



Child and Family Services

DEFINITION

The Child and Family Services Standards reflect an essential array of services intended to ensure the safety, permanency, and well-being of children and promote the stability and resiliency of families. Agency functions typically include the following:

- Reports of suspected child maltreatment are received, screened, and investigated or assessed.
- When a case is opened and children are able to remain at home with their families, the agency monitors the safety of children and helps parents stabilize their families and fulfill their parental roles and responsibilities.
- When necessary, the agency separates children from their families as a protective intervention, and arranges for appropriate out-of-home care. Out-of-home care settings include:
 - Family foster care, which is provided by foster parents who volunteer to bring children into their families and give them opportunities for family and community living. Foster parents always care for children in the custody of the agency.
 - Kinship care, which is the full-time care of children by relatives, members of tribes or clans, or anyone to whom a family relationship is ascribed. Kinship caregivers may provide care through arrangements made privately or informally in the family, or through arrangements made with the involvement and oversight of the agency. In some jurisdictions or circumstances kin may serve as foster parents.
 - Treatment foster care, which provides a therapeutic family environment and intensive clinical services for children whose medical, developmental, or psychiatric needs cannot be met by their families or in traditional family foster care. With the support of a multidisciplinary treatment team, specially trained foster parents provide nurturing care and treatment-based intervention.
 - Residential treatment settings, when children are in need of short- or long-term structured medical or behavioral/mental health treatment and no other appropriate and more family-like setting is possible.
- While children are separated from their homes and families, the agency provides services, supports, and monitoring to ensure that children's needs are met, and facilitate family reunification and stability.
- When children are separated from their families and reunification is no longer an option, the agency collaborates with children, their families, and resource families to facilitate permanency through adoption or guardianship.

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Research Note: *The disproportional representation of some groups of children and families of color within the child welfare system, and the disparity in service delivery and outcomes for children and families depending on racial and ethnic group membership, has been well documented. Research conducted by the federal government identified at least four contributing factors to the overrepresentation of certain groups of children of color in child welfare: poverty, racial bias, inadequate access to services, and challenges in finding permanent families. Analyzing policies, procedures, and practices through a racial equity lens has been identified as an important step for addressing disproportionality and reducing disparities. A racial equity lens focuses on how race and ethnicity shape access to resources, treatment, and experiences with power, from a contemporary and historical perspective.*

Research Note: *As referenced throughout this section of standards, the Indian Child Welfare Act (ICWA) provides a set of "minimum federal standards" which govern child welfare proceedings involving American Indian and Alaska Native children in child welfare systems. Updates to the federal regulations and guidelines were made in 2016 and went into effect for all child custody proceedings initiated on or after December 12, 2016, irrespective of any previously initiated proceedings. Agencies must have established procedures for determining if children have American Indian or Alaska Native heritage and are members or eligible for membership in a federally recognized tribe, and determine their role in the context of tribal-state child welfare agreements, ICWA, and any relevant state laws pertaining specifically to American Indian or Alaska Native child welfare.*

Agencies should be familiar with the relevant legal requirements of ICWA and all policies, procedures, and agency documentation should be designed to ensure compliance. ICWA requires the inclusion of tribal representatives throughout all aspects of service delivery, including, but not limited to, assessment, service planning, permanency planning, case closing, and aftercare. Specific practice standards reflect the stages of practice that require deferment to tribal jurisdiction or collaboration with tribal representatives.

While collaboration with federally recognized tribes is required by ICWA, agencies should reach out to tribal representatives when children have heritage in tribes that are not federally recognized as well. Tribes and Indian agencies serve as an important resource to local child welfare agencies and agencies working with American Indian and Alaska Native children. Tribes can facilitate children's connections to their culture and tribal government,

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inform families and agencies of culturally relevant services available to children, act as an advocate for American Indian and Alaska Native children and their families, and provide ongoing support and information as case plans are created and permanency goals are set. Actively seeking tribal involvement is particularly essential when children's tribes do not have the infrastructure to participate formally in the court case or when the tribes are geographically distant from the children's families or homes and their participation is somewhat limited.

Working with tribal families also requires agencies to have a basic understanding of the historic treatment of American Indian and Alaska Native children and families by child welfare systems. This treatment has left many Native families and communities to struggle with intergenerational and historical trauma that must be considered in assessment, planning, service delivery, and aftercare. Agencies should be mindful that interventions adopted for the broader child welfare population, including evidence-based practices, may be ineffective or harmful to American Indian and Alaska Native children and families, and instead identify culturally-appropriate interventions that have been demonstrated to be effective for the population served.

Research Note: *The importance of providing trauma-informed care is reinforced by a growing body of research on the impact of adverse childhood experiences and a federal policy focus that compels child and family-serving systems to ensure children's social and emotional well-being.*

A national network of providers, researchers, and families working collaboratively to raise the standard of care has defined a trauma-informed child and family-serving system as one in which all programs:

- a. routinely screen for trauma exposure and related symptoms;*
- b. use culturally appropriate and evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;*
- c. make resources available to children, families, and providers on trauma exposure, its impact, and treatment;*
- d. engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;*
- e. address parent and caregiver trauma and its impact on the family system;*
- f. emphasize continuity of care and collaboration across child-serving systems; and*
- g. maintain an environment of care for staff that addresses, minimizes, and*

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treats secondary traumatic stress, and increases staff resilience.

Note: *The Child and Family Services (PA-CFS) standards were released in August 2016 as part of COA's release of new Standards for Public Agencies. For more information, please refer to the [CFS Standards Update Summary - Public](#).*

Note: *The following definitions apply throughout this section of standards:*

- *The term "children" includes infants, toddlers, school-age children, and youth, including youth in care after age eighteen. The term "youth" is used only when standards refer directly to services for older children, generally fourteen years old and up.*
- *The terms "parent" and "family" typically refer to a child's biological parents and/or family of origin, but can also refer to anyone who is the child's guardian or primary caregiver prior to agency involvement. For example, while core concepts addressing "Services for Parents" and "Family Reunification" are typically for birth parents, they can also be applicable to other primary caregivers from whom the child was separated due to maltreatment concerns. "Parent" and "family" are also used to refer to adoptive parents and families and legal guardians in the core concepts that refer to expectations and supports for these families. However, the term "family" is typically not intended to include "resource families," which are defined separately below, except when referencing the extended family that may include related kinship caregivers.*
- *The terms "resource parent" and "resource family" refer to foster parents, kinship caregivers, and treatment foster parents, as well as prospective adoptive parents and guardians. When standards address practice requirements relevant only to certain sub-groups of resource parents (e.g., kinship caregivers, or treatment foster parents), this is indicated in the language of the standard.*
- *The terms "American Indian and Alaska Native", "Indian", and "Native" are used interchangeably throughout the standards to refer to children or families who are members of federally recognized tribes and protected under the Indian Child Welfare Act as well as to agencies or organizations that belong to or advocate on behalf of tribes.*

Note: *Please note that all Administration and Management Standards and Service Delivery Administration Standards that are applicable to foster parents specifically reference foster parents within the standard. If foster parents are not specifically addressed in a standard, it does not apply to them.*

Note: *The PA-CFS standards reflect public agencies' responsibility for ensuring that the safety, permanency, and well-being needs of children and*

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families with open cases are met in relation to services provided, whether directly or by contracted service providers.

Note: Please see [CFS Reference List](#) for a list of resources that informed the development of this standard.

Table of Evidence

Self-Study Evidence

- Provide an individual overview of each program or service area being accredited under this section. The overview should describe:
 - a. the approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs or service areas.
- A demographic profile of children and families served by the programs or service areas being reviewed under this service section, with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. presence of mental health and emotional/behavioral conditions;
 - e. medical conditions;
 - f. major religious groups; and
 - g. major language groups.
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month.
- A list of any programs or service areas that were opened, merged

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with other programs or services, or closed.

- A list or description of outcomes and outputs being measured.
- Reports of Suspected Child Maltreatment Data Sheet - Private, Public
- Family Foster Care and Kinship Care Data Sheet - Private, Public, Canadian, Network (required only for Family Foster Care programs)
- Adoption Data Sheet - Private, Public, Canadian, Network
- Guardianship Data Sheet - Private, Public

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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PA-CFS 1: Service Philosophy

The agency's work with children and families is guided by a service philosophy or practice model that is the basis for a program or logic model that establishes how program activities, outputs, and outcomes will lead to positive outcomes for children and families, and:

- a. emphasizes the importance of safety, permanency, and well-being;
- b. reflects the input of children, families, resource families, and community partners;
- c. is grounded in the social and cultural contexts of the communities it serves;
- d. is based on the best available evidence of practice effectiveness; and
- e. is understood and embraced by personnel and informs all aspects of practice, including policies, procedures, and partnerships with children, families, resource families, and collaborating providers.

Related: PA-PQI 2

Interpretation: *A program or logic model can be a useful tool to help personnel think systematically about how the agency can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes. The agency should also strive to establish advisory committees comprised of youth, birth families, kinship caregivers, and foster and adoptive families who can provide input regarding the agency and its approach to service.*

Research Note: *Many child welfare systems are implementing a practice model approach for service delivery, in their efforts to sustain system reform and practice change. A practice model links the agency's mission, practice principles, and standards of professional practice with the strategies, methods, and tools needed to integrate these into daily work. It should be prescriptive as to how services are provided, based on the agency's policy and procedure, but allow enough flexibility to support individualized, family-centered practice. A practice model is intended to be shared with all personnel and stakeholders, so the system can work to provide congruent and coordinated services.*

Note: *As noted in PA-PQI 2.03, stakeholder involvement is crucial to the agency's ability to achieve its mission and ensure public trust. See PA-PQI 2.03 for more information regarding stakeholder engagement.*

Rating Indicators

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1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Service philosophy or practice model
- Program or logic model

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On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents

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PA-CFS 2: Collaboration and Partnerships

The agency takes a comprehensive, community-based approach that:

- a. ensures awareness and accessibility of available services;
- b. facilitates information sharing both within the agency and across the service delivery system;
- c. meets the needs of local communities' children and families;
- d. supports the agency's partners in their work with children and families;
and
- e. promotes safety, permanency, and well-being.

