on the PPS 2011.

ii. Basis for finding shall state "See Assessment Map."

C. Substantiated Case Findings

1. All sections shall be completed on the PPS 2011 in KIDS.

2540 Notice of Department Finding

~~A. The Notice of Department Finding for reports is PPS 2012.~~

A. The PPS 2012 Notice of Department Finding informs relevant persons people who have a need to know of the outcome of an investigation of child abuse/neglect. The Notice of Department Finding also provides persons information regarding the appeal process. The following persons shall receive a the Notice of Department Finding:

1. Parents, including the non-residential custodial parent, of the child who was alleged to have been maltreated. The non-residential custodial parent shall receive notice because they have equal rights and responsibilities for their child unless there is a court order abridging those rights through a divorce, parentage or CINC action. If sending the Notice of Department Finding to the non-residential custodial parent may result in danger to the child or family, a determination may be made to not send the notice due to the danger to the child or family.
2. Child, as applicable, if the child lives separate from the family.
3. The alleged perpetrator, if he/she is someone other than the parents.
4. If the location of the alleged perpetrator is unknown, ~~the PPS 2012 Notice of Department Finding a copy shall be completed and should be~~ mailed to the last known address. ~~A copy of the letter shall be~~ and maintained in the case file.
5. Child Welfare Case Management Provider (CWCMP) if the family is receiving services from a (CWCMP) ~~Child Welfare Case Management Provider.~~
6. Director of the facility or the child placing agency of a foster home if abuse occurred in a facility or foster home.
7. Kansas Department of Health and Environment (KDHE) if the investigation of abuse/ or neglect involved a facility licensed or regulated by KDHE.
8. Director of Psychiatric Residential Treatment Facilities (PRTF), if abuse/neglect occurred in such Certified Facility.
9. Regional Mental Health Program Improvement field staff, if abuse/neglect occurred in a Licensed or Certified Facility.
10. DCF Foster Care and Residential Facility Licensing if the investigation of abuse/ or neglect involved a facility licensed by DCF.

The Notice of Department Finding shall be mailed on the same day, or the next working day, as the case finding decision, the date on the Case Finding PPS 2011, Date of Finding field.

B. Notice of Department Finding on all Case Findings

~~In order for the Notice of Department Finding PPS 2012 to be considered adequate notice, all Notices of Department Finding (unsubstantiated, affirmed and substantiated) shall contain information regarding the following:~~ **To be considered adequate notice, the Notice of Department Finding shall contain information regarding the following:**

1. Alleged Victim(s)
2. Alleged Perpetrator(s)
3. Allegation(s)

C. Notice of Department Finding on Unsubstantiated Case Findings

If the case finding is unsubstantiated, the "Basis of Decision" section shall include only the following statement; "Facts and circumstances do not support ~~an affirmed or~~ substantiated finding by preponderance of the evidence."

D. Notice of Department Finding on ~~Affirmed or~~ Substantiated case findings

If the case finding decision is ~~affirmed or~~ substantiated, the notice shall also include:

1. Date of report, as documented on PPS 1001 "Report Date"
2. Use of language indicating the standard of evidence being preponderance
3. A specific reason for the Department's finding decision

2543 ~~Affirmed or~~ Substantiated Case Findings on Children Under the Age of Three

If a case finding is ~~affirmed or~~ substantiated and the victim is a child under the age of three, the CPS Specialist shall make a referral to Kansas Infant-Toddler Services, the early intervention services funded under part C of the Individuals with Disabilities Education Act.

A. Procedures for making referral to Infant-Toddler Services

The CPS specialist will send a referral to the local Infant-Toddler program via the PPS 2015 Referral to Infant-Toddler Services ~~PPS-2015~~ the same day or within one working day of the case finding decision.

The CPS specialist shall inform the parent of a referral made to the Infant-Toddler program by sending:

A.

1. PPS 2012 Notice of Department Finding
2. PPS 2015 Referral to Infant-Toddler Services; and
3. Information for the local Infant Toddler Services.

B. Children in out of home placement

The referral for children in out of home placement shall be made by the CPS Specialist and sent to the county where the child is currently placed.

The PPS 2015 Referral to Infant-Toddler Services ~~PPS-2015~~ shall include the location of the child ~~to the Infant-Toddler program~~. If the parents are unaware of the child's location, this information shall be removed from the parent's copy.

The PPS 2015 Referral to Infant-Toddler Services ~~PPS-2015~~ shall also be sent to the ~~child welfare case management provider (CWCMP) contracting agency~~ providing the out of home services.

C. Previous referrals to Infant-Toddler Services

A referral shall be made to the Infant-Toddler Services each time ~~a case finding is substantiated and the victim is a child under the age of three~~ a child under the age of three ~~is affirmed or substantiated~~. If the child is currently receiving Infant-Toddler services or if the child has been previously referred as a result of an ~~affirmed or substantiated~~ finding, the referral shall be sent.

D. Location of parent and/or child is unknown

A referral shall be made to the Infant-Toddler Services when the whereabouts of the parent and/or child are unknown. The referral shall indicate the information to contact the parent and/or child is unknown.

E. Location of Infant-Toddler Services statewide

Programs available for each community can be located on the Kansas Department of Health and Environment website at <http://www.kdhe.state.ks.us/its/index.html>, click on the link for “Local tiny-k Programs”.

Kansas Department of Health and Environment (KDHE) maintains the local list of Infant-Toddler Service providers. The current list can be found on the KDHE website.

F. Additional information to Infant-Toddler Services

If the Infant-Toddler Services requests additional information regarding the family following the referral, a release of information signed by the family is required.

2544 Notification on Facility Reports

A. ~~Affirmed or~~ Substantiated Case Finding Notification to DCF Administration

When a case finding is ~~affirmed or~~ substantiated on a foster parent or employee of a facility, notice shall be promptly provided via email to the PPS Director, PPS Deputy Directors, PPS Legal Counsel, and the Case Review and Critical Incident Administrator. The notice shall include the PPS 2011 Case Findings.

B. Child care Facility Electronic Notification of Reports to Kansas Department of Health and Environment (KDHE)

When a report concerns a Child Care facility such as, Licensed Day Care Homes, Group Day Care Homes and Child Care Centers, the CPS Specialist shall send all notices of the case finding decision to KDHE electronically according to the following procedures. The notice shall contain the PPS 2012 Notice of Department Finding PPS 2012.

The forms ~~to be sent~~ shall be converted to .pdf file format and sent to: kdhe.CCLReports@ks.gov

The subject line of the e-mail shall contain **the following:** ~~specific information necessary to identify the type of report for KDHE.~~

- ~~1.~~
1. Type of communication: Finding
2. Type of facility: Child Care (CC)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

C. Foster Care or Residential Facility Electronic Notification of Reports to DCF Foster Care and Residential Facility Licensing

When a report concerns a Foster Care Home or Residential Facility the CPS specialist shall send all notices of the case finding decision to DCF Foster Care and Residential Facility Licensing electronically according to the following procedures. The notice shall contain the PPS 2012 Notice of Department Finding ~~PPS 2012~~.

The forms shall be sent to: DCF.CCLReports@ks.gov (~~DCF.CLLReports@ks.gov~~)

The subject line of the e-mail shall contain **the following:** ~~specific information necessary to identify the type of report for DCF Foster Care and Residential Facility Licensing.~~

- ~~1.~~
1. Type of communication: Finding
2. Type of facility: Foster Care (FC), or Residential Facility (RF)

3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

D. Psychiatric Residential Treatment Facilities (PRTF) Electronic Notification of Reports to Kansas Department for Aging and Disability Services (KDADS)

The CPS specialist shall send all notices of case finding decisions regarding Psychiatric Residential Treatment Facilities (PRTF) to KDADS electronically according to the following procedures. The notice shall contain the **PPS 2012** Notice of Department Finding **PPS 2012**.

The forms ~~to be sent~~ shall be converted to .pdf file format and sent to:

KDADS.MHPRCReports@ks.gov

The subject line of the e-mail shall contain **the following:** ~~specific information necessary to identify the type of report for KDADS.~~

- 1.
1. Type of communication: Finding
2. Type of facility: Residential Facility (RF)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

E. Abuse/Neglect of or by a Youth Adjudicated as a Juvenile Offender Electronic Notification of Reports to **Kansas Department of Corrections-Community Based Services (KDOC-JSCBS)**

The CPS specialist shall send all notices of the case finding decision involving abuse/neglect of or by a youth who has been adjudicated a Juvenile Offender to KDOC-**JSCBS** electronically according to the following procedures. The notice shall contain the **PPS 2012** Notice of Department Finding **PPS 2012**.

The forms ~~to be sent~~ shall be converted to .pdf file format and sent

to: KDOC_JS_DCF_Incident@doc.ks.gov (~~KDOC_JS_DCF_Incident@doc.ks.gov~~).

The subject line of the e-mail shall contain **the following:** ~~specific information necessary to identify the type of report for KDOC-JS.~~

- 1.
1. Type of communication: Finding
2. Type of facility: Foster Care (FC), or Residential Facility (RF)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

F. Violations of Regulations Discovered During Abuse or Neglect Investigation

All substantiated ~~and affirmed~~ findings of abuse or neglect in a facility subject to licensing or regulation by KDHE/DCF Foster Care and Residential Facility Licensing shall be reported to KDHE/DCF Foster Care and Residential Facility Licensing within

five (5) working days of the finding **decision**. An investigation which does not substantiate ~~or affirm~~ abuse or neglect may uncover information which should be reported to KDHE/DCF Foster Care and Residential Facility Licensing for evaluation whether a regulatory or licensing violation may have occurred. The information should be specific enough that KDHE/DCF Foster Care and Residential Facility Licensing can use the information to determine if an investigation of regulatory or licensing violation is necessary.

G. Notice to KDHE/DCF Foster Care and Residential Facility Licensing Regarding Findings of Maltreatment Outside a Facility by a Person Who Works, Resides or Regularly Volunteers in a Facility and Incidents Involving a Child of Such Person

If such person is substantiated ~~or affirmed~~ for child abuse or neglect, notice shall be sent to KDHE/DCF Foster Care and Residential Facility Licensing within five (5) working days of the finding **decision**. ~~Form~~ **The PPS-2012 Notice of Department Finding** shall be used for this purpose.

H. Notification to DCF Child Care

If the investigation involved a child day care home or center, DCF Child Care Provider Manager shall receive a copy of the notices sent to KDHE.

2546 Providing ~~Affirmed and~~ Substantiated Findings to the Kansas Attorney General

The Kansas Attorney General may request case finding documentation of ~~affirmed and~~ substantiated case findings.

A. Process for forwarding

When the Kansas Attorney General's Office requests case finding documentation, the following shall be forwarded:

1. A copy of the **PPS 2011** Case Finding ~~PPS 2011~~,
2. **PPS 2012** Notice of Department Findings ~~PPS 2012~~, and
3. Page 1 of the **PPS 1000** Face Sheet, ~~PPS 1000 page 1~~.

The PPS 2017 Notification of Substantiated Case Finding shall be used to forward the requested forms within 10 working days of the request from the Kansas Attorney General. All the information requested on the PPS 2017 Notification of Substantiated Case Finding shall be completed.

B. Additional Information Forwarded Upon Request of the Kansas Attorney General
Upon request of the Kansas Attorney General's office, a copy of the complete investigation case record shall be provided. DCF Legal Division will be responsible for coordinating all requests for case records from the Attorney General's office. DCF Legal Division will make the request through the Regional Director. A copy of the case file shall be provided to DCF Legal Division ~~via certified mail~~ within 10 working days of the request.

If the Attorney General's Abuse/Neglect and Exploitation (ANE) unit contacts a CPS specialist to request additional information, the CPS specialist shall forward the request to their **Regional Program Administrator**. ~~DCF Liaison in PPS Administration~~.

C. DCF Denied the Ability to Complete an Investigation

In the event DCF has been denied the ability to complete a full investigation of abuse and neglect but have reasons to believe abuse ~~and or~~ neglect did occur, the Attorney General's shall be notified within 10 working days. Prior to notifying the Attorney General, the ~~PPS~~ **CPS** supervisor shall promptly contact the PPS Assessment/Prevention Deputy Director and Assessment/Prevention Administrator to determine if an investigation applies to this requirement.

Cases that may apply to this requirement include, but are not limited to, persons refusing access to interview an alleged victim, a school refusing access to interview an alleged victim or others refusing to release records despite authorization to do so.

Nothing in the policy shall interfere with DCF requesting assistance from local law enforcement or county/district attorney to ensure child's immediate safety.

The Attorney General's Abuse/Neglect and Exploitation Unit can be contacted at:
120 SW 10th Ave, 2nd Floor Topeka, KS 66612-1597
(785) 296-5299 (785) 296-6795 (Fax)

2547 Notification to County or District Attorney of DCF Finding of Abuse or Neglect

When the case finding is ~~affirmed or~~ substantiated, notice shall be ~~promptly~~ provided to the county or district attorney.

A. The CPS specialist shall document on the PPS 2011 Case Finding, Section III:

1. ~~A.~~ the report was sent to the county or district attorney,
2. ~~B.~~ the date sent, and
3. ~~C.~~ DCF recommendation regarding CINC case:
 - a. ~~1.~~ No recommendation,
 - b. ~~2.~~ Recommend no CINC, or
 - c. ~~3.~~ Recommend CINC

~~A request that a child be placed in the custody of the Secretary of DCF shall meet policy requirements in PPM 2472.~~

B. The notice shall include copies of the following:

1. ~~A.~~ PPS 2011 Case Finding ~~PPS 2011~~,
2. ~~B.~~ PPS 2012 Notice of Department Findings ~~PPS 2012~~,
3. ~~C.~~ Page 1 of the PPS 1000 Face Sheet, ~~PPS 1000 page 1~~, and
4. ~~D.~~ PPS 2017 Notification of ~~Affirmed or~~ Substantiated Case Finding.

C. A request that a child be placed in the custody of the Secretary of DCF shall meet policy requirements in PPM 2472.

D. Additional information may be required based on requests from the ~~local C~~ county or ~~D~~ district Attorney. DCF shall cooperate with the county or district attorney by providing requested information which is in the possession of the DCF and by being available for testimony if required.

2548 Notice Regarding ~~Affirmed or~~ Substantiated Case Finding of a Youth Who Has Been Adjudicated a Juvenile Offender

Upon a case finding of ~~affirmed or~~ substantiated abuse/neglect of or by a youth who has been adjudicated a Juvenile Offender, DCF shall notify the county or district attorney and the community corrections case manager for the child or Commissioner of **Kansas Department of Corrections-Community Based Services (KDOC-JS-CBS)** via e-mail address: KDOC_JS_DCF_Incident@ks.gov (~~KDOC_JS_DCF_Incident@ks.gov~~) according to local procedures. Notice may be verbal (and documented in the case file) or in writing if requested. No particular forms are specified for this notice.

2560 Recurrent Maltreatment Reviews

For the purposes of this policy, recurrent maltreatment is defined as a second ~~affirmed or substantiated~~ victim finding within six months from the initial ~~affirmed or substantiated~~ finding date. This may also include second substantiated victim findings within six months from the initial affirmed finding date if the case finding decision was affirmed prior to January 1, 2025.

Cases with a second ~~affirmed or~~ substantiated finding will be reviewed by the Assessment and Prevention Administrator, an uninvolved PPS supervisor or a designated CPS specialist in the supervisor's absence. The reviewer shall read the entire event of the current ~~affirmation or~~ substantiation and the previous affirmation or substantiation within the past six months. The reviewer shall give specific consideration to the following areas: Completion of the Investigation/Assessment Activities, Concurrence with Findings, Service Provision, and Recommendations.

The review shall be documented on the PPS 2018 Review of Recurrent Maltreatment in Six Months. The PPS 2018 shall be maintained in the case.

2570 Appeal of Finding Decision By a Perpetrator

If the case finding is **Persons who have been substantiated, or affirmed as a** the perpetrator **of abuse or neglect** may appeal the DCF finding decision. Requests for fair hearing pursuant to K.A.R. 30-7-68 **et seq.** are to be made in writing within 30 days of the date of finding notice. An additional 3 days are allowed if the notice is mailed. Fair hearing requests received by DCF are to be forwarded to the Office of Administrative Hearings. Fair Hearing request forms may be obtained from any local DCF office. Individuals identified as perpetrators may have legal counsel or others to represent them at the hearing. If a person identified as a perpetrator is dissatisfied with the hearing decision, they may request a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

If the finding on a facility licensed by **Kansas Department of Health and Environment (KDHE)** **by** is appealed, KDHE shall be notified within 5 working days of the notice of appeal and any final action resulting from the appeal.

2571 Finding Decisions Reversed by the Administrative Hearing Office

When a finding is reversed by the Administrative Hearings Officer, documentation and notices shall be updated. The **PPS 2011** Case Finding ~~PPS 2011~~ needs to reflect the change in finding and the reason for the change in finding. A new **PPS 2012** Notice of Department Findings ~~PPS 2012~~ shall be sent to all the same parties receiving the original **PPS 2012** Notice of Department Findings, as appropriate. The notice shall indicate the case finding as directed by the decision of the ~~appeal officers~~ **Administrative Hearings Officers**.

The decisions made regarding the family based on the original case finding shall be reviewed. Decisions regarding the out of home placement of a child related to the original substantiated ~~or affirmed~~ finding shall be reviewed by the CPS specialist, supervisor (or designee) and Assessment and Prevention or Foster Care Contract Administrator (or designee). The review shall be made to determine if the out of **home** placement is still recommended despite the reversed finding on the abuse/neglect report. The review shall be documented including the rationale for any decisions made as a result of the finding being reversed.

2600 Assessment Map

The CPS Specialist shall complete the PPS 2020 within 30 working days of intake assignment. If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates DCF child welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale. If making a finding of unsubstantiated, the Child Protection Specialist will complete the Rationale section on the PPS 2020.

The PPS 2020 is required only if the family is being referred for services for the following types of cases:

1. Facility
2. Third Party
3. Unable to Locate

The Assessment Map is the assessment summary which shall give a clear understanding of what was learned through the assessment and the rationale for decision. The Assessment Map shall be developed by the CPS Specialist on all cases within 30 working days of the intake assignment. Certain sections of the Assessment Map are required depending on the immediate and lasting safety ratings, rationale, and service referral decision. The Assessment Map shall be completed in the Guided Practice App (GPA).

A. Service Referrals

1. If the lasting safety scale indicates child welfare intervention is not needed, the following sections of the Assessment Map are required:

- a. Genogram
- b. Current & Past Harm
- c. Current & Past Safety
- d. Lasting Safety Scale

2. If referring for DCF services (Family Services, Family First Prevention Services, Family Preservation Services or Foster Care), at minimum, the following sections of the Assessment Map shall be completed:

- a. Genogram

b. Current & Past Harm

c. Current & Past Safety

d. Future Danger

e. Safety Goal

f. Lasting Safety Scale

C. Unsubstantiated Case Findings

In addition to other sections of the Assessment Map, as applicable, if making a finding of unsubstantiated, the Child Protection Specialist shall complete the Rationale section on the Assessment Map. See PPM 2530 for additional instructions.

D. The Assessment Map is not required on the following type of cases:

1. Facility

2. Third Party

3. Unable to Locate

2700 Assessment of Reports Assigned as Family in Need of Assessment

Family In Need of Assessment (FINA) assignments involve children with behavior problems, truancy, runaway, less than 10 years of age committing an offense, child substance use, caregiver substance use, and infant positive for substances. Refer to PPM 0160 Glossary for definitions.

Family in Need of Assessment (FINA) assignments may involve danger to self and/or self-harming behaviors. These behaviors may potentially be linked to other serious concerns, such as abuse/neglect, human trafficking, depression, being bullied, or other emotional/mental health issues, which may have very serious consequences. See PPM 2115 Child with Danger to Self/Self-Harming Behaviors.

Reports assigned as FINA require a family-based assessment per PPM 2740 and are subject to the same timelines. When the report is assigned as a FINA to assess an Infant Positive for Substances, the need for a Plan of Safe Care shall be determined per PPM 2050. Completing Person's Contacted (FAPC) screen in the FINA Assessment is required for FACTS data entry. The additional screens for the presenting problem, Child and Caregiver Contributing Factors and Conclusion are not required. The PPS 2030 F Family Based Assessment Summary is required per PPM 2740 D.

The PPS 1000, Face Sheet, shall be updated as additional information becomes available regarding the family. Updates shall be dated, initialed, and entered into FACTS. Individuals listed as Collateral Contacts shall be entered into FACTS.

If the report is not a request from the family, the CPS Specialist or CFSP shall inform the family that the Kansas Code for Care of Children requires DCF to make an inquiry. The CPS Specialist or CFSP shall advise the family they are not required to cooperate with the agency and provide information to the family outlining possible next steps if the family chooses not to participate with the agency.

If the assessment indicates the child and family are eligible for Family Preservation services a referral shall be made with the agreement of the family. See PPM section 4000.

2731 School Non-Attendance

The Kansas Code for Care of Children in the definition of child in need of care [K.S.A. 38-2202(d)(6)] includes children who are not attending school as required by law [K.S.A. 72-3120]. The statutes related to compulsory school attendance [K.S.A. 72-3120] place responsibility with school boards of education to determine the validity of excuses for absences. ~~See PPM 0160 Glossary for definitions of Educational Neglect and Truancy and PPM 1630 School Attendance for assignment.~~

DCF offices may develop written procedures and coordination concerning the reporting of ~~non-school~~ school non-attendance with each school district. DCF is authorized to enter into an agreement with a county/district attorney to allow all reports of ~~non-school~~ school non-attendance, ~~not meeting criteria to assign as Educational Neglect,~~ to go directly to the county or district attorney's office. The PPS 1006 Reports of Unexcused Absences is available for schools to utilize when reporting unexcused absences to DCF.

DCF is responsible for completing an assessment alongside the family and their network when a report of school non-attendance is assigned for further assessment.

~~DCF responsibilities include:~~

~~A. Contact and assess the family and determine if services are necessary and feasible to assist the family in compliance with the attendance laws.~~

~~B. Provide or refer for services, if needed.~~

~~C. Determine if there is reason to suspect the child is in need of care for reasons other than school non-attendance. If so, take appropriate action.~~

~~D. Determine if a petition should be requested of the county or district attorney.~~

2740 Family Based Assessment

The purpose of the Family Based Assessment (FBA) is to complete an active assessment alongside the family and their safety network. The FBA is a process that includes reviewing and assessing information gathered during the assessment to help the CPS Specialist and family determine the immediate and lasting safety of the children and identify needed services or supports.

A. The FBA shall be completed for all cases accepted for further assessment except for the following:

1. Facility

2. Third Party

3. Unable to locate

B. FBA KIDS Requirements

The 2030F Family Based Assessment Summary is used to document decisions in KIDS and includes the following:

1. Results Tab: Section I. Assessment Results and Summary of Findings

a. Safety Decision, Risk Level, Risk Conclusion and Assessment Conclusion from a FINA assessment fields are no longer required as of January 1, 2021.

b. Investigation Findings from Case Findings auto-enters.

2. Results Tab: Section II. Summary of Assessment Conclusion

a. Not required in KIDS; documented on Assessment Map.

3. Prevention Services Tab: Section III Family Preservation Screen

This section provides criteria for the CPS Specialist to consider Family Preservation Services (FPS), Family Services (FS), or Family First Prevention Services (FFPS) referral.

a. CPS Specialist shall consult with a supervisor regarding Family Preservation Referral criteria and answer questions 1-7 in KIDS.

See PPM 2746 for further referral criteria information.

b. The CPS Specialist shall document the date and time of the supervisor approval in the Date Decision Made and Time field.

4. Service Plan Tab: Section IV Case Action/Initial Service Plan

a. Family Strengths and Needs are no longer required as of January 1, 2021.

b. Case Opened for Services

Completion of the FBA shall not delay a referral for services when a family is in crisis. The CPS Specialist shall update the FBA with as much information as is available by the next working day from the date of the referral for services. The CPS Specialist may make a referral to services before the FBA is closed for abuse/neglect assignments when the investigation is ongoing, and the case finding is not complete. When services are accepted, the CPS Specialist shall document the Case Action Plan and Initial Permanency Goal in KIDS. Case Action Plan decisions may be:

i. Family Services

The CPS Specialist will consider providing family services when there is a need for DCF assistance beyond the initial 30 working days of intake assignment. During the FBA, if the CPS Specialist identifies specific services which may help the family alleviate the risk of removal for the child(ren), the CPS Specialist shall:

1. Consult and seek CPS Supervisor approval of DCF Purchasing Services and
2. Complete the PPS 4005 Family Service Case Status and provide it to FACTS, see PPS 4005 instructions for additional guidance.

ii. Family Preservation

When the family expresses willingness to accept services and CPS Supervisor has approved the referral, the CPS Specialist shall make the referral within 24 hours of the Date Decision Made and Time documented on the Prevention Services Tab. Refer to PPM 2748 DCF Responsibilities at Referral to Family Preservation Services.

iii. Family First Prevention Services (FFPS)

The CPS Specialist may make a referral to FFPS without consultation with a PPS Supervisor. Refer to PPM 4000 Prevention Services for referral criteria.

iv. Foster Care

The CPS Specialist shall make a referral to foster care when the case action plan is identified as foster care in KIDS. Refer to PPM 2750 for DCF Responsibilities at Referral to Foster Care Services v. Adoption

c. Reasons for agency intervention: Not Required in KIDS

d. Initial Permanency Goal

When the CPS Specialist refers for services, they will document an Initial Permanency Goal. Initial Permanency Goals may be any one of the following:

- i. Maintain at Home
- ii. Reintegration
- iii. Adoption
- iv. Guardianship
- v. Independent Living

e. Child Protection Objectives: Not Required in KIDS

f. Close Case

The CPS Specialist shall document the reason for case closure as one or more of the following reasons:

- i. DCF services not indicated: The investigation and assessment is complete and DCF services are not indicated.
- ii. Family refused services: The department may close the case if the family refuses services and there are no unaddressed child safety needs.
- iii. Family moved, cannot be located. Medical needs were unable to be determined: The family cannot be located or has moved out of state, the case may be closed.
- iv. Another community agency is currently providing services: The family is experiencing problems, but another agency is assessing the family's needs and/or providing services. If an assessment by the department will duplicate an ongoing assessment and/or treatment by a qualified person or agency and/or an assessment by DCF would be disruptive to the treatment of the family, the case may be closed if there are no unaddressed child safety issues.
- v. Assessment Complete - Current Service Plan continues: If the assigned report is associated with a case already open to the agency and the current service plan will continue, this option shall be indicated.

5. Timeliness Tab: Section V Timeliness of Family Based Assessment/Initial Service Plan

The CPS Specialist shall complete the FBA within 30 working days of intake assignment, unless making a referral for services or an allowable reason applies. If the CPS Specialist cannot complete the FBA timely, they shall document the reason in KIDS.

6. Required Signatures: Section VI Required Signatures

The FBA is completed when the CPS Specialist and supervisor sign and date the Family Based Assessment Summary electronically in KIDS, unless a referral for services is made, causing the CPS Specialist's signature to be entered on a date prior to the FBA completion.

The CPS Specialist shall sign on the date the assessments have been updated with as much information available, by the next working date of the referral to the CWCMP, to document the timeliness of the FBA upon a referral to the CWCMP. The supervisor's signature is not required to initiate family services or a referral to the CWCMP. Upon closure of the FBA, when a referral has been made to a CWCMP, the CPS Specialist shall add the FBA completion date in the CPS Specialist Signature text box next to his/her original signature from the date of the referral. The date field next to the CPS Specialist Signature box will remain the date the FBA was updated upon referral.

Ex. CPS Specialist Signature: Worker Name, 2/1/2018 (Date of FBA Completion)
Date: 1/10/2018 (Date of referral to CWCMP remains the same)
Supervisor Signature: Supervisor Name
Date: 2/1/2018 (Date of FBA Completion and matches the date entered in the CPS Specialist signature line)

C. The CPS Specialists shall use the following tools to guide conversations with the family and document the assessment:

1. Face Sheet, PPS 1000

2. Report/Request for Services, PPS 1001

3. Initial Assessment, PPS 1002

4. Kansas DCF Conversation Note, PPS 2019 (may include Appendix 2N, My Three Houses, Appendix 2P, Fairy Wizard Template and Appendix 2W, Ecomap Template)

5. Kansas DCF Assessment Map, PPS 2020

6. Case Finding, PPS 2011 (Abuse/Neglect)

7. Family Based Assessment Summary, PPS 2030F

D. Allowable reasons for not completing the FBA within the time frame include:

1. Cannot locate family; or the child is missing, and additional time is needed to provide information and assist the parent/caregivers with reporting the child as missing to law enforcement and NCMEC (see PPM 2080)
2. Family has left the state
3. DCF has been directed not to proceed by county/district attorney or law enforcement
4. Family refuses to cooperate
5. Appointments scheduled but persons failed to keep the appointments
6. Parents refused access to the child
7. Child out of state i.e., staying with relatives

~~A Family Based Assessment is required for all cases accepted for further assessment. The purpose of the Family Based Assessment is to complete an active assessment with the family alongside their safety network, engaging all members in discussion of worries, what is working well and next steps. This assessment helps the practitioner and family determine immediate and lasting safety, as well as needed services or supports. The Kansas Practice Model assessments and tools (listed below in A.) shall be used to guide conversations with the family and document the assessment.~~

~~A. Assessments/Forms/Appendices Included in the Family Based Assessment~~

~~The following documents comprise the minimum requirements for a Family Based Assessment (FBA):~~

- ~~1. Face Sheet, PPS 1000~~
- ~~2. Report/Request for Services, PPS 1001~~
- ~~3. Initial Assessment, PPS 1002~~
- ~~4. Kansas DCF Conversation Note, PPS 2019 and/or may include Appendix 2N My three Houses, Appendix 2P Fairy Wizard Template and 2W Ecomap Template~~
- ~~5. Kansas DCF Assessment Map, PPS 2020~~
- ~~6. Case Finding, PPS 2011 (Abuse/Neglect)~~
- ~~7. Family Based Assessment Summary, PPS 2030 F (Strengths/Needs in KIDS is not required)~~

B. Timelines for the Family Based Assessment

The Family Based Assessment (FBA) shall be completed within 30 working days of intake assignment, unless a referral for services is made or allowable reasons apply. The FBA is completed when the CPS Specialist and supervisor sign and date the Family Based Assessment Summary PPS 2030 F electronically in KIDS, unless a referral for services is made, causing the CPS Specialist's signature to be entered on a date prior to the FBA completion (see below for details).

A referral to services may be made before the Family Based Assessment is closed for abuse/neglect assignments when the investigation is ongoing, and the case finding is not complete.

Completion of the Family Based Assessment shall not delay a referral for services (Family Services FS, Family Preservation Services FPS, Family First Prevention Services FFPS, and Foster Care Services FC) when a family is in crisis. The referral shall be made at the time services are needed to address the crisis situation. The Family Based Assessment shall be updated with as much information available, by the next working day from the date of the referral for FS/FPS/FFPS/FC services. The Family Based Assessment Summary PPS 2030 F Sections I-IV shall be completed to provide the Initial Permanency Goal to the CWCMP or contracted Family Service provider.

The CPS Specialist shall sign the 2030F electronically in KIDS on the date the KIDS assessments (safety/risk/FBA) have been updated with as much information available, by the next working date of the referral to the CWCMP, to document the timeliness of the Family Based Assessment upon a referral to the CWCMP. The supervisor's signature on the PPS 2030 F is not required to initiate family services or a referral to the CWCMP. Upon closure of the Family Based Assessment, when a referral has been made to a CWCMP, the CPS Specialist shall add the Family Based Assessment completion date in the CPS Specialist Signature text box next to his/her original signature from the date the PPS 2030F was updated for the referral. The date field next to the CPS Specialist Signature box will remain the date the Family Based Assessment was updated upon referral.

Ex. CPS Specialist Signature: Worker Name, 2/1/2018 (Date of FBA Completion)

Date: 1/10/2018 (Date of referral to CWCMP remains the same)

Supervisor Signature: Supervisor Name

Date: 2/1/2018 (Date of FBA Completion and matches the date entered in the CPS Specialist signature line)

C. Allowable reasons for not completing the FBA within the time frame include:

1. Cannot locate family; or the child is missing, and additional time is needed to provide information and assist the parent/caregivers with reporting the child as missing to law enforcement and NCMEC (see PPM 2080)

2. Family has left the state
3. DCF has been directed not to proceed by county/district attorney or law enforcement
4. Family refuses to cooperate
5. Appointments scheduled but persons failed to keep the appointments
6. Parents refused access to the child
7. Child out of state i.e., staying with relatives

If the FBA cannot be completed within the time frame, document the reason on the PPS 2030 F, Section V Timeliness.

D. Family Based Assessment Process

The Family Based Assessment process includes reviewing the information gathered from each family member on the PPS 2019 DCF Kansas Conversation Note(s)/Appendices and evaluating the information using the PPS 2020 DCF Kansas Assessment Map.

The Family Based Assessment Summary PPS 2030F is used to document decisions in KIDS and includes the following:

1. Section I. Assessment Results and Summary of Findings and Section II. Summary of Assessment Conclusion auto-enters the case finding decision. The Safety Decision, Risk Level, Risk Conclusion and Assessment Conclusion from a FINA assessment fields are no longer required as of January 1, 2021.
2. Section III. Prevention Screen provides criteria to determine if a Family Preservation Services (FPS), Family Services (FS), or Family First Prevention Services (FFPS) referral may be considered. See PPM 2746 for Family Preservation Services and PPM 4300 for Family Services and Family First Prevention Services referral criteria.
3. Section IV. Case Action Plan Decision

When services are determined, the case action plan and permanency goal shall be documented in KIDS.

- a. Section IV. A. Family Strengths and Needs

The Family Strengths and Needs section is no longer required as of January 1, 2021.

2. Section IV B. Case Opened for Services

1. The Case Action Plan is documented in Section IV B. 1. Families who are in need of, and willing to accept services shall be offered services, or referred to community services which addresses the Safety Goal. The difference between Family Services, Family First Prevention Services, and Family Preservation Services is the degree of the crisis, specifically related to safety, family functioning, and the potential removal of a child.

Case Action Plan decisions may be:

1. Provide Family Services

Provision of family services is considered when there is a need for the DCF assistance beyond the initial 30 working days of intake assignment. Family services are directed at alleviating specific situations which, if services are not offered, may develop into a crisis situation.

During the Family Based Assessment, if specific services are identified which may alleviate the risk of removal for the child(ren), the CPS Specialist shall consult with the supervisor to seek approval of DCF purchasing the service. The allowable services or resources available for purchase and the method of purchase are found in the Handbook for Client Purchases. Cash or gift cards will not be given directly to clients. Payment shall be executed according to established payment procedures as presented in PPM Section 2900.

The Family Service Case open date is the date both of the following actions have occurred, which may not necessarily occur on the same date:

- a. The family agrees to participate in services, and
- b. The CPS Specialist has consulted with the supervisor.

This date shall be documented on the Family Service Case Status PPS 4005 and provided to the FACTS data entry unit.

2. Refer to Family Preservation

Except when a child is determined to be unsafe, a referral for Family Preservation Services should be considered. Family Preservation Services is directed at alleviating situations which need a high level of intensity, requiring more frequent contact. Family Preservation Services offers the availability of staff, twenty-four hours a day, seven days a week, for families needing a higher level of intense services. See 2746 Criteria for Referral to Family Preservation Services.

When the family expresses willingness to accept services, a consultation with a supervisor is required to determine if the family meets criteria per PPM 2746. If the supervisor approves the referral, the date and time of the supervisor's approval is documented on the PPS 2030F, Section III Family Preservation Screen, in the "Date Decision Made" and "Time" fields. A referral shall be made

within 24 hours of the “Date Decision Made” and “Time”. Refer to PPM 2748 DCF Responsibilities at Referral to Family Preservation Services.

3. Refer to Family First Prevention Services.

Family First Prevention Services (FFPS) are specific evidence-based services or programs provided to families to prevent children from entering out of home foster care placement. FFPS are specific services provided through FFPS grant. See PPM 4000 for criteria.

The CPS Specialist has the ability to make a referral to FFPS without consultation with a PPS Supervisor.

4. Refer to Foster Care

A referral to foster care is considered when the immediate safety scale indicates the child is unsafe (refer to Appendix 2H Immediate and Lasting Safety Tips Sheet) and/or when criteria was met for a Team Decision Making (TDM) meeting and foster care was the TDM decision. Referrals to foster care are also made when the court places a child in the custody of the secretary prior to DCF involvement with the family. Refer to PPM 2750 for DCF Responsibilities at Referral to Foster Care Services.

5. Refer to Adoption

1. When services are to be provided, a summary of the reason for DCF involvement shall be recorded in Section IV. B. 2.

2. Section IV. 3. Initial Permanency Goal

3. When the case is opened for services an Initial Permanency Goal shall be documented. Initial Permanency Goals may be any one of the following:

1. Maintenance at Home.

2. Reintegration

3. Adoption

4. Guardianship

5. Independent Living

6. Case Closure

Case closure is documented on the Family Based Assessment Summary PPS 2030 F, Section IV(C).

The reasons for case closure include:

1. DCF services not indicated

~~The investigation and assessment is complete and DCF services are not indicated.~~

~~2. Family refuses services~~

~~The department may close the case if the family refuses services and there are no unaddressed child safety needs.~~

~~3. The family cannot be located or has moved out of state~~

~~The family cannot be located or has moved out of state, the case may be closed.~~

~~4. Another agency is currently providing necessary services~~

~~The family is experiencing problems, but another agency is assessing the family's needs and/or providing services. If an assessment by the department will duplicate an ongoing assessment and/or treatment by a qualified person or agency and/or an assessment by DCF would be disruptive to the treatment of the family, the case may be closed if there are no unaddressed child safety issues.~~

~~5. Assessment completed and DCF service plan continues~~

~~If the assigned report is associated with a case already open to the agency and the current service plan will continue, this option shall be indicated.~~

2746 Family Preservation Referral Criteria

A. Family Criteria for Referral

A family is eligible for a referral to Family Preservation Services, if the answer to questions 1-3 below is “yes”; and questions 4-7 are either “yes” or “Not Applicable”. The Prevention Services screen is documented on the Family Based Assessment Summary PPS 2030F, Section III.

1. The family is at risk of having a child(ren) removed; and
2. A parent/caregiver is available to protect the child; and
3. A parent/caregiver is willing and able to participate in services.
4. A family with chronic problems has experienced a significant change which makes them able to progress.
5. A parent/caregiver with mental/emotional health issues has been stabilized.
6. A parent/caregiver with limitations demonstrates an ability to care for self and children.
7. A parent/caregiver with substance abuse issues functions adequately to care for children.

B. DCF Custody Maintenance at Home

When a child(ren) is in custody placed at home and is not being served by a Foster Care/Reintegration/Adoption Child Welfare Case Management Provider, a referral may be made to Family Preservation Services.

C. Pregnant Woman Using Substances Criteria for Referral

A Pregnant Woman Using Substances is eligible for Family Preservation Services when she is actively using substances or is at imminent risk of relapse; and at least one of the criteria below is met:

1. A crisis exists, which increases the need for frequent contact and intensive services, or
2. Other children in the home have needs related to their mother’s substance use, or
3. Mother is experiencing perceived barriers to treatment, such as but not limited to: mental health, housing, domestic violence, health related concerns, or transportation issues.

D. Substance Affected Infant

A family is eligible for a referral to Family Preservation when criteria for a Plan of Safe Care has been met. See PPM 2050, Plan of Safe Care.

E. Adjudicated Juvenile Offender Criteria for Referral

A family with a youth who is an adjudicated juvenile offender or has charges pending is eligible for Family Preservation Services when one of the following criteria is met:

1. If there are other children in the home who meet criteria for Family Preservation Services, a referral can be made, or the service can continue if the adjudication and custody occur before or after the FPS referral. The youth who is adjudicated as a juvenile offender and is in the custody of the KDOC-JS may participate in these services, as a member of the family.
2. If a juvenile offender needs services related to abuse/neglect or Family in Need of Assessment (FINA) concerns, which are separate from the juvenile offender issues. Such services would result from an Abuse/Neglect investigation or FINA assessment completed by DCF.

F. Special Circumstances

1. If a child or children of a family receiving Family Preservation Services changes residence, the need for Family Preservation Services shall be assessed independently for a possible family preservation referral. This may arise when a child changes residence to live with the other parent, a relative or other kin.
2. Family Preservation Services may be court ordered. When the court orders both parents to participate in Family Preservation Services, but the child lives with only one parent, Family Preservation Services shall be provided to the custodial/residential family. A separate referral to Family Preservation Services for the non-custodial/non-residential parent family will be assessed on its own merit.

G. Exclusions from Family Preservation Services

A family is not eligible for a referral to Family Preservation Services when one of the following criteria is met:

1. Families having at least one child in out of home placement through a Reintegration, Foster Care, Adoption Case Management Grantee with a goal of reintegration, are not eligible for Family Preservation ~~at any tier level~~.
2. Adoptive families who are within a six-month post finalization period are not eligible for referral to Family Preservation.
3. A youth is adjudicated as a juvenile offender and is in the custody of KDOC-JS or is on probation, and the court has ordered another entity to provide services

or KDOC-JS has purchased or is providing services which are similar to the services provided by Family Preservation Services.

H. Child(ren) in Out of Home Placement Criteria for Referral Exceptions

A family with one or more children in out of home placement may be eligible for Family Preservation Services when the following criteria is met:

1. There is currently one or more children in the home, and the family meets the criteria for referral in Section A. above, and
2. Meets one of the criteria below and an exception has been requested and approved by the PPS Administration Family Preservation Services Program Manager or designee:
 - a. All child(ren) in out of home placement have a case plan goal other than reintegration and/or the parental rights of these child(ren) have been terminated, and
 - b. The family has safety concerns and the court has ordered Family Preservation Services.

2760 Supervision

The purpose of supervision is to coach and support practitioners' learning and growth within the Kansas Practice Model framework of engagement, safety planning and decision-making with families, children, safety networks and communities. Supervision uses coaching methods to build practitioner competencies, encourage self-reflection and critical thinking skills, build upon training to enhance performance and to support the practitioner through decision-making and gaining knowledge to apply throughout their practice.

Supervision may be provided through individual and group consultation(s), case staffing, and case review. The method, frequency and content of supervision is determined by the PPS Supervisor and practitioner. When a case specific consultation occurs the supervisor consultation tool shall be used. Case decisions and situations which require a supervisor consultation include:

- A. When the parent/caregiver decides not to allow access to the alleged victim per PPM 2310 ~~C.~~ or identified child per PPM 2703;
- B. When ~~PPM 2310 E. 1-4~~ requirements for an immediate safety staffing are met **per PPM 2310**;
- C. Case Action/Initial Service Plan Decision, which includes referrals for family services or family preservation services, per PPM 2740 ~~D.~~
- D. Case finding decision per PPM Section 2500. See Appendix 2B Guide for Assessment and Decisions.

2770 Uploading Documents in KIDS

The Kansas Initiative Decision Support System (KIDS) application is a statewide web-based application used to record and maintain PPS Assessment and Prevention case information.

A. Documents Generated in KIDS:

The following are the official report forms generated from the KIDS application:

1. Agency Response
2. PPS 2030B Safety Assessment (Prior to 2019)
3. PPS 2030C Risk Assessment (short form) (Prior to 2019)
4. PPS 2030D Risk Assessment (Prior to 2019)
5. PPS 2011 Case Findings
6. PPS 2030E Family In Need of Assessment
7. PPS 2030F Family Based Assessment Summary
8. PPS 2015 Referral to Infant and Toddler Services

B. KIDS Upload Feature:

KIDS has an upload feature to attach additional documents to an event. Refer to Appendix 2G for instructions for uploading in KIDS. The following provides guidance on KIDS upload requirements:

1. All PPS 2019 Mapping Conversation Notes shall be uploaded on all cases.
2. PPS 1010 Social Service Case Activity Log; when utilized, shall be uploaded.
3. When the case finding is ~~affirmed or~~ substantiated the following shall be uploaded:
 - a. PPS 2012 Notice of Department Findings
 - b. PPS 2017 Notification of ~~Affirmed or~~ Substantiated Case Finding, as requested by the Attorney General's Office
 - c. Appeal information, if applicable.
4. Team Decision Making Summary; if applicable

5. Kansas Practice Model tools
6. PPS 2020 Assessment Map
7. PPS 2021 Immediate Safety Plan; if applicable
8. Reports, including but not limited to the following, shall be uploaded if the report is not already in Kansas Intake/Investigation Protections Systems (KIPS) and the report is relevant to the case finding or service decision:
 - a. Law enforcement
 - b. Medical
 - c. Mental health
 - d. Drug/Alcohol
 - e. School
9. Emails, images, etc. may be uploaded if they are relevant to the case finding or service decision.
10. Petitions requesting DCF involvement with no out of home placement may be uploaded if the document is relevant to the case finding or service decision and is not already in KEES.
11. Referrals for services, if applicable.
12. The following documents shall not be uploaded to KIDS:
 - a. PPS 0500 State Child Death Review Board Case Information Summary
 - b. PPS 0550 Critical Incident Notification and related documents
 - c. Legal staffing and correspondence
13. It is not necessary to upload the following documents:
 - a. Emails and correspondence to/from the Attorney General's Office
 - b. PPS 0100 Authorization for Release of Confidential Information
 - c. Background check related documents
 - d. Family Preservation Referral
 - e. Foster Care Referral
 - f. Petitions, Journal Entries/Court orders
 - g. PPS 2018 Review of Recurrent Maltreatment in Six Months
 - h. PPS 4005 Family Service Case Status

2813 Case Findings

Maltreatment findings for each allegation associated with a child are recorded on FIND (Finding).

Specific information regarding a particular victim is located on VICT (Victim Profile).

Specific information regarding a particular perpetrator is located on UNNI (Unconfirmed/Not Involved Profile) until all appeal time has been exhausted. After the appeal time has become exhausted, the perpetrator information for a substantiated finding will appear on PERP (Perpetrator Profile).

~~then information is available on PERP; a particular unsubstantiated or affirmed individual on UNNI. PERP and UNNI include information regarding whether or not to~~ indicate if the finding involved an allegation regarding an individual who resides, is employed by or volunteered in a facility regulated by KDHE.

2823 Recording Ongoing Safety Assessment

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For Abuse Neglect and Third-Party cases, the Ongoing Safety Assessment (OAN) code will be prefilled from KIDS with the date and time of first attempt. If the ongoing assessment is determined, the second face to face contact of the ongoing safety assessment (SFI) tool code will be prefilled from KIDS. If the ongoing assessment is determined but unable to be completed, the Timeline Exceeded (TIM) tool code will be prefilled from KIDS using the date and time of first attempt. Facility cases will continue to be manually entered into FACTS as previously done.

Policy for intakes assigned on or after March 2019

If the ongoing safety assessment is determined to not be needed, enter the tool code of 'OAN' on the MAAS screen. The work start date and time would be the same date and time as the safety determination (SAD). If the ongoing safety assessment is determined to be needed, Record the second face to face contact of the ongoing safety assessment; by entering the tool code of 'SFI' on the MAAS screen. The start date is the date of the face-to-face contact with the alleged victim. The ongoing safety assessment information is located on the Agency Response section in KIDS. If the second contact with the alleged victim was determined to be needed and it never occurred regardless of reason, enter the tool code of 'TIM' and the date of the safety determination.

~~For additional information on the ongoing safety assessment, see PPM section 2313.~~

Policy for intakes assigned prior to March 2019

To record the second face to face contact of the ongoing safety assessment, enter the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim who is under six years old. The ongoing safety assessment information is located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. If the second contact with the alleged victim never occurred regardless of reason, enter the tool code of 'TIM' and the date of the finding decision. Finding decision date is located on the PPS 2011.

~~For additional information on the ongoing safety assessment, see PPM section 2313.~~

2842 Finding Decision Fields

Decisions of unsubstantiated, substantiated, ~~affirmed~~ and unable to locate from the PPS 2011 shall be entered on the victim and/or perpetrator rows on the FIND screen. In FACTS, enter the finding code of 'UL' (unable to locate) only on the victim and/or perpetrators who were unable to be located. If both the child and adults of the family were never located and identity is unknown, the Initial Assessment decision on event should be changed to no further assessment needed. See PPM 1700.

Requirements

A finding decision number is required for each allegation of maltreatment associated with a child. The decision number is system generated when the screen is added.

1. A summary of the basis for finding located on the PPS 2011 is entered on the "Basis for Decision" field on FIND. If the incident occurred out of state, indicate that in this field description.
2. To document maltreatment finding for an alleged victim select the row with the victim's information, record finding codes from the PPS 2011, and enter the alleged perpetrator's ID number in the field to the left of Notice Date. By entering the perpetrator ID number in the victims' row, the system will automatically link the alleged victim and decision to the alleged perpetrator. Enter the perpetrator finding in the perpetrator row. If the severity is unknown, enter the severity code of UK (Unknown).
3. If the alleged perpetrator is unknown, enter all 9's in the victim ID number field. In this instance, do not enter a finding in the perpetrator row.
4. Information regarding alleged victim and perpetrator finding, finding type, injuries, and degree of injury entered in FIND shall match PPS 2011. The notice date shall match information from the PPS 2012. The notice date is the date that the applicable notice was sent to the alleged or substantiated perpetrator.

Finding Changes or Updates

If a change in finding is made ~~as a result of~~ **due to an** appeal, or other activity, the conference date on the top half of the FIND screen is updated to reflect the new finding date and the finding disposition types are updated as needed on the bottom rows for perpetrators and victims.

2843 Individual Information

Victim

1. After a finding decision is successfully processed, select each victim, flow to VICT to record specific information on that victim. Data fields such as date of birth and SSN previously entered on EVRL carry over onto VICT. Information on date of birth, race, ethnicity, relationship to perpetrator, and facility information are all required fields except for military family.
2. ~~In order to~~ To successfully process VICT, the victim must be linked to their client ID number. This task is accomplished via a system required linking procedure. This process facilitates submission of federal reporting requirements. From VICT, flow to LINC, select the victim's name and flow to CLNT. On CLNT select the desired client and return to LINC. Back on LINC, verify the person you selected is accurate and link via PF6. Return to VICT to finish entering demographic information to add the screen.
3. Indicate ~~that~~ if the report involves a facility **by referencing SORT. A report involves a facility** when all ~~of~~ the following factors are indicated:
 - a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing or KDADS (licensed Psychiatric Residential Treatment Facility 'PRTF'); and
 - b. The alleged victim resides in or receives services from that facility.
4. If the Finding decision is Substantiated ~~or Affirmed~~ for the Human Trafficking Sex (HTS) allegation, the date must be entered that DCF reported the incident to Law Enforcement.

Perpetrator

1. After a finding decision is successfully processed, select each perpetrator, flow to UNNI to record specific information on that alleged perpetrator. Data fields such as date of birth and SSN previously entered on EVRL carry over onto UNNI. Information on date of birth, race, ethnicity, relationship to alleged victim, facility involvement and facility types are all required fields except for military family.
2. Indicate ~~that~~ if the report involves a facility **by referencing SORT. A report involves a facility** when all ~~of~~ the following factors are indicated:
 - a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing or KDADS (Licensed 'PRTF'); and.

b. The alleged victim resides in or receives services from that facility.

3. ~~With regard to~~ **Regarding** perpetrator relationship to victim, enter foster parent (FP) only if the perpetrator was the foster parent provider for the victim at the time of the substantiated incident. Victim must also be in DCF custody to use the FP code. Enter employee at a placement (EP) only if the perpetrator was an employee at the victim's OOH placement at the time of the substantiated incident. If a victim's perpetrator is a relative who is also a licensed foster parent for the victim, enter the relationship code of foster parent in the perpetrator relationship field.

2910 Eligibility for Medical Exam Related to an Abuse or Neglect Investigation

During an abuse or neglect investigation the **Child Protective Services (CPS)** Specialist determines and documents the need for a child's CPS medical exam.

Check ~~KAECSES~~ **the Kansas Eligibility and Enforcement System (KEES)** to determine if the child has a medical card, if a parent is unwilling or unable to pay for the child's medical exam or subsequent treatment during an investigation of alleged abuse or neglect. ~~Upon implementation of KEES the status shall be reviewed in KEES.~~ Authorize payment as authorized by section 2450 **of the PPM** if the family is not eligible for medical assistance.

A. Payment Procedures for CPS Medical Exams

1. Payments for medical exams arising out of a CPS investigation are made with the case and client numbers from a ~~KAECSES or KANPAY~~ **KEES** case.
2. A PPS 2833 Client Purchase Agreement shall be completed by PPS staff to document the medical exam expense. The provider must present a bill for the specific medical service ~~in order~~ to generate a payment. Payment should not exceed the established Medicaid rate. Use the Family Services speed chart number ISD27321 (Program=27321, INF45=3290). See the Handbook for Client Purchases for details on purchasing procedures.

2911 Law Enforcement Emergency Placements

K.S.A. 38-2231 and 38-2232 provides law enforcement agencies the ability to take children into police protective custody on an emergency basis without a court order, for the protection of children. Refer to section 2471 of the PPM for additional information.

A. Purchase Limitations/Guidelines

Emergency placement providers shall receive documentation from law enforcement when a child is placed with them stating that law enforcement has given the facility custody, and the provider has consent for medical treatment and for transportation of children placed in their facility or home. Law enforcement agencies have forms called law enforcement applications for this purpose. PPS must receive a copy of the "law enforcement application" before payment is made to the provider. The following applies:

1. PPS is responsible for payment through DCF Region in which the law enforcement emergency placement occurred. Each DCF Regional office has a list of licensed emergency placement providers. PPS staff shall not pay for law enforcement emergency placements if the provider is unlicensed or is not designated as an emergency placement, unless approved by the Assessment and Prevention Administrator.
2. Emergency placements made by law enforcement are limited to 72 hours following admission (excluding weekends and holidays or days on which the office of the clerk of the court is not accessible) unless a court has continued the custody hearing.
3. Payment for the care of children in licensed and designated emergency placements is made by DCF even though these children are not in DCF custody. RE/FC/AD Child Welfare Case Management Providers are responsible for payments when the child has been referred to them prior to their law enforcement placement and the referral is still open. Payment shall not exceed the established DCF rates found on PPS intranet site <http://dcfnet.dcf.ks.gov/Pages/Home.aspx>.
4. If the emergency placement overlaps a weekend or holiday or day on which the office of the Clerk of the Court is not accessible, payment should also be made for the weekend or holiday or day on which the office of the clerk of the court is not accessible and these days do not count toward the 72-hour limit. Any portion of a calendar day shall be considered as one day.
5. In situations where the child remains in a law enforcement emergency placement over a Court or DCF weekend and holiday, the placement may

last up to 8 calendar days. When the placement exceeds 5 calendar days, the last day of care is not paid.

6. In rare situations the child does not leave the emergency placement within 72 hours, e.g. temporary custody hearing not yet held or parent did not pick up the child as scheduled. When this occurs, staff will need to evaluate circumstances for exceeding the 72-hour time period to determine if DCF responsible for any further payment as an emergency police admission payment or as a family service payment. If paid as a family service payment (see section 4900), a Client Service Agreement would be required.

B. Payment Procedures for Law Enforcement Emergency Placements

1. Payments for law enforcement emergency placements are made with the case and client numbers from a **Kansas Eligibility and Enforcement System (KEES)** ~~KAECSES or KANPAY~~ case.
2. A PPS 2833 Client Purchase Agreement shall be completed by PPS staff documenting the emergency placement expense. Use the following accounting codes: Program=27322, INF45=3232. See the Handbook for Client Purchases for details on purchasing procedures.
3. DCF pays for detention only when:
 - a. The court places a child in DCF custody, orders a juvenile detention placement, and a referral to a RE/FC/AD CWCMP has not been made. A detention payment covers only a 24-hour period, excluding weekends, legal holidays, or days on which the office of the clerk of the court is not accessible per K.S.A. 38-2260. A copy of a journal entry ordering a juvenile detention placement is required.
 - b. Law enforcement places a child who is in the custody of the Secretary in detention and a referral to a RE/FC/AD CWCMP has not been made or the year of aftercare is complete. The law enforcement officer must first deliver the child to a shelter facility. If the person in charge of the shelter facility and the law enforcement officer agree the child will not remain, the law enforcement officer may place the child in detention. K.S.A. 38-2232.
 - c. Payment shall not exceed the established DCF rates found on PPS' SharePoint site.

Use the following accounting codes: Program=27322, INF45=3230. See the Handbook for Client Purchases for details on purchasing procedures.

2012 Staff Secure Facility Placements

K.A.R. 28-4-1250 through K.A.R. 28-4-1269 and K.S.A. 65-535 provides for law enforcement agencies or a state agency given custody by the court the legal authority to place a child/youth in a Staff Secure Facility (SSF) placement. Staff Secure Facility placements are available for the emergency placement of victims of human trafficking.

Child Welfare Case Management Providers (CWCMP), as a sub-recipient of the Department for Children and Families (DCF), can also place victims of human trafficking in a Staff Secure Facility when child in DCF custody is identified as a human trafficking victim.

A. Staff Secure Facility – Purchase Limitations/Guidelines

1. Payment for the care of children in a licensed Staff Secure Facility is made by DCF when the child/youth is in police protective custody.
2. Payment for the care of children in a licensed Staff Secure Facility can also be made by DCF when child/youth is in DCF custody.
3. When a victim served by the CWCMP is placed in protective custody at a Staff Secure Facility by law enforcement, the CWCMP is not fiscally responsible for the first 72 hours, excluding holidays and weekends, of placement. DCF will pay for up to the first 72 hours, excluding holidays and weekends, of such placement. Payment is the responsibility of the CWCMP after the 72-hour period has passed.
4. Payment by DCF or the CWCMP shall not exceed the established DCF rates.
5. PPS is responsible for payment through the DCF Region in which the Staff Secure Facility is located. Each DCF Regional office has a list of licensed Staff Secure Facility providers. PPS staff shall not pay for Staff Secure Facility placements if the provider is unlicensed or is not designated as a Staff Secure Facility, unless approved by the Assessment and Prevention Administrator in the region the placement occurred.
6. Staff Secure Facility placements have no limitations as to duration of stay. Short term stays where the victim is returned to a parent or guardian average 3-5 days in length. Longer term placements where the victim receives more services to help them deal with their situation may occur.

B. Payment Procedures for Staff Secure Facility

1. For the initial billing, the appropriate DCF office requires a copy of the signed placement agreement with the facility and an invoice from the SSF within 30 days of the end of the month in which placement started.
2. For children/youth in an extended stay, the appropriate DCF office requires an invoice from the SSF within 30 days of the end of each month in which placement occurred.
3. Staff Secure Facility placements are made with the case and client numbers from a ~~KAECSES or KANPAY~~ **Kansas Eligibility and Enforcement System (KEES)** case.
4. A PPS 2833 Client Purchase Agreement shall be completed by PPS staff documenting the placement expense and acquiring the needed signatures. Use the following accounting codes:
 - a. Staff Secure Facility: Program=27323

See the Handbook for Client Purchases for details on purchasing procedures.

3110 Case Management Safety and Risk Assessment

The protection and safety of the child shall be assessed and evaluated through informal and formal safety and risk assessments. Safety and risk assessments shall be completed by the Child Welfare Case Management Provider (CWCMP) on an ongoing basis, formally and informally, throughout the life of all cases and at critical times.

For definitions of danger, risk, and safety, please refer to PPM2300 Defining Danger, Risk, and Safety.

A. Critical times in the case include, but shall are not be limited to:

1. New allegations of abuse or neglect assigned to DCF, in conjunction with DCF staff;
2. A change in the family condition causing a worry that danger, risk or both could be present for the child concern for the child's safety;
3. A critical incident, as defined in PPM 0510 or significant incident, as defined in PPM 0512;
4. Changes in family structure including, but not limited to, other adults moving into or out of the home or having caregiving responsibilities, birth of baby, other or children moving into or out of the home, such as a sibling returning home, caregiver moving out of the home;
5. Change in household situations including, but not limited to, loss of income or employment, loss of critical services or medical coverage, family member's disability due to illness or injury, or family moving to a different home, region, or state;
- 6.5. A new concern of increased substance use, misuse, or relapse by a family member, especially if person is a or caregiver;
- 7.6. Changes in family member's mental health condition that may pose a threat to children's well-being;
- 8.7. Incident of violence or domestic violence in the home;
- 9.8. Known weapons in the home;
- 10.9. New pet that may pose a potential threat to the children;
- 11.10. Loss of adequate housing;
- 12.11. Transitioning the family from intensive services to less intensive services while receiving Family Preservation Services;
- 13.12. New indications of child with danger to self, or self-harming behaviors per PPM 2115;

- 14.13. A significant change in visitation structure;
- 15.14. Upon reunification;
- 16.15. Upon ~~relative~~ any change in placement;
- 17.16. Youth is exhibiting behaviors that could lead to juvenile offender charges related to physical violence, aggression, damage to property or use of life-threatening drugs;
18. New or increased sexually acting out behaviors;
19. Prior to case closure.

~~B. Other times when formal or informal risk and safety assessments may be completed include, but are not limited to, the following:~~

- ~~1. Change in household situations, such as loss of income/employment, loss of critical services or medical coverage, family member's disability due to illness or injury, family moving to a different home, region, or state;~~
- ~~2. New report not assigned to a DCF CPS Specialist for further assessment;~~
- ~~3. If a child is suspected to be a victim of Human Trafficking an assessment shall be completed to determine safety, placement, treatment and service needs for the child using an assessment tool or instrument. A summary of the assessment results shall be provided to the court, if applicable.~~

~~C. B. Risk assessments, used to understand the presence of both risk factors and protective factors to inform areas of focus for CWCMP support, shall include the following factors:~~

1. Parent or caregiver risk factors and protective factors;
2. Family risk factors and protective factors;
3. Child risk factors and protective factors;
4. Environmental risk factors and protective factors.

~~D. C. Safety assessments, used to identify immediate safety threats and existing protective factors to determine whether children are safe, safe with a plan, or unsafe, shall include the following factors:~~

1. Plausible threat/likelihood of serious physical harm;
2. Sexual abuse is suspected or substantiated and the (alleged) perpetrator continues to have access to the child;
3. Caregiver actions or omissions have caused or are likely to cause serious impairment of a child's social, emotional, or intellectual functioning;
4. Caregiver is unwilling, or unable, to meet child's needs for food, clothing, or shelter including where living conditions are hazardous and imminently threatening;

5. Caregiver is unable or refuses to seek treatment for a child's medical condition, or to administer prescribed treatment for a diagnosed medical condition that poses a serious threat to the child's physical health;
6. Caregiver has not, cannot or will not provide supervision necessary to protect child from potentially serious harm;
7. Caregiver has given up or deserted a child with stated or apparent intention to not resume the relationship;
8. Caregiver strengths and protective factors.

E. **D. Types of Safety and Risk Assessments** Formal Safety and Risk Assessment

1. Formal Safety and Risk Assessment

1.a. Formal safety and risk assessments are when occur when tools/ or instruments which are either empirical/research/evidence-based, or based on consensus models, are completed to assess safety and risk factors and guide decisions. Formal safety and risk assessment tools are based on empirical data, research, or evidence-based or based consensus modeling.

F. 2. Informal Safety and Risk Assessment

1.a. An informal safety and risk assessments occurs when safety and risk related information is considered and gathered, discussed, and considered during each contact with the child and family. Safety and risk factors listed in C. and D. above, Appendix 2F, and Appendix 2H may be used as tools/guides to assist in gathering sufficient information to informally assess safety and risk. The CWCMP case manager/DCF CPS specialist shall ensure documentation includes the informal safety/ and risk assessment and conclusion(s) for each contact with the child.

E. Human Trafficking Assessment

1. If a child is suspected to be a victim of Human Trafficking an assessment shall be completed to determine safety, placement, treatment and service needs for the child using an assessment tool or instrument. A summary of the assessment results shall be provided to the court.

3207 Case Plan Participants

Participants in the case planning conference are selected based upon their involvement in the life of the child and the type of case plan being developed. Participants in case planning conferences shall be willing to address the concerns that brought the family to the attention of the agency. All participants shall have equal opportunities to actively participate.

- A. Diligent efforts to locate both parents shall be made and documented in the case file.
 - 1. Incarceration or living out-of-state does not automatically preclude a parent from such notification.
 - 2. If there is a no contact order, the parent still maintains the right to have full information regarding his/her child. Notification of the case planning conference shall be sent with additional information informing the parent that his/her input is requested, but due to the no contact order, he/she will not be able to attend the meeting in person.
 - 3. Alternative methods to participate shall be offered to the parent. If there is not a child in DCF custody, the same efforts to involve the non-custodial parent are required when appropriate.
- B. The third-party participant is a person who may have involvement with the family but is not directly responsible for providing services to the child and family. This may include: an advocate for the family's cultural needs; an advocate for special mental health needs of the family/child who is not delivering services; a worker, supervisor, or program support worker not directly involved in providing services to the child & family or a representative from another agency.
- C. Persons required to be invited to all case planning conferences:
 - 1. Parents or legal guardians, if whereabouts are known and parental rights intact;
 - 2. The child, if age 7 or over, providing the child has the cognitive ability to understand the process and to participate. If the child does not have the cognitive ability to participate, concerted efforts shall be made to collect the child's input on the plan prior to the case planning conference. These efforts and the child's contributions shall be reviewed during the conference and documented in the file.
 - 3. The case planning conference shall include youth age 14 and older in out of home placement, regardless of case plan goal. If a youth age 14 or older is not present for the conference, the conference facilitator/case manager shall discuss the concerted efforts to include the youth with the case planning team, either by attempting to schedule around the youth's availability or through

documented efforts by the case manager to obtain the youth's input on the development of the plan, prior to the conference. If the youth's absence is due to a reason other than reduced cognitive ability (I/DD) or a youth's absence from placement without authorization (missing, absent, or runaway), the case plan shall be rescheduled at a time that is conducive to the youth's participation. After two attempts to hold a case plan for which the youth is not present, the case planning team may continue with the plan's development at the third meeting to ensure timeliness of the case plan completion.

4. The responsible case manager from the Child Welfare Case Management Provider, DCF, or the Community Family Services Provider; if the worker assigned to the case is unexpectedly unable to participate, their supervisor or another worker familiar with the case may conduct the case plan in their absence.
 5. If the case plan goal is maintenance at home, one of the parents with whom reintegration occurred shall be present at the case planning conference, either in person or by phone.
- D. Concerted efforts shall be made to actively involve the parents/caregivers and child(ren) in the case planning process. Actively involved means parents/caregivers and the child(ren) were involved in:
1. Identifying strengths and needs
 2. Identifying services and service providers
 3. Establishing goals in the case plan
 4. Evaluating progress toward goals, and
 5. Discussing the case plan.
 6. See Appendix 3A for additional information. For information about holding case planning conferences if parents do not attend, see PPM 3234,
- E. In addition, if child(ren) are in the custody of the Secretary, the following persons shall be invited:
1. The DCF staff assigned. For all youth 14 and older in out of home placement, the youth's updated PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan for youth on the I/DD waiver or waitlist shall be sent to the DCF Foster Care Liaison with the case planning conference invitation.
 2. A third party participant not directly involved in providing services to the child & family;
 3. The guardian ad litem;

4. The resource family, including relative and non-related kin providers, for child in out of home placement;
5. The Court Appointed Special Advocate (CASA), if applicable;
6. Tribal representative for children when ICWA applies. The tribe shall also receive a copy of the signed case plan.
7. The DCF Regional Independent Living Coordinator or designee for all youth in out of home placement with a case plan goal of APPLA, beginning at age 16, and all youth age 17 and older, regardless of case plan goal to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved. The youth's updated PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan shall be sent to the Regional Independent Living Coordinator with the case planning conference invitation.
8. The responsible HCBS waiver agency and the HCBS waiver case manager for youth receiving HCBS waiver services. If the family/youth intends to move to a different area to receive HCBS waiver services, this may involve inclusion of more than one service provider.
9. For children age 14 and older, no more than two case planning team members selected by the youth, who are not the youth's case manager or foster parent, and are able to represent the best interests of the youth.

F. Persons who should be invited to attend, as applicable:

1. Residential or institutional setting treatment staff if the youth is in a residential placement
2. The prospective custodian, if permanent custodianship is the permanency plan;
3. The prospective adoption parent(s);
4. Teachers;
5. The education advocate assigned to the child,
6. The youth's positive supportive adult(s);
7. Any other individuals important to the family or the child who can contribute to the case planning process;
8. The Case Manager of a parent with a disability, either physically or cognitively, who is involved with a Center for Independent Living (CIL) or a Community Developmental Disability Organizations (CDDO),
9. The Corrections Counselor for an incarcerated parent or parole officer for a paroled parent

10. Child Placing Agency staff responsible for support to the foster family where the child is placed.
11. Individuals from Community Corrections and/or Court Services who are working with youth involved in the juvenile justice system.

G. Notification of Conference Participants

1. If the child is in the custody of the Secretary and placed at home or in out of home placement, notification shall be given to required participants in writing at least 10 days prior to the date of the case planning conference.
2. If DCF is providing Family Services, DCF shall provide the notification; if services are provided by a Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall provide the notification.
3. If the family is being served by a CWCMP and it is anticipated the permanency goal may be different from what it was at the last case planning conference, DCF shall be given notification of the possible change.
4. Parents and legal guardians shall be the only case plan participants who may request the case plan be held without the opportunity for providing the 10 day notice to required participants. The request and decision shall be documented in the file.
5. The 10-day notice shall be provided by e-mail, fax or letter. If mailed allow three (3) additional working days for mail delivery time to provide sufficient notice to all parties.
6. Documentation of notification shall be retained and if services are provided by a Child Welfare Case Management Provider, a copy shall be sent to DCF.

H. Participant Education

All participants shall be educated on the purpose of the case planning conference. For the initial case planning conference, the Child Welfare Case Management Provider or DCF CPS Specialist for cases not referred to provider, shall meet with the family in person to describe its purpose. This education shall be documented in the case logs.

This education shall be accomplished by making available to the participants the handout "An Introduction and Parents Guide to Family Service and Family Preservation (child not in custody) Case Planning Conferences", PPS 3049A, for family service, and Family Preservation cases. For children in custody cases, the parents will be provided "An introduction and Parents Guide to Child in Custody Case Planning Conferences". The parents shall also be referred to the Family Handbook, PPS 5137, for the initial case planning conference.

3210 Roles Related to Case Planning

Case Planning is required for all types of services provided by DCF and/or Child Welfare Case Management Provider. Case plans may or may not involve a service provider, depending on the type of case plan and permanency goal.

A. Case Plan Services Without Custody

- a. Case plan services without custody may include Family Services, Family Preservation and Self-Sufficiency. If a child welfare case management provider is involved DCF staff shall provide information related to the child's and family's needs to the Child Welfare Case Management Provider.
- b. The following activities are related to all case planning for cases without custody. The case manager is responsible for completing these services with the family:
 1. Meet with mother, father and other appropriate maternal and paternal relatives and unrelated kin;
 2. Develop activities and objectives to meet Child Protection Objective(s) from the Family Based Assessment summary for Family Services and Family Preservation cases only;
 3. Develop activities related to Self-Sufficiency Goal(s) the youth for Self-Sufficiency cases only;
 4. Follow through with activities assigned to DCF and/or service provider;
 5. Monitor progress of achieving activities with family and/or youth;
 6. Determine with family when child protection objective(s) have been met and no further services are needed, and case can be closed;
 7. Determine with the youth when self-sufficiency goal(s) have been met and no further services are needed, and case can be closed;
 8. Complete Forms PPS 3050, 3055, and 3057 for Family Services and Family Preservations cases only;
 9. Complete Forms PPS 7000, 7000A, 7001, 7210, 7215, 7220, 7230, 7235, 7240, 7245, 7250, and 7300 as applicable for Self-Sufficiency cases only.

B. Case Plan Services with Custody

- a. DCF is ultimately responsible for all children in the custody of the Secretary and accountable to the court of jurisdiction. Case plans and permanency goals are subject to DCF approval. If a child in custody is not referred to a

Child Welfare Case Management Provider for services, the DCF CPS Specialist is responsible to provide or contract for all case planning activities and services. This includes cases where the aftercare period of the Child Welfare Case Management Provider ends, and the child remains in the custody of the Secretary.

- b. If a child, or children, in the family have been placed in the custody of the Secretary of DCF but allowed to remain in the home, a separate set of case plan documents shall be completed for each child. If a child welfare case management provider is involved DCF staff shall provide information related to the child's and family's needs to the Child Welfare Case Management Provider.
- c. The following activities are related to all case planning for cases with custody:
 1. Meet with mother, father and other appropriate maternal and paternal relatives and unrelated kin;
 2. Develop activities and objectives to meet Child Protection Objective(s);
 3. Follow through with activities assigned to DCF and/or service provider;
 4. Monitor progress of achieving activities with family;
 5. Determine with family when child protection objective(s) have been met and a recommendation can be made to the court that custody be released;
 6. Complete Forms 3051, 3052, 3054, 3055, and 3057 if child is at home. In addition, complete 3053 and 3056 if child is in out-of-home placement, PPS3059A My Plan for Successful Adulthood for youth 14 and older and in out-of-home placement or PPS3059B My Adult Services Plan for youth 14 and older and in out-of-home on the I/DD waiver or waitlist, and 3060 for children who have been assessed for or placed in a Qualified Residential Treatment Program;
 7. Submit court reports as required by the Judicial District;
 8. Review the case plan with the family at least one time between case planning conferences (see PPM 3220);
 9. Provide a copy of completed case plan documents for each child in DCF custody to the court at least every 180 days during the time the child remains in DCF custody.
- d. For youth who are in the custody of the Secretary at age 14, the case plan shall note that they may request and receive a high school diploma once they are at least 17 years of age. They shall have achieved the minimum high

school graduation requirements adopted by the State Board of Education and make the request to the school where they are currently enrolled or reside.

- e. For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the parent / foster parent / relative / kinship caregiver and shall acknowledge receipt on the PPS 3051. The PPS 5138 Foster Care Bill of Rights shall be explained to the child in a manner consistent with the child's developmental level. Children /youth age or older shall receive a copy of PPS 5138 Foster Care Bill of Rights and acknowledge receipt of the information on the PPS 3051.
- f. A PPS 3059A My Plan for Successful Adulthood shall be prepared by the Child Welfare Case Management Provider with all youth aged 14 and older in out of home placement. Youth 14 and older in out of home placement and on the I/DD waiver or waitlist shall have a PPS 3059B My Adult Services Plan instead of the PPS 3059A My Plan for Successful Adulthood. The PPS 3059A or PPS 3059B serve as the formal transition plan document to assist youth and young adults plan for adulthood. Youth and young adults shall be involved in developing their transition plan. ~~the My Plan for Successful Adulthood and complete it together in a cooperative manner between the youth, and the CWCMP case manager.~~ These forms shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team. The PPS 3059A or PPS 3059B shall be reviewed and updated prior to each case plan and attached to the current case plan.
1. The DCF Regional Independent Living Coordinator or designee may act as a consultant, as needed, in helping the CWCMP youth develop the PPS 3059A or PPS 3059B alongside the ~~for~~ youth age 16 who have a case plan goal of APPLA, and all youth age 17 and older, regardless of case plan goal.
 2. The youth or young adult shall be assisted in considering and identifying specific options for housing; health care and insurance; education; opportunities for being mentored; continuing support services; employment supports and services; and other services needed to maintain self-sufficiency for the youth and if applicable, for any minor child of the adult.
 3. The plan shall include where the youth or young adult will live and how they will support themselves. Information on available services, supports, and resources shall be provided to the youth or young adult including if applicable, The PPS 3059B shall include information on

supports and services for which an adult with a disability is eligible including but not limited to funding for home and community-based services waivers.

4. If the youth **or** young adult ~~is age 18 and~~ has not completed high school or obtained a GED, the plan shall include activities to achieve this goal by June 1 of the year in which they turn 18.
5. The plan may include the purchase of services including Foster Family Transition Services for the youth to be supported in achieving self-sufficiency.
6. The plan shall identify at least one connection for success. Youth **or young adults** shall also be assisted in identifying additional connections with community resources for help with housing, employment, transportation, finances, and school. The CWCMP worker shall work with the young person and community agencies, extended family members, foster parents and their relatives, teachers or ministers, friends, or volunteer staff to help the young person find connections for success. All young people shall be provided with opportunities to interact and develop relationships with dedicated adults in the community. CWCMP staff, including IL Coordinators, shall not be considered for this purpose.
7. ~~The connections for success~~ **My Support Network** shall be documented in Section ~~2~~ **6: My Connections for Success** in the PPS 3059A My Plan for Successful Adulthood **or Section 3 in the PPS 3059B My Adult Services Plan**. ~~Section 6~~ **The My Support Network sections** shall be reviewed at every transition planning meeting with the youth and kept up to date.

3214 Planning with Youth Prior to Release of Custody

- A. ~~Youth~~ **Young Adult** Request Release of Custody
1. A ~~youth~~ **young adult** 18 years of age or older may seek ~~emancipation by requesting~~ release of custody by submitting a written request to the court ~~in writing~~. See K.S.A. 38-2203 (c).
- B. ~~PPS 3059 My Plan for Successful Adulthood~~ **The PPS 3059A My Plan for Successful Adulthood shall be used to develop specific case planning tasks to assist the young adult in their transition into adulthood. The PPS 3059B My Adult Services Plan shall be utilized for young adults on the I/DD waiver or waitlist and will be transitioning into Home and Community Based Services (HCBS) waiver(s)**
- C. ~~Youth~~ **Young adult** exiting the system because of release of custody at age 18 ~~or emancipation~~ shall have a PPS 3059**A** My Plan for Successful Adulthood completed at least 90 days prior to their 18th birthday and/or planned release. **Those on an I/DD waiver or waitlist shall have an updated PPS 3059B My Adult Services Plan.**
- D. **In addition to an updated transition plan, a PPS 3059C, My Exit Plan shall be completed within 90 days prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody. The Exit Plan shall include:**
1. The youth's contact information;
 2. A back up plan should their plan fall through;
 3. Plans for pregnant or parenting youth and their children;
 4. A list of documents the youth has in their possession;
 5. Employer's name ~~and contact information~~;
 6. Contact information for those who would know how to get in touch with them;
 7. Information about National Youth in Transition Database (NYTD);
 8. Information about Power of Attorney **and** Living Wills;
 9. Independent Living Services available from DCF

10. Contact information for the DCF Independent Living Coordinator and CWCMP Aftercare Case Manager.

11. CWCMP Staff shall complete the final page of the PPS 3059C with specific identified resources and provide the form to the young adult prior to exiting custody.

E. The PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan along with the PPS 3059C My Exit Plan shall verify the following information and items have been provided to the youth before discharge:

1. Information about the process to request services from DCF after their release and up to their 21st birthday, or prior to the semester in which they turn 26 for the Education and Training Voucher (ETV) Program.
2. Verification the youth's dental, eye care, immunizations, and medical services are up-to-date
3. Copies of health and medical records including immunization records and list of medical providers who have provided treatment to the youth while in custody; ~~information involving the youth's health care and records shall be completed in the Health Guide for Kansas Teens booklet. This booklet shall be maintained with current records and information with the youth and shall transition with the youth upon release of custody.~~
4. Instruction on use of prescribed medications, how to obtain them, and a month's supply of maintenance medications when appropriate
5. Copy of the PPS 5340 Medical and Genetic Information for the Child
6. Information about ~~MCO's and~~ KanCare and Medicaid Managed Care Organizations (MCO)
7. Information about the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions
8. Information which provides the youth with the opportunity to execute a health care power of attorney, health care proxy, or other similar document recognized by Kansas law
9. Certified copy of their birth certificate and information about how to obtain a certified copy
10. Social Security card and information about how to obtain original card. See 5205, DCF Responsibilities at the Time of Referral to Case Management Provider and Appendix 5F, Requesting New or Replacement SS Card

11. Photo ID or Driver's license (if youth already has one) and information about how to obtain a license
12. Proof of citizenship and information about how to obtain it. Refer to the KEESM manual Appendix A which outlines documents to prove citizenship and identity.
13. A copy of their diploma, transcript or GED certificate and information about how to obtain such
14. Any other education records such as IEP the youth may need ~~to be self-sufficient~~
15. Information on the Foster Care Tuition Waiver Program and Education & Training Voucher Program (ETV)
16. Information and application for Kansas Kids @ GEAR UP for youth grades K-12
17. Post-secondary scholarship information and application for Kansas Kids @GEAR UP
18. Contact for DCF for Independent Living Services after discharge from custody
19. Copies of any existing credit reports and verification of corrective action to dispute inaccuracies or identity theft
20. Information about how to contact the adults and community resources the young person has identified as connections for success in Section 2 of the PPS 3059A My Plan for Successful Adulthood or Section 3 of the PPS 3059B My Adult Services Plan
21. Letter verifying custody of the youth
 - a. DCF IL Coordinators shall provide a letter verifying custody for a young adult during their exit interview.

3231 Development of Permanency Goals

There are six possible permanency goals: maintenance of the child at home, reintegration, permanent custodianship, adoption, SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency, and Another Planned Permanency Living Arrangement (APPLA).

Each case plan shall contain a permanency goal for the child. Each child in the Secretary's custody and in out of home placement shall have a concurrent permanency goal established, if appropriate, pursuant to Appendix 3F. Also, see Section 3232. The permanency goal shall be established at the first case planning conference. The case plan shall be monitored until the permanency goal is achieved. The permanency goal may be changed when it is apparent the original goal cannot be met within a reasonable time frame.

Permanency goals and progress toward meeting the goals are documented on the PPS 3050 Family Service/Preservation Plan or PPS 3051 Permanency Plan.

A. Maintenance of the Child at Home

1. Maintenance of the child at home is the preferred goal. The child's safety must be assured. Family services or family preservation services shall be considered as options to prevent out-of-home placement of the child.
2. The DCF CPS Specialist has the primary responsibility for the initial assessment of the family and for determining the safety of the child. Once the case is referred to a provider, the DCF CPS Specialist and the Child Welfare Case Management Provider (CWCMP) case manager are responsible for continuing to assess the safety of the child.
3. The tasks required to meet the goal of maintaining the child safely at home are recorded on the PPS 3050, Section 4, Maintenance Objectives.

B. Reintegration of a Child in Out-of-Home Placement

1. For children who cannot remain with their family and must be placed in out-of-home care for their safety and well-being, the preferred permanency goal is reintegration. Case planning is directed toward addressing concerns which led to the child being removed from their home. The CWCMP shall provide an array of services to allow the parents to safely resume responsibility for the child in the home in the shortest time possible.

2. The initial permanency goal for children in out-of-home placement shall be reintegration and efforts shall be made by the CWCMP to achieve that goal, unless the court has found that no reasonable efforts to reunify are required. (See Section 3371)

3. Activities needed to accomplish the permanency goal of reintegration are recorded on the PPS 3051, Section 3, Permanency Objectives.

4. Agency efforts and family progress toward meeting the goals in the case plan are documented in the case logs. This information is reported to the court at every hearing.

C. Adoption

1. When reintegration is not viable, adoption is the preferred permanency goal in most cases.

a. If a child has been placed out of home for 12 continuous months at the time of the most recent case planning conference, the permanency goal of adoption shall be considered.

2. Factors to consider when determining if adoption should be the permanency goal include:

a. The parent's lack of progress in completing the goals and objectives of the case plan successfully;

b. A youth's interest in adoption if age 14 or over;

c. The probability an adoptive family can be developed for the youth;

d. The youth is already placed with relative or non-related kin;

e. Age, disability, acute or chronic illness, behavioral issues, or any other single decision element shall not be the deciding factor when considering whether or not to pursue termination of parental rights and to select adoption as the permanency goal for a specific child. The best interests and well-being of the child are the goal for any plan for a child's permanency.

3. If adoption was considered but not established as the goal, the reasons shall be documented in the summary section of the PPS 3051, Section 6.

4. If adoption is established as the goal, the possibility of obtaining a relinquishment of parental rights from the parent(s) shall be considered during the case planning conference and by the 12th month of out-of-home placement.
5. Relinquishment, if deemed appropriate, shall be discussed with the parents and documented in the summary section of the PPS 3051, Section 6.
6. Activities needed in order to achieve the permanency goal of adoption are recorded on the PPS 3051, Section 3 Permanency Objectives.
7. Progress toward meeting the objectives associated with the permanency goal of adoption is recorded on the PPS 3051, Section 6.

D. Permanent Custodianship

1. Permanent custodianship allows the custodian to exercise all the rights and responsibilities of a parent without the on-going oversight of DCF, as determined by the Permanent Custodianship order. Custodianship may be an option for youth with or without the termination of parental rights.
2. The activities required to meet the goal of permanent custodianship are recorded on the PPS 3051, Section 3, Permanency Objectives
3. Refer to Appendix 6F for more extensive information on Adoption vs. Permanent Custodianship.

E. SOUL Family Legal Permanency

1. SOUL Family Legal Permanency is defined as "Support, opportunity, unity, legal relationships family legal permanency" or "SOUL Family Legal Permanency" means the appointment of one or more adults, approved by a youth who is 16 years of age or older and the subject of a child in need of care proceeding, pursuant to the child in need of care code and amendments thereto. SOUL Family Legal Permanency also recognizes additional relationships with a broad network of caring adults.
2. The CWCMP shall assess if appointment of a SOUL Family Legal Permanency custodian(s) best meets the youth's needs. The CWCMP shall also prepare all identified SOUL Family Legal Permanency Custodian(s) for the responsibility associated with becoming a SOUL Family Legal Permanency Custodian.
3. Factors to be considered in the case planning conference when determining if a youth might be appropriate for SOUL Family include: age, agreement and

approval of the youth, sibling connections, consent of the youth's parent's if parental rights are still intact, connection to the identified SOUL Family, the agreement and suitability of the potential custodian(s) to care for the youth.

a. SOUL Family Legal Permanency may be considered as a permanency goal if the young person is above the age of 18 and the Child in Need of Care court case remains open as long as the requirements in E.4. have been met.

b. Siblings of eligible youth may not be appointed a SOUL Family Legal Permanency custodian unless all identified requirements are met per E.4.

4. The permanency goal of SOUL Family Legal Permanency may be appropriate when the requirements below have been met;

a. Agreement and approval of a youth aged 16 years of age or older; and

~~b. Agreement and consent of the youth's parent(s) unless there has been a finding of unfitness or termination of parental rights and consent is no longer required.~~

~~i. Should the youth's parent(s) be unwilling to consent to the appointment of SOUL Family Legal Permanency, CWCMP must explore other permanency goals for the youth. If a parent has consented to appointment of SOUL Family Legal Permanency based upon a belief that the youth's other parent would also consent or be found unfit, and such parent does not consent, the consent shall be null and void.~~

~~ii. Should the youth's parent(s) location be unknown, the CWCMP shall attempt to locate and engage the parent(s), at minimum, with 3 attempts, utilizing different methods of communication.~~

~~iii. If the young adult is above the age of 18, agreement and consent of the young adult's parent(s) is still required, if parental rights are intact.~~

5. If there is more than one SOUL Family Legal Permanency Custodian identified, one individual shall be designated as primary custodian by the court with the approval of the youth and the individual to serve in such role in the event a dispute arises.

6. Agreement and consent of the youth's parent(s) is required for appointment unless there has been a finding of unfitness or termination of parental rights and consent is no longer required.

a. Should the youth's parent(s) be unwilling to consent to the appointment of SOUL Family Legal Permanency, CWCMP must explore other permanency goals for the youth. If a parent has consented to appointment of SOUL Family Legal Permanency based upon a belief that the youth's other parent would also consent or be found unfit, and such parent does not consent, the consent shall be null and void.

b. Should the youth's parent(s) location be unknown, the CWCMP shall attempt to locate and engage the parent(s), at minimum, with 3 attempts, utilizing different methods of communication.

c. If the young adult is above the age of 18, agreement and consent of the young adult's parent(s) is still required, if parental rights are intact.

