

Section 4 Overview

This section pertains to the policy and procedures necessary when an out-of-home placement of a child is imminent or has occurred.

Chapter 4 Overview

This chapter offers guidelines for the selection of a placement resource, as guided by the child's needs. It also includes information about various placement options and the process of preparing a child for placement.

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Attachments:

Attachment A: Locating the Non-custodial Parent

Attachment B: Deleted per CD11-75 dated 9-13-2011 - See Section 4 Chapter 4.2 [Guidelines for Placement Resource Selection](#)

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4.1 Definitions and Purpose

At times the family and the Children's Service Worker's best efforts to minimize risk to a child's safety, security, and growth in his own home are unsuccessful, necessitating out-of-home placement. Selection of the most appropriate placement resource is guided by the assessment of the child's unique needs and personality, and the placement provider's capacity and skills in meeting those needs that are in the best interest of the child.

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4.2 Guidelines for Placement Resource Selection:

Placement shall be in the least restrictive setting needed that serves the child's best interest and special needs. The general preference for placement is as follows:

- A. **Placement with a Fit Parent**-Section 211.037, RSMo, states children shall be promptly returned to the care and custody of a non-offending parent entitled to physical custody of the child if:
1. The parents have continuously maintained joint domicile for a period of at least six months prior to the alleged incident or the parents are maintaining separate households, and
 2. Evidence indicates only one of the parents is the subject of an investigation of abuse or neglect, and
 3. The non-offending parent does not have a history of criminal behavior, drug or alcohol abuse, child abuse, or child neglect, domestic violence, stalking, or full orders of protection entered against them within the past five years, and
 - a. The worker shall request that a local or state law enforcement agency or juvenile officer immediately conduct a name-based criminal history record check to include full orders of protection and outstanding warrants by using the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center (NCIC) to initially assess whether the non-offending parent holds a criminal history.
 4. The parents are maintaining joint domicile and the offending parent is removed from the home voluntarily or involuntarily, or the parents live separately and the child is removed from the home of the custodial parent; and
 5. A non-offending parent requests custody of the child and agrees to cooperate with any orders of the court limiting contact or establishing visitation with the offending parent and the non-offending parent complies with such orders.
- B. **Placement with Siblings**-A priority should be made to place siblings together. In addition, a priority should be made to place a minor parent and child together, whenever possible. CD must make reasonable efforts to place siblings in the same placement unless doing so would be contrary to the safety or well-being of any of the siblings. If siblings are not placed together, the state must make reasonable efforts to provide frequent visitation or other ongoing interaction between the siblings,

unless this interaction would be contrary to a sibling's safety or well-being. (Section 210.565 RSMo.)

Related Subject: Section 4 Chapter 7 Attachment D: [Sibling Placement Guidelines](#)

- C. **Placement with Grandparents** - Section 210.305, RSMo, requires the Division to give preference and first consideration for foster care placement to grandparents of a child. The Children's Division must conduct an immediate diligent search to contact, locate, and place with grandparents once the decision has been made to take custody during the first three (3) hours after placement. The statute requires staff to place with grandparents unless the decision to place with grandparents is contrary to the welfare of the child. The statute also requires staff to continue to make diligent efforts, while the child is in care, to contact, locate, and place the child with a grandparent or another relative, with first consideration given to a grandparent for placement. To make emergency placements with relatives or kin, follow the Purpose Code "X" screening process outlined in [Section 4 Chapter 12.3](#).

If the child is not placed with grandparents, the Children's Service Worker must document in the case narrative and on the child's CS-1 why the child was not placed with grandparents. If no grandparents can be found, preference for placement must go to other relatives.

- The law also requires the Children's Division to identify and notify all adult grandparents and other adult relatives within 30 days when a child is removed from the custody of their parent(s). Some of these relatives may include: adult siblings, grandparents, aunts, uncles, great-grandparents, great aunts, great uncles, half-brother, half-sister, and first cousins. If relatives cannot be identified or found initially, the search for grandparents and other relatives should continue while the child is in care. These efforts should be documented in the case narrative and on the child's CS-1.
- **These two legislative changes allow staff to contact grandparents and other relatives without a signed release of information form or permission from the parents.**
- Staff should utilize all available resources to meet the ongoing health and safety needs of the child, and to locate a grandparent or grandparents of the child after all of the child's physical needs have been attended to. A good faith attempt to locate grandparents should be documented in writing. At minimum staff must:

- Ask the parents, children, and other relatives for names, addresses, and/or other contact information for all of the grandparents, if unknown
- Utilize diligent search efforts to locate the grandparents, if their whereabouts are unknown
- Attempt to notify grandparents, and leave a message asking them to return the call, and
- Ask grandparents if they are interested in placement of the child
- If more than one grandparent requests placement, the Family Support Team will make a recommendation to the court regarding placement.

D. Placement with Relatives-If grandparents are not available or are not interested in caring for their grandchild, Section 210.565, RSMo states other relatives should be given first preference and first consideration over non-related kinship resource providers, if the court has determined relative placement is not contrary to the best interests of the child. Staff should also document their efforts to locate relatives in their case narrative and on the child's CS-1. The court of jurisdiction must make specific findings on the record detailing why placement with a relative is not in the best interests of the child. If a child is not placed with a relative, staff must document in the case narrative and on the child's CS-1 why placement with relatives was not in the best interest of the child.

- As used in this section, the term "relative" means a person related to another by blood or affinity within the third degree. The status of a grandparent shall not be affected by the death or the dissolution of the marriage of a son or daughter.
- The age of the child's relative shall not be the only factor that Children's Division takes into consideration when it makes placement decisions and recommendations to the court about placing the child with such relative.

E. Placement with Kin-Kinship is a person who is non-related by blood, marriage or adoption who has a close relationship with the child or child's family (godparents, neighbors, teachers, close family friends, and fellow church members) or a person who has a close relationship with the child or child's family and is related to the child by blood or affinity beyond the third degree

F. Placement with Foster Parents-Recognizing the critical nature of attachment for children, if a child re-enters the foster care system and is

not placed in a relative home, the child's former resource parents shall be given first consideration for placement of the child per Section 210.566 RSMo.

G. Any foster parent who is currently licensed and capable of accepting placement of the child.

Guidelines to Establish Contrary to Best Interest of the Child:

- a. Child has no serious emotional, physical or behavioral problems that the non-custodial parent/relative/kinship relationship is unable to handle
- b. Careful evaluation indicates the non-custodial parent/relative/kin will be supportive of the goals of the placement
- c. It appears the child may be more accepting of separation from his parent(s) if he/she were to be placed with non-custodial parent/relative/kinship with whom he/she is more familiar
- d. Child has some positive relationships formed with the non-custodial; parent/relative/kinship and is already familiar with the life style and expectations of the family
- e. Child, by this association, feels that he/she is still maintaining some relationship with his/her parent(s)
- f. Evaluation of the non-custodial parent/relative/kinship home indicated that it would not perpetuate the same negative family patterns necessitating the need for placement
- g. Geographic proximity of the non-custodial parent/relative/kin's house allows for continued planned involvement with the child's parent(s), and
- h. No one in the home has been convicted of certain felony offenses in chapters 566 or 568 listed in the kinship licensing requirements.

Related Subject: Section 7 Chapter 34 [Laws Relating To Custody, Placement and Visitation of Children Under the Jurisdiction of Juvenile Court](#)

Consideration of Child Needs

The following criteria should also be considered when making placement decisions:

- Placement shall be made with a family that can best preserve the cultural identity of the child.

- For any Native American child placed in protective custody, the Children's Division shall comply with the placement requirements set forth in 25 U.S.C. Section 1915.

Related Subject: Section 4 Chapter 19 [Indian Child Welfare Act of 1978](#)

- Placement shall be in reasonable proximity to the child's parents while accommodating the child's special needs.
- Placement shall be made with a family that can best meet the needs of the child including the preservation of the child's cultural identity.
- Placement shall be in a licensed home which has a contract with this Division to provide foster care, relative/kinship care, foster/adoptive care, residential treatment, and/or Large Family Resource Home services.
- The selection of an appropriate resource depends on the complexity of the child's treatment needs and case plan. Each of the following resources, generally, follows an ascending order in capacity to meet the child's level of treatment needs. In certain instances, a resource to meet the child's needs may not be available or cannot be developed.

