

## Treatment: Options For Placement

### To Request and Make a Placement: Use of the Placement Portfolio

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#### Policy

When the decision has been made to place a child in out-of-home care, for either an initial or subsequent placement, the child's Social Worker shall discuss the placement options available for the child with the child's family members, Social Work Supervisor, Program Supervisor and others as necessary, e.g., RRG staff, psychiatrists, psychologists and therapists, to determine the appropriate type of placement to meet the child's needs, including possible relative placements.

The Social Worker shall:

- document the child's information and needs as fully as possible with available information in LINK and on forms in the child's Placement Portfolio. (See list of Portfolio contents below.)
- request and make a placement, as specified below.

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#### When to Use the Placement Portfolio

The Placement Portfolio shall be completed and updated with the most current information available about the child and given to the placement provider at the time of initial or any subsequent placement.

Information about the child that is not available at the time of placement must be provided by the Social Worker within thirty (30) days of the date of placement.

For emergency placements, information about the child to meet his/her immediate needs shall be provided within twenty-four (24) hours, or one working day, of the time the child is placed.

The Portfolio information may be shared with the child's attorney at the Treatment Planning Conference/Administrative Case Review or upon request.

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#### Purpose of the Placement Portfolio

The purpose of the Placement Portfolio is to:

- share information with the provider that is essential for the proper care and supervision of the child
  - aid the Social Worker in the placement process by assuring that the provider receives current, comprehensive, factual, and accurate information about the child
  - centralize basic components of the child's case record for easy reference
  - increase the potential for placement success
  - increase the potential for communication between the worker and the provider.
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#### Contents of the Placement Portfolio

The Placement Portfolio contains the following information and materials:

- "Child Placement Document", DCF469 (see instructions below)
  - health documents, including
    - "Medical Alert", DCF-741
    - "Report of Health Care Visit, DCF-742
    - "Caretaker Log of Visits to Providers", DCF-2127
    - Medical Identification Card
    - Instructions to caretakers on the use of health documents
    - Instructions to health care providers on the use of health documents
  - a copy of the treatment plan and updates when completed
  - legal forms; e.g., "Request for Voluntary Placement", DCF-526; Order of Temporary Custody; 96-Hour Hold; Order of Commitment; Termination of Parental Rights
  - copies of necessary documents; e.g., social security card, birth certificate
  - "Visitation Log", DCF-822
  - "Notification to Local Education Agency of a Department Placement", DCF-603 (for treatment providers)
  - clothing voucher, when applicable
  - a recent photograph of the child
  - a CAFAP brochure (for foster care/relative/adoptive placements)
  - a list of regional support groups (for foster care/relative/adoptive placements)
  - CPT authorization number (for residential placements).
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#### Use of DCF-469, "Child Placement Document"

The DCF-469, "Child Placement Document", is a multi-purpose document in the Placement Portfolio that consolidates information about the child including demographics, legal status, placement history, education, strengths and interests, behavioral issues, special needs, health history, current health status, and family health history.

Important: As new information about the child becomes available, the DCF-469 must be updated by the Social Worker and provided to the caretaker. Any new information affecting the safety and health of the child must be provided to the caretaker immediately. The caretaker's outdated DCF-469 must be discarded.

The DCF-469 is utilized to:

- request a placement (see below for types of placements)
- effect an out-of-home placement with the selected provider
- specify the visitation plan
- serve as the board and care agreement.

The information on this document shall be reviewed with the supervisor in supervisory conferences at each six-month Administrative Case Review.

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#### Types of Placements Utilizing DCF-469

The DCF-469 is utilized for the following types of placements:

- Foster Care, including relative and pre-adoptive care, Therapeutic Foster Care and the care of Children with Complex Medical Needs
- SAFE Homes
- Temporary Shelter Care
- DCF Operated Facilities
- Private Residential Facilities.

#### To Request a Placement

After consultation with the supervisor and others as necessary to determine the appropriate type of placement, the child's Social Worker shall:

- complete the DCF-469 in LINK, "Child Placement Document", as fully as possible with available information
- complete the DCF-741, "Medical Alert", and
- forward the DCF-469 and the DCF-741 to the Social Work Supervisor.

The Social Work Supervisor shall review, approve and forward the DCF-469 and DCF-741 to the matcher or Central Placement Team (CPT), as indicated below, via an assignment in LINK.

#### Foster Care

Regional Matcher Cross-References: Section 41-19-1 through 41-19-5, "Foster Care Matching, 41-7-5, "Matching for Children with Complex Medical Needs"

#### Therapeutic Foster Care

Regional Matcher/Gatekeeper for Therapeutic Foster Care, Cross-Reference: 41-5-4, "Referral and Placement Process"

#### Temporary Shelter Care

Regional Matcher/Shelter Gatekeeper

#### To Make Other Types of Placements

For placements other than foster care, use the following procedures and appropriate LINK entries for these types of placements:

Type of Placement	Procedures
SAFE Homes	Follow the above general foster care procedures and notify the regional matcher of the disposition of the placement.
Temporary Shelter Placements	Follow the above general foster care procedures and notify the regional matcher/shelter gatekeeper of the disposition of the placement.

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#### To Make a Foster Care Placement

Once a foster family has been identified by the matcher (See Policy 41-19-4), the child's Social Worker shall take these steps to make the placement:

- Call the foster parent to make arrangements for the placement.
- Gather applicable documents and materials in the Placement Portfolio, as specified above.
- Make provisions for the child's special needs; e.g., special equipment or medical services.
- Obtain a copy of the child's medical records, if available.
- Bring the Portfolio documents, records and materials to the foster parent, including two (2) completed copies of the DCF-469 for signature. Information that is not available at the time of placement must be supplied to the foster parent within thirty (30) days of the date of placement.
- Review the information on the DCF-469 and other documents in the Portfolio with the foster parent, emphasizing
  - the confidentiality of the child's information
  - the importance of updating the DCF-469 as new information becomes available. Both the foster parent and the child's worker are responsible for communicating new information to each other.
  - how to use and maintain the health forms in the Placement Portfolio.
- Sign, and have the foster parent sign, both copies of the DCF-469. Leave one copy with the foster parent and file the other in the child's case record. Important: The DCF-469 serves as the board and care agreement.
- Notify the matcher of the disposition of the placement by e-mail on or by the next working day. If the placement did not occur, specify the reason.
- Complete the LINK placement and payment screens.

#### Cross-References:

- See related policies regarding foster care placements in Section 36-55.
- For policies specific to Therapeutic Foster Care, see 41-5-1 through 41-5-5.
- For policies specific to Children with Complex Medical Needs, see 41-7-1 through 41-7-8.

For policies specific to Health Care Standards, see Chapter 44.

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