Related: PA-AM 5, PA-AM 6

Interpretation: *Emerging trends in child welfare point to the need to look at issues such as unregulated custody transfer and child trafficking. The agency should partner with other organizations and agencies to educate them about these trends, encourage them to bring families at risk to the agency's attention, and coordinate with other providers in the community to meet families' needs.*

Note: *For additional expectations regarding community collaboration and partnerships please see PA-AM 6: "Service Array and Resource Development," and PA-AM 5: "Community and Provider Engagement." See PA-CFS 5.10 for expectations when the agency collaborates with law enforcement or other parties to respond to allegations of child maltreatment.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agency performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or

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- Service quality or agency's functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- A description of:
 - Community outreach and education efforts
 - Collaboration and partnerships with other service providers and systems
- Procedures for:
 - Collaborating with other service providers and systems, including for information sharing
 - Sharing information internally
- Guidelines for how workers are provided with up-to-date information about community services
- Minutes from meetings with other service providers and systems, if available
- Local community resource and referral list(s)
- Training curricula for educating personnel on other agencies and systems

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On-Site Evidence

- Community outreach materials
- Contracts or service agreements, when applicable

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
- Review case records

PA-CFS 2.01

The agency conducts ongoing outreach within local communities to ensure awareness of:

- a. the role and responsibilities of the agency;
- b. the range of services offered to children and families at risk of abuse or neglect, and how to access them;
- c. how to recognize and report cases of suspected child abuse and neglect;
- d. the needs of children, families, and resource families;
- e. the critical and valuable role that resource parents have; and
- f. how to become a resource parent.

Interpretation: *Regarding element (c), outreach should include education about: (1) state statutes and agency guidelines related to child maltreatment, and the types of cases that should be reported to child protective services; (2) the type of information needed in a report; and (3) how to file a report. Some agencies may also find it beneficial to incorporate a cultural awareness approach and include guidance designed to assist potential reporters in distinguishing neglect from poverty.*

Note: See PA-CFS 2.3 for more information on resource family recruitment.

PA-CFS 2.02

The agency promotes the delivery and coordination of services across systems by:

- a. facilitating timely and consistent referrals for assessments and services;
- b. helping family members navigate systems and access needed services;
- c. coordinating service planning with the other organizations and agencies involved with children and families;

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- d. communicating with other involved service providers and systems in a regular and timely manner to share information and monitor service participation and progress; and
- e. facilitating connections to services and systems that provide follow-up care, as needed.

Related: PA-CR 2, PA-AM 5

Interpretation: *Other involved organizations, agencies, and systems may include, but are not limited to: health and mental health providers; substance use treatment providers; domestic violence advocates; educational institutions; and the judicial system, including both state and tribal courts. Providers will ideally develop and work off of a single service plan, and personnel should follow formal procedures for working with partners to share relevant information and coordinate service planning. While communication among providers is always important, it will be especially critical when providers work with family members regarding specific issues that may impact safety, such as substance use, mental health, and domestic violence.*

Research Note: *Effective collaboration can support efforts to arrange and coordinate needed services across systems, ensure that service expectations are not competing or overwhelming, monitor progress, and make better decisions.*

Note: *See PA-CR 2 for more information on releasing confidential information to third parties, PA-CFS 8 for more information on service planning, PA-CFS 9 for more information on case review, PA-CFS 16 for more information on educational collaboration, and PA-CFS 18 for more information regarding the coordination of health and mental health services. See PA-AM 5 for more information regarding collaboration with the court.*

PA-CFS 2.03

Agency personnel work cooperatively and follow formal procedures for sharing relevant information about a case internally:

- a. when different workers are responsible for different components of service; and
- b. when responsibility for the case is transferred to a different worker.

Interpretation: *Agency personnel should share information to facilitate case continuity and ensure that the needs of children, families, and resource families (or residential treatment providers) are met. For example, the information collected by licensing workers during resource parent*

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assessments should be shared with caseworkers and inform ongoing work with children and resource families, and caseworkers' ongoing work with children and resource families should be considered when updating resource family assessments and conducting annual reviews of strengths, needs, and performance. Similarly, workers arranging adoptions should access all relevant information about both children and prospective matches when identifying families that will develop lifelong relationships with the children.

PA-CFS 2.04

In an effort to ensure that children and families can be connected with needed services and supports:

- a. workers have access to comprehensive, up-to-date information about culturally-relevant community services; and
- b. the agency partners with other organizations and agencies to encourage the development of needed resources when existing services are lacking or inadequate.

Related: PA-AM 6

PA-CFS 2.05

The agency supports the development of a comprehensive, cohesive, and integrated service system by:

- a. educating personnel about other organizations, agencies, and systems working with children and families; and
- b. educating other organizations, agencies, and systems about the child welfare system and the needs of children and families it serves.

Interpretation: *Education should be designed to promote a better understanding of different organizations' and agencies' roles, responsibilities, perspectives, goals, experiences, and limits, as well as the needs of both the children and parents served by those organizations and agencies.*

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PA-CFS 3: Promoting Family Engagement

Personnel partner with families to build strong working relationships that facilitate productive service delivery and support the achievement of positive outcomes.

Interpretation: *Given the tendency to overlook fathers, it is important to note that the standards in this core concept are intended to apply to both custodial and non-custodial fathers as well as other family members.*

Research Note: *Given the involuntary nature of service and the inherent power imbalance between families and agencies, forming a productive working relationship may prove challenging. Nevertheless, literature consistently emphasizes the importance of developing an effective partnership, noting that a strong relationship may encourage families to share more information with workers, which may in turn enable workers to make better decisions and connect family members with needed services and supports. Similarly, when parents have trusting relationships with their caseworkers they may be more likely to accept workers' views and input about the challenges and needs to be addressed, and be more invested in participating in services and achieving service plan goals. Engagement should begin the moment that any family member first comes into contact with the agency.*

Note: *In addition to individual family engagement, establishing advisory committees comprised of youth and families who have received or are receiving services, as addressed in PA-CFS 1, can support active consumer engagement in agency planning and service design.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted;

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however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- A description of strategies for engaging families in:
 - Initial assessment/ investigation
 - Safety planning
 - Assessment
 - Service planning
 - Service provision
 - Permanency planning
 - Ongoing assessment and case review
 - Reunification planning
 - Case closing
- Training curriculum preparing personnel to work with families
- Family satisfaction survey data

On-Site Evidence

No On-Site Evidence

On-Site Activities

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- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
- Review case records

PA-CFS 3.01

All family members are treated with courtesy and respect, and personnel demonstrate responsiveness to differences across cultural domains.

Interpretation: *As noted in the COA Glossary, elements of culture may include, but are not limited to: age, ethnicity, gender identity, geographic location, language, political status, immigration/refugee history and status, race, sexual orientation, tribal affiliation, religion, and socioeconomic status. The agency should have specific culturally-responsive strategies for promoting engagement with children, families, and their support systems through all stages of the intervention. Taking a culturally-responsive approach involves recognizing and valuing the varying sociocultural histories of families, taking the time to learn about families' lived experiences, acknowledging one's own culturally-based beliefs and norms, and adapting casework practice and service delivery to be responsive to differences.*

PA-CFS 3.02

Personnel demonstrate a commitment to engaging families and make concerted efforts to build productive partnerships with family members.

Interpretation: *Training and supervision should support, and family satisfaction survey data and families' self reporting should demonstrate, that personnel:*

- *are honest, predictable, and dependable in their interactions with families;*
- *expect that families want the best for their children and emphasize that the agency and family share a common goal of keeping children safe;*
- *listen to feelings and concerns without judging, criticizing, shaming, blaming, or arguing, and demonstrate empathy and concern for all family members;*
- *understand and acknowledge that families may be fearful of the power that the agency and worker have to intervene, and that the agency's*

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impact on a family can be life-changing;

- *recognize that family members may exhibit anger, avoidance, apathy, or resistance as a result of agency involvement and their own personal histories of adverse experiences or trauma, and address family members' reactions in an appropriate manner; and*
- *ensure that interactions with family members are sensitive and responsive to any history of adverse experiences or trauma.*

Given that so many of the families involved with the child welfare system have been impacted by trauma, the agency should assume the presence of trauma, and adopt a trauma-sensitive approach to engagement. Workers should be aware that interacting with the child welfare system and individuals in a position of power can be a trauma reminder for parents, and should recognize that challenging behaviors such as anger, apathy, or non-compliance may actually be a defensive or protective reaction to the involvement of the child welfare system.

Research Note: *Many parents involved with the child welfare system have unmet trauma needs that can both compromise their ability to care for their children and negatively impact their ability to work with caseworkers and meet the demands of the child welfare system.*

Note: *See also PA-CFS 7.04, 7.05, 10.08, 11.04, and 16 for additional information regarding the importance of providing trauma-informed care.*

PA-CFS 3.03

Personnel engage children and families as active partners in all aspects of assessment, planning, service delivery, and case review, and promote commitment to services by:

- a. providing clear and comprehensible information that enables family members, according to their abilities, to understand the agency's role, processes, concerns, and expectations, and how their cases are progressing, at all points in the process;
- b. seeking and valuing family members' input and perspectives regarding their experiences, strengths, risks, and needs, including their ideas for promoting safety;
- c. building upon strengths and successes in empowering families to prevent child maltreatment; and
- d. offering choices that respect the role of parents in the lives of their children and help family members retain a sense of control.

Interpretation: *It is essential that personnel be clear and transparent with parents regarding the service goals they are expected to achieve, including when changes in circumstances prompt revisions to service goals or plans.*

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Note: Please note that the importance of engaging children and families in all aspects of assessment, safety planning, service and permanency planning, service delivery, and case review is integrated throughout this section of standards. See PA-CFS 7 and 8 for more information regarding strengths-based assessment and service planning.

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PA-CFS 4: Screening

Reports of child maltreatment are screened and evaluated in a prompt and consistent manner.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

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Table of Evidence

Self-Study Evidence

- A description of the access line and how it is publicized
- Procedures for:
 - a. Screening
 - b. Identification of children with American Indian/Alaska Native heritage
 - c. Collaboration with tribes on ICWA cases
- Tools/criteria for decision-making
- Coverage schedule for personnel that screen reports, for previous quarter
- ICWA information provided to families

On-Site Evidence

- Copies of tribal-state agreements, when applicable

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
- Review case records

(FP) PA-CFS 4.01

The agency maintains a well-publicized, 24-hour access line to receive reports of suspected abuse and neglect.

Interpretation: *The agency must keep the community informed about how to report suspected abuse and neglect, as noted in PA-CFS 2.01, including in jurisdictions where police have the initial responsibility to respond to reports. When multiple access numbers are used the agency should provide a clear description of the appropriate means of reporting.*

(FP) PA-CFS 4.02

When a report of suspected abuse or neglect is received, the agency obtains:

- a. information needed to identify and locate the child and family;
- b. an account of the alleged maltreatment;
- c. a description of the child, including condition, behavior, and functioning;

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- d. a description of the alleged perpetrator, including condition, behavior, functioning, and history;
- e. a description of the family as a whole, including family members, dynamics, functioning, and supports; and
- f. information regarding any other safety concerns or hazards.