Placement Options

The Children's Service Worker shall explain to the family that possible placement resources for the child may include:

- A. Non-Custodial Parent - This placement is preferred if the parent can meet the child's needs and is supportive of the case plan.
- B. Relative or Kinship Placement - This placement is recommended if the resource is supportive of the case plan.
- C. Resource Family - This resource is recommended for a child of any age who can benefit by placement in a family setting and in a community where access is available to schools, friends and resources. Different foster families provide specialized levels of care, which are designed to meet the special needs of children.
- D. Large Family Resource Home - This resource is recommended for a child who is a member of a sibling group and/or for a child who can use peer support and needs to have easy access to school, friends, and community resources while remaining in a family setting.
- E. Emergency Residential Placement - This resource is recommended when the child's needs require an extensive evaluation and/or structure and supportive services. This is a placement until the needs of the child can be determined

or until a placement in a residential treatment facility is available which can meet the child's specific needs.

- F. Residential Treatment Facility - This resource is recommended when the child needs a highly structured environment and extensive supportive services.
- Level "II" (moderate) residential treatment services: Child has mild to moderate social, behavioral, educational, and emotional problems, is in need of a diagnostic assessment, but can tolerate an "open" environment.
 - Level "III" (severe) residential treatment services: Child's emotional disturbance is so severe as to require comprehensive, intensive treatment and services, and a structured, supervised environment.
 - Level "IV" (intensive) residential treatment services: The child may have been in a psychiatric hospital and/or the child's emotional/behavioral disturbance is so severe as to require a level of care more intensive than that provided in level "III" residential treatment services.
- G. Therapeutic Foster Care (TFC) – This resource is recommended when the child needs highly intensive individual treatment in a family foster home setting and community environment. TFC should be utilized for children with significant emotional, or behavioral needs, who, with additional resources, can remain in a family setting and achieve positive growth and development.
- H. Psychiatric Hospital Placement - This resource is recommended when the child's emotional disturbance is so severe that the child is a danger to themselves or others. Psychiatric hospital placement should only be used when a less restrictive setting cannot better meet the child's needs. Psychiatric hospitalization is for evaluation only and is not considered a "permanent plan." Prior to psychiatric hospitalization, the Children's Service Worker shall refer the child to the psychiatric diversion program according to local guidelines.
- I. There is an interagency agreement between CD and the Division of Developmental Disabilities (DD) to provide assistance with the placement of a child when all other appropriate placement resources have been explored and are not available. Such a child should have a dual diagnosis of mental retardation or another developmental disability and a behavioral/ conduct disorder:

Related Subject: Section 4 Chapter 11 Financial Support Planning
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- Prior to the placement and during the term of any residential placement, CD and DMH case managers will work jointly on permanency planning for the child when appropriate
- Children will remain in CD custody; however, at the end of the initial 12 month period, DMH regional staff and the CD case manager shall meet to review each case to determine which agency should maintain custody
- For the initial year of placement, payments will be made by CD. The payments will be made directly to the provider. The source of payment beyond the first year will depend on which agency maintains custody, and
- CD and DMH will maintain joint case managerial responsibility for children referred to DMH for placement.

J. Adoptive family- The child's case plan goal is adoption.

- Adoption can become the permanency goal for any child in Children's Division (CD) custody and in out-of-home care. Adoptive family placement or adoption by a foster, relative, or kinship family should be the placement of choice when this occurs. It may be necessary to place a child with an approved adoptive family who needs temporary financial assistance until the adoption is final or the adoption subsidy agreement is approved for an eligible child. In this situation, the family must meet the requirements for this placement.

K. Subsidized Guardianship-The subsidized guardianship program provides eligible relatives or families with the same services that adoptive parents would receive under the Missouri adoption subsidy program. Relatives who qualify for this type of subsidy are great-grandparents, grandparents, great-aunts, aunts, great-uncles, uncles, first cousins and adult siblings who have legal guardianship of a qualified minor child. A qualified child is a child who is or has previously been in the custody of one of the following: Children's Division (CD), DYS, DMH, or a licensed private child caring/placing agency and who meets the special needs requirements.

The Children's Service Worker and family (all parents and child) discuss which of these options would be most appropriate for the child.

The Children's Service Worker and family (all parents and child) select the most appropriate resource and proceed to implement the steps to place the child in the resource selected.

A Resource Family Could be Considered if Several of the Following Apply:

- a. No suitable non-custodial parent, relative, or kinship family resource can be developed

- If a child reenters the foster care system and is not placed in a relative home, the child's former foster parents shall be given first consideration for placement of the child, per Section 210.566 RSMo.
- b. The child is very young (under 6) and is normal or near normal in development
- c. The child is of school age and is normal or near normal in development and/or has limited personality, health, and physical handicaps
- d. The child of any age who can profit by placement in a family setting and in a community where access is available to schools, friends, and resources
- e. Immediate placement is necessary, and a diagnosis and treatment plan is needed
- f. The family's situation indicates the child will be able to return to his/her own home within a short time, or time is needed to select an adoptive home or other permanent placement for the child
- g. The child has been in residential care and placement with a family will ease the transition from residential facility to the child's own home or other permanent placement
- h. The child is pregnant and unmarried, and needs to work through related problems with own family, and
- i. A young child placed in Division custody is legally free, or almost legally free, for adoptive placement and an assessment of the child's physical and/or emotional condition is required.

Issues to be Considered in Selecting a Particular Resource Family:

- a. Proximity of the resource home to child's family in order to facilitate visitation and reunification
- b. Extent to which the resource family can accept the child's relationship with his/her family and can deal adequately with situations which may arise from that relationship
- c. Ability of resource family to preserve the child's cultural identity
- d. Extent to which interests, strengths, and abilities of the resource family enable them to relate to the child's needs, including his/her individual problems, age, interests, intelligence, moral and ethical development, family relationships, educational status, social adjustment, and plans for the future

- e. Extent to which the resource family can meet the needs of a sibling group, in order to avoid the separation of siblings, and
 - There should be no more than six (6) children in a resource home. If, by placing a sibling group in the home, the allowable placement limit is exceeded, no other children shall be placed in the home until the home is again within allowable capacity.
- f. Proximity of resource family to specialized services or facilities which the child may need.
- g. Restrictions on placement, custody, visitation or reunification for minors who were determined to be either a victim or a perpetrator in an incident of abuse between minors. ([Section 210.117 RSMo.](#), [Section 210.710 RSMo.](#), [Section 210.720 RSMo.](#), and [Section 211.038 RSMo.](#))

Related Subject: Section 7 Chapter 34.1 Abuse of a Minor by a Minor

A Large Family Resource Home Should be Considered if Several of the Following Apply:

- a. The child is at least six (6) years of age or younger, if part of a sibling group, and needs can best be served by keeping the children together
- b. The child is mildly to moderately acting out and can benefit from peer support in a group setting
- c. The child can tolerate sharing adult attention with other children
- d. The child does not need intensive therapy or structured supervision
- e. The child can profit by placement in a family setting which provides access to school, friends, and resources available in a community
- f. The child has been in residential care and placement with a family will ease the transition from this care to the child's own home or other permanent placement, and
- g. The child is pregnant and unmarried and needs to maintain confidentiality or work through related problems with own family.

A Level "II" (Moderate Need) Residential Treatment Facility is for Children Generally Typified by Several of the Following:

- a. Child has mild to moderate social, behavioral, educational, and emotional problems
- b. The child is in need of a diagnostic assessment

- c. The child needs assistance in educational, religious, recreational and/or socialization experiences
- d. The child displays behaviors such as, running away, school truancy, incorrigibility, sexual misconduct, drug experimentation, physical display of intense anger, verbal or physical abuse toward authority figures
- e. The child is of average intelligence and exhibits adequate responses to reality testing, and can function in a regular or alternate community school or can benefit from on-site tutorial or educational services where available
- f. The child needs structure and supportive services not available in a resource family or large family resource home
- g. The child is emotionally disturbed and his/her past experience is such that he/she is unable to be supported in a resource family or adoptive home
- h. The child is in need of more structure, but still can be supported in an open environment, where he/she can be studied and observed by the child care staff, social workers, psychiatrist, and psychologists, and where a diagnosis can be made and treatment plan can be developed and implemented, and
- i. The child and family are in need of family and group counseling and/or social work services as part of the comprehensive case plan.