7. Appointment of a youth with a SOUL Family Legal Permanency ends DCF custody and allows the SOUL Family Legal Permanency Custodian(s) to make decisions and be responsible for the day to day care of the youth.

8. SOUL Family Legal Permanency may recognize other individuals identified as supportive connections for the youth by the youth. These identified individuals shall testify to the courts they accept the role. These supportive connections are acknowledged by the court that they will provide support for the youth agreed to by the youth and the SOUL Family Legal Permanency Custodians. Such individuals shall have no legal obligations or rights related to the youth per the court's recognition.

9. While DCF custody ends upon appointment of SOUL Family Legal Permanency, court jurisdiction continues until terminated pursuant to statute.

F. Another Planned Permanency Living Arrangement (APPLA)

1. The permanency goal of APPLA is appropriate only for youth age 16 or older, and when documentation shows compelling reasons exist which make all other permanency options unacceptable. The compelling reasons may include:

a. An older teen requests emancipation;

b. A parent cannot care for their child regardless of supports due to limitations of their own disability, but a significant bond exists between them, while the placement resource is willing to sign a commitment agreement for the child to remain in their home, but is not willing to adopt or be a permanent custodian for the child;

c. A tribe has identified a planned permanency living arrangement for an Indian child.

2. Choosing this option is appropriate only when there is a specific, long-term placement for the child. Long-term out of home placement is not an acceptable permanency option and shall not be chosen as a planned permanency living arrangement.

3. A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the child shall continue to be explored throughout the time the child is placed out of the home. At no time shall the permanency option of APPLA rule out other more permanent options.

3233 Development of Objectives and Activities

When developing objectives for the family and child, consideration shall be given to the strengths and needs of each family member. The objectives shall relate to the results of assessments and designed to help the family overcome barriers to the child remaining at home or returning home. The objectives, activities and behavioral changes expected are to be listed on the PPS 3050 or 3051, Section 3.

A. Objectives

1. Objectives shall relate to presenting problems, not prior or anticipated problems.
2. There shall be at least one but no more than three objectives listed with the associated activities and responsibilities. The objectives shall be taken from the PPS 2020. (See Section 2820 for FBA timelines.)
3. The case plan shall contain at least one objective that addresses the safety of the child and the reason why the child came into custody.
4. Objectives shall be measurable and shall state an end result (i.e., what changes will be made).

B. Activities

1. Specific activities to be accomplished by the parents, child and/or other members of the household shall be identified;
2. Activities shall be written at the parent's and/or youth's level of understanding;
3. Activities shall be listed in the order of priority;
4. Activities shall identify specifically what shall be done, by whom, how, and in what time frames;
5. There may be multiple activities and multiple persons assigned responsibility for completion of the tasks;
6. Activities shall address needs identified through the CLSA.
7. Activities to develop or enhance a support network shall be a part of the case plan.

C. All youth age 14 and older shall have a PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan for youth and young adults on an I/DD waiver or waitlist (refer to PPM 3210 and 3214 for steps to include).

D. All youth must be involved in all planning conferences related to their future and shall help design their plan for self-sufficiency.

E. Behavioral Change Expected

1. Behavioral change expectation statements shall indicate what qualitative, visible differences will occur as a result of the services provided.
2. Each objective listed in the case plan shall have a behavioral changes expectation identified.
3. Parents' input shall be considered
4. The statements shall be individualized for the specific family
5. The language used shall be easily understandable

3234 Participation/Signatures

All individuals who participate in the case planning conference shall sign, either by hand or electronically, the Participants' Signature section of the form. If a person participates by phone, a copy of the PPS 3050 or 3051 shall be sent to them for an electronic signature or to sign by hand and returned, this shall be included in the case planning documentation. CPS Specialists Case Managers shall not sign for participants. The case plan shall be dated with the date the person participated in the case planning conference.

A. The Child Welfare Case Management Provider Case Manager (CWCMP) is required to participate in the case planning conference and sign the case planning document. If the assigned CWCMP is unable to attend the case planning conference, the supervisor or case manager covering the case in the absence of the assigned case manager may participate in and sign the case plan form.

B. For child in custody cases, the third party participant is required to participate in the case planning conference and sign the case planning document.

C. Participation of both parents in case planning conferences is crucial to the development of the permanency goal for the child. The parents shall be provided proper notice of the case planning conference and have an opportunity to request a change in the date, time, or location of the conference. The importance of their involvement and their rights and responsibilities shall be explained.

D. If the parents do not attend the case planning conference, the case planning conference may proceed. Activities can be assigned to the parents in their absence. Following the case planning conference, the Child Welfare Case Management Provider shall attempt contact with the parent(s) who did not attend the conference to review the case planning document. If a parent is in agreement with the case plan, they sign on the signature page of the original document and date their signature the day the case planning document is signed.

E. If a parent is not in agreement with the case planning document, they must indicate such on the signature page and sign the form with the date

the signature was made. The parents shall then receive another case planning conference within 14 days of the date of the request.

F. Parents who are unable to attend due to incarceration, living out of state, hospitalization in a mental health facility or drug and alcohol treatment shall be offered an opportunity to participate in the case planning conference by telephone.

G. If the child is under the age of 10, the parent / foster parent / relative / kinship caregiver shall be provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf. If the child / youth is age 10 or older, they shall be provided the PPS 5138 Foster Care Bill of Rights. ~~For youth ages 14 or older, they shall receive and have explained their health rights and the right to have an annual credit check.~~

H. For youth ages 14 or older, they shall receive and have explained their health rights and the right to have an annual credit check as indicated in the PPS3059A My Plan for Successful Adulthood.

3321 DCF and Child Welfare Case Management Provider Responsibility to the Court

DCF and Child Welfare Case Management Providers are responsible to the court for each child in the custody of the Secretary and are held accountable for any orders of the court. All reports to the court shall be comprehensive in nature, detailing the gains and losses of the family and/or child. Each report to the court shall contain detailed case information to explain the child's current situation, the unique needs of the child, and the plan of action the agency intends to implement to meet these needs. The report shall have a clear permanency goal, or concurrent goal, if appropriate, the steps taken, and the progress made to meet that goal.

The Child Welfare Case Management Provider shall:

- A. Attend all court hearings;
- B. Provide any reports requested by the court in a timely manner;
- C. Assure the content of court report is complete, accurate, up to date, and addresses specific concerns of the court;
- D. Collaborate with Court Appointed Special Advocates (CASA) and Citizen Review Boards (CRB) (where applicable), court personnel, guardian ad litem and County/District Attorney;
- E. Inform the court whether the child has had the opportunity to engage in age or developmentally appropriate activities;
- F. Provide the Court with the child's PPS 3003-Court Report Summary-unless otherwise specified by the court-at least 10 days prior to the date of the hearing or per court requirements (if different than 10 days)
- G. Abide by all court orders
- H. Provide written notice to the court of planned and emergency moves, per PPM sections 3361-3364.
- I. Beginning when the youth is age 14, prepare **with the youth or young adult** a PPS 3059 **A My Plan for Successful Adulthood** **or PPS 3059B My Adult Services Plan for those on an I/DD waiver or waitlist**, ~~with the youth~~ to present to the court for the court's approval;
- J. Notify the court of jurisdiction when the adoption of a child is finalized; and

K. Follow orders from the court and document those orders in the case file. When a court order is received, which appears to go beyond the limits of the statute, requires something which cannot be accomplished or appears to be contrary to the welfare of a child, consult legal counsel for guidance and any necessary action.

3384 Change of Venue for Out Of Home Service Cases

Cases in which jurisdiction is transferred from one court to another are called "change of venue" cases. In many instances, the change from one court of responsibility to another will also require a change in DCF region of responsibility and a change in the Child Welfare Case Management Provider (CWCMP) providing out of home services.

A. Change of Venue to Another Region

1. CWCMP responsibility ends for children who reside in out-of-home placement when there is a change of venue to another region. A referral will be made to the Reintegration/Foster Care Provider in the new region. The referral to the receiving CWCMP shall be sent by DCF Regional staff within 5 working days of the receipt of information from the receiving court documenting the acceptance of the change of venue. The sending Provider shall promptly notify DCF staff of the change in venue to a new region and send DCF the Acknowledgement form indicating case closure due to change of venue. The receiving Provider shall also promptly acknowledge the referral by sending DCF the Acknowledgement form (PPS 5120).
2. A change of venue case is not considered as fully transferred to the receiving region until the case is accepted by both the receiving court and the PPS Support Services Administrator, or designee, in the receiving region. The case must also be formally assigned to DCF staff within the receiving region for the case to be accepted within DCF as a "change of venue" case.
3. In some situations a family may have children residing in out of home placement while another child or children are being served in the aftercare period. When a change of venue occurs in this situation, the Reintegration/Foster Care Provider in the receiving region will receive a new referral for any children in out of home placement but will then be expected to assume responsibility for serving the child or children who remain at home. The requirement of contact with the child within 4 hours of the referral,

contact with parents, and the initial team meeting may be waived by Regional DCF staff. The new CWCMP is required to notify the family within 5 working days of the new referral that a new case manager has been assigned, and to provide their contact information.

4. The overriding principle guiding this situation is the family is only served by one CWCMP.

B. Change of Venue within a Provider Region

1. CWCMP responsibility does not end when there is a change of venue for a child in out-of-home placement when the venue change is within in the same region.
2. When the change of venue is within the region, the Provider shall promptly notify the original DCF office of the venue change. The original DCF office shall transfer all files and service responsibility to the receiving DCF office.

C. Change of Venue in Aftercare

1. CWCMP responsibility does not end when there is a change of venue for a child in the aftercare period, whether the child is in DCF custody or not and whether the venue change is within the same region or to another region.
2. The original CWCMP is responsible for providing case planning information and other requested information to the court for children in DCF custody and to the appropriate DCF staff, in addition to providing the needed services to the child and family to maintain the child's permanency.
3. If the child must return to an out of home placement within 6 months and is still in DCF custody, the CWCMP sends an acknowledgement to DCF. If the child is no longer in DCF custody or has been home longer than 6 months, DCF sends a new referral to the CWCMP in that Region.

See Appendix 3R for additional information.

Change of venue occurs when a court proceeding transfers from one county to another. Change of venue may also require a change in DCF catchment area, a change in the Child Welfare Case Management Provider (CWCMP),

or both. A family is only to be served for out-of-home services by one CWCMP at any time.

When a CWCMP becomes aware of any anticipated change of venue for a case they serve, that CWCMP should notify DCF Regional Staff in their catchment area as soon as possible. Notification should include, the child's name and the receiving county, current case manager's name and phone number, date of most recent case plan and current placement information.

Sending refers to court, DCF, and CWCMP located in the original county.

Receiving refers to court, DCF, and CWCMP located in the county where the court proceeding is transferred.

A. Change of Venue Requiring a Change in Assigned DCF Regional Staff

When a change of venue moves a court proceeding to a catchment area not monitored by the original DCF Regional staff, the sending and receiving Foster Care Program Administrators shall collaborate to transfer information. This collaboration includes communicating when a change of venue is expected, communicating when acceptance is acknowledged by the receiving court, and coordinating to ensure DCF FACTS, DCF IV-E and the DCF Foster Care Team in each region has necessary information.

B. Change of Venue Requiring a Change in CWCMP

1. When a change of venue moves a court proceeding to a catchment area not served by the current CWCMP, a referral will be made to the receiving CWCMP by receiving DCF Regional staff within 5 working days of receipt of information from the receiving court documenting the acceptance of the change of venue. Acceptance of change of venue may be in the form of a journal entry, bench note, verbal confirmation, or other formal or informal means.

The referral to the receiving CWCMP by the receiving DCF Regional staff serves to transfer responsibility for service from one CWCMP agency to another. The sending CWCMP is responsible for the transfer of all case information to the receiving CWCMP within 5

working days of acceptance of the case by the receiving court. Information and materials to be provided to the receiving CWCMP by the sending CWCMP include but are not limited to:

- a. The complete child file;
- b. Information on any diagnosis or other identified needs;
- c. Dates and times of any scheduled appointments;
- d. Information on current placement and all relative/NRKin search efforts;
- e. Current visitation schedule

2. The receiving DCF Regional staff shall inform the sending DCF Regional staff as soon as the referral to the new CWCMP is complete. Sending DCF Regional staff shall notify the sending CWCMP the referral has been made. Upon notification, the sending CWCMP shall send DCF a PPS 5120 acknowledgment form indicating case closure due to change of venue.

3. Upon acceptance of the referral, the receiving CWCMP shall acknowledge the referral by sending DCF a PPS 5120.

4. The transfer of a change of venue case to the receiving CWCMP is not considered complete until the case is accepted by both the receiving court and the receiving DCF Regional staff, and the referral to the receiving CWCMP is complete. The sending CWCMP remains responsible for providing case management services to the family until the transfer to the receiving CWCMP is complete.

5. Once the referral to the receiving CWCMP is complete and the PPS 5120 acknowledging the referral has been received, the case must be assigned in FACTS to receiving DCF Regional staff.

6. The requirement of contact with the child within 4 hours of the referral, contact with parents, and the initial team meeting may be waived by receiving DCF Regional staff. The receiving CWCMP is required to notify the family within 5 working days of the referral of a

new case manager has been assigned and provide their contact information.

C. Change of Venue Not Requiring a Change in CWCMP

1. CWCMP responsibility does not end when a change of venue for a child in out-of-home placement moves the court proceeding to a county within a catchment area served by the original CWCMP. When the sending and receiving CWCMP are the same agency, no new referral from receiving DCF Regional staff is required.

2. When a change of venue is within a catchment area served by the original CWCMP but moves monitoring of a case to a new DCF office, the sending DCF regional staff shall transfer all files and service responsibility to the receiving DCF regional staff.

D. Change of Venue during Aftercare

1. CWCMP responsibility does not end when there is a change of venue for a family in the aftercare period, regardless of custody status or location of the new venue. This responsibility includes but is not limited to:

a. Providing case planning information and other requested information to the receiving court for children in the custody of the Secretary and

b. Providing case planning information and other requested information to DCF Regional staff for all cases

c. Providing the needed services to the child and family to maintain the child's permanency.

For situations where aftercare is open but at least one child remains placed out-of-home, see D.3.

2. When a change of venue occurs during the aftercare period and a child subsequently is placed out-of-home:

a. If the out-of-home placement occurs within 6 months and prior to release from the custody of the Secretary:

i. The CWCMP at the time of removal sends a PPS 5120 to DCF indicating out-of-home placement.

ii. The CWCMP serving the catchment area of the current venue will provide services to the family. If this requires changing the CWCMP, follow guidance in A; if not, follow guidance in B. When following guidance in A, use the date of removal from the parent home as the date of receipt of information from the receiving court documenting the acceptance of the change of venue.

b. If the out-of-home placement occurs after 6 months of aftercare or after release from the custody of the Secretary:

i. DCF shall submit a new referral to the CWCMP in the catchment area of the current venue of the case. A new referral will be submitted regardless of whether there is a change in CWCMP.

3. In some change of venue situations, a family may have children in out-of-home placement while another child or children are being served in the aftercare period. When this occurs, the CWCMP in the receiving catchment area will receive a new referral for any children in out-of-home placement but will also be expected to assume responsibility for serving any children who remain at home.

3815 Entering Removal Information

Removal codes, dates and reasons are entered only for those children in DCF custody who have been removed by a type of court order ("C") from their home or been voluntarily relinquished ("V") to the agency by their care giver. The date of removal is the date when the child was removed from the home and should match the **Foster Care Referral PPS 5110** or date of Relinquishment on the YA 2303. The removal date may be different than the date of DCF custody; however, the removal date entered into FACTS cannot be a date prior to the start date of the child custody plan. A removal date is only entered once for each custody episode. FACTS can record up to 15 (fifteen) removal reasons. To the greatest extent possible, FACTS reasons for removal shall match reason on the **PPS 5110 Foster Care Referral** form. Enter the primary reason for removal from **the Foster Care Referral PPS 5110** in the first reason for removal on the PLAN screen. Enter the secondary reason for removal from the **Foster Care Referral PPS 5110** in the second reason for removal on the PLAN screen. If a child is removed from the home for reasons of maltreatment (e.g. physical abuse or neglect) and reasons of non-abuse neglect/(FINA) (e.g. child behavior problem or caregiver inability to cope), then select and enter the reason (s) of maltreatment prior to entering the reasons of non-abuse neglect/(FINA) unless the non-abuse neglect/(FINA) reason is the primary reason for removal. The removal date is a field subject to timeliness error for AFCARS if not entered timely.

Enter the address of the removal home on the RMLA screen from the **Foster Care Referral PPS 5110**. If the address is unknown, such as in the case of abandonment or homelessness, the address will need to be listed entered as Unknown and zip will be all zeros. The event # (intake) associated to the removal will also need to be entered on the RMLA screen and is located on the **Foster Care Referral PPS 5110**. Enter the First and Second Removal Parent/Guardian names from the PPS 5110. If there is a female removal parent, enter them as the First Removal Parent/Guardian. Indicate if date of birth is estimated; If the date of birth(s) for the parent/Guardian(s) cannot be obtained, enter an estimated birth month and day of 01/01, with a year of birth which is 20 years older than the estimated year of child's birth and indicate Y for being an estimated date of birth. Complete the Tribal Affiliation field.

3835 Entering Reason for Discharge on RESP Screen

When a child is discharged (released from custody), enter "CM" status closure code on the last placement code and enter a reason for discharge. This CM status marks the end of a custody removal episode for a child. The discharge reason code shall be entered on the last placement responsibility on RESP. Applicable codes are Reintegration (RU); Adoption (AP); Emancipation (EM); Guardianship (GD); Runaway (RN); Child Death (DD); Living with other relative (LR); transfer to another agency (TA); or SOUL Family Legal Permanency (SL). Use the hearing date for the date of discharge (released from custody) unless the journal entry indicates an alternative date. Discharges for adoption are the exception since the file stamp date on the adoption decree is used for the date of discharge.

When a child has been reunified with any parent or reunified with any person as a reintegration resource, indicate Reunification with Parent or Primary Caregiver (RU).

When DCF has been relieved of custody for reasons of Emancipation (EM), Guardianship/Custodianship (GD), SOUL Family Legal Permanency (SL), Adoption (AP) or Death of a child (DD), indicate the appropriate Reason for Discharge code.

When custody is discharged due to transfer to KDOC-CBS, use Transfer to KDOC JJA (TA).

When custody is discharged due to transfer to another person or agency for purpose of private adoption, use Transfer to Another Person/Agency (TP).

When custody is discharged due to transfer to a tribe, use Transfer to Tribe (TT).

3841 Entering Transition Plan Information

When a transition plan (PPS 3059A or PPS 3059B) is completed with a youth, enter the code TR01N service action code on the RESP screen with service source code FGC. The responsibility start date will be the date completed as indicated on the form. date of the transition plan. The responsibility end date will be the date completed of the next transition plan, or the date the plan closes, whichever comes first.

If there is an individual listed Section 2: My Support Network, enter service action code of PP01N with service source code FGC. The responsibility start date is indicated on PPS 3059A or 3059B form in the date completed field. The end date of the PP01N service action code will be the date of the next PPS 3059A or 3059B, or the date the plan closes, whichever comes first.

If the youth has their official or certified copy of birth certificate, social security card issued by SSA, and valid state-issued photo identification Social Security card, state issued photo identification and their birth certificate as per Section 1 3: My Identifying Documents on the PPS 3059A or Section 4 of the PPS 3059B with the check box marked "Have", enter the service action code FU02N with the service source code of SSA on the youth's RESP screen. The start date will be the date completed of the transition plan and the end date will be when the plan closes.

If there is an individual listed in the overall/everyday living box in Section 7 on PPS 3059 form, enter service action code of PP01N with service source code FGC. The responsibility start date is indicated on PPS 3059 form. The end date of the PP01N service action code will be the date of the next PPS 3059, or the date the plan closes, whichever comes first.

3870 Entering Incarcerated Parent Information

If mother was incarcerated at time of referral or at time of case plan, enter the service action code of JA01N with the service source code of JAL on the RESP screen in FACTS. If father was incarcerated at the time of referral or at the time of case plan, enter the service action code of JA02N with the service source code of JAL on the RESP screen in FACTS. The start date of the service action code (JA01N or JA02N) is the date when the case planning conference occurred and is located on the **Foster Care Referral** ~~PPS 5110~~ or PPS 3052 form. The end date is when the parent is no longer incarcerated or the date the plan closes, whichever comes first. Incarcerated parent service action codes are only entered on plan where child is in custody (SC, CC, RC, and EC plan types). If parental rights have been terminated, do not enter the incarcerated parent service action code(s) into FACTS. If parental rights have been terminated, do not enter the incarcerated parent service action code(s) into FACTS.

3880 Entering Highest Grade Level Completed

Enter the highest grade level completed on the MACL screen from the **Foster Care Referral** PPS 5110, PPS 3052, or PPS 7000. For example, if the child is currently in 9th grade then the highest grade of completion would be 8th grade ('08'). Refer to FACTS online user manual for entire list of codes. If youth received a GED, enter 'GD' as the highest grade level completed.

3881 Entering School Enrollment

Enter whether the child is enrolled in (or in the process of enrolling) in education on the MACL Screen. For children in foster care, once the initial information from the **Foster Care Referral PPS 5110** is entered into FACTS, updates to the School Enrollment will be obtained from the Child Welfare Case Management Providers via an automated upload completed on a quarterly basis.

Not Enrolled (NE)

Not School age (NA)

Elementary School (ES): Grades K-5

Secondary School (SS): Grades 6-12

Post-Secondary Education or Training (PS): Trade School/Technical School

GED (GD)

College (CO)

4905 Rank Order of Funding Sources

Potential funding sources are presented in the order in which they must be considered.

A. Customer Pay

Customer payment for services is preferred. There are several forms of direct customer payment. They include but are not limited to:

1. Using Existing Income

Staff shall evaluate the family's ability to pay for needed goods or services. To the extent of their financial ability, families are expected to pay for all or part of the cost of the services they require.

2. Subsidizing Family Income Through Development of Private Benefits and Entitlements Before accessing public funding, staff are asked to assure the family has taken advantage of private income sources. These include:

- a. Benefits from the Death of a Family Member. Children who have parents or other family members, recently deceased, may be beneficiary to a life insurance policy or other form of annuity. The individual or organization handling the estate of the deceased should be able to provide additional information. If the deceased family member had a work history, the children may also be eligible for survivor benefits from the Social Security Administration.
- b. Benefits from the Retirement of a Family Member. Children who have retired parents or other family members may be eligible for income from a retirement plan or annuity. The children may also be eligible for retirement benefits from the Social Security Administration, based on the work history of the retired parent.
- c. Benefits from the Unemployment of a Wage Earner. Employers in Kansas are required to carry unemployment insurance. If a wage earner is unemployed, staff shall assess whether the family is eligible to receive unemployment benefits. Kansas Department of Human Resources will provide additional information.
- d. Child Support Payments from an Absent Parent. If both parents are not contributing to the care of a child referred to DCF for services, PPS shall obtain financial assistance from the parent withholding support. For children in DCF custody and placed out of home, a referral, through ~~KAECSSES~~ the Kansas Eligibility and

Enforcement System (KEES), to CSS is required (See PPM 5925 for more information).

- e. Benefits from a Disability of a Primary Wage Earner. Some employers may carry disability insurance. If a primary wage earner is disabled, PPS staff shall refer the family for further eligibility determination. These could include payments from the Social Security Administration, based on the work history of the wage earner.

3. Private Health Insurance

If the child is eligible for private health insurance through the employment of a family member, it can be a useful funding source for a variety of health and mental health services. Explore if a family has private health insurance. Assure they have not exhausted their benefits prior to coming to DCF. This private funding source should always be examined before public (governmental) sources are used. Following the private health insurance claiming process to obtain payment is very important. Private insurance is always primary payer when Medicaid is available.

4. KanCare 21

KanCare 21 is a federally subsidized health insurance program for uninsured children up to age 19, who are members of income eligible families. Parents pay a monthly premium based on family income. The benefit level of KanCare 21 is the same as Medicaid in Kansas.

5. Government Income Subsidies

Government Income Subsidies may provide a portion of assistance to an eligible family. This may include, but is not limited to, agricultural or food distribution subsidies.

6. Food Assistance

Food Assistance are a federal income subsidy to help families with low income buy food.

7. Temporary Assistance to Needy Families (TANF)

TANF cash assistance provides monthly benefits for basic needs, such as clothing, housing, utilities, and transportation, to low-income families, including caretakers of needy children. In most circumstances children living with kin are eligible to receive TANF without regard to income. Eligibility determinations for TANF are completed by DCF Economic & Employment Service Specialists.

8. Social Security Act Benefits (SSA) and Supplemental Security Income (SSI)

There are two categories of benefits available to children through the Social Security Administration. The first is Retirement, Survivors, & Disability Insurance benefits (RSDI) and is generally referred to as Social Security Act (SSA) benefits and the second category is Supplemental Security Income (SSI).

a. Social Security Act Benefits (SSA):

Benefits may be awarded to children whose parents have made Social Security contributions through their employment and whose parents are disabled, deceased or retired. Eligibility determinations for and the amount of SSA benefits must be completed by the Social Security Administration.

A disabled child can receive both an SSA benefit generated from their parent's SSA, and SSI for the child's own disability. The amount of the child's SSI may decrease when other income increases. Benefits children receive as a result of their parent's disability or retirement may be used for parental support obligation on file with Child Support Services.

The child remains eligible for the benefit as long as one of the following criteria is met and the child remains unmarried:

- i. Under age 18.
- ii. Under age 19 and attending full-time school or vocational training.
- iii. Age 18 or older and severely disabled (the disability must have started before age 22)

Additional Information Regarding SSA Benefits:

When a child reaches age 19, benefits can continue for a short period. If the child attends a school with enrollment once a year (most common), benefits can continue for 2 months after the month the child becomes 19. If a school requires enrollment each quarter or each semester, the benefit would continue until the end of that quarter or semester.

If a child, who is receiving benefits based on a disabled, deceased or retired parent, is disabled prior to age 22, the child can continue to receive benefits as long as the child remains unmarried and continues to be disabled. These

types of benefits are called Disabled Adult or Childhood Disability Beneficiary.

For benefits based on a parent's disability the child would lose their eligibility if the parent's benefits ended, due to the parent being determined no longer disabled.

When a child is placed for adoption, even after finalization, the child could remain eligible for SSA benefits. Consult with a Social Security Administration representative for more information.

If a natural parent dies after parental rights have been terminated or relinquished, the child may still be eligible for survivors benefits based on the deceased parent.

In some situations a stepchild may be eligible for benefits. Check with the Social Security Administration for more information on eligibility criteria.

When a child is receiving benefits based on a retired parent and that parent dies the benefits are automatically switched to survivor's benefits.

b. Supplemental Security Income (SSI)

SSI is a federal income support program for low-income aged, blind or disabled individuals. It is considered unearned income. This program is administered by the Social Security Administration and is uniform in every state. These benefits may be received by adults or children. Eligibility is based on an individual's disability and not based on contributions from employment. A child is not eligible to receive SSI based on a parent's eligibility for SSI. Financial eligibility for SSI is based on a family or individual's income and resources. SSI for a child is based on that child's disability and cannot be used to meet a child support obligation owed by the child's parents.

To determine a child's eligibility for SSI the child must be financially needy and blind or disabled. This includes behavioral or emotional disabilities. When a child is living with their parent(s), financial need is based on the family's income and resources. When a child is placed in the custody of DCF and removed from the home, only the child's income and resources are counted by the Social Security Administration. Therefore, it is likely that a disabled foster child will be eligible for the full monthly SSI amount. The amount of SSI a child can receive each month is also based on the type of out of home placement.

When an SSI eligible child is adopted and the adoption is finalized, the income and resources of the adoptive family are considered in determining the disabled child's benefit amount.

All Kansas foster children with potential eligibility for SSI are referred for Social Security through Kansas Legal Services.

c. Payee for Benefits When Child Turns 18

SSA Benefits: When benefits are based on a disabled, deceased or retired parent, generally the child becomes their own payee at 18 years of age.

SSI Benefits: Social Security Administration will review the child's situation prior to their 18th birthday. SSA will determine whether the child is able to handle his or her own funds.

If the Social Security Administration determines that the child shall be their own payee and the child is being served by a Child Welfare Contract Management Provider, the payee change shall be reviewed by DCF Regional PPS Contract Specialist. The Child Welfare Contract Management Provider remains responsible for the child's foster care maintenance. SSI is used for food, clothing, shelter, education and daily supervision. DCF shall assure the youth does not lose their SSI eligibility due to excess accumulation of income. Maintenance payments by the Child Welfare Contract Management Provider will be considered an expense to the child.

9. Medicaid (Title XIX)

Medicaid (Title XIX) is a governmental health care assistance program for families who financially qualify. It is a useful funding source for a variety of health, mental health, and behavior management services. Refer to the KanCare website <http://www.kancare.ks.gov/apply.htm>

Additionally, children who are removed from their homes and placed in the custody of DCF are considered to be a family of one and are eligible for Medicaid, unless their individual income and resources exceed established limits.

10. Family Service Funds

Family Service funds consist entirely of state funds—no federal assistance is provided. Therefore, staff should ensure that all other potential funding sources have been eliminated before using Family Service funds. See the Handbook for Client Purchases for details on purchasing procedures.

5120 Notification of Moves, Placements, and Changes

The Child Welfare Case Management Provider (CWCMP) shall notify DCF of all moves, placements, and changes for youth in the custody of the Secretary.

A. Moves, placements, and changes requiring notification to DCF via a PPS 5120 FC/AD Notification of Move/Placement/Change include:

1. Initial out-of-home placement for a youth in the custody of the Secretary
2. Change in placement of a youth in the custody of the Secretary
3. Change in address, phone number, or name of the current placement provider
4. Change in the level of care a youth receives, to include addition or removal of add-on rates
5. Change in school
6. Change in Venue of a case
7. Update to the ICWA information requested on the PPS 5120 form
8. Change to identified family members, such as addition of a new sibling
9. Instance when a youth becomes known to have ever given birth or fathered a child
10. Update to placement with their child(ren) when a youth in the custody of the Secretary has been identified as a parent
11. Upon signature of an adoptive placement agreement
12. Change in custody status
13. Reintegration of a youth with their parent(s) if there is no change in custody status
14. Instance of an out-of-home service to the child, such as acute hospitalization or out-of-home respite
15. Any correction to each of these listed items

5206 Responsibilities Regarding Financial Support

- A. When a child is placed in the custody of the Secretary for out of home placement, parents are not relieved of their financial responsibility to support the child. DCF is responsible to complete an assessment of the ability of both parents to provide financial support for the child who resides in out of home placement. Within two days of a referral to the Case Management Provider, DCF staff shall complete a referral to Child Support Services regarding the financial obligation of the parents.
1. Complete and explain an "Acknowledgment of Parental Obligation" form, PPS 5135, with participation from the obligated parent(s) after a child is removed from the home.
 2. If one or both parents are not readily available, a PPS 5135 with the DCF staff statement portion filled in shall be mailed to the unavailable parents at their last known address. This form shall only be sent to parents with established legal paternity.
- B. DCF is responsible for determining eligibility for foster care funding. The foster care program is financed with state funds and federal Title IV-E funds. Eligibility for Title IV-E funding shall be determined by DCF staff on each child placed in the custody of the Secretary for out of home placement. This determination is necessary to assess whether state or federal funds will be accessed for each foster child's care.
1. Initial eligibility for Title IV-E funding is determined ~~on~~ **by** using the PPS 5410A **Initial Eligibility Data Collection form** ~~which is~~ completed by the DCF CPS Specialist **in addition to other financial resource data obtained by IV-E Eligibility staff.**
 2. ~~The PPS 5425A, which is completed by the Child Welfare Case Manager, is used for re-determination for Title IV-E eligibility. (See Section 5900 for further information.)~~
- C. DCF is responsible for determining eligibility for Medicaid.
1. Initial eligibility for Medicaid is determined ~~on~~ **in consideration of information provided by** the PPS 5410A, which is completed by the DCF CPS Specialist.

2. ~~The PPS 5425A, which is completed by the Child Welfare Case Manager, is used for re-determination for Medicaid eligibility. (See Section 5900 for further information.)~~

5233 Placement Definitions

Children and youth in the custody of the Secretary may experience various types of placement in diverse settings throughout their time in out-of-home care. Having a clear and consistent understanding across providers of placement options supports informed and consistent decision-making to meet the individual needs of youth.

A. Placement Settings

As a result of being placed out-of-home, youth in the custody of the Secretary experience placement in the following settings:

1. Family-Like

- a. Relative Homes
- b. Non-Related Kin Homes
- c. Licensed Family Foster Homes

2. Congregate Care Facility

a. Detailed information on the different congregate care settings available for youth in the custody of the Secretary can be found in the DCF Placement Standards Manual.

3. Residential Medical Care Facility

- a. Psychiatric Residential Treatment Facility
- b. Other Medical Type Residential Treatment

B. Placement Types

Youth in the custody of the Secretary experience the following types of out-of-home placement:

1. Long-Term

- a. Placement providing continuity in caregiving and intended to remain stable until youth reunify with their family, find a permanent family arrangement through adoption, permanent custodianship, SOUL Family Legal Permanency, or reach adulthood.
- b. Long-term placement in a relative or non-related kin setting is the preferred placement for children and youth in the custody of the Secretary.

2. Transitional

a. Placement providing continuity in caregiving and intended to remain stable only until the Child Welfare Case Management Provider (CWCMP) locates a long-term, therapeutic, or group care placement which meets the youth's individual needs.

3. Overnight

a. Placement providing care during overnight hours only.

4. Therapeutic

a. Placement for youth addressing specific mental or behavioral health challenges through a designed treatment plan. Therapeutic placements provide care until a youth achieves readiness for either reunification or long-term placement in a family-type setting. Families who wish to provide the therapeutic placement type must be approved to do so.

5. Group Care

a. Placement in a congregate care setting intended to support youth while any challenges preventing them from maintaining in a family-like setting are addressed. This placement type supports readiness for either reunification or a move to long-term placement in a family-like setting.

6. Crisis

a. Brief placement for children who need immediate care due to an unpredictable, urgent, or emergent situation until other care meeting the youth's individual needs can be located.

C. Other Placement Terms

1. Short-Term

a. Any placement, regardless of setting or type, with a duration of 14 days or less.

2. Respite

a. Temporary care of a child outside of their current placement. Respite is a service providing relief to a family-like placement provider.

3. Night-to-Night

a. A one calendar day placement that is not the same residence address for consecutive days.

4. Re-Occurring Overnight

a. An overnight placement re-occurring at the same address for consecutive days.

b. Instances of weekend placement in homes that were providing transitional-overnight placement immediately prior to or following the weekend shall continue to be considered re-occurring overnight.

5. Failure to Place

a. Child or youth who is temporarily housed or maintained overnight at a CWCMP office or other location including but not limited to:

i. hotels or motels

ii. other commercial non-foster care establishments

iii. cars

iv. retail establishments

v. unlicensed homes of DCF's, Contractor's or Grantees' employees

b. Failure to Place occurs when the child has arrived at a CMP's office before 12:00 a.m. midnight of one day and there is failure to place the child in an appropriate placement before 6 a.m. of the following calendar day, absent extraordinary circumstances.

i. "Extraordinary Circumstances" shall be defined as an immediate or imminent crisis whereby measures must be taken to protect the safety and security of the child or youth. A lack of safe and/or appropriate placement options does not constitute extraordinary circumstances. Examples of extraordinary circumstances may include:

1. Weather or road conditions which create hazardous or unsafe travel conditions,

2. Public health advisors (shelter in place orders), or

3. Similar emergency situations.

6. Pre-Adoptive

a. Refers to a long-term placement who has signed a PPS 6130 Adoption Assistance Agreement.

7. Stand-by

- a. Refers to transitional placement provided through the Stand By Bed Network.

5234 Relative Home/Placement

A. **Definition:** For purposes of notification of DCF custody and placement, DCF defines a relative as follows:

1. A person who can trace a blood tie to a child. Persons related by blood may include, but are not limited to, a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle or aunt, cousin, great-great-great grandparent, great-great uncle or aunt, or similar relation. Termination of parental rights does not alter or eliminate the blood relationship to relatives.
 - a. For placement purposes, parents of the child are not considered an out of home placement. If the child is residing with either parent, the child is considered to be "in the home."
2. A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to, step-parents, step-grandparents, step-aunts, step-uncles or similar relation.
3. Legally adoptive parents and other relatives of adoptive parents as designated in groups (1) and (2).
4. Parents or relatives of siblings or half-siblings, including but not limited to grandparents, aunts, uncles, cousins, or similar relation.
5. Adoptive parents and grandparents of siblings or half-siblings.
6. A court-appointed guardian or permanent custodian of a sibling or half-sibling.

~~For placement purposes, parents of the child are not considered an out of home placement. If the child is residing with either parent, the child is considered to be "in the home".~~

B. When attempting to locate relatives of the child for whom the parents do not have current information, there are a number of websites available to assist in the search effort. A listing of some of these websites is found in Appendix 3N--Family Finding Search Websites.

C. Services Provided:

Planning and delivering services and supports for relatives and non-related kinship placements shall be guided by family-centered practice principles, cultural competence and sensitivity to the complex issues involved. For relative or non-related kin placements the Child Welfare Case Management Provider (CWCMP) shall:

1. Assess families and identify risk factors, safety factors, strengths and needs, and intergenerational trauma, including an exploration of how the

family's triumphs and adversities have influenced their present life. This may include the family's prior history with DCF or other social systems;

a. If relatives or non-related kin live out of state, an Interstate Compact for the Placement of Children (ICPC) shall be requested as soon as possible so an assessment can be performed and placement can be considered.

2. Develop safety plans with the family based on identified risk factors with the family;

3. Effectively address challenges of relative care with the family;

4. Provide relevant information about the child to the relative prior to placement in the home;

5. Locate and access services and resources available to relatives;

6. Plan for permanency with the family for the child;

7. Mediate the relationship between the parents or caregivers and family;

8. Provide services and supports to strengthen the relative's capacity to provide a safe, nurturing home for the child;

9. Provide supports and services to assist the relative in understanding and addressing the possible effects on the child due to maltreatment, trauma, and separation.

For additional information concerning placement with grandparent, see PPM 3341

C. Placement at the Time of Referral:

1. If DCF does not recommend certain relatives for placement, concerns shall be provided to the CWCMP at the time of the referral. DCF shall respond to any concerns expressed by the relative regarding the reason DCF does not recommend placement.

2. If the prospective initial placement is with a relative who does not have a foster home license, the CWCMP shall complete a walk-through of the relative's home, a PPS 5143 Declaration of No Criminal Offences and request a FACTS/KIDS check by DCF prior to placement of the child. DCF staff shall be available for 4 hours following the referral to assist in providing additional information needed. The 4-hour availability may be negotiated. The relative shall complete the requirements listed in section E.3. within 30 days for the child to continue placement with them.

D. Information to be Shared with Relatives Prior to placement:

1. Relatives have a choice between TANF or foster care payments. Relatives may be eligible for TANF assistance. Eligibility for TANF is based on TANF definitions and income eligibility requirements. is determined by EES using their definition of relative.

~~Birth/adoptive parents of siblings may receive TANF if they are income eligible as determined by EES.~~ Relatives shall be informed by the CWCMP of the approximate amount of TANF they may receive. Other options are financial support, through a foster care **maintenance** payment per the set rate structure or requesting to become the payee for benefits the child receives such as SSI, SSA, etc. The Social Security Administration makes the final determination about who will be the payee.

2. For information on child care benefits for relatives, see PPM 5258.
3. **Relatives have the option of becoming licensed with DCF, and the CWCMP shall support the relative in becoming a licensed relative home if they would like to pursue licensure.** Licensed relatives shall be compensated at the same maintenance rate as licensed family foster homes per the current DCF rate structure.

E. Requirements for Relative Placements:

1. Relatives may provide care to the child as a non-licensed relative home. The CWCMP shall determine whether a non-licensed relative home is environmentally and psychologically safe for children and a relative placement assessment shall be completed. (See Appendix 5C.)

- a. **The CWCMP shall complete the Appendix 5B Non-Licensed Placement Crisis Support Acknowledgement annually with every non-licensed relative home. CWCMP's shall retain a copy of the executed Appendix 5B to provide upon request from the DCF Foster Care Program Manager.**

2. For non-licensed relatives, Completion of Caring for Our Own (COO), Kinship Path, or TIPS-MAPP curriculum, or other approved pre-service training is at the CWCMP's discretion but is encouraged.

3. Relatives and all members of the household age 10 and older in the home, excluding children in the custody of the Secretary in out-of-home placement, shall complete KBI criminal background checks, and Child Abuse/ Neglect Central Registry checks. The CWCMP shall request a complete DCF history check, comprised of Web KDHE Request Processor (WKRK), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks through DCF. Household members 18 and older shall be fingerprinted. Child Abuse/ Neglect Central Registry checks must then be completed annually. If the adults in the household lived out of state at any time within the immediate past 5 years and the permanency plan may become adoption, the CWCMP shall complete out-of-state child abuse checks. The assessment of the relative family shall include pertinent social information regarding the family.

~~F. Payments made to relative homes are not Title IV-E reimbursable unless they become licensed by DCF Foster Care Licensing.~~

5235 Non-Related Kinship Home Placements

Kinship care is placement of a child in the home of an adult with whom the child or the child's parent already has a close emotional attachment or ties.

A. Licensed Non-Related Kin Placement

1. Any person caring for a child under the age of 16 years who is in the custody of the Secretary and is not related to the child by blood, marriage or adoption shall be required to be licensed by DCF Foster Care Licensing in order to provide out of home placement services.
2. To expedite placement of children with non-related kin, the requirement for the completion of an approved pre-service training is waived prior to a child being placed in the home, but must be met within the first year of licensure. A pre-service training which is not pre-approved by DCF Foster Care Licensing, such as STARS, PRIDE or other equivalent training may be substituted if permission is granted by Foster Care Program Manager or Deputy Director of Permanency on a case-by-case basis.
3. Prior to the child's placement with non-related kin, the Child Welfare Case Management Providers (CWCMP) shall request from the local DCF Service Center a Child Abuse/Neglect Central Registry and history check on all members of the non-related kin home who are age 10 and older. Information on the relationship between the child and child's family and the non-related kin shall be shared with DCF prior to placement.
4. Prior to the child's placement with non-related kin, the Child Welfare Case Management Providers (CWCMP) shall request a complete DCF History check, comprised of Web KDHE Request Processor (WKRK), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), and Kansas Initiative for Decision Support (KIDS), ~~Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS)~~ checks on all members of the non-related kin home who are age 10 and older.
5. Within 14 calendar days of placement with non-related kin, the CWCMP shall send fingerprints on all members of the household age 18 and older to DCF Foster Care Licensing for processing. Placement can be made prior to results being received.

6. The CWCMP shall also require the members of the family who are age 10 and over sign a statement, Declaration of No Criminal Offenses (PPS 5143). Signing this form acknowledges a check of the criminal history database required by DCF Foster Care Licensing will be completed and will not reveal conviction for any offenses which would prohibit DCF licensure.

7. DCF Foster Care Licensing shall complete a KBI criminal history background check, and Child Abuse/Neglect Central Registry checks for anyone age 10 and older in the home. Fingerprint checks shall be completed for anyone age 18 and older in the home. Results of all background checks must be received prior to full licensure. The Child Abuse/Neglect Central Registry checks will be completed annually.

8. Immediately following placement, the CWCMP shall complete the family assessment and licensing packet.

a. The packet shall be sent completed to DCF Foster Care Licensing no later than ~~2 weeks~~ 14 calendar days after the child's placement.

b. CWCMP shall provide the same level of supports and services which are provided to other foster families to ensure the child's needs are met and the placement remains stable. Reimbursement for non-related kin providers will be reimbursed as indicated in the DCF Rate Structure.

B. Non-Licensed Non-Related Kin Placement

1. Youth in the custody of the Secretary age 16 or older may reside in a non-licensed non-related kin placement which is determined to be environmentally and psychologically safe by the CWCMP.

a. ~~This includes~~ The CWCMP shall do a KBI criminal history background check, Child Abuse/Neglect Central Registry and DCF/PPS history checks for anyone age 10 and older in the home. Fingerprint checks shall be completed for anyone age 18 and older in the home who is not in the custody of the Secretary DCF custody.

2. The CWCMP will discuss maintenance payment options with the caregivers, if applicable.

3. The CWCMP shall complete the Appendix 5B Non-Licensed Placement Crisis Support Acknowledgement annually with every non-licensed non-related kin home. CWCMP's shall retain a copy of the executed Appendix 5B to provide upon request from the DCF Foster Care Program Manager.

5237 Sibling Placements and Connections

Siblings are defined as children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

A. Sibling Separation ~~Sibling Connections in Out of Home Placement~~

1. The Child Welfare Case Management Provider (CWCMP) shall make reasonable efforts to keep siblings placed together in a family like setting removed from the home placed together in the same foster home, relative placement, adoptive home, or custodianship placement unless placement together is contrary to the safety or well-being of any of the siblings. If siblings are not placed together when they enter out of home placement, a plan shall be made to move them into the same placement as soon as possible. The potential impact of separating siblings in placement or in permanency shall be considered and documented at multiple points in the progression of a case. See Appendix 5X.

a. If siblings remain apart after 90 days: ~~2. Siblings shall be placed with the same placement resource whenever possible. If after 90 days the siblings are still not in the same placement,~~

i. A staffing meeting which includes the children (if appropriate), parents, relatives/kin and other significant people, shall be held to review the actions taken to reunite siblings and plan further actions needed to accomplish this goal.

ii. The impact of separating siblings in placement or in permanency, the efforts to place the siblings together, or explain why they should not be placed together shall be considered and documented on the PPS 5146 Sibling Separation Staffing at minimum, every 90 days the siblings remain separated until the siblings are placed together unless a Sibling Split Request has been approved. The PPS 5146 shall be sent to the DCF Liaison within 5 days of the staffing.

B. Sibling Split ~~Sibling Connections in Permanency~~

1. A Sibling Split Request shall be submitted when it is determined by a child's permanency team it would be in his/her best interest to be permanently separated from his or her siblings who also have case plan goals of adoption, after all attempts to maintain the siblings together have proven unsuccessful. Sibling splits shall not be considered until parental rights have been terminated

or at least one sibling has been relinquished into custody. Sibling Split Requests shall be forwarded to the CWCMP Sibling Split Request Review Team for approval.

2. Sibling Split Review Process:

a. The CWCMP shall convene a review team to determine if the sibling split is in the children's best interest. Document the team's recommendations in the PPS 5147 Sibling Split Staffing Form. The review team shall consist of:

i. CWCMP Case manager

ii. CWCMP Supervisor

iii. CWCMP Program Director

iv. Guardian ad Litem, either in person or through submitted input

v. DCF, as needed

vi. CASA, either in person or through submitted input

~~The Child Welfare Case Management Provider shall: 1. Make every effort to place siblings together when possible. Review Appendix 5I. Requests for a sibling split for siblings to achieve permanency separately will be thoroughly assessed and approved only in extreme situations and after all possible efforts have been made and documented to place siblings together. Sibling splits shall not be requested prior to parental rights being terminated or a relinquishment for at least one of the children in custody.~~

~~2. Convene a Review Team to determine if the sibling split is in the children's best interest, and if it is anticipated siblings will not attain permanency together. The Review Team shall consist of at minimum the CWCMP Case Manager, CWCMP Supervisor and the CWCMP Program Director. DCF shall provide support/consultation as needed/requested. The recommendations of the Review Team shall be documented on the Sibling Split Staffing form, PPS 5147.~~

~~3. Seek to secure a commitment from the adoptive, permanent custodianship, or foster/relative/kin families to maintain connections between siblings when a request to split siblings is granted.~~

b. Consider the following in a Sibling Split Request:

i. Birth Family Information:

a. Reasons for children entering care.

b. Siblings' relationships within the birth family.

ii. Shared Trauma History:

iii. History of Out-of-Home Placement:

a. Timing and reasons for any separations.

b. History of efforts made to place siblings together.

iv. Therapeutic attempts and interventions in addressing behaviors or needs that prevent sibling placement together.

v. Short- and long-term impacts of sibling separation.

vi. Current Sibling Visitation and/or Contact Plans:

a. Existing visitation and contact arrangements including behavior management plans, safety plans, and sibling interactions.

b. Detailed plans for maintaining contact if sibling split request is approved.

vii. Resource Family Information:

a. Details about potential or current resource families.

viii. Supporting Documentation including input from family members, therapist reports, letters from placement providers, and any other relevant documentation.

c. Sibling Split Request Approval and Distribution:

i. Distribute the approved Sibling Split Request to the DCF Foster Care Liaison and GAL within 5 days of the staffing.

d. When a request to split siblings is granted, the CWCMP shall seek to secure a commitment from adoptive, permanent custodianship, or foster/relative/kin families to maintain ongoing connections (e.g., visitation, communication).

See PPM 3237 for regarding sibling visitation. and Appendix 5X regarding information about sibling connections.

5254 Ensuring Educational Stability

The Child Welfare Case Management Provider (CWCMP) staff shall work coordinate with the school system to ensure children in the custody of the Secretary receive educational resources according to which meet their individual needs. The eCoordination shall include a discussing on stable school placement and arranging transportation, if needed, to keep the child in the same school of origin. of how to ensure the child's stable placement in school, and if needed, how transportation will be provided to assure that the child can stay in the same school.

A. All school-age children in foster care the custody of the Secretary shall attend school as required by state law. The school shall be accredited by the Kansas State Department of Education. The CWCMP, the child's parents, and the child's foster, adoptive, or relative placement shall help support children in care the child in achieving the highest level of formal education the child is capable of completing. completion of secondary education. If the child wishes to pursue post-secondary education, support achieving this goal shall also be provided.

B. When placed in foster care, initially or subsequent foster care placement changes, All school-age children in the custody of the Secretary shall be maintained in their own school of origin whenever possible. Placement in foster care shall take into consideration When making placement decisions, educational considerations shall include but not limited to:

1. The child's proximity to their school of origin (sending school);
2. The appropriateness of the educational placement; and
3. Whether transportation to the school of origin (sending school) is necessary to can achieve educational stability for the child.

C. When the CWCMP is informed of becomes aware of a child's placement change or impending placement change, which may involve moving from the school of origin (sending school), the CWCMP they shall reference follow the Educational Stability Process Map (Appendix 5P). The CWCMP shall and immediately contact the school district's foster care Point of Contact (POC) for the school district (also referred to as the Local Education Authority) for the school of origin (sending school) to inform them of the child's move and potential change in school location. The school district foster care POC will then designate identify an individual a school professional with knowledge of the child's educational background and needs to participate in the a Best Interest Determination (BID) staffing if needed. Once the potential new placement and school district is identified, the CWCMP must contact the school of origin (sending school) and promptly schedule the BID staffing to determine if the child should stay at the school of origin or transfer to the new school.

D. When a placement change is anticipated to move a child into the boundaries of a new school district A a Best Interest Determination (BID) staffing, as defined in the Every Student Succeeds Act (ESSA), shall occur with the school of origin (sending school) prior to each the move to ensure educational stability and decide determine whether if it is in the child's best interest of a child to remain in the school of origin (sending school).

1. The staffing BID, at a minimum, should include the CWCMP and the sending school foster care POC or designee. school district point of contact POC, or designee for the school district The purpose of the BID is to discuss what is needed to ensure educational

stability based on the needs and the best interest of the child. ~~In an emergent or time limited situation, A BID may be held in the form of a phone call.~~ **by phone, or virtual meeting.**

2. Additional persons with knowledge pertinent ~~to~~ **of** the child's case may be invited **by the CWCMP** to participate in the BID ~~staffing~~ in person, **virtually**, or by providing written input to be considered **by the staffing team**. ~~The a Additional persons may include: who may be included:~~

- a. **Child or youth, if appropriate**
- a.b. Biological Parents, if parental rights are still intact
- ~~bc. Foster Parents~~ **Placement Providers**
- ~~c.d. Guardian Ad Litem~~
- d.e. Educational Advocate
- e.f. DCF Staff
- f.g. Court Appointed Special Advocate (CASA)
- g.h. ICWA Tribal Contact/ **or** Representative (if applicable)

E. Participants in the BID ~~staffing~~ should consider:

1. Length of Time Enrolled in School of Origin
2. Learning Behaviors/ **or** Disabilities
3. Safety Factors
4. Participation in Extra-Curricular Activities
5. Distance of New Placement from School of Origin
6. IEP and 504 Plan Services
7. Child Preference
8. Parent Preference, if parental rights are still intact
9. Child's Attachment to School of Origin
10. Placement of Siblings
11. Influence of School Climate
12. Availability and Quality of Services

The ~~staffing~~ **BID** decision and participants shall be documented on Part A of the Educational Enrollment Information for School Placement Form (PPS 5254).

E.F. Potential BID Outcomes:

1. **When** ~~If it is determined to be in the best interest of the child to stay at in their school of origin (sending school), then the school district and CWCMP must~~ **shall coordinate to** develop **a transportation** ~~plans for providing cost-effective transportation for the student to remain in the same get to and from school. The CWCMP must negotiate~~ **Coordination shall include addressing the availability and cost of the transportation as needed. Additional transportation costs may be reimbursed by the CWCMP, paid by the school district, or shared by for the child with the school district.** Considerations when ~~negotiating~~ **coordinating** the necessary transportation include:

- a. Age of child
- b. Type of transportation available
- c. Flexibility in school schedule
- d. Impact of extracurricular activities on transportation options
- e. Maturity and behavioral capacity of the child
- f. Traffic patterns

g. Additional needs of the child (i.e.g. presence of paraprofessional, car lifts, etc)

If there are additional costs incurred in providing transportation to the school of origin, the school district will provide the transportation if 1) CWCMP agrees to reimburse for additional costs, 2) district agrees to pay for additional costs or 3) the school district and CWCMP agree to share costs.

2. If **When** it is determined to be in the best interest of the child to **leave transition from** their school of origin (~~sending school~~), then the CWCMP must **shall** inform the receiving school of the decision and **shall** forward the PPS 5254 within 3 working days of the BID Decision ~~to the receiving school~~. **The PPS 5254 shall include the following:**

- a. child's name
- b. new school of enrollment and placement information
- c. prior last two schools and placement information
- d. educational advocate (name, address, phone number), if applicable
- e. assigned CWCMP case manager (name, address, phone number)
- f. CWCMP supervisor (name, address, phone number)
- g. DCF FC Liaison/ DCF Administrator (name, address, phone number)

The CWCMP will ensure once the move occurs the child's Individual Education Plan (IEP) or 504 Plan is transferred to the receiving school and refer appropriate children for Education Advocates.

The CWCMP will update the PPS 5254 and PPS 5120 each time a child experiences a change in school **or a change in placement**, even within the same district. This includes placements where the school is on-site, such as correctional facilities, detention centers, state hospitals, and some residential facilities. This update is not required when the child is moved back **returns home** to the parent, as the child is no longer in out of home placement.

A BID is only required when a change in school occurs.

The CWCMP shall ~~ensure~~ **provide** all documentation regarding the BID process and outcomes, ~~is sent onto~~ **to** the Tribe as required by ICWA.

FG. Children ~~who are~~ in the custody of the Secretary ~~with parental rights terminated~~ may be approved to be homeschooled when ~~they are in a home that has~~ **their placement has** signed an Adoptive Placement Agreement, and **if** based on approval from the ~~Case Planning Team~~ **CWCMP** and the court **approve**.

1. ~~Two separate releases of information shall be signed before a child's information may be added to this database:~~

- a. ~~The Appendix 5Q Authorization to Disclose Information Including Children's Individually Identifiable Health Information, and the~~

b. Appendix 5H KSDE Consent for Release of Information form (this form authorizes the school to release information to DCF and other agencies involved with the child's care).

i. DCF staff shall attempt to obtain the parent's signature on these two releases prior to the time the child is referred to the CWCMP. It is always preferred that the parent sign these forms, but if DCF staff are unable to obtain the parent's signature, Child Welfare Case Management Provider staff or DCF are authorized to sign the Appendix 5Q and the Appendix 5H KSDE Consent for Release of Information form for those children who do not have an IEP.

ii. For children with an IEP, only the parent, a relative caregiver, or Education Advocate is authorized to sign the Appendix 5H KSDE Consent for Release of Information form. State statute and KSDE allow relatives to act as parents in educational decision making. Therefore, children receiving Special Education services who are placed with a relative will not need an Education Advocate appointed when parental rights have been terminated or the parents have been determined to be unavailable per Section 5257. The relative can sign the Appendix 5H KSDE Consent for Release of Information form.

FH. Graduation Requirements—Kansas statute (K.S.A.) 38-2285, requires the board of education of a school district to award a high school diploma to any person requesting a diploma if the person: is

1. is at least 17 years of age;
2. is enrolled or resides in such school district;
3. is or has been was a child in the custody of the Secretary of DCF at any time after turning 14 years of age;
4. and has achieved the minimum high school graduation requirements adopted by the State Board of Education, even if those requirements do not meet the requirements of the local school board.

5259 Life bBooks

A Life bBook is an organized collection of pictures, narratives, documents, records, and memories for a child. Life bBooks span the life of the child, before and during their foster care experience, and can be referenced or added to after foster care. Life bBooks remind the child from where they come, their lifelong connections and relationships, their heritage and culture, and their experiences.

A. The Child Welfare Case Management Provider (CWCMP) is responsible to for:

1. ~~completing~~ **Preparing** and providing a Life bBook to each child in out of home placement, ~~and for ensuring t~~ **The Life bBook is shall be** initiated upon **referral of a child entering into** out of home care.
2. ~~The Life book shall be u~~ **Updating the Life Book** upon major changes in the child's life or no less than every 180 days, ~~or upon major changes in the child's life circumstances (i.e. e.g.,~~ placement change, end of school year, major court decision, etc.) during the entire episode of out of home placement. ~~Parents, placement resources, teachers, therapists, and others involved in the child's life may assist in keeping the information in the Life book current.~~ **Important documents shall also be copied and placed in the child's file.**
3. ~~It is essential that the child participate~~ **Including the child in the development and maintenance of their own Life bBook.** The Life bBook belongs to the child, and they shall be consulted before it is shared with anyone except the current placement and CWCMP case team.

~~B. A Life book is an organized collection of pictures, narratives, documents, records, and memories for a child. Life books span the life of the child, before and during their foster care experience, and can be referenced or added to after foster care. Life books remind the child from where they come, their lifelong connections and relationships, their heritage and culture, and their experiences. A Life book is a record of the life of a child who is in out of home placement. It is a therapeutic tool for working with children in care to help them understand why they entered care, to understand their experience before and since entering care, to explore their feelings about these experiences, and to help them emotionally attach to a new family should that become necessary. It is essential that the child participate in the development and maintenance of their own Life book. The book belongs to the child, and they determine with whom this book is shared. Copies of important documents shall also be copied and placed in the child's file.~~

C. DCF does not have a set Life bBook format. ~~Case Management Providers CWCMP's~~ may ~~devise~~ **use** their own format. **Each Life Book shall include a copy of Appendix 3M Family Mobile Crisis Helpline.** Each Life bBook may also include the following ~~as applicable:~~

1. Pictures of the child, from birth forward
2. Pictures of birth family, to include parents, grandparents, siblings, and extended family as available.
3. Genogram/family tree of birth family
4. Letters from birth family members
5. Pictures of pets, special toys or security items
6. Interviews with the child for "About Me" pages – likes/dislikes, hobbies & interests, feelings and important memories, wishes & dreams, fears, etc.
7. Narrative of the child's birth history (date, height, weight, hospital, city, etc.) and any known medical information for child and child's parents & grandparents
8. Reason for removal and placement into foster care
9. Case Manager/Family Support Worker history: complete list of assigned case worker names and agencies, with pictures – may include names of important placement staff members and other supportive adults in the child's life
10. Placement history, with dates, reasons for moving, and pictures of placement care providers – home, persons, pets, friends, extracurricular teams and activities, etc. – may include letters from caregivers
11. Medical History: complete records of immunization records, height/weight tracking charts, known allergies, childhood diseases, injuries, surgeries/procedures, developmental milestone dates, doctors, dentists and optometrists seen for healthcare, etc.
12. Educational history: complete records of names and address of schools attended for each grade, class photos, photos of teachers and other important adults at the schools, copies of school grade reports and transcripts, homework samples, art projects, ribbons, awards, certificates earned, pictures from important school activities (sports games, performances, dances, ceremonies, graduation, etc.)
13. Independent Living information: mementos and photos from teen groups, classes, camps, copies of certificates and achievements earned, letters from mentors, social workers, care providers, IL leaders, driver's education information, dates of accomplishments for IL related goals
14. Adoption information: date of finalization, adoption day pictures and mementos, copy of the adoption decree and new birth certificate

5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider

The Child Welfare Case Management Provider (CWCMP) shall provide life skills services for youth ages 14 and older who are in DCF custody and in out of home placement. The CWCMP will assess youth and develop individualized transition plans using (PPS 3059)A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan.

A. For youth ages 14 and older who are in out of home placement:

1. The CWCMP shall support parents, caregivers, foster families, and out of home providers shall support and to integrate daily living skills into activities with the youth.
2. The CWCMP shall provide age and developmentally appropriate training in the following domains:
 - a. Daily living skills and home maintenance
 - b. Housing and community resources
 - c. Mental health resources
 - d. Money management
 - e. Health, medical care, and personal hygiene including:
 - i. negative impacts of nicotine products, drugs and alcohol
 - ii. sexually transmitted diseases or unplanned pregnancies
 - iii. information on how and when to seek medical care
 - iv. basic first aid training
 - v. discussions on health insurance and KanCare
 - f. Personal safety
 - g. Work and study skills
 - h. Personal development
 - i. Relationships and communication
 - j. Technology access and internet safety

k. Secondary education planning

l. Healthy relationships

3. The CWCMP shall use the Casey Life Skills Assessment for youth in care and Self Sufficiency Matrix for youth participating in aftercare services who have aged out of foster care.

4. The CWCMP shall provide parents, caregivers, foster families, and out of home providers ~~shall be provided~~ with knowledge and training to teach or reinforce methods addressing the youth's needs.

5. The CWCMP shall also:

a. Refer youth ages 14 and older with a disability (Section 504) or who are receiving services under an IEP based upon disability to appropriate education and employment resources meeting federal Workforce Innovation and Opportunity Act (WIOA) guidelines.

b. Work with DCF and/or programs offering credit check services free of charge and ensure each youth age 14 and older in foster care receives a copy of their consumer credit reports from Experian, Equifax, and TransUnion each year until discharged from foster care. The CWCMP will also assist in interpreting the credit reports and resolving any discrepancies. (PL 113-183).

c. Assist all interested youth ages 14 and older with participation in the Kansas Graduated Driver's Licensing program, including obtaining the age-appropriate permit or license, attending driver's education, and completing the required hours of supervised driving practice. Youth who are not interested in participating will sign an opt out form. Youth who have opted out may subsequently opt in at any time.

d. Ensure each youth has photo identification upon turning age 16. Providers shall assist the youth in obtaining a photo ID without charge by completing the PPM Appendix 7F Kansas Department of Revenue DL-DCF1 Department for Children and Families Certification for Original Identification Card. The DL-DCF1 may be used one time per youth.

e. Assist interested youth, 16 and above, to open a bank account at a Kansas state-chartered bank. Youth in foster care may open an account without a cosigner. CWCMP staff will provide youth with verification of foster care status to open an account. The CWCMP will refer youth to a financial literacy program and inform youth of their responsibility for banking costs or penalties associated with holding an account without a cosigner (K.S.A. 9-1204(a)-(d)).

f. Ensure classes in parenting skills and childcare are available for ~~pregnant or~~ expecting **or parenting** youth **and young adults**.

g. Assist DCF in administering National Youth in Transition Database (NYTD) surveys to youth in foster care during each designated survey collection period. The CWCMP will also cooperate with the collection and submission of the data elements of the surveys.

h. Support and encourage youth involvement with Regional and Kansas Youth Advisory Councils through aid with transportation, participation in events and chaperoning.

B. The CWCMP shall prepare transition plans (PPS 3059**A My Plan for Successful Adulthood** **or PPS 3059B My Adult Services Plan**) for all youth in out-of-home placement starting at age 14, regardless of case plan goal, that:

1. Support youth in preparing for and obtaining employment, when appropriate.
2. Connect youth to community and mental health resources as needed.
3. Prepare youth for responsible financial management, including obtaining and maintaining safe and stable housing.
4. Support ~~pregnant~~ **expecting** and parenting youth and refer them to appropriate resources within the agency, DCF, and the community.
5. Refer youth with developmental disabilities for guardians, as applicable.
6. Educate youth on housing, including the use of Foster Care Transition Services, and the public transportation options available in their communities.
7. Assist youth with developing and maintaining permanent connections which will provide resources for them as they leave foster care, including referring youth for mentoring services. Permanent connections shall not be CWCMP staff directly responsible for the case.
8. Assist the youth in protecting their identity and future credit worthiness and resolving any inaccuracies or instances of identity theft.
9. Assist the youth and young adults with learning about Medicaid programs and selecting a Managed Care Organization (MCO).

a. **PPS Eligibility staff notifies KDHE using the PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form when a youth is no longer eligible for Foster Care Medical (FCM) and is eligible for Aged Out Medical.** ~~The CWCMP will assist young adults exiting care, who plan to remain in Kansas, to complete a KanCare Application for “Families and Children” for the Aged Out Medical program. The application for Kansas is on-line at KanCare.ks.gov or a~~

paper application can be mailed or faxed to KanCare (see KanCare website for specific application instructions). If submitting a paper application include "aging out of foster care" at the top of the form.

b. The CWCMP shall assist young adults in understanding the process of changing their mailing address and the importance of maintaining an updated mailing address with their MCO for the purposes of receiving and answering KanCare yearly reviews to ensure continued healthcare coverage through Medicaid in Kansas.

c. The CWCMP will assist young adults exiting care to live in another state in locating and completing an application for the Aged Out Medical program in that state. Youth and young adults shall be assisted with providing citizenship and identity documents to KanCare or other state entity accepting Aged Out Medical applications.

10. Encourage and enable youth to maintain sibling connections, when possible and appropriate, and support youth as they prepare to reconnect with their biological families after exiting foster care.

11. Support and encourage youth involvement with Regional and Kansas Youth Advisory Councils through aid with transportation, participation in events and chaperoning.

5330 Assessing the Adoptive Family

All families considering adoption from foster care shall receive the Appendix 5T Adoption from Foster Care brochure.

A comprehensive assessment of a family interested in adopting a child in the custody of the Secretary of DCF, including sponsored adopt-only families sponsored by the agency, shall be completed by a Child Placing Agency (CPA) using the Family Assessment and Preparation Study, PPS 5318 prior to being considered at a Best Interest Staffing. The assessment shall include items listed in KSA 59-2132 and KSA 59-2130.

The PPS 5318 shall be updated at least annually and anytime there is a significant change, including but not limited to death in the family, divorce, or move to a new home.

The assessment shall address the adopting prospective family's capacity to incorporate the child into their household in relation to their lifestyle, standard of living and future plans, as well as their and overall capacity to meet the immediate and future needs of the child, to include, including but not limited to: social, emotional/mental health, physical, and educational.

Unlicensed staff may assist with gathering and compiling information for the assessment, but a licensed professional must review, approve, and sign the assessment. A PPS 5318 shall be updated annually and anytime there is a significant change, such as death in the family, divorce of the parents, move, etc. The Child Placing Agency shall include the items listed in KSA 59-2132 and KSA 59-2130. An adoptive family

In addition to evaluating the safety and suitability of prospective parents and the type characteristics of child(ren) they are prepared to parent, the family assessment process provides an opportunity for the adoptive prospective parents to learn about caring for a child with special needs, and to explore their own worries, needs and strengths. concerns and needs. The process of completing an assessment with a potential adoptive family is a mutual selection process, wherein t The assessor is responsible to continue to inform the family about adoption related issues, assess the family's capacity for successful adoption and parenting, and guide the family in determining the appropriateness of adoption for their family. The assessor is also responsible for determining the appropriateness for the family to adopt a specific child from foster care, which shall be documented in an updated family assessment prior to consideration in a Best Interest Staffing.

A. A quality adoption preparation and assessment process usually shall includes at least two in person contacts by the adoptive home assessor. The total number of

contacts ~~is~~ shall be based on the family and circumstances of the case, and adoptive home assessors shall make as many contacts as necessary to complete a thorough and comprehensive assessment. A face-to-face in-home interview with each member of the household is required, if applicable, including the parents together, the parents individually, and the children individually.

B. The written assessment (PPS 5318) of the adoptive family shall include:

1. Motivation to adopt a child from foster care;
2. Family's attitude toward accepting an adopted child, and plan for discussing adoption with the child;
3. Emotional stability, physical health, compatibility and quality of relationship between adoptive parents;
4. Strategies to cope with problems, stress, frustrations, crises, and loss;
5. A statement from the potential adoptive parents' primary care physician regarding any medical or health conditions which would affect the applicant's ability to parent a child;
6. Record of convictions other than minor traffic violations;
7. Ability to provide for child's physical, educational and emotional needs;
8. Adjustment of ~~own~~ children born to them, if any, including school reports;
9. Insights about parenting a child adopted from foster care;
10. Description of how caregiver gives and receives affection;
11. Physical, social, emotional, intellectual, developmental, and disabilities in children the family is willing and able to accept;
12. Physical, social, emotional, intellectual, developmental, and disabilities in children who would not be appropriate for the placement with this family;
13. Description of the home and physical space for the child;
14. References, to include a minimum of three, only one of whom may be a relative;
15. Interview with all children, excluding foster children, of the adoptive family, who reside both inside and outside of the home;

16. The current capacity of the adoptive resource to serve in terms of the number, age, sex, characteristics, and special needs of the children;
17. Ability to access community resources to meet the child's specific needs;
18. Ability to incorporate the child into the family.
19. The current **or** on-going role as foster parents shall be addressed and noted in the Additional Assessor section of the Family Assessment and Preparation Study (PPS 5318).

C. All **prospective** adoptive parents/caregivers, except relatives, **shall complete an approved preservice training for foster care licensure prior to a child's placement.** ~~shall earn a certificate of completion of the TIPS Model Approach to Partnerships in Parenting (TIPS-MAPP) family preparation program, or TIPS-Deciding Together prior to a child's placement.~~ If a family completed a different family preparation program **a pre-service program not pre-approved by DCF**, the Child Welfare Case Management Provider shall request a waiver of TIPS-MAPP participation for the family from the DCF Foster Care Program **Administrator**. ~~Manager.~~ Other preparation programs shall meet the training equivalency criteria specified by DCF.

D. All prospective adoptive parents considered **as an adoptive resource at BIS** shall have:

1. A written adoptive family assessment completed on PPS 5318, by a licensed child placing agency which is updated at least annually; and

2. Medical or health information on, adoptive parent or parents regarding anything impacting the adoptive parent(s)' ability to parent a child; updated at least annually, and

3. Clearance through KBI updated at least annually and a national criminal history ~~finger print~~ **fingerprint** check.

a. ~~If~~ if a national criminal history check has been completed on a foster parent who has been continuously licensed, a second check does not need to be done.

b. ~~If~~ if the national criminal fingerprint check has been sent to the FBI two times and the fingerprints are not legible, a name check is acceptable.

c. ~~C~~learance through KBI for all family members 10 years **of age** and older.

d. ~~F~~fingerprints for additional household members, **18** ~~14~~-years and older shall be submitted to DCF

4. Aa complete DCF History check on all members of the home who are age 10 and older. A complete DCF history check is comprised of Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks. If the family resided out of state for during the last five years, child abuse registry checks in all the state(s) where they resided shall be completed for all adults.

See Section 5340 for additional information. For out-of-state adoptive parents adopting children from Kansas, see Section 9000 regarding the Interstate Compact for the Placement of Children.

5820 Establishing an Out of Home Case Action Type

A foster care case action type is opened for each child referred for out of home services and remains open until custody is discharged ~~or child has been placed at home for 6 months, whichever comes first.~~

5824 Out of Home Placement with the Reintegration/Foster Care Provider

To reflect a Reintegration/Foster Care referral for a child in FACTS, the following combination of codes is entered. Establish on INIT or update PLAN with a child custody (CC) plan for each child referred to the provider and enter reason(s) for removal located on the **Foster Care Referral PPS 5110**. Enter the appropriate case plan goal. On RESP, enter a service request for CM; service action of PR09N; and source of the service as the environment at removal. Enter the Service Status as initiated (IN) and indicate the effective referral date from the **Foster Care Referral PPS 5110**. Child custody (CC) plans opened prior to 8/29/2022 will have entered the source of the service as Foster Group Contractor (FGC).

If the child is removed from the home, referred to the provider, and is placed back home resulting in a DCF approved foster care referral retraction, enter on the child's CC plan the service action code of RT01N with service source code FGC on the RESP screen. The start and end date of the RT01N code is the date the retraction was approved by DCF.

When the Child Welfare Case Management Provider closes their active service delivery, end the service action with provider closure dates and "CM" status closure code.

If DCF requested the petition to remove the child as per the **Foster Care Referral PPS 5110**, enter the service action code of DO01N with service source code of PSW on the RESP screen. The responsibility start date is the date the child was referred. If DCF did not request the petition as per the **Foster Care Referral PPS 5110**, enter the service action code of CO01N with the service source code of CRT on the RESP screen. The responsibility start date is the date the child was referred.

5825 Entering Prior Sex Trafficking

For all children in DCF custody referred for out of home placement, any prior sex trafficking shall be recorded in FACTS. If prior sex trafficking is indicated on the foster care referral, the service action code ST01N shall be entered, using the date of referral on the responsibility screen with the service source code PSW. The ST01N code will remain open on the CC plan until they have been released from custody.

If DCF reported any prior sex trafficking to Law Enforcement, enter the service action code LE01N with the service source code PSW on the Responsibility Screen. **This shall be entered for each date of DCF reporting prior sex trafficking to law enforcement as indicated on the Foster Care Referral.** The service action code LE02N is to be entered if DCF did not report a prior sex trafficking event to Law Enforcement. This is an AFCARS requirement.

5827 Entering Indian Child Welfare Act Information

When race is identified as American Indian, the code of AI is entered on the CASE Screen. A child's tribe is identified with the corresponding federal tribe code on the MACL screen. If the child is not a member of a federally recognized tribe, enter the 3-digit code NOT on the MACL screen. If a child's tribe is unknown, enter the 3-digit code UNK on the MACL screen. Up to two identified tribal codes can be entered onto the FACTS MACL screen. A list of federally recognized tribes can be located within the AFCARS technical bulletin under "Appendix C – List of Federally Recognized Tribes with EPA identifier Code."

The following Indian Child Welfare Act (ICWA) information is to be entered on the MAIC screen in FACTS for each youth placed in DCF custody (CC plan). This information can be located on the **PPS 5110** Foster Care Referral. ICWA information can be amended in CareMatch, generating an updated PPS 5120 form that is to be sent to its designated FACTS region. The ICWA verification date is located on the child's Journal Entry. Each field on the MAIC screen in FACTS is directly recorded for AFCARS reporting.

On the MAIC screen in FACTS, indicate Y or N if DCF inquired, or asked, if the child is an "Indian child" under ICWA. Indicate Y, yes; N, no; or U, unknown if ICWA applies to the child. If ICWA does apply to the child, record the date that DCF was notified by the State court that ICWA applies. If ICWA does apply, also record Y or N if DCF sent legal notice to the child's tribe.

5834 Entering Out of Home Placement End Information

The Out of Home (OOH) End Reason and EndDt fields are enterable fields to reflect the date and reason the out of home placement has ended.

When a child has been reunified with any parent or reunified with any person as a reintegration resource, indicate Reintegration (RUC) as the reason and enter the date of reintegration in the "EndDt" field. If a child is removed from home post reunification, but prior to release of DCF custody, delete the OOH end reason and date and update the PLAN screen.

When DCF has been relieved of custody for reasons of Emancipation (EMA), Guardianship/Custodianship (GUS), SOUL Family Legal Permanency (SOL), or Other (ex: child death) (OTH), indicate the appropriate code and enter the date of discharge in the "EndDt" field. When a child's adoption is finalized, enter (ADP) and the date of finalization.

When custody is discharged due to transfer to ~~another agency (ex: KDOC-CBS)~~, use Transfer to **KDOC Another Agency** (TAA) as the reason and enter the date of discharge in the "EndDt" field.

When custody is discharged due to transfer to another person or agency for purpose of private adoption, use Transfer to Another Person/Agency (TPA) as the reason and enter the date of discharge in "EndDt" field.

When custody is discharged due to transfer to a tribe, use Transfer to Tribe (TTT) as the reason and enter the date of discharge in "EndDt" field.

5840 Service Actions as Outcome Indicators

A. For children adjudicated as a juvenile offender:

To indicate a child has been adjudicated as a juvenile offender as reported on forms PPS 3052, Foster Care Referral PPS 5110 or PPS 7000, initiate (IN) the service action code of AD01N with the service source code of CRT and service request code of CM on the RESP screen. The start date is date child was adjudicated as a juvenile offender and the end date is when child is no longer a juvenile offender or when plan ends, whichever comes first. This is a NYTD requirement.

B. For children with siblings in out of home placement

All siblings listed in Section V of PPS 5120 form shall have their sibling responsibility information on their respective RESP screen checked to determine if updates and/or corrections are needed.

To indicate a child has a sibling in out of home placement and is placed with at least one sibling, initiate (IN) the service action code SI01N with service source code FAM and service request code CM on the RESP screen per notification of change of placement. In the description, type the name of the sibling with whom the child is placed. The start date is the date placement with the sibling started. The end date is the date placement ended with the sibling or the date out of home placement ends, whichever comes first. Use status closure code "CM".

To indicate a child has a sibling in out of home placement and is not placed with at least one sibling, initiate (IN) the service action code SI02N with service source code FAM and service request code CM on the RESP screen per notification of change of placement. The start date is the date placement with the sibling ended. The end date is the date the out of home placement ended or the date a placement with a sibling starts, whichever comes first. Use status closure code "CM".

C. For children of school age and in out of home placement

To indicate that a child is attending the same school as prior to removal, initiate (IN) the service action code SC01N with service source code SCL and service request code CM on the RESP screen per notification of change of placement. If child age 6 or over (or in 1st thru 12th grade) and there is no SC01N, it is

assumed the child is not attending the same school as prior to removal. Start date is the date the child's same school attendance begins. The end date is the date out of home placement ends or the date the child is no longer meeting the same school criteria, whichever comes first. Use status closure code "CM".

D. For youth receiving Independent Living Services:

To indicate a youth is receiving independent living services as indicated on forms PPS 3057 or PPS 7000, initiate (IN) all independent living service action code(s) (IL01N through IL15N) with the service source code of INL and service request code of 'IL' on the RESP screen. The start date is the date of the case plan and the end date is date when youth is no longer receiving independent living service or when plan ends, whichever comes first. The independent living codes can be used on the following plan types: FP, SC, CC, RC, EC, and SS. These codes shall only be used for youth age 14 and older. This is a NYTD requirement.

E. Change in status of Sibling(s) remaining in home:

If a sibling who was not previously part of the household and not on the CASE screen in FACTS has been added as per section VII of PPS 5120, enter this sibling on the CASE screen. If race is unknown, enter UK. If a sibling who is listed on the CASE screen as being part of the household has been removed as per PPS 5120, remove them from the case by entering an "X" on ROLE type on the CASE screen. On MACL, enter the Reason Left as "LAF".

5882 Permanent Guardianship/Custodianship Information

AFCARS 2020, Elements 44-45 and 157-186 require data entry on the Maintain Guardianship/Custodianship Screen (GUCU). This information is to determine if there is prior guardianship/custodianship, guardianship/custodianship completed by, any subsidy information, legalization date, demographics of the primary and secondary guardian, family structure, guardian relation to the child, and number of siblings in the guardianship/custodianship home. This information shall be entered within 30 days of exiting care. Refer to section 6000 & Appendix 6F of the Prevention and Protection Services Policy and Procedure Manual for more information regarding guardianship/custodianship & subsidy.

A. Prior Guardianship/Custodianship is to be indicated Y or N. Indicate the prior finalization date, if applicable. If there has been more than one prior guardianship/custodianship enter the most recent date first, followed by the date prior to the first. This information can be located on the **Foster Care Referral PPS 5110** form.

B. At the time of exit, enter the Legalization Date. Enter Guardianship and Custodianship Completed By, GUCU/Child Relation, Family Structure, Siblings in Gu/Cu Home, and Primary and Secondary individual demographic information as indicated on the PPS 6185 form.

C. At the time of exit, indicate Y or N to subsidy. If Y, proceed to enter the agreement date, Amt, and Start date. Subsidy will continue after the child exits care, there will not be an End date. Subsidy information is located on the PPS 6150 & 6160 forms.

5901 DCF Children and Family Services Responsibilities

Eligibility Specialist responsibilities include:

- A. Determining if a child/youth meets basic Title IV-E eligibility criteria upon initially opening of a case in the Kansas Eligibility and Enforcement System (KEES).
- B. Determining if a child/youth is eligible for Federal Financial Participation on an ongoing basis throughout the child/youth's custody episode.
- C. Initial and ongoing Medicaid eligibility determinations while in out of home care.
- D. Application for payee of a child's benefits, i.e. SSI, SSA, VA, Railroad, etc.
- E. Maintenance of WARDS accounts.
- F. Scanning and maintaining required documentation for all eligibility and payment activities.
- G. Closing Foster Care and Medicaid Cases in KEES when the child is no longer in out of home care.
- H. Coordination with the Kansas Department of Corrections – Juvenile Services Community Based Services (KDOC-JSCBS) to determine Medicaid eligibility.
- I. Desk reviews at closure.

5914 Ongoing Eligibility

The activities explained in this section occur throughout a child's custody episode and relate to the child's ongoing eligibility. These activities affect administrative and payment eligibility for Federal Financial Participation (FFP).

A. Children/Youth determined basic Title IV-E eligible initially continue to be basic eligible throughout their custody episode if the following criteria continue to be met:

1. The child meets the age requirement for the Title IV-E program as described in PPM Section 5911. When the youth child reaches age 17, documentation regarding school attendance and expected graduation date shall be requested by the PPS eligibility specialist.
2. The child continues to be in the custody of DCF and placed out of the home. The DCF Liaison shall forward journal entries documenting continued DCF custody.

B. Placement at home Eligibility

1. A child is never maintenance eligible when living in the home of their parent.
2. A child is never maintenance eligible when returning to the home of the specified relative from whom they were removed.
3. An eligibility redetermination for a child who is IV-E eligible is completed each time a child changes placement. A review is done checking for licensing compliance each time a new placement is entered in the Kansas Eligibility and Enforcement System (KEES). If EDBC is not run for 12 months, a review task is generated in KEES to prompt the Eligibility staff to run EDBC and update the review date.

C. Returning to the Removal Home

1. When a child is placed in their removal home after being in out of home placement whether the removal home is a parent or non-parent specified relative, the child is no longer in Foster Care.
2. When children return to the removal home of a non-parent specified relative but are not identified by the CWCMP as achieving reunification, eligibility remains open and maintenance eligibility is determined based on the placement.

3. Children returned to a parent or non-parent specified relative and identified as achieving permanency by the Child Welfare Case Management Provider, are considered reunified and basic and maintenance eligibility ends the day prior to placement.

D. At Home in State Custody

1. When a child is home longer than six months or released of custody, the child is no longer basic Title IV-E eligible.
 - a. If a child returns to out of home care in the same custody episode, within six months of being placed at home, the child retains their initial basic eligibility. Their basic eligibility cannot be changed to basic Title-IVE eligible if they were not determined basic Title IV-E eligible initially.
 - b. If a child returns to out of home care after six months and in the same custody episode, the Eligibility Specialist shall complete a new basic determination. Refer to Section 5911 for criteria in completing an initial determination.

E. Runaway or Absent

If a child is absent from placement or has run away, the child is basic Title IV-E eligible ~~if as long as~~ they remain in DCF custody. Six-month Custody Reviews and Permanency Hearings should continue.

F. Judicial

Kansas statute requires judicial findings of contrary to the welfare and reasonable efforts be made; when a child is placed at home longer than six months, remains in the custody of the agency and re-enters out of home placement. A new petition is not required, the month in which the notice was provided to the Court is the eligibility month.

1. Emergency Removal

- a. If the CWCMP determines the child is in imminent danger and the family is unable to assure the safety of the child, the child will be removed and the Case Manager will notify the Court by the next working day.
- b. The notification to the Court shall include a request for new judicial findings of contrary to the welfare and reasonable efforts.

2. Non-Emergency Removal

- a. When the removal does not require emergency actions, the CWCMP shall provide advance written notice to the Court of intent to move the child.
- b. The notice of intent to move sent to the Court shall include a request for new judicial determinations of contrary to the welfare and reasonable efforts.
- c. Statute allows the Court 45 calendar days from the date of the notice to issue the required Judicial determinations.
- d. The Court may respond by setting a hearing no later than 14 calendar days from the date of notice.
- e. The Court may issue the judicial determinations without a hearing.

G. Reasonable Efforts to Finalize Permanency

1. Every twelve months the Court must find the agency has made reasonable efforts toward achieving permanency for the child if the child is to remain maintenance eligible. The DCF Liaison shall forward a copy of Permanency Hearing journal entries to the PPS Eligibility Specialists to include in their review of ongoing eligibility.
2. If the finding is not made timely, the child's maintenance eligibility ends the month the finding is due.
3. Maintenance eligibility resumes on the first of the month the findings are made.
4. Eligibility Specialists shall determine how the permanency hearing will be coded in the Kansas Eligibility and Enforcement System (KEES):
 - a. Permanency hearings with language meeting Title IV-E requirements will be coded in KEES as "PH".
 - b. Permanency hearings with language indicating the Judge did not find reasonable efforts will be coded in KEES as "PH-No Efforts", resulting in an aid code of "NOS".
 - c. Permanency hearings where no finding of reasonable efforts have been made (no language in the order), shall be coded in KEES as "Custody Review" resulting in an aid code of "NOR".

H. Managing Court Documents

Eligibility Specialists shall enter the following court documents into the Kansas Eligibility Enforcement System (KEES) until the child's case is closed:

1. Petition
2. Ex Parte Order
3. Temporary Custody Order
4. Adjudication
5. Disposition
6. Permanency
7. Review Hearings
8. Parental Rights Terminated
9. Change of Venue
10. Release of Custody
 - a. Court documents coded in KEES as "PH" or "Custody Review" will transfer from KEES into the Family and Child Tracking System (FACTS).
 - b. FACTS staff will continue to enter all other court orders which do not transfer from KEES.
 - c. Eligibility Specialists shall journal receipt of court documents in KEES if received after the eligibility case has closed.
 - d. Journal Entry releasing the child from custody of the State must be journaled to the case in KEES.

5918 Medicaid Requirement for Children in Out of Home Care

Children who are in the custody of DCF, Kansas Department of Corrections (KDOC) - Community Based Services (CBS) or Tribal Authority and removed from their home are eligible for Foster Care Medical (FCM) assistance up to month of their 21st birthday.

A. Eligibility

A. 1. Children in out of home placement while in the custody of the Secretary of DCF Foster Care and children receiving Adoption Assistance Support are exempt from the citizenship and identity requirements of Medicaid eligibility.

B. 2. Medicaid eligibility is based on the child's custody and removal status making them a family unit of one.

3. Youth placed in JDC or JCF that are eligible for FCM or Adoption Subsidy Medical (ASM) shall have Medicaid reinstated within the 30 days prior to their discharge.