Interpretation: *The description of the alleged perpetrator and the family should include attention to both general parenting skills and disciplinary practices, as well as any presence or history of domestic violence.*

PA-CFS 4.03

Reporters of abuse and neglect are informed about:

- a. the agency's responsibilities, including protection of reporters' identities;
- b. the process for screening and investigation;
- c. whether reporters can have any ongoing role in the screening or investigation process; and
- d. the result of the screening or investigation, unless prohibited by law or court order.

Interpretation: *Procedures for informing reporters about the result of the screening or investigation may vary. For example, while some jurisdictions may require active follow-up with reporters, others may expect reporters to call back to the hotline if they wish to find out about the results of the process.*

(FP) PA-CFS 4.04

Within 24 hours of receiving a report, standardized decision-making criteria and supervisory/clinical consultation are used to determine if a report meets the state's statutory definition of child maltreatment, and if it will be:

- a. accepted for agency response;
- b. screened out; and/or
- c. reported to other authorities.

Interpretation: *The agency should ensure it has appropriate staffing to meet these timeframes.*

Interpretation: *States should examine existing statutory definitions of child abuse, neglect, and/or abandonment to identify if and how unregulated custody transfer fits within established definitions, and ensure that staff*

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understand how to apply those protocols to cases of unregulated custody transfer, as appropriate.

Note: *Some agencies may establish differential response systems whereby they employ two different pathways for responding to reports of child abuse and neglect based on the severity of the allegation - a traditional "investigation" track for more serious maltreatment allegations, or an alternative "assessment" track for lower-risk cases.*

(FP) PA-CFS 4.05

When reports are accepted for CPS response, standardized decision-making criteria are used to establish how quickly the agency should respond to the referral, based on the family's situation and the nature of the alleged maltreatment.

Interpretation: *As with PA-CFS 4.04, supervisory personnel should be involved in the determination of response time.*

Note: *See PA-CFS 5.01 for more information regarding timeframes for agency response.*

(FP) PA-CFS 4.06

The agency identifies American Indian and Alaska Native children during screening and has a process to ensure outreach and collaboration with the tribe or Indian agency to:

- a. determine jurisdiction;
- b. ensure compliance with the Indian Child Welfare Act;
- c. provide families with information regarding their rights under the Indian Child Welfare Act;
- d. participate in assessment and service planning to determine the most appropriate plans for children and families; and
- e. maintain connections between children, their extended family, and their tribes.

Interpretation: *The agency should have established procedures for identifying American Indian and Alaska Native children to determine if the child or his/her biological parent(s) are members of a federally recognized tribe, or if the child is eligible for membership in a federally recognized tribe. Physical appearance, blood quantum, and perceived presence or absence of cultural cues within the family are not appropriate determinants of ICWA applicability. The agency should document efforts to identify and contact*

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children's tribes and if tribes are unknown the agency should contact the regional office of the Bureau of Indian Affairs to identify, locate, and notify the child's tribe. Notification procedures must meet the requirements specified in the Indian Child Welfare Act and the Indian Child Protection and Family Violence Prevention Act.

Research Note: *Early identification of American Indian and Alaska Native children is critical to ensuring that the requirements of ICWA are followed from the beginning of the case and preventing harmful placement delays or disruptions later in the proceedings. To facilitate accurate determinations of tribal membership, agencies should provide tribes with: parents' genograms or family ancestry charts; parents' maiden, married, and other known former names or aliases; parents' current and former addresses; and parents' places of birth and birthdates.*

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PA-CFS 5: Initial Assessment of Safety and Risk

An initial assessment or investigation allows the agency to evaluate safety and risks, and determine whether ongoing efforts are needed to protect children and strengthen families.

Interpretation: *The agency should refer to tribal-state agreements, the Indian Child Welfare Act, and the Indian Child Protection and Family Violence Prevention Act to determine investigative roles and responsibilities, and to ensure the investigation or assessment complies with all necessary legal requirements and includes tribal participation if provided for by protocol or agreement.*

Note: *While most agencies will complete "investigations," the standards in this core concept can typically also apply when an agency employs a differential response system and assigns some cases to an alternative "assessment" track rather than to a traditional "investigation" track.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur

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regularly, or practices are implemented in a cursory or haphazard manner.Â

- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
- Please see [Rating Guidance](#) for additional rating examples.Â*

Table of Evidence

Self-Study Evidence

- Procedures for initial assessment/investigation, including for collaborating with other parties
- Tools/criteria for:
 - a. Safety assessment
 - b. Risk assessment
 - c. Decision-making
- Information about rights and responsibilities provided to parents
- Information provided to children
- Data on the timeliness of initial visits, for previous quarter

On-Site Evidence

- Collaborative agreements or contracts, when applicable

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
- Review case records

(FP) PA-CFS 5.01

Every child determined during screening to be in imminent danger is seen immediately, and in all other cases children are seen within a timeframe intended to ensure their safety.

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Interpretation: *Generally, in all other cases an initial visit should occur within 72 hours. In some cases authority to make an initial in-person visit may be delegated to other professionals, such as law enforcement officials. When contact is delegated child protection personnel should provide appropriate follow-up.*

(FP) PA-CFS 5.02

At the first meeting parents are helped to understand:

- a. their rights and responsibilities;
- b. the allegations under investigation;
- c. the role of agency personnel and any other involved providers; and
- d. the assessment or investigation process, including how safety and risk will be evaluated, and how it is determined whether a case will be opened or closed.

Related: PA-CR 1.01

Research Note: *As noted in PA-CFS 3, initial contact is the first opportunity for effective family engagement. Some literature emphasizes that providing caregivers with information may help to alleviate distrust and improve the relationship between the agency and the family.*

(FP) PA-CFS 5.03

At the outset and conclusion of the assessment/investigation the agency conducts a systematic assessment of potential safety threats to determine whether children are in imminent danger of serious harm.

Interpretation: *An assessment of safety will typically consider threats of danger in the family, children's vulnerability to those threats, and caregivers' capacity to protect the children from threats. When children are vulnerable to a threat and caregivers are unable or unwilling to protect the children, the children are considered unsafe. In contrast, vulnerable children are considered safe when no threats of danger exist, or when caregivers are capable of controlling or managing any threats that do exist.*

Note: *When the assessment indicates children are in imminent danger of serious harm, the agency should immediately develop a safety plan, as addressed in PA-CFS 6.*

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(FP) PA-CFS 5.04

A systematic assessment of family risks and protective factors enables the agency to determine the likelihood that children will be abused or neglected in the future.

Interpretation: *Please note that "risk," as addressed in this standard, is considered to be distinct from "safety," as addressed in PA-CFS 5.03 above. Whereas safety is the danger of serious harm in the short-term, risk represents the likelihood of future harm. Accordingly, while safety concerns require immediate response to ensure that children are protected, risk of future harm can be addressed over time with services designed to promote long-term change.*

Research Note: *Some research suggests that clinical judgments of risk can vary, and points to the promise of using actuarial risk assessment tools to help estimate risk of future maltreatment. For example, the Structured Decision Making model utilizes a risk assessment tool that classifies families as having a "high," "medium," or "low" risk of future maltreatment based on research exploring the relationship between family characteristics and child welfare case outcomes. The model's developers also note that knowing families' risk levels can help agencies to target resources to the families most in need of service.*

(FP) PA-CFS 5.05

The process for initial assessment or investigation includes:

- a. visiting the family's home;
- b. conducting separate, individual interviews with all family members, including both the alleged victim and perpetrator of the maltreatment, as well as any other children and adults living in, or frequent visitors to, the home;
- c. observing family members and their interactions; and
- d. observing the physical status of the family's home.

Interpretation: *Each individual should be interviewed separately, and although extenuating circumstances may occur, interviews should ideally be conducted in the following order: (1) the alleged victim of the maltreatment; (2) any other children in the home; (3) the non-maltreating adults; and (4) the alleged perpetrator of the maltreatment. When interviewing young children the agency should utilize age appropriate tools and techniques in*

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an effort to minimize both potential suggestibility and the trauma of the process.

Interpretation: *When the alleged abuse or neglect occurs outside the home, the investigator should also visit that location during the initial assessment or investigation.*

Research Note: *The family can play an important role in identifying and exploring risk and safety issues, and literature points to the importance of obtaining family members' input and perspectives, listening carefully to their experiences, and demonstrating sensitivity and empathy to both their life experiences and anxiety related to CPS involvement. As noted in the Interpretation above, specialized tools may need to be used to involve and obtain the input of children. For example, one highly-regarded tool helps workers to engage with children by asking them to draw three different "houses": (1) a "house of worries" that includes everything that concerns the child; (2) a "house of good things" that includes everything that helps the child feel safe and strong; and (3) a "house of dreams" that includes everything the child would like to see happen.*

PA-CFS 5.06

Children are provided with age and developmentally appropriate information about circumstances and events that led to the involvement of the child welfare system.

Interpretation: *The agency should provide children with age and developmentally appropriate information regarding child welfare involvement in an effort to help children correct distorted perceptions and reduce self-blame. Given that children may be in a shocked or agitated state at the time of the initial assessment/investigation, information should be repeated as needed, and provided in writing when appropriate to the age and developmental level of the child.*

PA-CFS 5.07

Information is gathered from other sources that may be able to provide insight regarding factors related to risk and safety, as appropriate and in accordance with any applicable legal requirements.

Interpretation: *Other sources may include, but are not limited to, the following: service providers such as medical personnel, mental health personnel, teachers, day care providers, and domestic violence experts;*

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neighbors; and extended family members. This includes both sources that are familiar with the family as well as providers such as medical or mental health practitioners who may conduct their own evaluations related to the alleged maltreatment.

PA-CFS 5.08

The process for initial assessment or investigation minimizes duplication of effort and, thereby, reduces trauma to children and families.

Note: See also PA-CFS 3: "Promoting Family Engagement," PA-CFS 7: "Comprehensive Family Assessment," PA-CFS 10: "Services for Parents," PA-CFS 11: "Services for Children Receiving In-Home Services," PA-CFS 16: "Supports and Services for Children in Out-of-Home Care," and PA-CFS 18: "Physical and Mental Healthcare for Children in Out-of-Home Care" regarding the importance of trauma-informed practice.

(FP) PA-CFS 5.09

Standardized decision-making protocols are used to consider the results of risk and safety assessments and determine whether to:

- a. close a case;
- b. close and refer a case to community providers; or
- c. open a case for ongoing services.