A Level "III" (Severe Need) Residential Treatment Facility is for Children Generally Typified by Several of the Following:

- a. The child's emotional disturbance is so severe as to require comprehensive, intensive treatment and services (i.e., psychotherapy, both individual and group; educational training, vocational training, social and cultural enhancement, after-care services) and structured supervision
- b. The child and family need "family therapy"
- c. The child is in need of psychological/psychiatric diagnostic assessment
- d. The child has serious behavior deviations (i.e., severely aggressive, chronic enuresis or soiling, chronic running away, fire setting, sexually acting out, bizarre sexual behavior, chronic truancy, incorrigibility, drug usage, suicidal gestures, chronic nightmares, extreme temper tantrums, severe relational problems)
- e. The child is depressed, has low frustration tolerance, neurotic and personality disorders, psychosomatic illnesses, retarded emotional development, mild or severe forms of anorexia and thought or affect disorders, i.e., jumbled speech pattern, inappropriate response

- f. The child is a danger to self or others, or is severely withdrawn
- g. The child cannot function in a public school setting because of his acting-out behavior and/or severe learning deficits
- h. The child needs extensive professional help in areas of social skills, learning skills, and/or motor skills, and
- i. The child exhibits behaviors that require a highly structured setting providing intensive treatment services.
 - The degree of severity of these conditions may indicate that hospitalization may be more appropriate. The Children's Service Worker should seek additional supervisory or consultation assistance when considering whether referral for hospital care is needed.

A Level "IV" (Intensive Need) Residential Treatment Facility is for Children Generally Typified by:

- a. Previously receiving care in an acute-care hospital, but who do not currently need in-patient psychiatric treatment, or
- b. Having treatment needs which cannot be met by any of the residential care facilities contracted with the state to provide level "III" (severe need) care, and
- c. Demonstrating treatment needs which require the following services:
 - Psychiatric supervision and review of the child's individual treatment wherein the psychiatrist's physical contact with the child occurs no less than once every 30 days
 - Treatment encompassing a coordinated plan using at a minimum, group and individual therapeutic modalities consistent with the needs of the child, and
 - Classroom education (required by law) provided in a school located at the provider's facility.

Selection of an Adoptive Family Should be Considered if Several of the Following Apply:

- a. The child is healthy or the selected family can accept any risks
- b. The child is legally free or very likely to be legally free and the selected family accepts the minimum legal risks; i.e., the biological parents are making a voluntary decision to release the child for adoption

- c. The goal of adoption is established for the child at entry into CD custody, but termination of parental rights (TPR) is not complete
- d. The goal of adoption is established after the child enters CD custody, a TPR petition for either or both birth parents has been filed, subsequent placements for the child becomes necessary, and such placement would prevent future replacements and be beneficial for a specific child
- e. A child of an older age understands and accepts an adoptive placement, and
- f. An adoptive family is available or can be recruited to meet the needs of the child.
 - Families selected and recruited for the child must be approved for adoption. In some instances, financial assistance may be needed for the child's care until the adoption is completed or the adoption subsidy agreement is approved for an eligible child. The family can be licensed for foster/adoptive care (FA). Licensed resource families who adopt a child who is in their care do not have to be licensed for foster/adoptive care (FA) to receive financial assistance.

Related Subject: Section 6 [Resource Development](#), Section 4 Chapter 12 [Kinship Care](#), and Section 4 Chapter 30 [Subsidizing an Adoption/Legal Guardianship](#).

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4.3 Assessment of the Child(ren)'s Needs

The Children's Service Worker will have varying degrees of knowledge about the child's needs at the time out-of-home placement becomes necessary to ensure the child's safety. When an out-of-home placement is needed for a child unfamiliar to the worker, placement in an assessment home, residential treatment facility, or psychiatric hospital should be considered to assess the child's needs. An assessment home is the preferred setting for the assessment. However, residential treatment facilities might be more appropriate for those children who appear to have serious/severe emotional and/or behavioral problems requiring stabilization and treatment. Inpatient psychiatric care should be considered only for those children who pose an immediate danger to themselves or others.

When considering placement options, the Children's Service Worker should assess the impact the change in school setting will have on the child. If placement results in the child attending a different school, the child's records shall be automatically transferred within two (2) days of notification or upon request of the foster parents, GAL, or the volunteer advocate and when possible, the child shall be allowed to continue attending the school he or she attended prior to being taken into the custody of the Division.

A thorough assessment of the child's unique needs and personality requires the Children's Service Worker to observe the child and collect information from a number of sources. The most important sources of information are the parents and child. Other sources might include:

- Relatives;
- Kinships/Family friends;
- Care givers;
- School personnel;
- Medical personnel; and
- Therapist/psychologist.

The child and family can help the Children's Service Worker identify the persons who know the child best. Once a thorough assessment is completed, the following factors should be considered in selecting an appropriate placement resource for the child:

- Relationship to parents, siblings, and other adults and peers;
- Age and sex;
- Ethnicity/culture/religion;

- Child's strengths;
- Location of parents;
- Skills, talents, and areas of interest;
- Physical health;
- Emotional/mental health;
- Academic performance/educational needs;
- Unique personality characteristics;
- Behavior;
- Placement history;
- Child's preference; and
- Response to separation from parent/caretaker.

Information amassed during the assessment should be thoroughly and accurately presented to the placement provider to allow them to assess their capacity to meet the child's needs. Withholding information from the placement provider or gathering information "along the way" after placement, increases trauma for the child, placement provider, and biological family. A more appropriate, less stressful placement occurs when pertinent information is shared before placement.

4.3.1 Child's Assessment Guideline

Child's Assessment

A thorough and accurate assessment is critical for each child requiring out-of-home placement. The assessment assists in the selection and preparation of the most appropriate placement provider, developing treatment plans and ensuring that the child's unique, cultural, social, physical and emotional needs are met while in an out-of-home placement. The assessment should be completed as soon as possible after the determination is made that out-of-home placement is imminent. However, the assessment is not a static process and should be revised and adapted as the Children's Service Worker gains more knowledge and the child changes. The worker should complete a reassessment every 90 days or more frequently as needed, i.e., change in permanency goal, replacement, etc. Information for the assessment may be collected from one or all of the following sources:

- Direct interview with the family (parent and child). The family is the best source of information regarding themselves;
- Observations of the child at home, in the community, and at school;
- Making collateral contacts with kinships, friends of family, child care provider, school, other individuals, agencies or organizations involved with the child; and
- Referring the child for professional evaluations, i.e., physical, emotional, educational, etc.

The child's assessment should include the following information:

- Name: Including the name the child prefers to be referred to by;
- Date of birth and age;
- Race, religion, and culture: The Children's Service Worker should not assume this information based on the child's physical characteristics or the heritage of one or more parents. Ask the child how he perceives his race/cultural/religious identity;
- Physical description: Height, weight, hair, eyes, etc;
- Personality;
- Family environment: Rural, suburban, urban, apartment, house, shelter, etc;
- Family relationships: Whom did child live with? What was his relationship with parents, siblings, and other household members? What was the child's status in family, i.e., first, middle, youngest? What was child's role in the family?
- Relationships with others: Relatives, family friends, peers, teachers, group leaders, i.e., coach, Scout leader, Sunday school teacher, etc;
- Habits/routines: Sleeping, eating, bathing, etc;
- Talents/hobbies/interests;
- Favorite toys/possessions;
- Physical health: Injuries, illness, disabilities, medications (type, dosage, frequency, side effects), and treatment;

- Emotional health: Avoid using jargon and labeling, i.e., rather than using the phrase “conduct disorder”, describe behavior as difficulty concentrating, moves about frequently, etc. Describe any medication (type, dosage, frequency, side effects, etc.) and treatment child is receiving;
- Education: Grade level, I.E.P. special classes, extracurricular activities, and special achievements/honors;
- Behavior: Positive and negative. Normalize child's behavior without inappropriate labeling, i.e., three-year-old playing with matches and setting a fire should not be labeled as "fire starter". Fifteen-year-old who experiments with drugs/alcohol should not be labeled as a “substance abuser”. Use behaviorally specific terms rather than catch phrases such as "acting out", "aggressive", "compliant", etc. What precipitates negative behavior?
- Strengths: Review the above and, with the parent and child, itemize each of the child's strengths; and
- Needs: Review the above and, with the parent and child, itemize each of the child's needs.