~~1. For children to be determined Title IV-E eligible, citizenship requirements in PPM 5911, C2 must still be met.~~

B. Placement

A. 1. Placements ineligible for Medicaid:

1. a. Juvenile Detention Center (JDC)

2. b. Juvenile Correctional Facility (JCF)

3. c. Jail

d. Prison

B. 2. A hospital is considered a Medicaid eligible placement when a child in a hospital is placed in custody and is expected to be placed out of home when discharged.

a. Opening Medical

1. i. The Eligibility Specialist shall open a medical block in the Kansas Eligibility Enforcement System (KEES). Selecting the Custody Authority on the Foster Care Eligibility Determination page allows the KEES Eligibility Determination Benefit Calculator (EDBC) to generate the correct medical aid code. This selection generates the aid code when EDDB is run for the Medical program block and prompts the interchange Kansas Modular Medicaid System (KMMS) to reflect the correct population code for budget purposes. This coding also assures

the correct custody authority is charged for Medicaid paid placements by the KMMS.

2. ii. If the child is currently open for medical in KEES, the Eligibility Specialist is to verify a task was generated for KanCare. This will allow KanCare to close their medical case and allow the child to receive Foster Care Medicaid benefits. If a task is not created in KEES the Eligibility Specialist is to complete a Contact Log notifying KanCare that Foster Care Medical has been established.
3. iii. The Child Welfare Case Management Provider (CWCMP) out of home provider shall receive a Temporary FC Medical Care letter Letter of Coverage when a child is placed in their care. This Letter provides the child's Medicaid ID number and assigned Managed Care Organization (MCO) for medical providers to use until the out of home placement receives the child's medical card.

NOTE: Selecting the Custody Authority on the Foster Care Eligibility Determination page allows the KEES Eligibility Determination Benefit Calculator (EDBC) to generate the correct medical aid code. This selection generates the aid code when EDBC is run for the Medical program block and prompts the interchange Kansas Modular Medicaid System (KMMS) to reflect the correct population code for budget purposes. This coding also assures the correct custody authority is charged for Medicaid paid placements by the KMMS.

C. Medicaid Coverage at Reintegration Reunification.

- A. 1. When a child is reintegrated reunified, their Foster Care Medicaid eligibility ends. This includes children returning from out of home placement to their adoptive parents. Exceptions to this include:

1. a. Extension – approved by the Regional PPS Program Administrator or designee
2. b. Extension – approved by the Director of Permanency
3. b. Extension – approved by the KDOC Director of Early Intervention Services or designee
4. c. Youth appointed a Soul Family Legal Permanency Custodian

- B. 2. Children covered through an Adoption Assistance Subsidy Agreement will resume coverage through the Adoption Subsidy Medical program.

- C. 3. Children and youth who return home with Continuous Eligibility (CE) coverage left on their medical program will be referred to the Kansas Department of Health and Environment (KDHE) to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.

- D. 4. Youth who age out of foster care with CE coverage left on their medical program will be referred to the KDHE to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.
- E. 5. Youth who are no longer eligible for Adoption Subsidy Medical and have CE coverage left on their medical program will be referred to the KDHE to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.
- C. 6. If a child in the custody of DCF is denied Medicaid coverage by the Clearinghouse, the CWCMP shall forward written documentation of continued need for medical coverage to the Regional Foster Care Program Administrator PPS Director of Permanency for approval. The approval for an extension and the documentation shall be forwarded to the PPS Eligibility Specialist.
- D. 7. If a child in the custody of KDOC is denied Medicaid coverage by KanCare [\[11\]](#), the case manager shall forward the denial and written documentation supporting continued need for medical coverage to the KDOC Director of Early Intervention Services. KDOC Juvenile and Adult Community Corrections works with KDHE to reinstate Medicaid medical claims denied by KMMS. The approval for an extension and the supporting documentation shall be forwarded to the Eligibility Specialist.
1. a. Extensions may be approved for up to six months.
 2. b. Extension needed beyond six months must be requested from and approved by the Director of Permanency or designee.
- E. 8. If the child continues to need medical treatment and the caregiver parent(s) cannot pay, the following steps are taken:
1. a. In the case logging, the PPS Eligibility staff shall provide documentation supporting the need for continued medical treatment and information regarding the lack of medical care being a barrier to reintegration reunification.
 2. b. Caregiver Parent(s) or relative must apply for medical coverage on behalf of the child through the Clearinghouse if the child is not covered by private medical insurance.
 - a. i. The application should be sent to the Clearinghouse on the day the child is reunified.
 - b. ii. If the child has an urgent medical need, it shall be noted on the front page of the application.

3. c. To expedite the Medicaid eligibility determination, the following documentation must be submitted with the application sent to the Clearinghouse.

- a. i. Proof of citizenship
- b. ii. Proof of identity
- c. iii. Proof of income
- d. iv. Proof of other health insurance (if applicable)

Should this be KanCare? [\[11\]](#)

5925 Child Support Services (CSS)

Child Support Services (CSS) is charged with the responsibility of seeking child support for children in the custody of the state in an out-of-home placement.

A. Referrals to CSS:

Parents of children who are in the custody of the state in an out-of-home placement must be referred to CSS. Referrals are accomplished via the **Kansas Eligibility and Enforcement System (KEES) KAECCS system**. Each parent shall be listed on the **Non-Custodial Parent Detail pages in KEES CHSE screen**. The Eligibility staff shall enter the date the child was removed and the initial type of placement in the **narrative comments section on the Non-Custodial Parent Detail page CHSE screen** shall note the child was removed and the initial type of placement. Additionally, Eligibility staff will email the foster care packet consisting of the 5410A Data Collection form, 5135-Parental Obligation form, birth certificate (if available), and the order of custody to DCF.PPSCSS@ks.gov. The email subject line should begin with the two-letter county abbreviation (ex. JO) for the county of commitment. The Case Management Services providers send the 5120-Placement information to the PPSCSS mailbox.

Notifications of Changes in Status. Inform CSS of changes in the child and family's status. PPS must notify CSS through **KEES KAECCS** of the following:

1. Change in Placement: When children in out- of -home care change placements, CSS is to be notified. This includes moves to a non-parent relative, a correctional or State Hospital placement. It is not necessary to inform CSE regarding moves from foster home to foster home.
2. Return Home: CSS shall be notified when a child returns home so that they can stop any subsequent child support debt accrual. CSS will continue to contact the parent for any arrearage owed. The Eligibility staff will update the notes on the Non-custodial Parent Detail screen on foster care cases through the KEES system notifying CSS of the foster care closure date and the placement information – including date of placement and the name and address of the placement.
3. Change in Legal Status: CSS shall be notified immediately of changes in legal status, especially if parental rights are terminated.

B. Exempt Referrals to CSS

Children who meet both of the following criteria are exempt from referrals to CSS. CSS shall be informed of the exemption on the **Non-Custodial Parent Detail page notes in KEES CHSE screen**. (See KCSEM 2520):

1. Adopted through DCF

The child is coming into foster care from the home of adoptive parents who adopted through DCF. Please indicate in the notes on the Non-custodial Parent screens that the adoptive parent should not be pursued.

2. Special Needs

Prior to adoption, the child met the definition of a special needs child and PPS staff believe the events that led to the placement in foster care are attributed to the child's special needs. If the placement in foster care is due to the action(s) or inaction(s) of the adoptive parent(s), the case may be referred to CSS. Please indicate in the notes on the Non-custodial Parent screens that the adoptive parent should not be pursued.

3. Good Cause

In rare instances, PPS may determine that a parent has good cause for refusing to cooperate in establishing paternity and securing support payments. The CPS Specialist has the responsibility to determine the validity of good cause and to document the same. CSS shall be informed of the good cause.

4. Parental Rights Termination

A referral still must be generated out of KEES for the KEES program to run correctly even if it is against biological parents when rights have been terminated. In the note box on the Non-Custodial Parent Detail page, notify CSS that the rights have been terminated and they will not open a case.

5930 Closing the Foster Care Case

Detailed instructions for discontinuing a foster care case are contained in the Kansas Eligibility Enforcement System (KEES) Non-Medical User Manual.

A. Discontinue the Foster Care case in KEES when any of the following occur:

- A. 1.** Child returns home
- B. 2.** Child is living independently or has otherwise achieved permanency
- C. 3.** Adoption Assistance case opens
- D. 4.** Death of the child

If the child returns home on or before the 15th of the month, the medical program block shall be closed at the end of that month. If the child returns home after the 15th of the month the medical program block shall close at the end of the following month. **When a youth has a Continuous Eligibility (CE) period that will end after their foster care case closes, the Eligibility Specialist shall follow the process outlined in PPM 5918 Medicaid Requirement for Children in Out of Home Care. The Eligibility Specialist shall notify Kansas Department of Health and Environment (KDHE) of child's return home or release of custody by completing and emailing the PPS 5918 Continuous Eligibility and Aged Out Medical Transfer Form to KDHE.**

B. Medical coverage is to be discontinued in the following situations:

- A. 1.** Child is no longer in an out of home placement
- B. 2.** Child is in a Medicaid ineligible placement (jail, juvenile detention, or correctional facility)
- C. 3.** Death of a child

Youth released from custody who are appointed a SOUL Family Legal Permanency Custodian will continue to have Foster Care Medical (FCM) coverage while youth is attending high school or completing GED up to age 21. FCM will end when high school education or GED is completed by youth aged 18 or older. Youth who are appointed a SOUL Family Legal Permanency Custodian will be eligible to transition to Aged Out medical coverage. See PPM 5918 regarding requirements for extending foster care medical coverage.

If DCF staff receives the Certificate of Creditable Coverage from the Kansas Medical Assistance Program (KMAP) after a child returns home from foster care, the form shall be mailed to the ~~parental home~~ **child's last known address.**

6313 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Eligibility Determination

Prior approval from PPS Administration must be obtained before entering into a SOUL Family Legal Permanency subsidy agreement with the residential custodian using the PPS 6302 Soul Family Legal Permanency Subsidy Agreement.

A. The Child Welfare Case Management Provider shall:

1. ~~The CWCMP s~~ Sends the following ~~(items A-C)~~ directly to the DCF ~~R~~regional ~~O~~ffice ~~C~~contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency
 - a. Completed PPS 6300 SOUL Family Legal Permanency Monthly **Subsidy Checklist**
 - b. The PPS 6301 SOUL Family Legal Permanency Referral for Payment
 - c. W-9 ~~Statement~~. The SOUL Family Legal Permanency **residential custodian**, ~~with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.)~~ **The W-9 requires the custodian's name, address, social security number, signature, and a copy of their social security card.**
2. Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF ~~R~~regional ~~O~~ffice ~~C~~contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy:
 - a. ~~The~~ PPS 6302 SOUL Family Legal Permanency Subsidy Agreement
 - b. ~~Appointment of SOUL Family Legal Permanency Journal Entry Order Appointing SOUL Family Legal Permanency~~
 - c. ~~The~~ PPS 6186 SOUL Family Legal Permanency AFCARS Data
3. The DCF ~~R~~regional ~~O~~ffice ~~C~~contact reviews the documents for accuracy, completeness, and saves all documents from section A.1 and A.2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF ~~R~~regional ~~O~~ffice ~~C~~contact sends notification to CWCMP **when the subsidy begins**.
 - a. SOUL Family Legal Permanency Monthly **subsidy** begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

B. The CWCMP shall ~~inform~~ provide the SOUL Family Legal Permanency Custodians:

1. ~~How to access the Journal Entry with the court date stamp on it.~~
Instruction for where to obtain additional copies of the file stamped or certified journal entry.
2. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.
3. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.
4. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form.
 - a. ~~Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office.~~
5. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit
6. Instructions for Accessing information on the DCF Independent Living services for the youth.

C. The SOUL Family Legal Permanency custodian(s) shall assist the young adult with;

1. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18.
2. A paper Medicaid application for Aged Out Medical.
 - a. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.
3. Accessing information on the DCF Independent Living services for the youth.

6902 Payment Procedures for Permanent Custodianship Subsidy

The Permanent Custodian Subsidy (PCS) payments are issued through the ~~KAECSES system under program FC, sub-program GS~~ **Kansas Eligibility and Enforcement System (KEES)**.

The PCS payment shall be effective the first of the month in which the permanent custodianship is granted. These payments shall continue monthly ~~as long as~~ **if** the child maintains subsidy eligibility.

Form PPS 6155 Referral for Payment - Permanent Custodian Subsidy shall be used to establish initial and subsequent subsidy payments. **Refer to the PPS 6149 Referral for Permanent Custodianship Subsidy Checklist for instructions.**

~~Follow KAECSES Manual instructions for registering applications, using program code FC and sub-program code GS and following instructions for FOCA and FCPD screens. The client's FC case number and client identification number shall be used for FC-GS payments. The KAECSES manual can be found with this link:~~ [KAECSES Manual](#)

See KEES User Guide for instructions regarding opening PCS cases and issuing payments in KEES.

6921 Opening an Adoption Assistance Case

See PPM E&P Appendix B Computer Systems for detailed data entry instructions on opening an adoption assistance case in KAECSES. Adoption Assistance Subsidy payments are issued through the Kansas Eligibility and Enforcement System (KEES). These completed documents are required to open a new Adoption Assistance case:

1. A. Adoption Placement Agreement (APA) PPS 5343
2. B. Adoption Assistance Agreement PPS 6130
3. C. Eligibility for Adoption Assistance PPS 6115
- D. Referral for Adoption Assistance PPS 6110 OR Application for Adoption Assistance Private Agency Placements PPS 6120

Adoption assistance payments cannot begin earlier than the date on the Adoption Placement Agreement. The first month's Adoption assistance amount shall be prorated.

For ~~in order for~~ the child to continue to receive medical assistance as part of the adoption assistance, refer to PPM ~~section~~ 5918 for information on the process to be followed.

A. Payment Procedures for Adoption Assistance

1. Payments for adoption subsidy are generated from an open Adoption Assistance (AS) case on the KAECSES KEES system. ~~(See Section 5916 for details.)~~ (See KEES User Guide for instructions.)
2. A payment ID number will be created in the Statewide Management, Accounting, and Reporting Tool (SMART) for the adoptive family which will be linked to the Adoption Assistance case in KEES.

7040 Self-Sufficiency Planning

- A. Self-Sufficiency planning is a continuous and ongoing process integral to decision making in partnership with the youth-young adult. Self-Sufficiency planning is based on evidence-based practice and a strengths-based perspective, which include:
1. Engaging youth young adults in a person-centered youth-driven service design
 2. Treating youth young adults with respect
 3. Respecting youth's young adult's privacy
 4. Involving youth young adult's identified supports and connections as active partners in case planning
 5. Providing services in the most youth young adult friendly setting possible
 6. Linking youth young adults to community-based, diverse, and comprehensive supports and services
 7. Strengthening the capacity of the youth young adult to function independently
 8. Providing culturally sensitive services to youth young adults
- B. All youth Young Adults receiving Independent Living services from Department for Children and Families (DCF) shall have a PPS 7000 Self Sufficiency Plan
1. The Independent Living Coordinator (ILC) shall review and consider incorporating initial Self-Sufficiency Plan shall incorporate the court approved PPS 3059A Transition Plan for Successful Adulthood or the PPS 3059B My Adult Services Plan when completing the initial Self-Sufficiency Plan
 2. All subsequent Self-Sufficiency Plans shall incorporate the activities, services and supports of the youth-young adult and be updated at least every 170 days
- C. Youth Young adults shall be actively involved in the development of their Self-Sufficiency Plan. Youth Young adults shall be assisted in assessing, and identifying their strengths and needs, and in developing realistic and achievable goals. Self-Sufficiency Plans shall:
1. Be relevant to the youth's young adult's current circumstances
 2. Be realistic in terms of the emotional, physical, and intellectual capabilities of the youth-young adult
 3. Be written in language that is clear and understandable to the youth-young adult
 4. Specify the target dates

5. Have the signature of all Self-Sufficiency Plan participants

- D. ~~Youth~~ **Young adults** no longer in the ~~state's~~ custody **of the Secretary** who receive DCF Independent Living services shall ~~have~~ contact ~~from~~ the assigned DCF ~~Independent Living Coordinator (ILC)~~ a minimum of one time per month. **If the ILC has not had contact with the young adult during the month, the ILC should make efforts to contact the young adult.** Progress towards completion of case plan tasks shall be reviewed with the ~~Youth~~ **young adult** at least once in between ~~conference~~ **Self Sufficiency Plan** dates and documented PPS 1010 Social Services Case Activity Log.
- E. ILC shall enter the following information, for all youth receiving Independent Living services, into the Self-Sufficiency Information System (SSIS) within five (5) working days of the case being opened in FACTS.
1. The ~~youth's~~ **young adult's** case shall be identified as active.
 2. The ~~youth's~~ **young adult's** corresponding DCF region of service and assignment of the ILC shall be designated.
 3. The Educational Training Voucher (ETV) plan dates shall be entered, if applicable.

7100 Eligibility

Specific eligibility requirements apply to all services and supports offered through the Independent Living (IL) and Self-Sufficiency Program.

Marital status does not impact eligibility for services or supports.

Citizenship status may impact a youth or young adult's ability to receive federally funded supports and services. Only citizens and qualified aliens are eligible for federally funded supports and services, including Basic Chafee, Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, Education & Training Voucher (ETV) and Aged Out Medical.

Youth and young adults who do not meet citizenship requirements may be eligible for equivalent supports and services through state funds depending on availability and any restrictions that may be in place.

A. For the purposes of determining eligibility for specific service components, eligible and ineligible placement settings are:

Eligible out of home placements

1. Resource home
2. Relative and non-related kinship placements
3. Group or residential homes
4. Independent living settings
 - a. Transitional living program (TLP)
 - b. Community Integration Program (CIP)
 - c. Youth living on their own who continue to be supported by a Child Welfare Case Management Provider (CWCMP)
5. Secure care, as a child in need of care
6. Runaway/missing child status

Ineligible Placements

7. Placement at home with parent(s)
8. Juvenile detention facility

9. Juvenile correctional facility
10. Adult detention facility (jail)
11. Adult correctional facility (prison)

Refer to the specific service components below to determine eligibility.

B. Youth under the age of 18 receiving aftercare services with the CWCMP shall have any IL services coordinated through the CWCMP case manager and the Department for Children and Families (DCF) Independent Living Coordinator (ILC).

C. Service Component Eligibility Criteria

1. Basic Chafee

Youth and young adults who were in an eligible out of home placement in the custody of DCF, Kansas Department of Corrections-Community Based Services (KDOC-CBS) or Tribal Authority for any length of time on or after their 14th birthday are eligible for Basic Chafee.

a. Youth and young adults who achieved permanency through permanent custodianship or guardianship or who were adopted before the youth's 16th birthday are eligible for Basic Chafee and Vehicle Repair and Maintenance only.

b. Eligibility for Basic Chafee ends when the young adult attains 21 years of age.

2. Subsidy

a. Young adults who were released from the custody of the Secretary, KDOC-CBS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Subsidy.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for IL Subsidy. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of IL Subsidy to the young adult.

c. Young adults who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Subsidy, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

d. Young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Subsidy, with the approval of

the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

e. Youth or young adults who have not been released from KDOC- CBS custody and are not receiving room and board assistance from KDOC-CBS may be eligible for Subsidy.

f. Youth or young adults still under the responsibility of the CWCMP or Tribal Authority are not eligible for Subsidy.

g. Eligibility for Subsidy ends when the young adult attains 21 years of age.

3. Start-Up Costs

a. Young adults who were released from the custody of DCF, KDOC-CBS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Start-Up Costs. Young adults who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Start-Up Costs, with the approval of the IL Program Manager or designee and the Permanency Program Administrator or designee.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Start-Up Costs. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of start-up funds to the young adult.

c. Youth and young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Start-Up Costs, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

d. Youth who are still under the responsibility of DCF, KDOC-CBS, or Tribal Authority, and are likely to attain 18 years of age while in an eligible out of home placement, are eligible for Start-Up Costs.

e. Young adults who are still under the responsibility of DCF, KDOC-CBS, or Tribal Authority and have already attained 18 years of age while in an eligible out of home placement are eligible for Start-Up Costs.

f. Youth and young adults who meet the above criteria and are receiving Education Training Voucher (ETV) support continue to be eligible for Start-Up Costs.

g. Eligibility for Start-Up Costs ends when the young adult attains 21 years of age.

4. Vehicle Repair and Maintenance

- a. Young adults who were in an eligible out of home placement in the custody of DCF, KDOC-CBS or Tribal Authority for any length of time on or after their 14th birthday are eligible for Vehicle Maintenance and Repair.
- b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Vehicle Maintenance and Repair. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to use of Vehicle Maintenance and Repair.
- c. Young adults who were in Kansas through ICPC and in an eligible placement at age 14 or older may be eligible for Vehicle Repair and Maintenance, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.
- d. Eligibility for Vehicle Repair and Maintenance ends when the young adult attains 21 years of age.
- e. Young adults who meet the above criteria and are receiving ETV payments are still eligible to receive Vehicle Repair and Maintenance costs.

5. Education & Training Voucher (ETV)

- a. ETV services are available to youth and young adults served by the following: DCF, KDOC-CBS, or Tribal Authority.
- b. Youth and young adults who left a foster care placement subject to permanent custodianship or guardianship or who were adopted before the youth's 16th birthday are not eligible for ETV.
- c. Youth and young adults who are eligible for ETV have earned a high school diploma or GED, are enrolled in a post-secondary education that is a pre-accredited, accredited, or certified training program, and the youth meets one of the following:
 - i. in the custody of DCF, KDOC-CBS, or Tribal Authority and in a foster care placement on the date the youth attained 18 years of age; or

ii. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday; or

iii. adopted from a foster care placement on or after the youth's 16th birthday; or

iv. in an eligible out of home placement for any length of time on or after the 14th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to the youth's 16th birthday.

d. Youth and young adults who achieved permanency through SOUL Family Legal Permanency on or after age 16 are eligible for ETV. ~~and who otherwise meet the requirements for ETV funding will receive equivalent supports and services to ETV. State funding shall be used to provide these supports. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to the use of ETV.~~

e. Young adults are eligible until they turn 26 years of age if they are enrolled in a post-secondary education or training program and are making satisfactory progress, as determined by the program guidelines, toward completion of that program.

f. Youth and young adults who have received acceptance or conditional acceptance notice from a post-secondary education or training program and who have or will meet one of the above eligibility requirements for ETV, may receive funding for deposits and expenses, as approved based on the PPS 7001. ETV may be used to pay for dorm fees due prior to youth or young adult completing secondary education or GED for an ETV eligible youth or young adult with an acceptance notice from a post-secondary education institution.

g. Youth and young adults who continue to be under the responsibility of the CWCMP, KDOC-CBS, or Tribal Authority and meet the above criteria may receive ETV supports prior to the release of custody with completion of the PPS 7001 and associated tasks on the PPS 3050 series, to include custody planning documents utilized by KDOC-CBS and Tribal Authority. Tribal case managers, KDOC-CBS case managers and CWCMP case managers shall coordinate services for youth and young adults eligible for ETV and still in their care in custody through communication with the regional DCF ILC. A new FACTS case or intake is not required for youth and young adults requesting ETV services who are served by the CWCMP.

h. Youth and young adults may only participate in the ETV program for a total of five years, which do not need to be consecutive.

6. SOUL Post-Secondary/Certified Training (PSCT) Assistance

a. Youth and young adults who are eligible for SOUL PSCT have earned a high school diploma or GED, are enrolled in a post-secondary education that is pre-accredited, accredited, or certified training program and achieved permanency through SOUL Family Legal Permanency on or after age 16. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to the use of SOUL PCST Assistance.

b. Young adults are eligible until they turn 26 years of age if they are enrolled in a post-secondary education or training program and are making satisfactory progress, as determined by the program guidelines, toward completion of that program.

c. Youth and young adults may only participate in the SOUL PSCT program for a total of five years, which do not need to be consecutive.

7. Kansas Foster Child Education Assistance (Tuition Waiver)

a. Youth and young adults who are eligible to apply for the Kansas Foster Child Educational Assistance Act are enrolled in a Kansas educational institution and meet one of the following:

i. in the custody of DCF and in a foster care placement on the date the youth attained 18 years of age; or

ii. released from custody of DCF prior to attaining 18 years of age, after having graduated from high school or fulfilled the requirements for a GED while in foster care placement and the custody of DCF; or

iii. adopted from a foster care placement on or after the youth's 16th birthday; or

iv. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday.

b. To remain eligible for participation in the program, youth and young adults shall remain in good standing at the Kansas educational institution where the youth is enrolled and shall make satisfactory progress toward

completion of the requirements of the educational program in which the youth or young adult is enrolled.

c. Eligibility for Kansas Foster Child Education Assistance service component ends at the conclusion of the semester during which the young adult attains 23 years of age.

d. Youth and young adults eligible for the tuition waiver through the Kansas Foster Child Assistance Act must have been in the custody of the Secretary of DCF.

8. Aged Out Medical

a. Aged Out Medical is available to eligible young adults starting at age 18 until the last day of the month the young adult turns age 26. Eligibility for coverage may be granted for 3 months prior to the application date, if requested on the application, per Kansas Department of Health and Environment (KDHE).

i. Young adults who were in the custody of DCF, KDOC-CBS, or Tribal Authority and were in any out of home placement on their 18th birthday are eligible for Medicaid coverage through the Aged Out Medical Program.

ii. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Medicaid coverage through the Aged Out Medical Program from age 18 to age 26.

iii. Young adults who were in Kansas through ICPC and in any out of home placement on their 18th birthday are eligible for Aged Out Medical.

iv. Young adults who turned age 18 on or after January 1, 2023, while in any state are eligible for Medicaid coverage through the Aged Out Medical Program (Substance Use-Disorder Prevention that Promotes Opioid Recover and Treatment for Patients and Communities for Patients and Communities [Support] Act).

b. No income or resource testing is required for eligibility.

c. Proof of citizenship and identity must be provided by uploading through the KanCare portal. This may be done by DCF eligibility staff or the young adult.

d. Young adults must have Legal Permanent Resident status for a minimum of five years before they are eligible for Aged Out Medical.

e. The ILC shall inform the young adult they are responsible for keeping KanCare informed of their current address by calling 1-800-792-4884 whenever their address changes.

f. Termination of eligibility for this program occurs when one of the following happens:

- i. the young adult turns 26 years of age (last day of the month they turn 26).
- ii. the young adult is no longer a resident of Kansas.
- iii. the young adult is an inmate in a public institution.
- iv. the young adult fails to complete and return the required annual review.

The young adult will be notified by KDHE prior to the closure of the medical card.

7213 Life Skills Services and Supports

A. Youth **and young adults** receive life skills services provided by Child Welfare Case Management Providers during out of home placement. Young adults no longer in placement may have continued needs after the transition as identified in the young adult's court approved PPS 3059A **Transition My Plan for Successful Adulthood** or PPS 3059B **My Adult Services Plan for youth who are on the I/DD waiver or waitlist**. DCF shall assess and provide identified life skills services to youth. All life skills services and tasks shall be documented on the Self Sufficiency Case Plan PPS 7000. See PPM 3000. Life skills services may include but are not limited to the following domains:

1. Communication
2. Daily Living
3. Home Life
4. Housing &
5. Money Management
- ~~5.~~ 6. Self-Care
- ~~6.~~ 7. Social Relationships
- ~~7.~~ 8. Work Life
- ~~8. Work &~~ 9. Employment Skills
10. Study Skills
- ~~9.~~ 11. Career Planning

B. Life skills supplemental assessments for parenting infants and parenting young children may be used as resources in working with young parents.

C. Youth **and young adults** will be provided information regarding all aspects of health care and information regarding avoidance of unsafe health practices **included but not limited to;**

1. Use of tobacco, products, drugs and alcohol;
2. Sexually transmitted diseases or unplanned pregnancies;
3. Factual information on how and when to seek medical care;
4. Basic first aid training;
5. Discussions on health insurance;

6. Specific information for any youth who has special medical needs.

7250 Education and Training Voucher Program

A. Education and Training Vouchers (ETV) are available to eligible youth and young adults for assistance, based on need, with post-secondary education and certified training programs. ETV funds may be used for costs associated with post-secondary education and/or training only and cannot exceed \$5000, or the total financial need identified on the ETV plan (PPS 7001, Section 3.C.) for that youth or young adult per plan year, whichever is less. All youth must have an open service case to receive ETV. Youth and young adults may only participate in the ETV program for a total of five years, whether or not the years are consecutive.

B. Youth and young adults may elect to attend post-secondary education and/or certified training programs outside of Kansas and may use Kansas ETV for this purpose. If a youth or young adult is receiving ETV and attending post-secondary education and/or certified training outside of Kansas, all requirements still apply for case planning purposes. The DCF Independent Living Coordinator (ILC) and youth may need to use phone or e-mail for regular contacts.

C. Youth and young adults who are moving to another state and establishing permanent residency in that state, for purposes other than attending a post-secondary educational institution or certified training program, must apply for ETV funds through the state where they will establish permanent residency.

D. Youth and young adults must reapply for ETV funds on a yearly basis, as it coincides with the youth or young adult's education or training plan. All plans shall be for a twelve-month period between July 1 and June 30th. If a youth or young adult finds themselves unsuccessful in completing their education or training plan, the youth or young adult may reapply at any time until they are no longer eligible for the program. The IL Coordinator shall use good judgment in working with youth and young adults who have received ETV in the past and who have not been successful in continuing in their education or training plan. It is foreseeable and acceptable that youth or young adult may make changes in their education or training plans as they move into different stages of their adult lives. These changes should not be used ~~against~~ to deny a youth or young adult in accessing ETV unless a pattern is established of the youth or young adult being unable to complete education or training goals. Assistance should be provided to the youth or young adult to keep motivation towards completing their education or training goals.

E. ETV shall only be used at post-secondary educational institutions or certified training programs that meet all three of the following criteria:

1. Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance; and

2. Public, Private, or Non-Profit; and
3. Accredited or pre-accredited and is authorized to operate in that state.

F. Youth and young adults who have not completed high school or GED requirements and who are beyond the age of compulsory school attendance may be eligible for ETV services and supports at post-secondary institutions or certified training programs that accept students under these criteria.

7253 SOUL Post-Secondary Education/ Certified Training (PSCT) Assistance

SOUL Post-Secondary Education/Certified Training (PSCT) Assistance is available to eligible youth and young adults for assistance, based on need, with post-secondary education and certified training programs.

A. PSCT funds may be used for costs associated with post-secondary education and/or training only and cannot exceed \$5000, or the total financial need identified on the ETV Program Plan (PPS 7001, Section 3.C.), including any amount awarded for Education Training Voucher (ETV), for that youth or young adult per plan year, whichever is less. All youth must have an open service case to receive PSCT. Youth and young adults may only participate in the PSCT program for a total of five years, which do not need to be consecutive. SOUL PSCT funding should be used prior to ETV funding. If there is still a remaining need once SOUL PSCT funding has been identified on the ETV plan, then ETV funding can be used.

B. Youth and young adults may elect to attend post-secondary education, certified training programs or both, either inside or outside of Kansas and may use PSCT for this purpose. If a youth or young adult is receiving PSCT and attending post-secondary education and/or certified training outside of Kansas, all requirements still apply for case planning purposes. The DCF Independent Living Coordinator (ILC) and youth may need to use phone or e-mail for regular contacts. Other states have no obligation to recognize SOUL PSCT and Kansas is responsible for administering SOUL PSCT benefits.

C. Youth and young adults must reapply for PSCT funds on a yearly basis, as it coincides with the youth or young adult's education or training plan. All plans shall be for a twelve-month period between July 1 and June 30th. If a youth or young adult finds themselves unsuccessful in completing their education or training plan, the youth or young adult may reapply at any time until they are no longer eligible for the program. The IL Coordinator shall use good judgment in working with youth and young adults who have received PSCT in the past and who have not been successful in continuing in their education or training plan. It is foreseeable and acceptable that the youth or young adult may make changes in their education or training plans as they move into different stages of their adult lives. These changes should not be used to deny a youth or young adult in accessing PSCT unless a pattern is established of the youth or young adult being unable to complete education or training goals. Assistance should be provided to the youth or young adult to keep motivation towards completing their education or training goals.

D. PSCT shall only be used at post-secondary educational institutions or certified training programs that meet all three of the following criteria:

1. Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance; and

2. Public, Private, or Non-Profit; and

3. Accredited or pre-accredited and is authorized to operate in that state.

E. Youth and young adults who have not completed high school or GED requirements and who are beyond the age of compulsory school attendance may be eligible for PSCT services and supports at post-secondary institutions or certified training programs that accept students under these criteria.

F. Refer to PPM 7251 ETV Services and Supports and PPM 7252 Procedures for ETV for additional guidance in administering SOUL PSCT. SOUL PSCT expenses and awards shall be documented on the PPS 7001 ETV Program Plan.

7300 Case Closure

- A. The DCF Independent Living services Self-Sufficiency case shall be closed for the following reasons:
1. At the youth's young adult's request.
 2. When the youth young adult has financial resources sufficient to meet his or her basic needs and/or has attained self-sufficiency goals.
 3. When the youth young adult attains age 21 and is not participating in the Education & Training Voucher (ETV) program.
 4. When the youth young adult is participating in the ETV program and attains age 26, or has participated in the ETV program for a total of five years (with the maximum amount of \$6,250 per plan year), whether or not the years are which do not need to be consecutive.
 5. If a youth young adult does not meet or progress towards identified goals and is uncooperative in services.
 6. The youth young adult has not responded for a period of 60 days and the Independent Living Coordinator has utilized reasonable efforts to contact the youth. Reasonable efforts are defined as more than one attempt, utilizing more than one strategy for monthly contact. Strategies may include in person, phone, e-mail, letter, approved social media networks, and texting. Attempts to contact the youth young adult shall be documented in accordance with PPM 0420.
- B. The DCF Independent Living Coordinator shall submit the PPS 7300 Independent Living Case Determination to the Independent Living Supervisor for approval prior to closure.

7800 Entering Independent Living Services for Youth Young Adults Who Are Not in the Custody of the Secretary Agency Custody in FACTS

To establish a new case for a youth young adult receiving independent living services, use the an intake must be assigned with an allegation/presenting situation code of Independent Living Services (ILS) on the BEGN screen.

Enter a self-sufficiency plan (SS) on for a youth young adult who is not in DCF the custody of the Secretary but receives independent living services by referencing the PPS 7000 form and entering the FU01N service action code with the service source code PSW. (See PPM section 3811H on Self Sufficiency Plan entering a SS plan type). If receiving an independent living subsidy, the service requested is securing a member grant (SG). Enter a Service Action of IN04P for cash only subsidy or medical and cash subsidy with the appropriate service source code for the mentor, such as family member (FAM), friend (FRN), self (SLF), etc. If there is not an appropriate service source use other person (OTP). Initiate (IN) the responsibility status with the date the permanent independent living subsidy agreement is signed. Authorize max units of 1 and indicate a type of monthly (M). Enter the amount of subsidy in the charge unit field for what is initially paid on behalf of the child. Enter the name of the guardian on the PROM screen with a provider type of INL. For medical only, no FACTS case is opened.

For youth young adults who have graduated from high school or completed their GED, enter the service action code of ED04N and date of GED completion or date of graduation. This will remain open until the time of closure.

For youth young adults who are receiving independent living services, see PPM section 5840 D. For a complete list of independent living service action codes see the FACTS online user manual, the PPS 3057 form and the PPS 3057A form.

10040 APS Eligibility for Adults Requesting Repatriation

Eligible repatriates are U.S. citizens, or their dependents identified by the Department of State (DOS) as having returned or been brought from a foreign country to the United States due to destitution, illness, war, the threat of war, or similar crisis, and do not have resources immediately accessible.

The Office of Human Services Emergency Preparedness and Response (OHSEPR) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) is the domestic lead for the U.S. Repatriation Program. OHSEPR will coordinate with its grantee International Social Service-USA Branch, Inc. (ISS-USA) and the state of the adult's final destination to provide assistance to the adult.

A. ISS-USA Requesting Resettlement Assistance in Kansas

1. The APS Program Administrator or designee will receive a request from Department for Children and Families (DCF) Economic and Employment Support (EES) point of contact about an incoming ISS-USA repatriation case. The request will include the ISS-USA's repatriation case manager's information, information about the adult, their current situation, and health status.

- a. The request will include the immediate needs of the adult and a request for DCF to complete a case plan.

2. The APS Program Administrator or designee may request additional information from the repatriation case manager to assist in determining whether the adult meets criteria for case assignment per PPM 10111 Reports Assigned for Further Assessment.

3. The APS Program Administrator or designee will review the request and forward it to the Kansas Protection Report Center (KPRC) for their initial assessment.

- a. The APS Assistant Program Administrator or designee shall provide updates to the repatriation case manager until the initial assessment by KPRC is completed.

B. Reports Not Assigned for Further Assessment

1. If the case is not assigned per PPM 10112 Reports Not Assigned for Further Assessment, the APS Assistant Program Administrator or designee will notify DCF EES point of contact and the repatriation case manager that the adult does not meet the case assignment criteria.

C. Reports Assigned for Further Assessment

1. If the case is assigned per PPM 10111 Reports Assigned for Further Assessment, the APS Assistant Program Administrator or designee shall notify the repatriation case manager of the case plan to ensure coordination of services for the adult.

a. The APS Protection Specialist or designee may be required to locate relatives in the United States. If APS cannot locate relatives, the APS Protection Specialist or designee may be required to secure transportation from the airport.

b. The APS Protection Specialist or designee may be required to secure temporary housing upon arrival in Kansas.

c. The APS Protection Specialist or designee shall review the Routine Repatriation Welcome Packet to provide an overview of the program with the Involved Adult or Guardian for program eligibility.

d. The APS Protection Specialist or designee shall review the RR-05: Repatriation Repayment and Privacy Agreement form and if applicable the RR-06: Refusal of Temporary Assistance with the Involved Adult or Guardian for program eligibility.

i. The RR-05: Repatriation Repayment and Privacy Agreement form is for the repatriate to accept temporary assistance under the U.S. Repatriation Program, agree to repay HHS for temporary assistance, and allow HHS to share personal information for benefits purposes.

ii. The RR-06: Refusal of Temporary Assistance is for individuals eligible for the U.S. Repatriation Program to opt out of receiving temporary assistance through U.S. Repatriation Program.

e. APS investigations activities shall proceed per APS policy and procedures.

10112 Reports Not Assigned for Further Assessment

The following criteria will be used to determine if the report shall not be assigned for further assessment.

- A. The adult does not meet the definition in K.S.A. 39 – 1430(a);
- B. The allegations do not meet the definitions for ANE in K.S.A. 39 – 1430(b), (c), (d), (e);
- C. The report is a consumer- to- consumer incident in a CDDO or affiliate and there is no indication of neglect by staff. (Forward a copy of the PPS 10100 and 10110, to the KDADS.CSSPRC@ks.gov mailbox.)
- D. The incident has been previously investigated or is currently being investigated,
- E. DCF does not have the statutory authority to investigate and/or report is responsibility of another agency;
 - 1. Kansas Department of Health and Environment (KDHE) investigates consumer-to-consumer and staff-to-consumer allegations in the following settings:
 - a. Abortion Facilities - Licensed
 - b. Ambulatory Surgical Centers (ASC) – Licensed and Certified
 - c. Birthing Centers - Licensed
 - d. Comprehensive Outpatient Rehabilitation Facilities (CORF) - Certified
 - e. Critical Access Hospital (CAH) - Licensed and Certified
 - f. End Stage Renal Disease Facilities - Certified
 - g. Home Health Agency (HHA) – Licensed and Certified

- h. Hospice - Certified
- i. Hospitals (General Acute Care/Specialty Hospitals) – Licensed and Certified
- j. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – KDHE surveys these facilities but they are licensed by KDADS
- k. Mobile X-Ray - Certified
- l. Out Patient Physical Therapy (OPT) - Certified
- m. Rural Health Clinic (RHC) – Certified

Reports of this type received by DCF shall be forwarded KDHE.Complaints@ks.gov

2. B. Kansas Department of Aging and Disability Services (KDADS) licenses and investigates resident-to-resident and staff-to-resident allegations in the following settings:

- a. Adult Care Homes (nursing facilities, nursing facilities for mental health, Intermediate Care Facilities for Mental Retardation (ICF/IDD, Assisted Living, Residential Health Care, Homes Plus and Board and Care facilities).
- b. Long term care units within hospitals

3. G. Native American Tribes investigate reports of alleged abuse/neglect/exploitation when the involved adult is a registered member of a tribe and resides on a tribal reservation. When reporter informs KPRC intake staff the involved adult resides on a tribal reservation, KPRC staff shall forward these reports to the appropriate tribal office. Tribal social service and/or law enforcement staff may request DCF assistance with the investigation. DCF staff is not authorized to make contact with a person residing on a tribal reservation unless such a request for assistance has been made by the tribal staff.

The following tribes have reservations in Kansas:

- a. Iowa Tribe of Kansas and Nebraska
- b. Sac and Fox Tribe of Missouri in Kansas
- c. Prairie Band of Pottawatomini
- d. Kickapoo

4. ~~F.~~ Reports indicating a need for a guardianship and/or conservatorship and there are no concerns of abuse, neglect, and/or exploitation that meet the criteria based on K.S.A. 39 – 1430(a) reference in number 1.;

5. ~~G.~~ Reports that indicate a need for a guardianship and/or conservatorship for youth in DCF custody that are 18 years of age or are within twelve months of turning 18 years of age. (Send the PPS 10100 and PPS 10110 to the APA in the region where the youth is residing. See PPS 10630 for guidance on these reports.);

6. ~~H.~~ Youth/adult is under 21 years of age and in DCF Custody as a CINC. (These are investigated by PPS child-side per PPS 1385 Reports Involving Adults Under 21 Years of Age and in Custody of the Secretary of DCF.);

7. ~~I.~~ The alleged incident occurred in another state, DCF will screen out due to no jurisdiction to investigate.;

8. ~~J.~~ Adult has left the state, with no plans to return.;

9. ~~K.~~ Alleged Perpetrator (ALP) is a law enforcement officer (See policy PPS 10200 E for guidance.)

a. ~~1.~~ When a report alleges abuse, neglect or exploitation by a law enforcement officer, the report shall be referred to the Kansas Bureau of Investigation or internal affairs of the law enforcement agency, if one exists.

b. ~~2.~~ If there are parts of the report alleging abuse, neglect or exploitation by others or self-neglect, the report shall be assigned to APS if screened in, however the part that alleges wrong-doing by a Law Enforcement Officer will not be investigated

10. ~~L.~~ Report is the responsibility of another agency.

If information indicates a criminal act may have occurred, and the report is not assigned for further assessment, law enforcement shall be notified via e-mail by KPRC, using the PPS 10100 and 10110.

If KPRC receives a report the alleged vulnerable adult has died and the report is not assigned for further assessment, KPRC shall forward this intake in an e-mail to the APS Program Administrator.

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I. Definition and Purpose of TDM

A. Definition

1. A Team Decision Making meeting (TDM) is a facilitated meeting to determine if a child needs to be separated from their parent(s)/primary caregiver(s) due to the parent(s)/primary caregiver(s) behavior(s) threatening a child's safety. A CPS specialist must call a TDM meeting if the following 3 criteria are met:

- a. The behavior (action or inaction) of a parent(s)/primary caregiver(s),
- b. Is threatening a child's safety, and
- c. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

The meeting seeks to make a "live" decision or recommendation, which means that the meeting is intended to be held before a child leaves their own home, unless there is an immediate and serious safety threat. TDM meetings strive to include a diverse group: the family, child or youth (when appropriate), friends/others who support the family, agency staff, service providers, community partners, and others.

2. ~~Insert Appendix~~ Appendix 0F3 Team Decision Making Key Elements reflects the defining features and core values of TDM.

B. Purpose

1. To involve parent(s)/ primary caregiver(s) and child, the family's formal and informal support system and community members, service providers and agency staff, to provide a supportive environment for thoughtful decisions about the child's safety and care, and specifically where a child should safely reside.
2. The focus of the TDM meeting is to reach a decision about whether the child needs to be separated from the parent(s)/ primary caregiver(s) to ensure the safety and well-being of the child. The group carefully reviews the family's circumstances presenting threats to child safety and seeks to identify relevant protective factors to enhance the parent(s)/ primary caregiver(s) ability to address the threats and maintain the child safely in the home, or immediately return the child to the home with an appropriate safety plan, or whether the child needs to be separated from the parent(s)/ primary caregiver(s) to ensure safety.
3. When separation is determined necessary, the team determines the least restrictive option to keep the child safe and preserve and nurture the child's familial and community connections.

II. Referral Process

A. Criteria and Timeframe

The CPS Specialist requests a TDM meeting after an initial assessment with family has occurred, consultation with their supervisor has occurred (CPS worker discretion), and a determination is made the following criteria to hold a TDM has been met:

1. The behavior (action or inaction) of a parent(s)/primary caregiver(s),
2. Is threatening a child's safety, and
3. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

B. Scheduling

1. The CPS Specialist requests the designated TDM Scheduler to schedule a TDM meeting prior to the child's separation from the parent(s)/ primary caregiver(s); or within one working day when an emergency separation has already occurred (example Police Protective Custody (PPC) or an ex parte order of protective custody is entered without DCF involvement or input). The TDM Scheduler gathers information about the case and its urgency, which guides in determining a time slot for the meeting. Information is shared between the CPS Specialist and TDM Scheduler through the use of the TDM Request Form, in addition to communication via phone, in-person or email.

2. The TDM Scheduler collects information about any issues which may affect scheduling, such as size of group, a history or present concern around intimate partner violence (IPV), concerns for participant mental health or history of violent behavior, developmental handicaps of participants, needs for language or deaf interpreter support, child care needs, etc.

Safety Check-In Note: If the worker is aware the family has a history of intimate partner violence (IPV), or if the worker suspects such activity, the situation may require separate meetings, generally held consecutively and facilitated by the same TDM Facilitator.

NOTE: Whether or not IPV is known or suspected, a safety check conversation is led by the worker and/or facilitator, (and Domestic Violence/Intimate Partner Violence Advocate if available or applicable,) whenever both parent/caregivers are present for an initial TDM. This brief conversation is held with each parent(s)/ primary caregiver(s) separately just prior to the start of the TDM.

3. The CPS Specialist determines the date/time and the scheduler assigns the TDM based on established timelines, as guided by urgency of the situation and legal considerations about agency intervention and court involvement.

4.

5. When a determination is made outside of business hours that a TDM is needed, the CPS Specialist shall notify the TDM Scheduler via email.

III. Preparation: Expectations for the CPS Specialist and Supervisor

A. Preparing to Lead the Discussion

1. The CPS Specialist and CPS Supervisor jointly prepare for the TDM meeting using the Appendix 0F Worker QUICK Presentation Outline and Appendix 0H Supervisor Guide to Initial TDM Meeting for Effective Case Conferences Prior to a TDM Meeting to review the case information.

2. The CPS Specialist and Supervisor prepare to lead the discussion regarding the caregiver's behavior causing a threat to the children's safety and possible separation from the caregiver(s).

B. Preparing Family

1. Work with the family to determine who to invite, and explain certain individuals are expected to participate based on their role or connection to the case (facilitator, supervisor, and other professionals related to the case). Encourage the family to identify formal/informal support persons and assist them in making invitations if necessary.

2. Work with the family to include children/youth age 10 and over, unless a specific and credible reason exists for them not to participate.

3. Prepare children/youth to participate in the TDM meeting. Obtain input from children/youth not in attendance, so their voice can be represented during the meeting.
4. Invite other persons such as current or past service providers or community representatives to attend the meeting. Request progress reports from all current service providers if they are unable to attend the meeting (parental permission may be required.) Be prepared to explain community representative's presence and obtain parental approval for their participation if necessary.

NOTE: CPS Specialist should not communicate with TDM facilitator prior to a TDM meeting, other than to convey safety and special needs information that may impact the process.

IV. TDM Meeting

TDM meetings are most effective when there is participation by a group of people representing diverse perspectives regarding the decision to be made.

A. Who Participates and Roles

1. Parent(s)/Primary Caregiver(s), Family and Other Formal/Informal Supports

- a. Parent(s)/Primary Caregiver(s)
 - i. Expert on the family and child; essential to the TDM process to provide information on the needs of the child.
 - ii. Ideally the parents/caregivers invite their formal/informal support system to the meeting.
- b. Child/Youth
 - i. Children/youth age 10 and over are required to attend in person, unless a specific and credible reason exists for them not to participate.
 - ii. Accommodations can be made for children/youth to participate in certain stages of the meeting, if full attendance is determined not appropriate.
 - iii. If the child/youth is unable to attend his/her voice should be represented in the meeting by those present or through use of written input.
- c. Extended family and non-related supports
 - i. Attend/participate with the parents' consent.
 - ii. Provide support to the child, parents, and/or caregiver.
 - iii. Share information and opinions about how best to support family and child.
 - iv. Help generate positive options for the child's placement and safety needs, and the family's ongoing support needs whether or not the child leaves home.

When parents/caregivers and family members are not able to be present, telephone and video-conferencing participation is encouraged; but should be used only as a last resort after active efforts to involve the family in-person.

2. Prevention and Protection Services Staff

- a. CPS Specialist (the worker who has primary responsibility for the case at the time of the meeting)
 - i. Convenes the TDM meeting.
 - ii. Leads the discussion using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting.
 - iii. Remains objective by listening and considering input and ideas from the group regarding safety, stability and out of home care planning.

- iv. Makes final decision (along with his or her supervisor) if team consensus with participating staff cannot be reached.
 - v. Following the TDM, implements the decisions and action plans.
- b. PPS Supervisor
- i. Reviews the family's circumstances with assigned CPS Specialist to determine whether the situation warrants a TDM meeting. Prepares for the TDM meeting in advance using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting with the CPS Specialist.
 - ii. Attends all TDM meetings. Sends an alternate designee if not able to attend.
 - iii. Remains objective by listening and considering input and ideas from the group regarding safety, stability and placement planning.
 - iv. Supports the CPS Specialist's role as convener of the TDM team and actively participates in group discussion to generate appropriate safety decisions.
 - v. Following the TDM, ensures the decision and action plans are completed by the worker.
- c. Facilitator
- i. Dedicated non-case carrying staff person.
 - ii. Selected based on experience in field, as well as broad knowledge of laws, agency policies and procedures, community resources and best practice.
 - iii. Leads the group through a structured 6-stage process, focusing first on child safety, and modeling respectful family engagement throughout.
 - iv. Seeks to bring the group to a consensus decision regarding what safety-related decision will best balance the child's physical safety needs with the need for continuity in family relationships.
- d. Other DCF Agency Staff
- i. May include; representatives of programs such as other DCF program staff; adoption staff if applicable; agency attorney if other parties' attorneys are present; etc.
 - ii. Actively participate in group discussion to generate a decision to address the threats to the child's safety.
3. **Professionals Involved with the Family** (This can include, for example, in-home service providers, CASA and GALs, and community service providers from entities such as mental health and developmental disabilities systems, education, drug/alcohol treatment, domestic violence, etc.)
- a. Provide support for the child or parent, as needed.
 - b. Provide information regarding needed resources and services.
4. **Attorneys for the family and law enforcement:** TDM is an agency's internal meeting, intended to develop a family-centered recommendation about where a child will safely live, it includes no legal obligations about who must be invited. If a family chooses to invite their attorney or a member of law enforcement, the role of these community partners in the TDM is considered a non-related support for the family.
5. **Grassroots Community Partners/Representatives:** Persons who currently or potentially represent the family's informal supports. They could share a home neighborhood, a place of worship, an ethnic identity, or other connection with the family. The TDM approach expects the public child welfare agency to seek such representatives to participate in the TDM, with the family's permission.
- a. Provides support and advocates for the family; may balance out the family's sense of a power differential in the room

- b. Brings cultural and neighborhood perspective to the discussion
- c. May provides resources and nontraditional supports
- d. Creates potential for long term safety net for the family

B. TDM Meeting Protocol/Etiquette

Make the family as comfortable as possible during the meeting so they are able to discuss their concerns and issues. Because the meeting is about critical issues involving their child(ren) and family, agency staff must give their full attention to the discussion. By doing so, staff are indicating the importance of what is being said in the meeting and being respectful to the family. No cell phone use is permitted, and other electronic devices such as laptop or tablet computers may only be used if necessary to identify a resource or service.

The facilitator leads the meeting using a structured process which includes 6 stages:

1. Introduction (includes ground rules to ensure respectful communication)
2. Identifying the Situation (to ensure common understanding of what led to the meeting)
3. Assessing the Situation (to focus on safety concerns and potential protective factors)
4. Developing Ideas (to brainstorm alternatives for ensuring safety in least disruptive fashion)
5. Reaching a Decision (with a goal of consensus around whether the child needs to be separated from parent(s)/primary caregiver(s).)
6. Recap/Closing (to ensure that all attendees understand what has been decided and what the follow up steps will be.)

C. Reaching a Decision

The goal of the meeting is to reach consensus by the team which addresses the parent(s)/primary caregiver(s)' behavior (action or inaction) which presented the threat to child safety, and possible separation of the child from the parent(s)/primary caregiver(s). The CPS Specialist and Supervisor maintain the responsibility to make a decision if consensus by the DCF team cannot be achieved. The decision-making process follows this framework:

1. Team comes to consensus on a decision.
2. If the team cannot come to a consensus the facilitator determines if participating DCF staff can come to a consensus.
3. If the participating DCF staff cannot come to a consensus, the CPS Specialist and Supervisor make the decision for the team.

V. Review Process

If a participating child welfare agency staff member, including the facilitator, feels the team's final decision does not adequately ensure child safety, is too restrictive, or violates a law or Department policy, a request should be made for an immediate review. The facilitator notifies the designated review manager (PPS Administrator), not in the worker's chain of command. The review process will include all TDM participants. The decision made by the PPS Administrator becomes the official decision/recommendation and when applicable, the final agency position/recommendation to Court.

VI. Privacy

The confidentiality of information shared at the TDM meeting is not guaranteed. Privacy and respect are emphasized, but parent(s)/primary caregiver(s) are informed that information from the meeting may be used for case planning, in subsequent court proceedings if necessary, and in the investigation of a new allegation of abuse or neglect should such information arise.

VII. Responsibilities at End of and After TDM Meeting

A. CPS Specialist:

1. Follows through with necessary action(s) based on the team decision and meeting summary, including following up with family and meeting participants to assure the decision is implemented.
2. Files the TDM summary form with signatures in the case record. Follows agency's protocols regarding addition of contact note in system, if applicable.
3. Contacts key persons who were not present at the meeting to share information regarding the meeting recommendations and next steps.

B. PPS Supervisor:

1. Supports the CPS Specialist to implement the meeting's recommendations and action steps.
2. Provides feedback to the CPS Specialist and TDM Facilitator.

C. TDM Facilitator:

1. Inputs the required data into the TDM data application for each meeting within two business day.
2. Whenever possible, debriefs with CPS Specialist and Supervisor, seeking and providing feedback. If not possible immediately after meeting, seeks opportunity to do so shortly thereafter.



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I. Definition and Purpose of Placement Stability (PS) Team Decision Making (TDM)

All moves have the potential to be traumatic to children. All parents, children, and caregivers deserve a voice and choice in making decisions that may result in a move for a child. Inclusivity, transparency, and ensuring all rights are respected are critical to decision making.

A. Definition

1. A PS-TDM is a facilitated meeting that is held for all placement related decisions (except removal, reunification, adoption) to decide or recommend whether a child already in care a) can remain in their current placement setting with supports or if a new placement is needed or b) in the case of positive moves, what services, actions or resources can be put in place to ensure the move will lead to stability and timely permanency.
2. The meeting seeks to make a live decision or recommendation, which means that the meeting is intended to be held before a child leaves their placement, unless there is an immediate and serious safety threat. PS-TDM meetings strive to include a diverse group: the placement provider, child or youth, the birth family, friends or others who support the child and/or family, agency staff, service providers, current and past placement providers, community partners, tribal representatives, and others.
3. Team Decision Making Key Elements reflect the defining features and core values of TDM.

B. Purpose

1. To involve youth, placement providers, parents, community organizations, formal and informal support systems, service providers, past placement providers, and agency staff, to provide a supportive environment for thoughtful decisions about the child's well-being, stability and care, and specifically where a child should safely reside.
2. The focus of the PS-TDM is to maintain the current placement and provide stability whenever possible. The group carefully reviews the circumstances presenting threats to the stability of the placement and seeks to identify supports, resources and services to enhance the youth and placement provider's ability to address the instability and maintain the child safely in the current placement.
3. If a placement move is necessary, the team decides on the best and least restrictive level of care and creates a trauma-informed transition plan that supports

the child's well-being and safety and maintains connections to family and community.

4. A PS-TDM is also required for positive moves, such as moves to a lower level of care or to kin, in recognition of the fact that all moves are inherently disruptive and require careful consideration and planning.

II. Referral Process

A. Criteria

A member of the Case Welfare Case Management Provider Team (CWCMP) or Child Placing Agency (CPA) staff requests a PS-TDM meeting when one of the following criteria to hold a PS-TDM has been met:

1. The CWCMP or CPA staff becomes aware of issues threatening placement stability; or
2. The CWCMP or CPA staff becomes aware of the need to consider a different level of care or a positive move.

B. Timeframe for Convening a Meeting

PS-TDM is convened as soon as possible, prior to formal notice to move a child and in time to explore how additional supports, resources, or services can preserve the current placement setting. The meeting must be held:

1. Within 5 working days of the CWCMP Case Manager becoming aware of concerns or tension in the placement, and prior to formal notice to move a child;
2. If formal notice to move a child has been received, the meeting is held within 3 working days of formal notice.
3. When an emergency move has already occurred, the meeting is held immediately, and no later than within 1 working day of the move.
4. When a positive move is anticipated, the meeting is held as soon as possible, and at least 2 weeks prior to a child's move.

C. Scheduling Process

Each CWCMP will maintain their own internal scheduling process to be followed. Shared processes are:

1. The Case Manager shares with the PS-TDM scheduler information about any issues that may affect scheduling, such as:
 - size of the group
 - historical or present concern of intimate partner violence between invited participants
 - current protection from abuse, or no contact court orders

- current law enforcement investigation
- concerns for participants mental health
- history of violent behavior
- accessibility needs of participants
- needs for language or American sign language interpreter
- child care needs, etc.

The scheduler takes this information into consideration in scheduling and shares pertinent information with the Facilitator.

- a. If Intimate Partner Violence is a current issue in either the resource family home or between the child's parents who are both planning to attend the PS-TDM, the facilitator will discuss with the supervisor the application of Initial TDM DV protocols in the PS-TDM meeting.

III. PS-TDM Meeting

PS-TDM meetings are most effective when there is participation by a group of people representing diverse perspectives regarding the situation and the decision to be made. If an invited participant is either unable or unwilling to participate, the meeting will still be held.

A. Who Participates and Roles

1. (CWCMP) Staff

a. CWCMP Case Manager

- i. Convenes the PS-TDM meeting
- ii. Confers and prepares with CPA Foster Care Worker
- iii. Invites and prepares the youth for the meeting
- iv. Identifies and invites a broad array of participants including those in the child's support network, the child's service providers, GAL and CASA, the birth or adoptive parents, tribal representative (if applicable), grassroots community partners, and agency attorney if needed.
- v. Prepares for the meeting, including a review of the child's placement history, history of concerns and strengths, services utilized, mental health assessments, medical and educational needs.
- vi. Confer with the Child Protection Specialist (CPS) or law enforcement if there is an open investigation to determine if there are any restrictions on topics covered in the PS-TDM or contacts between the participants
- vii. Advocates for connections and maintenance of sibling bonds
- viii. Makes final decision (along with their supervisor) if team consensus with participants cannot be reached
- IX. Following the PS-TDM, implements the decisions and action plans

Practice Note 1: When Case Manager changes have occurred within the past 30 calendar days or there is a known upcoming case transfer, both case managers are invited and strongly encouraged to participate in the meeting.

b. CWCMP Case Manager Supervisor

- i. Reviews the family's circumstances and prepares for the PS- TDM meeting with the Case Manager in advance.
- ii. Attends all PS-TDM meetings. Sends a designee if not able to attend.
- iii. Remains open to new ideas by listening and considering input and ideas from the group regarding safety, stability, and placement planning.
- iv. Supports the Case Manager's role as convener of the PS-TDM team and actively participates in group discussion to generate appropriate safety and well-being decisions.
- v. Following the PS-TDM, ensures the decision and action plans are completed by the worker.

c. PS-TDM Facilitator

- i. Dedicated non-case carrying staff person.
- ii. Selected based on experience in the field, as well as broad knowledge of laws, agency policies and procedures, community resources, and best practice.
- iii. Leads the group through a structured 6-stage process, focusing on child wellbeing, stability and safety and modeling respectful family engagement throughout.
- iv. Seeks to bring the group to a consensus decision that meets the child's well-being, connections and safety needs and provides the placement provider the support, services, and resources they need.

d. CWCMP Kinship Worker or Non-Related Kin (NRKIN) Worker

- i. Provides consultation and recommendation to Case Manager about convening a PS-TDM.
- ii. Communicates regularly with the Case Management Team about the safety, well-being, and stability of the child in the placement.
- iii. Invites and prepares the placement provider and their supports.
- iv. Provides support to the child and the placement.
- v. Offers information regarding needed resources and services.
- vi. Assists in developing a well-planned transition for all moves.
- vii. Maintains connections including placing siblings together whenever possible.

e. CWCMP Program President

- i. When all other placement options have been explored through PS-TDM and the PS-TDM team is recommending placement of a child age twelve (12) or younger in a congregate care setting, the CWCMP Program President or their designee must immediately be brought into

the meeting for approval. The PS-TDM meeting facilitator is responsible for contacting the Program President or their designee. The decision by the CWCMP Program President or their designee becomes the official decision and recommendation and when applicable, the final agency position and recommendation to the Court.

f. DCF Agency Staff

- i. May include representatives of programs such as DCF foster care liaison, independent living staff, CPS, adoption staff, or agency attorney.
- ii. Actively participate in team discussion to address the issues contributing to the placement instability and generate ideas for services, actions or resources to support the child's well-being, stability, and connections

2. Placement Providers (e.g. relative, non-related kinship, foster parents, previous placements, congregate care providers, including PRTF and QRTP staff)

- a. Attend PS-TDM meetings held regarding children in their care and participate as essential team members.
- b. Shares day-to-day knowledge about the child or youth.
- c. Share observations, concerns, met or unmet needs, and other information to help illuminate why a change may or may not be needed.
- d. Share what immediate supports could support maintaining the current placement.
- e. Assist with planning and implementing a visitation plan, if applicable.
- f. Provide support to the child or youth participating.
- g. Advocate for both the needs of their home, the child or youth, as well as for placement stability.
- h. Assist with safety planning and service recommendations for current and future placements.
- i. Assist in developing a well-planned transition for all moves, including step down from congregate care or transition from a treatment facility.

3. Child/Youth

- a. Children/youth age 10 and over are invited and encouraged to attend in person unless a specific and credible reason exists for them not to participate. Accommodations can be made for children/youth to participate in certain stages of the meeting if full attendance is determined not appropriate.
- b. Shares what they think is creating concerns in the home
- c. Shares ideas on how to reduce the concerns or conflict in the home
- d. Shares what they or others could do differently to make things work better in the home
- e. If a positive move or if a move is recommended by the team, provides input on what support, resources, and actions could provide stability, continuity, and connection to family and community and support well-being.

f. If the child/youth is unable to attend, their voice should be represented in the meeting by those present or through another method created by the child such as written input, pictures, etc.

4. Birth or Adoptive Parent(s)

- a. Provides information on the needs of the child
- b. Are treated as valuable members of the team
- c. Provide input on their progress toward reunification

Practice Note 2: When placement providers, birth or adoptive parents, and family members are not able to be present, telephone and video-conferencing participation is encouraged; but should be used only as a last resort if active efforts to allow for in-person participation have failed.

5. Supports for the youth, placement provider, or birth or adoptive parents

- a. Provide support to the child, parents, and placement provider.
- b. Share information and opinions about how best to support placement provider and child
- c. Help generate positive options for the child's placement
- d. Support child's well-being, stability, and consistent connections
- e. Provides ongoing support to the family and/or youth whether or not the child leaves placement.

6. CPA Foster Care Worker (Placement Support Staff) (e.g. Child Placing Agency Workers)

- a. Provides consultation and recommendation to Case Manager about convening a PS-TDM.
- b. Communicates regularly with the Case Management Team about safety, wellbeing and stability of the child in the placement.
- c. Invites and prepares the placement provider and their supports
- d. Provides support to the child and the placement.
- e. Offers information regarding needed resources and services.
- f. Assists in developing a well-planned transition for all moves
- g. Maintains connections including placing siblings together whenever possible.

7. Professionals involved with the youth or placement provider

- a. Invited to provide support for and advocate on behalf of the child and placement provider and provide information regarding needed resources and services.
- b. Help develop a transition plan for youth who are being moved or being discharged from congregate care.
May include:
 - GAL and CASA

- Community service providers from entities such as mental health and community developmental disabilities organizations (CDDOs), managed care organizations (MCOs), education, drug and alcohol treatment, intimate partner violence advocate.
- Tribal representative
- Family finding specialists, adoption recruiters
- In-home service providers

8. Grassroots Community Partners/Representatives

Persons who currently or potentially serve as the placement provider, youth, or birth family's informal supports. They could share a neighborhood, a place of worship, an ethnic identity, or other connection with the youth, placement provider, or birth or adoptive family.

- Provides support for the youth and placement provider.
- Bring cultural and neighborhood perspectives to the discussion.
- May provide resources, services, and nontraditional supports.
- Creates potential for long-term stability, connection, well-being, and safety for the youth.

9. Attorneys for the family

PS-TDM is a CWCMP internal meeting, intended to develop a recommendation about if a placement can be preserved and if not, where a child will live, it includes no legal obligations about who must be invited. If a family chooses to invite their attorney, the facilitator will explain the purpose and function of the TDM meeting to the attorney at the outset.

B. PS-TDM Meeting Etiquette

Make the youth, placement provider, and birth or adoptive parents as comfortable as possible during the meeting so they can discuss their concerns. Because the meeting is about critical issues involving child(ren) and family, agency staff must give their full attention to the discussion. By doing so, staff are indicating the importance of what is being said in the meeting and being respectful of all the participants in the room. No cell phone use is permitted, and other electronic devices such as laptop or tablet computers may only be used, if necessary, to identify a resource or service.

The facilitator leads the meeting using a structured process which includes 6 stages:

1. Introduction (includes introductions, stating the purpose and goal, creating shared agreements)
2. Identifying the situation (to ensure a common understanding of what led to the meeting and why the team has assembled)
3. Assessing the situation (to focus on the magnitude of the situation, immediate needs and concerns for children's well-being, understanding of relevant history of the child, past and present services, and any supports in place, participants'

understanding of the concerns along with identifying strengths and protective factors to mitigate the concerns)

4. Developing Ideas (to brainstorm ideas to preserve the placement and address needs and concerns as well as relevant strengths and supports. In situations when a positive move is being discussed, brainstorm trauma-informed ideas for a well-planned transition, that maintains connections and consistency and supports well-being and stability)

5. Reaching a decision (with a goal of consensus around whether a child already in care can remain in their current placement setting with additional support or if a new placement is needed. In situations when a positive move is being discussed, reach a decision about a plan and timing for the move that supports stability, well-being, connections, and consistency).

a. The CWCMP Case Manager and Supervisor maintain the responsibility to make a decision if consensus by the PS-TDM team (all those present for the meeting) cannot be achieved. The decision-making process follows this framework

i. Team comes to a consensus on a decision.

ii. If the PS-TDM team cannot come to a consensus the facilitator determines if participating CWCMP staff, CPA staff, DCF Staff, and the tribal representative can come to a consensus.

iii. If the participating CWCMP staff cannot come to a consensus, the CWCMP Case Manager and Supervisor make the final decision for the team.

6. Recap/closing (to ensure all attendees understand what has been decided and what the follow-up steps will be. Copies of the PS-TDM Meeting summary are provided to participants)

IV. Preparation: Expectations for the Case Manager, the Placement Provider's Worker and their Supervisors

A. Preparing to Lead the Discussion

1. The Case Manager and their Supervisor jointly prepare for the PS-TDM meeting using the Worker Quick Presentation Outline and Supervisor PS-TDM Meeting Consultation Guide to prepare for the meeting.

2. The Case Manager and their Supervisor prepare to lead the discussion regarding the concerns underlying the placement instability and to explore how additional supports can or should preserve the current placement setting, or that a child is in need of a different level of care.

3. Or, the Case Manager and their Supervisor prepare to lead the discussion regarding the child's readiness to move to a placement at a lower level of care or

positive move, and to create transition plans that will lead to stability and timely permanency

B. Preparing Youth, Placement Provider, Parents, and Other Participants

Roles:

The Case Manager is responsible for:

Preparing the child and their parents for the meeting.

Preparing the Case Coordinator if the child is in a congregate care placement

The worker assigned to the caregiver's home is responsible for preparing the placement caregiver(s).

Duties include:

1. The worker assigned to the caregiver home is responsible for inviting the placement caregiver(s).

Explains that the reason for the urgency of the PS -TDM meeting is to address the reasons the child's current placement is becoming unstable and identify supports to help maintain it or make a decision that a new placement is needed. The worker assigned to the caregiver home also informs the placement provider that the PS TDM meeting will be held even if the placement provider is unable or unwilling to attend the meeting.

The worker assigned to the caregiver home works with the placement provider to determine who to invite, and explains certain individuals are expected to participate based on their role or connection to the case (facilitator, supervisor, and other professionals related to the case). Encourages the placement provider to identify formal/informal support persons and assist them in making invitations if necessary.

2. The Case Manager works with the youth and if appropriate, the placement provider to ensure the attendance of children/youth age 10 and over, unless a specific and credible reason exists for them not to participate.

3. The Case Manager prepares the children/youth to participate in the PS-TDM meeting and helps them identify possible supports to invite to the meeting. If the youth is unable to attend, the Case Manager gathers input from children/youth not in attendance, no matter their age, so their voice can be represented during the meeting. If the children/youth have concerns about meeting with any participants that may be involved in the meeting, the Case Manager will address these concerns before and after the PS -TDM.

4. The Case Manager identifies other persons to attend the meeting and invites them or informs the scheduler who will invite them (depending on agency's

scheduling process), such as current or past service providers, appointed CASA and/or GAL, tribal representative, or community representatives. In addition, the Case Manager obtains progress reports from all current service providers if they are unable to attend the meeting and is prepared to explain the community representative's presence.

5. The Case Manager will explain to the child's birth or adoptive parents the PS-TDM meeting will be held, the purpose of the meeting, and invite them to join.

6. The Case Manager will explain to the Congregate Care Case Coordinator the reason for the need for a PS-TDM to ensure a smooth transition that takes into account stability, well-being, and long-term permanency. The Case Manager works with the Congregate Care Case Coordinator to focus on the existing transition plan for the youth being discharged.

Practice Note 3: The Case Management Team should not communicate with the PS-TDM facilitator prior to a PS -TDM meeting, other than to convey safety and special needs information that may impact the process.

V. Review Process

If a participating CWCMP staff member, CPA staff member, DCF staff member, or Tribal representative, including the facilitator, feels the team's final decision does not adequately ensure child wellbeing and safety, is too restrictive, or violates a law or Department policy, a request should be made for an immediate review during the PS- TDM meeting. The facilitator notifies the designated review manager (CWCMP Director), not in the worker's chain of command. The review process will include all PS-TDM participants. The decision made by the CWCMP Director becomes the official and final agency recommendation.

VI. Privacy

The confidentiality of information shared at the PS-TDM meeting is not guaranteed. Privacy and respect are emphasized, but placement providers are informed that information from the meeting may be used for case planning, in subsequent court proceedings if necessary, and in the investigation of an allegation of abuse or neglect should such information arise.

VII. Responsibilities at End of and After PS-TDM Meeting

A. The CWCMP Case Manager or designated person

1. Follows through with necessary action(s) based on the team decision and meeting summary.
2. Follows up and meet with the youth to debrief the meeting and discuss the outcome of the meeting and next steps as age-appropriate.

3. Files the TDM summary form in the case record.
4. Participates in the debrief and provides feedback.

B. CWCMP Supervisor

1. Supports the Case Manager (or Team member identified by the Case Manager) to implement the meeting's recommendations and next steps.
2. Participates in the debrief and provides feedback to Case Manager, Facilitator and Worker assigned to the Placement Provider.

C. Worker Assigned to the Placement Provider (ex. CPA Foster Care Worker, CWCMP Kinship Worker, CWCMP NRKIN Worker, Congregate Care Case Coordinator)

1. Support the CWCMP Case Manager in implementing the meeting's recommendations and action steps.
2. Follow up with the placement provider to debrief the meeting if they participated or discuss the outcome of the meeting and next steps if they were unable to attend.
3. Follow through with necessary action(s) based on the team decision and meeting summary, including to assure the decision, meeting recommendations, and next steps are implemented.
4. Support the placement providers in implementing any team recommendations and action steps applicable to them.

D. PS-TDM Facilitator

1. Provides a recap of the meeting, completes the TDM summary form, and provides it to all participants and key individuals who were unable to attend in the agreed-upon matter.
2. Provide a feedback survey to all participants of the meeting.
3. Inputs the required data into the TDM data application for each meeting within one business day.
4. Hold a debrief immediately after the TDM with CWCMP Case Manager, CWCMP Supervisor, and Worker assigned to the placement provider, to share feedback about the TDM process, preparation, and participation in the meeting with the purpose of learning and improving the TDM process.



Initial TDM Meeting Scheduling Form

Date: _____
 Case Number: _____
 Location for TDM: Service Center Off Site Virtual Hybrid
 County: _____
 Zip code of family home: _____
 Has this family had a previous TDM? Yes No
 If yes, who was the previous Facilitator: _____

CPS Worker requesting TDM: _____ Worker's Supervisor: _____
 Worker Phone: _____ Supervisor Phone: _____
 Email: _____ Email: _____

Total number expected to attend (not including facilitator): _____

| Family/Worker Availability for meeting date/time. Please submit two: | | |
|--|-------------------------------|-----------------|
| 1 st choice date/time: | Click or tap to enter a date. | Choose an item. |
| 2 nd choice date/time: | Click or tap to enter a date. | Choose an item. |

FAMILY INFORMATION:

Parents and/or caregivers:

| Name (First & Last) | Relationship to child | Client ID | DOB | In Household (Y/N) |
|---------------------|-----------------------|-----------|-----|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Was the non-custodial parent invited? Yes No
 If "no" why not? _____

Children in the home and out of the home:

| Name (First & Last) | DOB | Client ID | M/F | Race/Eth | Identified Child (Y/N) |
|---------------------|-----|-----------|-----|----------|------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |

* Youth ages 10-17 should be invited to the meeting.

Initial TDM Meeting Scheduling Form

Does the family have any Tribal affiliation? Yes No Tribe: _____
 Does the family have history with PPS? Yes No
 Are the child(ren) in Police Protective Custody? Yes No
 Are the child(ren) in DCF custody? Yes No
 Is the family currently involved with? Foster Care Aftercare Family Preservation Family Service Family First
 If Family First, which service? _____
 Date of Caregiver/Child Separation (if applicable): _____

MEETING PLANNING INFORMATION:

Conference Line needed? YES NO
 Do you have any security concerns? YES NO
 Do you need any special accommodation (accessibility, etc.)? YES NO
 Will an interpreter need to be invited? YES NO
 Are there concerns for **sexual abuse** of the identified child? YES NO
 Is **domestic violence** a known or suspected issue? YES NO
 Is there a court order (no contact, restraining) in place? YES NO
 Is either parent incarcerated? YES NO
 Do you have reason to believe two meetings would be needed? YES NO

Please provide the necessary information for all "yes" answers. (i.e. type of interpreter, special accommodations etc.)

Invitees (counselor/therapist/doctor, teacher, recreation coach, pastor, family, friends, neighbor, co-worker, etc.)

The TDM Scheduler will invite professionals if email address is available. The worker needs to invite all others.

| Name (First & Last) | Relationship to Family | Phone number/email address | Scheduler needs to invite (Y/N)? |
|---------------------|------------------------|----------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*For scheduling, email the completed form to:
 You, your supervisor, and the facilitator will receive an Outlook invite to confirm the meeting date/time*





Inform Systems. Transform Lives.

CASE MANAGER'S PRESENTATION OUTLINE

PLACEMENT STABILITY TDM™ MEETING

STAGE 1: INTRODUCTION

Introduce yourself and share your title or position, the agency and department you work in, how you are involved in the case, and how long you have known the child and family. Pay special attention to welcoming the placement providers and the child's parents.

STAGE 2: IDENTIFYING THE SITUATION

Be prepared to take a lead role in the discussion in this stage.

Goal: To gain everyone's understanding, in succinct terms, of the immediate concerns and why a Team Decision Making™ (TDM) meeting has been called.

- Explain why we are here and either (1) clearly state the circumstances that suggest the need to stabilize or consider moving the children from their placement or (2) present the child's readiness to move to a placement at a lower level of care. Describe what steps need to be taken to ensure this move will lead to stability and timely permanency.
- Present a summary of the current situation, including with whom the children currently live and how long they have lived with them, an overview of the child and family's adjustment to one another, and all current services and/or supports.

STAGE 3: ASSESSING THE SITUATION

Be prepared to take a lead role in the discussion in this stage.

Goal: To provide a full, factual, understandable, and specific evaluation of the situation; safety concerns if any; summary of stability and well-being issues; and child's supports and strengths. (This stage should not be redundant with respect to Stage 2.)

- Focus on immediate concerns for child's safety (if applicable), stability, and well-being.
- Share briefly why, and for how long, the child has been in out-of-home care.
- Share relevant stressors experienced by both the child and the caregiving family.
- In collaboration with the rest of the team, identify caregivers' protective capacities and highlight relevant strengths.
- Express concerns and strengths in a behavior-specific way, focusing on how they affect the child's placement stability.
- Outline supports and services that have been offered, have been used, or are in place.
- Discuss sibling placements to determine if current circumstances affect those children; consider whether a placement change could result in sibling unification.
- Bring the voice of the caregivers, child's parents, and children into the meeting.
- If necessary, provide information on relatives who are available as resources for support and/or potential placement options.
- Consider what resources and connections will be gained and lost as a result of a placement change.
- If a move is being recommended, explain how it will promote permanency and support the case plan goal.

STAGE 4: DEVELOPING IDEAS

- During this stage, you and the group should build on relevant strengths and supports, as charted.
- The team should focus on three areas: (1) immediate actions needed to maintain placement, (2) any action that can be taken to provide for the child's needs, and (3) services and supports needed to maintain the current placement or any newly identified placement.
- Suggest ways to ease the transition if the placement must change.

STAGE 5: REACHING A DECISION

- As a team, seek to recommend the least disruptive plan that will address children's safety, stability, and well-being needs and support the caregivers.
- Help explain why any ideas have been rejected.
- Ensure the recommendation/decision includes timely linkages to immediately needed support services and other actions, the individuals assigned to each action item, and contact information for services and staff.
- If children are changing placement, develop a transition plan to minimize negative effects of the move.

STAGE 6: RECAP AND CLOSE

- Confirm that summary information provided by the facilitator is accurate, clear, and understood by all.
- Ensure the summary is clear about who will do what and by when, and whether an informal follow-up meeting is needed.
- Provide readable, accurate written summary of decision and action steps to each participant.
- At the end of the meeting, attend to the emotional needs of the placement provider, child, and child's family.

SUPERVISOR GUIDE FOR EFFECTIVE CASE CONFERENCE BEFORE PLACEMENT STABILITY MEETING

REVIEW OF PROMPTS TO CONVENE A PLACEMENT STABILITY MEETING

In general, a Team Decision Making™ (TDM) placement stability meeting is held when the worker for the child or caregiver discovers issues that impact the stability of the child's placement. The child's worker convenes the meeting quickly to explore how additional supports might preserve the current placement or, if applicable, to prepare for a potentially positive move. Supervisors must ensure that the time is right for a placement stability meeting: not too early for serious consideration of placement change, and not too late for the meeting to have an impact.

WHEN TO HOLD A PLACEMENT STABILITY MEETING

- When there is a concern that a placement may be disrupted, and alternative placement needs to be considered. The meeting is held at the earliest sign of tension so there is time to intervene and maintain the current placement.
- When considering moving a child to a new level of care, even for positive reasons (e.g., a move from foster care to a relative home), to ensure appropriate timing and supportive transition leading to stability and timely permanency.
- If the meeting is convened too early or simply to check in, there is no real decision to be made, and it is not a good use of the participants' time.
- If the placement has already been disrupted, notice has been given by the placement provider, and/or a new placement plan has been created, the meeting is often too late to produce the intended benefits.

CASE CONFERENCE TO PREPARE FOR THE MEETING

A supervisor–worker case conference should be held prior to calling a placement stability meeting to ensure the situation meets TDM™ criteria and to prepare the child’s worker to provide a succinct presentation of issues (including needs/worries as well as strengths/protective factors in the current placement) at the meeting. (Use the worker presentation outline as your guide.)

In addition to reviewing the elements in the guide, here are some other topics for the supervisor to explore with the worker in preparation for a placement stability meeting. Be prepared to support the worker, and actively engage in the meeting discussion.

- Prepare the worker to provide a succinct summary of the situation, including background, current situation, observations, and strengths of the current placement.
- Prepare to use straight talk and share facts respectfully: what has worked in the placement provider family in the past as well as ideas for supports and strategies.
- If the placement history and current concerns are complicated or delicate, support the worker to feel comfortable presenting in front of the youth and/or family by reviewing the most important issues to highlight or by role playing.
- Ensure the worker is willing to hear and consider other options and ideas from TDM team participants.
- Coach the worker to feel confident and ready to make a decision as part of the team, or with supervisor support on behalf of the agency if the team cannot reach a consensus decision.
- Ask the worker what role they would like you to play and how you can be most supportive in the meeting.
- Discuss how the child’s parents, placement provider, or caregiver have been informed of and invited to the TDM meeting and how they have been prepared for the meeting, including thoroughly discussing the issues with the placement provider family. Explore whom the family may want to attend the meeting as a support.
- Ensure necessary people are invited, and alert the TDM scheduler of any anticipated logistical challenges or safety concerns.
- Discuss the appropriateness of the child or youth attending the meeting based on the situation and the youth’s maturity and development. If the youth will be attending, discuss how the worker prepared the youth for the meeting. If the youth will not attend the meeting, discuss how the youth’s voice can be heard (e.g., video, note or letter, picture or photo).
- Consider with the worker what service providers, community representatives, or supports for the youth and/or family should attend the meeting and how they will be invited.
- Ensure the worker has consulted and invited the child’s court appointed special advocate (CASA) or guardian ad litem (GAL).

- Explore with the worker if any of the participants' lawyers have been invited to the meeting and, if so, if the scheduler has been notified. Discuss with the worker if more information is needed to make a sound recommendation at the meeting.
- Be prepared to support the review process if one is requested. Ensure the worker understands that the review cannot be used for supervisor–worker disagreements.

AFTER THE MEETING

Ensure the worker has done the following.

- Confirmed with the placement provider and the child's family, as well as the child/youth, their understanding of the meeting's outcomes.
- Offered support to families and child/youth if the outcome is difficult or unexpected.
- Followed through with all recommendations and action plans.
- Followed the agency's protocols for facilitating the child's move, if necessary.
- Debriefed the meeting with the TDM facilitator and supervisors.

EVIDENT CHANGE

Inform Systems. Transform Lives.

TEAM DECISION MAKING KEY ELEMENTS



GOAL

To involve parents/legal caregivers and extended families, community members, resource families, service providers, and agency staff in all decisions regarding the need for a child to leave the home; and to ensure a support network for the child and the adults who care for them.

KEY ELEMENTS



1. A Team Decision Making (TDM) meeting, including parents/legal caregivers and youth, is held for *all* decisions involving child separation as well as all those involving a potential placement change.



2. The TDM meeting is held *before* the child's separation occurs—or in cases of imminent risk/emergency separations, by the next working day—and always before the initial court hearing in court-involved cases.



3. Families are encouraged to invite anyone in their support system, and public agencies strive to include community members who may have valuable contributions to the discussion.



4. The meeting is led by a skilled, immediately accessible internal facilitator, using a six-stage model. The facilitator is experienced in child welfare practice and is not a case-carrying social worker or line supervisor.



5. Information about each meeting—including participants, location, and recommendations—is collected in a timely way and ultimately linked to data on child and family outcomes in order to ensure continuing data-informed evaluation of the TDM process and its effectiveness.

WHY

Equality: All families deserve to participate in agency decisions about their own lives.

Engagement: TDM meetings tap into the group's energy and creativity and embody team collaboration to address crisis, providing the agency and court with best thinking on next steps for the family.

Equity, Inclusivity, and Transparency: Acknowledging individual differences helps participants attend to power imbalances. Early inclusion sets the stage for ongoing engagement. Community partners share the responsibility of making the best decisions with the family and agency.

Fairness: The same process is offered to everyone. Facilitators manage the process, modeling respect and interpersonal skills.

Self-Evaluation and Sustainability: TDM provides child welfare agencies with data to better understand what works and helps to ensure effective and sustainable practices.

Initial TDM Summary Form

TDM Summary Report

Page 2/2

Case#:

Please print to indicate your attendance. Address, email and phone numbers are optional. This information is used to include you in any future meetings regarding this family.

| NAME | RELATIONSHIP |
|------|--------------|
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Optional Notes:



Inicial Formulario resumido de la
toma de decisiones en equipo
(Team Decision Making, TDM)

| | | |
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| | | |
|--|--|--|

Escriba en letra de imprenta para indicar su asistencia. La dirección, el correo electrónico y los números de teléfono son opcionales. Esta información se usará para tenerlo en cuenta para futuras reuniones sobre esta familia.

| NOMBRE | RELACIÓN |
|--------|----------|
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Notas opcionales:



SDM[®] INTAKE ASSESSMENT

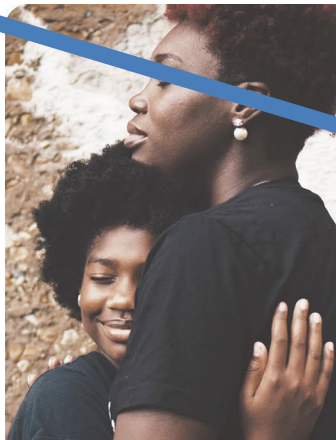
**Kansas Intake Guidance
Policy and Procedures Manual
January 2025**



**Kansas Department
for Children and
Families**

November 2023

Structured Decision Making and SDM are registered in the US Patent and Trademark Office.



ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at [EvidentChange.org](https://evidentchange.org). Find us on social media by visiting [Linktr.ee/EvidentChange](https://linktr.ee/EvidentChange).

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A. Glossary

B. Typical And Abusive Sexual Behavior

C. B. Supervision Levels

D.-C. Psychological Impact on Child

SDM[®] KANSAS INTAKE ASSESSMENT TOOL

Kansas Department for Children and Families

r: 10/23

Case Head: [last, first] _____ Event #: _____

FACTS Case #: _____

Intake Worker: [last, first] _____

Screening Date: _____ Screening Time: _____ ⓪ a.m. ⓪ p.m.