Interpretation: *In an effort to stabilize families and prevent child maltreatment before it occurs, some agencies may refer families to preventive community services even when they determine it is not necessary to open a case for agency services. When a case involves an American Indian or Alaska Native child, services offered by the tribe or local Indian organization should be considered and prioritized when closing and referring the case to community providers.*

Research Note: *Although criteria regarding when to open a case may vary from system to system, some literature suggests that cases should be opened when risk is classified as high or when unresolved safety concerns remain.*

Note: *When a case is opened for ongoing services, risk level should also inform the intensity of monitoring and services provided. See PA-CFS 15: "Worker Contact and Monitoring" for more information.*

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PA-CFS 5.10

When the agency collaborates with law enforcement or other parties to respond to allegations of child maltreatment:

- a. roles and responsibilities are clearly defined; and
- b. information is shared between parties as appropriate and in accordance with applicable law and regulation.

Related: PA-CR 2

Note: See *PA-CR 2* for more information on releasing confidential information to third parties.

PA-CFS 5.11

When assessment or investigation reveals that an initial maltreatment report was deliberately and maliciously filed by a person who knew the allegation to be false, the agency:

- a. tracks the incident; and
- b. refers the incident to relevant authorities for further investigation and follow-up, as appropriate.

Related: PA-PQI 4, PA-PQI 6

Interpretation: *False reporting may be especially prevalent in situations involving domestic violence or custody battles between divorcing spouses.*

Research Note: *In an effort to prevent reporting for purposes of harassment, many states impose penalties against people who willfully and maliciously file reports they know to be false.*

PA-CFS 5.12

Initial assessments and investigations are initiated and completed in a timely manner and at least within forty-five days, in accordance with agency policy and procedure, which outline:

- a. timeframes for initiating, conducting, and completing assessments/investigations; and
- b. weekly milestones and deliverables in the assessment/investigation process, including which components are to be completed within thirty days.

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PA-CFS 6: Safety Planning

When children are unsafe at home with their families, the agency immediately institutes plans to protect them.

Interpretation: *When children are determined to be unsafe during the initial assessment, safety planning may happen prior to the initial assessment of risk in order to ensure that children are protected while the investigation proceeds. Plans may also be developed later if safety threats are discovered during the course of service provision. When children have been separated from their families in order to provide safety, the agency can subsequently develop safety plans to facilitate reunification even if ongoing services to reduce risk are still necessary.*

Note: See PA-CFS 12 for more information regarding the steps to be taken when safety plans call for children to be separated from their families and connected to out-of-home care.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard

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manner.Â

- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Procedures for safety planning
- Safety plan template

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
- Review case records

(FP) PA-CFS 6.01

When assessments indicate that children are in imminent danger of serious harm, the agency immediately develops plans to manage safety threats.

(FP) PA-CFS 6.02

Safety plans:

- a. specify the threats to safety;
- b. identify the people, services, and actions needed to protect children from harm;
- c. clearly establish how the interventions included in the plan will have an

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- immediate impact in controlling any threats of danger to the children;
- d. not rely upon the caregivers who pose the threats to keep the children safe; and
- e. include the potential results or consequences if the plan is not maintained.

Interpretation: *Safety plans may employ in-home safety strategies, out-of-home safety strategies, or a combination of the two. When establishing a plan to keep children safe at home relatives, neighbors, and service providers may be enlisted to check in on and aid the family; children may spend time in day care, after-school care, or respite care; or emergency services to meet basic needs may be provided. For example, if a mother is depressed and cannot take care of her children, the safety plan might enlist an aunt to help the children get ready for school and drop them off at day care, and a grandmother to pick them up from day care and stay with them until bed. An agency might also require an alleged perpetrator to leave the home, or a non-maltreating parent might be supported in moving to a safe environment with the children. Similarly, a safety plan might require children to temporarily stay with a close relative or family friend. At the extreme, children may be separated from their families and connected to out-of-home care. When a case involves an American Indian or Alaska Native child, the child's tribe should be consulted, and resources available through the tribe or local Indian organization should be considered when developing the safety plan.*

Research Note: *Literature emphasizes the importance of distinguishing the safety plan from the service plan, noting that the interventions in the safety plan are intended only to control immediate threats of danger, and are not expected to impact risk of future harm. In contrast, the interventions included in the service plan are intended to promote behavior change that will improve the parent's ability to keep a child safe in the long term, but will not have an immediate impact on controlling danger in the present and thus do not belong in the safety plan.*

PA-CFS 6.03

Plans are designed to control threats in the least intrusive manner, keeping children at home with their families when possible.

Interpretation: *The agency should only place children into out-of-home care when less intrusive strategies are insufficient to protect safety. In determining whether out-of-home placement can be avoided the agency should consider: whether the individuals and providers responsible for providing safety services are available immediately and without the need for*

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assessment; whether the individuals and providers responsible for providing safety services are committed to intervening at the level required to ensure safety; whether parents are willing and able to comply with the safety plan; and the stability of the home environment.

Research Note: *Given that separating children from their families can be traumatic, some literature highlights the promise of using in-home safety plans as an alternative to out-of-home care when such plans are sufficient to ensure safety.*

PA-CFS 6.04

Families are engaged in safety planning and involved in identifying potential safety strategies and resources.

Interpretation: *In an effort to promote family engagement and develop stronger plans, as long as time permits the agency should employ a family teaming model that encourages families to include supportive people of their choice, such as extended family, friends, community members, and service providers, when developing safety plans. If the urgency of the case does not allow the agency to employ a family teaming model when the safety plan is first developed, supportive others should still be involved when plans are reviewed and revised, as addressed in PA-CFS 9.03. It may also be appropriate to involve other organizations or providers in safety planning. For example, families experiencing domestic violence can benefit from safety planning that involves a domestic violence specialist or advocate.*

Note: *See PA-CFS 8.02 for more information regarding family teaming models, and PA-CFS 2.02 for more information regarding collaboration with other service providers.*

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PA-CFS 7: Comprehensive Family Assessment

Children and families are engaged in an individualized, strengths-based, and culturally responsive comprehensive assessment process that guides agency support, services, and permanency planning.

Related: PA-BSM 2, PA-RPM 5

Interpretation: *In addition to gathering comprehensive information, it is also important for the agency to utilize a system for information management that ensures all relevant information is: (1) entered into the agency's computer system, and (2) available and reflected in generated assessment reports. See PA-RPM 5 for more information regarding expectations related to information management and use.*

Note: *As noted in PA-CFS 9, assessment should be ongoing. See PA-CFS 9 for more information regarding expectations for ongoing assessments of strengths, needs, risks, safety, and progress toward goals.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.

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- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Procedures for assessment
- Tools for and/or criteria included in assessment
- Data on the timeliness of assessments, for previous quarter

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
- Review case records

PA-CFS 7.01

The assessment process is designed to:

- a. explore the overall pathway that has led to a family's involvement with the child welfare system, including individual and family functioning over time and any historical factors that have contributed to the concerns identified in the initial assessment of risk and safety; and
- b. determine the specific challenges, processes, and patterns that lead to child maltreatment in a family's daily life.

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PA-CFS 7.02

In order to promote a comprehensive and responsive assessment process:

- a. all immediate family members are engaged in the assessment;
- b. the process includes the child and family's telling of their own story;
- c. the agency makes a diligent attempt to locate absent fathers, as applicable; and
- d. extended family members and other supports are identified and involved whenever possible.

Interpretation: *The assessment process should be adapted based on the characteristics and needs of families, as necessary and appropriate. For example, the process for engaging family members should be adapted to protect the safety of victims of domestic violence, and strategies for family engagement should account for and accommodate the dynamics of family systems and histories, particularly when kin are caring for children. Similarly, when the agency is working with an American Indian or Alaska Native family, tribal representatives or other tribal community members must be involved in the assessment process, as determined by the tribe and the family. Family participation in the assessment process may not be possible when the agency is serving children with limited family involvement or unaccompanied minors, however children should be actively engaged in the process.*

Interpretation: *Given that parents will often be reluctant to tell their own story due to stigma, cultural norms, and concerns that the information they provide will be used against them, parents should have multiple opportunities to tell their story, over time, as trust is gradually established.*

Research Note: *Identifying and engaging fathers, both custodial and non-custodial, is critical to children's well-being and may lead to the discovery of additional extended family resources. Research demonstrates that involved fathers can have an undeniably positive impact on child development. Some strategies for engaging fathers include:*

- *speaking with fathers to assess their needs, the program's father-friendliness, and program accessibility;*
- *understanding factors that impact father involvement, including issues related to culture, economics, and self-esteem;*
- *training personnel on the impact of father involvement, the diversity of fathers' roles within family systems, and ways that fathers may relate to their children;*
- *developing partnerships with community providers that are already accessible to fathers; and*

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- *coordinating dads-only programming and offering multiple ways for fathers to connect with the agency.*

PA-CFS 7.03

A strengths-based and culturally-responsive approach to assessment is undertaken to:

- increase family engagement in the process;
- gain a better understanding of families' experiences;
- learn about times families managed challenging situations successfully; and
- identify competencies and resources family members can utilize and build upon to promote change and reduce the risk of maltreatment.

Interpretation: *Culturally-responsive assessment includes but is not limited to attention to:*

- *age;*
- *developmental level;*
- *ethnicity;*
- *gender identity and expression;*
- *geographic location, including length of time there;*
- *socioeconomic status;*
- *immigration/refugee history and status, including potential eligibility for Special Immigrant Juvenile Status (SIJS) and other immigration-related services;*
- *preferred language;*
- *race;*
- *sexual orientation;*
- *tribal affiliation;*
- *religion; and*
- *cultural values and traditions.*

Research Note: *It may be especially important to identify strengths related to the protective factors that have been shown to support effective parenting and promote child and family well-being, even under stress. Research has shown that protective factors including nurturing and attachment, knowledge of parenting and child and youth development, parental resilience, social connections, and concrete supports for parents are linked to lower incidence of child abuse and neglect.*

Research Note: *When working with undocumented children, it is*

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particularly important that workers assess children for their potential eligibility for Special Immigrant Juvenile Status (SIJS). Minors under 21 years-of-age may be eligible for SIJS if (1) they cannot be reunified with either parent because of abuse, neglect, or abandonment, and (2) it is not in their best interest to be returned to their home country. SIJS allows a child to remain in the United States and eventually obtain lawful permanent residency. It also provides an employment authorization document that allows the child to work and serves as a government-issued identification card.