The child's assessment should be used in conjunction with the family assessment in developing the treatment plan. Copies of the assessment should be provided to each member of the Family Support Team (FST) and one copy should be retained in the case record.

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4.4 Placement Options

After thoroughly assessing the needs of the child, the Children's Service Worker must carefully explore the capacity and skills of available placement providers and their ability to meet the child's needs and facilitate the desired outcome. The following is a list of possible placement resources to be considered for a child:

4.4.1 Kinship Care

Kinship care is full-time nurturing and protection of children by persons not related by blood, marriage or adoption but a close relationship exists between the child and kinship provider. The relationship should be respected on the basis of individual, family, and cultural values, and emotional ties. The Children's Division must license individuals interested in providing kinship care in order to provide maintenance payments. However, a child may be placed with a kinship caregiver pending licensure. Kinship care may be appropriate if the kinship or friend is able to:

- Meet the safety, protection, developmental, cultural, and permanency needs of the child;
- Maintain or rebuild parent-child relationships, and help parents stay connected with their children if not regaining full-time care and custody;
- Ensure permanency for children with their families; and
- Minimize the loss of family and family history.

Related Subject: Section 4, Chapter 12, Relative or Kinship Care
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Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

4.4.2 Foster Family Care

A foster family placement may be appropriate under the following circumstances:

- Child's needs can be met in a family and community-based setting with access to schools, friends, and resources;
- Time is needed to locate/select an adoptive home or other permanent placement for the child;
- Child has been in residential treatment and the placement will ease the transition from a highly structured environment to a family and community-based setting; and
- Adolescent mother requiring out-of-home care for herself and her child.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

4.4.3 Emergency Foster Care

Emergency foster homes are utilized for short-term placements. These homes are licensed foster homes who have signed the, "Cooperative Agreement for the Purchase of Emergency Foster Care", CM-11. Emergency foster care placements are limited to 60 consecutive days per child. Approval of the area office is not required. After a child has spent 60 days in an emergency foster placement, the system will automatically change the payment code to reflect a standard level of maintenance payment. Emergency Foster Care includes:

- The child is in danger of serious harm or injury; and
- A relative or kinship home is being pursued but a placement is needed while criminal and CA/N background screenings are being completed;
- There is no appropriate foster home available other than the emergency home; or
- The child has been in an out-of-home placement which has disrupted and/or is in crisis.

Keep in mind each move is a disruption for the child.

Rarely, it may be necessary for the Emergency Foster Care provider to receive respite care services. Examples of rare occasions include a death in the family, illness, or unplanned hospitalization. On those occasions:

1. Payment for the respite provider is made by following the Payment Request instructions located in the FACES [Financial Management handbook](#).
2. The time that the foster youth is in respite care continues to count toward the maximum of 60 consecutive days of being in an emergency placement.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

CD10-123

4.4.4 Youth with Elevated Needs-Level A Resource Family

A youth with elevated needs-Level A resource family is utilized to achieve specific treatment goals. Level A resource providers have acquired skills in managing and modifying problematic child behaviors. Level A foster care is not an emergency placement or first placement. Upon successful completion of a youth with elevated needs foster care program, the child may move to a less structured setting, i.e., traditional resource family care or return to the biological parent. Level A foster care should be considered for those children with the following presenting problems:

- Behaviors which, if not modified, could result in the youth being designated as a status offender;

Related Subject: Section 4 Chapter 14 [Youth with Elevated Needs](#)

- History of irresponsible or inappropriate sexual behavior, which has resulted in the need for extraordinary supervision;
- Threatening, intimidating, or destructive behavior which is demonstrated by multiple incidents over a period of time;
- Problems of defiance when dealing with authority figures;
- Significant problems at school that affect academic achievement or social adjustment;
- Significant problems with lying, stealing, or manipulation;
- Significant problems of temper control;
- Mild substance abuse problems;
- Oppositional behavior which contributes to placement disruptions and inability to function productively with peers, parent figures, birth family, etc.;
- Any of the above behaviors, coupled with medical problems; or
- Any of the above behaviors displayed by one or more children of a sibling group, qualifying the entire sibling group for placement together, if appropriate. However, not all children would be eligible for the Level A maintenance rate, only those staffed and approved for the program.

Working with the Child with Developmental Delays

Children with developmental delays may, or may not, be appropriate for Level A foster care. Appropriateness for Level A foster care should be based on evaluation of the clinical and behavioral characteristics surrounding that particular child. Children should not be ruled out for Level A foster care based solely on the singular characteristic of an IQ score falling below 65. Instead, the team should consider a variety of information, including the following:

- Child's functioning level;
- Severity of developmental delays;
- Ability for self-care;
- Type of behavior problems;
- Level of physical aggressions;
- Age;
- Compliance;
- Need for supervision;
- Strengths; and
- Challenges.

The Department of Mental Health/Division of Developmental Disabilities (DD) can be very valuable in providing expertise about and support for these children and their foster parents or caregivers. If a referral for services to DD has not been made in these instances, the case manager should do so immediately by contacting the appropriate DD Regional Office.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

[CD10-08](#)

4.4.5 Medical Foster Family

A medical foster family is utilized to meet the needs of a child with extraordinary medical needs. Medical foster parents must have medical training and/or knowledge specific to the unique medical needs of the child. This training/knowledge is child specific and provided by the doctor/hospital for the child as needed and as prescribed by the attending physician. A medical foster family may best meet a child's needs if the child requires a minimum of six (6) hours of care per day beyond that of a child at the same age without medical/developmental problems. Medical foster care may be appropriate for children who need the following:

Related Subject: Section 4, Chapter 15, Medical Foster Care

- Assistance in bathing, clothing, feeding;
- Braces, bed rest, wheelchair;
- Injection of medication;
- Special diet;
- Apnea monitor;
- Frequent doctor/hospital visits;
- Excessive laundry, precautions, care of equipment; and
- Continuous supervision by mature or skilled adults.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

4.4.6 Youth with Elevated Needs-Level B Resource Family

A youth with elevated needs-Level B resource family placement is utilized to meet the needs of children with serious emotional and behavior problems who qualify for the Youth with Elevated Needs-Level B program. This resource provides intensive individualized intervention in a family and community-based setting to prevent unnecessary and inappropriate placements of children in highly structured environments. Level B resource providers have acquired the knowledge and skills necessary to serve as the primary change agent for children placed in their care.

Related Subject: Section 4 Chapter 14 Youth with Elevated Needs

A Level B resource home may best meet a child's needs if:

- Because of presenting problems, these children would be in a moderate level or above residential treatment facility or psychiatric hospital; or
- Has been discharged from a residential treatment facility or psychiatric hospital and are unable to function in a foster family home.

Presenting problems displayed by the child or diagnoses requiring individualized care may include the following:

- History of suicide attempts, suicidal thoughts, statements, and/or gestures;
- Affective disorders;
- Attention Deficit Disorder;
- Post Traumatic Stress Disorder;
- Eating Disorder;
- Panic Disorder;
- Fears/phobias;
- Obsessive/Compulsive Disorders;
- Oppositional Defiant Disorders;
- Depression/withdrawal;
- Disassociative behaviors, blank out, pass out, seizures;

- Anger/rage;
- History of fire setting;
- Destruction of property;
- Failure to form emotional attachments; and
- Multiple short-term placements.

Working with the Child with Developmental Delays

Children with developmental delays may, or may not, be appropriate for Level B foster care. Appropriateness for Level B foster care should be based on evaluation of the clinical and behavioral characteristics surrounding that particular child. Children should not be ruled out for Level B foster care based solely on the singular characteristic of an IQ score falling below 65. Instead, the team should consider a variety of information, including the following:

- Child's functioning level;
- Severity of developmental delays;
- Ability for self-care;
- Type of behavior problems;
- Level of physical aggressions;
- Age;
- Compliance;
- Need for supervision;
- Strengths; and
- Challenges.

The Department of Mental Health/Division of Developmental Disabilities (DD) can be very valuable in providing expertise about and support for these children and their foster parents or caregivers. If a referral for services to DD has not been made in these instances, the case manager should do so immediately by contacting the appropriate DD Regional Office.