PART I. SCREENING INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE SDM SCREENING AN INITIAL ASSESSMENT

Reports that do not require screening an initial assessment or Department for Children and Families (DCF) action beyond intake

- Alleged victim is 18 years or older (or was at time of incident) and not currently in the custody of the Secretary OR 21 years or older
- No Kansas connection to incident or child
- Subsequent reports of the same allegation with no additional concerns
- Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS)
- Incident occurred in an institution operated by Kansas Department of Corrections (KDOC)
- Incident occurred on Fort Riley Army base, AND child resides on base

Reports that require DCF action but not SDM a full screening initial assessment

- Independent living referral
- Interstate compact request
- Courtesy interview for another state
- Courtesy interview for law enforcement
- ~~New case needed~~

IF ANY ITEM IN SECTION A IS SELECTED, THE STRUCTURED DECISION MAKING[®] (SDM) THE KANSAS INTAKE ASSESSMENT IS COMPLETE. NO FURTHER SCREENING ASSESSMENT IS REQUIRED.

B. ALLEGATION TYPE

1. Abuse or Neglect

Physical abuse

Physical injury

- Non-accidental physical injury
- Suspicious physical injury
- Child injured during family violence
- Female genital mutilation
- Forced ingestion resulting in harm

If any injury, indicate severity of most serious injury:

- Life threatening
- Requires medical treatment
- Does not require medical treatment
- Superficial

No known injury in reported incident

- Excessive physical force
- Confinement or restraint
- Misuse of medical treatment or therapy (factitious disorder by proxy)

Trafficking

- Labor trafficking
- Sex trafficking

Sexual abuse

- Sexual abuse

[Contents](#)

Emotional abuse

- Parental actions endanger child's emotional well-being
- Moral (do not include on tool)
- Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being

Abandonment

- Abandonment

Neglect

- Physical neglect (select all that apply)
 - Clothing/hygiene or lack thereof that causes harm to the child
 - Lack of food or nutrition
 - Hazardous or no shelter
- Non-organic failure to thrive
- Lack of supervision
 - Caregiver is absent
 - Caregiver is inattentive
 - Selection of temporary caregiver is not safe
 - Caregiver does not protect child from harm by others
 - Dangerous actions near child
- Medical neglect
- Educational neglect
- Substance-affected infant

- No abuse or neglect criteria met

Who is the reported person causing harm? (mark consider all that apply)

- Family
 - Parent or legal guardian
 - Other adult living in the home (relative or non-relative)
 - Minor in household age 10 and older who is not a parent
 - Relative in a caregiving capacity (adult or age 10 and older)
 - Relative not in a caregiving capacity (adult or age 10 and older)
- Facility

[Contents](#)

- Non-relative or unregulated caregiver
- Unknown

2. Non-Abuse or Neglect

Family in Need of Assessment (FINA) (Refer to PPM 1431 if child in custody)

Caregiver

- Caregiver substance use
- Caregiver unable or unavailable to provide care

Child

- Child under age 10 committing an offense
- Runaway child
- Child substance use
- Truancy
- Child with behavior problems not listed above
- Positive drug screen for infant or mother of infant, AND family requests or appears in need of service (automatic same-day response)

Pregnant woman using substance (PWS) other than nicotine

No FINA or PWS criteria are met

. What is your initial thought about how this report should be assessed based on the allegations you selected.

- Not assigned for further assessment
- Assigned for Abuse/Neglect Investigation
- Assigned for FINA
- Assigned for PWS

B. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?

Contents

- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

Enter your answer.

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

Enter your answer.

3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

Enter your answer.

4. Community or Natural Resources

- **Natural Resources:** Who or what does this family have around them that might help maintain the children's safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

Enter your answer.

5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?

Enter your answer.

6. Safe Enough

What would need to change for you to be confident the children will be as safe as typical children in the community?

Enter your answer.

7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

C. SCREENING ASSESSMENT DECISION

Preliminary inquiry

Initial Screening Decision

Not assigned for further assessment

Assigned for further assessment

Abuse or neglect investigation

FINA

PWS

Screening Initial Assessment Override

No override

Worker override to ~~screen out~~ not assign for further assessment

- PWS is receiving Temporary Assistance for Needy Families (TANF) cash benefits AND no children in home
- Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating
- An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim
- Child resides on Native American reservation, AND tribe does not request DCF assistance.

Supervisor override to ~~screen out~~

- Inability to locate child or family
- ~~○ Report results from actions within school policy and is referred to school administrator and county/district attorney~~
- Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding

Assessment Decision

- Not assigned for further assessment
- Assigned for further assessment
 - Abuse or neglect investigation
 - FINA
 - PWS
- Worker override to not assign

Basis:

Final Screening Assessment Decision

- Not assigned for further assessment. No DCF response
- Assigned for further assessment
 - Abuse or neglect investigation
 - FINA
 - PWS

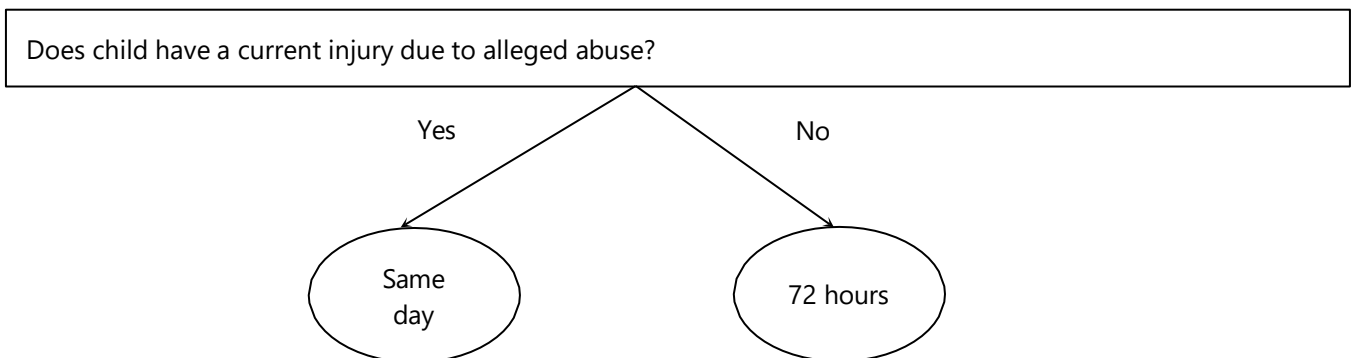
PART II. RESPONSE PRIORITY

If any of the following are marked, response time is same day. No further response priority assessment required.

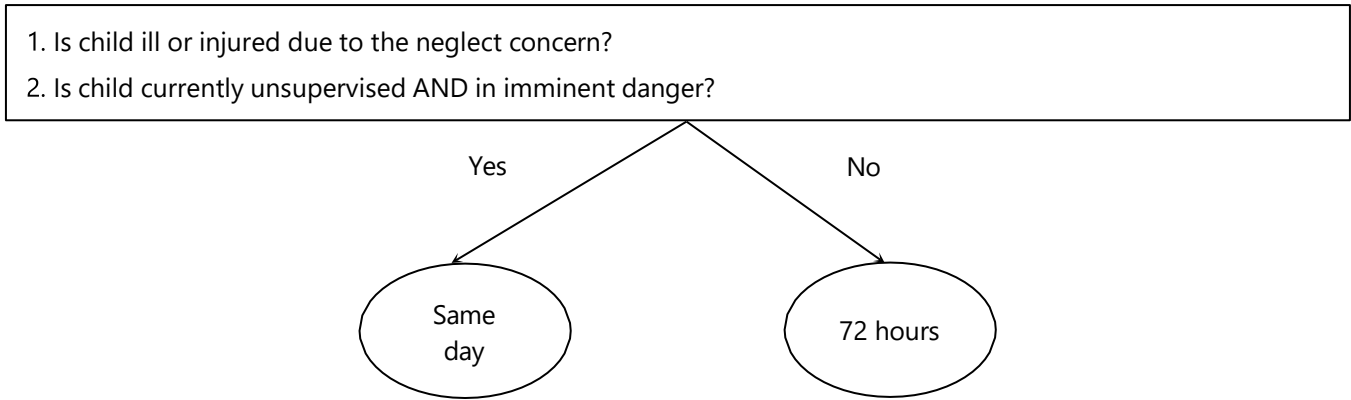
- Alleged victim is under age 1
- Current lifethreatening situation (notify law enforcement per PRC procedures)
- Child is in protective police custody
- Child fears further abuse or neglect upon returning home or remaining home

A. DECISION TREES

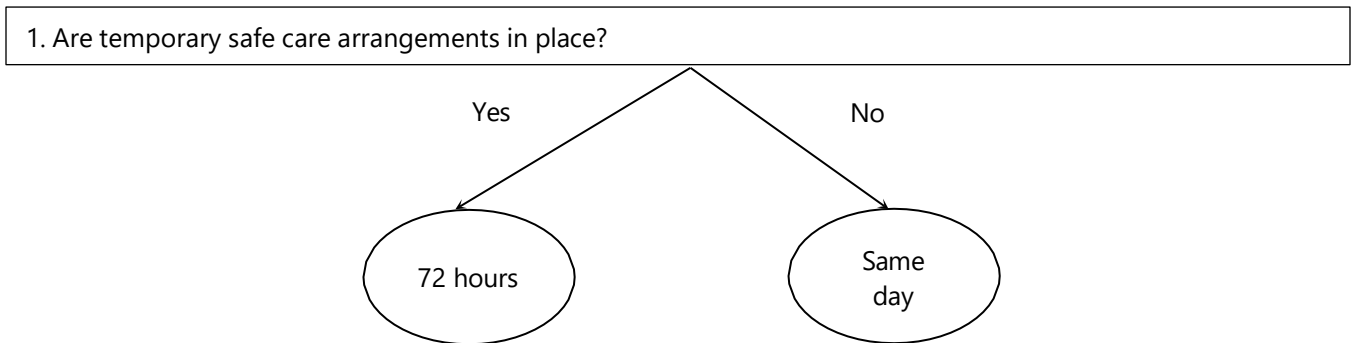
Physical abuse



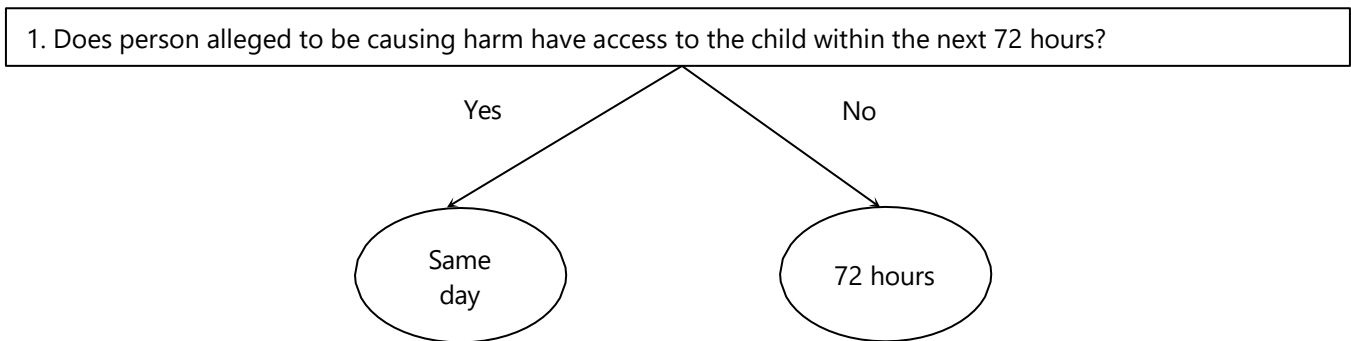
Neglect



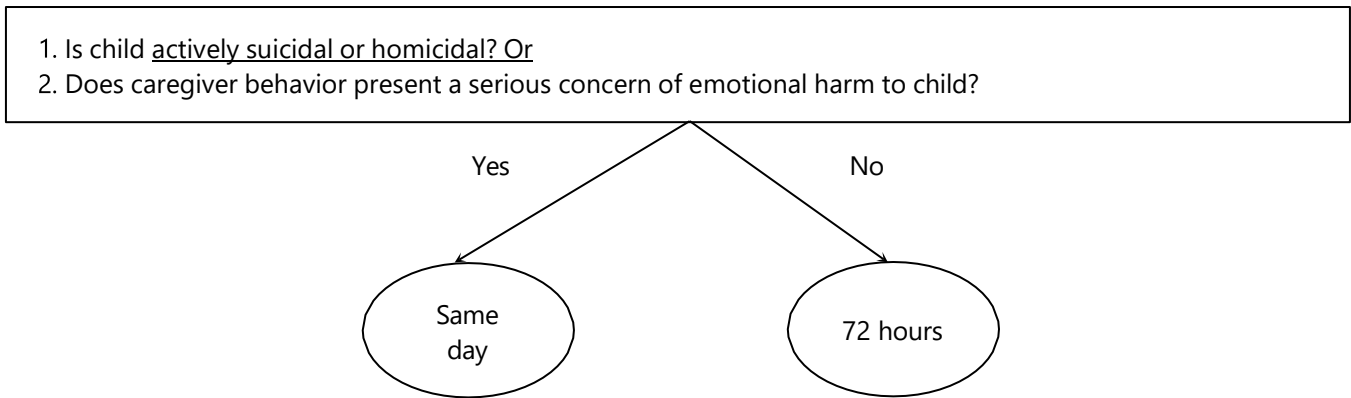
Abandonment



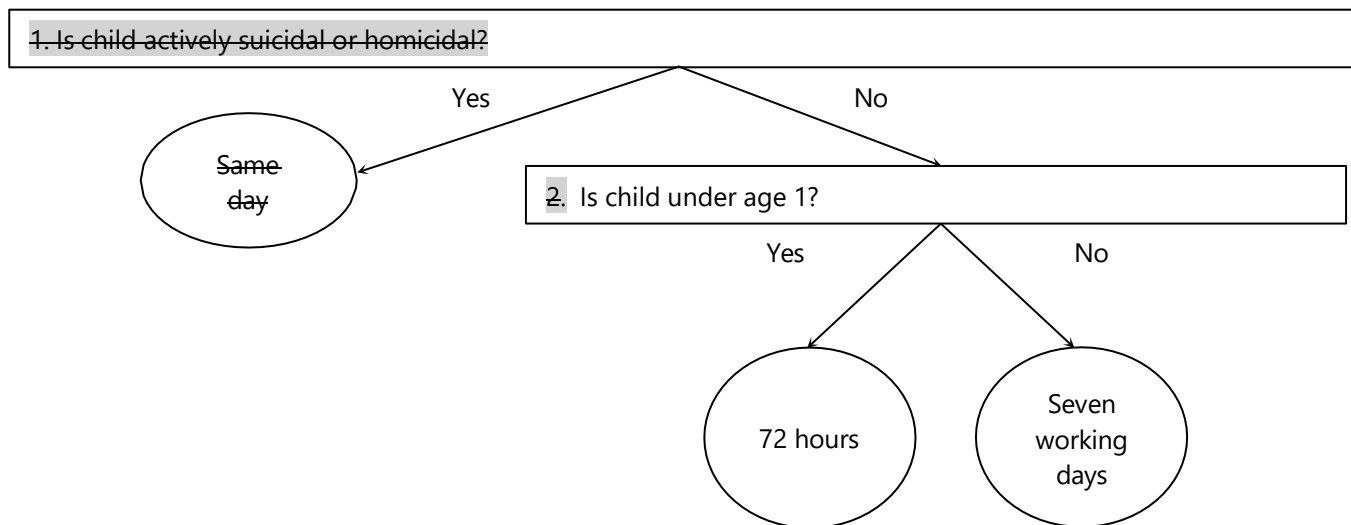
Sexual abuse and trafficking



Emotional abuse



FINA



B. RESPONSE PRIORITY DECISION

Recommended response priority

Indicate the recommended response priority. If there are multiple allegations, the recommended response priority is the allegation that results in the most urgent response.

[Contents](#)

Same day

Within 72 hours (exclusive of weekends and holidays)

Within seven working days

Mandatory override to same day

Evidence needs to be captured and documented for legal purposes

Child fears further abuse or neglect upon returning home or remaining home

Current report involves caregiver who caused or is suspected to have caused prior death, or serious injury, or illness to a child due to abuse or neglect

Discretionary override to any response priority (requires supervisor approval)

No

Yes (specify):

Final Response Priority

Same day

Within 72 hours

Within seven working days

DEFINITIONS

PART I. SCREENING INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE SDM AN INITIAL ASSESSMENT

1. Reports that do not require an initial assessment or Department for Children and Families (DCF) action beyond intake

a. Alleged victim is 18 years or older (or was at the time of incident) and not currently in the custody of the Secretary OR 21 years or older

At the time of the reported incident, the reported victim was either:

- Age 21 or older
- Age 18, 19, or 20 and not in the custody of the DCF Secretary

~~If there are multiple victims, only mark if ALL reported victims meet the definition.~~

~~Do NOT mark if a child victim was reported but no abuse or neglect criteria were met.~~

PRACTICE GUIDANCE

~~If marking this item, S~~peak with your supervisor to review whether circumstances require one or more of the following:

- Referral to law enforcement
- Referral to adult protective services
- ~~Screening based on~~ Consider if other children under the age of 18 ~~who~~ may also be victims.

b. No Kansas connection to incident or child

All incidents being reported occurred outside the state of Kansas, AND all reported child victims are not residents of Kansas at this time AND cannot be found in Kansas.

~~Do NOT mark if any of the following~~ Requires further initial assessment if:

- Any incident occurred within Kansas, even if other incidents occurred outside of Kansas.
- At least one child has a residence in Kansas, even if that child is temporarily outside of Kansas.
- Child can currently be located in Kansas.

PRACTICE GUIDANCE

- ~~Do not mark~~ **Complete initial assessment** if a child from another state is in police protective custody.
- If an infant was born in Kansas but lives with his/her family in Missouri; refer to internal procedures or speak with your supervisor.
- If it is unknown where the incident occurred, and the child does not reside in Kansas, speak with your supervisor for further guidance.

c. *Subsequent reports of the same allegation with no additional concerns*

There are no new abuse/neglect or FINA concerns different than from the initial intake.

~~Do not mark~~ **Complete initial assessment** if the report contains a new incident or ongoing concerns.

PRACTICE GUIDANCE

- If it is unclear whether the report contains a new incident, consult with supervisor.
- If there is a current open case, notify assigned worker of subsequent report.

d. *Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS)*

Reported child abuse or neglect occurred in an institution operated by KDADS. ~~Do not mark~~ **Complete initial assessment** if a child resides in a KDADS-operated institution but reported harm occurred while child was on a home visit.

- a. **i.** Kansas Neurological Institute
- b. **ii.** Parsons State Hospital and Training Center
- c. **iii.** Larned State Hospital
- d. **iv.** Osawatomie State Hospital

PRACTICE GUIDANCE

Forward to law enforcement.

e. *Incident occurred in an institution operated by Kansas Department of Corrections (KDOC)*

Reported child abuse/neglect occurred in an institution operated by KDOC (i.e., Kansas Juvenile Correctional Complex, Topeka).

PRACTICE GUIDANCE

Forward to Attorney General and KDOC.

f. Incident occurred on Fort Riley Army base, AND child resides on base

The reported incident occurred on the base at Fort Riley, AND at least one reported child victim resides on the base.

~~Do not mark~~ Complete initial assessment if child has been placed in police protective custody.

PRACTICE GUIDANCE

Follow Fort Riley notification procedure.

2. Reports that require DCF action but not ~~SDM screening~~ a full initial assessment

a. Independent living referral

Youth is age 18–25, has aged out of DCF custody, and requests services for independent living.

PRACTICE GUIDANCE

- ~~Assign as independent living.~~
- Independent living referrals will typically come from the independent living worker.
- The independent living worker may send referral when youth is *approaching* age 18. ~~Mark this item~~
Complete initial assessment even though youth is under age 18.

If the youth calls requesting independent living services, contact the regional independent living administrator to determine if youth qualify.

b. Interstate compact request

Formal request from another state for services under the interstate compact.

PRACTICE GUIDANCE

- If request comes from a Kansas Interstate Compact on the Placement of Children (ICPC) specialist, assign per policy.
- If request from another state is not a formal ICPC request, refer caller to follow caller's state policy and procedure as it relates to ICPC requests. If caller does not intend to complete a formal ICPC request, review based on the "courtesy interview for another state" criteria.

c. Courtesy interview for another state

Another state requests DCF assistance to conduct an interview. ~~Mark this item~~ If the other state is conducting an investigation that requires an interview of a person who is currently in Kansas, and it is not feasible to delay the interview until it can be done in or by the other state.

PRACTICE GUIDANCE

Department for Children and Families (DCF) can conduct a courtesy interview if:

1. There are required interviews as part of an ongoing investigation or
2. It is required to make a finding. Courtesy interviews do not include walk throughs only to determine placement or visitations.

Note: If the caller cannot provide this information, it is unlikely that the request is for a courtesy interview. DCF does not do “walkthroughs.” Refer caller to caller’s state ICPC protocols. If in doubt, consult with your supervisor on whether to mark this item or take other action.

d. Courtesy interview for law enforcement

A law enforcement agency requests DCF assistance to conduct an interview if they are conducting an investigation that requires an interview of a child who may be a victim of a non-relative, non-regulated caregiver.

PRACTICE GUIDANCE

Abuse/Neglect allegations involving Non-Family/Unregulated Care Giver alleged perpetrators that are known to be investigated by law enforcement will not be assigned.

Forward to the region covering the location of the person to be interviewed.

If marking this item, gather and include information pertinent to the interview being requested, including:

- Background information about the incident.
- Detailed questions to be asked in the interview.

Note: If the caller cannot provide this information, it is unlikely that the request is for a courtesy interview. DCF does not do “walkthroughs.” Refer caller to caller’s state ICPC protocols. If in doubt, consult with your supervisor on whether to mark this item or take other action.

New case needed

DCF staff requests an additional case assigned for service provisions.

PRACTICE GUIDANCE

Assign new case.

B. ALLEGATION TYPE

1. Abuse or Neglect

a. *Physical abuse*

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered.

i. *Physical injury*

Use these abuse types when the reporter knows that the child has a physical injury.

PHYSICAL INJURY means visible or suspected damage to a child's body.

ii. *Non-accidental physical injury*

A person caused the injury with intent to harm OR with intent to carry out a disciplinary action that resulted in harm even if the intent was not to harm. Also include reckless actions that resulted in harm.

Examples include:

- Hitting, kicking, punching, pushing, or throwing
- Biting (adult)
- Deliberately pulling child's hair, causing injury or bald spots

PRACTICE GUIDANCE

- If the reporter does not know how an injury was caused, ~~screen based on~~ **consider** "suspicious injury."
- If the reporter knows of a person's actions toward a child but does not know whether the child was injured, or knows that a child was not injured, ~~screen based on~~ **consider** "excessive physical force."
- Not all marks are injuries (e.g., bug bites are not injuries).

Reminder About Minors Causing Harm

- An injury caused by a minor under age 10 is not marked as physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, ~~screen~~ **assess** for FINA, child behavior concerns.
- An injury caused by a minor age 10 or older—that otherwise meets the definition—is ~~marked~~ **only applies** if the minor causing the injury was in a caregiving role for the victim or is substantially older.
- An injury caused by a minor age 10 or older who is of similar age as the victim is ~~not marked~~ **does not meet criteria for** as physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, ~~screen~~ **assess** for FINA, child behavior concerns.

iii. *Suspicious physical injury*

The child has a reported injury, and the reporter does not know how it was caused, AND the injury itself suggests that it is non-accidental. Include all injuries that a medical professional describes as consistent

with abuse.

Examples include the following.

- Injuries to child who is not mobile.
- Severe injury with no explanation, an explanation that is not consistent with the injury explanation, or conflicting explanations.
- Injuries on protected surfaces or areas of soft tissue of the body. Injuries to the thighs, calves, genitals, buttocks, cheeks, earlobes, lips, neck, and back.
- Multiple injuries in various stages of healing.
- Patterned injuries, even if the object used cannot be determined.
- A torn frenulum in an infant.

iv. Child injured during family violence

One adult is physically violent toward a partner or other adult, and the child is injured during the incident assault.

PRACTICE GUIDANCE

Also screen assess for emotional abuse. If no abuse or neglect items apply, screen assess for FINA.

v. Female genital mutilation

A person circumcises or removes the whole or any part of the female genitalia on a child under 18 years of age, AND the procedure is not a medically necessary procedure ordered by and performed by a physician.

vi. Forced ingestion resulting in harm

A person forces a child to ingest something or intentionally gives child something to ingest that causes harm. Harm includes poisoning, burning, internal injury, or alteration in bodily function (e.g., suppressed breathing or heart rate or altered consciousness). Do NOT include ingestion of medicine as prescribed for child or unpleasant taste.

If any physical injury item is marked, indicate severity of the most severe reported injury.

Mark Identify injury severity based on the following:

- Life Threatening: The injury resulted in death, or child was in serious condition in a medical setting due to the injury.
- Requires Medical Treatment: The injury required professional medical treatment to repair (e.g., admitted to hospital; required stitches, cast, or splint). Do not include injuries that were

Contents

medically evaluated and led to preventative treatment only (e.g., antibiotics to prevent infection; treatment could have been provided at home, such as aspirin or self-adhesive bandage) or were determined to require no treatment.

- Does Not Require Medical Treatment: The injury is more than superficial but does not require medical treatment.
- Superficial: The injury is limited to the top surface of skin AND caused no pain or only brief, minimal pain). Examples include the following.
 - » Tiny scratch that does not bleed
 - » Redness that goes away quickly
 - » Tiny bruise with no pain

b. *No known injury in reported incident*

Use these abuse types when there is no injury, or the reporter does not know whether there is an injury.

i. *Excessive physical force*

Caregiver actions toward the child have led or could lead to a child's physical injury even if an injury is not reported at this time.

Examples include the following.

- Hitting child's body in a vulnerable location that could easily result in an injury (e.g., eyes, genitals, abdomen).
~~an unintended place (e.g., aiming for buttocks but hitting eye instead).~~
- ~~Hitting child incessantly.~~
- Hitting child with object (e.g., buckle of belt, switch near eye) in a way that ~~could~~ is likely to cause physical injury.
- Throwing or pushing a child with a high degree of force. Consider practice guidance below. ~~a child across a room.~~
- ~~Pushing a child near stairs.~~
- Shaking a child under age 2.
- Choking or strangulation.

PRACTICE GUIDANCE

Elicit information that reveals how discipline is being administered (what object a caregiver is using for the purposes of discipline and where on the child's body they are discipling).

When throwing or pushing a child

- Consider how much force was used when pushing the child. Was the child pushed near an object that could result in an injury

When a Minor Uses Excessive Physical Force

- Do not select for If a minor under age 10 is using excessive physical force. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, screen assess for FINA, child behavior concerns.
- Select for If the a minor age 10 or older who otherwise meets the definition if the minor is using excessive physical force was while in a caregiving role for the victim or is substantially older, assess for physical abuse.
- Do not select for If a minor age 10 or older using excessive physical force who and is a similar age to the victim. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, screen assess for FINA, child behavior concerns.

ii. Confinement or restraint

A person applies a measure of confinement or restraint that is likely to result in physical harm to the child or that is for purposes other than protection or correction, to the extent that the child's health is endangered.

Examples include the following:

- Child may be physically injured from a restraint device such as rope tied around wrists or neck or use of chains or handcuffs.
- Child may be harmed due to body position or condition, such as being curled up without moving in a dog crate, or confined to a space that is dangerously hot or cold.
- Child may be harmed due to impeded safety, such as being confined in a way that child cannot escape in case of fire or natural disaster.
- Child may be harmed due to being confined without food or water causing prolonged hunger pain, prolonged thirst, or dehydration. If child is malnourished, also review for physical neglect: food.

iii. Misuse of medical treatment or therapy (factitious disorder by proxy)

Caregiver causes or fakes illness in child to obtain medical tests or treatment. As a result, child experiences pain, adverse side effects, or becomes ill.

b. Trafficking

Human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a child for the

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purpose of labor or sex.

Examples include the following.

- Causing or threatening to cause physical injury to any person if child does not comply.
- Physically restraining or threatening to physically restrain child.
- Abusing or threatening to abuse the law or legal process to gain child’s cooperation.
- Threatening to withhold food, lodging, or clothing if child does not comply.
- Taking away a passport or other legal papers for identification to prevent child from leaving.

i. *Labor trafficking*

The definition for trafficking is met, AND the purpose is to obtain the labor or services of the child

Examples include the following.

- A child exchanges labor for food, a place to stay, clothing, or anything the child needs or wants.
- A child makes money or is required to earn a quota for “controller” or “manager.”
- A child is forced to work to have basic needs met.
- A child is held in servitude in satisfaction of a debt owed the person who is holding **the child** ~~such other person.~~

ii. *Sex trafficking*

The definition for trafficking is met, AND the purpose is to engage the child in sexual actions.

Examples include the following.

- A child/youth exchanges sex for money, food, a place to stay, clothing, or anything the child/youth needs/wants.
- A person exchanges anything for a child to engage in a sex act.
- A child makes money or is required to earn a quota for a “boyfriend”/“pimp”/“controller”/“manager”/“daddy.”
- A person posts sexually explicit pictures of the child on the Internet (Backpage, Craigslist, etc.) for the purpose of making money.

PRACTICE GUIDANCE

- If child is disclosing labor or sex trafficking, ~~mark~~.
- If law enforcement or medical professionals report suspicion of labor or sex trafficking, ~~mark~~.

c. *Sexual abuse*

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Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person.

Sexual abuse includes at least one of the following contact and non-contact interactions with a child.

PRACTICE GUIDANCE

Does not **mark meet criteria** if victim child is age 16 or older unless:

- Child was incapable of consent; OR
- The perpetrator:
 - » Used force or coercion; OR
 - » Is a teacher engaged in consensual sexual relations with a 16- or 17-year-old who is enrolled at the school where the perpetrator is employed; refer to law enforcement, but accept for investigation if law enforcement does not investigate (K.S.A. 21-3502); OR
 - » Is a relative or caregiver; OR
 - » Is in any other position of power.

Does not **mark meet criteria** if a child age 10 or older is the perpetrator unless:

- The child used force or coercion; OR
- The child is substantially older, bigger, or otherwise more powerful than the other child; OR
- There was intimidation.

i. Sexual contact with a child

Sexual contact with a child is defined as *an adult or child age 10 or older, has contact with a child's genitals, causes a child to touch the genitals of another person, or has other physical contact with child for the purpose of sexual stimulation. This is based on at least one of the following:*

- Child statement
 - » Child makes a statement with sufficient detail to include a specific act and a specific person.
 - » Child makes a statement about sexual contact or depicts sexual contact, even though the statement is vague or ambiguous.
- Medical findings (based on medical professional assessment)
 - » Medical findings are confirmatory for conditions such as pregnancy.
 - » Findings are strongly suggestive of sexual abuse.
- Findings (or other causes) indicate sexual abuse, but there is no other plausible history.
- Other
 - » Sexual contact is documented by photograph, video, etc.
 - » Person causing harm confessed to sexual contact with a child.
 - » Sexual contact was witnessed.

ii. Non-contact sexual abuse

For non-contact sexual abuse of a child, though no sexual contact is reported, an adult or child age 10 or older seeks sexual stimulation in a way that involves a child, with or without the child's knowledge. Examples include the following.

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- Exposing self to child for sexual stimulation.
- Observing the child for sexual stimulation.
- Photographing, filming, or otherwise depicting the child for the sexual stimulation of the adult.
- Causing the child to view live or depicted sexual images for sexual stimulation.

- Getting one child to act sexually with another child.
- Having contact with a child through social media to discuss or solicit sex.
- Discovery of images, texts, or other documentation of child engaged in sexual actions.

PRACTICE GUIDANCE

When a Minor Initiates a Sexual Act

- A minor under age 10 who initiates a sexual act ~~is not marked as~~ **does not meet criteria for** sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, ~~screen~~ **assess** for FINA, child behavior concerns.
- A minor age 10 or older who otherwise meets the definition for sexual contact or using a child for sexual stimulation ~~is marked~~ **will meet criteria** if the minor initiating the act used force, coercion, or intimidation or is substantially advanced developmentally. A minor age 10 or older who is of similar development, and where the sexual act was mutual, ~~is not marked~~ **does not meet criteria for** ~~as~~ sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, ~~screen~~ **assess** for FINA, child behavior concerns.
- **Refer to APPENDIX A: TYPICAL AND ABUSIVE SEXUAL BEHAVIOR**

d. *Emotional abuse*

Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional well-being is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. (Refer to [APPENDIX B: PSYCHOLOGICAL IMPACT ON CHILD](#))

i. *Parental actions endanger child's emotional well-being*

Caregiver's actions toward or around child are emotionally harmful and are severe OR follow a pattern of behaviors that could impact the child's emotional health or well-being.

Examples include the following but are not limited to the following.

- Caregiver has communicated or demonstrates that they do not want to care for the child.
- Caregiver is providing alcohol/drugs to or using alcohol/drugs with the child.
- Caregiver or other household member is responsible for creating a traumatic event (one that poses a threat of serious injury or death to oneself or others and elicits feelings of intense fear, helplessness, or horror). The action can be serious, severe, or complex (i.e., multiple serious events).

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- Caregiver blames the child for negative situations the caregiver, siblings, or other family members are experiencing. This includes making the child take the blame for actions of others.
- Caregiver uses vengeful and vindictive discipline toward the child.
- Caregiver antagonizes or belittles a child to the point that they are self-harming.

PRACTICE GUIDANCE

Reports frequently include caregiver actions that may be troubling but would not typically meet the above definitions. Examples include the following.

- Caregiver uses foul language. Unless the language is hostile toward the child, foul language in general would not meet the definition.
- Arguments between caregiver and child. Unless, for example, arguments become so persistent, or the child experiences significant fear of harm, arguments would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.
- Temporary fluctuations in child's behavior or moods (i.e., child crying after receiving behavior correction by parent) does not meet criteria.
- Domestic violence in and of itself does not meet criteria ~~the required domestic violence questions in the Protection Report Center (PRC) call script.~~

ii. Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being

The definition for "parental behavior endangers child emotional well-being" is met, AND child is experiencing significant emotional harm.

Examples of significant emotional harm include:

- Diagnosed mental health condition, such as anxiety, depression, or PTSD; OR
- Substantial impairment of child's ability to function daily (e.g., unable to attend school regularly; school performance radically fluctuates; shows visible signs of violence; self-harming behaviors; and suicide attempts or plans).

iii. Moral

Corrupting a child by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.

- Indication of harm or consequence resulting in significant harm or impact to the child.
- The caregiver is having the child participate in criminal activity that could or has resulted in criminal charges.
- The caregiver is/has encouraged a sexually mature relationship or behavior. This goes beyond the caregiver allowing the relationship. Also consider sexual abuse or lack of supervision.

PRACTICE GUIDANCE

Reports frequently include caregiver actions that may be troubling, but would not typically meet the above definitions. Examples include the following:

- Concerns that challenge reporter or personal bias, but do not indicate immediate or future harm.
- Consider age, frequency, and impact when a caregiver is providing alcohol to a child at home.
- Caregiver uses foul language. Unless the language is hostile toward the child, foul language in general would not meet the definition.
- Arguments between caregiver and child. Unless, for example, arguments become so persistent, or the child experiences significant fear of harm, arguments would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.

e. Abandonment

Caregiver stopped providing care for the child without making appropriate provisions for substitute care, AND there is no indication that caregiver intends to resume care.

Examples include the following.

- Following a planned time during which caregiver arranged for a substitute caregiver for the child, the caregiver did not return as planned. The caregiver has made no further provisions for the child's care, and there is no indication that the caregiver will return. The substitute caregiver is unable or unwilling to continue providing substitute care for the child.
- There is evidence that the caregiver will not assume further responsibility for the child, or the caregiver did not intend for the child to survive (e.g., infant left in a dumpster).
- The caregiver left a child in the full-time care of an adult knowing that the adult is unwilling or unable to meet the needs of a child.
- The caregiver refuses to let a child return to the home following an alternative living arrangement. However, if the caregiver refuses because of fear of child's behavior, or belief that they cannot protect the child from the child's own behavior (e.g., suicidal, running away, self-harming, being trafficked), screen based on assess for FINA.

PRACTICE GUIDANCE

Do not mark if an infant is surrendered in accordance with the Kansas Newborn Infant Protection Act. K.S.A. 38-2282 (Safe Haven Law). Safe Haven Law may be applied if the infant is 45 days old or younger and was left at a hospital or fire station.

f. Neglect

i. Physical neglect

1. Clothing/hygiene or lack thereof that causes harm to the child.

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The child's clothing and/or hygiene is likely to result in their daily activities being adversely impacted or in medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite). Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

Examples include but are not limited to:

- The child expresses frustration and shows signs of dysregulation due to the lack of essentials.
- The caregiver does not provide the necessary clothing or hygiene products to meet the child's minimal needs, except for financial reasons, and this has resulted in harm to the child that required medical attention.
- Parents are aware of the ongoing hygiene concerns (including chronic lice infestation) and are not following through with the treatment or not addressing the concerns, which results in harm.

PRACTICE GUIDANCE

Consider the available resources in the community, cultural practices, and caregiver's attempts to seek out resources that negate the concerns or situation.

2. *Lack of food or nutrition*

Caregiver refuses to provide or is withholding food or nourishment to the extent that the child is likely to have or to develop malnutrition. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

- The child is malnourished as assessed by a medical professional; OR
- The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms); OR
- The child experiences severe hunger that interferes with their functioning (e.g., unable to concentrate in school or participate in activities).

3. *Hazardous or no shelter*

A child is in physical danger due to the conditions of the shelter provided, and caregiver refuses to remove the child from the situation. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

Examples of conditions that may be considered hazardous include the following.

- The home is lacking utilities that are required to prevent illness or injury (e.g., heat, water, electricity).
- Broken windows or stairs, unprotected wiring, open window on an upper floor, or exposure to excrement has led or could lead to a child's injury.
- Bug or rodent infestation to the point that the child is suffering from an illness carried by pests that

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requires medical treatment, or food is infested.

- Child may be dangerously exposed to vermin, human, or animal excrement.

PRACTICE GUIDANCE

- Shelter can take on many forms. Tents, cars, homeless shelters, and living with family and friends can be considered shelter. Consider a FINA based on potential impact to the child and the caregiver's willingness to take action.
- Physical neglect concerns solely due to lack of financial resources should be considered as FINA.
- Consider whether the caregiver is unintentionally keeping their child in a dangerous situation. If caregiver is making efforts to resolve the problem (e.g., seeking out landlord, filing a complaint with housing, treating bug infestations or requesting that their landlord treat them), consider assigning as FINA.
- Consider FINA when there is an explicit request for or a need of services from the family.

ii. *Non-organic failure to thrive*

A medical professional diagnosed child with non-organic failure to thrive, AND caregiver's parenting is consistent with known contributory factors for non-organic failure to thrive.

Examples include the following.

- Caregiver does not hold, touch, or interact with the child either physically or verbally.
- Caregiver does not respond to child's cries.
- Caregiver does not allow the child to sleep (intentionally or due to activity).

iii. *Lack of supervision*

Caregiver refuses to provide supervision of a child or refuses to remove a child from a situation that requires judgment or actions beyond the child's abilities and that results in bodily injury or a likelihood of harm to the child. Not due to lack of financial means or cultural practices.

Examples include the following.

- **1.** Caregiver is absent
 - » **a.** Child, under age 7, is left home alone for any amount of time.
 - » **b.** Child, age 7 or older, is left alone longer than child can safely manage (refer to Table C: Examples of Circumstances and Appropriate Supervision Levels).
- **2.** Caregiver is inattentive:
- **3.** Caregiver is aware of threats to child safety and are refusing to take action. (e.g., deadly weapon that is not securely locked, access drugs and paraphernalia, pattern of child eloping from the home)
- **iiii.** Selection of temporary caregiver is not safe
 - » **a.** Caregiver is aware and knowingly leaves a child with a temporary caregiver who is likely to cause harm and refuses to seek out a safe alternative

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- » **b.** A person under the influence that impacts their ability to provide sufficient supervision for that child's maturity and abilities.
- » **c.** The older sibling previously harmed the younger sibling.
- **4.** Caregiver does not protect child from harm by others
 - » **a.** Caregiver has knowledge a person is a registered sex offender who is prohibited from contact with children and allows unsupervised contact.
 - » **b.** Child discloses to caregiver about abuse and caregiver does nothing to protect.
- **5.** Dangerous actions near the child.

A child is nearby, person's actions are dangerous, and caregiver is not taking steps to protect child. Examples include the following.

 - » **a.** Child is taken along when person is involved in violent crime.
 - » **b.** Person disregards safety when handling firearms around child.
 - » **c.** Person co-sleeps with child under age 2 while person is intoxicated or high.
 - » **d.** Person repeatedly drives recklessly or under the influence with child in the car.

PRACTICE GUIDANCE

When a caregiver is taking protective action, but the harm continues, do not assign. ~~Screen for FINA to support the caregiver who is attempting to protect, and screen for abuse or neglect based on the harm being caused.~~

~~Reports of siblings age 10 and older babysitting a younger sibling(s) consider assigning as a CUU.~~

~~Reports of children age 7 and older home alone while their parents are at work AND child not demonstrating any harmful behaviors, consider not assigning. If family is requesting childcare resources, consider assigning for CUU.~~

If the concern is regarding ongoing domestic violence and the caregiver is not removing the child from it, consider the dynamics of the relationship that may prevent the non-offending caregiver from taking protective actions.

~~If there is a court order stating visitation must occur, would not be considered lack of supervision on the non-offending parent.~~

PRACTICE GUIDANCE

Reports frequently include concerns that a child is not being supervised to a level the reporter believes to be sufficient. However, the concerns may not meet the definition. If the concern does not meet the definition for neglect, ~~consider screening for FINA.~~

For Example:

- A child home alone between the end of school and caregiver's return home. If there are facts to support that a particular child cannot manage particular circumstances in a way that meets the definition, ~~the item is marked. Otherwise, it is not marked.~~
- Caregivers cannot be reached. ~~Unless~~ Consider if the child is in a circumstance that meets the definition, ~~the item it is not marked~~ based solely on ability to contact the caregiver.
- Drugs, guns, or dangerous items in the home. The definition is met if the child has already become ill or injured, or if the caregiver has not put in place sufficient protections for the child.

iv. Medical neglect

The child is experiencing medical concerns AND the treatment would make the child feel more comfortable, reduce pain, OR prevent the condition from worsening AND the caregiver is failing to provide the treatment. The acts or omissions are not due solely to the lack of financial means of the child's caregiver or other custodian. Medical treatment includes dental; vision; mental health; and therapies such as physical, occupational, and speech.

Examples of not providing medical care include but are not limited to the following.

- Not providing urgently needed assessment or treatment: Child has an illness or injury that requires immediate assessment or treatment, AND caregiver knows or should know that immediate assessment or treatment is required but is not providing it.
- Missing crucial appointments: Child has a diagnosed condition requiring ongoing treatment, and caregivers have missed enough appointments so that the child is or will be harmed (as defined above). Include appointments for evaluation or treatment.
- Not learning or following techniques to care for child's medical needs: Child has a condition requiring care provided by the caregiver for which the caregiver must be trained, AND caregiver refuses instruction, does not participate in instruction, or does not apply learned techniques as instructed.
- Not providing needed medication, medical supplies, or equipment when the caregiver is aware of child's need and can access the necessary items, AND there is a significant risk of physical harm or deterioration.
- Not providing urgently needed mental health intervention: Child has current plans to harm self or others, has access to a means to harm, and the caregiver is refusing to seek treatment.

PRACTICE GUIDANCE

- When there was a delay in treatment but the delay did not result in the condition worsening or additional harm to the child, do not assign.
- Consider whether a caregiver who delays medical care may be in fear of citizenship status and/or have cultural reasons for the delay.
- Consider the parental choice to maintain well-child visits or immunizations.
- Examples of situations that would not meet this definition but should be **screened** **assessed** for FINA include lack of care due to:
 - » Caregiver cognitive difficulty or communication struggles; and
 - » Failure to treat ADHD with prescription medication. Consider whether caregiver is attempting to address through alternative ways or interventions. Are there educational resources available to address behaviors at school? If caregiver is not accessing them, consider FINA.

Educational neglect

Caregiver does not provide education as required by law. The minimum number of unexcused absences to be considered for educational neglect is:

- Three days in a row;
- Five days in a semester; or
- Seven days in a school year.

AND

- Caregiver is aware of the absences but is not working to get child to school and is unwilling to have services to assist.

PRACTICE GUIDANCE

- If caregivers are not aware, or are aware and request assistance, screen under FINA truancy.
- Do not mark if child is registered in a home school.
- Include a child of any age who is enrolled in school.

A child kept home to care for parents or siblings or to provide other work may be considered as an unexcused absence.

v. *Substance-affected infant*

A medical professional determined that a child from birth to his/her first birthday has one of the following, regardless of drug screen results for mother or newborn.

- **1.** Neonatal Abstinence Syndrome/withdrawal.

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- **2** Compromised health or well-being related to mother's substance use during pregnancy. This may include:
 - » Irritability;
 - » Irregular and rapid changes in state of arousal;
 - » Low birth weight;
 - » Prematurity;
 - » Difficulties with feeding due to a poor suck;
 - » Irregular sleep-wake cycles;
 - » Decreased or increased muscle tone;
 - » Seizures or tremors; and
 - » Physical, developmental, cognitive, or emotional delay.Facial characteristics of fetal alcohol syndrome.

No abuse or neglect criteria met

~~None of the reported concerns meet any of the definitions for abuse or neglect types.~~

Who is the reported person causing harm?

1. *Family*

Mark if **The** person reported to cause harm is a parent of the child, an adult living in the same home as the child, or a sibling or relative. ~~If marked, select one of the following.~~

a. *Parent or legal guardian*

A biological or adoptive parent or legal guardian. Include minor parent.

b. *Other adult living in the home (relative or non-relative)*

A person over age 18 who lives in the same home as the child. This person may be related or not.

c. *Minor in household age 10 or older who is not a parent*

A person between the ages of 10 and 18 who is a sibling or other relative but not a parent.

d. *Relative in a caregiving capacity (adult or child age 10 or older)*

A person related by blood, marriage, or adoption who is acting in a caregiving capacity. Include minor relatives ages 10 or older.

e. *Relative not in a caregiving capacity (adult or age 10 or older)*

A person related by blood, marriage, or adoption who is NOT acting in a caregiving capacity. Include minor relatives ages 10 or older.

2. *Facility*

An entity that is subject to regulation. This includes:

- **a.** Family foster homes
- **b.** Group homes
- **c.** Residential child care facilities
- **d.** Detention
- **e.** Secure care
- **f.** ~~Attended~~ **Attendant** care facilities
- **g.** Daycare homes or centers
- **h.** Psychiatric residential treatment facilities (PRTF) licensed by the Kansas Department for Aging and Disability Services
- **i.** Any other entity subject to regulation

3. *Non-relative or unregulated caregiver*

A person over age 10 who is not a parent or legal guardian and does not live with the child. **Does** not include facility staff or other residents of a facility.

- a.** Teachers, administrators, or other employees of a school, other than a home school;
- b.** Employees and administrators of recreational and/or character-building organizations;
- c.** Babysitters;
- d.** Acquaintances of the family;
- e.** Strangers.

PRACTICE GUIDANCE

When the reported concern includes a minor causing harm, select that person as instructed below:

- If the minor is a minor parent to child victim, select parent.
- If the minor is under age 10, the minor can never be considered a person causing harm. Evaluate the reported concern for whether a parent of the minor or the victim was abusive or neglectful in any way that led to the reported concern. If not, screen for possible FINA such as child behavior problems.
- When the minor is age 10 or older:
 - » If the minor is responsible for the child victim in a caregiving role OR is substantially older than the child victim, mark as either minor over age 10 in household, relative, or non-relative or unregulated caregiver, depending on relationship to child victim.
 - » If the minor is not in a caregiving role AND is of similar age to the victim, evaluate the reported concern for whether a parent of the minor or the victim was abusive or neglectful in any way that led to the reported concern. If not, screen for possible FINA such as child behavior problems.

4. Unknown

The reporter does not know the identity of the person causing harm.

2. Non-Abuse or Neglect

Family in Need of Assessment (FINA)

1 Caregiver

a. Caregiver substance use

Caregiver is using substances and there is an indication the use is impacting parenting capacity or skills. Caregiver is using substances, AND an adverse impact on the child is indicated but not at the level that would meet screening criteria for abuse or neglect.

Examples include the following:

- The substances used by the caregiver (e.g., heroin, meth) are highly addictive or their use is causing impairment to an extent that the result of use is often impaired judgment, agitation, stupor, or organizing life around using.

PRACTICE GUIDANCE

- Factors to consider when a caregiver is using substances:
- Another caregiver is able protect the child.
- The caregiver is involved in services.
- The age of the child.
- How dependent the child is on their caregiver meeting their needs.
- The pattern of caregiver usage or how often the caregiver is using.
- How the caregiver acts while using.
- Are they using a substance that causes impairment to an extent that the result of the use is often impaired judgement, agitation, stupor, or organizing life around.

b. Caregiver unable or unavailable to provide care

The situation does not meet **screening** criteria for abuse or neglect, but one of the following situations is present.

- The caregiver is incapable, unable, or unwilling to seeking out necessary services to maintain the child's health and safety.

OR

- Extenuating circumstances (e.g., hospitalization, incarceration, death, deployment) prevent caregiver from providing care AND no safe alternative caregiver has been identified. The caregiver plans to resume care of the child as soon as possible. Examples include but are not limited to the following.
 - » Caregiver lacks the ability to manage or maintain the child's health and safety due to mental/physical disabilities, cognitive delays, and/or lack of knowledge or resources to care for the child and meet their needs. Consider immediate and lasting safety of the child.

PRACTICE GUIDANCE

Consider **screen-out** **not assigning** if one or more of these apply:

- Family is engaged with natural supports and/or community resources.
- Natural support and/or community resources are available to mitigate the worry.
- Reporter is willing and able to connect or provide the family with resources.
- Caregiver is aware and able to seek out resources on their own.

2. Child

a. Child under 10 committing an offense

A child who is less than 10 years of age commits any act that if done by an adult would be considered a felony or misdemeanor. Exclude any offense that meets another FINA category. **As defined by K.S.A.**

b. *Runaway child*

A child leaves a placement home or facility without permission and is likely to experience harm while on the run.

Examples include the following.

- Child has been identified as being in the company of individuals who may harm child.
- Child has been identified as being at risk for being trafficked or sexually assaulted.
- Child has been identified as being reckless or taking extraordinary risks with their life or safety.
- Child repeatedly runs away for extended periods of time and the location of the child is unknown during the time they are missing.
- Child has been identified as having special needs or other vulnerabilities that would impact their ability to maintain their safety.

[†]As defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

c. *Child substance use*

A child is using alcohol or illegal drugs or is abusing prescription or over-the-counter drugs. Substance use is negatively impacting the child or family functioning.

For example, the substances used by the child are causing impairment to an extent that the result of use is often impaired judgment, agitation, stupor, or organizing life around using.

PRACTICE GUIDANCE

Consider Caregivers response to the identified concerns and :

- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.

Consider Abuse/Neglect if:

- If caregiver is providing alcohol or drugs to child, review whether an item in Emotional Abuse applies.
- If caregiver is aware of the problem but not attempting to intervene, review whether neglect: lack of supervision applies.

Consider caregiver's response to the identified concerns and:

- Family's engagement with natural supports and/or community resources;
- Natural support's and/or community's resource ability to mitigate the worry;

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- Reporter's ability to connect or provide the family with resources; and
- Caregiver's awareness and ability to seek out resources on their own.

d. Truancy

Child is not attending school, as required by law.

- Child is between the ages of 7 and 12 years and is unenrolled, or is enrolled and truant; OR child is under the age of 7 and is truant.
 - » Truancy means that the number of unexcused absences is at least:
 - Three days in a row;
 - Five days in a semester; or
 - Seven days in a school year.

PRACTICE GUIDELINES

- If caregiver is contributing to the child missing school, such as keeping the child home to care for siblings, review whether criteria for educational neglect is met.
- If caregiver is aware of the concern and unwilling to address, review whether criteria for educational neglect is met.
- Follow county guidelines for specific truancy procedures.
- If the reporter has the name of the homeschool and the name of the children and parent, PRC can call KSDE and verify if such a homeschool is registered. This will not 100% confirm it's the same parents and children associated to the homeschool, but it is reasonable to assume it's the same and could likely screen out.
- If the reporter does not have the name of the homeschool, PRC will need to assign.

e. Child with behavior problems not listed above

Child with behavior problems not listed above, and e Child's actions negatively impact family or child functioning.

- Consider caregiver's response to the identified concerns and:
 - » Family's engagement with natural supports and/or community resources;
 - » Natural support's and/or community's resource ability to mitigate the worry;
 - » Reporter's ability to connect or provide the family with resources; and
 - » Caregiver's awareness and ability to seek out resources on their own.

Examples include the following.

- Child is suicidal or self-harming.
- Child is homicidal, harming other people or animals, destroying property, or has a pattern of dangerous and reckless behaviors.
- Child's sexual behavior is problematic, but there are no other indicators of sexual abuse. Refer to appendix B, table B.
- Child has symptoms of distress (e.g., sleep or eating disturbance, mood swings, phobias).

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- Increasing conflict in the home related to child's actions.

PRACTICE GUIDANCE

Consider Caregivers response to the identified concerns and:

- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.
- Caregivers' awareness and ability to seek out resources on their own.

f. Positive drug screen for infant or mother of infant, AND family requests or appears in need of service (automatic same-day response)

A medical professional reports that an infant had a positive drug screen or the mother had a positive drug screen, AND at least one of the following situations exists.

- **i.** The family requests being contacted by DCF for assessment and possible services.
- **ii.** The substances used by the caregiver (e.g., heroin, meth) are highly addictive or their use is causing impairment to an extent that and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.
- **iii.** The family appears in need of assessment and possible services. Examples include:
 - » Caregiver physical health or mental health will make caring for child difficult and there are no other resources;
 - » Caregiver does not know how to care for infant or does not know how to care for a high-risk or special needs infant AND is not engaging with hospital staff to learn care;
 - » Caregiver does not have essential supplies for infant and has no supports in place; or,
 - » Caregiver is not spending time with infant, cuddling, cooing, or gazing with infant.
 - Relationship between caregivers is strained, such as significant arguing.

g. Pregnant woman using substance (PWS) other than nicotine

A woman is currently pregnant; aware of the pregnancy; AND using alcohol or illegal substances or abusing prescription medication. Exclude nicotine.

Indicators of use include:

- Mother had a positive drug screen during pregnancy;
- Disclosure of use by mother;
- Pregnant woman was observed using; or,
- Pregnant woman appeared under the influence.

PRACTICE GUIDANCE

- If other children are in the home, review ~~screening for~~ FINA **initial assessment**: caregiver substance use.
- If a mother in late stages of pregnancy used early in pregnancy and has not used since, do not assign.

Consider caregiver's response to the identified concerns and:

- Family's engagement with natural supports and/or community resources;
- Natural support's and/or community's resource ability to mitigate the worry;
- Reporter's ability to connect or provide the family with resources; and
- Caregiver's awareness and ability to seek out resources on their own.

No FINA or PWS criteria are met

Concerns reported do not meet definitions for any FINA type and does not meet definition for PWS.

C. What is your initial thought about how this report should be assessed based on the allegations you selected.

- Not assigned for further assessment
- Assigned for Abuse/Neglect Investigation
- Assigned for FINA
- Assigned for PWS

D. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?

- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

4. Community or Natural Resources

- Natural Resources: Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?

6. Safe Enough

What would need to change for you to be confident the child/ren will be as safe as typical children in the community?

7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

C. E-SCREENING ASSESSMENT DECISION

Overrides

Worker override ~~to screen out~~ **to not assign for further assessment**

~~PWS is receiving Temporary Assistance for Family (TAF) cash benefits AND no children in home~~

~~The definition for “pregnant woman using substance” is met; however, the woman is currently receiving TAF cash benefits, AND there are no other children in the home.~~

PRACTICE GUIDANCE

- ~~Forward information to TAF worker.~~
- ~~In override rationale, include TAF worker name.~~

1. Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating

All abuse or neglect types ~~marked~~ **identified** have a person causing harm who is not a household member. The worker notified law enforcement, and law enforcement confirms that they will investigate the concern and do not require DCF assistance.

PRACTICE GUIDANCE

In override rationale, include law enforcement department and officer name. The report will be screened out for abuse and neglect. The report MAY be forwarded to a region to assign to assist law enforcement if requested.

2. An employee of DCF or KDADS is person causing harm, or employee’s child is a reported victim

All abuse or neglect types ~~marked~~ **identified** have a person causing harm who is an employee of DCF or KDAD; OR an employee of DCF or KDAD is the parent of any reported victim.

3. Child resides on Native American reservation, AND tribe does not request DCF assistance.

Child resides on a reservation of one of the four Kansas tribes (Sac and Fox, Prairie Band Potawatomie, Kickapoo, or Iowa), AND tribe agrees to take the case with no further DCF assessment. ~~Do not mark~~ **Does not apply** for an incident that occurred on a reservation if the child does not live on the reservation.

PRACTICE GUIDANCE

When a report is ~~screened in~~ assigned for abuse or neglect that involves a child who resides on the reservation of one of the four Kansas tribes*, worker will:

- Send a preliminary inquiry to the contact for the tribe.
- Based on tribe’s response the worker will do the following.
 - » If the tribe takes the case and does not request further DCF assistance, ~~mark the override and~~ **do not assign** and send the report to the designated tribal contact.
 - » If the tribe requests DCF assistance, ~~do not mark the override. Follow SDM screening~~ **Continue the initial assessment** and response priority.

*If the child lives in Brown, Doniphan, or Jackson county, confirm whether the child lives on a reservation.

~~Supervisor override to screen out~~

4. Inability to locate child or family

All reasonable efforts to locate the child and family have been pursued, and the family cannot be located.

PRACTICE GUIDANCE

Document efforts to locate **in the basis.**

~~Report results from actions within school policy and is referred to school administrator and county/district attorney~~

~~The definition for any type of physical abuse was met. However, the harm occurred while school personnel were acting within school policy.~~

5. Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding

Based on the reported concerns and context, it is unlikely that the same child or other children are currently being maltreated or are likely to be maltreated, AND it is unlikely that an investigation would be able to reach a determination.

Examples include the following.

- The reported victim is now an adult or has no further contact with person causing harm, AND no other children are likely to be current or future victims of the same person causing harm
- The reported person causing harm is deceased.

PRACTICE GUIDANCE

- If the reported victim is an adult and there are other children who may be victims of the same person causing harm, **screen assess** for abuse or neglect based on those children as victims. The adult is not considered a victim but may be considered a reporter or witness.
- A report to law enforcement may be indicated.

Assessment Decision

- Not assigned for further assessment
- Assigned for further assessment
 - Abuse or neglect investigation
 - FINA
 - PWS
- Worker override to not assign

PART II. RESPONSE PRIORITY GUIDANCE

A. IF ONE OF THE BELOW APPLY, RESPONSE TIME IS SAME DAY. NO FURTHER RESPONSE PRIORITY ASSESSMENT REQUIRED.

1. ABUSE/NEGLECT CONCERNS AND THE ALLEGED VICTIM IS UNDER AGE 1

A child who is an alleged victim of abuse or neglect has not reached their first birthday.

2. ABUSE/NEGLECT CONCERNS AND THERE IS A CURRENT LIFE-THREATENING SITUATION

A child who is an alleged victim of abuse or neglect and the child is currently in, or within the next 24 hours is expected to be in, a situation posing threat to child's life.

3. CHILD IS IN PROTECTIVE POLICY CUSTODY

A law enforcement officer has taken the child into protective police custody.

4. ABUSE/NEGLECT CONCERNS AND THE CHILD FEARS FURTHER ABUSE OR NEGLECT UPON RETURNING HOME OR REMAINING HOME

A child who is an alleged victim of abuse or neglect and the child expresses fear or appears fearful related to the likelihood of being further abused or neglected. If the child is not home, the child fears returning home. If the child is home, the child fears staying home.

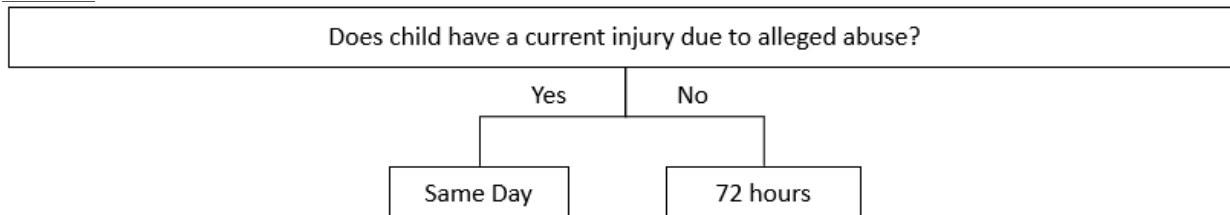
Examples include the following.

- Child states or expresses that the abuse or neglect may be repeated.
- The person reported to be causing harm or another caregiver has threatened to harm child if child tells someone about the abuse or neglect.
- Child has severe behavioral indicators of fear (e.g., trembling, crying, severe anxiety).

A. B. DECISION TREES

1. Abuse/Neglect

a. Physical Abuse



i. Does child have a current injury due to alleged abuse?

Answer "Yes" if the child is injured at this time. One of the following applies:

The reporter has seen the injury, OR, if not, the reporter believes there is a current injury based on one or more of the following.

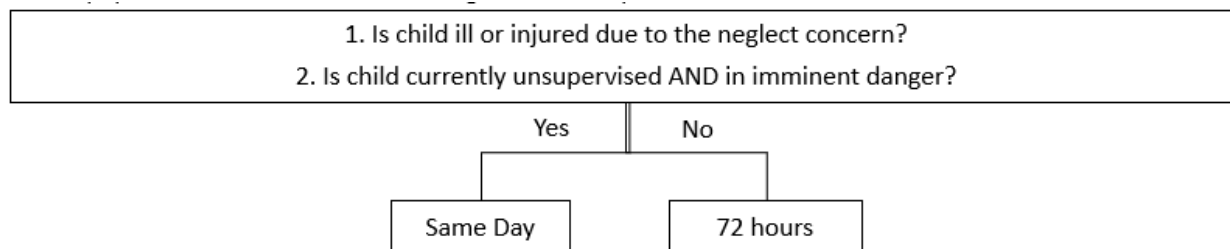
- Child told the reporter of a current injury that the reporter would not reasonably see (e.g., reporter is not in the same location as child, or injury is located under clothing).
- An internal injury is suspected based on child's symptoms (e.g., loss of consciousness, altered consciousness, abdominal pain, limping, or inability to use an arm or hand).

Answer "No" if any of the following applies:

- The child was not injured.
- The injury is fully healed.
- The reporter has no knowledge of a current injury.

b. Neglect

Use for physical, medical, and educational neglect; lack of supervision; and abandonment.



i. Is child ill or injured due to the neglect concern?

Answer "Yes" if the ~~screened-in~~ assigned neglect concern surfaced one or more of the following for the child.

Child is injured or the child has a neglect related illness that requires immediate medical attention.

AND

The caregiver is failing to take the necessary measure to address the concern.

PRACTICE GUIDANCE

Bug bites alone are not considered an injury. Consider how they are impacted (e.g., pain, inability to sleep) or possible medical consequences (e.g., sores, infection, physical illness, serious harm) on determining a same day response time.

Decision to assign as a same day for an infection or diaper rash should be based on whether the child's symptoms require immediate attention by a medical provider.

- Known or reasonably suspected medical condition (e.g., infection, malnutrition).
- Known or reasonably suspected injury (e.g., broken bone, burn, head injury).
- Severe mental illness or psychological distress that endangers the child or others or interferes with daily functioning.

Assign Same day

Answer "No" if:

Child does not have an injury or does not have serious illness placing them at imminent risk of harm, condition, or injury.

Assign 72 hours

ii. 2. Is child currently unsupervised AND in imminent danger?

Answer "Yes" if:

- The child is not receiving sufficient supervision from his/her caregiver, AND the *current* situation is likely to result in serious harm to the child. Examples include the following.
 - » A toddler is left home alone.
 - » A 2-year-old child has been unfed for days.
 - » Child is currently in the care of a person who is demonstrating unsafe caregiving (e.g., 5-year-old is left in the care of a person with advanced dementia who lets the child play with matches).
 - » Child is currently being abused or neglected by another person and, despite caregiver having this knowledge (or reasonable expectation that the caregiver should have that knowledge), the caregiver is not acting to protect the child at this time.
 - » Caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent danger (e.g., has no place to get indoors in freezing temperature).

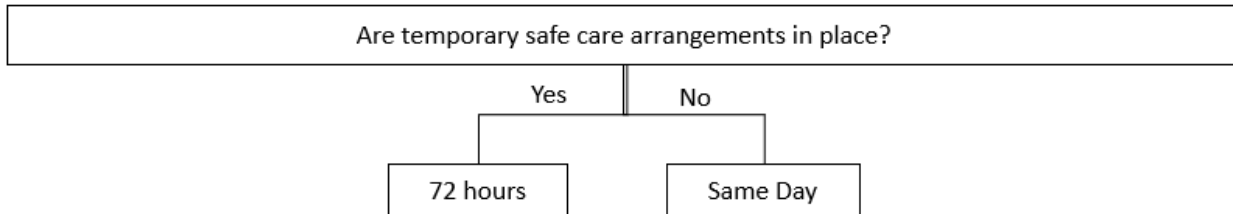
Assign Same day

Answer "No" if:

Child is receiving supervision from his/her caregiver to the extent that the child's immediate safety is not of concern.

Assign 72 hours

c. Abandonment



i. ~~Are temporary safe care arrangements in place?~~ Is the caregiver unavailable, unable, or unwilling to provide care, and child is in imminent danger?

Answer "Yes" if:

Caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent danger.

Assign Same day

For a minimum of 72 hours, the abandoned child will be cared for by a safe relative or an institution licensed to provide care.

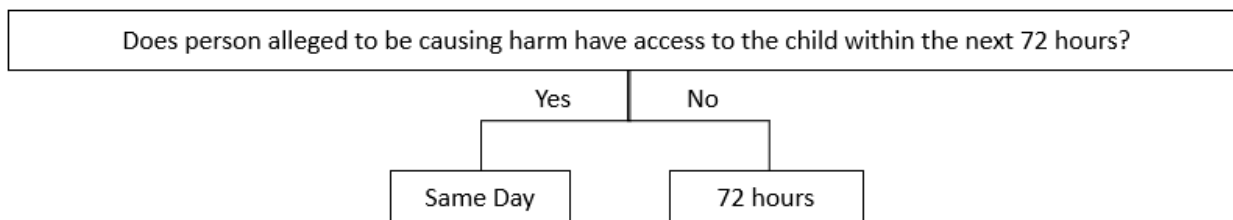
Answer "No" if:

There are current temporary care arrangements for the child for the next 72 hours.

Assign 72 hours

No person or institution is qualified or willing to provide up to 72 hours of care for the child.

d. Sexual Abuse and Trafficking



i. Does person alleged to be causing harm have access to the child within the next 72 hours?

Answer "Yes" if:

Information is provided to suggest that the child is having any form of ongoing contact (face-to-face, phone, or electronic) or will be having any form of contact with the alleged person causing harm within the next **72 hours** ~~three calendar days~~.

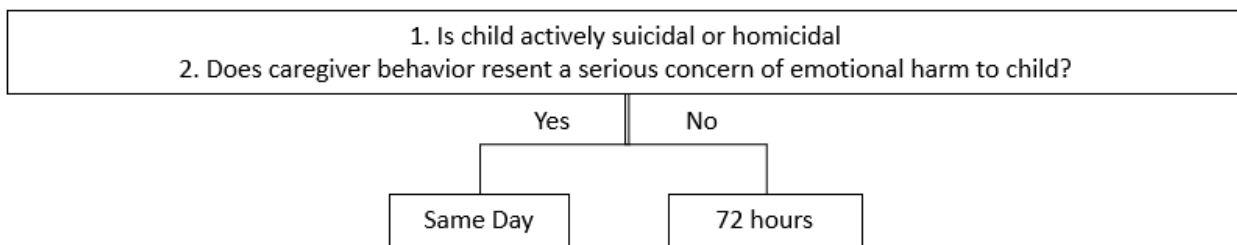
Assign Same day

Answer "No" if:

The alleged person causing harm will have no access and no contact with the child within the next 72 hours.

Assign 72 hours

e. Emotional Abuse



i. *Is child actively suicidal or homicidal?*

Answer "Yes" if at least one of the following is true.

- 1.** Child has symptoms of severe psychological distress or fear (e.g., suicidal, homicidal) that require immediate intervention.
- Or
- 2.** Child requires an immediate crisis response from the police due to extremely violent behavior resulting from emotional harm (e.g., using knives, fire setting, or cruelty to animals).
- Or
- 3.** Child requires immediate psychiatric treatment due to emotional harm as determined by a medical/mental health professional.

AND

The caregiver is failing to take the necessary measure to address the concern.

Assign Same day

Answer "No" if

Child is not actively suicidal or homicidal.

Assign 72 hours

1. Does caregiver behavior present a serious concern of emotional harm to child?

Answer "Yes" if:

Caregiver acts in ways highly related to emotional harm (chronic pattern of behavior or episodic). Examples of caregiver behavior that may present a serious concern of emotional harm include the following:

- Substance use resulting in the caregiver's emotional unavailability for the child or constant, repetitive belittling or threatening the child.
- Mental illness leading to terrorizing actions or persistently ignoring the child.
- Chronic or severe family violence that typically leads to emotional trauma for the child.

Answer "No" if:

No condition or pattern of caregiver behavior presents a pressing danger of psychological and emotional harm to the child.

iii. Is the child expressing fear of returning home or being in the home?

"Yes" if:

The child is expressing they will likely be injured, sexually abused, or emotionally harmed upon returning home.

Assign Same day

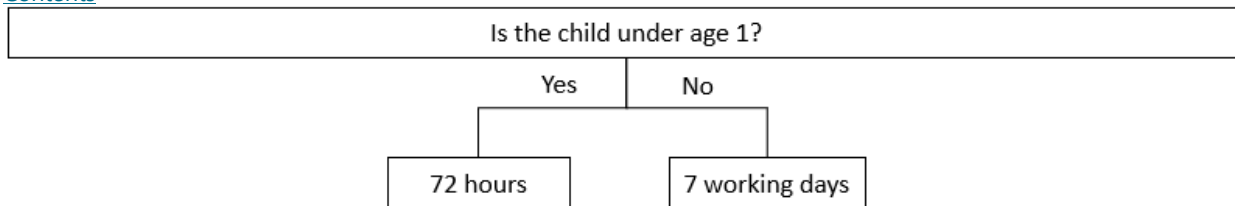
"No" if :

The fear is not based on concern of being injured, sexually abused, or emotionally harmed upon returning home.

Assign 72 hours

2. Non-Abuse or Neglect

FINA

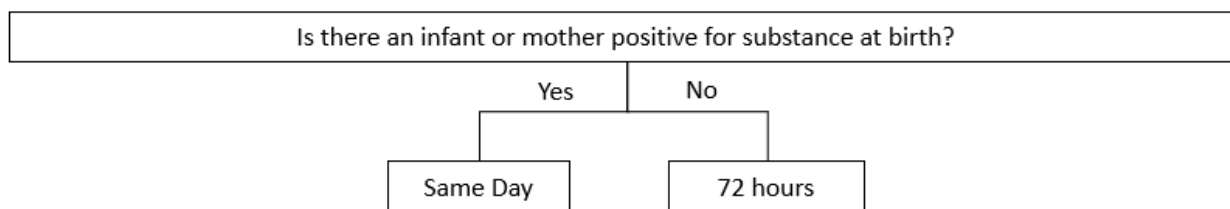


a. Is the child under the age of one?

"Yes" if:

Child has not reached their first birthday.

"No" if: Child is age 1 or older.



b. Is there an infant or mother positive for substance at birth?

"Yes" if:

A medical professional reports a positive drug screen at birth for the infant or mother.

"No" if:

The infant or mother's drug screen was negative.

PRACTICE GUIDANCE

If the infant was affected by substances, the report will have been screened in assigned as neglect.

1. Is child actively suicidal or homicidal?

Answer "Yes" if at least one of the following applies:

- The child has a current plan for suicide attempt. A current plan is evidenced by verbal or written statements or actions taken that indicate the child intends to kill self in the near future. Examples include:
 - » Written or verbal statement that includes some detail such as when, where, or how;
 - » Child is securing means of suicide (e.g., drugs, gun);
 - » Child is giving away possessions; or

Contents

» Child has made a suicide attempt in the last week and is not currently receiving professional intervention.

- The child has a plan for self-harm that could end his/her life if followed through, such as overdosing, hanging, shooting, slitting wrist.
- The child has a plan to harm others such as shooting a family member or friend or bringing a gun to school.

Answer "No" if all of the following applies.

- Child's self-harming behaviors are not life threatening.
- Child's threats or attempts include only superficial harm (e.g., scratching self, burning, pulling out hair) or are vague ideas with no indication of plans to carry out suicide.
- Harm to others or threatened harm to others does not appear to be an active plan. Consider plans to engage in a fight that does not involve weapons to be a "no."
- Child has been taken to a hospital or mental health center for evaluation due to current statements or is receiving professional intervention.
- Caregivers are aware of the concerns and are addressing the issues.

3. Is child under age 1?

Answer "Yes" if:

Child has not reached their first birthday.

Answer "No" if:

Child is age 1 or older.

c. IL and ICPC Response Times (PPM 1672)

Assign 20 working day

A. RESPONSE PRIORITY DECISION

Mandatory override to same day

Evidence needs to be captured and documented for legal purposes

The reported incident is potentially criminal, and the police need to quickly gather evidence before it is lost, deteriorates, or is altered.

Child fears further abuse or neglect upon returning home or remaining home

A child who is an alleged victim of abuse or neglect and the child expresses fear or appears fearful related to the likelihood of being further abused or neglected. If the child is not home, the child fears returning home. If the child is home, the child fears staying home.

Examples include the following:

- Child states or expresses that the abuse or neglect may be repeated.
- The person reported to be causing harm or another caregiver has threatened to harm child if child tells someone about the abuse or neglect.
- Child has severe behavioral indicators of fear (e.g., trembling, crying, severe anxiety).

Current report involves caregiver who caused or is suspected to have caused prior death, serious injury, or illness to a child due to abuse or neglect.

The caregiver, who is alleged to have caused harm in the current report, is known or suspected to have caused death, serious injury, or illness to a child due to a previous incident of abuse or neglect.

A serious non-accidental injury is one resulting in death; OR requiring immediate assessment/

treatment by a physician, AND such injury poses a danger of death or temporary or permanent impairment or disfigurement. Examples include brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, internal injury, poisoning, large or deep burns, severe lacerations, and female genital mutilation. Include visible injuries and injuries suspected due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc.

A serious illness is one that resulted in death or that required hospitalization or posed a threat of death or permanent impairment, disability, or disfigurement.

PRACTICE GUIDANCE

"Within 72 hours" should be understood to mean as soon as possible within 72 hours.

POLICY AND PROCEDURES

The purpose of the ~~intake~~ **initial** assessment is to assess whether a report meets agency criteria for a DCF response and, if so, to determine how quickly to respond.

Decisions made at intake are vital. The right decision means that families needing intervention get it, and families who do not require intervention are not needlessly disrupted. For the system, correct intake decisions help make the best use of agency resources.

Intake work is also the face of DCF most Kansans will know. Their experience when they call to express concern about a child or family shapes their view of the child protection system and influences whether they will call again should they have concerns about another child.

WHICH CASES

The ~~tool~~ **initial assessment** is completed for all **child** reports. This includes reports by telephone, **web, fax** and all other means; it also includes new reports on open cases.

WHO

The ~~intake worker~~ **Intake Protection Specialist or Protection Specialist**.

WHAT

When taking a report by phone or gathering additional information on a web or fax, the best approach is to invite the reporter to explain their worries about the child and family in their own words, ~~without interruption~~. While listening, the worker can be scanning the ~~screening tool~~ **assessment guide** to begin to hone in on the screening criteria closest to the reporter's concerns. Looking at the definition during the call can help track what information you have and what information you still need to make a decision.

To elicit the specific information ~~you~~ the worker requires, based on the definitions ~~you~~ they are reviewing, ~~you~~ they may begin with targeted open-ended questions such as, "What has happened to the child physically or emotionally as a result of the worrisome behaviors?" Follow up questions based on the answer can continue as needed. Often, solution-focused questions can help gain the reporters perspective. For example, "What are your best hopes about the difference it would make for DCF to intervene?" A scaling question should also be used to get the reporter's view of safety. For example, On a scale of 0–10, 10 is, you're confident the child(ren) will be safe enough staying where they are. 0 is things are so bad for these children that you worry they are likely to be seriously hurt if they stay in their current situation even for tonight. Where would you rate it? ~~You mentioned seeing the father hit the child. Can you tell me as much as you can remember about what you saw?~~ You can continue asking

Contents

more specific questions as needed. Often, solution-focused questions can help. For example, use a scaling question to get the reporter's view of a level of force: "If 10 is the most powerful strike you can imagine, like a heavyweight boxer, and 1 is the slightest touch, like a butterfly, how hard was this hit?" Remember that the follow-up question is most important: "What made you say 6 and not 7 (or 6 and not 5)?"

When the worker has heard the concerns of the reporter sufficiently to determine whether criteria is met, it is important for the worker to ask about exceptions and things that are working well. For example, "What has happened (or is in place) that has provided some protection to the child/ren in relation to the worries?" Another question should involve current supports. For example, "What support or services is this family receiving or have they received through other agencies, organizations, or programs. If not engaged in services, how willing or able are they to access these services?"

When you have the worker has heard the concerns of the reporter sufficiently to determine whether screening assessment criteria are met, consider whether there is additional information that will be useful for the responding worker. This includes information about possible support system; languages spoken; schedules; and importantly, worker safety concerns. While this information may not impact the decision, it is vital information during intake. Particularly if the caller is anonymous or for any reason may be unavailable to be contacted by the assigned worker, learn as much as you can that would be important for subsequent safety and risk assessment.

At some point, it can be effective to explain to the reporter that you the worker will be reviewing a specific set of criteria during the call and may ask for more specific information to determine whether the concern(s) can be addressed adequately within the family/community or if DCF involvement is needed so that DCF resources are allocated to Kansas families that need DCF intervention. Falls within the purview of DCF or if another agency would be the best response for the family. Explain that your role is to help identify the way most likely to get the right help to the family, and the reporter plays a crucial role in helping to sort this out.

WHEN

The ~~tool~~ Kansas Intake Assessment is completed as soon as possible when processing the report—no later than the end of the next half workday from the time the report is received. If additional information is needed, the worker will complete a preliminary inquiry that will end no later than the 3rd working day after the report was received.

DECISIONS

The Kansas Intake Assessment Tool guides whether a report requires a response, the type of response, and how quickly face-to-face contact must occur.

COMPLETION INSTRUCTIONS

After processing the report in KIPS, create the "1001" document in KIPS and proceed with the assessment process.

This document may be used to support the worker's critical thinking and decision-making process for all reports but shall be used for the following: Physical Neglect, Medical Neglect, Lack of Supervision, Emotional Abuse, and Family in Need of Assessment allegations. Truancy concerns meeting the 3/5/7 rule shall be assigned.

In SDM online, open a new intake assessment. The assessment will be time and date stamped and will indicate the worker based on log-in information.

HEADER

Case head : Paste case head name into this field.

Event #: Paste event number into this field.

FACTS case #: If family case number is known, paste it into this field. If not known at the time of completing the intake assessment, leave blank.

PART I. SCREENING INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE SDM® AN INITIAL ASSESSMENT

Consider the list of possible exemptions and identify any that apply. If you select any of the exemptions, you do not need to complete the remainder of the tool.

Consult practice guidance, policy, or seek supervisor guidance for additional clarification.

Based on the definitions, mark each item that applies to the reported concern. If any item in Part IA is marked, the intake assessment is complete. There cannot be an item marked in IA and IB.

Consult the practice guidance for information on required action for each item that meets marked.

B. ALLEGATION TYPE

1. Abuse or Neglect

Contents

Based on the definitions, mark identify each type of abuse or neglect being reported. You may identify more than one if more than one allegation is being reported and meets definition.

Who is the reported person causing harm?

Based on the definitions, mark identify each type of person reported to have caused harm. You may select identify more than one if more than one type of person causing harm. If no criteria are met, move to section 2 "Non-abuse or neglect" mark "no abuse or neglect criteria met."

2. Non-abuse or Neglect

FINA

Do not consider FINA items will not be available if:

- An item is met marked in Part A1 IA
- A child abuse or neglect item is met marked in Part B1 IB

FINA type

Based on the definitions, mark identify each type of FINA that applies. You may identify more than one if more than one allegation is being reported and meets definition. If no FINA criteria are met AND no PWS criteria are met, move to section 3 "Initial Thoughts". C "Assessment Decision." mark "No FINA or PWS criteria met."

Caregiver response

Mark the item that best describes the reporter's knowledge of caregiver response to the concern. If the item marked is that the caregiver is aware and is receiving services, FINA is not available.

PWS

PWS will not be available if:

- An item is marked in Part IA
- A child abuse or neglect item is marked in Part IB
- A FINA item meets is marked in Part IB

If PWS does not apply, and no FINA criteria are met, mark "No FINA or PWS criteria met."

3. Initial Thought

The initial thought will be completed based on what is identified in parts B1 and B2.

The available assessment decisions are “not assigned for further assessment” and “assigned for further assessment.” If it is assigned, the type of assignment will also be identified based on what criteria was met per policy and definitions.

C. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, briefly describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

Guidance

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

Consider the caregivers actions or inactions resulting in harm.

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, briefly describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

Guidance

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. KEES
4. KIDS

Consider the caregivers actions or inactions and natural supports resulting in safety.

What is the caregiver's willingness to provide safety and protection.

3. Complicating Factors

Briefly document what barriers is this family facing that make it more challenging for them to provide safety and care for their children?

Guidance

Barriers:

- Financial
- Lack of available resources
- Lack of education
- Community/environment safety
- Natural Supports

4. Community Resources

Briefly identify any current natural or community resources the family is current accessing or has access to or can be provided to the family.

Guidance

Consider:

- Natural Resources: Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

5. Worst Realistic Fear

Based on what you know so far, briefly document the worst realistic thing likely to happen to the child if nothing changes?

Guidance

Who else shares your concern for the child(ren)?

What would they say worries them worst about the situation?

Critical Analysis:

Contents

- Who's worried?
- What might happen?
- Possible (-) impact?

6. Safe Enough

Based on what you know so far, briefly describe what would need to change for you to be confident the child(ren) will be as safe as typical children in the community?

Guidance

Critical Analysis:

- Endgame
- Needs to be happening differently in the care of the child
- Anticipated positive impact.

7. Lasting Safety and Well-being

Using the information gathered, rate your confidence the kids will grow up safe enough and well enough in their current situation without CPS involvement.

Guidance

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

D. C. SCREENING ASSESSMENT DECISION

Preliminary inquiry

Mark to temporarily pause the assessment to gather necessary information. For example, if the reported person causing harm is a non-relative or unregulated caregiver, and at least one item is marked in abuse or neglect, the action needed is to make a report to law enforcement and determine what their response will be. Screening cannot be completed until this information is provided by law enforcement. Mark preliminary inquiry to pause the assessment.

To continue to the screening decision, unmark preliminary inquiry.

Initial screening decision

The initial screening assessment decision will be prefilled completed based on what is marked identified in parts A and B and C. The initial screening decision cannot be edited. If there is new information or if further consultation results in a change, the change must be made in Part I.

The available screening assessment decisions are “not assigned for further assessment” and “assigned for further assessment.” If it is assigned, the type of assignment will also be prefilled identified based on what criteria was met and the consideration of available family/child services, supports, and resources marked.

Logic

| SCREENING DECISION | SELECTIONS MADE |
|--|---|
| Not assigned for further assessment | <ul style="list-style-type: none">• Something marked in Part IA; OR• Nothing marked in Part IB. |
| Assigned for Further Assessment | |
| Abuse or neglect investigation | <ul style="list-style-type: none">• Nothing marked in Part IA• At least one child abuse or neglect item marked in Part IB |
| FINA | <ul style="list-style-type: none">• Nothing marked in Part IA• No child abuse or neglect marked in Part IB• At least one item marked as FINA in Part IB |
| PWS | <ul style="list-style-type: none">• Nothing marked in Part IA• No child abuse or neglect marked in Part IB• PWS marked in Part IB |

Screening Override Guidance

Overrides can be applied when the initial screening assessment decision was to assign as an abuse or neglect investigation or FINA; however, there are policies exceptional circumstances that warrant a different screening assessment decision.

Review all override options and mark consider all that apply. If no overrides apply, identify your assessment decision. mark “no override” to confirm that the initial screening decision is now final.

A worker may recommend any of the first three overrides. Only a supervisor can determine that one of the four supervisor overrides should be applied.

If any override is applied, briefly describe the factual basis for the override. Note that the definitions may include guidance on required information to include in the basis narrative.

If an override is applied, the final screening assessment decision will be “not assigned for further assessment.”

PART II. RESPONSE PRIORITY

The response priority options available depend on what was selected in Part I. Only reports assigned for abuse or neglect investigation, or FINA require a response priority assessment. Some abuse or neglect or FINA types have an automatic response priority based solely on specific criteria the item marked. If nothing is marked other than these items, no decision trees will be required. For example, educational neglect will have a response time of "within 72 hours."

When a response priority is required, two initial concerns apply to all responses abuse/neglect response types.

- Current life-threatening situation

When initial concern applies to child abuse or neglect only.

If any of these are marked, the response time is "same day," and completion of decision trees is not required.

A. DECISION TREES

If those items are not marked complete each decision tree that corresponds to items marked in Part IB. There is one decision tree for each type of abuse or neglect and one for FINA. If more than one item is marked in Part IB, more than one decision tree may be required. However, if any decision tree leads to a "same day" response, it is not necessary to complete any additional decision trees.

For each decision tree, follow the "yes" arrow if any question in the first box meets the definition for "yes." If all answers are "no," follow the "no" arrow. If the arrow leads to a recommended response time, this will be the initial response priority recommendation. If the arrow leads to another question, repeat this process until reaching a recommended response time.

B. RESPONSE PRIORITY DECISION

This will be automatically entered based on what is marked in Part IIA. If more than one response time was reached, the fastest time will be the recommended response priority. This cannot be edited. If there is new information, or further consultation leads to a different recommendation, the change should be made in Part IIA.

Overrides

Overrides may be applied when exceptional circumstances warrant a different response time.

There are two types of overrides: mandatory and discretionary.

If any of the mandatory overrides apply based on the definition, mark that override. The response time becomes "same day."

If no mandatory override is applied, the worker, with supervisor approval, can apply a discretionary override to increase or decrease the response time by one level. If applying, a rationale must be provided for why a faster or slower response time is recommended.

Mark "no override" if no override is applied.

Final Response Priority

If no override was applied, final response priority the same as recommended.

If a mandatory override was applied, the final response will be "same day." If a discretionary override was applied, the response time that differs one level from the recommended response time will be the final response time. In the event that the initial response time was 72 hours, the worker will enter whether the intended override is to a same-day or seven-calendar-day response.

PRACTICE GUIDANCE

Decisions made at intake are vital. The right decision means that families needing intervention get it, and families who do not require intervention are not needlessly disrupted. For the system, correct intake decisions help make the best use of agency resources.

Intake work is also the face of DCF most Kansans will know. Their experience when they call to express concern about a child or family shapes their view of the child protection system and influences whether they will call again should they have concerns about another child.