(FP) PA-CFS 7.04

Assessments explore parents' strengths, needs, and functioning related to the following areas:

- a. family relationships, dynamics, and functioning, including any presence or history of domestic violence;
- b. informal and social supports, including relationships with extended family and community members, as well as connections to community and cultural resources;
- c. trauma exposure and related symptoms;
- d. ability to meet basic financial needs and obtain adequate housing, food, and clothing;
- e. physical health, including any chronic health problems;
- f. emotional stability, including mental health and coping abilities;
- g. substance use;
- h. parenting skills; and
- i. disciplinary practices.

Interpretation: *The assessment should consider individual and family functioning over time, including historical factors that have contributed to the concerns identified in the initial assessments of risk and safety.*

Standardized and evidence-based assessment tools are recommended to inform decision-making in a structured manner and objectively gather data across cases. Tools such as ecomaps and genograms may also help identify extended family and community support systems and facilitate in-depth conversations between workers and families.

Interpretation: *Regarding element (c), the expectation of this standard is that personnel will conduct a screening to identify trauma exposure and reactions, and arrange for a follow-up trauma-focused assessment when needed. Clinical trauma assessment must be provided by appropriately trained clinicians.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

Note: Refer to the *Assessment Matrix - Private, Public, Canadian, Network* for additional assessment criteria. The elements of the matrix can be tailored according to the needs of specific individuals or service design.

(FP) PA-CFS 7.05

Assessments explore children's strengths, needs, and functioning related to the following areas:

- a. physical health, including any chronic health problems;
- b. emotional stability and adjustment;
- c. behavior;
- d. education and cognitive development, including school readiness;
- e. family relationships;
- f. informal and social supports, including relationships with adults and peers in the extended family and community, as well as connections to community and cultural resources;
- g. substance use;
- h. trauma exposure and related symptoms;
- i. gender identity and sexual orientation; and
- j. any history of human trafficking.

Interpretation: *Regarding element (i), when exploring gender identity and sexual orientation personnel should ask open-ended questions that prompt discussion and help establish rapport, as opposed to asking direct questions. Information shared should be used to inform service planning, as well as for matching children with resource families they may be able to join, when appropriate, and should only be included in written plans when children give explicit consent.*

Research Note: *Personnel that conduct assessments should be aware of the indicators of a potential victim of human trafficking. Several tools are available to help identify a potential victim and determine next steps toward an appropriate course of treatment. Examples of these tools include, but are not limited to, the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.*

Note: See also the Interpretations and Note to PA-CFS 7.04.

Note: See PA-CFS 18 for additional information regarding health and mental health screenings and assessments when children are in out-of-home care.

PA-CFS 7.06

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

The assessment process is initiated in a timely manner, and comprehensive assessments are completed by qualified personnel within timeframes established by the agency.

Interpretation: *The comprehensive assessment should be completed within a timeframe that facilitates the development of a service plan within 30 days of the date a case is opened, as addressed in PA-CFS 8.05. When children are separated from their families before the assessment is initiated it will be especially important to initiate the assessment process in a timely manner, ideally within 72 hours of separation.*

Note: *See PA-CFS 18 regarding timeframes for conducting health screenings when children are in out-of-home care.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 8: Service Planning

Service plans are developed in partnership with children and families to establish family goals, clarify the agency's role and responsibilities, and ensure effective implementation of interventions and supports.

Related: PA-BSM 2

Interpretation: *Although service planning will typically build on the assessment process, as noted in PA-CFS 8.03, in some cases, such as when emergency placements occur, the agency may be required to develop an initial service plan before conducting an assessment. In those instances the service plan should be revised based on the results of the assessment once it has been completed.*

Interpretation: *When the case involves an American Indian or Alaska Native child and family, tribal or local American Indian or Alaska Native representatives must be included in the service planning process and culturally relevant resources available through or recommended by the tribe or local Indian agencies should be considered and prioritized when developing the service plan.*

Note: *See also PA-CFS 14 regarding planning for permanency, which occurs in conjunction with service planning when children are in out-of-home care.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Procedures for service planning
- Service plan template

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
- Review case records

(FP) PA-CFS 8.01

Service plans are developed with the full participation of children and families.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

Interpretation: *Service planning is to be conducted so that service recipients retain as much personal responsibility and self-determination as possible and desired. Individuals with disabilities who have limited ability to make independent choices should receive help with making decisions and support to assume more responsibility. Generally, children age 6 and older are to be included in service planning, unless there is clinical justification for not doing so.*

Interpretation: *Processes and protocols for involving family members may need to be adapted based on the specific circumstances of children and families. For example, in cases where the child is a victim of human trafficking, the agency should be aware that the child's parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining appropriate family supports and level of involvement should include the input of the child, as well as child welfare and law enforcement systems. Similarly, procedures should be adapted as needed in cases involving domestic violence to promote safe, healthy, and active participation of all family members. For example, the agency may determine that meetings involving both the perpetrator and the victim/survivor would pose a safety risk or would limit the participation of the victim/survivor and would not be appropriate. Finally, in situations where children have no family involvement, the standard is implemented through demonstrating children's full participation in the development of their service plans.*

PA-CFS 8.02

Service planning is conducted with teams that are chosen by children and families, and include:

- a. supportive people of their choice, such as extended family, friends, and community members;
- b. other service providers; and
- c. resource families or residential treatment providers, when children are in out-of-home care.

Interpretation: *The agency can facilitate participation by, for example, helping arrange transportation or including participants in scheduling decisions.*

Research Note: *Family teaming models (such as Family Group Decision-Making, Family Team Meetings, Family Group Conferencing, and Team Decision Making) have become increasingly prevalent for intentionally collaborating with families and their support networks*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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throughout the child welfare intervention and particularly at crucial decision-making points. The family "team" is the group of people that a family has chosen to support them in meeting their goals and that may provide support identified in the service plan. In addition to parents, children, and siblings, family teams can include:

- *extended family members;*
 - *family friends;*
 - *resource parents;*
 - *service providers already working with a family;*
 - *community members;*
 - *tribal members;*
 - *faith group members; and*
 - *other supportive people identified by the family.*
- Family teaming models have proven to be successful in supporting positive outcomes by helping service providers share power with families, build and incorporate the larger circle of family support, and develop plans that ensure safety and achieve permanency more quickly. Through evaluation studies family teaming has been identified as an effective practice tool for collaborating with kinship families. Similarly, including resource families in the service planning process can ensure more comprehensive service delivery to children, strengthen the network of supports for birth families, and promote resource family retention.*

Note: *As noted in PA-CFS 2.02, service plans should integrate the plans developed by other service providers. Providers will ideally develop and work off of a single service plan.*

PA-CFS 8.03

Service planning builds on the assessment process to explore:

- a. children's and families' short and long-term goals and the desired outcomes when goals are met;
- b. the agency's role in supporting the achievement of desired outcomes and its legal mandates for ensuring children's safety, permanency, and well-being;
- c. strategies to address the needs and challenges that lead to and stem from abuse or neglect, through formal services and informal family and community support;
- d. how to maintain and strengthen family relationships, including while children are not living with their parents;
- e. benefits, cultural relevance, and alternatives to planned services; and
- f. the potential ramifications of non-participation in services.

Interpretation: *When the agency is working with American Indian or Alaska*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Native children and families, tribal representatives should, whenever possible, play an active role in service planning, beyond mere document review.

Interpretation: *Safety concerns for victims of human trafficking often do not end when they enter care. The agency should work with the victim to develop a safety plan that focuses on increasing physical safety by securing needed documents, property, and services; maintaining the youth's location in confidence; and linking efficiently to law enforcement, if needed.*

PA-CFS 8.04

Service plans are individualized, based on permanency goals, and include:

- a. clearly-articulated goals and desired outcomes, as well as the specific tasks and objectives that support their achievement;
- b. services and supports to be provided, by whom, and by when;
- c. timeframes for accomplishing tasks and goals, evaluating progress, and updating plans;
- d. criteria for closing the case, including conditions for return, when applicable; and
- e. the signatures of parents, children, and family teams, whenever possible.

Interpretation: *The contents and goals of service plans will vary from family to family, and over time, based on families' characteristics, circumstances, and permanency goals. It is important that the agency be clear and transparent with parents regarding the goals they are expected to achieve and conditions for return, when applicable. While some agencies may develop one service plan for the family as a whole, others may develop separate plans for parents and children.*

Research Note: *Pointing to the fact that only attending a required service is not sufficient to reduce risk and promote safety, literature on working with parents emphasizes the importance of developing specific goals for behavioral change that target the issues that led to the involvement of the child welfare system, and describe what caregiver behavior will look like when changed. The Solution Based Casework model also highlights the importance of focusing these behaviorally-specific plans on the tasks in everyday life that tend to pose challenges for the family, in order to help the family interrupt the destructive patterns that threaten safety. In order to ensure parents understand what they are responsible for accomplishing, both goals and tasks should also be written in clear and straightforward*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

language.

Research Note: *In many state-subsidized guardianship programs, special needs such as mental health risks, learning disabilities, or behavioral concerns must be identified in the service plan to ensure future service needs will be paid for by the subsidy program.*

Note: *See PA-CFS 20 for required components of treatment plans for Treatment Foster Care Programs.*

PA-CFS 8.05

Service plans are developed within 30 days of the date a case is opened for ongoing services, and the process for service planning is expedited when needed.

Interpretation: *Service plans are not likely to be approved by the court in 30 days, but within this timeframe an initial plan that identifies a family's goals and allows for service identification and referral should be developed. See PA-CFS 14 for more information regarding expectations related to the court-determined permanency plan and planning for permanency, which often occurs in conjunction with service planning.*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 9: Ongoing Assessment and Case Review

Ongoing assessments and evaluations of progress enable the agency to protect children's safety, meet children's and families' needs, and determine when cases can be closed.

Related: PA-BSM 2

Interpretation: *When the agency is working with American Indian or Alaska Native children and families, the tribe or local Indian organization must receive timely notification of case reviews to ensure their involvement, especially when any changes are made to the plan. Phone and video conferencing can be used to facilitate tribal participation. The case review should include an assessment for compliance with the Indian Child Welfare Act.*

Note: *See PA-CFS 14 for more information regarding permanency planning, including evaluations of progress toward permanency and the appropriateness of the permanency goal.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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regularly, or practices are implemented in a cursory or haphazard manner.Â

- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
- Please see [Rating Guidance](#) for additional rating examples.Â*

Table of Evidence

Self-Study Evidence

- Procedures for:
 - a. Ongoing assessment
 - b. Case review

On-Site Evidence

- Regulatory or administrative requirements that define intervals for safety assessments, if applicable

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
- Review case records

(FP) PA-CFS 9.01

Assessment is ongoing and formal re-assessments of strengths, needs, risk, and safety are conducted with families periodically, including:

- a. as part of case reviews;
- b. for decision making processes; and
- c. when children's or families' circumstances change.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Interpretation: *The agency should be in compliance with any regulatory or administrative requirements that define intervals for safety assessments.*

(FP) PA-CFS 9.02

Workers and families regularly:

- a. review and document progress toward the achievement of goals, including family members' perspectives on progress and concerns regarding the case;
- b. identify any barriers to meeting goals; and
- c. make adjustments to service plans as needed, and sign updated plans.