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Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

[CD10-08](#)

4.4.7 Department of Mental Health Therapeutic Foster Family Homes and Missouri Alliance Foster Homes

Department of Mental Health

DMH foster homes operate to serve children with severe emotional disorders and/or developmental delay. Children served in this type of home may receive services jointly from the Department of Mental Health and Children's Division. The Division recognizes the DMH license and with DMH consent, staff can utilize these homes for placement of children in CD custody. Department of Mental Health homes may not be available in every area and the number of total homes statewide is limited. Supervisory consultation must be sought in securing a Department of Mental Health placement and confirming that the family is DMH licensed.

Prior to a foster youth placement in the DMH licensed home, the Checklist for Placing Children's Division Foster Youth in Licensed DMH Homes, CD-170, shall be completed with the current DMH license attached. The CD-170 is placed in the Child's Section of the foster youth's case file and copy sent to the Residential Care Screening Team Coordinator (RCST).

It is the responsibility of the RCST to request the new license from the provider at each licensure renewal. It is the responsibility of the local county office to complete the CD-170 prior to the initial placement, and at each DMH re-licensure period. The CD-170, with the current DMH license attached, is placed in the Child's Section of the foster youth's case file and a copy sent to the RCST.

Missouri Alliance for Children and Families

The Division recognizes traditional and youth with elevated needs resource homes who have received their training from the Missouri Alliance, in accordance with Division requirements, under an inter-agency agreement with the Alliance. The Missouri Alliance uses the same training curriculum for traditional foster care and for specialized foster care as Division staff. Supervisory consultation must be sought in securing a Missouri Alliance placement and confirming the family is licensed.

Missouri Alliance may waive, as is permissible under Division policy, the requirement of one year as a licensed foster parent for youth with elevated needs.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

Title: Child Welfare Manual
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[CD10-08](#), CD11-13

4.4.8 Large Family Resource Home

This placement resource should be considered in the following circumstances:

- Child is part of a sibling group, and needs can best be served by keeping the children together;
- Child is mildly to moderately acting out and can benefit from peer support in a group setting;
- Child can tolerate sharing adult attention with other children;
- Child has been in residential care, and placement with a family will ease the transition to the child's own home or other permanent placement; and
- Child is pregnant and unmarried and needs to maintain confidentiality or work through related problems with her family.

NOTE: This type of home is not recommended for any child under the age of six unless the child is a member of a sibling group.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:
CD15-44

4.4.9 Residential Treatment

This placement resource should be considered for children who need structured and therapeutic intervention provided in a residential treatment setting. Placement in a residential treatment facility must be time-limited and treatment focused so that the child can transition to family and community-based care as soon as possible:

1. Residential Treatment - moderate level may best meet a child's needs if:

- Child has mild to moderate social, behavioral, educational, and emotional problems;
- Child is in need of a diagnostic assessment;
- Child needs assistance in educational, religious, recreational, and/or socialization experiences;
- Child displays behaviors such as running away, school truancy, incorrigibility, sexual misconduct, drug experimentation, physical displays of intense anger, verbal or physical abuse toward authority figures;
- Child is of average intelligence and exhibits adequate responses to reality testing, and can function in a regular or alternate community school or can benefit from on-site tutorial or educational services where available;
- Child needs structure and supportive services not available in a foster family or foster family group home;
- Child is emotionally disturbed and his/her past experience is such that he/she is unable to maintain in a foster family or adoptive home; and
- Child is in need of more structure, but still can function in an open environment where he/she can be studied and observed by the child care staff, Children's Service Workers, psychiatrists, and psychologists, and where a diagnosis can be made and treatment plan can be developed and implemented.

2. Residential Treatment - severe level may best meet a child's needs if:

- Child's emotional disturbance is so severe as to require comprehensive, intensive treatment and services, i.e., severely aggressive, chronic enuresis or soiling, chronic running away, fire setting, sexually acting out, bizarre sexual behavior, chronic truancy, incorrigible, drug usage, suicidal gestures, chronic

nightmares, extreme temper tantrums, severe relationship problems;

- Child is depressed, has low frustration tolerance, neurotic and personality disorders, psychosomatic illness, retarded emotional development, mild or severe forms of anorexia, and thought or affect disorders, (i.e., jumbled speech pattern, inappropriate response);
- Child is a danger to self or others, or is severely withdrawn;
- Child cannot function in a public school setting because of his acting-out behavior and/or severe learning deficits;
- Child needs extensive professional help in areas of social skills, learning skills, and/or motor skills; and
- Child exhibits behaviors that require a highly structured setting providing intensive treatment services.

3. Residential Treatment - intensive need level may best meet a child's needs if:

- Child was previously receiving care in an acute care hospital, but does not currently need inpatient psychiatric treatment; or
- Child is demonstrating treatment needs which require the following services:
 - Psychiatric supervision and review of the child's individual treatment wherein the psychiatrist has personal contact with the child no less than once every 30 days;
 - Treatment encompassing a coordinate plan using, at a minimum, group and individual therapeutic modalities consistent with the needs of the child; and
 - Classroom education (required by law) provided in a school located at the provider's facility.

Related Subject: Section 4, Chapter 18 Residential Rehabilitative Treatment Services
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Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Title: Child Welfare Manual
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Memoranda History:

4.4.10 Emergency Shelter

Short-term resource for children requiring an immediate, temporary living arrangement in an open facility where their safety and supervision is ensured through an organized program of age appropriate activities.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

4.4.11 Inpatient Psychiatric Hospitalization

Inpatient psychiatric hospitalization is the most restrictive placement resource. Any child who is exhibiting serious emotional behavior and disturbance, which poses a danger to him or others and is being considered for this level of care, must be referred to the local Psychiatric Diversion Screening Team. The screening team will assess the child's needs and develop a treatment plan. Members of the Psychiatric Diversion Screening Team should represent the agencies in the community who work with youth, i.e., schools, mental health, foster parents, and juvenile officers, as well as the biological family and the Children's Service Worker and supervisor. The worker must consult with their supervisor and a court order obtained prior to placing a child in a psychiatric hospital for either inpatient treatment or evaluation.

Related Subject: Section 4, Chapter 20, Psychiatric Hospital Placement and Psychiatric Diversion
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Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

4.4.12 Transitional Living

This placement resource should be approached as a continuum of care as our youth transition to adulthood and independence. Youth who have spent much of their adolescence in residential care may require a transitional program to acquire the skills necessary to live as an adult. Many transitional living programs operate as part of, or under the auspices of, residential treatment facilities, such as transitional living group homes and scattered site apartments.

In addition to group homes and scattered site apartments, transitional living advocate placements are available to youth. The advocates are recruited for the specific youth and provide a home-like setting for them. Advocate placements should be able to function basically on their own and are in need of a supportive home. Transitional Living Arrangements may best fit a youth's needs if they are in need of placement in a supportive environment where there is an opportunity to learn and utilize skills necessary to live as an adult.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

4.4.13 Independent Living Arrangement

Related Subject: [Section 4 Chapter 21 Older Youth Program \(OYP\)](#)

This placement resource may best meet a youth's needs if:

- Youth is at least sixteen (16) years of age;
- Youth is under court jurisdiction and in the custody of the Children's Division;
- There is no likelihood of reunification with parent/legal guardian;
- The Adolescent Family Support Team Guide (CD-94), Individualized Action Plan Goals (CD-94), Life Skills Strengths/Needs Assessment Reporting Form (CD-97), and the Casey Life Skills Assessment have been completed and based on these assessments, there is team agreement that this is the best option for the youth;
- Youth is receiving Chafee Foster Care Independence Program Services for life skills instruction;
- Youth is able to demonstrate competency in life skills;
- Youth is able to live independently;
- Youth is able to manage own finances and maintain own residence
- Youth has demonstrated pattern of responsible conduct for at least six (6) months;
- Youth has no criminal law violations;
- Youth's school performance, if applicable, is equal to capabilities;
- Youth has exhibited reasonable money management skills;
- Youth is attending an educational or vocational school and/or is employed; and
- Youth has a self-developed plan for independent living.

The youth may require support services to successfully live independently. The case manager and youth will determine the type and frequency of services jointly. Youth in independent living arrangements continue to be seen twice a month by the case manager.