TALKING WITH THE REPORTER

Reports may arrive as a phone call, a walk-in, a fax, or by other means. Regardless of how the report arrived, it is likely that the intake worker had some conversation with the reporter. Each reporter is unique. They vary in their understanding of the DCF system, understanding of child abuse and neglect, relationship with the child, emotional state related to making the call, and more. Some want to talk a long time and tell you every detail. Others may wish to tell you little more than the child's name and contact information with the expectation that you will investigate. A key skill is to quickly read the reporter and adjust your approach in a way that helps the reporter feel respected, valued, and heard. At the same time, the intake unit is a busy unit, and the worker also needs to manage calls efficiently so that others who may be attempting to reach intake can reach a worker promptly.

In most instances, the best approach is to invite the reporter to explain their worries about the child and family in their own words, without interruption. While listening, the worker can be scanning the screening tool to begin to hone in on the screening criteria closest to the reporter's concerns. Looking at the definition during the call can help track what information you have and what information you still need to make a decision.

To elicit the specific information you require, based on the definitions you are reviewing, you may begin with targeted open-ended questions such as, "You mentioned seeing the father hit the child. Can you tell me as much as you can remember about what you saw?" You can continue asking more specific questions as needed. Often, solution-focused questions can help. For example, use a scaling question to get the reporter's view of a level of force: "If 10 is the most powerful strike you can imagine, like a heavyweight boxer, and 1 is the slightest touch, like a butterfly, how hard was this hit?" Remember that the follow-up question is most important: "What made you say 6 and not 7 (or 6 and not 5)?"

In most instances, it will be informative to ask about exceptions and things that are working well. This helps particularly when information about a pattern or ongoing condition is needed. Exceptions may also inform response priority decisions.

When you have heard the concerns of the reporter sufficiently to determine whether screening criteria are met, consider whether there is additional information that will be useful for the responding worker.

This includes information about possible support system; languages spoken; schedules; and importantly, worker safety concerns. While this information may not impact the decision, it is vital information during intake. Particularly if the caller is anonymous or for any reason may be unavailable to be contacted by the assigned worker, learn as much as you can that would be important for subsequent safety and risk assessment.

At some point, it can be effective to explain to the reporter that you will be reviewing a specific set of criteria during the call and may ask for more specific information to determine whether the concern falls within the purview of DCF or if another agency would be the best response for the family. Explain that your role is to help identify the way most likely to get the right help to the family, and the reporter plays a crucial role in helping to sort this out.

SCORING

To select an abuse or neglect type item, or a FINA response item, the reporter must have provided clear information to support the definition. If the reporter has not provided an important piece of information that is necessary to meet the definition, try asking in several ways. If the reporter does not know, ask if someone else might know. If information is still insufficient to mark an item, the item should not be marked.

Consider the age and developmental stage of the child, and remember that infants and children with developmental delays are more vulnerable and less able to protect themselves.

There is no specific timeframe for incidents being reported. Regardless of when the incident occurred, select the item if the definition is met. Note that screening is NOT required if the child is age 21 or older at the time of the incident, or is between the ages of 18 and 21 and not in custody of the Secretary. This would be selected in Part IA. However, consider whether:

- Other younger children in the home may have been abused or neglected as well and should be screened;
- The reporter should be referred to police; and/or
- Adult protective services should be notified.

If nothing was selected in Part IA and at least one item was selected in Part IB, you next should consider whether there is a basis to override to "screen out." If you believe one of the overrides exists, consult with your supervisor. Some overrides can only be made by a supervisor, and all overrides require supervisor approval. If no override is applied, the report is screened in.

Screened-in reports will be assigned for investigation or FINA, depending upon which items were selected.

If the final decision is to assign for investigation or FINA, complete the response priority decision. You may need to ask some additional questions of the reporter to complete the response priority. Complete a decision tree for each type of reported harm. If a decision of "same day" is reached, it is not necessary

to complete additional trees. Review overrides and be prepared to recommend whether an override should be applied; however, overrides will be made by the supervisor.

If something was selected in Part IA or something in Part IIB was selected but overridden, the report is screened out.

Obtain supervisor approval if any override was selected.

Promptly arrange for any selected response.

TALKING WITH THE REPORTER ABOUT WHAT WILL HAPPEN NEXT

Some reporters will not be invested in the result. Others will be very invested and may be disturbed or frustrated if the matter is not immediately screened in for investigation. If you had the opportunity to explain the decision-making process earlier, there is less chance that the reporter will expect an immediate decision to open an investigation and may be less troubled that you cannot provide information about the decision. Advise the reporter that you will review the information along with DCF records, and you may consult with your supervisor prior to making a decision.

Just as in the beginning of the call, the worker needs to listen for the reporter's reaction and quickly read the reporter's response. Be prepared to help the reporter understand why the decision cannot be made instantly. It is also important to encourage the reporter to continue any relationship they had with the family, as the family will need all the support they can get.

If the reporter wishes to know what may happen next, see guidance below.

- If there will be an investigation or FINA response, provide the reporter with basic information about the process.
- If the matter will be screened out, there will be no DCF response. The reporter may consider a variety of supports that could help the family, including any possible role for the reporter.

Thank the reporter for their concern. If applicable, reinforce the reporter for making the call and providing helpful information.

APPENDICES

A. GLOSSARY

B. TYPICAL AND ABUSIVE SEXUAL BEHAVIOR

B. C. SUPERVISION LEVELS

C. D. PSYCHOLOGICAL IMPACT ON CHILD

APPENDIX A: GLOSSARY

Caregiver

An adult who provides care for a child in the absence of, or in conjunction with, the child's parent or guardian.

In this manual, the term caregiver will include parent.

Child

A person under the age of 18 or any adult under the age of 21 who is in the custody of the DCF Secretary.

Only a child as defined above may be classified as a victim of child abuse and/or neglect.

Household

SDM Assessments are household based. A household includes the victim child, the child's parents, and all adults and minors who reside with the child and function as a household.

Examples of functioning as a household include:

- Sharing meals
- Spending time together
- Sharing responsibilities
- Sharing child care

If a child's parents do not reside together, the child may be a member of more than one household.

Parent

A person required by law to maintain, care, and support the child. Includes biological or adoptive parent and legal guardian. Include a minor parent.

Person Causing Harm

A person identified in the initial report or during the investigation as a person suspected of harming a child (synonymous with Alleged Perpetrator).

B. TYPICAL AND ABUSIVE SEXUAL BEHAVIOR

Table A contrasts examples of “typical” sexual behaviors with what is considered “abusive” sexual behavior for different age groups. For screening assessment purposes, presume against screening in assigning reports of relatively minor incidents (e.g., unwanted kissing, inappropriate touching, or self-exposure between peers) where it appears to be a one-off incident and caregivers of both the perpetrator and victim are responding appropriately.

| Table B | |
|--|--|
| Age-Typical Sexual Behaviors Versus Abusive Sexual | |
| Typical Sexual Behaviors | Abusive Sexual Behaviors |
| Ages 0-5 | |
| <ul style="list-style-type: none"> • Masturbation as self-soothing behavior • Touching self or others in exploration or due to curiosity • Sexual behavior without inhibition • Intense interest in bathroom activities | <ul style="list-style-type: none"> • Curiosity about sexual behavior becomes obsessive preoccupation • Exploration becomes re-enactment of specific adult sexual activity • Behavior involves injury to self or others • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts |
| Ages 6-10 | |
| <ul style="list-style-type: none"> • Fondling/touching own genitals and masturbation • More secrecy regarding self-touching • Interest in others’ bodies expressed as game playing rather than exploratory curiosity (e.g. “I’ll show you mine if you show me yours.”) • Boys comparing penis size • Extreme interest in sex, sex words, and dirty jokes • Seeking information or pictures that explain bodily functions • Touching that involves stroking or rubbing | <ul style="list-style-type: none"> • Sexual penetration • Genital kissing • Oral sex • Simulated intercourse • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts |
| Ages 11-12 | |
| <ul style="list-style-type: none"> • Continuation of masturbation • Focus on establishing relationships with peers • Sexual behavior with peers, such as kissing and fondling • Primarily heterosexual activity but not exclusively • Interest in others’ bodies, particularly the opposite sex, that may take the form of looking at photos or other published material | <ul style="list-style-type: none"> • Sexual play with younger child (e.g., inappropriate touching of private areas or exposure of private areas to others) • Any sexual activity between youth of any age that involves coercion, bribery, aggression, or secrecy or involves a substantial peer or age difference |
| Ages 13-17 | |
| <ul style="list-style-type: none"> • Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity among peers • Behavior that contributes to positive relationships | <ul style="list-style-type: none"> • Masturbation causing physical abuse or distress to self and others • Public masturbation • Unwanted kissing • Voyeurism, stalking, sadism (gaining sexual pleasure from others’ suffering) • Non-consensual groping or touching of others’ genitals • Coercive sexual intercourse/sexual assault • Coercive oral sex |

- | | |
|--|--|
| | <ul style="list-style-type: none">• Behavior that isolates youth and is destructive of his/her relationships with peers and family |
|--|--|

REFERENCES

- Araj, S. K. (2004). Preadolescents and adolescents: evaluating normative and non-normative sexual behaviours and development. In G. O'Reilly, W. L. Marshall, A. Carr, & R. Beckett (Eds.), *The handbook of clinical intervention with young people who sexually abuse* (pp. 4–35). Hove: Brunner-Routledge.
- Boyd, C., & Bromfield, L. (2006, December). *Young people who sexually abuse: key issues* (NCPC Practice Brief #1). Australian Institute of Family Studies.
- Australian Childhood Foundation, Protecting Children. (2005). *Children who engage in problem sexual behaviours: context, characteristics and treatment*. Victoria, Australia: Author.

APPENDIX **CB**: SUPERVISION LEVELS

| TABLE CB | |
|--|--|
| EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS | |
| OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE | SAFE CIRCUMSTANCES |
| Ages 0–3 | <p>A child up to age 3 should not be left without adult supervision for any length of time.</p> <p>Visual observation should be maintained, with minimal interruption, other than times child is asleep in a safe situation.</p> |
| Ages 4–6 | <p>A 4- to 6-year-old child should not be left without adult supervision for any length of time.</p> <p>Supervision may become increasingly indirect, with the adult at least within hearing range. Visual observation may become less frequent if child is in a safe situation (e.g., sleeping, safely playing indoors). During waking hours, visual observation of child by a responsible adult should occur within 15 minutes of last sighting.</p> |
| Ages 7–9 | <p>A 7- to 9-year old may be left alone for up to about several hours if:</p> <ul style="list-style-type: none"> • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child demonstrates ability to follow safety instructions when adult is nearby, but not directly supervising child; • Child knows how to make emergency phone calls; • Child is not responsible for other children (more than one child may be together, but each is responsible only for him/herself); • Child is not a danger to self or others; AND • Backup responsible adult is available to child who can be physically present if needed, within minutes. |
| Ages 10–12 | <p>A 10- to 12-year-old may be left alone all day or several hours in the evening if:</p> <ul style="list-style-type: none"> • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child knows how to manage emergencies; • Child has been given instructions and demonstrated ability to follow instructions related to safety; • Child is not responsible for other children (more than one child may be together, but each responsible only for themselves); • Child is not a danger to self or others; AND • Backup responsible adult is accessible, on call, and able to assist child for periods up to two hours. |

TABLE C B

EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS

| OLDEST CHILD’S AGE/ DEVELOPMENTAL AGE | SAFE CIRCUMSTANCES |
|--|---|
| Ages 13–15 | <p>A 13- to 15-year-old may be left alone for increasing lengths of time, up to about 18 hours (but not overnight) if:</p> <ul style="list-style-type: none"> • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child knows how to manage emergencies; • Child knows how to handle daily routines that occur during the time child is alone; • Child has been provided with meals within child’s capability of preparing; • Child has been given instructions and demonstrated ability to follow instructions related to safety; • Child is not a danger to self or others; AND • Backup responsible adult is available and accessible to child. |
| Ages 16–17 | Assess safety based on child’s capacity to live independently. |
| Child with a disability | Assess safety based on the level of disability and the nature of the child’s care needs. |

APPENDIX D: PSYCHOLOGICAL IMPACT ON CHILD

The following tables are guides. Consider consultation with a professional with expertise in child mental health if you are uncertain. Select the age group that best fits the child’s age; or if the child has developmental delays, consider the approximate developmental level of the child. If uncertain, follow your organizational consultation practice procedures.

| TABLE DC1 | | | |
|--|--|--|---|
| EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS | | | |
| INFANT | TODDLER | SCHOOL AGE | TEEN |
| <ul style="list-style-type: none"> • Not responding to cuddling • Not smiling or making sounds • Losing developmental milestones already achieved • Inconsolable • Head banging • Slow weight gain | <ul style="list-style-type: none"> • Regression in toilet training, language, or other skills • Head banging • Regressive behavior • Difficulties sleeping | <ul style="list-style-type: none"> • Bed wetting • Significant behavior changes | <ul style="list-style-type: none"> • Involved in violent relationships • Difficulty maintaining long-term significant relationships |
| <ul style="list-style-type: none"> • Upset by loud noises and quick movements; displays startle response. • Withdrawn, not playful, or play imitates violence between parents. • Unusually extreme separation anxiety or no separation anxiety. | | <ul style="list-style-type: none"> • Self-harming/suicidal/social isolation. • Constant worry about violence/dangers. • Desensitization to violence. • Decline in school performance. • Feels worthless about life and self. • Unable to value others or show empathy. • Lacks trust in people. | |
| NOT APPLICABLE | <ul style="list-style-type: none"> • Loss of interest in previously pleasurable activities (not merely moving on to an interest in a new activity). • Poor school attendance. • Extreme anxiety, such as inability to sit still that is <i>not</i> related to ADHD/insecure/attention seeking. • Lacks interpersonal skills necessary for age-appropriate functioning. • Extreme insecurity. • Takes extreme risks; is markedly disruptive, bullying, or aggressive, particularly with female teachers. • Avoids adults or is obsessively obsequious or submissive to adults. • Highly self-critical. • Feelings of hopelessness, misery, despair. • Significant change in child’s personality or behavior (stopped all social activities, a new pattern of getting involved in fights, failing in school despite history of good performance, becoming involved in offenses). • Alcohol or other drug abuse. • Unusual attachment to an adult other than caregiver. | | |

| TABLE D E1 | | | |
|---|---------|------------|------|
| EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS | | | |
| INFANT | TODDLER | SCHOOL AGE | TEEN |
| <ul style="list-style-type: none"> • More than occasional difficulty sleeping or eating, e.g., losing weight, becoming obese, or having an eating disorder such as eating compulsively, anorexia, or bulimia. • Episodes of physical complaints for which there is no known physical cause (e.g., stomach aches, headaches). • Flat affect (i.e., rarely smiles or cries). | | | |

| TABLE E2 | |
|--------------------------------|---|
| AGE/DEVELOPMENTAL AGE OF CHILD | SIGNIFICANT ADVERSE EFFECTS (EXAMPLES) |
| All | Recurrent episodes of serious, unintentional injury or harm in circumstances where supervision has been an issue. |
| Infant/Toddler | <ul style="list-style-type: none"> • Symptoms of non-organic failure to thrive. • Delays reaching developmental milestone, and no medical reasons for delay are identified. • Child does not seem attached to caregiver. • Injuries and accidents related to lack of appropriate supervision. |
| Preschool | <ul style="list-style-type: none"> • Language delays with no other explanation. • Child is not learning age-appropriate self-care such as brushing teeth; cannot assist in dressing self. |
| 5–9 years | <ul style="list-style-type: none"> • Child is not developing social skills. • Child is frequently out of control. • Child is extremely clingy with other adults. |
| 10–13 years | <ul style="list-style-type: none"> • Child is getting involved in dangerous, risky, or illegal behaviors. • School refusal. |
| 14–17 years | <ul style="list-style-type: none"> • Illegal behavior, high-risk sexual activity, alcohol or drug abuse, and self-harm. • Disengagement from education or training. |

| TABLE DC3 | |
|--------------------------------|---|
| AGE/DEVELOPMENTAL AGE OF CHILD | MODERATE ADVERSE EFFECTS (EXAMPLES) |
| All ages | <ul style="list-style-type: none"> • Reduced interest in previously pleasurable activities (i.e., not merely moving on to interest in a new activity). • Declining school attendance. • Mild anxiety. • Below-average interpersonal skills necessary for age-appropriate functioning. • Less secure than peers. • Trouble relating to adults or unusually compliant with adults. • Somewhat self-critical. • Feelings of sadness. • Noticeable change in child’s personality/behavior. • Seeks closeness to an adult other than caregiver. • Occasional difficulty sleeping or eating. |

TABLE D 3

| AGE/DEVELOPMENTAL AGE OF CHILD | MODERATE ADVERSE EFFECTS (EXAMPLES) |
|---------------------------------------|---|
| Infant/toddler | <ul style="list-style-type: none">• Play consistently imitates demeaning behavior between parents.• Occasional or mild separation anxiety or no separation anxiety.• Difficulty self-soothing.• Less interested in play.• More timid or more aggressive than peers. |
| School age | <ul style="list-style-type: none">• Some difficulty concentrating.• Unusually withdrawn. |

This practice guide is developed to provide PPS Practitioners with suggestions for assessment and decisions.

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Definitions, Factors to Consider and Suggestions for Elements to Consider Including in the Case Finding Decisions:

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The following check list of activities may be used by PPS practitioners to support assessment activities (the following are suggestions and should not be considered a complete list of possible activities):

History and Other Searches

- Did we gather sufficient information during the assessment to determine whether the history is relevant or impacts the family's current situation? Is further information needed?
- How is the family currently functioning in relation to the history (*past safety concerns or risks*)?
- Are there worries for the child based on the Past Harm?
- What Current & Past Safety is identified along with support network, Family Resources does the family have to mitigate Current Harm and worries for Past Harm and/or Future Danger?
- Is the new information gathered during the assessment relevant to the family's current situation?
- Have we utilized systems available to search for the parent(s) who resides away from the child?
- Have we utilized systems available to search for any maternal or paternal relatives?

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Interviews

- Review PPM 2110 to check whether all required parties were interviewed?
 - If not, remember to document the reason per PPM 2110/2310/2703 (*exception, allowable or non-allowable reason*).
 - If unable to locate, check whether we exhausted reasonable resources to locate? For example, searching systems used by PPS- KIDS, KIPS, FACTS and KEES; contacting the reporter, if known, attempting to locate through current address via mail or landlord, school records, employment, known friends or relatives, utility departments, etc.
 - If parent/caregiver refused to cooperate or refuses access to the child:
 - Evaluate safety and risk concerns
 - Brainstorm other possible engagement strategies
 - Are there other possible locations for an interview of an alleged victim of abuse/neglect the family would be more comfortable with?
 - Do the circumstances of the case justify contacting law enforcement?
 - Do the circumstance or the case justify contacting the County/District Attorney?
- Has the parent(s) who resides away from the child been located and interviewed? Have we exhausted all resources?
- Has a medical professional been consulted, specifically for reports assigned for MEN per 2110 A. 6.; or for other types of reports would a medical opinion assist with the assessment?
- Are there other persons who may have relevant information?
- Does the documentation of the interviews provide sufficient details for a person unfamiliar with the case to understand the assessment?
- Are there sufficient details to evaluate the plausibility of the explanations for the harm to the child?
- Do the stories make sense? Does the explanation match the injury/harm to the child?
- Have we gathered enough evidence to clearly understand what happened?
- Do any of the persons interviewed have motives for being untruthful?
- Have we explored all other alternate hypotheses (*other ways the incident could have happened, other persons responsible, etc.*)

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Investigative information gathered (observations, reports, etc.)

- Have we gathered all possible reports, data, information needed to provide sufficient facts?
- After reviewing all reports, data, information etc. collectively, are the facts of the case clear?
- Is other information needed?
- Are medical reports or consultation with medical professionals needed?
- Are there any possible alternate hypotheses?

Brainstorm tentative conclusions about whether the abuse/neglect occurred.

Subsequent Reports Not Assigned for Further Assessment

- Were all subsequent reports not assigned for further assessment by KPRC addressed in the open case? Is follow-up needed?
 - Were subsequent reports not assigned for further assessment by KPRC on a family receiving Family Services, Family Preservation Services, or Foster Care services forwarded to the CFSP/CWCMP provider and supervisor within 3 working days for the provider to address in the open case? Is follow-up needed?
- [Back to Table of Contents](#)

Immediate Safety (Refer to PPS 2019 and Appendix 2H Immediate Safety Tips Sheet) This section may be used to determine whether a safety staffing is needed with your PPS Supervisor.

- What is the Immediate Safety rating on the PPS 2019? (consider a staffing when ratings are somewhere below 6)
- Consider your CONFIDENCE/CLARITY RATING
On a scale of 0-10, where 10 is you have full confidence/clarity about how to move forward and 0 is you have absolutely no clue how to even begin taking the next step with this family, where would you rate it? What would you need from your conversation with your supervisor to move you up even a little bit on this scale?

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

No Confidence/Clarity

Full Confidence/Clarity

TIP: The Immediate Safety rating and Confidence/Clarity rating may help with determining whether to request a safety staffing for cases not already required. If your safety scale rating is high and your confidence is high, you may not need a staffing; and vice versa you might request a staffing.

- Have additional danger concerns been identified since the immediate safety determination?
- Are complicating factors identified?
- Is the danger concern imminent? *(Either currently present, or will occur in the next few days)*
- Is the child vulnerable?
- What the degree of harm *(injury/child's condition; worry for current and part harm)* to the child as a result of the caregiver's action or inaction; or what is the imminent threat of danger to the child *(caregiver's action or inaction which has the potential to cause serious harm)* of harm to the child?
- Is immediate medical care needed or medical care which has already occurred.
 - Do we have the records?
 - What follow-up is needed?
- Consider Current & Past Safety - Is there a safety network and caregiver with protective capacity? *(Refer to Appendix 2J to consider Caregiver Protective Capacity)*
- If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
- Have we considered any relatives as a resource for placement to prevent removal?
- What interventions or protective actions have been taken, if applicable?
- Are other interventions or protective actions needed?
- What are the Family's Resources mitigating danger concerns? Has the parent(s) who resides away from the child been considered as a resource, if appropriate? Have we considered any relatives as a resource for placement to prevent removal?
- What are the Complicating Factors directly related to the Current Harm and worries for Future Danger? *(i.e. use of substances caused the parent/caregiver to leave child unsupervised- parent was passed out while toddler got out of the house and was found wandering in the street. The use of substances*

may be the Complicating Factor, but if they use substances because they are depressed due to a recent loss, this may also be considered as a Complicating Factor).

- What is the Current and Past Safety, Lasting Safety rating and What services are needed, or have taken place?
- What are the immediate and lasting safety ratings?
- Is a Team Decision Making meeting (where available) required? Refer to Appendix OD PPS TDM Protocol.
- Does Claire and Lola’s law per PPM 0255 apply? Does the parent/caregiver possess a letter to verify cannabidiol treatment preparation? If this law applies, ensure the department has not initiated proceedings to remove a child from the home of the child’s parent or guardian (request police protective custody or an order for protective custody) or initiated any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child’s possession or use of cannabidiol treatment preparation.
- Ensure documentation shows services have been offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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Immediate Safety plan, if applicable

- If on the balance of information, an immediate threat to any child’s safety was identified (i.e. the Immediate Safety Scale ratings were low), was an Immediate Safety Plan – PPS 2021 developed with the family and their network?
- Review PPM 0255 Claire and Lola’s law to ensure requirements are met. Immediately terminate the safety plan if it is based solely on cannabidiol treatment preparation and the parent/caregiver has the letter to verify.
- Are the actions needed (tasks) documented, sufficient to address the worries for danger?
- Is the safety plan temporary, short-term while more permanent safety provisions are put in place?
- Is the next step included?
- Have we involved the parent(s) who resides away from the child in the safety plan, if appropriate? Have we involved relatives/caregivers in the safety plan, if appropriate?
- PPM 2462 Family Safety Planning may be used to review and discuss the PPS 2019 Immediate Safety Plan.*

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Plan of Safe Care, if applicable

- For Pregnant Woman Using Substances and FINA assigned as WPC to assess for a substance exposed infant, was a determination made per PPM 2050 regarding whether a Plan of Safe Care was required?
- Substance Affected Infant and Infant Positive for Substances was a determination per PPM 2050 regarding whether a Plan of Safe Care completed?
- If a Plan of Safe Care was not initially required, review additional case information to determine whether a Plan of Safe Care may be needed.
- If the Plan of Safe Care criteria is met, does case documentation indicate whether the PPS 2008 was provided and explained to the family?
- Was a Plan of Safe Care PPS 2007 completed with the family?
- Review whether the outcome of services recommended and provided, to ensure requirements per PPM 2050 are met.
- Ensure documentation shows services were offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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Behavior Problems (FINA)

- What engagement strategies have been used to help the family connect with services and supports?

- Consider the risk of reoccurrence.
 - For a Child with Sexual Behavior Problems: Determine if the child/youth is at high risk for future sexual behavior problems? Consider these factors:
 - Has the child/youth take responsibility for his/her behaviors?
 - Whether the minor alleged perpetrator has prior substantiated or affirmed sexual abuse.
 - Are there allegations of multiple incidents?
 - Did this involve a serious or advanced/mature sexual behavior?
 - Was there a significant difference in age with the alleged victim?
 - What is the parent/caregiver's response? Have they agreed to a safety plan, if needed? Have they agreed to participate in services, if needed?
 - Was the referral made for services?
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Case Action/Initial Service Plan

Refer to PPS 2030F and PPM 2740

- Consider all the decisions (Immediate and Lasting Safety, case finding) and conclusion; Current Safety and Family Resources mitigating worries for Current & Past Harm, Complicating Factors and Future Danger. *See general guidelines below.*
- What is the logical conclusion for the Case Action/Initial Service Plan?
- What level of service is needed, if any? See PPM 2740 D. for Family Service criteria and 2723 Family Preservation Criteria.
- If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
- Have we considered relatives for placement to prevent removal?
- Have we ensured Claire and Lola's law per PPM 0255 does not apply?
- Ensure documentation shows services offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

The following general guidelines may be used to consider all decisions comprehensively to help determine whether services may be needed, and the level of intervention needed.

- Case Finding PPS 2011, for Abuse/Neglect investigations. If there are multiple finding decisions associated with a report, the highest level of finding will be indicated as the case finding.
- Is there a safety plan in place?
- Is the child(ren) at risk from being separated from their parent(s)/Legal caregiver(s)?
- Are the parent(s)/Legal caregiver(s) willing to participate in services?
- The Family Preservation Screen PPS 2030F Section III may assist in determining if the family meets criteria for a referral for Family Preservation Services per PPM 2723.
- Do the Current & Past Safety, and Family Resources mitigate any of the Current & Past Harm, Complicating Factors and Future Danger worries? What are the family's needs identified?
- Has the family specifically requested services to address an issue which is not solely based on a financial need?
- Consider other assessment tools used such as genograms, eco-maps, UNCOPE, and timelines should be considered

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Definitions, Questions to Consider and Suggestions for Documenting the Case Finding Decisions (organized by maltreatment type):

PHYSICAL ABUSE CASE FINDING DECISION

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Female genital mutilation as defined by K.S.A. 21-5431, see PPM 0160 may be considered physical abuse.

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, affirmed or substantiated

- Is there physical harm or the causation of a child's deterioration to the child? Refer to PPM 2502.
- Is the physical harm or deterioration sufficiently documented?
- Is the physical harm or deterioration plausible with explanation provided?
- Is the physical harm or deterioration consistent with explanation provided?
- Did the perpetrator(s) cause the physical harm or deterioration to the child?
- ~~From the assessment, what else could reasonably explain the physical harm or deterioration is there anything that created doubt the physical harm or deterioration occurred as described?~~
- Did the perpetrator(s) cause imminent danger threatening serious harm to the child?
- Does the physical harm or deterioration meet the criteria of PPM 2502 indicating the perpetrator should not be permitted to reside, work, or regularly volunteer in a KDHE or DCF Licensing regulated childcare facility?
- Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ~~Is there sufficient information to verify these behaviors~~ **What information from your assessment supports that these factors contributed to the risk to the child** (mental illness, drug and alcohol abuse, physical limitations)?
- What in your assessment did you learn related to Current and Past Safety that shows protective factors from the parents/network members (i.e. what has been done in the past/present to keep the child(ren) safe?)**
- If Female Genital Mutilation, consider an unsubstantiated case finding when it is determined by a physician the procedure was medically necessary, and such procedure was performed by a physician.
- If allegation is regarding the parent/caregiver providing the child with marijuana, does the parent/caregiver possess a letter meeting all the requirements per PPM 0255 to verify cannabidiol treatment preparation? If yes, and no other abuse/neglect concerns or FINA concerns are present, request an override per PPM 1700.

Suggestions for Elements to Include in the Basis of Finding. . .

- . . . provide a detailed description and location of the physical harm or deterioration if any?
- . . . describe the cause of the physical harm or deterioration?
- . . . describe how the cause of the physical harm or deterioration was determined?
- . . . describe how the identity of the alleged perpetrator was determined?
- . . . describe how the action or inaction of the perpetrator(s) directly resulted in physical harm or deterioration or presented an imminent danger threatening serious harm?
- . . . include all facts or elements considered to make the case finding decision?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . ~~explain contradictory information~~ addresses disputes learned during assessment?

- ... explain what was learned in the assessment that support different explanations related to the any information that created doubt the physical harm or deterioration occurring? occurred as described?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... link the conditions/incident to the physical harm or deterioration experienced by the child?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?
- ... provide a detailed description of any additional physical evidence found?

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SEXUAL ABUSE CASE FINDING DECISION

Sexual Abuse Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

- A. Be photographed, filmed, or depicted in obscene or pornographic material; or
- B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6416 or 21-6422, and amendments thereto. K.S.A. 38-2202

(See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10(i)

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, affirmed or substantiated

- Did the act result in sexual stimulation to the child, perpetrator(s) or another person?
- Does the child's disclosure provide enough detail to identify the perpetrator(s)?
- Does the child's disclosure provide reliable information to withstand criticisms of being coached or fictitiously creating the incident?
- Is there any evidence that created doubt the incident occurred as described. Are there any details that might support that the concerns stem from something other than abusive behavior?
- Is there any medical and/or physical evidence of sexual abuse?
- Is there any evidence to corroborate collaborate the child's disclosure?
- Is there a disclosure from the perpetrator?
- Is there evidence to discredit the perpetrator's dispute denial?
- An affirmed case finding decision may be considered for minor alleged perpetrators or perpetrators with intellectual developmental disabilities. The determination should consider the severity of the act.
 - Consider whether the alleged perpetrator had the capacity to understand his/her actions would result in a determination of sexual abuse.
 - Consider the trauma history of the minor alleged perpetrator.
- An affirmed case finding may be considered when there is a credible victim statement only.

Suggestions for Elements to Include in the Basis of Finding

- ... document the act resulting in sexual stimulation to the child, perpetrator(s) or another person?
- ... describe how the identity of the alleged perpetrator was determined?
- ... include all facts or elements considered to make the case finding decision?
- ... explain any information that created doubt the harm/injury occurred as described details that might support that the concerns stem from something other than abusive behavior?
- ... provide the perpetrator's disclosure?
- ... provide evidence that discredits the perpetrator's dispute denial?

- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . give the child's age? current condition? any special needs?
- . . . provide a detailed description of any additional physical evidence found?
- . . . provide an explanation for any contradictory evidence?

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EMOTIONAL ABUSE CASE FINDING DECISION

Mental or Emotional Abuse Infliction of mental or emotional harm or the causing of a deterioration of a child and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

1. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
 2. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and
 3. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.
- K.S.A. 38-2202 and K.A.R. 30-46-10

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, affirmed or substantiated

- What is the harm to the child emotionally or the deterioration of the child emotionally?
- What is the evidence that the actions or inactions of the perpetrator(s) have caused emotional harm or deterioration to the child?
- ~~Is the emotional harm or deterioration to the child adequately documented~~ **Is it clear in the documentation through behaviorally specific actions or inactions how the emotional harm or deterioration occurred?**
- Is there an additional source (therapist, schools, etc.) to **corroborate** ~~verify~~ the emotional damage or deterioration to the child?
- What actions or inaction of the perpetrator(s) caused harm or deterioration to the child?
- Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ~~Is there sufficient information to verify these behaviors~~ **What information from your assessment supports that these factors contributed to the risk to the child** (mental illness, drug and alcohol abuse, physical limitations)?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide a detailed description of the emotional harm or deterioration to the child?
- . . . describe the cause of emotional harm or deterioration to the child?
- . . . describe how the cause of the emotional harm or deterioration to the child was determined?
- . . . describe how the ~~the~~ perpetrator(s) caused emotional harm or deterioration to the child?
- . . . include all facts or elements considered to make the case finding decision?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . explain contradictory information?
- . . . explain any **details that might support that the concerns stem from something other than abusive behavior** ~~information that created doubt the emotional harm or deterioration to the child occurred as described?~~
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding

decisions?

- . . . link the conditions/incident to the emotional harm or deterioration to the child experienced by the child?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made
- . . . provide a detailed description of any additional evidence found?
- . . . document the information from additional sources that verify emotional damage or deterioration to the child?

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EDUCATIONAL NEGLECT CASE FINDING DECISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. (K.S.A. 38-2202) This term may include the following, failure of the parent or caregiver to provide education as required by law.

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, affirmed or substantiated

- Was the child not attending school as required by law?
- Is the child not attending school associated with lack of financial means of the child's parent or other custodian? (Lack of transportation, etc.)
- Are the absences excessive and well documented?
- What efforts has the school made to work with the family? What was the family's response to the school's efforts?
- What actions have the parent/caregiver(s) taken to address the child not attending school?
- What are the barriers to school attendance?
- Are there any physical or mental health issues preventing the child from attending school?
- What is the impact/harm to the child due to not attending school? (A child is expected to not pass his/her current grade, he/she has been held back, or there is serious cognitive/developmental impairment or delay)
- If no current impact/harm, what harm was reasonably expected to occur? What was the likelihood of impact/harm?
- What is the evidence the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- Are there any other factors contributing to the child's school attendance such as substance abuse, death in the family, or divorce? Is there a history of not attending school, or other abuse/neglect?
- Is there sufficient information to verify these behaviors (mental illness, drug and alcohol abuse, physical limitations)?
- Any contradictory information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . include all facts and elements considered to make the case finding decision.
- . . . provide a detailed description of the harm to the child; academic concerns, learning disability, failing grade, held back, etc.
- . . . describe how the impact/harm to the child was determined.
- . . . describe how the action or inaction of the perpetrator(s) directly resulted in the harm.
- . . . provide evidence/details the child was not attending school as required by law and the parent/caregiver(s) were aware and did not address the issue.
- . . . describe the caregiver's reaction to the absences and attempts at intervention.
- . . . include all facts or elements considered to make the case finding decision.
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions.

... describe the child's age, current condition, and any special needs.
 ... document the child's reaction to the incident, if significant to the decision made.
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PHYSICAL NEGLECT CASE FINDING DECISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: Failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, ~~affirmed~~ or substantiated

- What is the harm to the child?
- If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- What circumstances or conditions present harm or likelihood of harm to the child?
- What is the evidence that the actions or inactions of the perpetrator(s) caused the harm to the child? Or the likelihood of harm?
- Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ~~Is there sufficient information to verify these behaviors~~ **What information from your assessment supports that these factors contributed to the risk to the child** (mental illness, drug and alcohol abuse, physical limitations)?
- Any ~~contradictory~~ **disputed** information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding . . .

- provide a detailed description of the harm to the child?
- describe how the harm was caused?
- describe how the harm to the child was determined?
- describe how the action or inaction of the perpetrator(s) directly resulted in the harm?
- adequately explain the harm that is reasonably expected to occur, if there isn't current harm?
- include all facts or elements considered to make the case finding decision?
- identify when the incident occurred, if known?
- identify where the incident occurred, if known?
- provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- link the conditions/incident to the harm or likelihood of harm experienced by the child?
- give the child's age? current condition? any special needs?
- document the child's reaction to the incident, if significant to the decision made?

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MEDICAL NEGLECT CASE FINDING DECISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if the treatment will make the child substantially more comfortable, reduce pain and suffering, correct or substantially diminish a crippling condition, lengthen the life span, or prevent the condition from worsening. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, ~~affirmed~~ or substantiated

- What is the diagnosed medical condition of the child?
- Would the diagnosed medical condition left untreated result in: additional pain or suffering to the child?
- If treated would result in: correct or substantially diminish a crippling condition? lengthen the child's life? or prevent the condition from worsening?
- What is the treatment required for the diagnosed medical conditions?
- What is the evidence the perpetrator(s) knew the medical treatment was required or available for the child's condition?
- What is the evidence the perpetrator(s) knew the likely results or consequences of the child not getting medical treatment?
- What circumstances or conditions prevented the perpetrator(s) from providing the medical treatment?
- Is there a statement or evidence from a medical professional that lack of treatment produced pain or suffering, worsened a crippling condition, shortened the child's life span or caused a condition to worsen?
- Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ~~Is there sufficient information to verify these behaviors~~ **What information from your assessment supports that these factors contributed to the risk to the child** (mental illness, drug and alcohol abuse, physical limitations)?
- Any ~~contradictory~~ **disputed** information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide a detailed description of the diagnosed medical condition?
- . . . describe the result of the child not received the medical treatment?
- . . . document the perpetrator(s) were aware of the child's medical condition, the treatment needed, and the results of not getting the treatment?
- . . . provide the statement or evidence from a medical professional?
- . . . include all facts or elements considered to make the case finding decision?
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made?

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LACK OF SUPERVISION CASE FINDING DECISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation that requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that result in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, ~~affirmed~~ or substantiated

- Was the child left unsupervised in circumstances which caused the child harm?
- If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- What is the evidence the perpetrator(s) left the child alone?

- Could the harm to the child have been prevented or reduced if the perpetrator(s) had been present?
- Did the child have adequate self care skills for the situation?
- Was the child left in a situation requiring judgments or actions beyond the child's level of maturity, physical condition or mental abilities?
- What circumstances or conditions present harm or likelihood of harm to the child?
- What is the evidence that the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- Is there sufficient information to verify these behaviors? What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- Any contradictory, disputed information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide a detailed description of the harm to the child?
- . . . describe how the harm to the child was determined?
- . . . describe how the action or inaction of the perpetrator(s) directly resulted in the harm?
- . . . provide evidence the perpetrator(s) left child without supervision?
- . . . provide the details regarding the length of time or the frequency child is left alone?
- . . . provide information the child lacked the self-care skills or judgment for the situation?
- . . . adequately explain the harm that is reasonably expected to occur, if there isn't current harm?
- . . . include all facts or elements considered to make the case finding decision?
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . when did the incident occur?
- . . . where did the incident occur?
- . . . link the conditions/incident to the harm or likelihood of harm experienced by the child?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made?

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NEGLECT OF A SUBSTANCE AFFECTED INFANT CASE FINDING DECISION

Neglect of a Substance Affected Infant: Failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant. Neglect has the meaning specified in K.S.A. 38-2202 (see definitions for physical neglect, medical neglect and lack of supervision). A substance affected infant is defined as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance (K.A.R. 30-46-10).

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, affirmed or substantiated

- Has a medical professional determined the infant was born affected by substances?
- Has a medical professional predicted long-term physical harm, or developmental/cognitive delays of an infant (birth to 1 year of age), due to prenatal substance abuse?
- What actions have the parent/caregiver(s) taken to address the health and substance use disorder treatment needs of the infant? mother's prenatal substance abuse? What was the parent(s)/caregiver(s) reaction?
- What is the impact/harm to the infant due to the failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant?

- If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- What is the evidence that the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- Is substance use a contributing factor in the parents' ability to meet the needs of the infant? What substances have caused the harm? When was the mother's last use? What was the frequency, duration and quantity of use? Were other caregivers using? (frequency, duration and quantity)
- Did the mother make efforts to stop use when she found out she was pregnant?
- What is the history of substance abuse; and what treatment has the parent/caregiver(s) participated in? Has the treatment been successful? What are the barriers to successful treatment?
- Were the parent/caregiver(s) prepared for the birth of the infant? Was there prenatal care?
- Was the lack of preparation, prenatal care, and treatment due to the lack of financial means?
- Any contradictory information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding:

- . . . provide a detailed description of the harm to the child.
- . . . describe how the harm to the child was determined by a medical professional.
- . . . describe how the action or inaction of the perpetrator(s) directly resulted in the harm.
- . . . provide evidence/details the harm to the infant is due to the prenatal substance use.
- . . . include all facts or elements considered to make the case finding decision.
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . give the child's age? current condition? any special needs.

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ABANDONMENT CASE FINDING DECISION

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated, affirmed or substantiated Have the perpetrator(s) given up, forsaken or deserted the child?

- Have the perpetrator(s) stated they would not return to the child?
- What is the length of time since the last contact with the perpetrator(s)?
- Have the perpetrator(s) been gone long enough to indicate they do not intend to return?
- Have the perpetrator(s) been located?
- Has there been a reasonable effort to locate the parents?
- Did the perpetrator(s) fail to make arrangements for alternate care of the child?
- Were the substitute care givers unwilling or unable to assume responsibility for the child?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide evidence the perpetrator(s) have given up, forsaken or deserted the child?
- . . . document the perpetrator(s) statement not to resume the relationship?
- . . . provide sufficient evidence the perpetrator(s) does not intend to resume the relationship?
- . . . document the perpetrator(s) failed to make arrangement for alternative care of the child?
- . . . verify the substitute care givers were unwilling or unable to assume responsibility for the child?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . include all facts or elements considered to make the case finding decision?
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . link the conditions/incident to the harm or likelihood of harm experienced by the child?
- . . . give the child's age? current condition? any special needs?

... document the child's reaction to the incident, if significant to the decision made?

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**Best Practice Suggestions for Writing the Basis for Case Finding on PPS
 2011/Assessment Map
 (Suggestions from the Case Finding Peer Review Process with Practitioners and Supervisors)**

General Recommendations

- Write the finding in past tense rather than present tense as the events have already occurred.
- Use separate paragraphs.
- Present information in chronological order, if possible
- Use people's names and the names of places and agencies.
- Do not identify the reporter.
- Be concise, use correct grammar, spelling and syntax

Things to Avoid

- General terms and buzzword, such as "all parties interviewed", "clean and appropriate", "safe"
- DCF/Professional/Local acronyms and abbreviations (examples: LOS, PHA, SB, MO, ALP)
- Opinions and Irrelevant Information (Service referrals, Removal of the perpetrator)
- The reporter's identity
- Copying and pasting from logs.

Organization of Information

- The first paragraph "Sets the Stage" and includes
 - A summary of the allegations,
 - Date of incident
 - The child's age
 - Relate relevant parties to the assessment, including what agencies were involved in the assessment (DCF, law enforcement, health department, DCF Licensing)
- The following paragraphs provide a summary of the assessment, including:
 - Key interviews and information gathered which is determined relevant to the case finding decision and supports/covers the key elements for each allegation type ([See Suggestions for Case Findings](#)) and other suggestions include:
 - Description of the impact to the child as it relates to the allegation (Worries, Current and Past Harm)
 - Detailed description and location of child's bruises/marks/injury/harm (or absence of)
 - How it was determined the alleged perpetrator caused the injury (behaviorally specific, action or inaction of the parent/caregiver, as applicable)
 - Child and perpetrator disclosures related to the alleged incident(s),
 - Additional information to establish preponderance standard of evidence.
 - Detailed description of physical evidence relevant to the decision; and other evidence including information from official reports (medical, law enforcement)
 - For an 'Affirmed' and 'Substantiated' decision: State child harm; Identify perpetrator; Connect evidence with the Preponderance standard
 - Dates of interviews and where the interview took place, if relevant

- Who was interviewed and their relationship to the child/family
- Observations
- In the conclusion/**rationale** include:
 - ~~Describe~~ The rationale, “the why” of the case finding decision. Tie everything together.
 - The finding decision for each allegation type for each alleged victim and alleged perpetrator (separate paragraphs may be needed for multiple allegations)
 - Relate the information to the definition of abuse or neglect.

Supervisor’s Review

- The Supervisor reviews the Basis for Finding and then asks questions to help identify missing information.

DCF Case Finding History

| Timeframe | Standard | Finding Language | Code in Central Registry (CERS) |
|-----------|-------------------|--|---------------------------------|
| 11/79 | Reason to believe | <p><u>Unconfirmed Suspected Child Abuse/Neglect</u>: the worker finds no basis for confirmation of the reported suspected child abuse/neglect.</p> <p><u>Confirmed Suspected Child Abuse/Neglect</u>: several factors of the indicators of abuse/neglect are present (indicators of abuse are found elsewhere in policy, see 50105.2).</p> | Confirmed finding(CN) |
| 1/83 | Reason to believe | <p><u>Confirmed</u>: reason to believe abuse/neglect exists.</p> <p><u>Unconfirmed – at risk</u>: reason to believe abuse/neglect will occur in the future without intervention.</p> <p><u>Unfounded</u>: no reason to believe abuse/neglect exists or is likely to occur.</p> <p><u>Unknown</u>: unable to contact the family.</p> | Confirmed finding(CN) |
| 12/84 | Reason to believe | <p><u>Confirmed</u>: reason to believe abuse/neglect exists</p> <p><u>Unconfirmed – Eligible for Services or In Need or Corrective Action</u>: reason to believe abuse/neglect will occur in the future without intervention.</p> <p><u>Unfounded</u>: no reason to believe abuse/neglect exists or is likely to occur.</p> <p><u>Unknown</u>: unable to contact the family.</p> | Confirmed finding(CN) |

DCF Case Finding History

| | | | |
|-------------------------------|--|---|---|
| | | | |
| 1/87 | More likely than not/ preponderance | <p><u>Confirmed</u>: a reasonable person would conclude that more likely than not abuse/neglect occurred and the alleged perpetrator is more likely than not responsible for the abuse/neglect.</p> <p><u>Unconfirmed – Eligible for Services or In Need of Corrective Action</u>: A reasonable person would not believe that abuse/neglect occurred but abuse/neglect is likely to occur in the future without intervention.</p> <p><u>Unfounded</u>: a reasonable person would not believe that abuse/neglect occurred.</p> | Confirmed (CN) |
| 7/88 | More likely than not/ preponderance | <u>Post-Confirmation Corrective Action Plans</u> : now apply to all SRS CPS investigations. Should be the exception rather than the rule. | Confirmed (CN) |
| 12/94* | More likely than not/ preponderance | <p><u>Not involved</u>: No allegations of abuse or neglect was made and none was found.</p> <p><u>Unconfirmed</u>: “a reasonable person would conclude that more likely than not abuse/neglect occurred”.</p> <p><u>Confirmed</u>: “a reasonable person would not believe abuse/neglect occurred”.</p> | Confirmed(CN) |
| July 1997 to June 30, 2004 | <p>Preponderance</p> <ul style="list-style-type: none"> • 51 % convinced something occurred | <p>A. “Unsubstantiated” if the response to the question, “Would a reasonable person conclude that more likely than not abuse/neglect occurred,” is “No.”</p> <p>B. “Substantiated”- a reasonable person weighing the</p> | <p>CV</p> <p>SB- is a substantiated finding, but the person is</p> |

DCF Case Finding History

| | | | |
|---|---|--|---|
| | <ul style="list-style-type: none"> Alleged facts are more likely to be true than not. | <p>evidence would conclude it is more likely than not (preponderance of the evidence) a person is the perpetrator.</p> <p>C. “Validated” The term validation comes from the statutory provision (K.S.A. 65-516) that a person poses a danger to children and may not work, reside or regularly volunteer in a facility regulated by the Kansas Department of Health and Environment (KDHE).</p> | <p style="text-align: center;">NOT on Central Register during this timeframe.</p> |
| <p>July 1, 2004 to June 30, 2016</p> | <p>“Clear and Convincing”</p> <ul style="list-style-type: none"> Greater than 51% convinced but less than 90% convinced. Evidence which shows the truth of the facts asserted is highly probable. | <p>A. “Unsubstantiated”-The facts or circumstances do not provide clear and convincing evidence to meet the Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) definition of abuse and neglect.</p> <p>B. “Substantiated”- The facts and circumstances provide clear and convincing evidence to conclude the alleged perpetrator's actions or inactions meet the K.S.A. and K.A.R. definition of abuse or neglect and, therefore, alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by KDHE.</p> | <p style="text-align: center; font-size: 24pt;">SB</p> |
| <p>Events assigned July 1, 2016 to Case finding decisions made December 31, 2024 Present</p> | <p style="text-align: center;">Preponderance</p> <ul style="list-style-type: none"> 51 % convinced something occurred Alleged facts and circumstances more likely than not meet the abuse/neglect definitions per K.S.A. and K.A.R. | <p>A. “Unsubstantiated”- A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions do not meet the abuse and/or neglect per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).</p> <p>B. “Affirmed”- a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per</p> | <p style="text-align: center; font-size: 24pt;">SB</p> |

DCF Case Finding History

| | | | |
|---|---|---|------------------|
| | | <p>Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).</p> <p>C. “Substantiated”- a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meets criteria per PPM 2502 indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by the Kansas Department of Health and Environment KDHE or Kansas Department for Children and Families Foster Care and Residential Facility Licensing.</p> | |
| <p>Case finding decisions made January 1, 2025 to Present</p> | <p>Preponderance</p> <ul style="list-style-type: none"> 51 % convinced something occurred <p>Alleged facts and circumstances more likely than not meet the abuse/neglect definitions per K.S.A. and K.A.R.</p> | <p>A. “Unsubstantiated”- A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions do not meet the abuse and/or neglect per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).</p> <p>B. “Substantiated”- a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meets criteria per PPM 2502 indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by the Kansas Department of Health and Environment KDHE or Kansas Department for Children and Families Foster Care and Residential Facility Licensing.</p> | <p>SB</p> |

DCF Case Finding History



Kansas Department for Children and Families Family Mobile Crisis Helpline

Services are available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care.

Call, text, or chat with the helpline at

833-441-2240

A wealth of resources at your fingertips



Over the phone support and problem solving to help resolve a child's behavioral health crisis



Over the phone support with referral to community resources or a recommendation to engage in stabilization services



In-person support via mobile crisis response if the crisis cannot be resolved over the phone



In emergency situations, EMS, law enforcement and/or the mobile crisis response unit will be contacted to assist



Línea de ayuda móvil en caso de crisis familiares del Departamento de Niños y Familias de Kansas

Los servicios están disponibles para todos los residentes de Kansas no mayores de 20 años, incluyendo cualquiera en cuidado de acogida o que lo estuvo.

Comunícate, envía un texto o charla con la línea de ayuda al número telefónico

833-441-2240

Una variedad de recursos a tu disposición.



Soporte vía telefónica y solución de problemas para ayudar a resolver crisis de salud conductual infantil.

A02273KSMENCBH



Soporte vía telefónica con referencias a recursos comunitarios o recomendaciones para integrarse a servicios de estabilización.



Apoyo personal por medio de respuesta móvil ante crisis, en caso de que la crisis no pueda resolverse vía telefónica.



En situaciones de emergencia, se contactará a servicios médicos de emergencia, la policía y/o la unidad de respuesta móvil ante crisis para solicitar asistencia.

Crisis Support Helpline

Kansas Department for Children and Families Family Mobile Crisis

A wealth of resources at your fingertips

Services are available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care.

Call, text, or chat with the helpline at

833-441-2240

- **In-person support via mobile crisis response, if requested and the crisis cannot be resolved over the phone.**
- **Over the phone support and problem solving to help resolve a child's behavioral health crisis**
- **Over the phone support with referral to community resources or a recommendation to engage in stabilization services**

Call, text, or chat with the helpline at

833-441-2240

I have reviewed crisis services available to the family including the Family Mobile Crisis Helpline and provided a copy of the contact information for crisis services and myself for any questions.

_____ Case Management Provider Staff Signature

_____ Date

I have had a chance to discuss and ask questions pertaining to crisis services available to me.

_____ Family representative signature

_____ Date



Línea de ayuda de apoyo en crisis

Ayuda móvil en caso de crisis familiares del Departamento de Niños y Familias de Kansas

Una variedad de recursos a tu disposición.

Los servicios están disponibles para todos los residentes de Kansas no mayores de 20 años, incluyendo cualquiera en cuidado de acogida o que lo estuvo.

Comunícate, envía un texto o charla con la línea de ayuda al número telefónico

833-441-2240

- **Apoyo personal por medio de respuesta móvil ante crisis, si se requiere, y la crisis no puede resolverse vía telefónica.**
- **Soporte vía telefónica y solución de problemas para ayudar a resolver crisis de salud conductual infantil.**
- **Soporte vía telefónica con referencias a recursos comunitarios o recomendaciones para integrarse a servicios de estabilización.**

Comunícate, envía un texto o charla con la línea de ayuda al número telefónico

833-441-2240

He revisado los servicios de crisis disponibles para las familias incluyendo la línea de ayuda móvil en caso de crisis familiares y se me ha entregado una copia de la información de contacto de los servicios de ayuda para crisis y para mí si tengo cualquier pregunta.

_____ Firma del personal del proveedor de administración de casos

_____ Fecha

He tenido la oportunidad de discutir y realizar preguntas relacionadas con los servicios en caso de crisis que están a mi disposición.

_____ Firma del representante familiar

_____ Fecha



RELINQUISHMENT OF MINOR CHILD TO AGENCY

NOTICE TO PARENT OR PERSON *IN LOCO PARENTIS*:

This is an important legal document and by signing it you are permanently giving up all custody and other parental rights to the child named herein. You are to receive a copy of this document.

I, (name), (mother, father, person *in loco parentis*) of (name), a minor child, states:

1. The child was born on (date of birth) at (birth hospital) in (city and state) at (time) (am/pm).
2. I reside at (street address), County of (county name) and State of (state name).
3. I am (age) years of age and was born on (date).
4. Neither the child nor I am a member of nor eligible for membership in an Indian tribe recognized by federal law nor an Alaskan Native recognized by federal law.
5. I do hereby relinquish the child to the Secretary of the Department for Children and Families, and I understand will have full power and all the rights of a birth parent or legal guardian over the child, including the power to place the child for adoption and give consent thereto.
6. I wish to and understand that by signing this relinquishment I do permanently give up all custody and other parental rights I have to such child.
7. I freely and voluntarily enter my appearance in any proceeding instituted in any court of competent jurisdiction for the adoption of the child. I waive notice of the time, date and location of the final hearing.
8. I have read and understand the above and I am signing it as my free and voluntary act.

Dated (date), at (time) (am/pm).

Signature of Parent

CERTIFICATE OF ATTORNEY

I am a licensed attorney representing the parent named above and have explained to that parent that by signing this relinquishment that parent is permanently giving up all parental rights to the child and that parent has state that intention and desire.

Dated: _____

Signature of Attorney: _____
S.Ct# _____

CERTIFICATE OF ATTORNEY FOR RELINQUISHING MINOR PARENT

I am a licensed attorney representing the parent named above, who is a minor. I have fully explained that by signing this relinquishment that parent is permanently giving up all parental rights to the child and that parent has stated that intention and desire. I was present at the execution of this relinquishment.

Dated: _____

Signature of Attorney: _____
S.Ct# _____

ACKNOWLEDGMENT BEFORE JUDGE OF DISTRICT COURT

STATE OF KANSAS

) ss:

COUNTY OF _____)

I, _____, Judge of _____ hereby certify that _____, known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me this day in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

I have fully explained that by signing such relinquishment (she)(he) is permanently giving up all parental rights to such child and (she)(he) has stated that (she)(he) understood the consequence and that permanent relinquishment of parental rights is (her)(his) intention and desire.

Dated _____ at _____ .m.

Judge of the District Court

ACKNOWLEDGMENT BEFORE NOTARY PUBLIC

STATE OF KANSAS

) ss:

COUNTY OF _____)

I, a notarial officer in and for the county and state aforesaid, certify that _____ (name of parent), known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

Dated _____ at _____ .m.

Notary

(SEAL, if any)

My Commission Expires: _____

ACCEPTANCE OF CHILD BY AGENCY

I, _____, the undersigned, on behalf of the Secretary of the Department for Children and Families, do hereby accept custody of _____ and accept and approve the above relinquishment of said minor child.

Date _____



IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE INTEREST OF:

Name _____

Case No. _____

Year of Birth _____ A minor child

RELINQUISHMENT OF MINOR CHILD TO AGENCY

Pursuant to K.S.A. 38-2268

NOTICE TO PARENT: This is an important legal document and by signing it you are permanently giving up all custody and other parental rights to the child named herein. You are to receive a copy of this document.

I, _____, mother father of _____
, a minor child, state:

1. The child was born on _____ (Date of birth) at _____
_____ (Place of birth) at _____ : _____ a.m. p.m.
2. I reside at _____, County of _____
and State of _____.
3. I am of the age of _____ years and was born on _____.
4. The child is neither a member of nor eligible for membership in an Indian tribe
recognized by federal law nor an Alaskan Native recognized by federal law.
5. I do hereby relinquish the child to the Secretary of DCF, which I understand the Secretary
will have full power and all the rights of a birth parent or legal guardian over the child,
including the power to place the child for adoption and give consent thereto.
6. I wish to, and I understand that by signing this relinquishment I do, permanently give up
all custody and other parental rights I have to such child, including the right to receive
notice of any subsequent adoption proceedings involving the child.

7. I have read and understand the above and I am signing it as my free and voluntary act.

Dated _____, at _____ : _____ a.m. p.m.

Signature of Parent

CERTIFICATE OF ATTORNEY

I am a licensed attorney representing the parent named above and have explained to that parent that by signing this consent the agency will exercise all parental rights to the child and that parent confirmed that intention and desire.

Date: _____

Signature of Attorney

Attorney's Name

Supreme Court Number

Address

Telephone Number

[Fax Number]

[E-mail Address]

CERTIFICATE OF ATTORNEY FOR RELINQUISHING MINOR PARENT

I am a licensed attorney representing the parent named above, who is a minor. I have fully explained that by signing this relinquishment that parent is permanently giving up all parental rights to the child and that parent has stated that intention and desire. I was present at the execution of this relinquishment.

Date: _____

Signature of Attorney

S.Ct.# _____

ACKNOWLEDGMENT BEFORE JUDGE OF DISTRICT COURT

STATE OF KANSAS)
) ss:
COUNTY OF _____)

I, _____, Judge of the District Court, _____, Judicial District, hereby certify that _____, known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me this day in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

I have fully explained that by signing such relinquishment (she)(he) is permanently giving up all parental rights to such child and (she)(he) has stated that (she)(he) understood the consequence and that permanent relinquishment of parental rights is (her)(his) intention and desire.

Dated _____, at _____ : _____ a.m. p.m.

Judge of the District Court

OR

ACKNOWLEDGEMENT BEFORE NOTARY PUBLIC

STATE OF KANSAS)
) ss:
COUNTY OF _____)

I certify that _____, known to me to be the same person whose name is subscribed to the foregoing relinquishment, appeared before me this day in person and acknowledged that (she)(he) signed such relinquishment as (her)(his) free and voluntary act, for the specified purpose.

Dated _____, at _____ : _____ a.m. p.m.

Notary

My Commission Expires: _____.

ACCEPTANCE OF CHILD BY AGENCY

I, _____, the undersigned, on behalf of the Secretary of DCF, do hereby accept custody of _____, the above relinquished minor child.

Date: _____

Signature

Title

Authority

K.S.A. 38-2268.

Notes on Use

With the consent of the guardian *ad litem* and the secretary, a parent may relinquish parental rights prior to a hearing to consider the termination of parental rights. The relinquishment shall be acknowledged before a judge or notary. If the relinquishment is acknowledged before a judge, it shall be the duty of the court to advise the relinquishing parent of the consequences of the relinquishment. If a parent relinquishes a child to the secretary based on a belief that the other parent would relinquish the child or be found unfit, and neither occurs, the rights of the parent who relinquished based on that belief shall not be thereby terminated.

If the person cannot read and understand English, specifically state how they were informed of all their rights and the consequences of relinquishment.

LEGAL FEE REIMBURSEMENT FOR ADOPTION

The Department for Children and Families has established specific rates of reimbursement for private attorneys representing adoptive parents on DCF assisted adoptions (of children out of foster care.) It is recommended that prospective parent (or parents) select an attorney who has a high level of expertise, experience, and knowledge regarding Kansas adoption laws and procedures.

FILING FEES: 100% reimbursement by DCF

BIRTH CERTIFICATE FEES: 100% reimbursement by DCF, one per child.

ATTORNEY FEES: A maximum of six (6) hours of service at \$150.00 per hour

If the circumstances arise which would require more than six hours, the attorney must contact the (Regional Contact information) for authorization of additional hours. Additional hours incurred without prior authorization are not subject to reimbursement by DCF and become the responsibility of the adoptive parents.

If sibling cases are filed concurrently, DCF will pay two additional hours of service for each sibling. Again, if additional hours are necessary, (Regional Contact) must authorize the exception.

DCF EXPECTATIONS OF THE ATTORNEY:

1. The Petition to Adopt should be filed with the Court within seven (7) working days of receiving the Consent and supporting documentation from DCF or its contractor.
2. DCF Regional Legal Division and the child's G.A.L. shall be formally notified of the hearing date.
3. DCF Regional Legal Division shall receive a certified copy of the Decree of Adoption. This should be mailed to:
Department for Children and Families-Legal Division
(Street Address)
(City, KS)
4. Attorneys are to send the following within thirty (30) days after finalization if they are requesting payment directly from DCF:
 - (1) Itemized bill and executed IRS W-9 by the attorney, if applicable
 - (2) Certified copy of the Decree of Adoption
 - (3) Filed Stamp copy of Adoption Petition
 - (4) Assignment of Rights signed by the Adopting Parent(s)

MAIL TO: Department for Children and Families
(Contact person and address)

Failure to meet any of the above expectations could delay or prevent payment to the attorney for legal services. Adoption fees will not be paid for adoptions not finalized. Adoptive families are expected to hire attorneys who will meet the above terms.



0312 Access to Information Regarding Closed Guardianship/Custodianship and Adoption Records

KSA 59-2122 provides for the opening of adoption records to parties of interest, their attorneys and the Department for Children and Families (DCF). Parties of interest include the adopted parents of a minor child and the adult adoptee. Interested party status does not apply to the birth parents, once the adoption is final. Birth parents are only permitted to update medical records per KSA 59-2122.

Case File Information is available to:

1. The adoptive parents of the minor child in the event of a health or medical need
2. The adult adoptee for any reason

Identifying information shall not be shared with the birth parent without permission of the adoptive parents of the minor child or of the adult adoptee. DCF may share medical information with the adoptive parent of a minor child or adult adoptee.

The Intake Interview Questions Guide provides questions in specific areas to gather information from reporter's which will enhance child safety and risk decisions.

A. Reports Alleging Domestic Violence Related Information

All reporters shall be asked, "Are you aware of any verbal and/or physical fights between the adults in the home?"

If the reporter alleged domestic violence or the previous question indicates the presence of domestic violence the following information shall be asked of the reporter:

1. How does the reporter know this information?
2. Have there been any recent injuries or accidents to anyone in the household? If yes, ask for a description of the injury or accident.
3. Have the police been involved?
4. What were the children doing during episodes of violence in the home?
5. Have there been any threats to hurt or kill family members or pets?
6. Has anyone used a weapon or other objects to threaten or harm someone in the family? If yes, describe the weapons in the house.
7. Has the abuser ever threatened to leave with the children? If yes, describe the circumstances.
8. Describe any effects of domestic violence on the children.
9. Describe any assistance the adult victim has tried to access in the past.
10. Describe any contacts the victim has with family members or community members.
11. Do you have any fears or concerns for the safety of anyone in the household if DCF makes contact with the family directly and/or if law enforcement gets involved?

B. Reports Alleging a Pregnant Woman Using Substances

When allegations of a pregnant woman is using substances is reported, the reporter should be asked the following additional questions, as applicable, regarding the allegation:

1. The week, month or trimester of the pregnancy
2. The substance(s) of choice
3. The frequency of substance use
4. The timeframe of most recent use of substances
5. Behaviors exhibited when there is substance use
6. Statements or desire for treatment
7. Details on any prior substance abuse treatment
8. Status of children currently in the home
9. Impact of the use of substances on the safety and wellbeing of the children
10. Information on other children removed into state custody for substance or alcohol related issues

and jurisdictions as applicable

11. History of law enforcement contact related to her substance or alcohol use

C. Substance Affected Infant

When an infant is born and there are allegations of prenatal substance use by the mother, the reporter should be asked the following additional questions, as applicable, regarding the allegation:

1. What substance was positive on the toxicology screening?
2. Has the infant been diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorder?
3. Does the infant have any physical, developmental, cognitive or emotional delay or harm in conjunction with known substance use by the mother during pregnancy, such as the below listed factors:
 - i. Facial characteristics of fetal alcohol syndrome
 - ii. Withdrawal as defined by neonatal abstinence syndrome
 - iii. Irritability
 - iv. Irregular and rapid changes in state of arousal
 - v. Low birth weight
 - vi. Prematurity
 - vii. Difficulties with feeding due to a poor suck
 - viii. Irregular sleep-wake cycles
 - ix. Decreased or increased muscle tone
 - x. Seizures or tremors
4. Were the above 2-4 verified by a medical professional? (Document name and contact information)
5. What is known about the mother's substance use?
6. What substances has the mother been using?
7. How long has she been using each substance?
8. What is the timeframe of the most recent use of substance(s)?
9. What is the mother's frequency of use?
10. Did the mother know she was pregnant when she used? If not, what was her response when she found out (did she stop using immediately or did she continue to use, did she seek treatment?)
11. What behaviors are exhibited when the mother uses substances?
12. Was the mother tested for any substances? If so, what substance was positive on the toxicology screening?
13. Does the father/other caregivers have a history of substance abuse? If so, what substances has he/she been using? And how long has he been using each substance? Is he/she currently using?
14. Was the infant the product of a full term, normal, spontaneous delivery with a normal birth

weight?

15. Does the mother seem to be bonding appropriately with the baby?

16. If a high risk newborn or for other reasons a baby with special care needs, does the mother seem capable and interested in providing needed care?

17. Are there other interested family members willing to assist with the care?

18. Are there any other reasons the reporter is concerned about the baby which indicates an inability, on the part of the mother, to care for the child?

19. Are there other supports and services in the home?

20. Has hospital social service staff been involved and/or has a referral been made to the Local Health Department program for assistance or training in care of a newborn?

21. Has a referral for services for the mother in the form of a chemical dependency assessment and chemical dependency treatment, if indicated by the Hospital protocol, been made?

22. What is the status of other children currently in the home?

23. What is the impact of the use of substances on the safety and wellbeing of the children?

D. Reports Alleging Methamphetamine Labs in the Home

When allegations of meth labs in a home where children are present or reside are reported, the reporter should be asked the following additional questions, as applicable, regarding the allegation:

1. What are the indicators that a meth lab exists in the home?

2. What have you observed?

3. Where are these ingredients being stored?

4. What kind of containers are ingredients stored in?

5. Do the children have access? And to what?

6. Is the meth lab active? (Is meth currently being produced?)

7. Has law enforcement been called regarding the meth lab (today or in the past)?

8. What type of meth ingredients have been observed?

9. Where are the meth ingredients being stored?

10. Do the children have access to any explosive, flammable, and/or toxic ingredients?

11. What are the conditions of the home?

12. Is there a presence of loaded weapons or booby traps in the home?

13. Are there people going in and out of the home frequently?

14. Do you know anything about the people going in and out of the home? What do you know about the people observed?

15. Are the adults in the home exhibiting any of the following behaviors and if so, please explain the behavior in detail:

- a. extreme mood fluctuations
- b. violent behavior
- c. depression
- d. poor impulse control
- e. bizarre behaviors as applicable,
- f. lack of attention to hygiene
- g. psychotic episodes
- h. other drug use

16. What are the adults' behaviors toward the children?
17. What is the current condition of the children?
18. Do the children have any health (including dental) issues?
19. Are the children getting fed?
20. Do the children appear to be underweight, extremely thin, or in poor physical health?
21. Do the children have any developmental disabilities?
22. Do the children have any behavioral disorders (e.g., ADHD)?
23. If the children are school age, are the children attending school?
24. How are the children performing in school?
25. Have the children been harmed? If so, how?
26. Are you willing to report your concerns re: the meth lab to law enforcement?

E. Reports Alleging a Child is Not Attending School (From a person who is not a school employee)

When a reporter who is not a school employee, indicates a child(ren) is not attending school, the following questions shall be asked, as applicable, regarding the allegation:

1. Is the child(ren) enrolled in school?
2. What school is the child(ren) enrolled in, or should they be enrolled in?
3. What school district does the child(ren) reside in?
4. What has the reporter seen the child(ren) doing during the day? What hours?
5. Why does the reporter believe the child(ren) are not enrolled in school, or are not attending school?
6. What are the parent/caregiver(s) doing during the day when the child(ren) are not attending school?
7. Are the parent/caregiver(s) participating in any services to help get the child(ren) to school?
8. Has the parent/caregiver said anything to the reporter about the child(ren)'s school attendance?
9. Do they have any reason to believe the child(ren) may be enrolled in a home school?

F. Reports Received from Court

When a report is received from the court questions shall be asked to ascertain the family/child's specific need requiring an assessment for services:

1. What is the family's situation which indicates the need for services?
2. Why is the family involved in the court?
3. What are the specific concerns for the child(ren)'s safety or well being?
4. Has the family had prior services?
5. When is the next court hearing?

G. Reports Requesting Services for Families

When a report is received with a request for services for a family (either directly from the family or another person), additional information shall be gathered regarding the family's specific need requiring an assessment for services:

1. What is the family's situation which indicates the need for services?
2. What are the specific concerns for the child(ren)?
3. How is the family's situation impacting the child(ren)?
4. How is the family's situation impacting the parent/caregiver's parenting or ability to care for the child(ren)?
5. Has the family had prior services?
6. Is the family requesting services? If not, what is the family's response to the need for services?
7. What is the family's goal/ what do they want to see changed?
8. What services are being requested?

When notified by the court that an Out of Home Placement case will change venue to an area or county outside of the contract region, the sending CWCMP will:

Contact the sending DCF Regional Office Support Services Administrator or designee and insure they are aware of the change of venue.

Provide the following information to the sending DCF Regional Office:

- The child's name, county that will receive venue
- The original contractor's name, worker assigned, and phone number
- Case plan dates, current placement information

The sending Support Services Administrator or designee will:

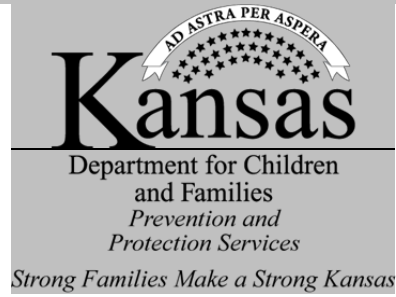
- Communicate to Support Services Administrator or designee in the receiving region that a change in venue is expected
- Contact the sending court to request information about when the request for change of venue is sent to the receiving court
- Inform the Contractor of where the case file should be sent in the receiving region once the court in the receiving area has jurisdiction and DCF has accepted the case
- Be sure that DCF FACTS data entry staff and the Foster Care Liaison have necessary information.

The receiving Support Services Administrator or designee will:

- Contact the receiving court and ask to be notified when that court establishes jurisdiction of the case
- Notify the sending Provider and DCF Region Support Services Administrator or designee when the receiving court has jurisdiction and DCF has accepted the case.
- Assure that the Providers for the sending and receiving regions have a PPS 5110 referral and case information for the change of venue case.
- Assure that DCF FACTS data entry staff and the Foster Care Liaison have necessary information.

Documentation from the court may be in the form of a journal entry, a bench note, or a verbal confirmation, etc.

See PPM 3384 for more information.



Guide for Sibling Split Request

A Sibling Split Request shall be submitted when it is determined by a child's permanency team it would be in his/her best interest to be permanently separated from his or her siblings who also have case plan goals of adoption, after all attempts to maintain the siblings together have proven unsuccessful. Things to consider are:

- Birth family information, including why the children were brought into care and the siblings' relationship in the birth family;
- Shared trauma history of the sibling group;
- History of out of home placement – when and why siblings were separated, attempts to place them together, sibling interactions and behavior management efforts when placed together;
- Therapeutic attempts (and their results) to address behaviors or needs which prevent siblings from being together;
- Short and long term impacts of siblings staying together or separated;
- Current sibling visitation/contact plans, and specific plans for maintaining contact if separated;
- Resource family information;
- Possible case plan goal changes, if appropriate.

Supporting documentation from other team members (i.e. input from the family members, therapist reports, letters from placement providers, etc.) should be submitted with the request.

Sibling Split Requests shall be forwarded to the CWCMP Sibling Split Request Review Team for approval. Upon approval Request shall be distributed to DCF Foster Care Liaison.



The importance of sibling connections may vary for each individual; however, sibling connections provide a sense of continuity through childhood and this connection is often the longest relationship in an individual's life. The sibling connection may be intensified in families who have experienced abuse or neglect as siblings may be the ones that provide support and nurturing to each other when parents are unable to fulfill this role. Siblings who are placed together in foster care may have greater chances of reintegration, are more likely to reach other forms of permanency such as adoption or custodianship, have fewer disruptions, and experience generally better outcomes than siblings who are not placed together. Foster and adoptive families who are prepared to deal with this dynamic can help the siblings develop appropriate roles.

Separating siblings is detrimental to each child. Younger children who are separated must face life in unfamiliar circumstances without the support of the older child, and the older child is often left feeling responsible for the younger sibling(s) even when they are not placed together. Separating siblings teaches the children to walk away from conflict and increases the trauma they already feel in being separated from all that is familiar to them. It does not allow the children an opportunity to learn to resolve differences and develop stronger sibling relationships in a healthy, supportive environment.

The abuse of one sibling by another is often considered to be a reason for separating siblings. It is important to distinguish between true abuse and all other forms of sibling hostility while considering measures other than separation that can protect a child who is being abused. Removing a child from his/her sibling does not guarantee that the child will not be abused in another setting. Having foster and adoptive parents who are aware of the abuse and who put in place safety plans to address it is an option to keep siblings together.

A child with special needs is also often considered to be a reason to place siblings separately. A foster or adoptive family who is prepared to meet the special needs of a child as well as that child's siblings may offer the best opportunity for the child to receive the attention he/she needs. A child placed with his/her siblings may actually receive more personalized attention than a child placed into a family where there are other children with special needs requiring increased attention and resources.

Children who experience life in the child welfare system often form a variety of "sibling like" relationships with non-related brothers and sisters they have lived with both in their biological families and in foster care. Professionals placing children need to take into consideration the child's definition of who is and is not a sibling before making placement decisions.

Most waiting families registered on AdoptUSKids (83%) are willing to adopt more than one child. Some adoptive families express the desire to adopt "ready made" families of

sibling groups. Other larger families are willing to adopt larger sibling groups. Exceptions and incentives for families who adopt sibling groups are essential.

Research indicates that siblings placed together benefit from the sibling bond in ways that do not present problems to the parent / child relationship. Older children in the sibling group are thought to provide emotional support to their younger siblings. There is evidence to suggest that siblings who are placed separately in adoption have more anxiety and depression than those who are placed together.

Siblings who are placed separately are more likely to demonstrate greater emotional and behavioral problems. Research indicates that when siblings are placed together, they experience many emotional benefits with less moves and a lower risk for failed placements.

Adapted from Ten Myths and Realities of Sibling Adoption, National Center for Diligent Recruitment



Note: This form is to be used for adults who were former foster children and had parental rights relinquished or terminated.

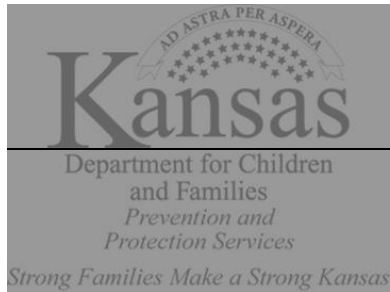
I. Identifying Information

| | | | |
|---|-------|-------------|-------|
| Name: | _____ | Telephone: | _____ |
| Street Address: | _____ | | |
| City/State/Zip: | _____ | | |
| Date of Birth: | _____ | Birthplace: | _____ |
| Name of Mother at time of severance or relinquishment, if known: | _____ | | |
| Name of Father at time of severance or relinquishment, if known: | _____ | | |
| Name of Agency or person involved in your foster care case, if known: | _____ | | |

II. Information Requested:

| | |
|--|--------------------------|
| Social History | <input type="checkbox"/> |
| Birth/medical information completed by DCF/CWCMP | <input type="checkbox"/> |
| List of medical providers who provided treatment | <input type="checkbox"/> |
| Case Plans | <input type="checkbox"/> |
| Copy of Diploma, Transcript, GED | <input type="checkbox"/> |
| Other Educational Records | <input type="checkbox"/> |
| Copy of Birth Certificate | <input type="checkbox"/> |
| Copy of Social Security Card | <input type="checkbox"/> |
| Copy of Photo ID or Driver's License | <input type="checkbox"/> |
| Proof of Citizenship | <input type="checkbox"/> |
| Pictures | <input type="checkbox"/> |

You must return: (1) this completed form, and (2) proper proof of identification (a copy of your birth certificate or current driver's license/State photo ID, verification from DCF/CWCMP staff, etc.) to the address listed above.
INCOMPLETE REQUESTS WILL NOT BE PROCESSED.



**Adult Adoptee Requesting Copy Of Adoption Record
 AND/OR SEARCH FOR BIRTH PARENT(S)**

Note: This form is to be used by adult (18+) adoptees, whom adoption finalized in Kansas.

I. IDENTIFYING INFORMATION

| | | | |
|---|--|--------------------------------|--|
| Your Current Name: | | Your Date of Birth: | |
| Your Birth Name, if known: | | Your Birthplace: | |
| Your Telephone: | | Email | |
| Your Street Address: | | | |
| Your City/State/Zip: | | | |
| Name of Your Adoptive Parents: | | | |
| All Known Names and Aliases of Your Birth Mother at time of severance or relinquishment, if known: | | | |
| All Known Names and Aliases of Your Birth Father at time of severance or relinquishment, if known: | | | |
| If Applicable, Name of Agency or person involved in adoption: | | | |

II. Information Requested:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Social History |
| <input type="checkbox"/> | Birth/Medical information completed by DCF/Child Welfare Case Management Provider (CWCMP) |
| <input type="checkbox"/> | List Of Medical Providers Who Provided Treatment |
| <input type="checkbox"/> | Case Plans |
| <input type="checkbox"/> | Copy of Diploma, Transcript, GED |
| <input type="checkbox"/> | Other Educational Records |
| <input type="checkbox"/> | Copy of Birth Certificate |
| <input type="checkbox"/> | Copy of Social Security Card |
| <input type="checkbox"/> | Copy of Photo ID or Driver's License |
| <input type="checkbox"/> | Copy of Proof of Citizenship |
| <input type="checkbox"/> | Pictures |

Please mark only the request(s) that apply:

I am requesting a copy of my adoption record

I am requesting a search to be conducted for my birth mother and/or father.

____ You must indicate which birth parent(s) you wish to have contact with by checking the appropriate person(s) below:

| | |
|---|--|
| <input type="checkbox"/> Your Birth Mother's Name (if known): | |
| <input type="checkbox"/> Your Birth Father's Name (if known): | |

WE DO NOT CONDUCT SEARCHES FOR GRANDPARENTS, AUNTS, UNCLES, COUSINS, etc.)

(Our agency will search for birth sibling(s) **only** if the adoptee and birth siblings had an established relationship prior to being adopted. If interested, please contact our office to complete a sibling search request form.)

IMPORTANT!! If you have requested contact with your birth mother and/or father, you must complete the Authorization to Release Information form, which must be signed before a notary.

IF YOU HAVE REQUESTED A COPY OF YOUR ADOPTION RECORD:

Within 4–6 weeks, you should receive a copy of your adoption record. ~~which may include a social history regarding your birth family, medical history, pictures, and correspondence from birth family.~~ **You must be 18 years of age before any information can be released. Proof of identity is required: a copy of your driver's license or copy of your birth certificate is recommended.** If a private agency was involved in your adoption (i.e. Kansas Children's Service League, Lutheran Social Services, Catholic Social Services, etc.) you may need to contact that agency for a more complete copy of your adoption record.

IF YOU HAVE REQUESTED A SEARCH FOR YOUR BIRTH PARENT(S):

Our agency will attempt to locate your birth mother and/or father and determine whether they are interested in having contact. The search process may take several months to complete. Please keep in mind there is a possibility our agency will be unable to locate these persons or they may not be interested in contact. In either event, your search request will be maintained in your adoption record and be available to them should they inquire at a future date. Upon completion, you will be notified of the search results.

You must return: (1) this form completed, and (2) proper proof of identification (Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.) to DCF.KSADPSearch@ks.gov or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.
Note: Incomplete requests will not be processed.

Signature of Adoptee Requesting Record/Search

Date

AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

| | |
|--|------------------------------------|
| _____ Their name, (if known or as last known) | _____ Their relationship to you |
| _____ Their name, (if known or as last known) | _____ Their relationship to you |
| _____ Their name, (if known or as last known) | _____ Their relationship to you |

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. ****Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.**

Your current name: _____ **Your telephone number:** _____

Your Address: _____ **Your cell phone number:** _____

Your email address: _____

Your City, State, Zip _____

Information I wish to share to the person I requested to be located: _____

(You must sign your name)
Signature of Person Authorizing Release of Identifying Information

(You must sign your name in front of)

ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of _____) (County) of _____)

Signed or attested before me on this _____ day of _____, 20____ by _____
(Person authorizing release of above info)

Signature of Notary

Title

(Seal)

My appointment Expires: _____



Adult Former Foster Child (~~Non-
 PRT~~) Requesting Case File
 Information

Note: This form is to be used by adults (18+) who were previously in the custody of the Secretary of the Kansas Department for Children and Families, and did not have parental rights relinquished or terminated.

I. Identifying Information

| | | | |
|---|--|-------------|--|
| Name: | | Telephone: | |
| Date of Birth: | | Birthplace: | |
| Email | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| All Known Names and Aliases of Birth Mother: | | | |
| All Known Names and Aliases of Birth Father: | | | |
| Name of Agency or person involved in your foster care case, if known: | | | |

II. Information Requested:

| | |
|--|--------------------------|
| Social History | <input type="checkbox"/> |
| Birth/Medical information completed by DCF/Child Welfare Case Management Provider(CWCMP) | <input type="checkbox"/> |
| List of medical providers who provided treatment List of Medical Providers Who Provided Treatment | <input type="checkbox"/> |
| Case Plans | <input type="checkbox"/> |
| Copy of Diploma, Transcript, GED | <input type="checkbox"/> |
| Other Educational Records | <input type="checkbox"/> |
| Copy of Birth Certificate | <input type="checkbox"/> |
| Copy of Social Security Card | <input type="checkbox"/> |
| Copy of Photo ID or Driver's License | <input type="checkbox"/> |
| Copy of Proof of Citizenship | <input type="checkbox"/> |
| Pictures | <input type="checkbox"/> |

You must return: (1) this form completed, and (2) proper proof of identification Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.):

Kansas Department for Children and Families - Attention: Records Custodian, Office of General Counsel
 555 S. Kansas Avenue, 6th Floor
 Topeka, KS 66603.

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

Note: Incomplete requests will not be processed. Within 4- 6 weeks, you should receive a copy of your record.

 Signature of Person Requesting Record

 Date



Birth Parent Requesting Search/Contact With Adult Adoptee

Note: This form is to be used for contact with adult (18+) adoptees, whom adoption finalized in Kansas

I. IDENTIFYING INFORMATION

| | | | |
|--|--|--|--|
| Your Current Name: | | Your Telephone: | |
| Email | | | |
| Your Street Address: | | | |
| Your City/State/Zip: | | | |
| Birth Name of adoptee, if known: | | Birth date of Adoptee, if known: | |
| Birthplace of adoptee, if known: | | Your relationship to Adoptee: | |
| Name of Birth Mother at time of severance or relinquishment, if known: All Known Names and Aliases of Birth Mother: | | | |
| Name of Birth Father at time of severance or relinquishment, if known: All Known Names and Aliases of Birth Father: | | | |
| If Applicable, Name of Agency involved in your adoption,: | | | |

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located.

| | | | |
|---|--|---|--|
| Your current name: | | Your telephone number: Your cell phone number: | |
| Your address: Your email address: | | | |
| Your email address: | | | |
| Your City, State, Zip | | | |
| Information I wish would like to share with the person individual I have requested to be located/locate: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

The adoptee for whom you are requesting contact with **must be 18 years of age** before our agency can initiate a search. You must be named in the adoption record, and/or original birth certificate, or have legal documentation of being the birth parent. Kansas will conduct a search for adoptee(s) listed above if adoption was finalized in Kansas.

Our agency will attempt to contact the adult adoptee and, if located, will determine whether they are interested in contact. The searching process may take several months to complete. Please keep in mind there is a possibility our agency will be unable to locate the adult adoptee, or the adoptee may not wish contact. In either event, request will be filed in the adoptee's record in the event they should request contact at a future date. Upon completion of the search, you will be notified of the results. ~~To release your information to Adult Adoptee, if located, you must do the following: complete the attached authorization to release information form, must be signed before a notary.~~

I, _____ (Name), declare under penalty of perjury and pursuant to KSA 53-601 that the foregoing is true and correct. Executed on _____ (Date).

Signature of Birth Parent Requesting Search

Date

Important!

You must return: (1) this form completed, and (2) proper proof of identification (Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.) to DCF.KSADPSearch@ks.gov or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.

Note: Incomplete requests will not be processed.

You must complete and return 1) this request form, 2) the attached authorization form notarized, and 3) a copy of your birth certificate or current driver's license (as proof of identity) to the address listed above.

INCOMPLETE REQUESTS WILL NOT BE PROCESSED

AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

| | |
|--|------------------------------------|
| _____ Their name, (if known or as last known) | _____ Their relationship to you |
| _____ Their name, (if known or as last known) | _____ Their relationship to you |
| _____ Their name, (if known or as last known) | _____ Their relationship to you |

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. ****Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.**

| | |
|---|--------------------------------------|
| Your current name: _____ | Your telephone number: _____ |
| Your Address: _____ | Your cell phone number: _____ |
| Your email address: _____ | |
| Your City, State, Zip _____ | |
| Information I wish to share to the person I requested to be located: _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

(You must sign your name)
Signature of Person Authorizing Release of Identifying Information

(You must sign your name in front of)
ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of _____) (County) of _____)

Signed or attested before me on this _____ day of _____, 20____ by _____

(Person authorizing release of above info)

Signature of Notary

Title

(Seal)

My appointment Expires: _____



**Adult Adoptee Requesting
Search/Contact**

| | | |
|---|--|-------------------------------------|
| Return to: Prevention and Protection Services 555 S. Kansas Ave 4 th Floor Topeka, KS 666 03 (785) 296-4653 | | PPS 0340 Rev.7/15 Page 1 of 4 |
|---|--|-------------------------------------|

ADULT REQUESTING SEARCH FOR BIRTH SIBLING(S)

Note: This form is to be used by adult (18+) adoptees, whom adoption finalized in Kansas.

Your Current Name _____ Your Telephone _____

Your Street Address _____ Your City/State/Zip _____

Are you an adoptee? _____ If so, what was your birth name? _____

I. IDENTIFYING INFORMATION

| | | | |
|---|-------|-----------------------|-------|
| Current Name: | _____ | Date of Birth: | _____ |
| Birth Name, if known: | _____ | Birthplace, if known: | _____ |
| Email | _____ | | |
| Telephone: | _____ | | |
| Street Address: | _____ | | |
| City/State/Zip: | _____ | | |
| Name of Adult Adoptees Adoptive Parent(s): | _____ | | |
| All Names and Aliases of Birth Mother, if known: | _____ | | |
| All Names and Aliases of Birth Father, if known: | _____ | | |
| If Applicable, Name of Agency involved in adoption: | _____ | | |

II. Please mark only the request(s) that apply:

I am requesting a search to be conducted for my birth mother and/or birth father.