Interpretation: *In addition to involving all immediate family members, children and families should be given the opportunity to include other supportive people of their choice, such as extended family, friends, and community members, in progress reviews. When children are in out-of-home care resource families or residential treatment providers should be involved in progress reviews and sign updated service plans, with the parent's consent when possible, unless parental rights have been terminated.*

Research Note: *Using a solution-focused approach when monitoring and adjusting plans with families supports positive engagement through acknowledging and building on successes, and working from a shared vision, so families can experience monitoring as a mutual process intended to ensure that their goals are met.*

(FP) PA-CFS 9.03

Workers and families regularly:

- a. review any safety concerns that threaten children; and
- b. develop or revise safety plans, as needed.

Interpretation: *Depending on safety threats and family circumstances it may be appropriate to develop or revise an in-home safety plan, or to place a child in out-of-home care. It is also important to note that in-home safety plans are not only useful in preventing the need to separate children from their homes and families - they can also be implemented to allow children in out-of-home care to return to their families when safety concerns can be managed with an in-home plan, even if ongoing services to reduce risk remain necessary. In addition to involving all immediate family members, children and families should be given the opportunity to include other*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

supportive people of their choice, such as extended family, friends, and community members, in reviewing and revising safety plans.

Note: See PA-CFS 6 for more information and requirements related to safety planning.

(FP) PA-CFS 9.04

Workers and supervisors, or case review teams, regularly review cases to assess:

- a. safety concerns and the appropriateness of safety plans;
- b. service plan implementation;
- c. progress toward goals, including permanency goals;
- d. the continuing appropriateness of goals, including permanency goals;
and
- e. visitation/family time plans, as applicable.

Interpretation: *Cases should be reviewed quarterly, or more frequently as needed. For example, more frequent review may be necessary because of decision-making milestones, the involvement of other systems, the frequency and intensity of service provision, or other case-specific factors. When arranging an adoption or guardianship, review should occur weekly for infants and monthly for all other children awaiting adoption or transfer of custody.*

Note: *Workers are also expected to collaborate with other involved service providers to obtain their input regarding service participation and progress, as addressed in PA-CFS 2.02. While communication with providers is always important, it will be especially critical when providers work with family members regarding specific issues that may impact safety, such as substance use, mental health, and domestic violence.*

(FP) PA-CFS 9.05

The agency considers safety, risk, and progress toward goals in making decisions regarding the status of the case, including in determining whether a case can be closed.

Interpretation: *When the permanency goal has been changed to adoption or guardianship, the case will be closed once permanency has been achieved or the youth has transitioned from the system, rather than based on an evaluation of risk and safety.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 10: Services for Parents

Parents receive individualized services and supports that address their needs, increase their capacities for effective parenting, and assist them in stabilizing their families.

Research Note: *There is a growing emphasis in the field on the importance of maintaining children in their homes with their families whenever it is safe to do so. Literature highlights the need to provide preventive, supportive, and in-home services at the 'front end of the system' in order to stabilize and strengthen families before challenges become greater. Furthermore, rather than focusing solely on eliminating risk factors, literature on strengthening families emphasizes the importance of also building on and promoting the development of the protective factors that can mitigate risk and encourage positive functioning, even under stressful or adverse circumstances.*

Research Note: *The Indian Child Welfare Act outlines minimum federal requirements, called active efforts, to prevent unnecessary separation of American Indian/Alaska Native children from their families. The act requires that the agency be able to demonstrate that active efforts were made to preserve families. The difference between reasonable and active efforts is not explicitly defined in the Act but it is generally accepted that active efforts require full engagement with the family, the provision of more intensive remedial and rehabilitative services, and that the caseworker actively assists the family in accessing necessary services from outside resources. Early consultation with the child's tribe is critical to ensuring that a full range of resources have been made available to the family and that active effort requirements are fulfilled. Services offered or recommended by the tribe or local American Indian/Alaska Native organization should be prioritized when working with parents to identify strategies to meet their needs.*

Note: *Please note that this core concept is applicable to both parents whose children remain with them, and parents who have been separated from their children. It also applies when agencies provide in-home services after reunification.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- A description of:
 - a. Services and supports for parents
 - b. Strategies for promoting collaboration between parents and out-of-home care providers
- Procedures for:
 - a. Case management and service coordination
 - b. Referring for and accessing core services, including mental

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

health, substance use, and domestic violence

- Local community resource and referral list(s)

On-Site Evidence

- Contracts or service agreements with community providers for the provision of services to parents

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Parents served
 - d. Resource parents
 - e. Residential treatment providers
- Review case records

PA-CFS 10.01

Parents are connected to culturally-relevant services that help them meet basic needs and stabilize their families, including:

- a. housing referral and assistance;
- b. public benefits and income support, including any assistance needed to obtain food, clothing, and utility services;
- c. child care;
- d. home care and support services, including household management and home health aide services;
- e. medical and dental care;
- f. respite care;
- g. transportation services; and
- h. vocational and educational assistance.

Interpretation: *Given that a referral may not be sufficient to ensure services are received, the agency should also help families navigate different systems and access needed services, and communicate with the other providers to coordinate service planning and share information, as addressed in PA-CFS 2.02.*

Research Note: *Some literature emphasizes that it can be difficult for parents to focus on interventions such as parenting classes if they are still addressing crises in their families, and points to the importance of helping families to meet basic needs before expecting them to make progress toward other goals. Given the importance of targeting services to meet the*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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individual needs of each family, literature also points to the importance of collaborating with other organizations and agencies to ensure ease of entry into a wide range of services, as addressed in PA-CFS 2 and PA-AM 6.

Research Note: *Poverty and child maltreatment, particularly neglect, are inextricably intertwined. Research indicates that poverty can play a major role in many conditions that increase risks to child safety, such as parental stress, inadequate housing and homelessness, lack of basic needs, inadequate supervision, substance abuse, and domestic violence.*

Research Note: *As noted in PA-CFS 14.02, reasonable efforts must be made to support reunification with incarcerated parents unless a court has suspended the need to make such efforts. Accordingly, in addition to helping incarcerated parents maintain relationships with their children and remain involved in their children's care, agencies should also identify needed rehabilitative services, and document when services are not available, in order to demonstrate both reasonable efforts made and the barriers incarcerated parents face in accessing needed services.*

Note: *See PA-CFS 11, 16, 18, 19, and 20 for information regarding services for children.*

PA-CFS 10.02

Families receive intensive services, as needed, from domestic violence, mental health, and substance use treatment specialists.

Interpretation: *Given that a referral may not be sufficient to ensure services are received, the agency should also help families navigate different systems and access needed services, and communicate with the other providers to coordinate service planning and share information, as addressed in PA-CFS 2.02.*

Research Note: *Domestic violence and mental health and substance use conditions present an increased risk of child maltreatment and removal, and can complicate and delay reunification when a child is separated from his or her family.*

Note: *See also PA-CFS 2 and the Research Note to PA-CFS 10.01 regarding the importance of collaborating with other organizations and agencies to ensure the availability of needed services.*

PA-CFS 10.03

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

The agency's practice and any service interventions are designed to target family-specific challenges and help parents:

- a. evaluate the impact of their past experiences on current functioning and parenting practices; and
- b. develop and strengthen the skills they need to manage challenging situations.

Research Note: *The Solution Based Casework model emphasizes the importance of helping families build the skills they need to handle the everyday tasks that result in threats to safety and well-being, from supervising young children, to keeping the home clean and safe, to controlling anger or substance use. Caseworkers partner with parents to identify the situations that pose challenges for the family, develop specific plans of action for dealing with those challenges in ways that reduce risk and promote safety, and celebrate the behavioral changes that occur.*

PA-CFS 10.04

The agency's practice and any service interventions are designed to support parents' increased use of the skills and strategies needed to:

- a. express and regulate emotions;
- b. control impulses;
- c. cope with stress and adversity;
- d. communicate effectively;
- e. make decisions;
- f. resolve conflicts and solve problems;
- g. identify, seek, and access needed services and supports;
- h. increase awareness and mindfulness;
- i. engage in effective self-care; and
- j. manage a home and budget.

PA-CFS 10.05

Parent education and support services promote development of the knowledge and skills needed to:

- a. understand the physical, cognitive, social, and emotional development of children, as well as factors and conditions that can promote or impede healthy development;
- b. provide nurturing care that promotes secure attachment and healthy development;

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- c. provide appropriate supervision and monitoring;
- d. develop appropriate expectations regarding, and techniques for managing, children's behavior;
- e. maintain a safe home environment; and
- f. meet any special needs that children may present.

Note: *When children have been separated from their families, constructive visitation/family time will provide an important opportunity for practicing newly learned skills and improving parenting abilities. See PA-CFS 17 for more information regarding family contact.*

PA-CFS 10.06

Joint parent-child interventions support the development of healthy connections and help to repair any harm in the parent-child relationship, as needed.

Note: *See also PA-CFS 17 for more information regarding parent-child contact when children have been separated from their families.*

PA-CFS 10.07

In an effort to build strong and healthy family support networks, parents are helped to:

- a. identify current sources of support;
- b. develop plans for managing any negative influences in their networks; and
- c. explore how they might expand their social support networks, if necessary.

Interpretation: *Extended family, friends, neighbors, co-workers, and other community members may help to provide the ongoing support a family will need over time. Efforts to help parents strengthen their support networks may overlap with efforts undertaken during assessment or service planning to develop a family "team".*

Research Note: *Literature emphasizes the important role that a healthy support network can play even after a case has been closed, noting that the people in a parent's network can offer emotional support, help solve problems, serve as resources when parents need concrete assistance, and even enrich the lives of their children. A social support network can also have a stress buffering effect, which can in turn have a positive impact on*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

parenting.

PA-CFS 10.08

When parents have experienced trauma they are:

- a. helped to explore and understand the connection between their past experiences and current functioning;
- b. helped to identify, anticipate, and manage their responses to trauma reminders; and
- c. connected to trauma-informed services.