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Related Subject: Section 4 Chapter 21 Older Youth Program (OYP)

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

[CD09-05](#), CD13-56

4.4.14 Therapeutic Foster Care

Therapeutic foster care (TFC) is a living situation consisting of highly intensive individual treatment for one (1) or two (2) children living in a family foster home setting and community environment. TFC is administered as part of a residential treatment agency's array of services for children with significant emotional or behavioral needs, who, with additional resources, can remain in a family setting and achieve positive growth and development. TFC exists to serve children whose special needs are severe enough that in the absence of such programs, they would be at risk of placement into restrictive residential settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs.

Each therapeutic foster home and child is assigned a TFC worker with the primary responsibility for the development of treatment plans. The TFC worker also provides support and consultation to the TFC foster parents, to families of children in care, to children enrolled in the TFC program, and to other treatment team members. The TFC worker coordinates activities to ensure children and families receive needed services according to their treatment plan. The contractor provides at least weekly consultation to the TFC home and in-person contact every two (2) weeks or more frequently when indicated.

Chapter Memoranda History: (prior to 01-31-07)

Memoranda History:

CD15-01

4.5 Matching the Child's Needs to the Placement

To comply with [Section 210.565](#), RSMo., and to avoid unnecessary disruption for the child, the Children's Service Worker shall complete the non-custodial parent, relative, and kinship selection, and placement process prior to considering other placements. Documentation of reasons a non-custodial parent, relative, or kinship placement cannot occur must be documented in the case narrative. These laws and statutes are outlined in Section 4 Chapter 4.2.

In the event there is no non-custodial parent, relative, or kinship placement available, or if that resource is found unacceptable, the Children's Service Worker shall document such in the case narrative and use the information obtained from the family regarding the child's placement needs to make an appropriate placement match:

1. The initial placement should ideally be carefully selected based on the child's needs and the resource provider's capacity to meet those needs that are in the best interest of the child. Mismatched placements may result in multiple placements, loss of cultural identity, or inadequate care and lead to unnecessary trauma to the child. The initial placement should ideally be the child's only placement until he can safely return home or otherwise achieve permanency. In determining an appropriate placement match for the child, the Children's Service Worker shall consider the following information regarding the child and the resource provider's capacity for meeting the child's needs:
 - A. Age, health - nutritional status, sex;
 - B. Religious and cultural needs;
 - C. Developmental stage, level of school achievement, school behavior;
 - D. General behavior;
 - E. Relationship to parents, siblings, other adults and peers;
 - F. Effect of abuse or neglect experience(s);
 - G. Response to separation from parent or other caretaker;
 - H. Talents, vocational desires and interests;
 - I. Legal status of each parent and their potential involvement in the placement;
 - J. Impact and response to school setting; and
 - K. Other indicators, which will assist in determining the most appropriate placement.

2. Secure any special evaluations if increased knowledge is needed to complete a comprehensive assessment of the child's needs.
3. Decide appropriate placement resource setting using child's assessed needs and criteria outlined in Section 4 Chapter 4.2.
 - A. Placement should be made with a family that has the capacity to meet all of the needs of the child including the child's cultural identity on a long-term basis;
 - B. Maintain child in current placement facility if child's condition requires other corrective treatment and begin plan for child's move;
 - C. Conduct a resource search, if resource family is needed; or, if family is located in another county. The Children's Service Worker should review the Resource Family Profiles of potential resource providers in their process of selecting a resource provider that could meet the needs of the child.

The Division prefers that minor mothers and their children be placed with the same resource family if either or both are in CD custody.
 - D. Complete CS-9 and refer to Residential Care Screening Team (RCST) if needs assessment indicates residential care services at Levels II, III, or IV are needed.
4. Assess selected resource for capacity to meet the child's needs:
 - A. Assess and review the Resource Family Profiles of other selected resources if the first choice does not have the capacity to meet the child's needs; or
 - B. Assess, in cooperation with RCST, if a referral is made to RCST.
5. Contact the prospective resource to determine if they are available as a resource for the particular child:
 - A. Continue search if the resource is not available or does not wish to accept the child.
 - B. Begin recruitment activities for a resource or adoptive family if no appropriate resource is available according to the case plan and goal established for the child.
6. Make an entry on the Child Assessment and Service Plan, CS-1, in FACES which describes the reason why a particular resource family was selected.
7. Repeat steps 1 through 6 if replacement becomes necessary.

8. If an appropriate match does not exist within the county, a resource search shall be conducted. The Children's Service Worker may also send an e-mail request to selected counties and/or statewide, describing the child's placement needs.

If the resource search identifies a possible placement match in another county, the worker shall proceed by making contact with the county office to determine the appropriateness of the placement. The worker should give consideration to the need for visitation between parent and child and that CD will facilitate transportation per policy guidelines.

9. If an emergency residential placement is needed, obtain approval from designated Regional personnel and, if necessary, initiate procedure for extended residential treatment.
10. If it appears that psychiatric hospitalization may be necessary, staff should follow local procedures for referral for psychiatric hospitalization.
11. When an appropriate match is identified, the Children's Service Worker should contact the resource provider and discusses the following issues and information (For cross-county placements, the worker and local worker should determine who would provide information to the provider. Consideration should be given to conference calls to ensure all issues are communicated and to ensure coordination of placement activities):

Related Subject: Section 1 Chapter 3 Attachment A: Foster Parent Bill of Rights and Responsibilities.

- A. The Children's Service Worker shall provide resource parents and potential adoptive parents all pertinent information including but not limited to full disclosure of all medical, psychological, and psychiatric conditions of the child, as well as information from previous placements that would indicate that the child(ren) may have a propensity to cause violence to any member of the resource family home. The resource parents shall be provided with any information regarding the child or child's family, including but not limited to the case plan, any family history of mental or physical illness, sexual abuse of the child or sexual abuse perpetrated by the child, criminal background of the child or the child's family, fire-setting or other destructive behavior by the child, substance abuse by the child or child's family, or any other information which is pertinent to the care and needs of the child and to protect the foster or adoptive family, per Section 210.566, RSMo.. The description of the child should also include the child's strengths and his/her endearing qualities, not simply problem identification. It is extremely important for the worker to be totally honest with the potential resource provider about both positive and negative qualities and needs of the child:

1. To ensure that the provider makes an informed decision about whether he/she has the time, commitment, and resources to meet the child's needs;
 2. To ensure placement stability and avoid potential placement disruptions; and
 3. To prevent potential issues of mobility for the agency and resource provider:
 - a. Age, sex, cultural identity;
 - b. Siblings and the need to secure placement together, if possible;
 - c. Personality/unique characteristics;
 - d. Probable length of placement;
 - e. Health of child, special medical needs;
 - f. Disabilities, special equipment, facilities or help needed;
 - g. Educational needs;
 - h. Behavior, both positive and negative, that can be expected from the child. Behavior should be described in terms of patterns and not isolated incidents and normalized if typical to children at certain developmental stages. Prior destructive/violent/anti-social behaviors that have occurred shall be mentioned. However, they should be discussed in terms of events that precipitated the behavior and treatment used to manage/modify the behavior.
 - i. Child's relationship with the biological family and other persons significant to the child's life;
 - j. Major reason the child is in out-of-home care;
 - k. A general indication of the case plan, including the plan for visitation and a preliminary estimate of how long the placement is likely to last; and
 - l. Interests/hobbies/talents of the child.
- B. The Children's Service Worker should explain to the resource provider(s) that the child is going through a series of adjustments (i.e., separation from parent(s), loss and grief issues, and anxiety at having to cope with

other team members, a new family and new surroundings). If known, the worker should describe the child's emotional response to the changes he is experiencing. Also, the worker should suggest methods to help the child through these adjustments. The worker should stress to the resource provider(s) that there will be periods of difficulty during the placement and that the difficult times are no reflection on their parenting ability.

- C. The Children's Service Worker should acknowledge the need for continuity of placement and the potential harm to the child if moved several times.
- D. The Children's Service Worker should reaffirm availability to help the resource provider through difficulties. The worker should explain the Family Support Team (FST)'s role and that the team will assist the resource provider in assessing the child and family's treatment needs and obtaining resources to address the needs.
- E. The Children's Service Worker should answer any questions/concerns the resource provider may have about the child and placement and identify any special resources needed.
- F. After the resource provider has discussed the placement with all household members, the Children's Service Worker shall obtain a commitment from the resource provider to accept the child for placement.
- G. If the resource provider cannot accept the child for placement, the Children's Service Worker shall repeat the process until a placement resource is located.
- H. If the resource provider can only provide a short-term placement for the child and this is the only resource available, the Children's Service Worker shall continue the process of seeking a placement, which better meets the needs of the child and family.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

[CD07-52](#), [CD07-54](#), [CD08-106](#), [CD09-82](#), CD10-16, CD11-75

4.6 Preparing the Child for Placement

Preparation for placement will vary with each child and should be adapted to his/her age, experience; individual needs, personality, and circumstances necessitating placement, as well as any special problems presented by the prospect of placement.