You must indicate which birth parent(s) you wish to have contact with by checking the appropriate person(s) below:

- Birth Mother
 Birth Father

I am requesting a search be conducted for my birth sibling(s) for possible contact. The names of the sibling(s), if known, I am requesting a search for are listed as follows:

| | |
|-------------------------|----------------------------|
| _____ | _____ |
| <i>Their Birth Name</i> | <i>Their Date of Birth</i> |
| _____ | _____ |
| <i>Their Birth Name</i> | <i>Their Date of Birth</i> |
| _____ | _____ |
| <i>Their Birth Name</i> | <i>Their Date of Birth</i> |

Name of Birth Mother at time of sibling's severance or relinquishment _____

Return to: DCF.KSADPSearch@ks.gov
OR DCF/Prevention and Protection Services
555 S. Kansas Ave 4th Floor
Topeka, KS 66603

Adult Adoptee Requesting Search/Contact

PPS 0330
REV. Jan-25

| | | |
|---|--|--------------------------------------|
| Return to: Prevention and Protection Services 555 S. Kansas Ave 4 th Floor Topeka, KS 666 03 (785) 296-4653 | | PPS 0340 Rev. 7/15 Page 2 of 4 |
|---|--|--------------------------------------|

Name of Birth Father at time of sibling's severance or relinquishment _____

Important!

You must return: (1) this form completed, and (2) proper proof of identification (Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.) to DCF.KSADPSearch@ks.gov or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.

Note: Incomplete requests will not be processed.

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located.

| | | | |
|---|----------------------------|-------------------------------|--|
| Your current name: | | Your telephone number: | |
| Your address: | Your email address: | | |
| Your email address: | | | |
| Your City, State, Zip | | | |
| Information I wish would like to share with the person/individual I have requested to be located/locate: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

I, _____ (Name), declare under penalty of perjury and pursuant to KSA 53-601 that the foregoing is true and correct. Executed on _____ (Date).

Signature of Adult Adoptee Requesting Search/Contact

Date



| | | |
|---|--|--------------------------------------|
| Return to: Prevention and Protection Services 555 S. Kansas Ave 4 th Floor Topeka, KS 666 03 (785) 296-4653 | | PPS 0340 Rev. 7/15 Page 3 of 4 |
|---|--|--------------------------------------|

AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

| | |
|---|---------------------------|
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |

Only the information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. ****Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.**

| | |
|---|--------------------------|
| Current name: | Telephone number: |
| _____ | _____ |
| Address: | _____ |
| Email address: | _____ |
| Information I wish to share to the person I requested to be located: | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

(You must sign your name in front of Notary)
Signature of Person Authorizing Release of Identifying Information

ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of _____ (County) of _____

Signed or attested before me on this _____ day of _____, 20____ by _____
(Person authorizing release of above info)

Signature of Notary

Return to: DCF.KSADPSearch@ks.gov
OR DCF/Prevention and Protection Services
555 S. Kansas Ave 4th Floor
Topeka, KS 66603

**Adult Adoptee Requesting
Search/Contact**

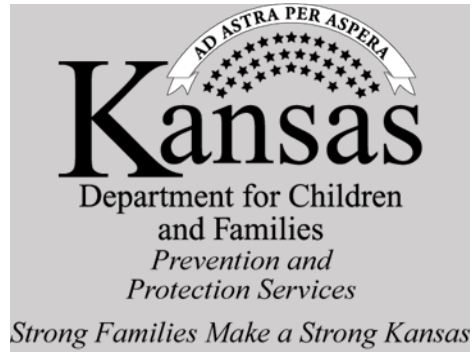
PPS 0330
REV. Jan-25

| | | |
|---|--|--------------------------------------|
| Return to: Prevention and Protection Services 555 S. Kansas Ave 4 th Floor Topeka, KS 666 03 (785) 296-4653 | | PPS 0340 Rev. 7/15 Page 4 of 4 |
|---|--|--------------------------------------|

_____ Title

(Seal)

My appointment Expires: _____



**Authorization To Release
Information Form**

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

| | |
|---|---------------------------|
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |
| _____ | _____ |
| Their name, (if known or as last known) | Their relationship to you |

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. ****Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.**

| | | | |
|--|-------|-------------------------------|-------|
| Your current name: | _____ | Your telephone number: | _____ |
| Your address: | _____ | | |
| Your email address: | _____ | | |
| Your City, State, Zip | _____ | | |
| Information I wish would like to share with the person individual I have requested to be locate, or who has requested my information: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

You must return: (1) this form completed, and (2) proper proof of identification (Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.) to DCF.KSADPSearch@ks.gov or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.

I, _____ (Name), declare under penalty of perjury and pursuant to KSA 53-601 that the foregoing is true and correct. Executed on _____ (Date).

(You must sign your name) Signature of Person Authorizing Release of Identifying Information

(You must sign your name in front of)

ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of _____ (County) of _____

Signed or attested before me on this ____ day of _____, 20____ by _____
(Person authorizing release of above info)

Signature of Notary

Title

(Seal)

My appointment Expires: _____

Return to: Prevention and Protection Services
555 S. Kansas Ave 4th Floor
Topeka, KS 66603
(785) 296-4653

**Authorization To Release
Information Form**

PPS 0350
7/15 REV. Jan-25
Page 1 of 1



What is a DCF Finding Decision?

The case finding is the decision about whether what happened meets the State's definitions for abuse/ neglect, and whether the alleged perpetrator should not be permitted to reside, work or regularly volunteer in a child care facility regulated by the Kansas Department of Health and Environment (KDHE) or DCF Child Foster Care and Residential Facility Licensing. DCF has ~~three~~ **two** case finding decisions.

- An "unsubstantiated" finding means a reasonable person weighing the facts or circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).

- ~~An "affirmed" finding means a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).~~

- A "substantiated" finding means a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/ neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meet criteria indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing.

If the evidence supports a substantiated finding, the person identified as responsible for the abuse or neglect will have his/her name placed on a statewide list of substantiated perpetrators known as the Kansas Child Abuse/Neglect Central Registry.

You will receive a copy of the finding decision in writing.

Kansas Child Welfare Values: Statements of what we believe drive what we do.

1. All children deserve to be protected and free from abuse and neglect.
2. Children should be maintained with their family whenever possible.
3. Families are important to the health and wholeness of children.
4. Children need consistent nurturing in a healthy environment to realize their full potential.
5. Children and families are to be understood within the context of their own family history and culture.
6. All children need and deserve healthy, enduring relationships that provide stability and belonging.
7. Foster care is a temporary intervention, with the primary goal of reintegration and, if reintegration is not possible, a secondary goal is to attain another form of permanency, such as adoption.
8. Kansas child welfare staff should demonstrate integrity, understanding and compassion when addressing and overcoming difficult issues with children and families.
9. Kansas child welfare staff should be committed, qualified, trained and skilled, and supported by an effectively structured organization.
10. Parents have the primary responsibility for a child's safety and wellbeing. However, the entire community can contribute to helping families so children reach their fullest potential.

State law does not allow DCF to tell you who made the report.

Office

CPS Specialist

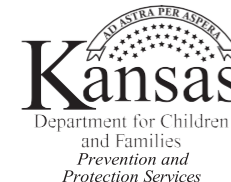
Telephone

Kansas Department for Children and Families Prevention and Protection Services 555 S Kansas Ave. 4th Floor, Topeka, KS 66603 1-833-765-2003 PPS-2010 REV ~~July 2024~~ **Jan. 2025**



Kansas Child Protective Services

What you need to know
about investigations
of child abuse
or neglect



Why is DCF investigating me?

State law requires the Kansas Department for Children and Families (DCF) and/or law enforcement officers to investigate reports of alleged child abuse and neglect and decide if action is needed to protect your child.

What is going to happen?

DCF staff members will identify themselves, talk with you about what has been reported and what will happen next.

DCF staff and/or a law enforcement officer will gather information to make a decision about whether the allegation(s) of abuse or neglect has happened or is in danger of happening.

To find out if any action is necessary to protect your child, DCF will ask to see and talk to your child, family members and others who may know about what is happening.

DCF will talk with you about the things you are already doing to help your family and other ways your family is being supported.

DCF may work with you, other family members and any other support resources you identify to develop a plan of care in order to protect your child

What are my rights?

- To refuse to talk with DCF
- To know what was reported
- To request DCF services
- To know the DCF finding decision
- To appeal a substantiated ~~or affirmed~~ finding decision

What can I do to help?

DCF staff wants to help your family. We will work with you to find the best ways to get the help your family may need. Please see Kansas Child Welfare Values on the back which describes the agency's values supporting our work to partner with families.

You can help by being cooperative and by openly talking to DCF and law enforcement officers. Giving the names of your relatives, friends, doctors, teachers and other people who have first-hand knowledge of you and your children will also be useful.

What if I don't want to talk to DCF?

It is your right not to talk to DCF. However, by talking to DCF, you can help DCF staff members better understand your family's situation. This will ensure the best possible service decisions are made to keep everyone safe.

If you choose not to talk to DCF staff, and DCF staff members are not able to determine that your child is safe, DCF may ask for law enforcement assistance or a court order.

A law enforcement officer who believes a child may be harmed has the authority to take the child into protective custody. If it is necessary, the officer will take your child to a safe place.

What can I do if I am dissatisfied with the process?

Talk about your concerns with DCF, calmly stating the facts as you see them. If you have concerns or questions after talking with DCF staff, you may speak to a DCF supervisor.

You may also contact the DCF Office of Client Services by calling 1-833-765-2003 or emailing DCFCustomerService@ks.gov.

Will my child be removed?

DCF believes children should remain with their parents unless the children are determined unsafe. Your child will be removed from your home only in the most serious situations and if you are unable to protect your child by yourself.

If abuse or neglect has happened or is likely to happen to your child, DCF will help your family make a plan to keep everyone safe.

In order to ensure the safety of your child and minimize trauma, you may need to consider:

- If someone in your home is a threat to your child, can you tell that person to leave?
- Are any family members or friends willing and able to care for your child in their home?

If neither choice is possible right now, law enforcement may place your child in protective custody or a judge may give temporary custody of your child to DCF or another person.

Will I go to court?

Parents can usually make necessary changes without involving the court. DCF must report substantiated ~~and affirmed~~ case findings to the county or district attorney. The county or district attorney decides whether to file a case with the court. If a "Child in Need of Care" petition is filed, the court will hold a hearing, and you may appear with an attorney. DCF may be a witness, but DCF has no authority or control over court decisions.

If your child has been removed by a law enforcement officer or by an emergency court order, a court hearing must be held within 72 hours (except weekends and holidays) to determine if your child can be returned to you.

CASE FINDINGS

CHILD ABUSE AND NEGLECT REPORT

Case Name: _____ Case #: _____ Event #: _____

Section I

| A. Alleged Victim's Name. Enter only the alleged victim(s) from PPS-1000 | | | | B. Alleged Victim Finding(s) | C. Finding Type(s) | D. Injury (type) | E. Degree of Injury | F. Relationship Perp to Child | |
|--|-------|----|--|------------------------------|--------------------|------------------|---------------------|-------------------------------|------|
| Last | First | MI | | | | | | # | Rel. |
| A. | | | | | | | | | |
| B. | | | | | | | | | |
| C. | | | | | | | | | |
| D. | | | | | | | | | |

- B. Findings: Unsubstantiated [US] ~~Affirmed [AF]~~ Substantiated [SB] Unable to locate [UC]
- C. Finding Type: Physical Abuse [PA] Mental/Emotional Abuse [EA] Physical Neglect [PN]
 Lack of Supervision [LS] Medical Neglect [MN] Abandoned [AB]
 Sexual Abuse [SA] Sexual Abuse Sex Trafficking [HS] Sexual Abuse Labor Trafficking [HL]
 Substance Affected Infant [SI] ~~Educational Neglect [EN]~~
- D. Injury: Abrasions/Lacerations [AB] Bruises/Welts [BR] Burns [BU] Sprains/Dislocations [SP] Internal Injuries [II]
 Skull Fracture [SF] Brain Damage [BD] Poisoning [PO] Failure to Thrive [FT] No Injury Apparent [NO]
 Malnutrition [ML] Exposure/Freezing [EX] Dismemberment [DM] Bone Fracture (not head) [BF] Wounds, Cuts, Punctures [WO]
 Unknown [UK] Sexually Transmitted Disease [ST] Subdural Hematoma/Hemorrhage [SH] Other [OT]
- E. Degree of Injury: No Injury [NO] Minor Injury [MI] Moderate Injury [MO] Major Injury [MJ] Permanent Injury [PI] Dead [DD]
- F. Perpetrator Relationship to Child: Father [FA] Mother [MO] Stepparent [ST] Adoptive Parent [AM] Sibling [SI]
 Step Sibling [SS] Adoptive Sibling [AS] Aunt [AU] Uncle [UN] Cousin [CO]
 Nephew/Niece [NN] Friend [FR] Foster Parent [FP] Paternal Grandparent [GP] Not Related [NR]
 Maternal Grandparent [GM] Unknown [UK]

Section II

| A. Alleged Perpetrator(s) Name. Enter only the name of the alleged perpetrator(s) from PPS-1000 | | | | B. Alleged Perp's Finding | C. Finding Type | D. Facility Type | E. Relationship to Facility |
|---|-------|----|--|---------------------------|-----------------|------------------|-----------------------------|
| Last | First | MI | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

- B. Findings: Unsubstantiated [US] ~~Affirmed [AF]~~ Substantiated [SB] Unable to locate [UC]
- C. Finding Type: Physical Abuse [PA] Mental/Emotional Abuse [EA] Physical Neglect [PN]
 Lack of Supervision [LS] Medical Neglect [MN] Abandoned [AB]
 Sexual Abuse [SA] Sexual Abuse Sex Trafficking [HS] Sexual Abuse Labor Trafficking [HL]
 Substance Affected Infant [SI] ~~Educational Neglect [EN]~~
- D. Facility Type: Approved Relative Foster Home [RH] Child Care Center [CC] Child Placing Agency [CP] Day Care Referral Agency [DA]
 Detention [DT] Emergency Shelter [ES] Group Boarding Home [GH] Licensed Day Care Home [LH]
 Licensed Foster Home [FH] Other [OT] Reg Day Care Home [DH] Residential Center [RC]
 SI - MH [IH] SI - MR [IR] SI - JCF [CF] DCF Approved Relative Day Care [AD]
 Unregistered/Unlicensed Home [UH]
- E. Facility Relationship: Administrator, Licensee [AD] Adult residing in Household [AM] Employee-Clinical, consultant [EC] Employee Direct Care [ED]
 Employee-Other [EO] Visitor [VI] Youth over 10 in Household [YH] Volunteer [VO]
 Not Determined [ND] Other [OT] Youth over 10 in care [YC]

Section III

| | | | | |
|---|---|--|------------------|---|
| Report to County or District Attorney? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If Yes, mark one | |
| <input type="checkbox"/> No Recommendation [NR] | <input type="checkbox"/> Recommend No CINC [NP] | <input type="checkbox"/> Recommend CINC [RF] | / | / |

CASE FINDINGS
CHILD ABUSE AND NEGLECT REPORT

Section IV

| BASIS FOR FINDING Address each allegation in the narrative |
|--|
| |
| |
| |
| |
| |

| | |
|------------------|--|
| Date of Finding: | |
|------------------|--|

Section V: Required Signatures

CPS Specialist: _____

Date: _____

Supervisor: _____

Date: _____



**COMPLETING THE CASE
FINDINGS, FORM PPS 2011**

The PPS 2011 is completed in KIDS for all substantiated, third party and facility case findings. For unsubstantiated case findings, information is completed on the PPS 2011 and the Assessment Map in the Guided Practice App (GPA); below is an outline of the requirements for completing the case finding.

Section I of the PPS 2011 shall be completed for all substantiated and unsubstantiated case findings.

A. Alleged Victim's Name: Enter only the name(s) of the alleged victim(s) from the PPS 1000.

NOTE: Any child not identified as alleged victim at the time of the report but was later discovered to be an alleged victim must be added to the PPS 1000.

B. Alleged Victim Finding: Enter the finding code associated with one allegation type for a victim. A finding code must be completed for each assigned report type associated with a child alleged to have been a victim in the report. If there is more than one allegation associated with a child, additional lines should be used to record those victim findings.

C. Finding Type: Enter the code for the finding type. A finding type should be entered for each allegation associated with a child. If there is more than one allegation associated with a child, additional lines should be used to record those victim findings.

D. Injury Type: Enter the code which most closely describes the alleged victim(s) injury. AS A RESULT of abuse/neglect. If more than one injury applies, choose the most serious.

E. Degree of Injury [Severity Code]: Enter the degree of injury entered in column D.

F. Alleged Perpetrators Relationship to alleged victim: Enter the relationship of the alleged or substantiated perpetrator to the alleged victim by entering the number of the alleged perpetrator from Section II, A in the first box, and the code that describes the relationship of the alleged perpetrator to the alleged victim in the second box.

Section II of the PPS 2011 shall be completed for all substantiated and unsubstantiated case findings.

A. Alleged Perpetrator's Name: Enter each person listed on the PPS 1000 as an alleged perpetrator.

NOTE: Any person not identified as an alleged perpetrator at the time of the report but who was discovered to be an alleged perpetrator during the course of the assessment, is to be added to the PPS 1000.

B. Alleged Perpetrator's Finding: Enter the finding code for the alleged perpetrator.

C. Finding Type: Enter the code for the finding type. If more than one applies choose the most serious.

NOTE: D and E are completed only if the alleged incident occurred in a facility.

D. Facility Type: If the abuse or neglect is alleged to have occurred in a facility subject to licensing, enter the code for facility type.

E. Relationship to Facility: If an entry is made in D., enter the code for the perpetrators relationship to the facility.

Section III of the PPS 2011 shall be completed for all substantiated and unsubstantiated case findings.

Report to County or District Attorney related to CINC Proceeding: Check "Yes" or "No". If Yes, indicate which recommendation was made regarding CINC proceeding and enter the date sent to the County or District Attorney. If no recommendation was made regarding CINC proceeding, but a report was sent to the CA\DA, select "no recommendation".

Section IV

- **Date of Finding on the PPS 2011 (Shall be completed for all substantiated and unsubstantiated case findings):**
Enter the date of finding, which is the date the CPS Specialist and the supervisor staffed the case to determine the finding decision.

- **Basis for Finding and Rationale**
 - The basis for finding and rationale shall be documented on the PPS 2011 in KIDS for all third party, facility, and substantiated case findings.

 - The basis for finding shall be documented throughout the Assessment Map in the GPA for unsubstantiated case findings. The PPS 2011 in KIDS shall state "See Assessment Map".

 - The rationale shall be documented in the rationale section of the Assessment Map in GPA for unsubstantiated case findings.

 - Enter the rationale on which the case finding decision is based, the "why" of the finding decision as related to the specific facts considered from the investigation.

 - If the case finding differs from the original report allegation, explain here (for example, report is lack of supervision (runaway), finding is substantiated sexual abuse.)

 - If the investigation was delayed and case finding exceeds 30 working days from date of acceptance, explain here.

 - If basis for finding and rationale is are drafted by a Child Protective Investigator special investigator, CPS Specialist and supervisor need to review, approve and sign it.

☆ Practice Note:

This is a critical field. Discussion of decision reasoning recorded here must be understandable to an outside reviewer (e.g. Administrative hearing officer). The "Basis for Finding" must include the rationale used to reach the finding. This includes addressing ALL allegations from the PPS 1002. Initial Assessment and facts resulting from the investigation.

Section V of the PPS 2011 shall be completed for all substantiated and unsubstantiated case findings.

- **Signature of Supervisor:** Enter signature and date of signature electronically in the KIDS application. The case finding is not complete until the supervisor signs and dates electronically.

Note: If the supervisor does not sign and date, a finding has not been made.

- **Signature of CPS Specialist:** Enter signature and date electronically in the KIDS application.

Notice of Department Findings

| Date of Mailing: | | Event #: | | DCF Office: | |
|--|--|------------------------------------|---|-------------------------------------|------------------------------------|
| TO: | FROM: | | TELEPHONE #: | | |
| ADDRESS: Street/P.O. Box | ADDRESS: Street/P.O. Box | | | | |
| City | State | City | State | | |
| ZIP | ZIP | | | | |
| | | | | | <i>("Report Date" on PPS 1001)</i> |
| The Kansas Department for Children and Families has completed an investigation of a report dated: | | | | | |
| The following decisions have been made: | | | | | |
| Child's Name/ Alleged Victim | Allegation | Finding | Unsubstantiated Alleged Perpetrator OR Affirmed or Substantiated Perpetrator * | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <p>*NOTE TO THE REGARDING UNSUBSTANTIATED CASE FINDINGS ALLEGED PERPETRATOR: An unsubstantiated finding is a determination the incident reported was not affirmed or substantiated.</p> <p>*NOTE TO THE AFFIRMED PERPETRATOR: An Affirmed case finding does not result in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. Affirmed Perpetrators have the opportunity to appeal the Kansas Department for Children and Families (DCF) findings. See reverse side for additional information.</p> <p>*NOTE TO SUBSTANTIATED PERPETRATORS: Substantiated Perpetrators have the opportunity to appeal agency findings. If a substantiated perpetrator does not appeal or the appeal is unsuccessful, the substantiated perpetrator's name will be placed on the Kansas Child Abuse/Neglect Central Registry. Persons whose names appear on the Central Registry are not permitted by law to work, reside, or regularly volunteer in child care homes or facilities licensed or regulated by the Kansas Department for Health and Environment (KDHE) or the Kansas Department for Children and Families (DCF) Foster Care and Residential Facility Licensing. A substantiated finding may affect a substantiated perpetrator's current employment status in a childcare or residential facility licensed or regulated by the KDHE or DCF Foster Care and Residential Facility Licensing and such person's ability to obtain employment in the future. See reverse side for additional important information regarding appeal and expungement processes.</p> | | | | | |
| Recommendations: | <input type="checkbox"/> NO | <input type="checkbox"/> YES | Document Recommendations: | | |
| Is case finding substantiated or affirmed with a child under the age of three? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | YES If yes, a referral to Infant-Toddler Services shall be completed. | | |
| Basis of Decision: | | | | | |
| Distribution/copies: | An * in the box indicates persons receiving a copy of this notice. | | <input type="checkbox"/> | File | |
| <input type="checkbox"/> Parents/Care giver of child | <input type="checkbox"/> | Alleged Perpetrator | <input type="checkbox"/> | Child | |
| <input type="checkbox"/> Contractor providing services | <input type="checkbox"/> | Director of Facility | <input type="checkbox"/> | Child Placing Agency of foster home | |
| <input type="checkbox"/> KDHE | <input type="checkbox"/> | Regional Mental Health Field Staff | <input type="checkbox"/> | KDADS | |
| <input type="checkbox"/> KDOC-JS | <input type="checkbox"/> | DCF Foster Care and Residential | <input type="checkbox"/> | DCF Child Care Provider Manager | |

Notice of Department Findings

| | | | |
|---|--------------------|--|--|
| | Facility Licensing | | |
| <input type="checkbox"/> County/District Attorney (SB/AF) | | | |

Important Information

What do the terms “unsubstantiated,” “affirmed” and “substantiated” mean?

A report of alleged or suspected child abuse or neglect is determined to be “unsubstantiated” if a reasonable person would conclude it is more likely than not (preponderance of the evidence) the facts or circumstances do not result in a finding of abuse and/or neglect per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) definition.

~~A report of alleged or suspected child abuse or neglect is determined to be “affirmed” if a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions meet the abuse and/or neglect definition per applicable K.S.A. and K.A.R.~~

A report of alleged or suspected child abuse or neglect is determined to be “substantiated” if a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions meet the abuse and/or neglect definition per applicable K.S.A. and K.A.R. and criterion for a substantiated case finding is met. A substantiated case finding results in the perpetrator’s name being placed on the Kansas Child Abuse/Neglect Central Registry. The perpetrator is then prohibited from residing, working, or regularly volunteering in a childcare facility licensed or regulated by KDHE or Kansas Department for Children and Families Foster Care and Residential and Facility Licensing.

Information regarding unsubstantiated, ~~affirmed~~, or substantiated findings is restricted by law and is not available to the general public (K.S.A. 38-2209 et seq). The information retained by DCF for the purpose of assisting the department if additional reports are received involving the same children or adults. The information is available to other agencies with a legal responsibility to protect children, or as otherwise provided by law.

Substantiated Perpetrator

Substantiated perpetrators are those persons who have been substantiated as having committed an act of child abuse or neglect, as defined by Kansas Statutes Annotated 38-2202 and Kansas Administrative Regulations (30-46-10), and are then prohibited from residing, working, or regularly volunteering in a child care facility pursuant to K.S.A. 65-516, and amendment thereto. DCF has established criteria for determining when a perpetrator has been substantiated. A person who meets the criteria is substantiated and their name entered in the Kansas child abuse and neglect central registry. The Kansas Child Abuse Central Registry is a listing of persons who have been confirmed, validated or substantiated for child abuse or neglect.

Kansas law (K.S.A. 65-516) states no person shall knowingly maintain a licensed childcare or residential facility if there resides, works or regularly volunteers any person who is listed in the child abuse registry as confirmed, validated or substantiated for child abuse or neglect.

Notice of a substantiation will be provided to the Kansas Department of Health and Environment, the Kansas Department for Children and Families Foster Care and Residential Facility Licensing, and to the childcare or residential facility.

Release of Information

Information about reports or findings regarding child abuse and neglect is not available to the general public. The information is retained by DCF for the purpose of assisting the department if additional reports are received involving the same children or adults. The information is available to other agencies with a legal responsibility to protect children, or as otherwise provided by law (K.S.A. 38-2209 et seq). Information regarding a substantiated perpetrator will be released as required by law or upon a written release of information by the person whose name is listed on the registry.

Right to Appeal Decision

~~An affirmed or~~ substantiated perpetrator may appeal a decision of substantiation for child abuse and/or neglect by filing a written request for fair hearing pursuant to K.A.R. 30-7-68 *et seq.* with the Office of Administrative Hearings, 1020 S. Kansas, Topeka, Kansas 66612-1327 within 30 days from the date of the mailing of this Notice of Department Finding. An additional 3 days shall be allowed if this Notice of Department Finding is mailed. Additional information or fair hearing request forms may be obtained from any DCF office or on-line at <https://oah.ks.gov/Home/FilingMethods>. The person against whom an ~~affirmed or~~ substantiated finding decision has been made may have legal counsel or others to represent said person at the hearing. If the ~~affirmed or~~ substantiated person is dissatisfied with the hearing decision, said person with the ~~affirmed or~~ substantiated finding may request in writing a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

Expungement from the Central Registry

If a substantiated perpetrator’s name is placed on the Kansas child abuse and neglect central registry, said person may apply to the Secretary of DCF to have his or her name expunged from the central registry when three years have passed since the most recent entry of the substantiated person’s name on the registry and when there has been a change in his or her circumstances or there is new information for the panel to consider. The application for expungement shall be in writing and shall be directed to the Secretary of the Department for Children and Families, Attention: Prevention and Protection Services, 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.



Notice of Department Findings

NOTICE OF DEPARTMENT FINDINGS INSTRUCTIONS

| Date of Mailing: | Enter date notice is going in the mail | Event #: | ENTER the event # from FACTS | DCF Office: | ENTER the DCF Office sending the notice |
|--|--|---|---|--------------------------|--|
| TO: | ENTER the first and last name of person notice is being sent to | FROM: | ENTER the name of the CPS Specialist or designee sending the notice | TELEPHONE #: | ENTER the telephone # of CPS Specialist or designee sending the notice |
| ADDRESS: Street/P.O. Box | ENTER the address of the person notice is being sent to | ADDRESS: Street/P.O. Box | ENTER the address of CPS Specialist or designee sending the notice | | |
| City | ENTER the city of the person receiving the notice | State | ENTER the state of the person receiving the notice | City | ENTER the city of CPS Specialist or designee sending the notice |
| State | | State | ENTER the state of CPS Specialist or designee sending the notice | State | |
| ZIP | ENTER the zip code of the person notice is being sent to | ZIP | ENTER the zip code of CPS Specialist or designee sending the notice | | |
| The Kansas Department for Children and Families has completed an investigation of a report dated: | | | | | Date from the PPS 1001 |
| The following decisions have been made: | | | | | |
| Child's Name/ Alleged Victim | Allegation | Finding | Unsubstantiated Alleged Perpetrator OR Substantiated Perpetrator * | | |
| ENTER the child's first and last name If the allegation type and case finding decision is the same for all children. All the children can be entered on the same line. Insert and delete lines as needed to customize the notice. | ENTER one of the following allegation types: Physical Abuse Physical Neglect Sexual Abuse Lack of Supervision Emotional Abuse Medical Neglect Abandonment | ENTER Substantiated or Unsubstantiated | ENTER the alleged perpetrator's first and last name | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Recommendations: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Document Recommendations: Check either "Yes" or "No" to indicate whether services are recommended. Document recommendations, any information or resources for family to obtain the services, including information regarding services available from DCF or other community agencies. If services are recommended, the PPS 2020 Assessment Map is required. | | |
| Is case finding substantiated with a child under the age of three? Mark "Yes" or "No" to indicate whether the case finding is substantiated and the child is under the age of three. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, a referral to Infant-Toddler Services shall be completed per PPM 2543 | | | |
| Basis of Decision: If the case finding is unsubstantiated, the "Basis of Decision" section shall include only the following statement; "Facts and circumstances do not support a substantiated finding by clear and convincing evidence." If the case finding decision is substantiated, the notice should also include: 1. Date of report 2. Use of language indicating the standard of evidence being preponderance 3. A specific reason for the Department's finding decision | | | | | |
| Distribution/copies: | An * in the box indicates persons notice is being sent to | | | <input type="checkbox"/> | File |
| <input type="checkbox"/> Parents/Care giver of child | <input type="checkbox"/> | <input type="checkbox"/> Alleged Perpetrator | <input type="checkbox"/> | <input type="checkbox"/> | Child |
| <input type="checkbox"/> Contractor providing services | <input type="checkbox"/> | <input type="checkbox"/> Director of Facility | <input type="checkbox"/> | <input type="checkbox"/> | Child Placing Agency of foster home |
| <input type="checkbox"/> KDHE | <input type="checkbox"/> | <input type="checkbox"/> Regional Mental Health Field Staff | <input type="checkbox"/> | <input type="checkbox"/> | KDADS |
| <input type="checkbox"/> KDOC-JS | <input type="checkbox"/> | <input type="checkbox"/> DCF Foster Care and Residential Facility Licensing | <input type="checkbox"/> | <input type="checkbox"/> | DCF Child Care Provider Manager |
| <input type="checkbox"/> County/District Attorney (SB/AF) | | | | <input type="checkbox"/> | |

NOTICE OF DEPARTMENT
 FINDINGS INSTRUCTIONS

| Child's name | Allegation | Finding | Alleged Perpetrator OR Substantiated Perpetrator * |
|--|---|--|--|
| ENTER Child's name Enter first name and last name if necessary | ENTER Physical Abuse Physical Neglect Sexual Abuse Lack of Supervision Emotional Abuse Medical Neglect Abandonment | ENTER Unsubstantiated Affirmed Or Substantiated | ENTER Alleged perpetrator or Substantiated perpetrator's name |

*NOTE TO THE AFFIRMED PERPETRATOR: An Affirmed case finding does not result in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. Affirmed Perpetrators have the opportunity to appeal the Kansas Department for Children and Families (DCF) findings. See reverse side for additional information.

*NOTE TO SUBSTANTIATED PERPETRATORS: Substantiated Perpetrators have the opportunity to appeal agency findings. If a substantiated perpetrator does not appeal or the appeal is unsuccessful, the substantiated perpetrator's name will be placed on the Kansas Child Abuse/Neglect Central Registry. Persons whose names appear on the Central Registry are not permitted by law to work, reside, or regularly volunteer in child care homes or facilities licensed or regulated by the Kansas Department for Health and Environment (KDHE) or the Kansas Department for Children and Families (DCF) Foster Care and Residential Facility Licensing. A substantiated finding may affect a substantiated perpetrator's current employment status in a child care or residential facility licensed or regulated by the KDHE or DCF Foster Care and Residential Facility Licensing and such person's ability to obtain employment in the future. See reverse side for additional information.

- If the allegation type and case finding decision is the same for all children. All the children can be entered on the same line.
- Insert and delete lines as needed to customize the notice.

| | | |
|-----------------------------|--|----------------------------------|
| Recommendations: | <input type="checkbox"/> YES For: <input type="checkbox"/> Family <input type="checkbox"/> KDHE regarding facility reports — | Document Recommendations: |
| <input type="checkbox"/> NO | | |

- Check either "Yes" or "No" to indicate whether services are recommended.
- If "Yes" check whether "Family" case; or "KDHE" facility case.
- Document recommendations, any information or resources for family to obtain the services, including information regarding services available from DCF or other community agencies.
- If services are recommend, a full risk assessment PPS 2030D is required

| | | |
|--|---|--|
| Is case finding substantiated or affirmed with a child under the age of three? | <input type="checkbox"/> Yes <input type="checkbox"/> No | YES If yes, a referral to Infant Toddler Services shall be completed. |
|--|---|--|

- — Check whether report is substantiated or affirmed with a child under the age of three.
- — If "Yes", a referral shall be made to Infant Toddler Services per PPM 2543.

Basis of Decision:

- — If the case finding is unsubstantiated, the "Basis of Decision" section shall include only the following statement; "Facts and circumstances do not support a substantiated finding by clear and convincing evidence."
- — If the case finding decision is substantiated or affirmed, the notice should also include:
 1. Date of report
 2. Use of language indicating the standard of evidence being preponderance
 3. A specific reason for the Department's finding decision

NOTICE OF DEPARTMENT FINDINGS INSTRUCTIONS

~~Distribution: An ✖ in the box indicates persons receiving a copy of this notice.~~

| | | |
|---|--|---|
| <input type="checkbox"/> Parents/caregiver of child | <input type="checkbox"/> Alleged perpetrator | <input type="checkbox"/> File |
| <input type="checkbox"/> Contractor providing services | <input type="checkbox"/> Director of facility | <input type="checkbox"/> Child |
| <input type="checkbox"/> KDHE | <input type="checkbox"/> Regional Mental Health Field Staff | <input type="checkbox"/> Child placing agency or Foster home |
| <input type="checkbox"/> KDOC JS | <input type="checkbox"/> DCF Foster Care and Residential Facility Licensing | <input type="checkbox"/> KDADS |
| | | <input type="checkbox"/> DCF Child Care Provider Manager |

~~• The same copy can be sent to all parties as appropriate. Each notice may be addressed to the individual receiving the notice. Please indicate on the copy file who receives a copy of the notice.~~

~~• PPM 2541 provides circumstances where separate notices may be indicated.~~

NOTIFICATION OF ~~AFFIRMED OR~~ SUBSTANTIATED
 CASE FINDING

TYPE or PRINT LEGIBLY

| | | | |
|---------------------------------------|-----------------------------|---------------------------------------|----------------------------------|
| To: | County or District Attorney | Only Upon Request CC: | Abuse /Neglect/Exploitation Unit |
| Name: | | Date of Request: | |
| <input type="checkbox"/> Emailed | | <input type="checkbox"/> Emailed | |
| <input type="checkbox"/> Faxed to No: | | <input type="checkbox"/> Faxed to No: | 785-296-7796 |
| Date: | | Date: | |

| | |
|--|--|
| From: | |
| DCF Service Center: | |
| Telephone Number: | |
| Incident City & County: | |
| FACTS Case #: | |
| CONFIDENTIALITY NOTICE: The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. The information contained in the material is privileged and is intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited and may subject you to civil or criminal penalties. If you receive this facsimile transmission in error, please immediately notify the sender by telephone to arrange for the return of the forwarded documents. | |

| | | |
|--|----------------------------------|---|
| Was Law Enforcement involved in the investigation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (complete below) |
| Was Law Enforcement forwarded the finding? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (complete below) |
| Name of Law Enforcement Officer: | | |
| Law Enforcement Agency: | | |
| Police Report Number: <small>If readily available</small> | | |
| Telephone Number: | | |
| Current CINC or Criminal Case Number(s): <small>If Applicable and readily available</small> | | |
| Child(ren) is currently in DCF custody? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current placement of child(ren) <small>(DCF custody only):</small> | <input type="checkbox"/> In Home | <input type="checkbox"/> Out of home |

| | | |
|------------------|------------------|-------|
| NUMBER OF PAGES: | Cover Sheet plus | Pages |
|------------------|------------------|-------|

Child report attachments

- PPS 2011
 - If case finding is delayed, either the allowable reason per policy, OR the statement per PPM 2531 for a non-allowable reason is documented on PPS 2011.
- PPS 2012
- PPS 1000 page 1



REVIEW OF RECURRENT MALTREATMENT IN SIX MONTHS

Date of Review: _____ Case Name: _____

List the following information on the most recent event with an affirmed or substantiated finding and the previous event with an affirmed or substantiated finding occurring within 6 months from the initial substantiated finding date:

| Event Number | Date of Case Finding | Date of Incident | Allegation Types (AF or SB finding only) | Name of Victims (AF or SB finding only) | Name/relationship to the victim | CPS Specialist |
|--------------|----------------------|------------------|--|---|---------------------------------|----------------|
| | | | | | | |
| | | | | | | |

Completion of the Investigation/Assessment Activities: Was the assignment appropriate? Are there elements of the investigation that were not documented? Were policy and procedures followed? Was there a pattern to the maltreatment incidents? Is the seriousness of the maltreatment escalating? Was there other sources of information missed that may make a difference in the investigation/assessment?

Concurrence with Findings: Does the reviewer concur with the case findings? Is the Basis of Findings documented adequately to support the decisions? Suggestions for documenting the case findings.

Service Provision: Have services been offered or provided? Was the family cooperative with services recommend? Were services needed available? Were services provided/recommended related to the identified risk factors?

Recommendations: Any recommendations regarding this case? Are there recommendations regarding practice, policy or procedures? Is there anything that would have prevented this maltreatment?

Reviewer's Signature: _____

Date: _____



AD ASTRA PER ASPERA

Kansas

Department for Children
and Families
*Prevention and
Protection Services*

6. Can parent/caregiver with limitations care for self and children?
7. Can substance abusing parent/caregiver function adequately to care for children?

Date Decision Made: _____ **Time:** _____

Page 2 of 3

STATUS: Identifying Information

Case Name: _____ FACTS Case #: _____ FACTS Event #: _____
Social Worker: _____ Date of Assignment: _____

Section IV: Case Action/Initial Service Plan

A. Describe one strength and one need of the Family:

Strength: _____
Need: _____

B. Case Opened for services:

1. Initial Service Plan:

- Family Services** Is a safety plan in place? **Yes** **No** (Complete case planning forms)
- Family Preservation** Is a safety plan in place? **Yes** **No** (Complete PPS 5000)
- Foster Care (Complete PPS 5110)**
- Adoption**

The following question will have a change due to system changes after January 2018 (effective date to be announced by PPS Administration). Prior to system changes effective upon announcement by PPS Administration the below question shall be used:

2. If case is opened for services, summarize reason for DCF involvement (if CINC/NAN describe reasonable efforts to prevent out of home placement):

The following title to this section will be effective and will take the place of the title upon system changes after January 2018 (effective date to be announced by PPS Administration).

2. If case is opened for services, summarize reason for DCF involvement (if FINA describe reasonable efforts to prevent out of home placement):

3. **Initial Permanency Goal** Maintenance Reintegration Adoption Guardianship Independent Living

4. **Child Protection Objective(s):** List at least one and no more than three.

C. Close Case

- DCF services not indicated
- Family refused services
- Family moved, cannot be located. Medical needs were unable to be determined.
- Another community agency is currently providing services.
- Assessment completed and current service plan continues.

Section V: Timeliness of Family Based Assessment/Initial Service Plan

- Completed within 30 working days of case acceptance (child not in custody)
- Completed within 30 calendar days of child placed in DCF custody

- Not completed within required time due to the following reasons:
 - Child/family moved and could not be located or child/family left state.
 - DCF was directed not to proceed by county/district attorney or law enforcement.
 - Appointments scheduled but persons failed to keep the appointments.
 - Parents refused to cooperate/access to the child and county/district attorney will not pursue.
 - Child out of state - i.e. staying with relatives.
 - Other reason not under DCF control (explain below)

Section VI: Required Signatures:

CPS Specialist: _____ Date: _____
Supervisor _____ Date: _____



FACTS Case
 Name _____

FACTS Case
 Number _____

Facts Case ID
 # _____

(CHECK ALL SERVICES WHICH ARE A PART OF THIS SERVICE PLAN TO BE DELIVERED OVER THE NEXT 170 DAYS)

| | | | | |
|---|---|--------------------------|---|---------------------------------|
| HEALTH | | <input type="checkbox"/> | In-Patient Treatment | MD03N/P |
| <input type="checkbox"/> | Out-Patient Treatment | | MD02 N/P MD02 N/P | |
| <input type="checkbox"/> | Speech Therapy | | MD04N/P | |
| <input type="checkbox"/> | Occupational Therapy | | MD05N/P MD05 N/P | |
| EDUCATIONAL/VOCATIONAL | | <input type="checkbox"/> | Vocational Education | ED05 N/P ED05 N/P |
| <input type="checkbox"/> | Tutoring | | ED01 N/P | |
| <input type="checkbox"/> | Special Education Program | | ED02 N/P | |
| <input type="checkbox"/> | Adult Basic Education | | ED03 N/P | |
| <input type="checkbox"/> | GED Preparation/High School Grad | | ED04 N/P ED04 N/P | |
| <input type="checkbox"/> | Driver's Education | | ED06 N/P | |
| <input type="checkbox"/> | College | | ED07 N/P | |
| <input type="checkbox"/> | Education Advocate | | ED08 N/P | |
| <input type="checkbox"/> | Attendance | | ED09 N/P | |
| MENTAL HEALTH SERVICES/DEVELOPMENTAL SERVICES | | <input type="checkbox"/> | Partial-Day Social or Educational Services* | ME06 N/P ME06 N/P |
| <input type="checkbox"/> | Psychological Testing* | | ME01 N/P | |
| <input type="checkbox"/> | Individual Therapy | | ME02 N/P | |
| <input type="checkbox"/> | Group Therapy | | ME03 N/P | |
| <input type="checkbox"/> | Family Therapy | | ME04 N/P | |
| <input type="checkbox"/> | Counseling* | | ME05 N/P | |
| <input type="checkbox"/> | Medicine Management | | ME07 N/P | |
| <input type="checkbox"/> | Child/Youth Mentorship (under 15)* | | FU03 N/P | |
| <input type="checkbox"/> | Attendant Care | | FU05 N/P | |
| <input type="checkbox"/> | Early Ed (ITS/IDEA) | | FU06 N/P | |
| <input type="checkbox"/> | Waivers (HCBS) | | FU08 N/P | |
| HOUSING SERVICES | | <input type="checkbox"/> | Residence Adaptation | HO04 N/P HO04 N/P |
| <input type="checkbox"/> | Emergency Clothing | | HO01 N/P HO01 N/P | |
| <input type="checkbox"/> | Emergency House Repairs | | HO02 N/P | |
| <input type="checkbox"/> | Household Furniture/Appliances | | HO03 NP | |
| <input type="checkbox"/> | Emergency Utilities | | HO05 N/P | |
| <input type="checkbox"/> | Emergency Shelter or Rental Assistance | | HO06 N/P | |
| EMPLOYMENT SERVICES | | <input type="checkbox"/> | Employment Preparation Services | EM01 N/P |
| PROTECTIVE OR FAMILY PRESERVATION SERVICE | | <input type="checkbox"/> | Emergency Shelter* (protective) | PR08 N/P |
| <input type="checkbox"/> | Intake and Assessment | | PR01 N/P | |
| <input type="checkbox"/> | In-Home Family Treatment* | | PR02 N/P | |
| <input type="checkbox"/> | Family Preservation Referral | | PR03 N/P | |
| <input type="checkbox"/> | Parenting Education* | | PR04 N/P PR04 N/P | |
| <input type="checkbox"/> | Respite Care* | | PR06 N/P | |
| <input type="checkbox"/> | Program (family) support Services* | | PR07 N/P | |
| <input type="checkbox"/> | Family Services Referral | | PR10 N/P | |
| INCOME SERVICES | | <input type="checkbox"/> | Budgeting | IN02 N/P IN02 N/P |
| <input type="checkbox"/> | Child Support | | IN01 N/P | |
| <input type="checkbox"/> | Family Financial/Reunification Asst * | | IN03 N/P | |
| <input type="checkbox"/> | Assist with Applications for Assistance | | IN03 N/P | |
| SUPPORT FOR FAMILY FUNCTIONING SERVICES | | <input type="checkbox"/> | Social Service Coordination (DCF) | FU04 N/P |
| <input type="checkbox"/> | Case Management | | FU01 N/P | |
| <input type="checkbox"/> | Basic Living Skills | | FU02 N/P | |
| <input type="checkbox"/> | Mediation Services* | | FU07 N/P | |
| ADOPTION SERVICES | | <input type="checkbox"/> | Adoptive Family Assessment (Home Study*) | AO03 N/P AO03 N/P |
| <input type="checkbox"/> | Adoptive Placement Services | | AO01 N/P | |
| <input type="checkbox"/> | Adoptive Family Preparation Services | | AO02 N/P | |
| <input type="checkbox"/> | Adoptive Family Recruitment | | AO04 N/P | |
| <input type="checkbox"/> | Adoption Subsidy | | AO05 N/P | |
| CHILD CARE SERVICES* | | <input type="checkbox"/> | Child Care Center Services | CH02 N/P |
| <input type="checkbox"/> | Child Care in Other Home Services | | CH01 N/P | |
| <input type="checkbox"/> | Child Care in Own Home Services | | CH03 N/P | |
| INDEPENDENT LIVING SERVICES only for youth ages 14 to 26 receiving IL Services (See PPS 3057A for definitions) | | <input type="checkbox"/> | Housing Education | IL08N IL08N |
| <input type="checkbox"/> | Special Education | | IL01N | |
| <input type="checkbox"/> | Needs Assessment | | IL02N IL02N | |
| <input type="checkbox"/> | Academic Supports | | IL03N | |
| <input type="checkbox"/> | Post Secondary Education Support | | IL04N IL04N | |
| <input type="checkbox"/> | Career Preparation | | IL05N | |
| <input type="checkbox"/> | Health Education and Risk Prevention | | IL09N | |
| <input type="checkbox"/> | Family Support and Marriage Education | | IL10N IL10N | |
| <input type="checkbox"/> | Mentoring | | IL11N | |
| <input type="checkbox"/> | Supervise Independent Living | | IL12N | |
| <input type="checkbox"/> | Room and Board Financial Assistance | | IL13N | |

| | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Employment or Vocational Programs IL06N | IL06N | <input type="checkbox"/> Education Financial Assistance | IL14N |
| <input type="checkbox"/> Budget and Financial Management IL07N | IL07N | <input type="checkbox"/> Other Financial Assistance | IL15N |
| OTHER | | <input type="checkbox"/> Drug and Alcohol Services | OT04 N/P |
| <input type="checkbox"/> Clothing Allowance* | OT01 N/P | <input type="checkbox"/> Interpreter Services | OT03 N/P |
| <input type="checkbox"/> Non-Medical Transportation* | OT02 N/P | <input type="checkbox"/> Courtesy Supervision | OT06 N/P |

* Indicates the service is described in the Handbook of Services, EP Appendix E,-in the PPS Policy and Procedure Manual. A service is a category of good(s) or service(s) which can be identified within the case plan as an item which is used to address a family's need. The service codes are entered into FACTS to track the goods and services provided to families. The suffix 'N' means the good(s) or service(s) is provided at no direct charge to DCF. The suffix 'P' means DCF is paying the source of the service/good directly.



| | | | |
|---------------------------|--|------------------------|------------------|
| First Name: | Last Name: | Date of Birth: | Age: |
| FACTS Case Number: | Projected Release from Custody (ROC): | Date Completed: | Pronouns: |

This plan shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team.

Creation of a plan for successful adulthood is based on steps needed to achieve the youth or young adult's future goals and plans.

Section 1: Getting to Know Me

Required for all youth ages 14 and older, attach additional pages or expand sections as needed.

What I would like people to know about me:

Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.

What I would like people to know about my culture and things that are important to me:

What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?

My greatest strengths and talents are:

Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.

The top three things that I need most right now are:

What help/support do I need right now?

Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.

1.

2.

3.

| Section 2: My Support Network | |
|---|---------------|
| <i>Required for all youth ages 14 and older.</i> | |
| <i>Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?</i> | |
| <i>Who could you call for general/everyday support when you need it?</i> | |
| Name: | Phone: |
| Relationship: | Email: |
| I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| Relationship: | Email: |
| I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| Relationship: | Email: |
| I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| Relationship: | Email: |
| I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| Relationship: | Email: |
| I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| Relationship: | Email: |
| Tasks to add to case plan to help build my support network <i>(family finding, set up visits/phone calls, refer to mentor or support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)</i> | |
| 1. | |
| 2. | |
| 3. | |

| Section 3: My Identifying Documents | | |
|--|---|--------------------------------|
| Required for all youth ages 14 and older | | |
| <i>These important documents are critical for your transition to adulthood and are required for you to have before you leave care. What documents do you have and what do you still need before you leave care?</i> | | |
| <i>Per DCF Policy, copies of third-party information may not be released without written permission from the originating source.</i> | | |
| Personal Documents | Current Document Status | Where is the document located? |
| An Official or Certified Copy of Birth Certificate | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Social Security Card issued by SSA | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Valid State-Issued Photo Identification | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Valid State-Issued Permit | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Valid State-Issued License | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i> | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Immunization Records | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Medical History: <i>Including current medical treatment, current providers, and medications</i> | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Copy of Medical and Genetic Information | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Social History: <i>Including release of allowable records from time in custody</i> | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated: | |
| Life Book | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated: | |
| Additional documents for young adults 18 and older | | |
| Copy of Consumer Credit Report | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Medicaid Card/Health Insurance information | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Voter Registration | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| DCF Custody Verification Letter | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Tribal Enrollment Card/Tribal Documentation | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Selective Service Registration | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Citizenship/Immigration Documents | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Healthcare Proxy or Medical Power of Attorney | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Do you have a safe place to keep your important documents when you are released from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Tasks to add to case plan to obtain my identifying document(s): <i>(update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)</i> | | |
| 1. | | |
| 2. | | |
| 3. | | |

| Section 4: Life Skills | | | | | | | | | |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <i>Required for all youth ages 14 and older</i> | | | | | | | | | |
| <i>On a scale of 1 to 5, with 5 being I am completely prepared and able to complete these tasks without assistance and 1 being I am not prepared or able to complete these tasks without assistance, where would you rate yourself on the following?</i> | | | | | | | | | |
| Self-Care/Hygiene: | | | | | | | | | |
| <i>(bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| Laundry | | | | | | | | | |
| <i>(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| Healthy Living Environment: | | | | | | | | | |
| <i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| Grocery Shopping | | | | | | | | | |
| <i>(understanding sales and coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| Cooking/Meal Preparation | | | | | | | | | |
| <i>(preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| Communication Skills: | | | | | | | | | |
| <i>(making appointments and keeping a schedule, setting up an e-mail, and communicating in a professional manner)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| Money Management and Budgeting: | | | | | | | | | |
| <i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student or car loans, credit cards, payday loans, etc.)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| Accessing Community Resources and Public Transportation | | | | | | | | | |
| <i>(bus or taxi services; emergency resources for food, clothing, and shelter; crisis or emergency services, etc.)</i> | | | | | | | | | |
| Youth Assessment | | | | | Worker/Supportive Adult(s) Assessment | | | | |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |

Have you completed a Casey Life Skills Assessment (CLSA)? Yes Date: _____ No Unsure

Some additional life skills I would like to learn or work on before I become an adult are:

Worker/Supportive Adult(s) specific suggested areas of life skill development include:

What would the youth/young adult need to increase their number? What would you need to see to increase your number?

Tasks to add to case plan to help develop my life skill(s):

1.

2.

3.

Section 5: Youth Advocacy
Required for all youth ages 14 and older
“Nothing About Us, Without Us!”

Kansas Youth Advisory Council & Regional Youth Advisory Council *(check below)*

I have been to a Regional Youth Advisory Council (RYAC) event: Yes No Unsure

I have been to Kansas Youth Advisory Council (KYAC) event: Yes No Unsure

I am interested in KYAC, RYAC, or both: Yes No Unsure

I would need help getting rides to KYAC, RYAC or both meetings: Yes No Unsure

KYAC Contact:

RYAC Contact:

Other Youth Advocacy Organizations: *ex: Kansas Youth Empowerment Academy (KYEA), Youth Leaders in Kansas (YLinK), student groups, etc.*

| Section 6: My Education Plan <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i> | | | |
|---|---|---|---|
| Current or Most Recent School Attended: | | Current Grade Level: | Highest grade completed: |
| Vocational Supports: <i>Do you have any of the following? (check below)</i> | | | |
| An Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| An Education Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, what is their name?</i> | | | |
| Visual Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | Deaf or Hard of Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Use of an Alternative Device for Learning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | Other Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Would you like to be evaluated for any of these services or supports? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | | |
| Specific IEP/504 Plan Accommodations: | | | |
| | | | |
| If you are under 16, please go to page 11 | | | |
| I intend to complete my (check below): (Ages 16 and older) | | | |
| <input type="checkbox"/> HS diploma at (name of school): | | Number of Credits Earned: | |
| <input type="checkbox"/> GED at (name of institution/program): | | Number of Tests Passed: | |
| <input type="checkbox"/> Obtain a Vocational Certificate at (name of school): | | | |
| <input type="checkbox"/> Post-secondary training/degree at (name of school): | | | |
| Highest Level of Education Completed (check below all that apply): (Ages 16 and older) | | | |
| <input type="checkbox"/> HS diploma at (name of school): | | | |
| <input type="checkbox"/> GED at (name of institution/program): | | | |
| <input type="checkbox"/> College Credits (name of institution and major): | | Number of Credits Earned: | |
| <input type="checkbox"/> Technical/Trade Training (name of institution and program): | | | |
| I would like more information about the following: | | | |
| <input type="checkbox"/> A-OK Program | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Tuition Waiver | <input type="checkbox"/> First-Aid/CPR |
| <input type="checkbox"/> Contacting My School Counselor | <input type="checkbox"/> Applying for an Education Program | <input type="checkbox"/> College Campus Tours | <input type="checkbox"/> Military Enlistment |
| <input type="checkbox"/> Choosing Classes | <input type="checkbox"/> Applying for Scholarships | <input type="checkbox"/> Feeling Alone on Campus | <input type="checkbox"/> Bullying/Anti-Bullying |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> FAFSA Application | <input type="checkbox"/> TRIO/Upward Bound | <input type="checkbox"/> Sports/School Activities |
| <input type="checkbox"/> Dual Credit Classes | <input type="checkbox"/> Understanding Student Loans and Financial Aid | <input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS) | <input type="checkbox"/> Kansas Kids at GEAR UP (KKGU) |
| <input type="checkbox"/> IEP/504 Plan | <input type="checkbox"/> Test Preparation (ACT/SAT) | <input type="checkbox"/> Educational Counseling | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth in foster care) KS Statute #38-2285 | <input type="checkbox"/> Obtaining Education with a Disability (federal WIOA H.R. 803 Section 422) | <input type="checkbox"/> Vocational Rehabilitation (VR) Services | |
| Tasks to add to case plan to address my educational goals and needs: <i>(Enroll, submit FAFSA application, talk to an advisor, scholarships, placement exams meet with school counselor, pick my elective classes, purchase materials, pay registration fees etc.)</i> | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |



| Section 7: My Health/Well-Being <i>Required for all youth ages 16 and older</i> <i>Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.</i> | | |
|--|--|--|
| My Medicaid or other health insurance provider is: (check below) | | |
| <input type="checkbox"/> United <input type="checkbox"/> Sunflower <input type="checkbox"/> Healthy Blue <input type="checkbox"/> Other: | | |
| My Primary Care Doctor is: | Phone: | |
| My OB/GYN Doctor is: | Phone: | |
| My Eye Doctor is: | Phone: | |
| My Mental Health Provider is: | Phone: | |
| My Preferred Pharmacy is: | Phone: | |
| My Dentist is: | Phone: | |
| My Other Provider is: | Phone: | |
| My Other Provider is: | Phone: | |
| Are you comfortable with the listed providers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you find these services helpful? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| I know how to: (check below) | | |
| <input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Fill Prescriptions <input type="checkbox"/> Take Medications as Prescribed <input type="checkbox"/> Obtain and Use Birth Control <input type="checkbox"/> Ask for Help <input type="checkbox"/> Other: | | |
| I take the following medications: (list all medications and the reason they are prescribed): or <input type="checkbox"/> I am not taking medications | | |
| Medication: | Reason: | How often: |
| Medication: | Reason: | How often: |
| Medication: | Reason: | How often: |
| Medication: | Reason: | How often: |
| Do you have any concerns with the medications you are taking? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you understand the short-term and/or long-term effects of the medications you are taking? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you plan to continue taking your prescribed medications after being released from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i> | | |
| I would like more information on: (check below) | | |
| <input type="checkbox"/> Changing Doctors | <input type="checkbox"/> Communicating with my Doctors | <input type="checkbox"/> Sobriety Support |
| <input type="checkbox"/> Scheduling Appointments | <input type="checkbox"/> Applying for Medical Insurance | <input type="checkbox"/> LGBTQIA2S+ Supports |
| <input type="checkbox"/> Filling Prescriptions | <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Taking Medications as Prescribed | <input type="checkbox"/> Mental/Emotional Health | <input type="checkbox"/> Domestic Violence Resources |
| <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Abstinence/Sexual Health | <input type="checkbox"/> Renewing Health Insurance |
| <input type="checkbox"/> Obtaining/Using Birth Control | <input type="checkbox"/> Tobacco/Vape Use and Quitting | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Healthy Habits | <input type="checkbox"/> Connecting to Community Resources | <input type="checkbox"/> Other: |

Tasks to add to case plan to address my overall health and well-being: *(scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)*

1.

2.

3.

Section 8: My Employment and Financial Plan
Required for all youth ages 16 and older

My Current Employment Status *(Check all that apply):* Full-Time Part-Time Volunteering Student
 Active Job Search Internship/Work Study Unable to Work No Work History Other:

If employed, where do you work?

How long have you had your current job?

I would like more information about the following topics:

| | | |
|---|---|--|
| <input type="checkbox"/> Job/Career Fairs | <input type="checkbox"/> Opening a Checking/Savings Account | <input type="checkbox"/> Understanding My Credit |
| <input type="checkbox"/> Interviewing | <input type="checkbox"/> Completing Job Applications | <input type="checkbox"/> Credit Reports/Identity Theft |
| <input type="checkbox"/> Finding a Job with Criminal History | <input type="checkbox"/> Creating a Resume/Cover Letter | <input type="checkbox"/> Saving Money for My Future |
| <input type="checkbox"/> Vocational Rehabilitation (VR) | <input type="checkbox"/> Finding a Job | <input type="checkbox"/> Taxes and W-2s |
| <input type="checkbox"/> Jobs for America's Graduates-Kansas (JAG-K) | <input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS) | <input type="checkbox"/> Joining the Military |
| <input type="checkbox"/> Job Corp | <input type="checkbox"/> Online Banking/Bill Pay | <input type="checkbox"/> Job Shadowing |
| <input type="checkbox"/> Applying for/Understanding Social Security Benefits (SSI/SSDI) | <input type="checkbox"/> Obtaining Employment with a Disability | <input type="checkbox"/> Other: |

What are some jobs or careers that interest you? *What level of education and/or experience do you need to obtain that job/career?*

Financial Awareness:

Do you have a checking account? Yes No

Do you have a savings account? Yes No

If yes, who has access to your account(s)?

Would you like to open a checking/savings account? Yes No

Who can help you set up a banking account?

Do you understand fees that are associated with a bank and/or debit card? Yes No

Do you have any credit cards or loans? Yes No

Are you interested in budgeting classes? Yes No

Has someone talked to you about running an annual credit report to check your credit score? Yes No

I have \$_____ saved

My goal is to save \$_____ per _____ (week/month) for _____ (6 months, year, etc.)

Where will you get the money from for your savings?

Who will have access to the money that you are saving? *(if different from who will access your bank accounts)*

Tasks to add to case plan to address my employment and financial goals: *(Open checking/savings account, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.)*

1.

2.

3.

| | |
|--|------------------------------|
| Section 9: My Transportation Plan <i>Required for all youth ages 16 and older</i> | |
| I currently have the following transportation available to me <i>(check all that apply):</i> | |
| <input type="checkbox"/> Family/Friends <input type="checkbox"/> Placement/Caseworker <input type="checkbox"/> I have my own car <input type="checkbox"/> I borrow a car <input type="checkbox"/> Paid Ride Service/Taxi <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Other: | |
| I need transportation to: <i>(check all that apply)</i> | |
| <input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Recreation <input type="checkbox"/> Appointments <input type="checkbox"/> Complete My Restricted License <input type="checkbox"/> Other: | |
| My Legal Driving Status: <i>(check all that apply)</i> | |
| I currently have a: <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid Restricted Driving Permit <input type="checkbox"/> Valid Learning Permit <input type="checkbox"/> Expired License/Permit <input type="checkbox"/> No Permit/License <input type="checkbox"/> Suspended License <input type="checkbox"/> Other: | |
| If you have a valid license, when does it expire? | |
| I am interested in getting my: <input type="checkbox"/> Driver's License <input type="checkbox"/> Restricted Driving Permit <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Taking Driver's Education <input type="checkbox"/> Completing Driving Hours <input type="checkbox"/> Practicing the Permit Test <input type="checkbox"/> Other: | |
| Barrier(s) to obtaining my license: | |
| Has a referral been made to We Kan Drive (WKD)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I know how to keep my car in working order by: <i>(gas, regular maintenance, change a tire, pick the correct gas, change my oil etc.)</i> | |
| I would like to learn how to perform regular car upkeep/repair: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| If you own a vehicle: | |
| Who is on the title? <i>(If someone else is the primary person on the title please explain if and when that will transfer to the youth)</i> | |
| Who is it registered to? <i>(List all names on registration)</i> | |
| Vehicle Tag (Registration) Expiration: | Insurance company name: |
| Insurance policy number: | Insurance policy expiration: |
| Drivers listed on the policy: | |
| Tasks to add to case plan to address my transportation goals: <i>(enroll in driver's education, referral to We Kan Drive, go to DMV, save for vehicle, purchase vehicle, explore auto insurance rates, etc.)</i> | |
| 1. | |
| 2. | |
| 3. | |



If you are under 17, please go to page 12

Section 10: My Housing Plan
Required for all youth ages 17 and older

I understand that DCF Independent Living does not provide physical placement or housing after release of custody Yes No

Where I currently live:

Foster Home Relative Non-Relative Group Facility Shelter Detention Secure Care Other:

My options for housing, once I am released are: (select all that apply)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Relative | <input type="checkbox"/> Friend/Non-Relative | <input type="checkbox"/> Current Placement | <input type="checkbox"/> College Dorm* |
| <input type="checkbox"/> Supportive Adult | <input type="checkbox"/> Transitional Living Program | <input type="checkbox"/> Military Housing | <input type="checkbox"/> Unsure Where I will Live |
| <input type="checkbox"/> Residential Community Setting | <input type="checkbox"/> Sober Living/Halfway House | <input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: |

Who I plan to live with: (name, relationship, and address, if applicable):

Have you talked with them about household rules, financial expectations, etc.? Yes No

Do you need help talking about household expectations? Yes No

What is your plan if this housing option does not work out?

**If you are planning on living in the dorms, where will you stay during breaks?*

I would like more information regarding:

Locating Housing Applying/Budgeting for Housing Signing a Lease Public Housing Section 8 Vouchers
 Foster Youth to Independence (FYI) Vouchers Utility Deposits and Costs Other:

I have completed the following to develop my housing plan:

| | | |
|--|---|---|
| <input type="checkbox"/> Researched apartment listings | <input type="checkbox"/> Applied for apt/house | <input type="checkbox"/> Secured a co-signer, if needed |
| <input type="checkbox"/> In person apartment or house hunting | <input type="checkbox"/> Approved for apt/house <i>If so, has a lease been signed?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Secured deposits, if needed |
| <input type="checkbox"/> Applied for affordable housing (FYI, HUD Section 8 or income-based housing) | <input type="checkbox"/> I have budgeted and am able to pay my monthly expenses | <input type="checkbox"/> Developed solid plans with potential roommates or family members |
| <input type="checkbox"/> Other: | | |

The estimated cost of my housing plan is: \$ _____ per month semester year (check one)

I understand which utilities I will be responsible for and about how much they will cost me each month Yes No

What utilities will you have to pay each month?

Where will you get the money to pay for your housing and utilities?

Who will have access to your money to pay bills?

What resources do you plan to use if you don't have enough money to pay rent or bills?

Tasks to add to case plan to secure housing prior to release: (search/apply for housing, apply for public housing, talk with housing resource about household expectations, apply for dorms, etc.)

- 1.
- 2.
- 3.



If this section does not apply, please go to page 12 N/A

Section 11: Legal

Required for all youth ages 14 and older who have current or pending charges, convictions, or both.

| | |
|-------------------------|-------------------------|
| Next Court Date: | Type of Hearing: |
|-------------------------|-------------------------|

Current charges:

Pending charges:

Past convictions:

Counties charges/convictions are from:

| | |
|--------------------------------|---------------------|
| Court Services Officer: | Email/Phone: |
|--------------------------------|---------------------|

| | |
|---------------------------|---------------------|
| Probation Officer: | Email/Phone: |
|---------------------------|---------------------|

| | |
|------------------|---------------------|
| Attorney: | Email/Phone: |
|------------------|---------------------|

| | |
|--|--|
| Do you know how to contact these people? <input type="checkbox"/> Yes <input type="checkbox"/> No | When is your next meeting with your court services/probation officer? |
|--|--|

Court Orders:

Court Fines and Fees Owed:

What are your plans for completing court orders and paying fines or fees?
(If no identified plan, please include tasks below to address creating a plan)

How do your current or past charges and court orders create barriers to your transition into adulthood?
What supports/resources can be explored to address these barriers?

Tasks to add to case plan to address current and pending charges and/or convictions: *(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)*

1.

2.

3.

This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

Large empty rectangular area for case worker input, highlighted in light yellow.

| Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion | |
|--|--------------|
| Youth feedback: <i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) | |
| Youth/Young Adult Signature: | Date: |
| Case Manager feedback: <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) | |
| CWCMP Case Manager Signature: | Date: |
| DCF IL Coordinator feedback: <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) | |
| DCF IL Coordinator Signature: | Date: |
| Supportive Adult feedback: <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) | |
| Youth or Young Adult Selected Supportive Adult Signature: | Date: |
| Supportive Adult feedback: <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (comments) | |
| Youth or Young Adult Selected Supportive Adult Signature: | Date: |
| Other Attendee Signature: | Date: |
| Other Attendee Signature: | Date: |

| | | | |
|--------------------|----------------|-----------------|---------|
| First Name: | Last Name: | Date of Birth: | Age: |
| FACTS Case Number: | Projected ROC: | Date Completed: | Gender: |

Section 1: My Identifying Documents
Review for all youth ages 14 and older
*These important documents are critical for your transition to adulthood and are required for you to have before you leave care.
 What documents do you have and what do you still need before you leave care?*

| Vital Personal Documents | Current Document Status | Where is the document located? |
|---|--|--------------------------------|
| Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i> | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Social Security Card issued by SSA | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Valid State-Issued License, Permit or Photo Identification | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| An Official or Certified Copy of Birth Certificate | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Immunization Records | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Medical History: <i>Including current medical treatment, current providers and medications</i> | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Copy of Medical and Genetic Information | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Social History: <i>Including release of allowable records from time in custody</i> | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Life Book | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |

The documents below are needed as youth attains age 18.

| | | |
|--|--|--|
| Copy of Consumer Credit Report | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Medicaid Card/Health Insurance information | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Tribal Enrollment Card/Tribal Documentation | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Voter Registration | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Selective Service Registration | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Citizenship/Immigration Documents | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| Healthcare Proxy or Medical Power of Attorney | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |
| DCF Custody Verification Letter | <input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have | |

Do you have a safe place to keep your important documents when released from custody? Yes No
Per DCF Policy, copies of third party information may not be released without written permission from the originating source.

Steps my case manager and I need to take to obtain my identifying document(s):

- 1.
- 2.
- 3.

Section 2: Getting to Know You

Required for all youth ages 14 and older (Attach additional pages as needed.)

What I would like people to know about me:

Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.

What I would like people to know about my culture and things that are important to me:

What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?

My greatest strengths and talents are:

Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.

The top three things that I need most right now are:

~~I think that these things could change if:~~

~~When I am an adult, I want to be:~~

~~Some things that I would like to accomplish are: *(list short term and long term goals)*~~

| Section 3: Life Skills <i>Required for all youth ages 14 and older</i> <hr/> <i>What skills have you already learned and what areas you would like to strengthen?</i> | | |
|--|--|---|
| Specific Skill | Youth Assessment | Placement/Worker Assessment |
| Laundry (<i>washing, drying, folding, stain-removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.</i>): | <input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill. | Describe the youth's level of competency: |
| Grocery Shopping (<i>understanding sales/coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.</i>): | <input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill. | Describe the youth's level of competency: |
| Cooking/Meal Preparation (<i>preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.</i>): | <input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill. | Describe the youth's level of competency: |
| Self-Care/Hygiene: (<i>bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.</i>) | <input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill. | Describe the youth's level of competency: |
| Communication Skills: (<i>making appointments for keeping a schedule, setting up an e-mail, and communicating in a professional manner</i>) | <input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill. | Describe the youth's level of competency: |

| | | |
|--|---|--|
| <p>Healthy Living Environment: <i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i></p> | <p><input type="checkbox"/> I feel confident in performing this skill.</p> <p><input type="checkbox"/> I need support as I continue developing this skill.</p> <p><input type="checkbox"/> I have limited experience and will need assistance in developing this skill.</p> | <p>Describe the youth's level of competency:</p> |
| <p>Money Management/Budgeting: <i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student/car loans, credit cards, payday loans, etc.)</i></p> | <p><input type="checkbox"/> I feel confident in performing this skill.</p> <p><input type="checkbox"/> I need support as I continue developing this skill.</p> <p><input type="checkbox"/> I have limited experience and will need assistance in developing this skill.</p> | <p>Describe the youth's level of competency:</p> |
| <p>Accessing Community Resources/Public Transportation <i>(bus/taxi services, emergency resources for food, clothing, and shelter, crisis/emergency services, etc.)</i></p> | <p><input type="checkbox"/> I feel confident in performing this skill.</p> <p><input type="checkbox"/> I need support as I continue developing this skill.</p> <p><input type="checkbox"/> I have limited experience and will need assistance in developing this skill.</p> | <p>Describe the youth's level of competency:</p> |
| <p>Have you completed a Casey Life Skills Assessment (CLSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>(If yes, please attached most recent CLSA.)</i></p> | | |
| <p>Becoming an Adult</p> | | |
| <p>My thoughts about becoming an adult are:</p> | | |
| <p>Some things I would like to learn before I become an adult are:</p> | | |
| <p>Placement/Worker Assessment specific suggested areas of life skill development include:</p> | | |

| Section 4: My Education Plan <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i> | | | |
|---|--|--|---|
| Current Student Status: <i>(Ages 14 and older)</i> | | | |
| <input type="checkbox"/> Current or Most Recent School Attended: _____ <input type="checkbox"/> Highest grade completed: _____ | | | |
| Vocational Supports: Do you have any of the following? (check below) (Ages 14 and older) | | | |
| An Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Visual/Hearing Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Use of an Assistive Device for Learning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Other Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | | |
| I intend to complete my (check below): (Ages 16 and older) | | | |
| <input type="checkbox"/> HS diploma at (name of school): _____ <input type="checkbox"/> GED at (name of school): _____ Testing completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Obtain a Vocational Certificate at (name of school): _____ <input type="checkbox"/> Post secondary training/degree at (name of school): _____ | | | |
| Highest Level of Education Completed: <i>(Ages 16 and older)</i> <input type="checkbox"/> # of Credits Earned _____ <input type="checkbox"/> HS Diploma (name of school) _____ <input type="checkbox"/> GED <input type="checkbox"/> College Credits <input type="checkbox"/> Technical Training | | | |
| If enrolled in high school or GED, I have: | | | |
| <input type="checkbox"/> Completed ACT or SAT Entrance Exam <input type="checkbox"/> Completed a Kansas Kids @ Gear Up Application <input type="checkbox"/> Bought or Have Been Provided Materials/Books <input type="checkbox"/> Paid Registration Fees | | | |
| I would like more information about the following: | | | |
| <input type="checkbox"/> A-OK Program | <input type="checkbox"/> Gear Up | <input type="checkbox"/> FAFSA Application | <input type="checkbox"/> Tuition Waiver |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> IEP/504 Plan | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Choosing my Classes | <input type="checkbox"/> Dual Credit Classes | <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> Bullying/Anti-Bullying |
| <input type="checkbox"/> Feeling Alone on Campus | <input type="checkbox"/> Sports/School Activities | <input type="checkbox"/> Military Education | <input type="checkbox"/> Educational Counseling |
| <input type="checkbox"/> Help with Choosing Electives (High School Level) | <input type="checkbox"/> Vocational Rehabilitation (VR) | <input type="checkbox"/> Understanding Student Loans and Financial Aid | <input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS) |
| <input type="checkbox"/> Contacting My School Counselor | <input type="checkbox"/> Test Preparation (ACT/SAT) | <input type="checkbox"/> College Campus Tours | <input type="checkbox"/> Upward Bound |
| <input type="checkbox"/> Applying for an Education Program | <input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth experiencing foster care) (KS Statute #38-2285) | <input type="checkbox"/> Obtaining Education with a Disability (Federal WIOA H.R. 803-Section 422) | <input type="checkbox"/> Other: |

What I need to do to achieve my education goal(s) and what supports I have identified are needed to accomplish this:
(Enroll, submit FAFSA application, talk to an advisor, scholarships, meet with school counselor, pick my elective classes, etc.)

Section 5: Youth Advocacy
Required for all youth ages 14 and older
 Kansas is proud to have councils that support youth who have experienced foster care, to ensure that youth's voices are heard for advocacy and to promote change within the child welfare system.
"Nothing About Us, Without Us!"

Kansas Youth Advisory Council & Regional Youth Advisory Council: *(check below)*

I have been to a Regional Youth Advisory Council (RYAC) event: Yes No Unsure

I have been to Kansas Youth Advisory Council (KYAC) event: Yes No Unsure

I am interested in KYAC and /or RYAC: Yes No Unsure

I would need help getting rides to KYAC and/or RYAC meetings: Yes No Unsure

Section 6: My Connections Plan
Required for all youth ages 14 and older

Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health? Who could you call for general/everyday support when you need it?

| | |
|--|--------|
| Name: | Phone: |
| | Email: |
| I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| | Email: |
| I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| | Email: |
| I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| | Email: |
| I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Phone: |
| | Email: |
| I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

I see him/her as much as I would like to: Yes No — I would like him/her at my case planning meetings: Yes No

Mentor Supports:

I would like help finding a supportive adult/mentor: Yes No I already have a mentor

Would you or this mentor be interested in participating in YouThrive? Yes No Unsure

-If you already have a mentor, please list their name and contact information:

Section 7: My Health/Well-Being
Required for all youth ages 15 and older
Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.

My Medicaid or other health insurance provider is: (check below)

United Sunflower Aetna Other:

| | |
|--------------------------------------|---------------|
| <i>My Primary Care Doctor is:</i> | <i>Phone:</i> |
| <i>My OB/GYN Doctor is:</i> | <i>Phone:</i> |
| <i>My Eye Doctor is:</i> | <i>Phone:</i> |
| <i>My Mental Health Provider is:</i> | <i>Phone:</i> |
| <i>My Preferred Pharmacy is:</i> | <i>Phone:</i> |
| <i>My Dentist is:</i> | <i>Phone:</i> |
| <i>My Other Provider is:</i> | <i>Phone:</i> |
| <i>My Other Provider is:</i> | <i>Phone:</i> |

I know how to: (check below)

Schedule Appointments Fill Prescriptions Take Medications as Prescribed Obtain/Use Birth Control
 Ask for Help Other:

I take the following medications: (list all medications and the reason they are prescribed): or I am not taking medications

| <i>Medication:</i> | <i>Reason:</i> | <i>How often:</i> |
|--------------------|----------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Do you understand the short term and/or long term effects of the medications you are taking? Yes No

Do you plan to continue taking your prescribed medications after being released from custody? Yes No
If No, please work with your case manager to set up an appointment for medical guidance from a professional.

Are you receiving any HCBS waiver services or supports from a Community Developmental Disability Organization (CDDO)?
 Yes No

If "Yes," list service provider(s) names and contact information:

I would like more information on: *(check below)*

| | | |
|---|--|--|
| <input type="checkbox"/> Changing Doctors | <input type="checkbox"/> Communicating with my Doctors | <input type="checkbox"/> Sobriety Support |
| <input type="checkbox"/> Scheduling Appointments | <input type="checkbox"/> Applying for Medical Insurance | <input type="checkbox"/> LGBTQI Supports |
| <input type="checkbox"/> Filling Prescriptions | <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Taking Medications as Prescribed | <input type="checkbox"/> Mental/Emotional Health | <input type="checkbox"/> Domestic Violence Resources |
| <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Abstinence/Sexual Health | <input type="checkbox"/> Renewing Health Insurance |
| <input type="checkbox"/> Obtaining/Using Birth Control | <input type="checkbox"/> Tobacco Use/Quitting | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Healthy Habits | <input type="checkbox"/> Connecting to Community Resources | <input type="checkbox"/> Other: |

Section 8: My Employment/Financial Plan
Required for all youth ages 16 and older

My Current Employment Status *(Check all that apply):*
 Full Time Part Time Volunteering Disabled Student
 Active Job Search Unable to Work Internship/Work Study No Work History

I would like more information about the following topics:

| | | |
|--|--|---|
| <input type="checkbox"/> Job/Career Fairs | <input type="checkbox"/> Opening a Checking/Savings Account | <input type="checkbox"/> Understanding My Credit |
| <input type="checkbox"/> Interviewing <i>(dress for success)</i> | <input type="checkbox"/> Completing Job Applications | <input type="checkbox"/> Saving Money for My Future |
| <input type="checkbox"/> Finding a Job with Criminal History | <input type="checkbox"/> Creating a Resume/Cover Letter | <input type="checkbox"/> Understanding Taxes and W-2s |
| <input type="checkbox"/> Vocational Rehabilitation <i>(VR)</i> | <input type="checkbox"/> Finding a Job | <input type="checkbox"/> Job Corp |
| <input type="checkbox"/> Jobs for America's Graduates Kansas <i>(JAG-K)</i> | <input type="checkbox"/> Pre-Employment Transition Services <i>(Pre-ETS)</i> | <input type="checkbox"/> Joining the Military <i>(Army, Air Force, Navy, Marines, Reserves)</i> |
| <input type="checkbox"/> Credit Recovery Programs | <input type="checkbox"/> Online Banking/Bill Pay | <input type="checkbox"/> Job Shadowing |
| <input type="checkbox"/> Applying for/Understanding Social Security Benefits <i>(SSI/SSDI)</i> | <input type="checkbox"/> Obtaining Employment with a Disability | <input type="checkbox"/> Other: |

Have you completed a career assessment such as ONET, My Next Move, OneStop, or another tool? *(check below)*

Yes No Unsure *If yes, when?*
 What were the results?

Would you like to complete a career assessment, to see what jobs might interest you? Yes No Unsure

What are some jobs or careers that interest you?

Financial Awareness:

Do you have a checking account? Yes No Do you have a savings account? Yes No

If yes, who has access to your account(s)? _____

Would you like to open a checking/savings account? Yes No

Who can help you set up a banking account? _____

Do you understand fees that are associated with a bank and/or debit card? Yes No

Do you have any credit cards or loans? Yes No Are you interested in financial literacy classes? Yes No

I have \$ _____ saved. My goal is to save \$ _____ per _____ (week/month) for _____

Where will you get the money from for your savings? _____

Who will have access to the money that you are saving? _____

The estimated cost of my housing plan is: \$ _____ per month semester year (check one)

Where will you get the money to pay for your housing? _____

Who will have access to your money to pay bills? _____

Some things that I need to learn regarding money before I become an adult are:

Section 9: My Transportation Plan
Required for all youth ages 16 and older

I currently have the following transportation available to me (check all that apply):

Family/Friends Placement/Caseworker I have my own car I borrow a car
 Paid Ride Service/Taxi Bike Walk Bus Other:

I need transportation to: (check all that apply)

School Employment Recreation Appointments Complete My Restricted License Other:

If you own a vehicle:

Who is it registered to? (list all names on registration)

When do the tags expire?

Insurance company name:

Insurance policy number:

Drivers listed on the policy:

When does the insurance expire?

When does your driver's license expire, if applicable?

My understanding of car repair/upkeep is: (oil change, gas, regular maintenance, etc.)

I know how to keep my car in working order by: (change a tire, pick the correct gas, change my oil etc.)

I would like to learn how to perform regular car upkeep/repair: Yes No Unsure

My Legal Driving Status: Youth ages 16 and older

I currently have a: Valid Driver's License Valid Restricted Driving Permit Valid Learning Permit
 Expired License/Permit No Permit/License Suspended License Other:

I am interested in getting my: Driver's License Restricted Driving Permit Learning Permit
 Taking Drivers Education Completing Driving Hours Practicing the Permit Test Other:

What I see as a barrier to me obtaining my license is:

| Section 10: My Housing Plan <i>Required for all youth ages 17 and older</i> | | | |
|---|---|--|--|
| Where I currently live: | | | |
| <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Group Facility <input type="checkbox"/> Shelter <input type="checkbox"/> Detention <input type="checkbox"/> Secure Care <input type="checkbox"/> Other: | | | |
| My options for housing, once I am released are: <i>(select all that apply)</i> | | | |
| <input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Group Home | <input type="checkbox"/> Military Housing | <input type="checkbox"/> College Dorm |
| <input type="checkbox"/> Supportive Adult | <input type="checkbox"/> Friend/Non-Relative | <input type="checkbox"/> Current Placement | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Not Ready to Think About Housing Right Now | <input type="checkbox"/> Sober Living/Halfway House | <input type="checkbox"/> Unsure of Where I Will Live | <input type="checkbox"/> Residential Community Setting |
| <input type="checkbox"/> Homeless/Couch Surfing | <input type="checkbox"/> No stable housing | <input type="checkbox"/> Homeless Shelter/Streets | <input type="checkbox"/> Domestic Violence Shelter |
| If a stable housing plan is not in place, identify steps to take to help access housing supports to ensure your safety: | | | |
| | | | |
| I have completed the following to develop my housing plan: | | | |
| <input type="checkbox"/> Looked into housing rental ads | <input type="checkbox"/> Secured a co-signer, if needed | <input type="checkbox"/> Contacted specific housing | |
| <input type="checkbox"/> Developed solid plans with potential roommates/family members | <input type="checkbox"/> I have budgeted and am able to pay my monthly expenses | <input type="checkbox"/> In person apt/house hunting | |
| <input type="checkbox"/> Applied for affordable housing <i>(Section 8, HUD or income-based housing)</i> | <input type="checkbox"/> Secured deposits, if needed | <input type="checkbox"/> Other: | |
| I understand which utilities I will be responsible for and about how much they will cost me each month. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | | | |
| What utilities will you have to pay each month? _____ | | | |
| What resources do you plan to use if you don't have enough money to pay rent/bills? | | | |
| | | | |
| I would like more information regarding: | | | |
| <input type="checkbox"/> Locating Housing <input type="checkbox"/> Applying/Budgeting for Housing <input type="checkbox"/> Signing a Lease <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Utility Deposits/Costs | | | |
| <input type="checkbox"/> Other: | | | |
| Who I plan to live with: <i>(name, relationship and address, if applicable)</i> | | | |
| | | | |

This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

| Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion | |
|--|---|
| <i>Youth feedback:</i> _____ <i>(comments)</i> | <i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Youth Signature/Date:</i> | |
| <i>Case Manager feedback:</i> _____ <i>(comments)</i> | <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Case Manager Signature/Date:</i> | |
| <i>DCF IL Coordinator feedback:</i> _____ <i>(comments)</i> | <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>DCF IL Coordinator Signature/Date:</i> | |
| <i>Supportive Adult feedback:</i> _____ <i>(comments)</i> | <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Youth Selected Supportive Adult Signature/Date:</i> | |
| <i>Supportive Adult feedback:</i> _____ <i>(comments)</i> | <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Youth Selected Supportive Adult Signature/Date:</i> | |
| X | |
| Other Attendee Signature | -Date |
| X | |
| Other Attendee Signature | Date |
| X | |
| Other Attendee Signature | -Date |

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Section 11: Exit Plan

This section must be completed within 90 days prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.

This plan is to be completed with the Youth, Case Manager and DCF Independent Living Coordinator.

Revisions must be made to ensure the youth's transition plan reflects accurate post release information. Federal requirements are listed below and shall be addressed and finalized prior to release from custody.

After release, my contact information will be as follows: (Please fill in the information below.)

Address:

Email:

Phone:

Social Media:

If this plan falls through, the address for my back-up plan is: (Please fill in the information below.)

Address:

Phone:

Alternate Email or Name of Social Media Contact who will know where you can be located:

Do you have any children? Yes No If yes, how many?

Are you currently expecting a child? Yes No If yes, how many?

If you have children or are expecting a child, what services are you receiving to assist you and your children? (list below)

Check the box(s) for documents you have in your possession:

State Photo Identification

Medical Card

Citizenship/Immigration Documents

Life book

Social Security Card (*not a copy*)

Driver's License (*currently valid*)

Copy of Immunization Records

Educational Records

Diploma/GED

Letter Verifying Custody

Medical Power of Attorney, if requested

Copy of the PPS 5340 Medical and Genetic Information for Child

Original or Certified Copy of Birth Certificate

If planning to finish your high school diploma or GED, have you enrolled in classes? Yes No N/A

If planning to attend college or other training program, have you enrolled in classes? Yes No N/A

If planning to work, are you employed? Yes No N/A

If employed, what is your employer's name and address?

List the name, address, and phone number of up to five people who would know how to contact you after release from the Secretary's custody:
 (By providing emergency contact information, I agree to allow DCF to contact these individuals in efforts to locate me. I understand that DCF will not release any information about my case to these contacts.)

| | | |
|-------|---------------|------------------------|
| Name: | Phone number: | Address: Email: |
| Name: | Phone number: | Address: Email: |
| Name: | Phone number: | Address: Email: |
| Name: | Phone number: | Address: Email: |
| Name: | Phone number: | Address: Email: |

National Youth in Transition Database (NYTD):
(Final Rule: Section 477 of the Social Security Act)

The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for the transition from foster care to adult living by surveying youth at 17, 19, & 21 years of age.
You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.
 If you have any NYTD questions, please email: KS.NYTD@def.ks.gov

Medical Power of Attorney/Living Will: *(Federal Reg. 475(1) F)*
It is important that you choose a trusted adult, in case there is an emergency and you become unable to make medical decisions for yourself. Having a Medical Power of Attorney will protect you in emergency situations. This adult would make decisions for you only if you were seriously injured, critically ill, or became unable to speak regarding medical treatment. If you do not have a formal Medical Power of Attorney, then you risk having someone that you may not trust making these decisions for you. When you select a trusted adult for this document, we can help you obtain the needed document.