Interpretation: *As noted in PA-CFS 3.02, the agency should assume the presence of trauma, and adopt a trauma-sensitive approach to engagement. Workers should: be aware that involvement with the child welfare system can be a trauma reminder; recognize that challenging behaviors such as anger, apathy, or non-compliance may actually be a defensive or protective reaction to the involvement of the child welfare system; and ensure that interactions with parents are sensitive and responsive to any history of trauma.*

Research Note: *Research suggests that many parents involved with the child welfare system have unmet trauma needs that can impact their ability to regulate emotions, control impulses, make decisions, develop positive self-esteem and coping mechanisms, engage in relationships, and parent their children. Furthermore, just as parents' history of trauma can compromise their ability to care for their children, it can also negatively impact their ability to work with caseworkers, meet the demands of the child welfare system, and remain involved with children in out-of-home care. Accordingly, literature highlights the importance of: (1) training personnel to recognize and understand the impact of trauma; (2) conducting trauma screenings and follow-up assessments, as needed, as addressed in PA-CFS 7; and (3) collaborating with other organizations and agencies to ensure the availability of trauma-informed services, as referenced in PA-CFS 2.04 and 10.01.*

PA-CFS 10.09

When children have been separated from their parents, out-of-home care providers maintain connections with parents to mutually share information about the children and support parents' involvement in their children's care, unless contraindicated.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

Interpretation: *The agency's strategies for promoting collaboration between parents and out-of-home care providers should include a description of the expectations for how they will maintain contact, and how the agency will support and document this contact. Whenever possible, it is particularly important that regular communication be maintained with the parents of infants and toddlers, who may be unable to express their needs, in order to best meet needs and keep parents abreast of changes during this period of rapid child development.*

Research Note: *Because of the positive impact on child permanency outcomes, agencies are identifying creative strategies to bring parents and resource families together early on in a child welfare intervention. For example, some have instituted an introductory or "ice breaker" meeting within 72 hours of placement that gives parents the opportunity to share information about their children and learn about the resource family that will be caring for their children.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 11: Services for Children Receiving In-Home Services

Children who are at home with their families receive individualized services that promote positive development and address any effects of maltreatment.

Research Note: *Research suggests that both children in out-of-home care and children who remain at home with their families have extensive service needs that should be addressed. However, it is also important to remember that one of the best ways to help children is by helping their parents, as covered in PA-CFS 10.*

Note: *Please note that this core concept applies to children who remain at home with their families. See PA-CFS 16, 18, 19, and 20 for information regarding the services and supports that should be provided to children in out-of-home care.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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manner.Â

- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of services and support for children
- Procedures for:
 - a. Case management and service coordination
 - b. Referring for and accessing core services
- Local community resource and referral list(s)

On-Site Evidence

- Contracts or service agreements with community providers for the provision of services for children

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
- Review case records

PA-CFS 11.01

Children participate in education services and supports that address identified needs and promote positive development.

Interpretation: *Depending on their age and developmental level, it may be appropriate to ensure children are connected with the following types of programs: early childhood education programs; early intervention services; accredited primary and secondary schools; and after-school or youth*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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development programs.

PA-CFS 11.02

Children are connected to services that address any identified needs they may have for:

- a. medical and dental care;
- b. mental health care;
- c. substance use treatment; and
- d. specialized services and supports for children with special needs.

Interpretation: *Given that a referral may not be sufficient to ensure services are received, the agency should also help families navigate different systems and access needed services, as addressed in PA-CFS 2.02.*

PA-CFS 11.03

Children receive additional services and supports that increase well-being by addressing identified needs in areas related to:

- a. regulating emotions and behavior;
- b. communicating effectively;
- c. forming positive relationships with adults and peers; and
- d. identity exploration and development.

Interpretation: *Services can include, but are not limited to: (1) counseling or group therapy; (2) formal opportunities for social skills development; (3) mentoring services; (4) educational and support services for LGBTQI youth; (5) services and activities that support children born outside of the U.S. to make a positive personal and social adjustment, increase cross-cultural skills, maintain their ethnic identity, and move forward with long-term acculturation; and (6) normative activities, such as clubs and sports or arts activities.*

PA-CFS 11.04

Children are treated in a trauma-informed manner and when needed are connected to trauma-informed services that are designed to:

- a. maximize their sense of safety;
- b. help them understand and process their traumatic experiences;

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- c. facilitate the development of skills and strategies to use when confronted with reminders of trauma;
- d. help create and sustain positive attachments with caring adults and peers; and
- e. help caregivers and agency personnel understand how children's past experiences may impact their present behavior, and appropriately support children's recovery.

Interpretation: *In addition to connecting children to formal trauma-informed services, workers should also ensure that their interactions with children are sensitive and responsive to any history of trauma, as noted in PA-CFS 3.02. Similarly, and as addressed in element (e) of the standard, it is also essential to involve children's caregivers in supporting their recovery from trauma. Caregivers may be better able to support children who have experienced trauma if they understand the concept of trauma; recognize that children's social, emotional, and behavioral difficulties may be the result of trauma; and are prepared to manage difficult behaviors and trauma reminders.*

Research Note: *Many children involved with the child welfare system have experienced trauma. Given that untreated traumatic stress can lead to behavioral, social, and emotional problems that compromise a child's ability to build and maintain relationships and succeed in school and in life, literature emphasizes the importance of ensuring that children in need receive evidence-based trauma-specific interventions. This also points to the importance of collaborating with other organizations and agencies to ensure the availability of appropriate services, as referenced in PA-AM 6 and PA-CFS 2.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 12: Separating Children from Their Families

When children cannot safely remain at home with their families and must be separated, the agency strives to minimize the negative effects of separation, including the impact of separating siblings.

Interpretation: *While the field has traditionally referred to "removals" of children from the home, the language of "separating children from their families" acknowledges and emphasizes the emotional impact of the decision to place children in out-of-home care.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Policy and related procedures for:
 - a. Establishing voluntary agreements
 - b. Submitting court petitions
 - c. The separation (removal) process, including the protocol to be followed when domestic violence is indicated
- Informational materials provided to parents/families
- Informational materials provided to children
- Qualifications of personnel involved in separation decisions

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
- Review case records

(FP) PA-CFS 12.01

When children cannot safely remain at home with their families the agency collaborates with their parents to establish voluntary agreements, or otherwise petitions a court of proper jurisdiction, to obtain appropriate care.

Interpretation: *As noted in PA-CFS 8.02, when possible the agency should employ a family teaming model that encourages families to include supportive people of their choice, such as extended family, friends, community members, and service providers, in establishing voluntary agreements.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

Interpretation: *The process for separating an American Indian or Alaska Native child from his or her family must meet requirements outlined in the Indian Child Welfare Act.*

Research Note: *The Indian Child Welfare Act (ICWA) requires that, prior to separating an American Indian or Alaska Native child from his or her family, the state must be able to demonstrate to the court that active efforts have been made to prevent separation and that all efforts have been unsuccessful. The Act also requires that a qualified expert witness who has knowledge of the tribe's norms and is not the child's regularly assigned social worker testify in court that serious emotional or physical harm would likely occur if the parent were to maintain custody of the child. Agencies are strongly encouraged to contact the child's tribe to identify a qualified expert witness.*

Research Note: *The provisions of the Indian Child Welfare Act apply to the separation of any American Indian or Alaska Native child in which reunification is conditional rather than "upon demand", including cases in which a voluntary agreement has been established. Voluntary consent to foster care is not valid unless it complies with specific procedural requirements outlined ICWA , including that the consent be executed in writing, recorded before a judge, and accompanied by a certificate authenticating that the terms and consequences of voluntary separation were fully explained and understood. Parents of American Indian or Alaska Native children should be informed of their right, under ICWA, to withdraw consent and the process and timeframes for doing so.*

Note: *See PA-CFS 8.02 for more information regarding family teaming models.*

(FP) PA-CFS 12.02

A professional with two years of related experience and an advanced degree in social work, or another comparable clinical human services profession, is involved in the decision to separate a child from his or her family.

Interpretation: *The agency should have a formal plan in place for obtaining supervisory approval if the worker and/or immediate supervisor do not possess two years of related experience and an advanced degree in social work or another comparable clinical human services profession.*

Interpretation: *When the case involves an American Indian or Alaska Native child, the agency should collaborate with the tribe to ensure*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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compliance with the Indian Child Welfare Act.

PA-CFS 12.03

When domestic violence is indicated a domestic violence protocol is followed, and the agency coordinates the separation of children from their homes with a domestic violence unit or specialist.

Interpretation: *The removal of a child can aggravate a domestic violence situation, pointing to the need to involve domestic violence specialists and follow specialized protocols.*

Note: See PA-CFS 2.02 for more information regarding the efforts that should be undertaken to promote the delivery and coordination of services across systems. Given that attention to domestic violence sometimes wanes once a child has been separated from the family and connected to out-of-home care, the agency should seek to ensure that: (1) assessments continue to include attention to domestic violence, as addressed in PA-CFS 7; and (2) needed services are provided to both parents and children, as addressed in PA-CFS 2, 10, 16, 18, 19, and 20.

(FP) PA-CFS 12.04

The agency minimizes the negative effects separation can have on children by:

- a. providing as much age and developmentally appropriate information as possible about why children are being separated from their parents and, if applicable, why they are being separated from their siblings;
- b. providing as much age and developmentally appropriate information as possible about what will happen next, including where the children are going;
- c. identifying personal items the children will bring, including favorite toys or items of comfort;
- d. explaining when children will see their families again and describing how the children can maintain contact with their families and cultural or tribal communities while in out-of-home care;
- e. discussing separation and loss;
- f. collecting information from parents about children's daily routines, cultural practices, preferred foods and activities, education, and specialized health needs, including any allergies and needed therapeutic or medical care; and
- g. obtaining any additional information needed to ensure that children will receive safe, appropriate, and nurturing out-of-home care.

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Interpretation: *Given that children may be in a shocked or agitated state at the time they are separated from their families, information about why they are being separated and what will happen next should be repeated as needed, and provided in writing when appropriate to the age and developmental level of the children.*

Interpretation: *Personnel should ensure needed medications and medical equipment accompany children or are obtained. When children require medication personnel should follow procedures regarding the storage and administration of medication, as addressed in PA-RPM 4.*

Interpretation: *In terms of obtaining any additional information needed to ensure that children will receive safe, appropriate, and nurturing care, the agency would want to assess for factors such as whether children are afraid of dogs, or whether children pose a risk of harm to self or others. This will be especially critical in cases where children are separated from their families before comprehensive assessments have been conducted.*

PA-CFS 12.05

The agency minimizes the negative effects separation can have on families by:

- a. providing as much information as possible about what will happen next, including where children are going;
- b. explaining parents' rights and responsibilities;
- c. explaining how family members can maintain contact with children, including when they can next see or speak to the children;
- d. discussing separation and loss;
- e. addressing immediate and critical needs related to the separation; and
- f. ensuring proper notification is sent to all adult grandparents and other adult relatives explaining the options and requirements related to their participation and involvement in children's care.