Parents should be involved in as much of this process as is practically possible and appropriate for the child's best interest:

1. The Children's Service Worker shall take the following steps to prepare the child for placement:
 - a. The worker should discuss out-of-home care with the child (what it means and the purpose) and the new events that will be happening in the child's life.
 - b. The worker should describe the resource provider as follows:
 1. The resource family, the resource provider's other children, pets, house, family activities, etc. and should share pictures of the resource family, if possible.
 2. The facility, other residents, rules, program design, and educational, therapeutic, and recreational services.
 - c. The Children's Service Worker shall encourage the parent(s) to discuss the out-of-home care placement in a positive manner with the child. The worker shall also assist the family in notifying the child's school, doctors, dentists, and others with whom the child may have been involved.
 - d. The child should know, if possible, when he will see his/her family again. A visit shall take place prior to the 72-hour team meeting if the court has not restricted visitation. Consideration to restricting visitation should only occur when there is a danger to the child or if visitation would compromise legal testimony (i.e., perpetrator convincing child to change testimony). This visit may be in conjunction with the family assessment process.

Related Subject: Section 4 Chapter 7 Attachment A Visitation
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- e. The worker should discuss with the child, the child's feelings about the placement.
- f. If a pre-placement medical examination of the child was not obtained prior to placement, a Healthy Children and Youth (HCY) medical examination should be obtained within 24 hours after placement. This initial health examination does not need to be a full Healthy Children and Youth (HCY) assessment. The purpose of the initial health examination is to identify

the need for immediate medical or mental health care and assess for infectious and communicable diseases. When possible, this initial health examination should be completed by the child's current primary care physician as they know the child and have knowledge of the child's medical history.

If a provider is not readily accessible, this exam must occur within 72 hours of the initial placement.

A full HCY examination including eye, hearing, and dental examinations should be completed no later than 30 days after the child is placed in Children's Division (CD) custody. In addition, children should receive a developmental, mental health, and drug and alcohol screening within 30 days of the child's entry into care. If needs are identified, these needs must be treated as soon as possible:

1. If appropriate, the parent shall accompany the child for the examination.
 2. A copy of the medical report will be obtained and given to the resource provider, with a copy maintained in the file. The report shall also be shared with the parent(s) if they are unable to accompany the child to the physician.
2. The resource provider shall meet the parent (if safety is not an issue) and child. There will be an opportunity at this time for the parents to share with the resource provider information regarding their child and to discuss methods to involve the parent(s) in the child's new school, medical appointments, and other activities. The Children's Service Worker shall serve as the catalyst to assist the resource provider and parents in this beginning process of establishing a positive working relationship that will best assure that the child's needs are met.
 3. The Children's Service Worker shall give the resource provider the following information:
 - a. Copy of the Authorization to Provide Emergency Alternative Care, CS-33;
 - b. Medicaid Eligibility Authorization, IM-29;
 - c. Initial clothing authorization or information and procedures for obtaining clothing;
 - d. Name and phone number of the child's current school;
 - e. Name and 24-hour phone contact numbers of worker and supervisor;

- f. Dates and time of planned contacts with the parents, visits, the 72-hour Family Support Team (FST) meeting, and an explanation of the specific role the resource provider will play in the various meetings;
 - g. Any other documents/reports required by the resource provider at the time of initial placement.
 - h. The necessary HCY form, if applicable, to be completed by the physician at the examination if the resource provider will be accompanying the child to the appointment;
 - i. All available medical/health and information on the child's special needs. This information may be available on the Child/Family Health and Development Assessment, CW-103 and attachments A and B. The CW-103 should be updated as this information becomes available throughout the life of the case. The updated CW-103 should be shared with the resource provider as information is obtained.
4. The resource provider will be responsible for the following:
- a. Efforts should be made by the resource provider and the Children's Service Worker to involve the parent in educational, medical, and other activities related to the child's placement.
 - b. Notifying child(ren)'s present school of child(ren)'s placement in out-of-home care and new school enrollment and inquiries of child's special educational placement.
 - c. Enrolling child in new school or preschool and make arrangements for special educational needs to be met.
 - d. Obtaining any needed medical exam including 24-hour exam and follow-up medical treatment for child.
 - e. Documenting placement and other pertinent information in a life book for the child.

Related Subject: Section 4 Chapter 6 Attachment A [Creating a Life Book](#)

5. The Children's Service Worker will be responsible for local county procedures for:
- a. Notifying the Eligibility Specialist of the placement. The Eligibility Specialist will notify the Family Support Division (FSD) of placement and determine program eligibility for child.
 - b. Updating the Alternative Care (AC) Client Information screen in FACES and, as appropriate, the Family-Centered Services (FCS) Information

screen, Vendor Licensure/Approval and Renewal FACES screen, Residential Treatment Referral, CS-9, SEAS Request and Eligibility Form, CS-67, and SEAS Authorization Form, CS-67As, and HCY MO 8809/CS for immediate services such as emergency residential placements, day care, emergency evaluations, or SAFE exams.

- c. Having the resource provider sign the Emergency Waiver of Two Week Notice, CS-44, if the child is in an emergency foster care placement.
- d. Scheduling the 72-hour team meeting and notifying all appropriate parties. If all team members are unable to attend, critical members are the parent(s), child(ren), resource provider, and Children's Service Worker. Verbal and/or written information from other team members should be obtained by the Children's Service Worker for presentation at this meeting. The meeting should be scheduled at a time and location convenient to the parent(s).
 - This meeting should take place within three (3) working days of the child being taken into protective custody.
- e. Notifying the child's school that they are the assigned worker for the family and solicit their involvement in treatment planning for the child.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#), [CS03-21](#), [CS03-27](#), [CD04-79](#), [CD05-80](#), [CD06-16](#), [CD06-50](#)

Memoranda History:

CD10-41, CD12-18, CD12-84

Attachment A: Locating the Non-Custodial Parent or Relative

When a child(ren) enters out-of-home care, the whereabouts of one or both of the biological parents or relatives may be unknown. In order to achieve early permanency for the child(ren), a diligent search must be made to locate and maintain contact with both parents of the child(ren) or to locate grandparents and/or other relatives as a possible placement resource. The law requires the fit non-offending or non-custodial parent to be given first consideration for placement, with some exceptions, as long as that parent is entitled to physical custody. Failure to locate parents timely can result in problems achieving permanency for the child(ren). A complete and diligent search must be thoroughly documented in the case narrative and on the CS-1 to verify that all reasonable efforts have been made to find the parent(s) or to locate relatives.

If the non-offending or non-custodial parent cannot be located or is unable to have the child(ren) placed in their home, the worker should make reasonable efforts to first place the child(ren) with a grandparent during the first three (3) hours after custody. The worker should ask the parents, child, or caretaker for the names of grandparents and other relatives to begin a diligent search and complete a background check if placement becomes an option.

Section 210.127, RSMo defines “diligent search” as “the efforts of the Division or an entity under contract with the Division to locate a biological parent whose identity or location is unknown, initiated as soon as the Division is made aware of the existence of such parent, with the search progress reported at each court hearing until the parent is either identified and located or the court excuses further search.” This criterion also applies when searching for grandparents and other relatives.

Related Subject: Section 5 Chapter 2.6.4.2 Searching for a Biological Parent , Section 7 Chapter 28 Glossary/Reference
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When notifying relatives, staff should disclose the following:

- The child has been or is being removed from the parent(s). Staff do not need to go into detail about the reason for removal as any removal related to the parents' health information is protected;
- The options the relative has according to the law to participate in the care and placement of the child, including any options which may be lost by failing to respond to the notice;
- The requirements to become a resource family home and the additional services and support which are available for children; and
- How guardianship could be a possible outcome for the child.

The following activities are to be completed by the Children's Service Worker within three (3) hours of taking protective custody of the child(ren):

- Conduct an immediate diligent search to locate, contact, and place with grandparents.