Have you selected a trusted adult to make important decisions regarding emergency medical treatment? Yes No

Do you have documentation for your selected Medical Power of Attorney? Yes No Unsure

The person who I would like to list as my "Health Care Power of Attorney" is:

Name: _____ Phone: _____ Email: _____

| What services/supports are you interested in receiving from DCF, if eligible? Check all that apply: | | |
|--|--|--|
| <input type="checkbox"/> Aged Out Medical Card | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Independent Living Subsidy |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Case Management | <input type="checkbox"/> Tuition Waiver |
| <input type="checkbox"/> Access to Medical Services | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Accessing Mental Health | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Start Up Assistance |
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Pre-ETS/Voc. Rehab Services |
| <input type="checkbox"/> You Thrive Program Referral | <input type="checkbox"/> Crisis Care Information <i>(specific to the community that I plan to live in)</i> | |
| <input type="checkbox"/> Completion of Secondary Education <i>(High School Diploma or GED)</i> | | |
| DCF Independent Living Coordinator Contact Information: | | |
| Name: | Office Location: | |
| Phone: | Email: | |
| Regional Group Email: | | |
| Exit Plan Participant Signatures & Date of Completion: | | |
| | | |
| Youth's Signature | ____ Date | |
| Case Manager's Signature | ____ Date | |
| DCF IL Coordinator or Designee's Signature | ____ Date | |
| <p style="text-align: center;">Send the Final PPS 3059 My Plan for Successful Adulthood forms along with the completed Exit Plan (Section 11) to the DCF Independent Living regional email for the region where the youth will be located or has requested services. All provider referrals shall have copies of the following attached as applicable: copies of the youth's identifying documents, PPS 3050 series, confirmation the youth has been assisted with applying for Aged Out Medical (if eligible), and the last completed Casey Life Skills Assessment (CLSA).</p> | | |

Purpose: The PPS 3059A, My Plan for Successful Adulthood, serves as the formal transition plan document required by federal and state policy, in accordance with the Family First Prevention Services Act of 2018 for all youth and young adults who are 14 or older, regardless of case plan goal. For youth and young adults who are on the I/DD waiver or waiting list, case teams should utilize PPS 3059B. This form is to be used as a tool to help CWCMP staff and supportive adult(s) guide youth and young adults in formulating plans for their transition into adulthood by assessing their strengths and needs while also addressing adults' any current or future challenges. It is crucial that workers understand that transition planning with youth and young adults is a process that only successful with authentically engaged youth and young

See section 3214 of the PPS PPM for more information

Guidelines for Completion: Youth and young adults shall be involved in developing the My Plan for Successful Adulthood. Planning must be guided by the youth or young adult's goals, wishes, hopes, and dreams. This plan shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team.

This plan should be utilized over time to focus on the long-term goals of the youth or young adult by creating short term goals and tasks that lead to successful completion of long-term goals. Case teams should use the information gathered from completing this form to guide case plan tasks. This form is updated prior to each case plan or whenever there is any new relevant information.

Based upon the youth or young adult's age and maturity level, the plan is designed to be to guide discussions during monthly visits with the youth or young adult. Introducing the sections over time allows the youth or young adult to become familiar and comfortable with the plan. Some sections are not required to be completed at ages 14 and 15, may be used with youth of sufficient age or maturity. The form utilizes personalized wording such as "My Education Plan" and "I need support as I continue..." to encourage youth ownership in the planning process.

This form shall be forwarded to the court and attached to each case plan. This form also needs to be sent to the DCF Foster Care Liaison and the DCF Independent Living Coordinator with the case plan invitation.

The form must be reviewed at each case planning conference. The case manager shall document on the form which sections of the plan were not discussed during the current review period. The form must be completed, reviewed, and updated in its entirety 90 days prior to the youth or young adult's exit interview. This document is expected to change leading up to adulthood. It is appropriate for this document to serve as a historical tracking tool, to assist the youth or young adult in documenting and observing their growth, progress, and achievements towards transition into adulthood.

- The top of the PPS 3059A is identifying information about the youth or young adult.
- Each section includes space for case teams to document identified case plan tasks based on the information provided in the section.
- The "Summarize goal progress since the last transition plan update" is intended to reflect ongoing progress for the youth or young adult. The summary of progress after initial completion shall include all previous updates to the plan and concerns about the plan, indicated by date with the top entry as the most recent, and shall specify the first and last name of the case manager or family support worker updating the plan. The summary shall reference the sections the information is updating.

- My Plan for Successful Adulthood shall be signed and dated each time transition planning occurs.

Section 1: Getting to Know you (Required for all youth or young adults ages 14 and older)

This section focuses on the important details of the youth or young adult's specific interests, culture, concerns, strengths, abilities, needs and preferences. This section is intended to be youth-driven and empower their voice and participation in the planning process for their transition into adulthood by personalizing the transition plan to the specific youth or young adult.

Section 2: My Support Network (Required for all youth or young adults ages 14 and older)

DCF understands the importance of stable and healthy long lasting relational supports for youth or young adults as they transition into adulthood. This section is used to document and support connecting youth and young adults to their identified support network outside of their case team. Youth and young adults should be given the opportunity to participate in a mentorship or supportive adult relationships and the case team shall assist in facilitating the resources to do so. Each youth or young adult should be given the opportunity to invite their support network to their transition and case planning processes.

Section 3: My Identifying Documents (Required for all youth or young adults ages 14 and older)

(PPM 5259, 3214) (Section 475 of the Social Security Act) (Section 603(d) Fair Credit Reporting Act)

Section 3 focuses on the youth or young adult's identifying documents. It is important that the youth or young adult is assisted in obtaining their identifying documents. These documents are required upon release from custody and provide the youth or young adult with the essential documents needed to secure employment, housing, mental health and medical treatment, continued education, as well as a historical reference of their identity from their childhood. Having these documents in the youth or young adult's possession upon release is essential to their successful transition.

Progress shall be noted at each subsequent update following the initial plan development. The status of each personal document shall be checked including information about where the documents are physically located. For documents that have not been obtained or are missing, detailed steps to obtain these documents should be included on the form. Youth and young adults shall be provided these documents upon leaving care. Youth, case managers, and other supportive adults should plan for a secure place for keeping these documents upon release of custody.

Section 4: Life Skills (Required for all youth and young adults ages 14 and older)

This section is intended to assess the basic skills needed to successfully live independently as an adult. The categories are broken down for the youth or young adult, case worker, and supportive adult(s) to assess the youth's skill set in each domain using a Likert Scale from 1-5. By assessing the youth or young adult's competency in these essential life skills at age 14, the youth is given additional time and support to develop competency in these areas prior to transitioning into adulthood.

Case teams can explore specific life skills with youth and utilize the case plan to add tasks to develop these identified skills. Case teams may use scaling questions and tools such as asking a youth or young adult to identify why they scored them at that specific age while also disclosing to the youth or young adult why the case team/supportive adult(s) selected the score they did.

Section 5: Youth Advocacy (Required for all youth or young adults ages 14 and older)

Section 5 is an evaluation of the youth or young adult's awareness of regional and statewide councils and assesses interest in those councils or any other youth lead advocacy. The youth or young adult shall be provided with information on the Kansas Youth Advisory Council (KYAC) and the Regional Youth Advisory Councils (RYAC) to ensure that the youth has been given the opportunity to participate in

advocacy groups and to promote youth normalcy. Case teams should explore additional youth advocacy opportunities for youth/young adults outside of KYAC and RYAC such as Kansas Youth Empowerment Academy (KYEA), YLinK, school groups, etc.

Section 6: My Education Plan (Required for all youth or young adults ages 14 and older)

This section is an opportunity for case teams to assist youth or young adults with their plans for completing their secondary education, which may include an alternative educational program or GED. Plans for post-secondary education shall be addressed by indicating if the youth or young adult plans to attend a certified technical program, community college, or university. If the youth or young adult is receiving special education services, the IEP or 504 plan accommodations should be documented in this section. There is an option for youth or young adults to indicate if they would like to be accessed for any services or supports.

If it is identified the youth or young adult is behind in attainment of their secondary education, the case manager shall assist the youth or young adult in checking for missing secondary education credits. The youth or young adult shall also be assisted in checking to see if KSA 38-2285 applies. This statute allows youth in foster care to graduate with the state required 21 core credit hours.

Section 7: My Health and Well-Being (Required for all youth/young adults ages 16 and older)

Section 7 addresses provision of youth or young adult's health needs. This section includes information on providers and payment mechanisms. Case teams should explain Kansas Medicaid eligibility to the youth or young adult during the transition planning process. If the youth or young adult is receiving mental health services or taking medication, plans for the continued assessment of need, provision of the prescriptions necessary, and payments shall be made. Youth and young adults shall be given the opportunity to discuss if they find their providers, medications, or both helpful and if they have any concerns with their providers or medications.

Section 8: My Employment and Financial Plan (Required for all youth and young adults ages 16 and older)

Section 8 creates a plan for employment and financial literacy. Vocational training and support, self-employment, supported employment and Working Healthy options shall be explored. Youth and young adults shall be assisted in accessing their local Workforce Center's Youth Education, Employment, & Training Programs via the Workforce Investment Opportunities Act (WIOA). Tasks to add to case plan shall address what has been check marked underneath the heading "I would like more information..." The worker shall assess if the youth or young adult has a disability and refer the youth or young adult to Vocational Rehabilitation, Pre-ETS, or other appropriate services, if it is determined that the youth or young adult may be eligible for these supports.

Section 9: My Transportation Plan (Required for all youth and young adults ages 16 and older)

Section 9 is used to for address the youth or young adult's transportation needs. This section shall provide a sustainable plan for transportation upon transition into adulthood. Transportation options may include walking, bicycling, bus rides, arrangement of rides with friends, plans purchasing a car, or completing driver's education. Youth and young adults shall be supported in determining the cost of their intended transportation plan and ways the youth or young adult can realistically achieve their goals.

Section 10: My Housing Plan (Required for all youth and young adults ages 17 and older)

Section 10 works with the youth or young adult to develop an achievable plan for housing after release of custody. Housing options include living in their own apartment, with supportive adult(s), relatives, dormitories, or other settings. Back up housing plans shall be explored with all youth and young adults

regardless of their original housing plans. There is a statement at the top of the page for youth/young adults to indicate if they understand that DCF Independent Living does not provide physical placement or housing to young adults once they are released from custody. While some young adults may be eligible for financial assistance for housing, DCF Independent Living does not have physical structures to place young adults. It is vital that youth and young adults have a clear understanding of the housing resources available, as well as the potential barriers to obtaining housing once they are released from custody.

The PPS 7000A Independent Living Monthly Budget Plan can be utilized to assist the youth or young adult in planning housing options. This section shall describe the youth or young adult's plan for housing and where the youth or young adult will go if their housing plan were no longer safe or viable. For youth or young adults who are utilizing dormitories the plan should include where the youth or young adult will go during college breaks when dormitories are not available. It is important to list the contact information for housing plans if the youth or young adult has those details available to them. If the youth or young adult does not have a safe or viable housing plan, efforts shall be documented that show resources have been provided to the youth or young adult about safe housing options to avoid homelessness. A safety plan shall be documented to show the youth or young adult has access to emergency shelter and food within the community where they will be living once released from custody.

Section 11: Legal (Required for all youth or young adults ages 14 and older who have current or pending charges and/or past convictions)

Section 11 addresses legal matters for youth or young adults who have current or pending charges or past convictions. Case teams and youth or young adults should include information in this section on the specific counties the charges or convictions are from. They should also include specific contact information for the court services or probation officers as well as contact information for the youth or young adult's criminal defense attorney. Youth and young adults should be guided in a discussion on their plans for fulfilling court orders and paying fines and fees. Case teams should help youth and young adults connect with resources and develop plans for completing court orders and paying fines or fees prior to the youth or young adult being released from custody. The case team should also guide the youth or young adult in a discussion on how their charges, or convictions may impact them in adulthood. Case teams should help youth and young adults connect to resources to address and potentially resolve these barriers.

The PPS 3059 serves as the formal transition plan document required by Federal and State policy, in accordance with the Family First Prevention Services Act of 2018. It is crucial that workers understand that transition planning with youth is a process that is to be completed through close youth engagement. It is to be used as a tool to help youth assess their strengths and needs, and to address any current or future challenges while preparing them to for their transition to adulthood. The My Plan for Successful Adulthood is the form to be used for all youth in the custody of the Secretary of DCF who are 14 or older, regardless of case plan goal. The My Plan for Successful Adulthood shall be updated prior to the case planning conference. The My Plan for Successful Adulthood shall be reviewed at the case planning conference to ensure that the youth's goals and needs are being addressed and progress is being made toward a successful transition.

The transition plan is a strategy for assisting youth in achieving self-sufficiency. This plan should be viewed as a process that is youth-centered and focuses on the long-term goals of the youth by breaking them into smaller short-term goals. The PPS 3059 is initiated prior to the case plan when the youth is 14 or older and is updated prior to each case plan thereafter. It shall be forwarded to the court with the court report form/cover sheet and attached to each case plan.

See section 3214 of the PPS PPM for more information.

▪ **Guidelines for Completion**

Youth shall be involved in developing the My Plan for Successful Adulthood. Planning must be guided by the youth's wishes, hopes and dreams. Case workers shall work directly with the youth to ensure that the youth's goals are attainable and that the youth is provided access to work toward their goals. This form shall be completed together in a collaborative manner between the youth, the case manager, and other supportive adults involved in the youth's life, as applicable, including the youth's parent(s) and birth family, foster parents, residential caregiver, kinship connections, and/or mentor. The process shall be youth-directed and based upon encompassing the youth's goals for the future, while utilizing the strengths-based perspective. Based upon the youth's age and maturity level, it is encouraged that each section of the plan be utilized as prompts for guiding case management discussions during monthly worker/child visits with the youth. Introduce the section domains over a period of time to allow the youth to become familiar and comfortable with the form. There are specific section domains that are not required to be completed at age 14, but these sections may be completed, if appropriate, when considering age and maturity factors. The form utilizes personalized wording such as "My Education Plan" and "I need support as I continue..." to encourage youth ownership in the planning process.

The form must be updated prior to each case plan to reflect the sections of the plan that have been discussed with the youth. Participants may type in the form, adding new content each time the plan is updated. The form must be reviewed at each case planning conference. The case manager shall document on the form which sections of the plan were not discussed during the current review period. The form must be completed in its entirety prior to the youth's exit interview. This document is expected to change over the course of the youth's years leading up to adulthood. The information on this form may be maintained with new information added as the document is updated over time. It is appropriate for this document to serve as a historical tracking tool, to assist the youth in documenting/observing their growth, progress, and achievements towards transition into adulthood.

- The top of the PPS 3059 is identifying information about the youth.
- The "Summarize goal progress since the last transition plan update" is intended to reflect ongoing progress for the youth. The summary of progress after initial completion shall

include all previous updates to the plan and concerns about the plan, indicated by date with the top entry as the most recent, and shall specify the first and last name of the case manager or family support worker updating the plan. The summary shall reference the section(s) the information is updating.

- ~~The My Plan for Successful Adulthood shall be signed and dated each time transition planning occurs.~~

- ~~**Section 1: My Identifying Documents (Required for all youth ages 14 and older)**
(PPM 5259, 3214) (Section 475 of the Social Security Act) (Section 603(d) Fair Credit Reporting Act)~~
Section 1 of the My Plan for Successful Adulthood transition plan focuses on the youth's identifying documents. The status of each personal document shall be checked, along with a location for who has physical possession of these documents. The step(s) needed to be taken shall identify what documents are missing and the plan for obtaining the missing documents prior to release from custody. It is of vital importance that the youth is assisted in obtaining their identifying documents. These documents are required upon release from custody and provide the youth with the essential documents needed to secure employment, housing, appropriate mental health and medical treatment, continued education, as well as a historical reference of their identity from their childhood. Having these documents in the youth's possession upon release is essential to their successful transition. Progress shall be noted at each subsequent update following the initial plan development. Youth shall be provided these documents upon leaving care. Youth shall be guided with development of a secure place to keep all identifying documents upon release from custody.

- ~~**Section 2: Getting to Know You (Required for all youth ages 14 and older)**~~
Section 2 of the My Plan for Successful Adulthood transition plan focuses on the important details of the youth's specific interests, culture, concerns, strengths, abilities, needs and preferences. This section is intended to be youth driven and to empower the youth's voice and participation in planning for their own transition to adulthood. By personalizing the transition plan document, it provides an opportunity for the youth to take ownership and become more goal oriented in the development of their plan.

- ~~**Section 3: Life Skills (Required for all youth ages 14 and older)**~~
Section 3 is intended to assess the basic skills needed to successfully live independently as an adult. The categories are broken down for the youth, case worker, and placement to assess the youth's skill set in each domain. By assessing the youth's competency in these essential life skills at age 14, the youth is given additional time and support to develop competency in these areas prior to transitioning into adulthood. The youth's progress towards life skills competency is documented on the My Plan for Successful Adulthood transition plan to support the youth in remaining focused on their needs to prepare for adulthood and self-sufficiency.

- ~~**Section 4: My Education Plan (Required for all youth ages 14 and older)**~~
Section 4 of the My Plan for Successful Adulthood transition plan shall include a strategy for the youth to complete their secondary education, which may include an alternative educational program or a GED. Plans for higher education shall be addressed by indicating if the youth plans to attend college, junior college, or a vocational school. Educational settings and financial assistance shall be addressed, and steps to transition from high school to further education shall be included in tasks on the case plan. If the youth is receiving special education services, the IEP/504 plan shall be coordinated. If it is identified the youth is behind in attainment of their secondary education, the case manager shall assist the youth in checking for missing secondary education credits. The youth shall also be assisted in checking to see if Kansas State Statute #38-2285 applies, also known as Senate Bill 23. This provision allows for foster youth to attain a minimum of 21 credit hours.

~~Additional information can be located on the Kansas State Department of Education (KSDE) website. The step(s) needed to be taken shall address what has been check marked underneath the heading, "I would like more information..." The worker shall assess if the youth has a disability or is receiving educational supports through an Individualized Education Plan (IEP) or a 504 plan and refer the youth to Vocational Rehabilitation and/or Pre-ETS, if it is determined that the youth may be eligible for these services.~~

▪ ~~**Section 5: Youth Advocacy (Required for all youth ages 14 and older)**~~

~~Section 5 is an evaluation of the youth's awareness of regional and statewide councils (KYAC and RYAC) and assesses the youth's interest in participation. The youth shall be provided with information on the Kansas Youth Advisory Council (KYAC) and the Regional Youth Advisory Councils (RYAC) to ensure that the youth has been given the opportunity to participate in advocacy groups and to promote youth normalcy.~~

▪ ~~**Section 6: My Connections Plan (Required for all youth ages 14 and older)**~~

~~Section 6 is a strategy for developing Connections for Success via individuals, community supports, and services. The relational supports a youth has or will have shall also be documented. An individual shall be listed for help with overall/everyday living. Community supports may include mentors, legal guardians, faith-based organizations, community agencies (Mental Health Centers, CDDOs, Independent Living Centers, etc.), DCF divisions (Rehabilitation Services, APS), family, and other relationships the youth has established. Mentor programs shall be discussed and documented with the youth. Youth shall be given the opportunity to participate in a mentor/supportive adult relationship and the case worker shall assist in facilitating the resources to do so. Each youth shall be given the opportunity to invite up to two supportive adults of their choice to participate in their case planning.~~

▪ ~~**Section 7: My Health/Well Being (Required for all youth ages 15 and older)**~~

~~Section 7 is a strategy for addressing the youth's health needs, including where the youth will receive services and how they will be paid for. Continuing coverage by Medicaid shall be explained in the transition plan. If the youth is receiving mental health services or taking medication, plans for the continued assessment of need, provision of the prescriptions necessary, and payments shall be made. If the youth is eligible for HCBS services and/or is receiving services from a CDDO, this shall be included in the information and the case manager(s) from the agency or agencies shall be included in the transition planning.~~

▪ ~~**Section 8: My Employment/Financial Plan (Required for all youth ages 16 and older)**~~

~~Section 8 is a strategy for employment and financial literacy. In addition to employment, the plan may include other financial supports such as Independent Living funds, HCBS waivers, and SSI. Vocational training and support, self-employment, supported employment and Working Healthy options shall be explored. Youth shall be assisted in accessing their local Workforce Center's Youth Education, Employment, & Training Programs via the Workforce Investment Opportunities Act (WIOA). The step(s) needed to be taken shall address what has been check marked underneath the heading "I would like more information..." The worker shall assess if the youth has a disability and refer the youth to Vocational Rehabilitation and/or Pre-ETS, if it is determined that the youth may be eligible for these services.~~

▪ ~~**Section 9: My Transportation Plan (Required for all youth ages 16 and older)**~~

~~Section 9 is a strategy for addressing the youth's transportation needs. Transportation options may include walking, bicycling, bus rides, arrangement of rides with friends, plans for purchasing a car, or completing driver's education. Youth shall be guided in the development of the fiscal cost of~~

~~their intended transportation plan and ways the youth can achieve the plan. This section shall provide a tangible goal of saving money for a vehicle purchase or provide a sustainable plan for transportation upon transition into adulthood.~~

~~▪ **Section 10: My Housing Plan (Required for all youth ages 17 and older)**~~

~~Section 10 is a strategy for where the youth will live once they are no longer in foster care. Housing options include the youth living in their own apartment, an adoptive home or permanent custodianship/guardianship arrangement, relatives, college dormitory, or some other type of setting. The youth shall be guided to formulate a plan that is achievable. The PPS 7000A Independent Living Monthly Budget Plan can be utilized to assist the youth in financially planning housing options. This section shall describe the youth's plan for housing and where the youth will go if their housing plan were to no longer be a safe or viable option. It is important to list the contact information for housing plans if the youth has those details available to them. If the youth does not have a safe and viable housing plan, substantial efforts shall be documented that show resources have been provided to the youth and safe housing options have been explored in order to avoid homelessness. A safety plan shall be documented to show the youth has access to emergency shelter and food within their community.~~

~~▪ **Section 11: Exit Plan (Must be completed within 90 days prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.)**~~

~~Section 11 shall be completed immediately prior to release from custody in conjunction with the youth, case manager, and DCF Independent Living Coordinator or designee.~~

- ~~• The youth's contact information after release of care shall be indicated, along with a back-up contact. If the youth is willing, a back-up contact shall be listed to include a possible contact available on social media.~~
- ~~• Boxes shall be checked indicating the individual documents the youth has been provided along with the area identified for secure storage of these documents. The youth shall have all of their listed documents in their possession prior to the release from custody.~~
- ~~• The youth's most recent plans shall be indicated for education and employment.~~
- ~~• Five individuals who would know how to contact the youth shall be listed.~~
- ~~• The youth shall be informed they may be surveyed at 19 and 21 years of age for the National Youth in Transition Database (NYTD).~~
- ~~• The Medical Power of Attorney/Living Will section shall be explained in its entirety. The case worker shall assist the youth in formally selecting a trusted adult to make medical decisions on the youth's behalf, should a situation arise where the youth were to become incapacitated for any reason. Not only is this a Federal requirement but selecting a Medical Power of Attorney helps prepare the youth to plan for emergencies and unforeseen circumstances where the youth may not be able to communicate their needs and treatment preferences.~~
- ~~• Indicate the services and supports the youth is interested in receiving from DCF Independent Living after release of custody.~~
- ~~• The youth shall be provided the DCF's Independent Living Coordinator's contact information.~~
- ~~• Participants in the Exit Plan shall sign and date when the Exit Interview has been completed and document any concerns surrounding the plan that the youth has developed.~~
- ~~• The youth shall be provided a copy of their completed My Plan for Successful Adulthood, with the Section 11: Exit Plan completed.~~

- ~~• The following documents shall be sent to the DCF Independent Living team email, to the region where the youth will be located or has requested services immediately prior to release of custody: copies of the youth's identifying documents, the PPS 3050 series, confirmation the youth was assisted in applying for Aged Out Medical, if eligible, and the last completed Casey Life Skills Assessment (CLSA).~~

| | | | |
|--------------------|----------------|-----------------|-----------|
| First Name: | Last Name: | Date of Birth: | Age: |
| FACTS Case Number: | Projected ROC: | Date Completed: | Pronouns: |

Section 1: Getting to Know Me

*Required for all youth ages 14 and older who are on an I/DD waiver or waitlist. Youth or young adults who meet these criteria are not required to complete the 3059A.
(Attach additional pages or expand sections as needed)*

What I would like people to know about me:

Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.

What I would like people to know about my culture and things that are important to me:

What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?

My greatest strengths and talents are:

Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.

The top three things that I need most right now are:

What help/support do I need right now?

Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.

1.

2.

3.

| Section 2: Social Security, Payee, Guardian, and Waivers | | |
|---|---|--|
| <i>Required for all youth ages 14 and older</i> | | |
| Psychological Exams and Social Security | | <input type="checkbox"/> N/A |
| Date of last Psychological Exam: | Assessor: | IQ Results: |
| Date of next Psychological Exam, if applicable: | Assessor: | |
| Currently Receiving SSI/SSDI: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Applied to Adult SSI/SSDI: | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If denied, has an appeal been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Appealed: | Results: |
| Case Manager Notes: | | |
| | | |
| Payee | | <input type="checkbox"/> N/A |
| Does a payee for after release of custody need to be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, has an application for a payee been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date applied: |
| Payee after ROC : | Phone: | |
| Relationship: | Email: | |
| Case Manager Notes: | | |
| | | |
| Adult Guardian | | <input type="checkbox"/> N/A |
| Is there a statement from a designated professional (per K.S.A. 59-3064) stating that the individual lacks capacity and a guardian needs to be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does a referral need to be sent to the Kansas Guardianship Program*? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*please see PPM 10630</i> | Date referral packet sent to DCF Adult Protective Services: | |
| Proposed Adult Guardian Name: | Phone: | |
| Relationship: | Email: | |
| Case Manager Notes: | | |
| | | |

| Home and Community Based Services (HCBS) Waivers | |
|--|--------------------|
| Brain Injury (BI) ages 0-64 <input type="checkbox"/> N/A | |
| Aging and Disability Rights Center (ADRC): 1-855-200-ADRC (2372) | |
| Local ADRC: | Address: |
| Contact: | Phone/Email: |
| Date of Functional Eligibility Assessment: | Results: |
| Has a BI Program Eligibility Attestation been completed by a medical professional: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Medical Professional: | Date sent to ADRC: |
| Phone/Email: | |
| Case Manager Notes: | |
| | |
| Intellectual/Developmental Disability (I/DD) ages 5+ <input type="checkbox"/> N/A | |
| Local CDDO: | Address: |
| CDDO Contact: | Phone/Email: |
| Date Applied for I/DD Waiver: | Results: |
| Does a crisis exception to the I/DD waiver need to be made <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>if yes</i> , is there a task in their case plan that say they will transition to Adult Residential and Day Services? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Targeted Case Management Provider: | Address: |
| TCM Case Manager: | Phone/Email: |
| Medicaid MCO: | Number: |
| MCO Care Coordinator: | Phone/Email: |
| Case Manager Notes: | |
| | |

| | | |
|---|---------------------|------------------------------|
| Physical Disability Waiver (PD) ages 16-64 | | <input type="checkbox"/> N/A |
| Aging and Disability Rights Center (ADRC): 1-855-200-ADRC (2372) | | |
| Local ADRC: | Address: | |
| Contact: | Phone/Email: | |
| Date of Functional Eligibility Assessment: | Results: | |
| Case Manager Notes: | | |
| Technology Assistance (TA) ages 0-21 | | <input type="checkbox"/> N/A |
| Children's Resource Connection: 1-316-721-1945 or email crctaks@gmail.com | | |
| Date MATLOC Assessment: | Assessor: | |
| Results: | | |
| Case Manager Notes: | | |
| Tasks to add to case plan for Social Security, Payee, Adult Guardian, and Home and Community Based Services: | | |
| 1. | | |
| 2. | | |
| 3. | | |

Section 3: My Support Network

Required for all youth ages 14 and older

Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?

Who could you call for general/everyday support when you need it?

| | |
|----------------------|---------------|
| Name: | Phone: |
| Relationship: | Email: |

I see this person as much as I would like to: Yes No I would like this person at my case planning meetings: Yes No

| | |
|----------------------|---------------|
| Name: | Phone: |
| Relationship: | Email: |

I see this person as much as I would like to: Yes No I would like this person at my case planning meetings: Yes No

| | |
|----------------------|---------------|
| Name: | Phone: |
| Relationship: | Email: |

I see this person as much as I would like to: Yes No I would like this person at my case planning meetings: Yes No

| | |
|----------------------|---------------|
| Name: | Phone: |
| Relationship: | Email: |

I see this person as much as I would like to: Yes No I would like this person at my case planning meetings: Yes No

| | |
|----------------------|---------------|
| Name: | Phone: |
| Relationship: | Email: |

I see this person as much as I would like to: Yes No I would like this person at my case planning meetings: Yes No

| | |
|----------------------|---------------|
| Name: | Phone: |
| Relationship: | Email: |

I see this person as much as I would like to: Yes No I would like this person at my case planning meetings: Yes No

Tasks to add to case plan to help build my support network *(family finding, set up visits/phone calls, refer to mentor/support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)*

- 1.
- 2.
- 3.

Section 4: My Identifying Documents

Review for all youth ages 14 and older

These important documents are critical for your transition to adulthood and are required for you to have before you leave care.

What documents do you have and what do you still need before you leave care?

Per DCF Policy, copies of third-party information may not be released without written permission from the originating source.

| Vital Personal Documents | Current Document Status | Where is the document located? |
|---|--|--------------------------------|
| An Official or Certified Copy of Birth Certificate | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Social Security Card issued by SSA | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Valid State-Issued Photo Identification | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Valid State-Issued Permit | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Valid State-Issued License | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i> | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Immunization Records | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Medical History: <i>Including current medical treatment, current providers, and medications</i> | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Copy of Medical and Genetic Information | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Social History: <i>Including release of allowable records from time in custody</i> | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated: | |
| Life Book | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated: | |

The documents below are needed as youth attains age 18.

| | | |
|--|---|--|
| Copy of Consumer Credit Report | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Medicaid Card/Health Insurance information | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Voter Registration | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| DCF Custody Verification Letter | <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested: | |
| Tribal Enrollment Card/Tribal Documentation | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Selective Service Registration | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Citizenship/Immigration Documents | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |
| Healthcare Proxy or Medical Power of Attorney | <input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied: | |

Do you have a safe place to keep your important documents when you are released custody? Yes No

Tasks to add to case plan to take to obtain my identifying document(s): *(update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)*

1.

2.

3.

Section 5: Life Skills

Required for all youth ages 14 and older

What skills have you already learned and what areas you would like to strengthen?

Case teams may attach a copy of an assessment completed within the last 6 months by a CDDO or other waiver service agency that addresses the youth or young adult's life skills. (The CLSA does NOT meet this requirement)

Self-Care/Hygiene:

(bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, selecting and putting on clothes, exercise, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Laundry

(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Healthy Living Environment:

(making bed, dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Grocery Shopping

(buying ingredients for a recipe, understanding sales/coupons, making healthy meal choices within a budget, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Cooking/Meal Preparation

(feeding oneself, preparing meals that do not require cooking, preparing meals with ingredients, basics of cooking, kitchen safety, using stove and other kitchen appliances, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Communication Skills:

(understanding 1 and 2 step directions, asks simple questions, asking for help, knowing who to ask, active listening, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Accessing Community Resources/Public Transportation

(do you know who to ask for help with transportation, how to ride public transportation, obtain food, going to the doctor, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Have you completed a Casey Life Skills Assessment (CLSA)? Yes **Date:** No Unsure

Section 6: Youth Advocacy
Required for all youth ages 14 and older
"Nothing About Us, Without Us!"

Kansas Youth Advisory Council & Regional Youth Advisory Council

I have been to a Regional Youth Advisory Council (RYAC) event: Yes No Unsure

I have been to Kansas Youth Advisory Council (KYAC) event: Yes No Unsure

I am interested in KYAC and /or RYAC: Yes No Unsure

I would need help getting rides to KYAC and/or RYAC meetings: Yes No Unsure

KYAC Contact:

RYAC Contact:

Other Youth Advocacy Groups: *ex: Kansas Youth Empowerment Academy (KYE), Youth Leaders in Kansas (YLinK), student groups, etc.*

Section 7: My Education Plan

*Required for all youth ages 14 and older
 Plans for your educational and career goals.*

| | | |
|--|-----------------------------|---------------------------------|
| Current or Most Recent School Attended: | Current Grade Level: | Highest grade completed: |
|--|-----------------------------|---------------------------------|

Vocational Supports: *Do you have any of the following? (check below)*

| | |
|--|--|
| An Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
|--|--|

An Education Advocate Yes No Unsure *If yes, what is their name?*

| | |
|---|---|
| Visual Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Deaf or Hard of Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
|---|---|

| | |
|---|--|
| Use of an Assistive Device for Learning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Other Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
|---|--|

Specific IEP/504 Plan Accommodations:

| | |
|---|---|
| Are you participating in Pre-ETS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | <i>if no, does a referral need to be made?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If you are under 16, please go to page 14.

I intend to complete my (check below): (Ages 16 and older)

| | |
|---|----------------------------------|
| <input type="checkbox"/> HS diploma at (name of school): | Number of Credits Earned: |
|---|----------------------------------|

| | |
|---|--------------------------------|
| <input type="checkbox"/> GED at (name of institution/program): | Number of Tests Passed: |
|---|--------------------------------|

Obtain a Vocational Certificate at (name of school):

Post-secondary training/degree at (name of school):

Highest Level of Education Completed (check below all that apply): (Ages 16 and older)

HS diploma at (name of school):

GED at (name of institution/program):

| | |
|--|----------------------------------|
| <input type="checkbox"/> College Credits (name of institution/program): | Number of Credits Earned: |
|--|----------------------------------|

Technical Training (name of institution/program):

I would like more information about the following:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> A-OK Program | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Tuition Waiver | <input type="checkbox"/> First-Aid/CPR |
| <input type="checkbox"/> Contacting My School Counselor | <input type="checkbox"/> Applying for an Education Program | <input type="checkbox"/> College Campus Tours | <input type="checkbox"/> Military Enlistment |
| <input type="checkbox"/> Choosing Classes | <input type="checkbox"/> Applying for Scholarships | <input type="checkbox"/> Feeling Alone on Campus | <input type="checkbox"/> Bullying/Anti-Bullying |
| <input type="checkbox"/> Credit Recovery | <input type="checkbox"/> FAFSA Application | <input type="checkbox"/> TRIO/Upward Bound | <input type="checkbox"/> Sports/School Activities |
| <input type="checkbox"/> Dual Credit Classes | <input type="checkbox"/> Understanding Student Loans and Financial Aid | <input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS) | <input type="checkbox"/> KU Transition to Postsecondary Education |
| <input type="checkbox"/> IEP/504 Plan | <input type="checkbox"/> Test Preparation (ACT/SAT) | <input type="checkbox"/> Educational Counseling | <input type="checkbox"/> Kansas Kids at GEAR UP |
| <input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth in foster care) (KS Statute #38-2285) | <input type="checkbox"/> Obtaining Education with a Disability (Federal WIOA H.R. 803 Section 422) | <input type="checkbox"/> Vocational Rehabilitation Services (VR) | <input type="checkbox"/> Other: |

Tasks to add to case plan to address educational goals and needs: *(Enroll, submit applications, talk to an advisor, scholarships, placement exams meet with school counselor, pick elective classes, purchase materials, pay registration fees, explore post-secondary education programs etc.)*

- 1.
- 2.
- 3.



Section 8: My Health/Well-Being

Required for all youth ages 16 and older

Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.

My Medicaid or other health insurance provider is: (check below)

United Sunflower Healthy Blue Other:

| | |
|-------------------------------|--------|
| My Primary Care Doctor is: | Phone: |
| My OB/GYN Doctor is: | Phone: |
| My Eye Doctor is: | Phone: |
| My Mental Health Provider is: | Phone: |
| My Preferred Pharmacy is: | Phone: |
| My Dentist is: | Phone: |
| My Other Provider is: | Phone: |
| My Other Provider is: | Phone: |
| My Other Provider is: | Phone: |

Are you comfortable with the listed providers? Yes No

Do you find these services helpful? Yes No

I know how to: (check below)

Schedule Appointments Fill Prescriptions Take Medications as Prescribed Obtain/Use Birth Control
 Ask for Help Other:

I take the following medications: (list all medications and the reason they are prescribed): or I am not taking medications

| Medication: | Reason: | How often: |
|-------------|---------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Do you have any concerns with the medications you are taking? Yes No

Do you understand the short-term and/or long-term effects of the medications you are taking? Yes No

Do you plan to continue taking your prescribed medications after being released from custody? Yes No

If No, please work with your case manager to set up an appointment for medical guidance from a professional.

I would like more information on: (check below)

| | | |
|---|--|--|
| <input type="checkbox"/> Changing Doctors | <input type="checkbox"/> Communicating with my Doctors | <input type="checkbox"/> Sobriety Support |
| <input type="checkbox"/> Scheduling Appointments | <input type="checkbox"/> Applying for Medical Insurance | <input type="checkbox"/> LGBTQIA2S+ Supports |
| <input type="checkbox"/> Filling Prescriptions | <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Taking Medications as Prescribed | <input type="checkbox"/> Mental/Emotional Health | <input type="checkbox"/> Domestic Violence Resources |
| <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Abstinence/Sexual Health | <input type="checkbox"/> Renewing Health Insurance |
| <input type="checkbox"/> Obtaining/Using Birth Control | <input type="checkbox"/> Tobacco/Vape Use and Quitting | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Healthy Habits | <input type="checkbox"/> Connecting to Community Resources | <input type="checkbox"/> Other: |

Tasks to add to case plan for my health/well-being: (scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)

- 1.
- 2.
- 3.

Section 9: My Transportation Plan
Required for all youth ages 16 and older

I currently have the following transportation available to me (check all that apply):

- Family/Friends
 Placement/Caseworker
 I have my own car
 I borrow a car
 Paid Ride Service/Taxi
 Bike
 Walk
 Bus
 Other:

I need transportation to: (check all that apply)

- School
 Employment
 Recreation
 Appointments
 Complete My Restricted License
 Other:

My Legal Driving Status: (check all that apply) N/A

- I currently have a:**
 Valid Driver's License
 Valid Restricted Driving Permit
 Valid Learning Permit
 Expired License/Permit
 No Permit/License
 Suspended License
 Other:

If you have a License, when does it expire?

- I am interested in getting my:**
 Driver's License
 Restricted Driving Permit
 Learning Permit
 Taking Drivers Education
 Completing Driving Hours
 Practicing the Permit Test
 Other:

Case manager notes:
Please explain the transportation plans for the youth/young adult for their transition into adulthood

Tasks to add to case plan to address my transportation goals: (enroll in driver's education, referral to We Kan Drive, go to DMV, explore public transportation, walk through how to use medical card to request transportation, save for vehicle, explore auto insurance rates, etc.)

- 1.
- 2.
- 3.

Section 9: My Employment/Financial Plan

Required for all youth ages 16 and older

My Current Employment Status (*Check all that apply*): Day School Full-Time Part-Time Volunteering
 Student Active Job Search Internship/Work Study Unable to Work No Work History Other:

If employed, where do you work?

How long have you had your current job?

What are some jobs or careers that interest you? *What level of education and/or experience do you need to obtain that job/career?*

Are you interested in any of the following programs:

DCF Vocational Rehabilitation (VR) Services

DCF Pre-Employment Transition (Pre-ETS) Services

KANSASWORKS Ticket to Work

Financial Awareness:

Are you interested in learning how to budget your money? Yes No NA

Do you have a checking account? Yes No NA

Do you have a savings account? Yes No NA

If yes, who has access to your account(s)?

Would you like to open a checking/savings account? Yes No NA

Who can help you set up a banking account?

Do you understand fees that are associated with a bank and/or debit card? Yes No NA

Do you know how to check your credit report? Yes No NA

Please describe the young adult's financial plans for adulthood:

Tasks to add to case plan to address my employment and financial goals: (*Open checking/savings account, referral to Pre-ETS or Vocational Rehabilitation Services, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.*)

1.

2.

3.



If you are under 17, please go to next section.

Section 10: My Housing Plan

Required for all youth ages 17 and older

I understand that DCF Independent Living does not provide placement/housing after release of custody Yes No

Where I currently live:

Foster Home Relative Non-Relative Group Facility Shelter Detention Secure Care Other:

My options for housing, once I am released are: (select all that apply)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Relative(s) | <input type="checkbox"/> Friend/Non-Relative | <input type="checkbox"/> Current Placement | <input type="checkbox"/> Unsure Where I will Live |
| <input type="checkbox"/> Supportive Adult | <input type="checkbox"/> Transitional Living Program | <input type="checkbox"/> Shared Living | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Adult Residential Community Setting | <input type="checkbox"/> Sober Living/Halfway House | <input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | |

What area(s) of the state/country would I like to live?

Who I plan to live with: (name, relationship, and address, if applicable):

Have you talked with them about household rules, financial expectations, etc.? Yes No

Do you need help talking about household expectations? Yes No

What is your plan if this housing option does not work out?

What steps have been taken to secure housing?

Applying for adult residential, touring adult residential/apartments, applying for low-income housing, purchased/obtained household items, signed housing related paperwork

Tasks to add to case plan to secure housing prior to release: (search/apply for housing, apply for public housing, tour facility, secure household items, etc.)

1.

2.

3.



If this section does not apply, please go to next section N/A

Section 11: Legal

Required for all youth ages 14 and older who have current or pending charges and/or convictions.

Next Court Date:

Type of Hearing:

Current charges:

Pending charges:

Past convictions:

Counties charges/convictions are from:

Court Services Officer:

Email/Phone:

Probation Officer:

Email/Phone:

Attorney:

Email/Phone:

Do you know how to contact these people? Yes No

When is your next meeting with your court services/probation officer?

Court Orders:

Court Fines and Fees Owed:

What are your plans for completing court orders and paying fines?

(If no identified plan, please include tasks below to address creating a plan)

How do your current/past charges and court orders create barriers to your transition into adulthood?

What supports/resources can be explored to address these barriers?

Tasks to add to case plan to address current and pending charges and/or convictions: *(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)*

1.

2.

3.

This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting including narratives on progress towards obtaining adult social security, waiver services, guardianship, housing, and any other information needed for their transition into adulthood (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

Large empty area for case worker input.

| Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion | |
|--|--------------|
| <i>Youth feedback:</i> <i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(comments)</i> | |
| Youth/Young Adult Signature: | Date: |
| <i>Case Manager feedback:</i> <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(comments)</i> | |
| CWCMP Case Manager Signature: | Date: |
| <i>DCF IL Coordinator feedback:</i> <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(comments)</i> | |
| DCF IL Coordinator Signature: | Date: |
| <i>Supportive Adult feedback:</i> <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(comments)</i> | |
| Youth or Young Adult Selected Supportive Adult Signature: | Date: |
| <i>Supportive Adult feedback:</i> <i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(comments)</i> | |
| Youth or Young Adult Selected Supportive Adult Signature: | Date: |
| Other Attendee Signature: | Date: |
| Other Attendee Signature: | Date: |

| Resources | |
|---|---|
| Kansas Disability Rights Center (DRC): DRC has attorneys and advocates who provide free advocacy and legal services for Kansans with disabilities. | Website: www.drckansas.org Phone: 785-273-9661 Address: 214 SW 6 th Ave Ste 100 Topeka, KS 66603 |
| Social Security Administration (SSA): SSA administers retirement, disability, survivor, and family benefits, and enrolls individuals in Medicare. | Website: www.ssa.gov/agency/contact/ Phone: 1-800-772-1213 |
| Kansas Guardianship Program: The Kansas Guardianship program is a volunteer-based model that provides guardianship or conservatorship services for vulnerable adults. | Website: www.ksgprog.org Phone: 785-587-8555 Address: 3248 Kimball Ave Manhattan, KS 66503 |
| Kansas Department for Aging and Disability Services Home and Community Based Services (HCBS): HCBS provides oversight for a system of community-based supports and services for persons in Kansas with disabilities. Through this program, the state of Kansas is able to provide different services that allow those who need care to receive services in their homes or communities. | Website: www.kdads.ks.gov Phone: 785-368-6246 Address: 503 S. Kansas Ave Topeka, KS 66603 Web Search: KDADS HCBS Access Guide |
| Kansas Association of Centers for Independent Living: The Kansas Association of Centers for Independent Living (KACIL), is a member organization comprising eight (7) Centers for Independent Living (CILs) spanning the state. Centers provide services to people with all types of disabilities of all ages and all income levels through grant funded and fee for service programs. | Website: www.kacil.net/member-cil-directory Phone: 785-215-8048 Address: 214 SW 6 th Ave Topeka, KS 66603 |
| DCF Vocational Rehabilitation/Pre-ETS: Services for Kansans with disabilities to become gainfully employed and self-sufficient. PRE-ETS provides job exploration, counseling, and other services to help young people (16-21) prepare for employment and self-reliance. | Website: www.dcf.ks.gov/services/RS/Pages/Employment-Services.aspx |

Purpose: The PPS 3059B, My Adult Services Plan, serves as the formal transition plan document required by federal and state policy, in accordance with the Family First Prevention Services Act of 2018. It is for all youth and young adults who are 14 or older, regardless of case plan goal, who are on the I/DD waiver or waiting list. This form is a tool to help CWCMP staff and supportive adult(s) guide youth and young adults in formulating plans for their transition into adulthood. It assesses strengths and needs while also addressing any current or anticipated challenges, as well as guide referrals to necessary resources, supports, and services are set up for the youth into adulthood. Transition planning with youth and young adults is a process that is only successful with authentically engaged youth and young adults alongside their supportive adult(s). Timeliness of completing applications and referrals for services is vital for youth and young adults who are transitioning from foster care into adult services Community Development Disability Organizations (CDDO).

Guidelines for Completion: Youth and young adults shall be involved, at the developmental or cognitive level that they are able, in developing the My Adult Services Plan. Planning must be guided by the youth or young adult's goals, wishes, hopes, and dreams, along with necessary support and resources in adulthood such as social security income, adult guardianship, waiver services, etc. This plan shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team.

This plan should be utilized over time to focus on the long-term goals of the youth or young adult by creating short term goals and tasks that lead to successful completion of long-term goals. Case teams should use the information gathered from completing this form to guide case plan tasks. This form is updated prior to each case plan or whenever there is any new relevant information.

Based upon the youth or young adult's age and maturity level, the plan is designed to be to guide discussions during monthly visits with the youth or young adult. Introducing the sections over time allows the youth or young adult to become familiar and comfortable with the plan. Some sections are only required after a certain age (e.g. 14 or 15 years of age) but may be completed with a youth who is able to understand the section or has an interest in completing that part of the plan who is not required to complete the section. The form utilizes personalized wording such as "My Education Plan" and "I need support as I continue..." to encourage youth ownership in the planning process.

This form shall be forwarded to the court and attached to each case plan. This form shall be sent to the DCF Foster Care Liaison and the DCF Independent Living Coordinator with the case plan invitation.

The form must be reviewed at each case planning conference. If a section is not reviewed or discussed, the case manager shall note the reason(s) in the appropriate section. If a The form must be completed, reviewed, and updated in its entirety 90 days prior to the youth or young adult's exit interview. This document is expected to change leading up to adulthood. It is appropriate for this document to serve as a historical tracking tool, to assist the youth or young adult in documenting and observing their growth, progress, and achievements towards transition into adulthood.

- The top of the PPS 3059B is identifying information about the youth or young adult.
- This form includes information specific to adult services, resources, and supports for those youth and young adults transitioning from foster care into these types of services and supports.
- Each section includes space for identified case plan tasks to be developed based on the information provided in the section.

- The “Summarize goal progress since the last transition plan update” is intended to reflect ongoing progress for the youth or young adult. The summary of progress after initial completion shall include all previous updates to the plan and concerns about the plan, indicated by date with the top entry as the most recent, and shall specify the first and last name of the case manager or family support worker updating the plan. The summary shall reference the sections the information is updating.
- My Plan for Successful Adulthood shall be signed and dated each time transition planning occurs.

Section 1: Getting to Know you (Required for all youth or young adults ages 14 and older)

This section focuses on the important details of the youth or young adult's specific interests, culture, concerns, strengths, abilities, needs and preferences. This section is intended to be youth-driven and empower their voice and participation in the planning process for their transition into adulthood by personalizing the transition plan to the specific youth or young adult.

Section 2: Social Security, Payee, Guardian, and Home and Community Based Waivers (required for all youth or young adults ages 14 and older)

Section 2 assists case teams with documenting and tracking information related to a youth or young adult's adult social security income applications, payee, guardian, and Home and Community Based Services Waivers (HCBS). It is understandable that each youth or young adult's situation is different and workers may utilize the case manager notes sections to document specific information that is relevant to the youth or young adult, and ensure adult services are set up prior to release of custody.

Psychological Exams and Social Security

This section is to assist case teams in documenting the youth or young adult's psychological examinations and social security income applications. Case teams must ensure youth and young adults who are going to need and qualify for Social Security Income (SSI) in adulthood receive those benefits. Teams can do this by assisting them in completing applications in a timely manner, scheduling appointments and examinations, appealing denials if applicable, and establishing a payee for social security if needed. Case teams shall document details and progress toward completing these tasks on the PPS3059B. Case teams shall also document details of scheduled exams and results of those exams.

Payee

It may be necessary for some young adults who will receive adult SSI to have a payee. Payees are responsible for managing SSI payments for the young adult. It is important for case teams to understand that not all young adults who receive SSI in adulthood need a payee. If a payee is needed, case teams shall document who the payee will be in this section including their name, relationship, and contact information. Case teams shall consult with Social Security Administration (SSA) for specific eligibility requirements for an adult payee.

Guardian

It is important for case teams and supportive adults to understand that not all youth and young adults who receive SSI and HCBS waiver services will require a guardian in adulthood. To qualify for a guardian there must be a statement from a designated professional (listed in K.S.A. 59-3064) stating a guardian needs to be appointed and that the individual lacks capacity. There are limitations on guardians in their roles. Ex. Guardians cannot make young adults stay a specific adult residential home if the youth adult no longer wants to live there, guardians do not administer or force medication administration on youth or young adults and cannot control behavioral concerns a youth or young adult may have. CMP staff in conjunction with the youth or young adult should first attempt to identify individuals with supportive relationships with the

youth or young adult to serve as the guardian. If there is no identified guardian, a referral to DCF Adult Protective Services for the Kansas Guardianship Program shall be completed (*please refer to PPM 10620*). Case teams shall document information on the referral process and any progress towards obtaining a guardian if applicable. If there are questions on if a youth or young adult will need an adult guardian, case teams shall consult with regional DCF legal or Adult Protective Services (APS) staff.

Home and Community Based Services Waivers (HCBS)

The Kansas Department for Aging and Disability Services (KDADS) oversees the systems of community-based services and supports for those with disabilities in Kansas. The current HCBS waivers offered in Kansas that may apply in adulthood are the Brain Injury (BI) waiver, Intellectual/Developmental Disability (I/DD) waiver, Physical Disability (PD) waiver, and Technology (TA) waiver. Case teams should indicate if a specific waiver is not applicable to a youth or young adult by selecting the "N/A" box next to each corresponding section. There is an area under each potential waiver section for case teams to document information and progress towards obtaining waiver services. This section allows case teams to have a clear understanding of what has been completed and still needs to be done to ensure these services are set up for the young adult as they transition from foster care into adult services. Case teams should search on the web for the Home and Community Based Services Access Guide or visit KDADS website for information and details on each waiver.

Section 3: My Support Network (required for all youth or young adults ages 14 and older)

Stable and healthy long lasting relational supports for youth or young adults are important as they transition into adulthood. This section is used to document and support connecting youth and young adults to their identified support network outside of their case team. Youth and young adults should be given the opportunity to develop supportive adult relationships or participate in mentorship activities. Each youth or young adult should be given the opportunity to include their support network in their transition to adulthood. If the youth or young adult lacks supportive adult connections the case team shall assist the youth in considering additional options for support or refer the youth or young adult to mentorship programs. If the youth or young adult lacks capacity to communicate who their supports are, case teams shall work to assist the youth with finding safe and supportive connections and possibly refer them to organizations that provide mentorship.

Section 4: My Identifying Documents (required for all youth or young adults ages 14 and older)

(PPM 5259, 3214) (Section 475 of the Social Security Act) (Section 603(d) Fair Credit Reporting Act)

Section 4 focuses on the youth or young adult's identifying documents. These documents are required upon release from custody and provide the youth or young adult with the documents needed to secure employment, housing, mental health and medical treatment, continued education, as well as a historical reference. Having these documents in the youth or young adult's possession upon release is essential to their successful transition.

The status of each personal document shall be noted including information about where the documents are physically located. For documents that have not been obtained or are missing detailed steps to obtain these documents should be included on the form. Youth and young adults shall be provided these documents upon leaving care. Youth, case managers, and other supportive adults should plan for a secure place for keeping these documents upon release of custody.

Section 5: Life Skills (required for all youth and young adults ages 14 and older)

This section is intended to assess the basic skills needed to successfully transition into adulthood. Many youth or young adults in this population may not be able to articulate their ability to complete life skills. Case teams shall collaborate with the youth or young adult as well as their supportive adult(s) to document each specific life skill. Details shall be provided on the level of skill as well as frequency of the youth ability to complete tasks. Case teams shall document specific case plan tasks to address life skills for each youth or young adult.

Many youth and young adults on the I/DD waiver or waitlist complete assessments from the CDDO provider that addresses life skills. If an assessment that addresses all life skills listed in the PPS 3059B has been completed, case teams may attach the completed assessment to this plan. If all the life skills are not addressed in the attached assessment, the case teams shall complete the individual sections that were not addressed. The Casey Life Skills Assessment does not fulfill this requirement and will still need to be completed per policy.

Section 6: Youth Advocacy (required for all youth or young adults ages 14 and older)

The youth or young adult shall be provided with information on the Kansas Youth Advisory Council (KYAC) and the Regional Youth Advisory Councils (RYAC) and provided an opportunity to participate in advocacy groups. Case teams should explore additional youth advocacy opportunities for youth or young adults outside of KYAC and RYAC such as Kansas Youth Empowerment Academy (KYEA), YLinK, school groups, etc.

Section 7: My Education Plan (required for all youth or young adults ages 14 and older)

This section is an opportunity for case teams to assist youth or young adults with their plans for completing their secondary education, which may include an alternative educational program or GED. Plans for post-secondary education shall be addressed by indicating if the youth or young adult plans to attend a certified technical program, community college, or university. If the youth or young adult is receiving special education services the IEP or 504 plan accommodations should be documented in this section. There is an option for youth or young adults to indicate if they would like to be assessed for any services or supports.

If it is identified that the youth or young adult is behind in attainment of their secondary education, the case manager shall assist the youth or young adult in checking for missing secondary education credits. The youth or young adult shall also be assisted in checking to see if KSA 38-2285 applies. This statute allows youth in foster care to graduate with the state required 21 core credit hours.

Section 8: My Health and Well-Being (required for all youth/young adults ages 16 and older)

Section 8 addresses provision of youth or young adult's health needs. This section includes information on medical and mental health providers and payment mechanisms. Case teams should explain Kansas Medicaid eligibility to the youth or young adult, as well as assisting them in determining their established supports during the transition planning process. If the youth or young adult is receiving mental health services or taking medication, plans for the continued assessment of need, provision of the prescriptions necessary, and payments shall be made. Youth and young adults shall be given the opportunity to discuss if they find their providers, medications, or both helpful and if they have any concerns with their providers or medications.

Section 9: My Transportation Plan (required for all youth and young adults ages 16 and older)

Section 9 is used to address the youth or young adult's transportation needs. This section shall provide a sustainable plan for transportation upon transition into adulthood. Transportation options may include walking, bicycling, bus rides, arrangement of rides with friends, plans purchasing a car, or completing driver's education. Youth and young adults living with I/DD may also have transportation available to them through their CDDO, adult residential provider, and Medicaid provider. Case team shall document the youth or young adult's specific plans and resources for transportation under this section.

Section 10: My Employment and Financial Plan (required for all youth and young adults ages 16 and older)

Section 10 creates a plan for employment and financial literacy. Vocational training and support, self-employment, supported employment and Working Healthy options shall be explored. Youth and young adults shall be assisted in accessing their local Workforce Center's Youth Education, Employment, & Training Programs via the Workforce Investment Opportunities Act (WIOA). The worker shall assess if the youth or young needs to be referred to Vocational Rehabilitation, Pre-ETS, or other appropriate services, if it is determined that the youth or young adult may be eligible for these supports. Case teams shall document the youth or young adult's financial plans for adulthood in this section. This may include how the youth will pay for bills, food, and any additional expenses. Some young adults who receive SSI may have a payee to assist them with managing their funds and paying expenses. Case teams shall work with the young adult to assist them in understanding how they can request to access their funds through their payee if applicable. Case teams shall assist youth or young adults in understanding their employment and financial plan as it relates to SSI or other benefit programs they may be entitled to and/or receive. Case teams should explore additional support programs for youth and young adults such as ABLE accounts and special needs trusts if applicable.

Section 11: My Housing Plan (required for all youth and young adults ages 17 and older)

Section 11 works with the youth or young adult to develop an achievable plan for housing after release of custody. Housing options include living in an adult residential facility, shared living, low income or section 8 housing, their own apartment, with supportive adult(s), relatives, or other settings. Areas of the state and or country they have a desire to live when they transition into adulthood shall be explored with the youth or young adult. Information on resources and supports available to them shall be explored and shared with the youth or young adult and their supports. Case teams shall document specific steps that have been taken to secure housing once the youth or young adult is released from custody.

Back up housing plans shall be explored with all youth and young adults regardless of their original housing plans. There is a statement at the top of the page for youth and young adults to indicate they understand that DCF Independent Living does not provide physical placement or housing to young adults once they are released from custody. While some young adults may be eligible for financial assistance for housing, DCF Independent Living does not have physical structures to place young adults. It is vital that youth and young adults as well as their supports have a clear understanding of the housing resources available, as well as the potential barriers to obtaining housing once they are released from custody. Failure to secure housing through a CDDO Adult Residential prior to release of custody will impact a youth or young adult's ability to skip the waitlist for housing.

It is important to list the contact information for housing plans if the youth or young adult has those details available to them. If the youth or young adult does not have a safe or viable housing plan, efforts shall be documented that show resources have been provided to the youth or young adult about safe housing options to avoid homelessness. A safety plan shall be documented to show the youth or young adult has access to emergency shelter and food within the community where they will be living once released from custody.

Section 12: Legal (required for all youth or young adults ages 14 and older who have current or pending charges and/or past convictions)

Section 11 addresses legal matters for youth or young adults who have current or pending charges or past convictions. Case teams and youth or young adults should include information in this section on the specific counties the charges or convictions are from. They should also include specific contact information for the court services or probation officers as well as contact information for the youth or young adult's criminal defense attorney. Youth and young adults should be guided in a discussion on their plans for fulfilling court orders and paying fines and fees. Case teams should help youth and young adults connect with resources and develop plans for completing court orders and paying fines or fees prior to the youth or young adult being released from custody. The case team should also guide the youth or young adult in a discussion on how their charges, or convictions may impact them in adulthood. Case teams should help youth and young adults connect to resources to address and potentially resolve these barriers.

| | | | |
|---------------------------|--|------------------------|------------------|
| First Name: | Last Name: | Date of Birth: | Age: |
| FACTS Case Number: | Projected Release from Custody (ROC): | Date Completed: | Pronouns: |

This form must be completed within 90 days prior to release from custody.
If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.

This plan is to be completed with the youth, or young adult, case manager, aftercare case manager, DCF independent living coordinator, and any other identified support.
Revisions should ensure the youth or young adult's transition plan reflects accurate post-release information. Federal requirements are listed below and shall be addressed and finalized prior to release from custody.

After release, my contact information will be as follows: (Please fill in the information below.)

Address:

Email:

Phone:

Social Media:

If this plan falls through, the information for my back up plan is: (Please fill in the information below.)

Address:

Email/Phone:

Alternative Email or Social Media Contact:

Do you have any children? Yes No If yes, how many?

Are you currently expecting a child? Yes No If yes, how many?

If you have children or are expecting a child, what services are you receiving to assist you and your children? (list below)

Check the box(s) for documents you have in your possession:

| | | |
|---|---|--|
| <input type="checkbox"/> State Photo Identification | <input type="checkbox"/> Medical Card | <input type="checkbox"/> Citizenship/Immigration Documents |
| <input type="checkbox"/> Life book | <input type="checkbox"/> Social Security Card (<i>not a copy</i>) | <input type="checkbox"/> Driver's License (<i>currently valid</i>) |
| <input type="checkbox"/> Copy of Immunization Records | <input type="checkbox"/> Educational Records | <input type="checkbox"/> Diploma/GED |
| <input type="checkbox"/> Medical Power of Attorney, if requested | | <input type="checkbox"/> Letter Verifying Custody |
| <input type="checkbox"/> Copy of the PPS 5340 Medical and Genetic Information for Child | | |
| <input type="checkbox"/> Original or Certified Copy of Birth Certificate | | |

If planning to finish your high school diploma or GED, have you enrolled in classes? Yes No N/A

If planning to attend college or other training program, have you enrolled in classes? Yes No N/A

If planning to work, are you employed? Yes No N/A

If yes, where do you work?

List the name, address, and phone number of people who would know how to contact you after release from custody. Please add additional pages if needed

(By providing emergency contact information, I agree to allow DCF to contact these individuals in efforts to locate me. I understand that DCF will not release any information about my case to these contacts.)

| | |
|----------------------|---------------|
| 1. Name: | Phone: |
| Relationship: | Email: |
| 2. Name: | Phone: |
| Relationship: | Email: |
| 3. Name: | Phone: |
| Relationship: | Email: |
| 4. Name: | Phone: |
| Relationship: | Email: |
| 5. Name: | Phone: |
| Relationship: | Email: |

The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for the transition from foster care to adult living by surveying youth at 17, 19, & 21 years of age.

You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.

If you have any NYTD questions, please email: KS.NYTD@dcf.ks.gov

Medical Power of Attorney: (Federal Reg. 475(1) F)

It is important that you choose a trusted adult to support you in case there is an emergency and you become unable to make medical decisions for yourself. Having a Medical Power of Attorney will protect you in emergency situations. This adult would make decisions for you only if you were seriously injured, critically ill, or became unable to speak regarding medical treatment. If you do not have a formal Medical Power of Attorney, then you risk having someone that you may not trust making these decisions for you.

When you select a trusted adult for this document, we can help you obtain the needed document.

Have you selected a trusted adult to make important decisions regarding emergency medical treatment?

Yes No I would like more information

Do you have documentation for your selected Medical Power of Attorney? Yes No I would like more information

The person who I would like to list as my "Medical Power of Attorney":

| | | |
|--------------|---------------|---------------|
| Name: | Phone: | Email: |
|--------------|---------------|---------------|

Living Will:

A living will is a document that outlines your wishes for medical care if you are terminally ill or permanently unconscious. It can include instructions for life-sustaining treatments, resuscitation, feeding tubes, and assisted breathing. A living can also include your religious or philosophical beliefs. A living will only apply while you are alive but incapacitated and ends when you die.

Are you interested in obtaining a living will? Yes No I would like more information

| | | |
|---|--|--|
| <input type="checkbox"/> N/A Legal | | |
| Do you have past criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Do you have current criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Details on past, current, and pending charges and/or convictions: | | |
| Court Orders: | | |
| Court Fines Owed: | | |
| What are your plans for completing court orders and paying fines? | | |
| Court Services Officer: | Email/Phone: | |
| Probation Officer: | Email/Phone: | |
| Attorney: | Email/Phone: | |
| What services/supports are you interested in receiving after release, if eligible? Check all that apply: | | |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Aged Out Medical Card | <input type="checkbox"/> Independent Living Subsidy |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Accessing Medical Services | <input type="checkbox"/> Start Up Assistance |
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Accessing Mental Health | <input type="checkbox"/> Post Secondary Education |
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> Employment Services | <input type="checkbox"/> Education and Training Vouchers (ETV) |
| <input type="checkbox"/> Community Resources | <input type="checkbox"/> Pre-ETS/Voc. Rehab Services | <input type="checkbox"/> Tuition Waiver |
| <input type="checkbox"/> Crisis Care Information | <input type="checkbox"/> Mentor Program Referral | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Section 8/FYI/Public Housing Referral | <input type="checkbox"/> High School/GED Completion | |
| Exit Plan Participant Signatures & Date of Completion | | |
| | | |
| Youth's Signature | Date | |
| | | |
| Case Manager's Signature* | Date | |
| | | |
| Aftercare Case Manager's Signature* | Date | |
| | | |
| DCF IL Coordinator or Designee's Signature | Date | |
| CWCMP after exit interview is completed: | | |
| <p>Send the Final PPS 3059 My Plan for Successful Adulthood forms along with the completed Exit Plan to the DCF Independent Living regional email for the region where the youth will be located or has requested services, along with the DCF NYTD email (KS.NYTD@dcf.ks.gov).</p> <p>Upon exit from care, all provider shall attach copies of the following as applicable: the young adult's identifying documents, PPS 3050 series, PPS 3059C and send to regional DCF IL teams. If a young adult is transitioning out of foster care to live in another state after release, case teams shall include documentation that Medicaid has been applied for and IL services have been obtained.</p> | | |

**by signing this, I confirm that information for any services and supports marked interested in after release have been provided to the young adult prior to or during this exit interview meeting*

| Resources after Release of Custody (ROC) | |
|---|---|
| <i>To be completed by CWCMP and provided to the young adult prior to release of custody</i> | |
| CWCMP Aftercare Contact Information: | |
| Name: | Office Location: |
| Phone: | Email: |
| Aftercare Emergency Contact Line: | |
| DCF Independent Living Coordinator Contact Information: | |
| Name: | Office Location: |
| Phone: | Email: |
| Regional Group Email: | |
| Local Resources: | |
| Emergency Shelter(s): | |
| Food Resource(s): | |
| Community Mental Health Center(s): | |
| Rental and Utility Assistance: | |
| Other Local Resource(s): | |
| Other Local Resource(s): | |
| State/National Resources: | |
| Mobile Crisis Helpline Available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care to find resources and support. | Call: 833-441-2240 |
| United Way Call, text, or search United Way website to find food, shelter, parenting, and other resources across the country | Call: 211 Text: Your zip code to 898-211 https://211kansas.myresourcedirectory.com/ |
| National Suicide Prevention Lifeline The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones. | Call or Text: 988 https://988lifeline.org/chat/ |
| Parent Helpline Kansas Children's Service League (KCSL) provides judgement-free parenting support 24/7 in English and Spanish as well as 200 additional languages. | Call: 1-800-CHILDREN (1-800-244-5373) Text or Email: 1800children@kcs.org |
| Trevor Lifeline Leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning youth | Call: 1-866-488-7386 Text: Text 'Start' to 678-678 https://www.thetrevorproject.org/get-help/ |
| Kansas and National Domestic Violence Hotline Advocates are there to listen without judgement and help you begin to address what's going on in your relationship. Services are always free and available 24/7 | Call: 1-800-799-7233 (National) Call: 1-888-363-2287 Text: 'START' to 88788 https://www.thehotline.org/ |
| National Human Trafficking Resource Center Hotline Hotline for situations involving all forms of sex and labor trafficking. | Call: 1-888-373-7888 (888-3737-888) Text: INFO' or 'HELP' to BeFree (233-733) https://humantraffickinghotline.org/en/chat |
| If you are having a life-threatening medical or mental health emergency, please call 9-1-1 or go to the nearest emergency room. | |

Purpose: The PPS 3059C serves as the formal exit transition plan document required by Federal and State policy, in accordance with the Family First Prevention Services Act of 2018. This form must be completed within 90 days prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.

See section 3214 of the PPS PPM for more information.

Guidelines for Completion

The PPS 3059C shall be completed immediately prior to release from custody in conjunction with the youth, case manager, aftercare case manager, and DCF Independent Living Coordinator or designee.

This form shall include the following:

- The young adult's contact information to include address, email, phone, and social media where they can be reached after release of care, along with a back-up contact information.
- Confirmation of individual documents the young adult has been provided along with the area identified for secure storage of these documents. The young adult shall have all their required documents in their possession prior to the release from care.
- The young adult's most recent plans for education and employment.
- Names and contact information for up to five individuals who would know how to contact the young adult once they are released from care.
- Contact information for the aftercare case manager and DCF Independent Living Coordinator.

In addition to the above information, case management teams shall inform young adults and complete the information on the following:

- **Medical Power of Attorney/Living Will** This section shall be explained in its entirety. Case management teams shall assist the young adult in formally selecting a trusted adult to make medical decisions on the young adult's behalf, should a situation arise where they were to become incapacitated for any reason. Not only is this a federal requirement but selecting a Medical Power of Attorney helps prepare the young adult to plan for emergencies and unforeseen circumstances where they may not be able to communicate their needs and treatment preferences. Case teams shall discuss with young adults if they are interested in obtaining a living will. A Living Will is a document that outlines someone's wishes for medical care if they are terminally ill or permanently unconscious.
- **Services and supports after Release** The young adult shall indicate which services and supports, they are interested in receiving from DCF Independent Living and other community resources after release of custody by checking boxes of specific services and supports on this form. Young adults may have additional services and supports they need that are not listed on this form. Case management teams shall confirm that any resources and supports the young adult is interested in receiving are shared with them prior to or during the exit interview meeting.
- **The National Youth in Transition Database (NYTD)** DCF may contact them at ages 19 and 21 to complete a federally mandated survey that collects data on youth in foster care and their outcomes.

Participants in the Exit Plan shall sign and date when the Exit Interview has been completed and document any concerns surrounding the plan that the youth has developed.

The youth shall be provided a copy of their completed PPS3059A My Plan for Successful Adulthood, along with this form with the completed resources section prior to being released from custody.

The following documents shall be sent to the DCF NYTD email and DCF Independent Living regional email, where the youth will be located or has requested services immediately prior to release of custody: copies of the youth's identifying documents, PPS 3059C and send to regional DCF IL teams. If a young adult is transitioning out of foster care to live in another state after release, case teams shall include documentation that Medicaid has been applied for and IL services have been obtained.

Family Preservation Referral

| | |
|--|--|
| | |
| | |
| | |

Date Family Preservation Services accepted?

| | |
|-----------------------------------|--|
| Date of last contact with family? | Type of contact: <input type="checkbox"/> In Person <input type="checkbox"/> Phone |
|-----------------------------------|--|

| | |
|---|-----------------|
| Are there language barriers? <input type="checkbox"/> No <input type="checkbox"/> Yes | <i>Explain:</i> |
|---|-----------------|

Has an interpreter been used with this family? No Yes *(If yes, list name and number below)*

| | |
|----------------------|--------------------------------|
| Name of Interpreter: | Contact Number of Interpreter: |
|----------------------|--------------------------------|

Worker Safety Issues: *(Explain)*

Is there a reason to believe that any family member is a member or eligible to be a member of a recognized Tribe, and the Indian Child Welfare Act (ICWA) applies? No Yes *(If yes, list Tribal Affiliation):* *Name of Enrolled Family Member(s):*

SECTION II: Court Involvement

Is/are any child(ren) in this family in DCF custody? No Yes *(If yes, list names below with date of custody and next court hearing for each)*

| | | |
|----------------|------------------|--------------------------|
| Name of Child: | Date of Custody: | Next Court Hearing Date: |
| Name of Child: | Date of Custody: | Next Court Hearing Date: |
| Name of Child: | Date of Custody: | Next Court Hearing Date: |
| Name of Child: | Date of Custody: | Next Court Hearing Date: |

If there is a child(ren) in custody, when is the next custody case plan due?

Is there other court involvement for any of the family members? No Yes *(If yes, list names, etc. below)*

| | | |
|-------|---------------------------------|-------------------------|
| Name: | Date/location of Court Hearing: | Type of Court Hearing*: |
| Name: | Date/location of Court Hearing: | Type of Court Hearing*: |
| Name: | Date/location of Court Hearing: | Type of Court Hearing*: |

*Types of Court Hearings:
 CINC: Temporary Custody, Adjudication, Disposition, Review, Other:
 Juvenile Offender: Adjudication, Disposition, Revocation, Other:

*Types of Adult Court Hearings: Family Court/Divorce Custody; Criminal, Other:

Family Preservation Referral

| | | |
|--|------------------------------------|------------------------------------|
| Court Case Number(s): | Judicial District/County or Judge: | |
| Has the court ordered Family Preservation Services? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, list court date, case number and court below)</i> | | |
| Next Court Date(s): | Court Case Number: | Judicial District/County or Judge: |
| | | |

Section III: Reason for Referral

Presenting Problem: Abuse Neglect Family In Need of Assessment Pregnant Woman Using Substances

If applicable, check status of child abuse/neglect investigation: In Process Unsubstantiated Affirmed Substantiated

Is this referral the result of a Juvenile Offender case? No Yes

Has the Family Based Assessment (FBA), ~~PPS 2030 series~~, been completed? No Yes

Synopsis of Reasons for Referral:

Safety Concerns: *(List all safety concerns to be addressed below)*

Protective Factors to Mitigate Safety Concerns: *(Include family's strengths, resources and actions taken to help protect children; Appendices 2J, 1B, and/or 2F may be used for guides)*

Risk Factors: *(List known risk factors below)*

Protective Factors to Mitigate Risk Factors: *(Include family's strengths, resources and actions taken to help protect children; Appendices 2J, 1B, and/or 2F may be used for guides)*

Prior DCF involvement and/or services? No Yes If yes, provide details of prior DCF involvement:

Section IV: Service Needs

Is any family member receiving mental health services? No Yes *(If yes, complete the following:)*

Has any family member received mental health services in the past?

| Name of Family Member | Name of Past/Current Therapist or Case Manager |
|-----------------------|--|
| | |
| | |
| | |

Family Preservation Referral

| | | |
|--|------------------------|--|
| | | |
| Does any family member have suspected or confirmed substance use concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, complete the following:)</i> | | |
| Name of Family Member | Type of Substance Used | Has a drug screen, evaluation, or court confirmed substance use? If yes, when? |
| | | |
| | | |
| | | |
| Is this a Pregnant Woman Using Substances (PWS)? <input type="checkbox"/> No <input type="checkbox"/> Yes | | <i>(If Yes, check if opioids or non-opioids)</i> <input type="checkbox"/> Opioids <input type="checkbox"/> Non-Opioids |
| List current services being provided through a Client Purchase Agreement and indicate if authorized by DCF to continue. If there are no services, write "none" in the space below. | | |
| Service | Provider | DCF Approved |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section V: Signatures | | |
| Completed by: | Date: | Time: |
| | | |
| Supervisor Electronic Signature: | Date: | |
| | | |
| Send the following forms to the Provider (check all that apply): | | |
| <input type="checkbox"/> PPS 1000 Face sheet – Required <input type="checkbox"/> PPS 2007 Plan of Safe Care per PPM 2050, if applicable <input type="checkbox"/> PPS 2020 Assessment Map <input type="checkbox"/> PPS 2021 Immediate Safety Plan (if applicable) <input type="checkbox"/> PPS 3050 Family Service/Preservation Plan for Child Not in Custody, if applicable <input type="checkbox"/> PPS 3051 Permanency Plan for Child in Custody, if applicable | | |
| Note: DCF CPS Specialist shall be available to FPS provider staff for two hours following referral. | | |

Distribution: 1. Provider Agency File 2. Regional Support Services Program Consultant 3. DCF Case Record



Family Preservation Referral

Family Preservation Referral Instructions

The PPS 4200 Family Preservation Referral shall be completed for each family referred to the Family Preservation Services (FPS) provider.

Case Head Name: Enter the last name, first name and middle initial of the FACTS case head.

Initial Referral: ~~An initial referral is the referral on the case head (head of household).~~ Select to begin new service or after the initial referral period has expired on a previous family preservation referral.

Resumption of Services: Select when the case has been closed and the family needs additional Family Preservation Services during initial service period, the Case Management Provider shall be responsible for providing these services without a new referral through the end of the service period.

Address of family: Enter the address where the family can be located/contacted.

County where family resides: Enter the county where the family resides and can be located.

Contact name/number for the family: Enter the phone number where the head of household can be contacted.

Non- residential Parent(s): List names, addresses and phone numbers of all non- residential parents who do not reside in the household. There is space to include three parents. If there are more than three parents, please add additional lines to the form.

FACTS Case #: Enter the FACTS Case number for the head of household.

CPS Specialist: Enter the name of the assigned DCF CPS Specialist.

Case Name Client ID#: Enter the Case name Client ID number associated with the family head of household.

CPS Specialist's Best Contact Number: Enter the best phone number to contact the CPS Specialist for two hours after the referral is made, including area code.

Local DCF office: Enter the name of the DCF office where the CPS Specialist is located.

CPS Specialist's Email: Enter the email address where the CPS Specialist can be contacted.

DCF Region: Enter the region the family resides in: Kansas City, East, West or Wichita.

DCF Supervisor: Enter the name of the CPS Specialist's Supervisor.

Referred to Provider Agency: Enter the name of the FPS Provider receiving the referral.

DCF Supervisor's Contact Number: Enter the best phone number to contact the CPS Specialist's Supervisor.

Family Preservation Liaison Assigned: If a Family Preservation Liaison is assigned, check yes and put the name and phone number of the liaison. If there is no Family Preservation Liaison, check no and leave the name and phone number blank.

Dates/Times CPS Specialist/Family Preservation Liaison is available for Initial Family Meeting (IFM): Enter the best time and date(s) for the CPS Specialist to participate in the Initial Family Meeting to be held within 48 hours of the referral date. The FPS provider will try to accommodate the CPS Specialist's time, with the understanding the family's schedule will be the priority.

SECTION I: Additional Family Information

Case Participants Residing in the Home: Indicate the names and roles for case participants residing in the home. ~~of all family members, including children, who shall participate in Family Preservation Services.~~

Case Participants Residing Out of the Home: Indicate the names and roles for case participants residing outside of the home.

Date Family Preservation Services Accepted: Indicate the date the family accepted Family Preservation Services.

Date of Last Contact with Family: Indicate the last date the CPS Specialist had contact with the family.

Type of Contact: Check the box for in person contact or phone contact with the family.

Are there language barriers: Check the box no or yes if there are language barriers to working with the family and if yes, explain/describe what the barriers are.

Has an interpreter been used with this family: Check the box for no or yes, and if yes, list the name and phone number to contact the interpreter on the line below.

Worker Safety Issues: Describe and explain all worker safety issues in the household, including-weapons in the home, aggressive animals on the property, illegal drugs being used, persons with felony convictions in the home, and environmental hazards.

Indian Child Welfare Act (ICWA): If any family member is an enrolled member of a recognized Native American Tribe or eligible to be enrolled, check the box yes and list the name of the Tribe and the name of the enrolled member.

SECTION II: Court Involvement

Is/are any child(ren) in this family in DCF custody: Check no or yes, to indicate if there are children in the home in DCF custody. If "Yes" is checked, provide the names of the children in DCF custody, date of custody and the next court hearing date in the spaces below.

If there is a child in custody, when is the next custody case plan due: Indicate the date the next child case plan is due to DCF.

Is there other court involvement for any of the family members: Check the box for yes or no and if yes, list the name(s) of the children who are not in custody and/or other family member(s) who are involved in any type of court, the date and location of the court hearing, and the type of court hearing, in the spaces provided. Refer to the lists of possible types of court hearings for children or adults.

Court Case Number(s): Provide the case number(s) of all court cases involving a child or other family member.

Judicial District or Judge: Provide the number of the Judicial District, county and/or name of the presiding judge.

Has the court ordered Family Preservation Services: Check the box for no or yes.

Is any other family member involved with another type of court: Check No or Yes, if yes, list the next court date, court case number and judicial district, county or judge, if known, in the spaces provided below.

Section III: Reason for Referral

Presenting Problem: Check the presenting reason for the referral: Abuse, Neglect, Family In Need of Assessment or Pregnant Woman Using Substances **which may be different than the reason for DCF intake assignment.**

If applicable, give status of child abuse/neglect investigation: Check if an investigation is in process, unsubstantiated, affirmed or substantiated.

Juvenile Offender: Check the box no or yes if the referral is the result of a Juvenile Offender case, refer to PPM 2746 E. for criteria.

Synopsis of Reasons for Referral. Provide information so the Family Preservation Services provider will know why the family is being referred and what issues DCF expects the provider and the family to address.

Safety Concerns: List all safety concerns to be addressed by the FPS provider prior to case closure, to ensure the safety of the children in the home.

Protective Factors to Mitigate Safety Concerns: List family's strengths, resources and/or actions taken to help protect the children and address the safety concerns. Appendices 2J, 1B, and/or 2F may be used for guides. Include all safety plans or safety services.

Risk Factors: List all risk factors that place the children at risk of maltreatment or out of home placement to be addressed by the FPS provider.

Protective Factors to Mitigate Risk Factors: Include family's strengths, resources and/or actions taken to help

protect children. Appendices 2J, 1B, and/or 2F may be used for guides.

Prior DCF involvement and/or services: Check yes if there is documentation in FACTS, KIDS or KIPS of prior DCF involvement and/or if services were provided before the current referral.

Section IV: Service Needs

Has/is any member of the family received/receiving mental health services: If yes, provide the name of the family member who has or is receiving mental health services and provide the name of the past or current therapist and/or case manager, if known.

Does any family member have suspected or confirmed drug or alcohol issues: Check No or Yes. If yes, provide the name of the family member and, if confirmed, provide information regarding how and when drug or alcohol issues have been confirmed, including positive drug screens, drug charges in court, self-report, etc., in the spaces provided.

Type of Drugs Used: Indicate the type of drugs used and by which family member(s), if known.

Is this a Pregnant Woman Using Substances (PWS)? Check yes or no. If yes, check if opioids or non-opioids.

List current services being provided through a Client Purchase Agreement: List the services provided and the provider in the blanks. Check no or yes, if authorized by DCF to continue, if any. If there are no services, write "none" in the space below.

Section V: Signatures

Completed by: List the name of the CPS Specialist completing the referral.

Date: Indicate the date the referral was provided to the Family Preservation Services provider. This is the same date as the referral date above.

Time: Indicate the time the referral was provided to the Family Preservation Services provider.

Supervisor or Designee Signature and Date: The DCF Supervisor or designee, who approved the referral for Family Preservation Services, provides a signature and date of approval on the form. This signature may be electronic.

Send the following forms to the Provider: Check the forms which are provided at the time of referral to the Family Preservation Services provider.

Note: The DCF CPS Specialist shall be available by phone for the Family Preservation Services provider to contact, for at least two hours following the referral, to discuss/staff the referral and arrange a meeting with the family within 48 hours.

Distribution: Copies of this form and attachments shall be filed in the Family Preservation Services provider's file and the DCF Case Record. A copy of the referral shall also be provided to the Regional Support Services Program Consultant at the time of referral.



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| Section I | | | |
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| Date: | | | |
| To CPS Specialist: | | Family Preservation Services Staff Name and Agency: | |

| | | | | | |
|-------------------|--|--|--|--|--|
| Section II | | | | | |
|-------------------|--|--|--|--|--|

| | | | | | |
|------------|--|--------------------|--|-------------------|--|
| Case Head: | | Case Head Facts #: | | Date of Referral: | |
|------------|--|--------------------|--|-------------------|--|

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| Section III | | | | | |
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|--|---|-----------------------|--|
| <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 (for use on cases referred after 1/1/20) | <input type="checkbox"/> Intensive Phase <input type="checkbox"/> Non-Intensive phase (for use on cases referred prior to 1/1/20) | | |
| Date Family Last Seen: | | Date Child Last Seen: | |

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|-------------------|--|--|--|--|--|
| Section IV | | | | | |
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| Summary of attempts to locate and case progress: <i>(Please include any new/updated family contact information)</i> |
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| Section V | | | | | |
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| Safety Concerns: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please describe safety concerns and consider whether a report to the Kansas Protection Report Center is needed. Include the event number of the report in the narrative below, if applicable. | | |
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|-------------------|--|--|--|--|--|
| Section VI | | | | | |
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|-----------------------------------|--|
| Signature of Provider Staff: | |
| Signature of Provider Supervisor: | |



| | | | |
|---|----------------------------------|---|--|
| TO DCF Specialist | | Provider Case Manager Agency | |
| Date / Time | Child's Legal County | | |
| <input type="checkbox"/> Release of Custody | <input type="checkbox"/> Initial | <input type="checkbox"/> Corrected Copy | <input type="checkbox"/> AWOL |
| <input type="checkbox"/> Planned Move | <input type="checkbox"/> Respite | <input type="checkbox"/> Venue Change | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Hospital | | <input type="checkbox"/> Placed at Home | |
| <input type="checkbox"/> In-Transit | | <input type="checkbox"/> Disruption | |

SECTION I

| | | |
|-------------------|--------------|--------------|
| Name of Child | DOB | |
| FACTS Client ID # | FACTS Case # | Court Case # |

SECTION II

| | |
|-------------------------|----------------|
| Provider Staff Assigned | Worker Phone # |
|-------------------------|----------------|

SECTION III

| | | |
|-------------------------------------|--------------|---------------------|
| Previous Placement Name and Address | From | To |
| Reason for Move | | |
| Deleted Placement | Deleted Rate | Deleted Add on Rate |

SECTION IV

| | | | |
|---|-------------------------------------|-------|-----|
| Date of Current: <input type="checkbox"/> Placement <input type="checkbox"/> Service | Placement Name and Physical Address | | |
| Placement Mailing Address | | | |
| Phone Number | Respite / Hospitalization | Start | End |
| CLARIS Case # | | | |
| FACTS Service Action Code | | | |
| FACTS Service Source Code | | | |

Child has no siblings in Out of Home Care

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|--------|--|
| Notes: | |
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|---|--|
| <input type="checkbox"/> "Same" District & School Name | |
| <input type="checkbox"/> Attending same school per instructions (SCOIN) | Attending same school reason: <input type="checkbox"/> Same school as before placement <input type="checkbox"/> Same school with grade level change <input type="checkbox"/> Parent moved <input type="checkbox"/> Same school as permanent placement (APA, PCA) <input type="checkbox"/> Same school, IL <input type="checkbox"/> Does not meet same school criteria <input type="checkbox"/> Not yet school age |

| | |
|--|---|
| <input type="checkbox"/> School Changes | |
| District and School Name child is leaving | |
| District and School Name child is entering | |
| Has youth (in Foster Care) ever given birth or fathered a child? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is child placed with them? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

| | |
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| ICWA Inquiry Made? Is there a reason to believe this child may be an Indian child? An "Indian child" means any unmarried person who is under age eighteen and is either (a) a member of a federally recognized Indian tribe or (b) is eligible for membership in a federally recognized Indian tribe and is the biological child of a member of an Indian tribe (25 U.S.C. §1903 (4)). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

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|---|---|
| ICWA Applies? Agency determination that ICWA applies to the child | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|---|

| | |
|---|--|
| Verified Date of Determination Date of Court determination that ICWA applies to the case. (Use file stamp date from Journal Entry.) | |
| If ICWA applies, has tribe been legally notified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Tribe Name of Primary Tribe: | |
| Name of Secondary Tribe: | |

| | |
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SECTION V

| Cessation of Monthly Payment and/or Closure | Date | Cessation of Monthly Payment and/or Closure | Date |
|--|------|--|------|
| <input type="checkbox"/> Returned Home & Released from DCF Custody | | <input type="checkbox"/> Transfer to KDOC | |
| <input type="checkbox"/> Returned Home & NOT Released from DCF Custody | | <input type="checkbox"/> Child Death Date | |
| <input type="checkbox"/> Custodianship & Released from DCF Custody | | <input type="checkbox"/> Released from DCF Custody- Emancipation | |
| <input type="checkbox"/> Adoptive Placement Finalized | | <input type="checkbox"/> Released from DCF Custody- Living with Other Relative | |
| <input type="checkbox"/> Transfer to Tribal Court | | <input type="checkbox"/> Released from DCF Custody- Runaway | |
| <input type="checkbox"/> Venue Change (referral date to new CW/CBS Provider) | | <input type="checkbox"/> Released from DCF Custody- Transfer to Other Agency Reason: | |
| <input type="checkbox"/> Released from DCF Custody- While Placed at Home | | <input type="checkbox"/> Address Released to | |
| <input type="checkbox"/> Released from DCF Custody- SOUL Family Legal Permanency | | | |

SECTION VI

Change of status for sibling(s) remaining in the home

| Name of Sibling | DOB | Client ID # (if known) | Add | Remove | Delete | Effective Date |
|-----------------|-----|------------------------|--------------------------|--------------------------|--------------------------|----------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |



Sibling Separation Staffing

This form is to be completed every 90 days for siblings who are not placed together, unless a sibling split request has been approved.