The following activities are to be completed by the Children's Service Worker within two working days (48 hours) of taking protective custody of the child(ren):

- If the caregiver is not the custodial parent, talk with the current caregiver about the whereabouts of the child's parent(s) or relatives who may know their whereabouts.
- If the non-custodial parent or relative's whereabouts are unknown, ask the custodial parent where the other parent or relatives may be found,
- Make a personal visit to the parent's last known address if there is reason to believe they may be there. If multiple parents are identified, make contact with all missing parents including visits to each last known address unless it can be verified that the parent no longer lives there. Document what is known about the parent and what attempts have been made to locate the parent(s).
- If a relative has been identified, contact the relative to see if they are willing to be considered as a placement for the child(ren).
- If the absent parent or relative lives a considerable distance from the worker's county office, these guidelines shall be followed:
 - Workers need not travel outside their own county/circuit, if they do not have reliable information regarding the parents or relatives. If the address is in another county/circuit/region and the information is reliable, the worker may request that a worker in the other county/circuit/region contact the parent/relative.
 - If the absent parent or relative lives in another state and the information is reliable, the worker may contact the other state for assistance in locating that parent/relative. The worker may request a worker from the state in which the parent/relative is residing to contact the parent/relative by phone/and or visit them and ask the parent/relative to return a certified letter sent to their address.

The following activities are to be completed by the Children's Service Worker within 30 working days of taking protective custody of the child(ren):

- Identify and notify **all** adult grandparents and **other** adult relatives within 30 days when a child is removed from the custody of their parent(s) unless there is domestic violence.

A complete and diligent search also requires the following:

1. Using all known variations of the parent/relative's name, search readily available resources, such as:
 - Production system including:
 - FACES
 - Staff should complete a Call/Case Prior History search using the following search types;
 - DCN
 - Social Security Number
 - Name Search
 - Address Search
 - FAMIS
 - Staff should complete a Family Assistance Management Information System search by completing a DSS search in FACES. To access the FAMIS screens in FACES, staff should enter the parent/relative's name, DCN, or social security number on the Call/Case Prior History screen. Staff should select the DSS search button and FAMIS case information will display on the FACES screen.
 - Child Support
 - Staff should complete a Missouri Automated Child Support System (MACSS) search by completing a DSS search in FACES. Staff should complete a Call/Case Prior History search in FACES and select the DSS search button. MACSS case information will display on the FACES screen.
 - IMES, IBTH, IDTH, etc.

Bureau of Vital Records information is for inquiry only and should not be printed, faxed or copied. Certified copies of Missouri records of birth, death and fetal death reports can be obtained by submitting a written request to:

Missouri Department of Health and Senior Services
Bureau of Vital Records

P.O. Box 570
Jefferson City, MO 65102

For more information regarding Missouri birth and death records click on the following hyperlink: [Request a Vital Record from the Department of Health](#).

- Missouri Department of Corrections Offender Web Search at <http://www.doc.mo.gov>
 - Telephone Directory;
 - Directory Assistance; and
 - City Directory.
2. Child's birth certificate.
 3. When searching for parent(s) of abandoned newborns:
 - Call local hospitals to see if any new mothers came into the emergency room for treatment soon after the birth date of the child; and
 - Check hospital records for leads, if baby was abandoned in a hospital.
 4. Search agency records and make a master list of:
 - Previous phone numbers and addresses used by the parent/relative and the dates;
 - Names with current and previous addresses and phone numbers of people and agencies who have known the client, such as relatives, friends, employers, neighbors, probation officers, doctors, schools, hospitals, or others; and
 - Parent's birth date (may be obtained from the child's birth certificate), social security number and other identifying information.
 5. Pursue leads developed in all efforts:
 - Make in-person and/or telephone contacts with family, friends, and neighbors at the parent/relative's previous addresses; document results of each contact individually and specifically in the case narrative and on the

child's CS-1. Establishing good contact with these people is important in order to gain trust. Although they may not be willing to provide the parent/relative's location, they may encourage the parent/relative to come forward or provide other useful information in locating the parent/relative.

- Send "certified, return receipt requested" letters to the previous addresses of individuals not contacted in person.
 - Send blind copies of letters to addresses from which certified letters were returned (optional).
 - Send letters of inquiry to professionals or to agencies within the community which may have had contact with the family.
 - Address a letter to the parent/relative and place in an unsealed envelope and send to the Social Security Administration, Bureau of Data Processing, Baltimore, Maryland 21232, with a request that it be forwarded to the parent/relative. Include the Social Security number if available.
 - Should identity and location of an absent parent or putative father be sought, the worker will use the Request for Location Services form, CD-88 and/or the [Putative Father Registry](#).
6. Contact other agencies in Missouri and out of state which may have knowledge of the parent/relative, including, but not limited to:
- Family Support Division Central Locate and Recovery Unit (CLRU)— CLRU provides staff with location information from the State and Federal Parent Locator Service. If workers complete a DSS search and no Missouri Automated Child Support System (MACSS) information is found, the worker should complete a CSE-250, Judicial Request for Location Services for alternative care cases only. The CLRU will provide the worker with location information if available. New requests should be made when CLRU reports no information was found after the 180 day search period to ensure diligent searches occur on an on-going basis.
 - Department of Revenue/Division of Motor Vehicles (DMV)--Designated CD staff in each Region has authorization to complete a diligent search using DMV screens. Workers should complete the Request for Location Services form, CD-88, and submit it to their designated staff. Designated staff should complete their search within 7-10 business days and return the updated form to the Children's Service Worker. The list of designated staff that can search DMV screens is posted on the CD intranet on each Region's web page.

The Children's Service Worker will then complete their search for the parent or relative based on the information provided by the designated staff. Once identified, the worker should contact the individual by means of a certified, registered letter. **Due to the confidential nature of a child's case, no identifying information should be provided in the letter.** The letter may state that the individual's name was provided to our agency as a parent or relative to a child in our custody as a possible placement resource. If the individual responds to the letter, the worker should verify their identity (by age/social security number/date of birth, or other identifying information as documented on the CD-88). Once the individual's identity has been verified, the child's identity can be released. If the individual desires to be considered as a placement resource, staff should proceed by completing a background check on the individual:

Related Subject: Section 5 Chapter 2.6.4.2 [Searching for a Biological Parent](#)

- Law enforcement agencies including, city, county and state;
 - Department of Corrections;
 - Utility companies;
 - Local hospitals;
 - Department of Mental Health;
 - Schools, including trade schools, community colleges, and universities;
 - Labor unions;
 - Other social service agencies;
 - Ethnic organizations;
 - Immigration and naturalization service; and
 - County tax collector.
7. Attach written responses and the envelope to copies of the original requests and file in the case record:

- File return receipts in the case record; and
 - Open returned letters and attach envelopes and file in the case record.
8. Thoroughly document all face-to-face and telephone contacts including:
- Date;
 - Time;
 - Name of person contacted;
 - Relationship of person contacted to parent;
 - Responses, leads given;
 - Location or phone number where initial contact occurred and how person can be contacted again;
 - State information requested and verification that person was given written instructions on how to contact Children's Service Worker; and
 - Any other pertinent information.

When a non-resident or non-custodial parent is located and services are being provided to that parent, a Family-Centered Service (FCS) case should be opened. Each parent should have a FCS case open in FACES. The children will be listed on both cases as case members, with the whereabouts noted as appropriate.

In situations where the non-custodial or absent parent is not a possible reunification resource, no services are being provided to the non-custodial or absent parent, and there is no written service agreement with the non-custodial or absent parent, **no** FCS case would need to be opened.

Staff may list the absent or non-custodial parent on the custodial parent's FCS case as a case member their whereabouts indicated as out of the home. Reasonable efforts to involve the parent should be documented on the child's alternative care case.

Diligent Searches should be ongoing during an intervention. Diligent Searches should occur periodically while the case remains open. Staff should utilize the Permanency Planning Review Team Meeting schedule which occurs at a minimum twice a year to serve as a reminder to complete a diligent search and document the efforts in the case narrative.

Title: Child Welfare Manual
Section 4: Out-of-Home Care
Chapter 4: Selection of Placement Resource and Placement Options
Attachment A: Locating the Non-Custodial Parent or Relative
Effective Date: January 13, 2014
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