Distribution: Foster Care Liaison

| | | | |
|-----------------|------|---------------|-----------------------|
| Date of Review: | | | FACTS Case Number(s): |
| Siblings | DOB: | Referral Date | Current Placement |
| | | | |
| | | | |
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| | | | |
| | | | |

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| Section 1 Reason for Separation: |
| |
| Section 2 If Applicable, Why Separation is in Best Interest at This Time: |
| |
| Section 3 Actions Taken to Date to Place Siblings Together: |
| |
| Section 4 Impact of Siblings Staying Together or Separated – Long and Short Term (discuss for each sibling) |
| |

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| Section 5 Recommendations/Actions to be Taken: |
| |

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| Section 6 List of Participants: |
| |

| | | | |
|------------------------|--|------|--|
| Case Manager Signature | | Date | |
| Supervisor Signature | | Date | |



Strong Families Make a Strong Kansas

~~Distribution: Foster Care Liaison~~

Sibling Split Request

This form is to be completed for siblings when there is a request for consideration of them not achieving permanency together.

Distribution: Foster Care Liaison and GAL

| | | | |
|-----------------|------|---------------|--|
| Date of Review: | | | FACTS Case Number(s): Assigned DCF Staff: |
| Siblings | DOB: | Referral Date | Current Placement |
| | | | |
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| | |
|----------------------------|-----------------------------|
| Section 1: Parents' Names: | Date of PRT/Relinquishment: |
| | |

| |
|---|
| Section 2 Date of out of home placement and reason for removal: |
|---|

| |
|---|
| Section 3 Placement history of each sibling, to include attempts at placement of the siblings together: |
|---|

Sibling Split Request

Section 4 Describe why a split would be in the best interest of the siblings:

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Section 5 Describe the interventions that have occurred to address the reasons for sibling split consideration.

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Section 6 Describe the impact of siblings staying together or split (Discuss for Each Sibling)

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Section 7 Therapeutic input from providers working with the siblings (individually or as a group):

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Section 8 Describe the recruitment efforts made for each sibling and for the sibling group

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Sibling Split Request

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| Section 9 Identified Resource for each sibling |
| |
| Section 10 Plans for continued contact: |
| |

Provider Case Manager Signature

Date

Provider Case Team Supervisor

Date

| |
|--|
| Recommendations of the Staffing Committee: |
| |

Staffing Committee Signatures:

Name

Date

Name

Date

Name

Date

Name

Date

CWCMP Program Director Approval

Date



| Part A: Education Best Interest Determination Staffing | | | |
|---|---|---|---|
| <input type="checkbox"/> No BID required - student remains in school of origin's catchment area. Comments: | | | |
| Date Staffed: | Participants in Staffing: <input type="checkbox"/> Child Welfare Case Management Provider (CWCMP) <input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Local Education Authority (LEA) | | |
| IMPORTANT NOTE FOR Local Education Authority (LEA): If the school is participating in the Mental Health in Schools program, please ensure this document is provided to the appropriate staff at the school to coordinate any assessments or referrals needed for involvement in this program. | | | |
| Names of Attendees: | | | |
| Decision Considerations: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement </td> </tr> </table> | | <input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant | <input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement |
| <input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant | <input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement | | |
| Decision Summary: | | | |

| Part B: Immediate Enrollment of a Child Placed in Foster Care | | | |
|--|--|----------------------------------|--|
| Date of Placement: | | Responsible State Agency: | <input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Kansas Department for Corrections-Juvenile Services (KDOC-JS) |
| As authorized by Child Welfare Case Management Provider (CWCMP) grantee of DCF: <input type="checkbox"/> Saint Francis Ministries <input type="checkbox"/> KVC <input type="checkbox"/> TFI <input type="checkbox"/> Cornerstones of Care | | | |
| Special Instructions: <ul style="list-style-type: none"> Students in foster care at any time after their 14th birthday shall be awarded a high school diploma if: Child is at least 17 years old, is enrolled or resides in the school district granting the diploma and has achieved at least the minimum high school graduation requirements adopted by state board of education. See K.S.A. 38-2285. | | | |

• **Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely.**

Section I: Student and Current Placement Information

| | | | | | | | |
|---|--|------------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|--|
| Student Name: (First, Middle, Last) | | | | | | | |
| DOB: | | SSN: (last four digits ONLY) | | Phone: <input type="checkbox"/> NA | | Email: <input type="checkbox"/> NA | |
| Student Child currently receiving Mental Health Services: | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, Mental Health Provider Information if known name of provider if known: Child's Current Mental Health Provider: Mental Health Provider Phone Number: Mental Health Provider Email Address: Phone number if known: Email if known: | | |
| Placement Name(s): | | | | | | | |
| Placement Address: (Street, City, State, Zip Code) | | | | | | | |
| Placement Telephone Number(s): | | | | Placement Email: | | | |

Section II: School in which child is being enrolled or maintained

| | | | | | |
|--|--|--|---|--|--|
| Unified School District (USD) Name: | | | | USD Number: | |
| School Name: | | | | | |
| School Address: (Street, City, State, Zip) | | | | | |
| School Phone Number: | | | | Fax: | |
| School Building Contact Name: | | | | School Building Contact Email: | |
| Every Student Succeeds Act (ESSA) School District Point of Contact Name: | | | | | |
| ESSA School District Point of Contact Phone Number: | | | | ESSA School District Point of Contact Email: | |
| Enrollment Date: | | | | Grade: | |
| Check all that apply: | <input type="checkbox"/> Regular Education | <input type="checkbox"/> Special Education | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Online Learning | <input checked="" type="checkbox"/> English for Speakers of Other Languages (ESOL) |

| Section III: Last school attended | | | | | |
|---|--|--|---|--|---|
| Instructions: The school of origin is the school that the child was enrolled at the time of the initial placement. If the child's foster care placement changes, the school of origin would then be the school in which the child is enrolled at the time of the placement change. | | | | | |
| 1. Unified School District (USD) Name: | | USD Number: | | | |
| School of Origin Name (most recent school of attendance): <input type="checkbox"/> NA | | | | | |
| School Address: (Street, City, State, Zip) | | | | | |
| School Phone Number: | | Fax: | | | |
| School Building Contact Name: | | School Building Contact Email: | | | |
| Every Student Succeeds Act (ESSA) School District Point of Contact Name: | | | | | |
| ESSA School District Point of Contact Phone Number: | | ESSA School District Point of Contact Email: | | | |
| Dates Attended: | | | | | |
| Check all that apply: | <input type="checkbox"/> Regular Education | <input type="checkbox"/> Special Education | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Online Learning | <input type="checkbox"/> English for Speakers of Other Languages (ESOL) |

| Section IV: Student Educational Information | | | | | |
|---|------------------------------|-----------------------------|---|----------------------------------|--|
| Does the student have any of the following? (Check all that apply) | | | | | |
| 1. Individual Education Plan (IEP): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Evaluation in Progress | <input type="checkbox"/> Unknown | |
| IEP provide individualized special education and related services to meet the unique needs of the child. | | | | | |
| 2. 504 Plan: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | |
| 504 plans provide services and changes to the learning environment to meet the needs of the child as adequately as other students. | | | | | |
| 3. School Behavior Contract / Management Plan: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | |
| 4. Is the student currently suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: | Length: | |
| | | | | | |
| 5. Is the student currently expelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: | Length: | |
| | | | | | |
| 6. If yes to questions 4 and 5, please explain below (fighting, truancy, drugs / alcohol, etc.). | | | | | |
| 7. Describe in detail below any special staffing needs or safety precautions. | | | | | |

| |
|---|
| 8. Brief description of reasons for out of home care as relevant to the learning process. |
| 9. List current medications below. |
| 10. Physical or mental health conditions as relevant to the learning process. |
| 11. Other information relevant to the learning process of this student. |

| Section V: Legal Educational Decision Maker | | | | | |
|---|--|---|--|------------------------------|---|
| Parent/Legal Guardian Name: | | | | | |
| Address: (Street, City, State, Zip) | | | | | |
| Phone Number: | | Email: | | Alternate / Back up Contact: | |
| Restricted Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parental Rights Terminated or Relinquished: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Provide additional details as relevant to the learning process: | | | | | |
| Parent/Legal Guardian Name: | | | | | |
| Address: (Street, City, State, Zip) | | | | | |
| Phone Number: | | Email: | | Alternate / Back up Contact: | |
| Restricted Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parental Rights Terminated or Relinquished: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Provide additional details as relevant to the learning process: | | | | | |
| Education Advocates are appointed through Families Together. | | | | | |
| Education Advocate Name: | | | | | <input type="checkbox"/> NA <input type="checkbox"/> In Process |
| Address: (Street, City, State, Zip) | | | | | |
| Phone Number: | | Email: | | | |

Child residing with person acting as parent (kinship relative) who meets criteria for education decision maker: Yes No

Section VI: Agency Chain of Communication

| | | | | |
|---|----------------------|--|-------------------|--|
| First Contact- Case Manager Name: | | | | |
| Address: (Street, City, State, Zip) | | | | |
| Cell Phone Number: | Office Phone Number: | | Office Extension: | |
| Email: | Fax Number: | | | |
| Second Contact- Case Manager Partner Name: | | | | |
| Address: (Street, City, State, Zip) | | | | |
| Cell Phone Number: | Office Phone Number: | | Office Extension: | |
| Email: | Fax Number: | | | |
| Third Contact- Case Team Supervisor Name: | | | | |
| Address: (Street, City, State, Zip) | | | | |
| Cell Phone Number: | Office Phone Number: | | Office Extension: | |
| Email: | Fax Number: | | | |
| Fourth Contact- Education Contact Name: | | | | |
| Address: (Street, City, State, Zip) | | | | |
| Cell Phone Number: | Office Phone Number: | | Office Extension: | |
| Email: | Fax Number: | | | |
| Fifth Contact- DCF Foster Care Liaison: | | | | |
| Address: (Street, City, State, Zip) | | | | |

| | | | |
|--|--|----------------------|--|
| Cell Phone Number: | | Office Phone Number: | |
| Email: | | Fax Number: | |
| Sixth Contact- DCF Foster Care Administrator | | | |
| Address: (Street, City, State, Zip) | | | |
| Cell Phone Number: | | Office Phone Number: | |
| Email: | | Fax Number: | |



| | | | | |
|---|--|--------|--|--------------|
| I. Identifying Information: | | | | |
| Note: As used in this form, depending on the context, the term “child” may also mean “children” when the BIS is for a set of siblings. | | | | |
| Child(ren) Name(s): | | | | |
| Date(s) of Birth | | | | |
| Date of BIS: | | CWCMP: | | Facilitator: |
| Note: If this is a request to waive the BIS, skip to section V. | | | | |
| II. Child’s Information: | | | | |
| Strengths: | | | | |
| Special needs (emotional, mental, educational, physical, etc.): | | | | |
| Child’s level of participation in the BIS. If the youth is age 14 or older, he/she shall be provided an opportunity to attend and/or provide input. | | | | |
| Child’s preparation for adoption: | | | | |

III. Adoptive Parent(s) Information:

Attachment of child to each family:

History of sexual, physical, emotional, or substance abuse and any criminal history on the part of any family member:

Ages and health of proposed adoptive parents:

Siblings in the household (either biological or adoptive):

Family's motivation for wanting to adopt:

Potential permanence of the relationship between the child and the proposed adoptive parents:
(Describe how the family is prepared to make a life-long commitment)

What are the parenting skills, strengths, and areas of concern of the proposed adoptive parents:

Has the family had the opportunity to advocate for this child or others?

Is the family able to meet the financial needs of the household?

IV. Additional Factors to be Considered:

Proposed adoptive family's plan for future contact with the child's siblings and/or other appropriate family members:

Proposed adoptive family's plan if they are no longer able to care for the child:

If proposed adoptive parents are relatives or foster parents, describe how that impacts (positively/negatively) the adoption of the child(ren):

V. Request to Waive the BIS (Complete this section and skip to Section IX. All must be met to waive the BIS).

- The child is legally free for adoption.
Parent 1 date of PRT/Relinquishment ____
Parent 2 date of PRT/Relinquishment ____
- The child is placed with an identified adoptive resource who is a relative, non-related kin or foster family.
Name: ____
- The child has been placed with the one identified resource for a minimum of 6 consecutive months with no disruptions; Date of placement ____
- If the child is not placed with a relative, concerted efforts to identify, locate and evaluate maternal and paternal relatives as adoptive resources have been documented, and all are ruled out. List efforts and relatives ruled out:

| | |
|--|--|
| | |
|--|--|

VI. Invitees/Participants in BIS:

| Title | Name |
|---|------|
| CWCMP Case Manager: | |
| Party Who Knows the Child Well (Include Title) | |
| | |
| | |
| | |
| | |
| | |
| | |

VII. Rationale and Basis for Selection of Family: Explain why this family is in the child's best interest, and if the child is 14 or older, how they feel about being adopted by this family.

| | |
|--|--|
| | |
|--|--|

VIII. Information Required to be Provided:

Family Assessment and Preparation Study (PPS 5318), Child Social History (PPS 3114), approved Sibling Separation in Permanency Request (PPS 5147), if applicable.

| | | |
|---|--------------------------|--------------------------|
| Have all necessary journal entries of PRT been filed? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all relinquishments been approved and accepted by the secretary? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

IX. CWCMP Program Director (or Designee) Approval:

I, _____, CWCMP Program Director or Designee, have reviewed the selection of the Best Interest Staffing team with _____ being the adoptive resource for _____.

- I approve this selection as the adoptive resource.
- I do not approve this as the adoptive resource.

Explanation for decision:

Signature of Program Director or Designee

Date

X. New Information and Discussion (Subsequent-BIS Meeting):

Decision of BIS Team Based on New Information:

- BIS Decision Stands
- BIS Team no longer recommends selected family as the adoptive resource

Date

XI. CWCMP Program Director (or Designee) Authorization for Subsequent BIS Meeting:

I, _____, CWCMP Program Director or Designee, have reviewed the selection of the Best Interest Staffing team with _____ being

affirmed as the adoptive resource for _____

Unselected as the adoptive resource for _____.

I approve the decision of the BIS Team.

I do not approve the decision of the BIS Team.

Explanation for decision:

Signature of Program Director or Designee

Date



Instructions for Best Interest Staffing (BIS) Report and Selection

PURPOSE: To document the discussion and outcome of the BIS and provide the necessary information for the ~~DCF CWCMP Program Director or designee~~ Regional Director to approve the decision made by the BIS Team. ~~review in authorizing an adoptive family that is in the best interest of a child in the custody of the Secretary of DCF.~~

TIMELINES: Upon conclusion of the BIS, the CWCMP shall document the meeting and the consensus decision regarding selection of adoptive family on the 5341. The BIS Report is sent to the CWCMP Program Director or designee Regional Director within 3 working days of the BIS. The CWCMP Program Director or designee, within 5 working days, shall review and approve or not approve the BIS Team decision, and the Regional Director authorizes the selection and returns the PPS 5341 to the CWCMP within 5 working days.

INSTRUCTIONS: The PPS 5341 may be used to report on a BIS for a set of siblings who will be adopted together by the same family. Sections regarding the child's individual needs or each child's specific relationships to the proposed adoptive families shall be completed for each child. Multiple families may be considered at a BIS and all families considered shall be clearly and distinctly specified on the form. Narratives shall be clear regarding which family is being referenced.

Section I: Identifying information for each child being considered at the BIS shall be noted. If this is a request to waive the BIS, sections II, III, and IV do not need to be completed.

Section II: For each child, note their strengths, basic needs, emotional needs and special needs in the boxes provided. Basic needs include food, clothing, safe environments, housing/utilities, medical/dental care, education and recreation. Specific children may also have additional basic needs. If the child has a diagnosis, note that under emotional needs. Special needs include physical, educational, and developmental. Information about how those needs are currently being met shall also be noted. Discuss any future anticipated needs. Provide information about the child's level of participation in the BIS, and what has been done to prepare them for adoption.

Section III: In the first box, note each child's attachment to each family (and its members) being considered and whether the child has ever lived with the family. Issues with background checks, trauma, or mental health concerns for each family member shall be noted in the second box, and how that might impact the safety or well-being of each child. If corrective measures have been taken, note how they have alleviated the concern. Good health is described as having a statement from a doctor or a completed health assessment completed by the adoptive parents' primary physicians and the medical professional finding no evidence of physical or mental illness that would conflict with the ability to care for the health, safety or welfare of the children. Explain if there are children close to the child's age that live in the household, and how that might affect the child. Note the family's explanation of their motivation to adopt the child(ren), and the potential for permanence of the relationship between the child(ren) and the proposed adoptive parents. Explain the parenting skills, strengths and weaknesses of each proposed adoptive family in meeting the all of the needs of each child being considered at the BIS. If there are areas of concern noted, describe the actions being taken to improve parenting skills, and the family's commitment to make needed changes. Note if the family has had the opportunity to advocate for other children, and under what circumstances. Explain whether the family has the funds to pay their bills and the changes they anticipate in adding another child to the household.

Section IV: Additional factors shall be addressed in the boxes provided. Describe the adoptive family's commitment to maintaining important connections for each child being considered at the BIS. Describe what the family has planned if something should happen to them and they are no longer able to care for the child. If the proposed adoptive family is a relative, describe any factors related to the history of past generations that may impact the adoption. If the proposed adoptive family is a foster family, explain their understanding of the difference between fostering and adopting, the impact of the adoption, and their willingness to delay fostering other children if necessary.

Section V: Provide the information necessary to request a waiver of the BIS. The date of PRT/Relinquishment, name of family, results of relative searches, and date of current placement need to be included.

Instructions for Best Interest Staffing (BIS) Report and Selection

Section VI. List the invitees/participants of the BIS Team, ~~and note who voted.~~

Section VII: Provide a narrative for the rationale and basis for the selection and non-selection of the families considered. The rationale shall be written in such a way that it can be shared (with confidential information redacted) with others, including prospective adoptive parents, as an explanation for why the BIS Team chose the adoptive family and how it is in the best interest of the child. If the child is 14 or older, explain how they feel about being adopted by the family chosen.

Section VIII: ~~Rank the families considered at the BIS in the order of the selection for adoption of the child(ren).~~ Note whether all necessary journal entries of PRT are approved or relinquishments are accepted.

Section IX: The ~~CWCMP Program Director or designee~~ Regional Director (or designee) signs the form and authorizes the family chosen by the BIS Team. If a family is not authorized, the CWCMP ~~Program Director or designee shall provide the rationale in writing to the case manager.~~ chooses another family considered at the BIS or holds another BIS and considers other families. ~~—~~

Section X: On occasion, new information may arise after the BIS is concluded. If the new information may impact the decision, that information shall be provided by the CWCMP to all members of the BIS Team. In this section, provide a narrative for the rationale and basis for the selection and non-selection of the families considered during the subsequent BIS. The rationale shall be written in such a way that it can be shared (with confidential information redacted) with others, including prospective adoptive parents, as an explanation for why the BIS Team chose the adoptive family and how it is in the best interest of the child. If the child is 14 or older, explain how they feel about being adopted by the family chosen.

Section XI: The CWCMP Program Director or designee signs the form and authorizes the family chosen by the BIS Team. If a family is not authorized, the CWCMP Program Director or designee shall provide the rationale in writing to the case manager.



Instructions for PPS 5410A Data Collection

The 5410A must be completed and submitted electronically. Do not submit handwritten 5410A's to Eligibility Specialists, they will not be accepted.

Please complete and submit the 5410A to IV-E Eligibility Specialists as soon as possible. Consult your CPS supervisor or an Eligibility Specialist regarding your Region's expectations on submitting the 5410A timely. Eligibility Specialists have **30 calendar days** per PPS Policy to complete their eligibility determination.

****Tip for completing the 5410A** – take a copy of the document with you to Court, the 24-hour meeting, or any parent meeting and ask these questions. The answers are very important to IV-E eligibility staff and a vital part of our determination.

Child in Custody Information: Page 1

Child in Custody Information

Child's Legal Name: _____ Race: _____ Sex: _____
DOB: _____ SSN: _____ Language: _____ Tribe: _____
Citizenship/Alien Status: U.S Citizen Permanent Resident Other (specify): _____
Place of Birth: _____
City State County
If the child is school age: _____
Name of School attending Grade Level

Please make sure you answer all questions, **do not leave blanks**. If the parents will not provide information, please indicate this on the form by entering “**Unable to Obtain**” in the space provided.

Child's Legal Name - needs to match the Birth Certificate/FACTS case.

Place of Birth – provide City, State and County. Do not put “Unknown” or leave blank. If you do not have this information, please type in “**Unable to Obtain**”.

Mark appropriate **Citizenship/Alien Status** box. **Reminder:** Permanent residency is not the same as legal Citizenship. See **PPM 5911, 2. Citizenship** for information regarding difference between legal U.S. Citizen and non-citizen immigrants and required documents for proof of citizenship.

If child is of school age - Provide school information or enter N/A if not applicable.

Section 1 Legal Information:

Section 1 Legal Information:

- 1 Date court proceedings were initiated requesting custody: _____
(include Petition with foster care referral documents)
- 2 Date the STATE agency received legal custody of the child: _____
(include custody order with foster care referral documents)

1. Date Petition filed with court.
2. Date of Initial Custody Order placing child in DCF custody (Ex Parte Order, Temporary Order of Custody, etc.)

Section 2 Removal Information:

Section 2 Removal Information

1 Date the child was removed from the home: _____

2 Where was the child living in the six months prior to his/her removal from the home?

a. _____ from _____ to _____
 Name

 Address (include street, city & state) Relationship to the child

b. _____ from _____ to _____
 Name

 Address (include street, city & state) Relationship to the child

c. _____ from _____ to _____
 Name

 Address (include street, city & state) Relationship to the child

1. **Date the child was removed from the home:** The date child was removed from home or date of custody order. The removal date may be the date of the initial custody order (Ex Parte Order, Temp Order of Custody, etc.) if the foster care referral was made the same date. If the child was removed prior to the date of the custody order (due to placement in PPC by law enforcement) or after the date of the custody order, enter the date child was removed from the home.

2. **Where was the child living in the six months prior to his/her removal from the home?**
 Please indicate **all** homes where child lived in the six months prior to removal date. That information must be entered in this section.

Example: The child lived with grandparents at time of custody order on 1/15/24 and had been living in their home since October 2023. Child had lived with Mother from birth prior to moving in with grandparents. The first entry (a.) should be the grandparents' information, address, relationship to child, and the dates the child lived in their home. The **From** and **to** section should reflect this information: **from 10/1/23 to 1/15/24.**

The second entry (b.) should be Mother's name, address, relationship, and the dates child lived with mother on the second entry: **from birth to 9/30/23.**

Section 2 Removal Information Continued: Page 2

3 Who is living in the household?

Household members with * and coded red are part of the AFDC group and only their income and resources shall be recorded in the Income and Resources section on page 3.

| Name | DOB | SSN | Relationship to the child removed (choose from dropdown menu) |
|------|-----|----------|---|
| | 0 | 1/0/1900 | 000-00-0000 * Self |
| | | | ▼ |
| | | | ▼ |
| | | | ▼ |
| | | | ▼ |
| | | | ▼ |

3. **Who is living in the household?** The information should be regarding the home the child was removed from. **(The cursor must be in the cell in the Relationship column in order to click on drop-down menu and see the choices.)**

Example: Using the same example used for Section 2 (above), the child’s removal home depends on if the child was physically removed from grandparents’ home on 1/15/24 or if he was left in grandparents’ home, If child was left in grandparents’ home, mother’s home is the removal home. If grandparents’ home is the removal home, grandparents’ household information should be entered on this page. If mother’s home is the removal home, mother’s household information is to be entered on this page. If there are questions regarding this situation, please consult IVE Eligibility supervisor or an Eligibility Specialist for assistance.

Every referral should include a current and updated 1000 Face sheet for the event that led to the current removal. This is to be included in the documents sent to the Eligibility Specialists at the time of the foster care referral.

Name: First & Last name as is on BC/Facts

DOB: for all members “living” in the home (this also includes non-related persons)

SSN: for all members “living” in the home (this form will auto populate the dashes)

Relationship to child removed: ****Note**** It is very important to use the drop-down menu for this column, as the form was developed to indicate members of the AFDC group by relationship and is indicated by the * symbol.

All these fields will auto populate to page 3, and the members with * are members of the AFDC group. Income and resources for individuals with the * are to be reported in this section.

Section 3 Income and Resources:

Section 3 Income and Resources:

1 Are any of the children in the AFDC group attending day care?

| Name of the child | Amount paid per month | Provider's Name |
|-------------------|-----------------------|-----------------|
| | | |
| | | |
| | | |

1. If no children are in daycare put N/A. If children in the AFDC group are in daycare, enter the information required.

Section 3 Income and Resources continued: Page 3

2 AFDC group - Household members with a * and coded red on page 2:

| Name | Gross Income Per Month | Unearned Income Per Month | Resources | |
|------|---------------------------|------------------------------|-----------|-------|
| | | | Type | Value |
| 0 | | | | |
| NONE | | | | |
| NONE | | | | |
| NONE | | | | |
| | | | | |

As much information as possible is needed regarding employment, as it affects the outcome of the entire determination. You are the front line, our best and closest resource for information. We understand there are times the parent won't cooperate; however, we need to know you are doing your best to get us this information. If you are unable to obtain the information, please state this on the space provided and do not leave information blank.

If you could not obtain the wage information, please inform us in the email when you send the 5410A, so we can include it in the file.

2. Income and Resources of AFDC Members: anyone with * from page 2.

List income for parents listed in this column (populated from page 2 of Household members).

Please indicate the type of **Unearned Income** (unemployment benefits, SSI/SSA, child support, pensions, alimony, gifts from friends/family, etc.). **Gross Income** is wages earned from employment (job, self-employment, tips, bonuses, etc.)

Do not list the income under resource type. Resources are savings accounts, vehicle, assets, etc.

****Note**** Temporary Assistance to Families (TANF) and Food Assistance (FS or FA) are not countable resources or income and are not required to be listed on the 5410A.

If you have questions regarding income and resources, please contact IVE Eligibility supervisor or an Eligibility Specialist for assistance.

Are the parent(s) employed? Check "Yes" or "No" boxes for parent or step-parent living in the removal home. You will only complete this section if the parent/step-parent resides in the removal home. **If the parent is absent from the home, do not put their employment information in this section.**

3 Are the parent(s) and/or step-parents employed?

Only complete income information if the parent/step-parent lives in the home from which the child was removed

| | | | |
|-------------------|------------------------------|------------------------------|------------------------------|
| Mother: (Step) | <input type="checkbox"/> Yes | Employer: _____ | Begin Date: _____ |
| | | Hourly wage _____ | How often receive pay? _____ |
| | | Hours worked per week? _____ | |
| | <input type="checkbox"/> No | Name of last employer _____ | Date of termination _____ |
| Father: (Step) | <input type="checkbox"/> Yes | Employer: _____ | Begin Date: _____ |
| | | Hourly wage _____ | How often receive pay? _____ |
| | | Hours worked per week? _____ | |
| | <input type="checkbox"/> No | Name of last employer _____ | Date of termination _____ |

Employer: Do not leave information blanks or enter “Unknown”. If you cannot obtain the needed information, please enter “Unable to Obtain”. Blanks and “Unknown” make it unclear if an attempt was made to gather the information.

Begin Date: Can be the month and year, or just the year, as we need as much info as possible.

Hourly wage: If a parent tells you they are employed, please ask their hourly wages, as this helps us calculate gross income.

How often receive pay: Most paychecks are received Bi-weekly, Monthly, Bi-monthly, or Weekly. This information helps us calculate the gross monthly income.

Hours worked per week: If employed, please ask how many hours they work per week. This helps us calculate gross monthly income.

Name of last employer and Date of termination: If the parents are unemployed, provide the name of their last employer and the date of termination in this section on page 3.

Section 3 Income and Resources Continued: Page 4

4 If there is a step-parent in the home, are they paying child support and / or alimony?

| | | | | | |
|------------------------------|---|-------------|--------------|---------------------|----------------------|
| <input type="checkbox"/> Yes | Monthly amount _____ | State _____ | County _____ | Court order # _____ | Date last paid _____ |
| <input type="checkbox"/> No | Number of children supported with the payment _____ | | | | |

4. **If no step-parent is living in the removal home, leave this section blank and do not check “Yes” or “No”.**

Section 4 Deprivation:

Section 4 Deprivation:

1 Did the parents live together during the month in which the petition requesting custody was filed?

Yes

No Date they last lived together: _____

2 Is either parent deceased?

Yes Name of deceased parent (s): _____

Date of death (s): _____

No

3 Is either parent disabled and receiving a disability payment?

Yes Name of disabled parent (s): _____

No

4 Have parental rights been terminated or relinquished on either parent for this child?

Yes Date of termination / relinquishment: _____

No

1. If “No”, do not leave blank or enter “Unknown”. “Unable to obtain” is acceptable.

2. If “Yes”, enter the name of the deceased Parent/ Date of death. If information cannot be obtained put “Unable to Obtain”.

3. If “Yes”, enter the name of disabled parent.

4. If “Yes”, provide date if one of the parent’s rights have been terminated for this child.

Section 5 Child Support Enforcement Information: Page 5

Section 5: Child Support Enforcement

Mother: _____
Legal First Middle Last Also Known As

Residence: (street, mailing, if different, city, state, zip and phone)

Place of birth (city, state and county) _____ DOB _____ SSN _____

Paying child support?:
 Yes Monthly amount _____ State _____ County _____ Court Order # _____
 No Date last paid _____

Receiving child support:
 Yes Monthly amount _____ State _____ County _____ Court Order # _____
 No Date last received _____

Father: _____
Legal First Middle Last Also Known As

Residence: (street, mailing, if different, city, state, zip and phone)

Place of birth (city, state and county) _____ DOB _____ SSN _____

Paying child support?:
 Yes Monthly amount _____ State _____ County _____ Court Order # _____
 No Date last paid _____

Receiving child support:
 Yes Monthly amount _____ State _____ County _____ Court Order # _____
 No Date last received _____

Include the PPS 5135 (Acknowledgement of Parental Obligation Form) with referral information

Mother/Father: Complete all fields – please do not leave blanks. Enter “Unable to Obtain” if the information cannot be obtained. Check “Yes” or “No” boxes.

****Note** - a PPS 5135 Parental Obligation is to be included with every foster care referral. Eligibility workers are required to send them to Child Support Services.**

Section 6 Health Insurance Information: Page 6

Section 6 Health Insurance Information:

Does the child have health insurance coverage?

Yes Fill out the information below

No

Primary Policy holder information

First Name Middle Last DOB SSN

Policy Number Group Number IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: **Medical/Hospital** **RX** **Dental** **Other (specify)** _____

Secondary Policy holder information

First Name Middle Last DOB SSN

Policy Number Group Number IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: **Medical/Hospital** **RX** **Dental** **Other (specify)** _____

Copies of all insurance cards must be attached to this form and given to the placement of the child as the above insurance coverage must be billed before Medicaid. If at anytime the child health insurance changes while in the custody of the state, the changes must be reported immediately to the eligibility specialist and the child's placement. IF the child is currently covered by a Kansas Medicaid program, including Healthwave, the PLASTIC CARD must be obtained from the parent and given to the child's placement.

DCF Child Protection Specialist Date

Office address Phone Number Fax Number

E-mail address

****NOTE****

This section only refers to Private health insurance and only needs to be completed if the child is covered under insurance through their parent's employer. If the child does have private insurance, a copy of the card is to be provided to the Eligibility staff.

If the child has state insurance, do not check boxes for "Yes" or "No".

**Continuous Eligibility (CE) and
 Aged Out Foster Care Medical (AGO)
 Transfer Form**

| | | | |
|---|--|--|--|
| PPS Case Number: | | Case Name: | |
| CE End Date: | | | |
| Reason for transfer: | | | |
| <input type="checkbox"/> Returned to Parent home <input type="checkbox"/> No longer eligible for Adoption Subsidy Medical <input type="checkbox"/> Aged Out of Foster Care <input type="checkbox"/> Aged Out of SOUL Family Legal Permanency (SFLP) Foster Care Medical Program <input type="checkbox"/> Approved for Custodianship or Guardianship | | | |
| Transfer Date: | | Date PPS Medical Discontinued: | |
| Type of Medical at Discontinuance: | | <input type="checkbox"/> Foster Care Medical <input type="checkbox"/> SFLP Foster Care Medical <input type="checkbox"/> Adoption Subsidy Medical | |
| Long Term Care (LTC) Type: | | <input type="checkbox"/> N/A <input type="checkbox"/> Waiver Type Choose an item. <input type="checkbox"/> PRTF <input type="checkbox"/> SIA | |
| LTC Documents | | <input type="checkbox"/> Documents in Perceptive Content as KEES Case | |

| | | |
|--|--------|---|
| Name of Parent/Guardian (If applicable): | | |
| Address information is required for all transfers: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| | | Family Medical Case Number: |
| | | <input type="checkbox"/> No Family Medical Case Found |

| | |
|---------------------|-------|
| Eligibility Worker: | Date: |
|---------------------|-------|

This form shall be to be sent to DCF.PPSMedicaidAssistance@ks.gov and one of the following as it applies:

Long Term Care medical kdhe.hcbsinquiries@ks.gov

Family and AGO medical KS.AGORrequest@conduent.com



Section I

| | | | |
|---|--|--|--|
| Child's Name: | | Date of Birth: | |
| Current Placement: | | Date Placed: | |
| Type of Care: | | Contractor/Sub-contractor: | |
| Basic Daily Rate for Family FC: | | Amount Paid To Placement: | |
| Difficulty of Care Payment: (Attach basis for decision) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Services purchased for/provided to child: | <input type="checkbox"/> Day Care | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Attendant Care | <input type="checkbox"/> Frequency | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Other | | | |
| Does child receive SSI? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does child receive waiver services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has application been made? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of Waiver: | |
| Name of siblings to be placed with child: | | Date(s) of Birth: | |
| Name of siblings to be placed with child: | | Date(s) of Birth: | |
| Name of siblings to be placed with child: | | Date(s) of Birth: | |

Section II

| | | | |
|--|--|-----------------------------------|-------------------------------|
| Adoptive Family: | | | |
| Address: | City: | State: | Zip: |
| Telephone #: (Home) | Work #: | | |
| Relationship to child: (Mark One) | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Relative | <input type="checkbox"/> None |
| Recruitment Efforts: (Attach all recruitment plans) | | | |
| Date of Adoption Staffing: | | Date child presented to family: | |
| Date Adoption File Reviewed: | | Anticipated Date of Placement: | |
| Income of Family: | | Family Size: | |
| (Attach Budget) | | | |

Section III

| | | | |
|---|-----------------------------|---------------------------|--|
| Factors or Conditions which make it reasonable to conclude the child cannot be placed without adoption assistance: | | | |
| Provide written reports related to the physical/emotional/behavioral/mental/developmental diagnosis/disability completed within the last 12 months. | | | |
| Refer to Appendix IJ in the PPS Policy and Procedure Manual for a listing of qualified factors or conditions. | | | |
| Age (Child must be 6 or older if considered alone) | | | |
| <input type="checkbox"/> | Physical Disability: | | |
| | Date of Diagnosis: | | |
| Disability Type: | | Who Diagnosed: | |
| Disability Severity: | | Implications for Parents: | |
| Treatment /Services Required: | | Resources Available: | |

| | | | |
|-------------------------------|---------------------------------------|---------------------------|--|
| <input type="checkbox"/> | Emotional/Behavior Disability: | | |
| | Date of Diagnosis: | | |
| Disability Type: | | Who Diagnosed: | |
| Disability Severity: | | Implications for Parents: | |
| Treatment /Services Required: | | Resources Available: | |

| | | | |
|-------------------------------|---|---------------------------|--|
| <input type="checkbox"/> | Mental/Developmental Disability: | | |
| | Date of Diagnosis: | | |
| Disability Type: | | Who Diagnosed: | |
| Disability Severity: | | Implications for Parents: | |
| Treatment /Services Required: | | Resources Available: | |

| | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | Other Identified Medical Conditions: | | |
|--------------------------|---|--|--|

| | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | MEMBER OF A SIBLING GROUP OF TWO OR MORE PLACED TOGETHER – One has special factor or condition. Siblings name and condition: | | |
| | Sibling groups of three or more do not require one child to have factor. | | |

| | | | |
|---|---|------------------------|----------------------|
| <input type="checkbox"/> | GUARDED PROGNOSIS: Genetic/Family | | |
| | Background Factors: * | | |
| <input type="checkbox"/> | Mental/emotional disability/condition of parent: | | Who Diagnosed? |
| <input type="checkbox"/> | Physical Condition/disability of parent: | | Who Diagnosed? |
| <input type="checkbox"/> | Fetal alcohol spectrum disorder | | Who Diagnosed? |
| <input type="checkbox"/> | Failure to Thrive (currently developmentally on target) | | Who Diagnosed? |
| <input type="checkbox"/> | Multiple Placement Disruptions | | Number of Placements |
| | | | Types of Placements: |
| <input type="checkbox"/> | Other | Basis for Disruptions: | |
| For children eligible because of a guarded prognosis, payment will be deferred until special needs are manifested. Documentation of the specific factor shall be attached and maintained in the file. | | | |

| | | | | | |
|---|----------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| The following documents have been attached to support the information provided above: | | | | | |
| <input type="checkbox"/> | Basic Child Assessment | <input type="checkbox"/> | Adoption Staffing Report | <input type="checkbox"/> | Adoptive Home Study |
| <input type="checkbox"/> | Family Budget, if separate | <input type="checkbox"/> | Medical Statement | <input type="checkbox"/> | Psychologist/Psychiatrist Report |
| <input type="checkbox"/> | I.E.P. | <input type="checkbox"/> | Recruitment Plan | <input type="checkbox"/> | Social History |

| |
|-----------|
| Comments: |
|-----------|

We certify we have advised the adoptive family the negotiation for adoption assistance is on a case by case basis between DCF and the family. The amount of assistance will be determined by the needs of the child and the family’s access to resources available to meet the needs of the child. No amounts or type of assistance have been discussed.

 Case Manager (name printed)

 Case Manager (signature)

 Date

Supervisor (name printed)

Supervisor (signature)

Date



ELIGIBILITY FOR ADOPTION ASSISTANCE Form 6115 Instructions

Section A: Establish Eligibility for Adoption Assistance *(Reference PPM Section 6210)*

This section determines whether the client is eligible for adoption assistance. If client is not eligible, there is no need to continue to Section B.

- A.1. Custody of DCF or private licensed child placing agency and legally free for adoption –** Maintain documentation in file to support answer.
- A.2. Documentation showing child cannot or should not return home –** Maintain documentation in file to support answer.
- A.3. Special factors or conditions –** Following are the FACTS Disability Codes that correspond to the factors/conditions listed on the 6115, Section A.3. (Refer to PPM Appendix 1J for a complete listing.)
- | | |
|--------------------------------------|--|
| A.3.a. Physical Disability | PD (Physically Disabled) SI (Sight Impaired) HE (Hearing Impaired) |
| A.3.b. Development Disability | MR (Mental Retardation) LD (Learning Disability) |
| A.3.c. Behavior/Emotional Disability | ED (Emotionally Disturbed) |
| A.3.d. Age of child | AGE (Age) |
| A.3.e. & f. Sibling Group | MSG (Membership in sibling group) |
| A.3.g. Guarded prognosis | GRD (Guarded Prognosis) |
| A.3.h. Other medical condition | OD (Other Diagnosed Condition) SP (Speech Impaired) |
- A.4. Efforts to place without adoption assistance –** Maintain documentation in file to support answer.

A “Yes” answer to all four parts of Section A must be obtained to demonstrate the child is eligible for adoption assistance. If all four parts are “Yes”, continue to Section B.

Section B: Determine Funding *(Reference PPM Section 6220)*

This section determines whether the eligible client’s adoption assistance is federally or state funded. KEES holds Administrative and Maintenance IV-E eligibility.

B.1. Administrative Eligibility

a. IV-E Eligible in FC (FDFD) - At the initial removal from the home, was the child Title IV-E basic eligible for the current foster care episode?

(In FACTS, look for the CC plan for the child; go to the RESP screen, look for a SvcAct=AF01N or AG01N where the RespStart = the initial removal date from the home.)

If yes, Aid Code=FDFD, ASPD=FD; proceed to B.2 to confirm maintenance eligibility.

If no, proceed to section B.1.b.

b. Voluntary Relinquishment (FDFD) – Was the child voluntarily relinquished to DCF or voluntarily relinquished to a licensed child placing agency and did the child have IV-E eligibility established as a result of this foster care episode? (The voluntary relinquishment may be

ELIGIBILITY FOR ADOPTION ASSISTANCE Form 6115 Instructions

considered a judicial removal if the petition to remove the child from his/her home is filed within six months of the date the child lived with the specified relative and there is a subsequent judicial determination that to remain in the home would be contrary to the child's welfare.) See B.1.a for where to look in FACTS for IV-E eligibility.

If yes, Aid Code=FDFD; proceed to Section B.2 to confirm maintenance eligibility.

If no, proceed to Section B.1.c.

c. SSI Eligible (FCFC) – Was the child eligible for Supplemental Security Income (SSI) prior to the finalization of the adoption? (The child's eligibility for SSI benefits must be established prior to finalization of the adoption. The notice of eligibility must be received by the agency prior to finalization. The application date for SSI may not be used as the eligibility date.)

If yes, Aid Code=FDFD; proceed to B.2.-to confirm maintenance eligibility.

If no, proceed to section B1.d.

d. Child's Parent is a Minor (FDFD) – Is the child's parent a minor who is IV-E maintenance eligible and does the minor parent's IV-E maintenance payment covers the child's cost of care?

(See B.2 for where to look in FACTS for IV-E eligibility.)

If yes, Aid Code=FDFD; proceed to B.2.-to confirm maintenance eligibility.

If no, proceed to section B.1.e.

e. Prior Adoption was IV-E (FDFD) – Was the child eligible for IV-E adoption assistance prior to becoming available for adoption again because of the dissolution of a prior adoption or the death of their adoptive parents? (See PPM 6230 Subsequent Adoption Assistance Agreements.)

If yes, Aid Code=FDFD; proceed to B.2 to confirm maintenance eligibility.

If no, proceed to section B.1.f.

f. Applicable Child Eligibility (ACE), aka Fostering Connections (FDFD)

1. Citizenship – Does the child meet one of the following?

- i. Child is a United States citizen by birth or naturalization; or
- ii. Child is legally admitted for permanent residence in the United States and the initial court order includes a statement that continuation in the home would be contrary to the welfare of the child or words to that effect (per 45 CFR 1356.21).

If yes, proceed to Contrary to the Welfare (section B1.f.2).

If no, child is State funded. Aid Code=STST

2. Contrary to the Welfare – When in foster care, did the child's initial court order of removal contain 'contrary to the welfare' language?

(In FACTS, look for the CC plan for the child; go to the RESP screen, look for SvcAct=GA01N and SvcSrc=CTW.)

If yes, proceed to section B.1.f.3.

If no, child is State funded.

3. Age Criteria – Any age, the applicable age for a fiscal year is as follows:

| In the case of fiscal year: | The applicable age is: |
|-----------------------------|------------------------|
| 2010 | 16 |
| 2011 | 14 |
| 2012 | 12 |
| 2013 | 10 |

ELIGIBILITY FOR ADOPTION ASSISTANCE Form 6115 Instructions

| | |
|--------------------|---|
| 2014 | 8 |
| 2015 | 6 |
| 2016 | 4 |
| 2017 through 2023 | 2 |
| 2024 | 2 (or, in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age) |
| 2025 or thereafter | any age. |

B.2. Maintenance Eligibility

a. Felony Convictions (AWST) – Did the adoptive parents agree to being fingerprinted for which the KBI found none of the following?

- i.-convicted for child abuse or neglect; spousal abuse, crimes against children, including child pornography; or crimes involving violence, including rape, sexual assault or homicide; and,
- ii. in past five years, has been convicted for physical assault, battery, or a drug related offense.

If yes, proceed to section B.2.b.

iv. If no, child is state funded. Aid Code=STST

b. School attendance (STST) –

- i. Is child of the minimum age for compulsory school under state law and enrolled, and attending, school per law?

If yes or not applicable because child is under age 7, proceed to section B.2.c.

If no, child is State funded. Aid Code=STST.



The adoption assistance case shall be reviewed on an annual basis. This review serves as a tool for the adoptive parent to notify DCF of any changes in the child's needs and to provide documentation indicating the adoptive parents remain legally and financially responsible for the child. Please answer the following questions and return to the designated office within thirty (30) days.

| | | | | |
|---|-----------------------------|-----------------------------|--------------------------------|-------------------|
| Child's First Name: | MI | Last Name: | Date of Birth (MMDDYY): | |
| | | | | |
| Last 4 Digits of the child's Social Security Number: | | | | |
| Child's Case Number: | Review Month Due: | | | |
| Adoptive Parent's Name: | Phone number: (Home) | Phone number: (Work) | Other number: (cell) | |
| | | | | |
| Street Address for Parent 1 | City: | State: | Zip Code: | Date Sent: |
| | | | | |
| Street Address for Parent 2 (if different) | City: | State: | Zip Code: | Date Sent: |
| | | | | |
| Parent 1 Email address: | | | | |
| Parent 2 Email address: | | | | |

| | | | |
|---|--|-------------------------------------|--------------------------------------|
| 1. Do you continue to need Adoption Assistance for this child's needs? This includes a medical card. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Do you continue to be legally or financially responsible for this child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Does this child continue to reside with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If no, where does this child reside? | | | |
| 4. How is your child, if age 7 or older, receiving an education in accordance with the state's compulsory school attendance law? (If you do not live in Kansas, your state's age of compulsory school attendance may be different. Please refer to your state's education laws.) | <input type="checkbox"/> Home Based Learning | <input type="checkbox"/> Public Ed. | <input type="checkbox"/> Private Ed. |
| 5. Please provide a copy of the report card or letter from the school district the child is attending to verify enrollment. If the child is unable to attend school because of a medical condition, provide documentation from a medical provider. If the child is being home schooled, please provide the home school registration. | | | |
| 4. Have there been any changes in the benefits this child's benefits received or with the financial circumstances of the family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Please explain: | | | |
| How is your child, if age 7 or older, receiving an education in accordance with the state's compulsory school attendance law? (If you do not live in Kansas, your state's age of compulsory school attendance may be different. Please refer to your state's education laws.) | <input type="checkbox"/> Home Based Learning | <input type="checkbox"/> Public Ed. | <input type="checkbox"/> Private Ed. |
| 5. Please provide a copy of the report card or letter from the school district the child is attending to verify enrollment. If the child is unable to attend school because of a medical condition, provide documentation from a medical provider. If the child is being home schooled, please provide the home school registration. | | | |
| 5. Is your child currently receiving SSI, SSA, veterans or any other financial benefits? (Provide documentation or receipt of SSI, SSA, veterans or other financial benefits payment amount) (If yes and the SSI rate has changed since your adoption assistance agreement was signed you may be eligible for renegotiation. Please see question 12.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

ADOPTION ASSISTANCE REVIEW

6. Since ~~your~~ the last annual report, has ~~your~~ **this** child been determined newly eligible to receive SSI, SSA, veterans or any other financial benefits? (Provide documentation of eligibility and/or receipt of SSI, SSA, veterans or other financial benefits) (If your child has been determined to be eligible for SSI you may be eligible to renegotiate the adoption assistance agreement. Please see question 12.) Yes No

8. Is your child covered by a private health insurance other than Medicaid?
If yes, provide insurance information below and include a copy of the insurance card with this review. Yes No

| | | |
|---------|---------------|-----------------------|
| Company | Policy number | Name of Policy Holder |
|---------|---------------|-----------------------|

9. Has your child turned 18 or will he/she turn 18 within the next 12 months? If yes, please complete the section below. Yes No

Note: If your child was adopted at or after age 16, you may contact the State's Independent Living Program Manager to access services for which the child may be eligible such as post-secondary financial assistance.

7. If there have been changes in this child's needs since the adoption assistance was negotiated, would you like to speak to an adoption assistance specialist to request renegotiation or learn more about eligibility to renegotiate? Yes No

Please explain:

Complete this section only if ~~your~~ **this child is age 18 or will turn 18 within in the next 12 months**
Assistance usually ends at age 18. However, it may continue until age 21 if the child continues to be in high school, a high school equivalency program (GED), or if ~~the child~~ has a documented physical or mental disability.
*Note: If ~~your~~ **this** child was adopted at or after age 16, you may contact the State's Independent Living Program Manager to access services for which **this** child may be eligible such as post-secondary financial assistance.*

a. Has ~~your~~ **this** child graduated from high school? Yes No
If yes, date of graduation? (mm/dd/yy): _____
If no, expected date of graduation? (mmdyy): _____
Note: Please provide official school documentation indicating anticipated date of graduation (school report card or a letter from school officials on letterhead).

b) If not expected to graduate, is **this** child involved in a GED program? Yes No
If yes, what is the anticipated date of completion? (mm/dd/yy): _____
Note: Please provide verification of GED enrollment and active participation from the GED program.

c) Does ~~your~~ **this** child have a documented physical or mental condition, which significantly impacts ~~their~~ **his/her** daily living? Yes No
If yes, specify and provide current documentation (dated within last 12 months) from a physician, hospital, clinic, or other licensed medical practitioner of **this child's** ~~the youth's~~ disability. **Documentation must be dated** prior to the **this child's** ~~the youth's~~ 18th birthday.

10. Do you wish to discuss your child's needs with an adoption professional for any reason? If yes, please explain briefly below. Yes No

Explain:

I understand the questions on this form, and I certify, under penalty of perjury, that the information voluntarily given by me on this form is correct and complete to the best of my knowledge. I understand I may reach out to a local DCF service center to inquire about additional assistance and supports which may be available.

| | | | |
|------------------------------|-------|------------------------------|-------|
| Adoptive Parent 1 Signature: | Date: | Adoptive Parent 2 Signature: | Date: |
| | | | |

PLEASE RETURN BY (mmddyy):

This form and all required attachments shall be returned to the following person at the specific address listed below:

| | | | |
|------------------------------------|--|-----------------------------|------------------|
| Return to: Regional Office: | | DCF Worker/Designee: | |
| Street Address: | | City: | State: Zip Code: |
| Telephone Number: | | Fax Number: | |

FOR OFFICE USE ONLY:

| | | | | |
|--|--|---|------------------------------|-----------------------------|
| Date Review Received: | | Were there changes reported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a renegotiation of Adoption Assistance Agreement requested? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was the Adoption Assistance Agreement amended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date Adoption Assistance Case Closed in KEES: | | Date Notice of Action for Case Closure Sent: | | |
| Reason for Case Closure | | | | |
| Staff Signature: | | | | Date: |



SOUL Family Legal Permanency AFCARS Data

Child's Name: _____

DOB: _____ **Gender:** _____ **Client ID:** _____ **FACTS Case Number:** _____

- Number of Siblings (Bio, Adopted, Step and Half) in the same home: _____
- SOUL Family Legal Permanency Finalization Date: _____
- Length of time child has been with family: _____
- SOUL Family Legal Permanency Completed (Check One):
 Within State (KS)-WIS Another State (Out of State)-ANS Another Country (Outside US)-ANC

| | |
|--|--|
| Primary Custodian's Relationship to the Child: <input type="checkbox"/> Foster Parent and Relative – B <input type="checkbox"/> Step Parent and Relative – C <input type="checkbox"/> Foster Parent – F <input type="checkbox"/> Non-related Kin – K <input type="checkbox"/> Relative – R <input type="checkbox"/> Step Parent – S <input type="checkbox"/> Other – O | Primary Custodian's Family Structure: <input type="checkbox"/> Married Couple – MAC <input type="checkbox"/> Married but living separate or legally separated -SEP <input type="checkbox"/> Single Female – SIF <input type="checkbox"/> Single Male – SIM <input type="checkbox"/> Unmarried Couple – UMC |
|--|--|

1. Primary Custodian's Name: _____

DOB: _____ **Gender:** _____

Is this the Residential Custodian at the time of finalization? _____

| | |
|---|---|
| Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White – WH | Ethnicity (Check one): <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR |
|---|---|

Member of a Federally Recognized Tribe: (Y/N) and name of tribe if known: _____

2. Other Custodian's Name: _____

DOB: _____ **Gender:** _____

Is this the Residential Custodian at the time of finalization? _____

SOUL Family Legal Permanency AFCARS Data

| | |
|--|---|
| Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH | Ethnicity (Check one): <input type="checkbox"/> Central or South American -- CS <input type="checkbox"/> Cuban -- CU <input type="checkbox"/> Mexican -- ME <input type="checkbox"/> No -- No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin -- OS <input type="checkbox"/> Puerto Rican -- PR |
|--|---|

Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____

3. Other Custodian's Name(s): _____
DOB: _____ Gender: _____
Is this the Residential Custodian at the time of finalization? _____

| | |
|--|---|
| Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH | Ethnicity (Check one): <input type="checkbox"/> Central or South American -- CS <input type="checkbox"/> Cuban -- CU <input type="checkbox"/> Mexican -- ME <input type="checkbox"/> No -- No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin -- OS <input type="checkbox"/> Puerto Rican -- PR |
|--|---|

Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____

4. Other Custodian's Name(s): _____
DOB: _____ Gender: _____
Is this the Residential Custodian at the time of finalization? _____

| | |
|--|---|
| Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH | Ethnicity (Check one): <input type="checkbox"/> Central or South American -- CS <input type="checkbox"/> Cuban -- CU <input type="checkbox"/> Mexican -- ME <input type="checkbox"/> No -- No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin -- OS <input type="checkbox"/> Puerto Rican -- PR |
|--|---|

Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____

5. Other Custodian's Name(s): _____
DOB: _____ Gender: _____
Is this the Residential Custodian at the time of finalization? _____

SOUL Family Legal Permanency AFCARS Data

Race (Check all that apply):

- American Indian / Alaskan Native -- AI
- Asian -- SA
- Asian / Pacific Islander -- AP
- Black/African American -- BL
- Native Hawaiian /Pacific Islander -- HP
- White -- WH

Ethnicity (Check one):

- Central or South American – CS
- Cuban – CU
- Mexican – ME
- No – No Ethnicity
- Other Spanish Cultural Origin – OS
- Puerto Rican – PR

Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____

❖ *To be completed and submitted to DCF upon finalization of a SOUL Family Legal Permanency, regardless of if the family receives subsidy.*



Independent Living Eligibility

| | | | |
|-------------------------|--|---------------------|--|
| Name: | | | |
| Date of Birth: | | SMART ID: | |
| IL FACTS Case #: | | Client ID #: | |

Is youth/young adult requesting IL services prior to age 21? Choose an item.

If requesting services after age 21, is the youth/young adult requesting ETV services prior to the semester before turning 26? Choose an item.

Youth/young adult was in custody and in OOH placement on 18th birthday? Choose an item.
 If yes, youth/young adult was in the custody of: Choose an item.
 If yes, youth/young adult was in an eligible placement? Choose an item.

Youth/young adult was in an eligible placement on the date of release from custody? Choose an item.

Youth/young adult completed high school/GED while in OOH placement? Choose an item.

Youth/young adult was adopted or entered a Permanent Custodianship on or after age 16? Choose an item.

Youth/young adult finalized permanency through SOUL on or after their 16th birthday? Choose an item.

Youth/young adult was in OOH placement on or after 14th birthday? Choose an item.

Youth/young adult is from another state? Choose an item.
 If yes, other state has been contacted for documentation? Choose an item.

Above named client is eligible for the following services:

| | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Basic Chafee | <input type="checkbox"/> Subsidy | <input type="checkbox"/> SOUL Post-Secondary/Certified Training (PSCT) Assistance | <input type="checkbox"/> Aged Out Medical |
| <input type="checkbox"/> Tuition Waiver* | <input type="checkbox"/> Start Up | <input type="checkbox"/> Education and Training Vouchers (ETV) | <input type="checkbox"/> Vehicle Repair |

(*please note DCF Administration determines waiver eligibility for the school and this is for our information and planning purposes only)

- Eligibility based on:**
- FACTS (Screen shots below/attached)**
 Journal Entry
 Copy is: Choose an item.
- Exception was granted (Supporting documentation attached)**

Completed by: _____ (name and title) **Date:** _____

Reviewed by supervisor: _____ **Date:** _____
(If not completed by supervisor)



Put on Region Letterhead

July 2020

**Release of Financial Records Relevant to
Adult Protective Services Investigation**

DATE:

TO: (Bank Financial Institution Name)
(Address)

Dear Financial Manager,

Adult Protective Services (APS) is the state agency that within the State agency Department for Children and Families investigates reports regarding the health, welfare, and safety of vulnerable adults. Pursuant to K.S.A. 39-1436, The Kansas Department for Children and Families Adult Protective Services Division is requesting records per the applicable law cited below.

K.S.A. 39-1436 requires that any person or agency who maintains records relating to an involved adult which are relevant to the investigation being conducted by DCF or Law Enforcement be released to DCF or Law Enforcement upon receipt of a written request for information, written notice that an investigation is being conducted by the department, and certification that written notice has been sent to the involved adult or the involved adult's guardian. An involved adult is the adult who is the subject of a report of abuse, neglect or exploitation.

15 USC 6802 – Obligations with respect to disclosures of personal information

(e) General Exceptions

Subsections (a) and (b) of this section shall not prohibit the disclosure of nonpublic personal information

(3) (B) to protect against or prevent actual or potential fraud, unauthorized transactions, claims, or other liability;

(8) to comply with Federal, State, or local laws, rules, and other applicable legal requirements; to comply with a properly authorized civil, criminal, or regulatory investigation or subpoena or summons by Federal, State, or local authorities; or to respond to judicial process or government regulatory authorities having jurisdiction over the financial institution for examination, compliance, or other purposes authorized by law.

I, (APS Worker), an APS Protection Specialist Investigator, employed by DCF in the APS Division certify that an investigation is being conducted by DCF regarding the involved adult listed below. I certify that APS provided the involved adult or the involved adult's guardian written notice of the investigation on (mo/dd/yyyy). The records received will be subject to the confidentiality requirements listed in K.S.A. 39-1434.

APS received a report with allegations of financial exploitation of Jane Doe (Involved Adult Name), (DOB mo/dd/yyyy; last four digits of SSN -0000). I am requesting records for (Jane

~~Doc~~ **Involved Adult Name**), for the period of **(mo/dd/yyyy to mo/dd/yyyy)** for all accounts including but not limited to:

- Bank statements for any and ALL accounts, including checking, savings, money market, & CDs
- Copies of all checks and withdrawals from the account(s) (front & back) including offsets
- Copies of all deposits and deposit items (front & back)
- Customer Profile showing all accounts, including opening and/or closing dates and signature cards
- Statements for any loans, lines of credit, or credit cards and copies of any cash advances
- Any and all Power of Attorney documents and/or other legal documents
- ATM photographs/video for the last 45 days
- Other: Mortgages, IRAs, Any and all information regarding reports of fraud

This information is critical for the purpose of conducting an investigation of financial exploitation and is needed as soon as possible. **Please provide these records on or before (mo/dd/yyyy)**

Due to time sensitivity of this investigation, it is desired that you send the documentation by: Encrypted CD, **encrypted** flash drives, **encrypted** email (**email address**), fax (**fax Number**) or mail: (**Mailing address, Attn: (Adult Protective Services APS Worker Name)**).

____ DCF: _____ Adult _____ Protective _____ Services
____ Attn: APS worker
____ Address

If you have any questions or concerns, you may contact me at **(phone number/email)**

Sincerely,

_____, APS ~~Investigator~~ **Protection Specialist**

Included below: Kansas State Statutes K.S.A 39-1434 & 39-1436

CC: **(Involved Adult or Guardian)**

~~39-1434. Statewide register; report, assessment or written evaluation not public record; disclosure of certain individuals prohibited.~~

~~(a) The secretary of social and rehabilitation services shall maintain a statewide register of the reports, assessments received and the analyses, evaluations and the actions recommended. The register shall be available for inspection by personnel of the department of social and rehabilitation services and as provided in K.S.A. 2000 Supp. 65-6205 and amendments thereto.~~

~~(b) Neither the report, assessment or the written evaluation analysis shall be deemed a public record or be subject to the provisions of the open records act. The name of the person making the original report, or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests or agrees in writing to such disclosure or unless a judicial proceeding results therefrom. No information contained in the statewide register shall be made available to the public in such a manner as to identify individuals.~~

~~**History:** L. 1989, ch. 129, § 5; L. 1997, ch. 161, § 7; July 1.~~

39-1434. Statewide register; report, assessment or written evaluation not public record; disclosure of certain individuals prohibited.

(a) The secretary for children and families shall maintain a statewide register of the reports, assessments received and the analyses, evaluations and the actions recommended. The register shall be available for inspection by personnel of the Kansas department for children and families and as provided in K.S.A. 65-6205, and amendments thereto.

(b) Neither the report, assessment or the written evaluation analysis shall be deemed a public record or be subject to the provisions of the open records act. The name of the person making the original report or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests or agrees in writing to such disclosure or unless a judicial proceeding results therefrom. No information contained in the statewide register shall be made available to the public in such a manner as to identify individuals.

History: L. 1989, ch. 129, § 5; L. 1997, ch. 161, § 7; L. 2014, ch. 115, § 171; July 1.

~~39-1436. Same; access to relevant records; confidentiality requirements.~~

~~(a) As provided in this section, any person or agency which maintains records relating to the involved adult which are relevant to any investigation conducted by the department of social and rehabilitation services or a law enforcement agency under this act shall provide the department of social and rehabilitation services or a law enforcement agency with the necessary records to assist in investigations. In order to provide such records, the person or agency maintaining the records shall receive from the department of social and rehabilitation services:~~

~~— (1) A written request for information;~~

~~— (2) A written notice that an investigation is being conducted by the department; and~~

~~— (3) Certification or confirmation that the department has sent written notice to the involved adult or the involved adult's guardian. Any such information shall be subject to the confidentiality requirements of K.S.A. 39-1434 and amendments thereto.~~

(b) The department of social and rehabilitation services or a law enforcement agency shall have access to all relevant records in accordance with the provisions of subsection (a).

39-1436. Same; access to relevant records; confidentiality requirements. (a) As provided in this section, any person or agency which maintains records relating to the involved adult which are relevant to any investigation conducted by the Kansas department for children and families or a law enforcement agency under this act shall provide the Kansas department for children and families or a law enforcement agency with the necessary records to assist in investigations. In order to provide such records, the person or agency maintaining the records shall receive from the Kansas department for children and families:

(1) A written request for information;

(2) a written notice that an investigation is being conducted by the department; and

(3) certification or confirmation that the department has sent written notice to the involved adult or the involved adult's guardian. Any such information shall be subject to the confidentiality requirements of K.S.A. 39-1434, and amendments thereto.

(b) The Kansas department for children and families or a law enforcement agency shall have access to all relevant records in accordance with the provisions of subsection (a).

History: L. 1989, ch. 129, § 7; L. 2003, ch. 91, § 15; L. 2004, ch. 153, § 2; L. 2014, ch. 115, § 173; July 1.



Release of Records Relevant to Adult Protective Services Investigation

DATE:

TO: (Agency Name & Address)

To Whom It May Concern,

Adult Protective Services, (APS) within the State agency Department for Children and Families that investigates reports regarding the health, welfare, and safety of vulnerable adults. Pursuant to K.S.A. 39-1436, The Kansas Department for Children and Families Adult Protective Services Division is requesting records as listed below.

K.S.A. 39-1436 requires that any person or agency who maintains records relating to an involved adult which are relevant to the investigation being conducted by DCF or Law Enforcement be released to DCF or Law Enforcement upon receipt of a written request for information, written notice that an investigation is being conducted by the department, and certification that written notice has been sent to the involved adult or the involved adult's guardian. An involved adult is the adult who is the subject of a report of abuse, neglect or exploitation.

I, (APS Protection Specialist Name), an APS Protection Specialist, employed by DCF in the APS Division certify that an investigation is being conducted by DCF regarding the Involved Adult listed below. I certify that APS provided the Involved Adult or the Involved Adult's guardian written notice of the investigation on (mo/dd/yyyy). The records received will be subject to the confidentiality requirements listed in K.S.A. 39-1434.

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Last 4 digits of SSN: Click or tap here to enter text.

The records requested are: Click or tap here to enter text.

Due to time sensitivity of this investigation, it is desired that you send the records on or before (mo/dd/yyyy). Please provide the documentation by: Encrypted CD, encrypted flash drives, encrypted email (email address), fax (fax Number) or mail: (Mailing address, Attn: Adult Protective Services APS Worker Name).

If you have any questions or concerns, you may contact me at (phone number/email).

Sincerely,

_____, APS Protection Specialist

Included below: Kansas State Statute K.S.A. 39-1434 & 39-1436

K.S.A. 39-1434. Statewide register; report, assessment or written evaluation not public record; disclosure of certain individuals prohibited. (a) The secretary for children and families shall maintain a statewide register of the reports, assessments received and the analyses, evaluations and the actions recommended. The register shall be available for inspection by personnel of the Kansas department for children and families and as provided in K.S.A. 65-6205, and amendments thereto.

(b) Neither the report, assessment or the written evaluation analysis shall be deemed a public record or be subject to the provisions of the open records act. The name of the person making the original report or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests or agrees in writing to such disclosure or unless a judicial proceeding results therefrom. No information contained in the statewide register shall be made available to the public in such a manner as to identify individuals. **History:** L. 1989, ch. 129, § 5; L. 1997, ch. 161, § 7; L. 2014, ch. 115, § 171; July 1.

39-1436. Same; access to relevant records; confidentiality requirements. (a) As provided in this section, any person or agency which maintains records relating to the involved adult which are relevant to any investigation conducted by the Kansas department for children and families or a law enforcement agency under this act shall provide the Kansas department for children and families or a law enforcement agency with the necessary records to assist in investigations. In order to provide such records, the person or agency maintaining the records shall receive from the Kansas department for children and families:

(1) A written request for information;

(2) a written notice that an investigation is being conducted by the department; and

(3) certification or confirmation that the department has sent written notice to the involved adult or the involved adult's guardian. Any such information shall be subject to the confidentiality requirements of K.S.A. 39-1434, and amendments thereto.

(b) The Kansas department for children and families or a law enforcement agency shall have access to all relevant records in accordance with the provisions of subsection (a). **History:** L. 1989, ch. 129, § 7; L. 2003, ch. 91, § 15; L. 2004, ch. 153, § 2; L. 2014, ch. 115, § 173; July 1.



Pre-IDA: Preparing for interview

APS Worker Name

Date

Client Name

Primary Language Spoken

A. Possible Risks: Check all that the client seems to be facing at this time**Abuse**

- Physical Injury
- Mental Injury
- Sexual Abuse
- Unreasonable use of a physical restraint, isolation or medication
- A threat or menacing conduct

Neglect

- By caretaker
- By another person

Self-Neglect

- Medical (medical care, leaving AMA, not taking medications, etc.)
- Refusal of community supports
- Failure to thrive
- Inadequate food
- Suicidal
- Eviction
- Unsafe housing (filth, vermin, squalid living conditions, inadequate utilities)

Financial Exploitation

- Misappropriation of property
- Intentionally taking unfair advantage of physical or financial resources when the known adult lacks capacity to consent
- Person in position of trust takes money or property not in due and lawful execution of trust or benefit
- Breach of fiduciary duty, the misuse of power of attorney, trust or guardian/conservatorship as it relates to property, income, resources or trust funds
- Use of deception, intimidation, coercion, extortion, or undue influence by a person or entity to obtain or use adult's property, income, resources, or trust funds for profit of such person

B. Identified Risk: Circle the risk above that you believe poses the highest level of endangerment

What wording will you use to describe this risk to the client?

C. Introduction: Consider how you will introduce IDA to the client

For example: *"So let's talk now about some of the decisions that you might be making".*

Or possibly *"Now I'm going to be asking you some important questions having to do with decisions that you might be making. Will that be OK?"*

D. Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3

IDA Step 1 - Assessing the Risk in General (Understanding)

A. APS worker asks the client if he/she understands that other people confront the identified risk.

One way to ask: "I'd like to discuss your thoughts about whether you think that [insert risk] can happen to others?"

B. If the client understands that others can have the risk, APS worker asks the client to explain what could happen if the risk is not addressed.

One way to ask: "Suppose someone faces [insert risk], and doesn't do anything about it, what might happen to him/her?"

Worker Judgment

Do you think the client understands the risk in general? (check one)

- Yes
- Maybe
- No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)

A. APS Worker asks the client if he/she is experiencing this risk.

One way to ask: "I'd like to learn more about **you**. Even though we may have already touched on this in our conversation, do you think **you** are facing [insert risk]?"

Possible probes: "Can you tell me why?" or "I'd like to know more about your thoughts on this."

Worker Judgment

Do you think the client has insight that he/she could personally be experiencing this risk? (check one)

- Yes
- Maybe
- No (If No in IDA Step 3, skip question A and complete only B and C)

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

A. APS worker asks if the client has a plan to address the risk.

"What are your plans to address the possibility of [insert risk]?"

"How would that help address the possibility of [insert risk]?"

B. If the client lacks insight (IDA Step 2) or a workable plan (IDA Step 3A), APS worker suggests an alternative plan to address the risk. *"Would you consider (insert plan) to address the possibility of [insert risk]? Tell me your thoughts."*

C. APS worker asks the client about advantages and disadvantages of a workable plan (from IDA Step 3A or 3B) to address the risk.

*"What would be the **advantages** for you having (insert plan) to address the possibility of [insert risk]?"*

*What would be the **disadvantages** for you having [insert plan] to address the possibility of [insert risk]?"*

Worker Judgment

Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk? (check one)

- Yes
- Maybe
- No

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

Describe the client's emotions, reactions, non-verbal gestures:

Post-IDA - Next Steps

Risk used for IDA

Estimated time spent conducting this interview

Summary of Worker Judgments

Step 1 - Assessing the Risk in General (Understanding)

- Yes
- Maybe
- No

Step 2 - Insight into the Risk on a Personal Level (Appreciation)

- Yes
- Maybe
- No

Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

- Yes
- Maybe
- No

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No

Describe the barriers:

Next Steps (check all that apply)

- Use the IDA to help clarify the client's thinking about the risk
- Discuss client's decisional ability with supervisor
- Incorporate IDA into your overall APS Assessment

- Consider referral for professional capacity assessment
- Other (describe on the lines immediately below)

Additional Notes

Cornell-Penn Interview for Decisional Abilities (IDA)



**Weill Cornell
Medicine**



Perelman
School of Medicine
UNIVERSITY of PENNSYLVANIA

Kansas Edition - 3.0

Pre-IDA: Preparing for interview

APS Worker Name

Date

Client Name

Primary Language
Spoken

A. Possible Risks: Check all that the client seems to be facing at this time

Abuse

- Physical Injury
- Mental Injury
- Sexual Abuse
- Unreasonable use of a physical restraint, isolation or medication
- A threat or menacing conduct

Self-Neglect

- Medical (medical care, leaving AMA, not taking medications, etc.)
- Refusal of community supports
- Failure to thrive
- Inadequate food
- Suicidal
- Eviction
- Unsafe housing (filth, vermin, squalid living conditions, inadequate utilities)

Financial Exploitation

- Misappropriation of property
- Intentionally taking unfair advantage of physical or financial resources when the known adult lacks capacity to consent
- Person in position of trust takes money or property not in due and lawful execution of trust or benefit
- Breach of fiduciary duty, the misuse of power of attorney, trust or guardian/conservatorship as it relates to property, income, resources or trust funds
- Use of deception, intimidation, coercion, extortion, or undue influence by a person or entity to obtain or use adult's property, income, resources, or trust funds for profit of such person

Neglect

- By caretaker
- By another person

B. Identified Risk: Circle the risk above that you believe poses the highest level of endangerment

What wording will you use to describe this risk to the client?

C. Introduction: Consider how you will introduce IDA to the client

For example: *“So let’s talk now about some of the decisions that you might be making”.*

Or possibly *“Now I’m going to be asking you some important questions having to do with decisions that you might be making. Will that be OK?”*

D. Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3

IDA Step 1 - Assessing the Risk in General (Understanding)

A. APS worker asks the client if he/she understands that other people confront the identified risk.

One way to ask: *"I'd like to discuss your thoughts about whether you think that [insert risk] can happen to others?"*

B. If the client understands that others can have the risk, APS worker asks the client to explain what could happen if the risk is not addressed. One way to ask: *“Suppose someone faces [insert risk], and doesn’t do anything about it, what might happen to him/her?”*

Worker Judgment

Do you think the client understands the risk in general? (check one)

- Yes
- Maybe
- No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)

A. APS Worker asks the client if he/she is experiencing this risk.

One way to ask: *"I'd like to learn more about **you**. Even though we may have already touched on this in our conversation, do you think **you** are facing [insert risk]?"*

Possible probes: *"Can you tell me why?"* or *"I'd like to know more about your thoughts on this."*

Worker Judgment

Do you think the client has insight that he/she could personally be experiencing this risk? (check one)

Yes

Maybe

No (If No in IDA Step 3, skip question A and complete only B and C)

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

A. APS worker asks if the client has a plan to address the risk.

“What are your plans to address the possibility of [insert risk]?”

“How would that help address the possibility of [insert risk]?”

B. If the client lacks insight (IDA Step 2) or a workable plan (IDA Step 3A), APS worker suggests an alternative plan to address the risk. *“Would you consider (insert plan) to address the possibility of [insert risk]? Tell me your thoughts.”*

C. APS worker asks the client about advantages and disadvantages of a workable plan (from IDA Step 3A or 3B) to address the risk.

*“What would be the **advantages** for you having (insert plan) to address the possibility of [insert risk]?”*

*What would be the **disadvantages** for you having [insert plan] to address the possibility of [insert risk]?”*

Worker Judgment

Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk? (check one)

- Yes
- Maybe
- No

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

Describe the client's emotions, reactions, non-verbal gestures:

Post-IDA - Next Steps

Risk used for IDA

Estimated time spent conducting this interview

Summary of Worker Judgments

**Step 1 -
Assessing the
Risk in General
(Understanding)**

**Step 2 - Insight
into the Risk on a
Personal Level
(Appreciation)**

- Yes
- Maybe
- No

- Yes
- Maybe
- No

Post-IDA - Next Steps

Summary of Worker Judgments

Step 3 - Ability to Weigh Advantages/ Disadvantages of a Plan for Addressing Risk (Reasoning)

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No

- Yes
- Maybe
- No

Describe the barriers:

Next Steps (check all that apply)

- Use the IDA to help clarify the client's thinking about the risk
 - Discuss client's decisional ability with supervisor
 - Incorporate IDA into your overall APS Assessment
 - Consider referral for professional capacity assessment
 - Other (describe on the lines immediately below)
-
-

Additional Notes



Pre-IDA: Preparing for interview

APS Worker Name

Date

Client Name

Primary Language Spoken

Identified Risk:

What wording will you use to describe this risk to the client?

Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3

IDA Step 1 - Assessing the Risk in General (Understanding)

Do you think the client understands the risk in general? (check one)

- Yes
- Maybe
- No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client understand that other people confront the identified risk? Can the client explain what could happen if risk is not addressed? *Record the client's own words as closely as possible.*

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)

Do you think the client has insight that he/she could personally be experiencing this risk? (check one)

- Yes
- Maybe
- No

What did the client say that brought you to this judgment? Does the client think he/she is experiencing the risk? Can the client explain why or share their thoughts on experience of this risk? *Record the client's own words as closely as possible:*

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk (check one)

- Yes
- Maybe
- No

What did the client say that brought you to this judgment? Does the client have a plan to address risk? If not, how does he/she respond to a suggested plan to address risk? Does the client have the ability to weigh **advantages and disadvantages** of a plan to address the risk? *Record the client's own words as closely as possible:*

Describe the client's emotions, reactions, non-verbal gestures:

Post-IDA: Next Steps

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No Describe the barriers: _____

Next Steps (check all that apply)

- Discuss client's decisional ability with supervisor _____
- Consider referral for professional capacity evaluation _____
- Other (describe below) _____

Cornell-Penn Interview for Decisional Abilities (IDA)



**Weill Cornell
Medicine**



Perelman
School of Medicine
UNIVERSITY of PENNSYLVANIA

Kansas Shortform

Pre-IDA: Preparing for interview

APS Worker Name

Date

Client Name

Primary Language
Spoken

Possible Risks: Check all that the client seems to be facing at this time

Abuse

- Physical Injury
- Mental Injury
- Sexual Abuse
- Unreasonable use of a physical restraint, isolation or medication
- A threat or menacing conduct

Self-Neglect

- Medical (medical care, leaving AMA, not taking medications, etc.)
- Refusal of community supports
- Failure to thrive
- Inadequate food
- Suicidal
- Eviction
- Unsafe housing (filth, vermin, squalid living conditions, inadequate utilities)

Financial Exploitation

- Misappropriation of property
- Intentionally taking unfair advantage of physical or financial resources when the known adult lacks capacity to consent
- Person in position of trust takes money or property not in due and lawful execution of trust or benefit
- Breach of fiduciary duty, the misuse of power of attorney, trust or guardian/conservatorship as it relates to property, income, resources or trust funds
- Use of deception, intimidation, coercion, extortion, or undue influence by a person or entity to obtain or use adult's property, income, resources, or trust funds for profit of such person

Neglect

- By caretaker
- By another person

Identified Risk: _____

What wording will you use to describe this risk to the client?

Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3

IDA Step 1 - Assessing the Risk in General (Understanding)

Do you think the client understands the risk in general? (check one)

- Yes

- Maybe

- No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client understand that other people confront the identified risk? Can the client explain what could happen if risk is not addressed? *Record the client's own words as closely as possible.*

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)

Do you think the client has insight that he/she could personally be experiencing this risk? (check one)

Yes

Maybe

No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client think he/she is experiencing the risk? Can the client share why or explain their thoughts? *Record the client's own words as closely as possible:*

Describe the client's emotions, reactions, non-verbal gestures:

IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk? (check one)

Yes

Maybe

No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client have a plan to address risk? If not, how does he/she respond to a suggested plan to address risk?

Does the client have the ability to weigh **advantages and disadvantages** of a plan to address the risk? *Record the client's own words as closely as possible:*

Describe the client's emotions, reactions, non-verbal gestures:

Post-IDA - Next Steps

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No

Describe the barriers:

Next Steps (check all that apply)

- Discuss client's decisional ability with supervisor
- Consider referral for professional capacity assessment
- Other (describe):

Additional Notes

Adult Guardianship/Conservatorship Referral/Notification to KGP

KIPS Investigation ID: Click or tap here to enter text.

| | | | |
|--|---|--|--|
| Send copy to: | | | |
| Kansas Guardianship Program Address: 3248 Kimball Ave. Manhattan, KS 66503-0353 Email: dataadmin@ksgprog.org & cc KGP Regional Liaison Telephone: 785-587-8555 | | | |
| DCF Region: | Click or tap here to enter text. | | |
| County: | Click or tap here to enter text. | | |
| Date Sent to KGP: | Click or tap to enter a date. | | |
| APS Protection Specialist: | Name: Click or tap here to enter text. | Email: Click or tap here to enter text. | Phone: Click or tap here to enter text. |

I. Referral Information (*Sections I, II, III, IV, V – Completed by DCF/APS*)

A. Client Information

| | | |
|---|---|---|
| Name: Click or tap here to enter text. Address: Click or tap here to enter text. Telephone: Click or tap here to enter text. | SSN: Click or tap here to enter text. | DOB: Click or tap to enter a date. |
| | Gender: Click or tap here to enter text. | Medicaid #: Click or tap here to enter text. |
| | MCO Representative: Click or tap here to enter text. | MCO Phone: Click or tap here to enter text. |

B. Services Requested

| | |
|---|---|
| <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Guardianship & Conservatorship | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Successor Guardianship | <input type="checkbox"/> Successor Conservatorship |

C. Prospective Guardian/Conservator

| | |
|--|--|
| Prospect available (If yes, complete name, address & phone below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name (last, first, middle initial): Click or tap here to enter text. | |
| Address (street and number): Click or tap here to enter text. | |
| City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text. | |
| Telephone: Click or tap here to enter text. | |

| | |
|--|--|
| Prospect available (If yes, complete name, address & phone below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name (last, first, middle initial): Click or tap here to enter text. | |
| Address (street and number): Click or tap here to enter text. | |
| City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text. | |
| Telephone: Click or tap here to enter text. | |

II. KGP Eligibility

| | |
|--|--|
| Must meet ALL requirements | |
| <input type="checkbox"/> No family (willing or appropriate) | |
| <input type="checkbox"/> Disabling condition (e.g. Intellectual / Developmental Disability, Aging-related, Severe and Persistent Mental Illness) | |
| <input type="checkbox"/> Financially vulnerable (e.g. Medicaid, SSDI, SSI) | |
| <input type="checkbox"/> APS Referral | |

III. Describe Current Crisis or Issues

| | | |
|--|---|---|
| Current / previous ANE investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Date of Investigation: Click or tap to enter a date. |
|--|---|---|

| | |
|--|----------------------------------|
| Describe outcome of investigation(s): | Click or tap here to enter text. |
|--|----------------------------------|

IV: Additional Information

| | |
|--|---|
| What less restrictive interventions have been tried? | Click or tap here to enter text. |
| Describe results and why intervention(s) were unsuccessful. | Click or tap here to enter text. |
| Is there an Advanced Directive | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Is there a Durable Power of Attorney for Health Care? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Is there a Durable Power of Attorney for Finances? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Is there currently a Power of Attorney? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Is there a S.S.A Representative Payee? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Name of attorney in fact / agent: | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Is there a will? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

V: Proposed Ward/Conservatee Summary of Facts

A. Family History

| 1. Names of nearest relative, their addresses, and their relationship to the proposed ward/conservatee (w/c): | | | |
|--|----------------------------------|----------------------------------|----------------------------------|
| Name | Relationship | Address | Telephone |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

| | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

| | |
|---|-------------------------------|
| 2. Describe contact, if any, proposed w/c has with immediate or extended family member(s)? | |
| Click or tap here to enter text. | |
| 3. Names of family members contacted by the Protection Specialist: | |
| Name | Date of contact(s) |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| 4. Reason family member unable to serve as guardian/conservator: | |
| Click or tap here to enter text. | |
| 5. What other extended family options have been explored (e.g. niece, cousin)? | |
| Click or tap here to enter text. | |

B. Health Status

| | |
|------------------------|----------------------------------|
| 1. Diagnosis: | Click or tap here to enter text. |
| 2. Medications: | Click or tap here to enter text. |

| | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| 3. Health Status: | Click or tap here to enter text. | | |
| 4. Physician(s): | Name: | Address: | Phone: |
| | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. Behavior problems/issues: | Click or tap here to enter text. | | |
| 6. Special needs (e.g. adaptive devices, etc.) | Click or tap here to enter text. | | |

C. Services and Supports

| | | | |
|---|----------------------------------|-------------------|----------------------------------|
| 1. Agency/Advocate: | Click or tap here to enter text. | Telephone: | Click or tap here to enter text. |
| Services Provided: | Click or tap here to enter text. | | |
| 2. Agency/Advocate: | Click or tap here to enter text. | Telephone: | Click or tap here to enter text. |
| Services Provided: | Click or tap here to enter text. | | |
| How was the intervention unsuccessful? | Click or tap here to enter text. | | |

D. Financial Information

| | | | | | | | |
|---------------------|----------------------------------|----------------|----|-------------------|----------------------------------|------------------|----------------------------------|
| Income Type: | Click or tap here to enter text. | Amount: | \$ | Frequency: | Click or tap here to enter text. | Location: | Click or tap here to enter text. |
| | Click or tap here to enter text. | Amount: | \$ | Frequency: | Click or tap here to enter text. | Location: | Click or tap here to enter text. |
| | | | | | | | |

| | | | | | | | |
|---|----------------------------------|-----------------|----|------------------|----------------------------------|------------------|----------------------------------|
| Resources <i>(e.g.: savings accounts, trusts, certificates of deposit, stocks, bonds, etc.)</i> | Click or tap here to enter text. | Amount: | \$ | Value: | Click or tap here to enter text. | Location: | Click or tap here to enter text. |
| | Click or tap here to enter text. | Amount: | \$ | Value: | Click or tap here to enter text. | Location: | Click or tap here to enter text. |
| | Click or tap here to enter text. | Amount: | \$ | Value: | Click or tap here to enter text. | Location: | Click or tap here to enter text. |
| Debts: | Click or tap here to enter text. | Balance: | \$ | Location: | Click or tap here to enter text. | | |
| | Click or tap here to enter text. | Balance: | \$ | Location: | Click or tap here to enter text. | | |
| Real Estate: | Click or tap here to enter text. | Value: | \$ | Location: | Click or tap here to enter text. | | |
| | Click or tap here to enter text. | Value: | \$ | Location: | Click or tap here to enter text. | | |
| Other Property: | Click or tap here | Value | \$ | Location | Click or tap here to enter text. | | |

| | | | | | | | |
|--|---|-------------------|----|-----------------|----------------------------------|--|----------------------------------|
| | to enter text. | | | | | | |
| | Click or tap here to enter text. | Value | \$ | Location | Click or tap here to enter text. | | |
| Insurance (term/whole life, renters, housing, auto, etc.) | Click or tap here to enter text. | Cash Value | \$ | Agency | Click or tap here to enter text. | Beneficiary (name and relationship to proposed W/C) | Click or tap here to enter text. |
| | Click or tap here to enter text. | Cash Value | \$ | Agency | Click or tap here to enter text. | Beneficiary (name and relationship to proposed W/C) | Click or tap here to enter text. |
| Is there anything which requires sale? | Click or tap here to enter text. | | | | | | |
| Is there joint ownership on any property | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | |
| If yes, what property and who co-owns such property? | Click or tap here to enter text. | | | | | | |

VI. Notification from KGP (Sections VI, VII – Completed by KGP)

| | |
|--|----------------------------------|
| Name (last, first, middle initial): | Click or tap here to enter text. |
|--|----------------------------------|

| | | | |
|--|---|--------------|-------------------------------|
| Address: | Click or tap here to enter text. | | |
| Telephone: | Click or tap here to enter text. | | |
| Volunteer will contract with KGP? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| KGP Approval Signature: | | Date: | Click or tap to enter a date. |

VII. Court Action

| | |
|---------------------------------------|--|
| A. Action (<i>check one</i>) | <input type="checkbox"/> Guardian Only <input type="checkbox"/> Conservator Only <input type="checkbox"/> Guardian & Conservator |
| B. Appointment Date | Click or tap to enter a date. |
| C. Name of Presiding Judge: | Click or tap here to enter text. |
| D. District Court Case Number: | Click or tap here to enter text. |

Distribution:

DCF Region Legal

Other: Click or tap here to enter text.



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