(FP) PA-CFS 12.06

Within a reasonable timeframe following children's separation from their families, parents receive information about services that includes:

- a. an orientation to the agency and program;
- b. the rights and responsibilities of resource families and residential

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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treatment providers; and

- c. how service plans will be implemented to ensure involvement and contact with their children and communication with resource families or residential treatment providers.

Related: PA-CR 1.01

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PA-CFS 13: Child Placement

When children are in need of out-of-home care they are connected with resource families or residential treatment programs that can best meet their needs for safety, permanency, and well-being, and best support their ties to family and community.

Interpretation: *COA's standards utilize the term "placement" in referring to the agency's role in facilitating changes in children's living environments; however it is valuable to look at this process as children joining resource families (or joining new communities in the case of residential treatment programs). Conceptualizing the process in this way helps workers humanize children and account for the emotional and physical toll to children, as opposed to discussing children being "placed" as if they were objects.*

Interpretation: *In instances where placements are made by the court rather than the agency, the agency is still expected to collaborate with the court to advocate for appropriate placement and promote placement stability, as emphasized throughout this core concept. When an agency makes an emergency placement it must document efforts made to meet the standards given the emergency nature of the placement. Emergency placements involving an Indian child must comply with the emergency proceeding provisions set out in the Indian Child Welfare Act. Efforts should be made to identify emergency placements that comply with the placement preferences in ICWA so as to prevent future placement changes in the event that a full child custody proceeding is initiated*

Note: *Please note that this core concept addresses placement into foster care, kinship care, or residential treatment. See PA-CFS 28 for standards regarding relevant practices when arranging adoptions or guardianships.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
- Please see [Rating Guidance](#) for additional rating examples.Â*

Table of Evidence

Self-Study Evidence

- A description of services to support placement changes
- Procedures for placement including:
 - a. Matching and joining children and out-of-home care providers
 - b. Preventing and managing disruptions
- Policy for giving preference to kin

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- c. Children and families served
- d. Resource parents
- e. Residential treatment providers
- Review case records
- Review resource parent records

(FP) PA-CFS 13.01

All available information is considered in order to identify the best living environment for each child and the process includes an assessment of children's and potential caregivers' strengths, needs, supports, and resources.

Interpretation: *The agency should ensure that the appropriateness of a potential living environment is assessed in line with the strengths, needs, and characteristics of each child. For example, when children pose a risk of harm to self or others, the agency must assess the level of risk when identifying a suitable family or treatment setting, and should develop plans for maintaining safety when necessary. Similarly, when children are victims of human trafficking or have a record of running away, potential caregivers or programs should be assessed for their capacities, competencies, resources, and willingness to provide effective care. The agency should also ensure that at least one primary caregiver can effectively communicate in a child's language. When such a setting is not possible, assistance should be provided with translation and support and the agency should continue to identify a more suitable living environment. With regard to family settings, given that a potential caregiver's ability to meet a child's needs may be impacted if the caregiver is already caring for other children, the examination of characteristics and needs should also include attention to the needs of any other children currently residing in the potential caregivers' home.*

Interpretation: *The information to be considered includes information obtained during intake, initial and comprehensive assessments, and case review, including information about previous placements/living environments, as well as information obtained during during assessments and annual reviews of resource parents. When children are separated from their families before comprehensive assessments are conducted the information available will obviously be more limited, but the agency should still consider all available information, including any information obtained at the time the children are separated from their families.*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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(FP) PA-CFS 13.02

In order to ensure children are in the most family-like and familiar setting possible, the agency makes reasonable efforts to ensure children are:

- a. with siblings;
- b. with kin; and
- c. within reasonable proximity to their families and home communities.

Interpretation: *As noted in the Definition to PA-CFS, children should ideally join resource families, and should only be connected to residential treatment settings when no other appropriate and more family-like setting is possible. Agency policy must require that preference be given to kin, and the agency must make reasonable efforts in accordance with applicable law and the requirements of the standard unless it is contrary to children's well-being. If children are not in the most family-like and familiar setting possible, the reason must be documented in the case record. In the event that siblings cannot stay together, ongoing sibling contact, as addressed in PA-CFS 17, will be critical.*

Interpretation: *Parenting youth and their children should always be living together, unless contraindicated, with caregivers who are willing, and have the competencies and resources, to provide support and care for both the youth and their children. Individuals or families exclusively seeking to become caregivers for infants are not appropriate resource families for parenting youth.*

Note: *See PA-CFS 16.08 for more information regarding the importance of also helping children to maintain stability in their home schools, unless it is determined not to be in their best interest.*

PA-CFS 13.03

American Indian and Alaska Native children are placed according to the preferences specified in the Indian Child Welfare Act.

Interpretation: *When the agency is working with American Indian and Alaska Native children and families, tribal representatives and service providers must be involved in placement decisions and placement changes in order to ensure compliance with the Indian Child Welfare Act, which requires that preference be given to placements in the following order:*

- a. a member of the child's extended family;
- b. resource families licensed, approved, or selected by the child's tribe;
- c. American Indian or Alaska Native families licensed or approved by an

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- authorized non-Native licensing authority; and*
- d. *an institution approved by an Indian tribe or operated by an Indian organization. Alternative placement preferences established by the child's tribe may apply, and the court may also take into consideration the preferences of the child or his/her birth parents. Agencies should work closely with the child's tribe to identify placement options within the tribal community. Families from all tribes to which the child has ties should be considered as placement options, and eligibility criteria should be consistent with the norms of the tribe.*

Research Note: *The original language in the Multi-Ethnic Placement Act (MEPA) was updated by the Small Business Job Protection Act of 1996 to eliminate confusion about whether race, color, or national origin could be considered in making placement decisions. These amendments, known as Removal of Barriers to Interethnic Adoption, explicitly state that they have no effect on placement preferences for American Indian/Alaska Native children under the Indian Child Welfare Act (ICWA). The protection granted under ICWA is based upon the child's political affiliation to the tribe and this is distinct and separate from the racial classifications outlined in the amendments. As such American Indian and Alaska Native children should be placed according to the placement preferences specified in ICWA.*

PA-CFS 13.04

The agency promotes the stability of children's living environments and prevents the need for changes by:

- a. ensuring children, families, resource families, and residential treatment providers understand the steps involved in the process for a child joining a new living environment, and receive information and support throughout;
- b. providing all legally permissible information about children's characteristics, behaviors, histories, and permanency goals to prospective resource families or residential treatment providers;
- c. ensuring that resource families and residential treatment providers make an informed decision to accept children into their care;
- d. arranging opportunities for children and parents to meet prospective resource families or visit residential treatment providers, when possible;
- e. responding proactively to challenges that arise by assessing needs and providing necessary services and supports; and
- f. facilitating workers' abilities to spend more time with children, families, and resource families or residential treatment providers after children first come into new living environments or when challenges arise.

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Research Note: *The trauma of separating families, facilitating children joining a new living environment, and any subsequent changes in the living setting can be partially minimized through a sensitive and responsive matching and joining process. Effective planning requires sharing information to promote equal involvement in the process, and to allow all parties to do their job well. Birth and resource families need information about the process, visitation/family time, decision making timeframes, and expectations for involvement in meetings and ongoing communication.*

Research Note: *Studies have shown that youth in foster care who have strong, supportive connections to their caregivers, and who have experienced fewer placement changes, are less likely to become pregnant at an early age.*

Note: *It is also essential to ensure that resource family recruitment, assessment, and training explain what resource families should expect when they accept children into their care; explore resource families' strategies for managing challenges and keeping commitments; and emphasize the importance of permanence and stability for children. See PA-CFS 23, 24, and 25 for more information regarding resource family recruitment, assessment, and training.*

(FP) PA-CFS 13.05

Resource family homes are licensed or certified for no more than:

- a. five children in foster care and five total children; or
- b. two children in treatment foster care and five total children.

Interpretation: *The total number of children includes all children under the age of 18 residing with the resource family, and includes any children residing with the family for overnight respite care. There should be no more than two children total under the age of two, and no more than four children total over the age of 13. Exceptions to the licensed or certified capacity may be made on a case-by-case basis to have children live with relatives, to keep siblings together, or for other extenuating reasons that directly support plans for children to be connected to relationships that are safe, nurturing, and intended to be enduring.*

Note: *This standard is not applicable for unlicensed kinship caregivers.*

PA-CFS 13.06

The appropriateness of children's living environments is reviewed regularly,

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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and changes occur to support children's best interests and permanency goals, as needed.

Interpretation: *The agency should make every effort to prevent any changes that are not in the best interest of children and their permanency goals. Changes that support children's best interests and permanency goals may include moving from a foster family to an adoptive family, moving from a foster family to a kinship family, or other transitions that bring children closer to family or community.*

Research Note: *Significant research has demonstrated the correlation between instability in children's living environments and negative child outcomes including poor academic performance and social and emotional difficulties. Regardless of a child's prior history of maltreatment or behavioral challenges, these negative outcomes increase following disruptions.*

PA-CFS 13.07

Children, families, and resource families or residential treatment providers receive additional support when children's living environments will change, including:

- a. sufficient advanced notice prior to the change;
- b. formalized discussions of the reasons for the move or disruption, each party's feelings about the change, and, as needed, interventions to address the reasons for the change;
- c. re-assessment of children's strengths and needs in advance or at the time of the change, and identification of a resource family or other setting that can best promote safety, well-being, and permanency; and
- d. referral to additional services or supports.

Interpretation: *Whenever possible notice should be provided at least 14 days in advance of a move.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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PA-CFS 14: Child Permanency

The agency facilitates permanency planning to promote physical, emotional, and legal permanence for children.

Interpretation: *Permanency planning is a child-centered process that aims to ensure children of all ages, including older youth, have enduring relationships that are intended to last a lifetime, offer the social and legal status of family membership, and support their connections with extended family and cultures and communities of origin. It is important to note that youth should be connected with committed, caring adults even if they do not wish to be adopted. See PA-CFS 17 for more information about helping children build and sustain relationships with caring individuals of their choosing, and PA-CFS 22 for more information about connecting youth transitioning to adulthood to lifelong supports.*

Note: *As noted in PA-CFS 8, permanency planning often occurs in conjunction with service planning.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Procedures for:
 - a. Permanency planning
 - b. Finding and notifying kin
- Reports or other aggregate data regarding the length of stay in out-of-home care, from the previous year

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
 - e. Residential treatment providers
- Review case records

PA-CFS 14.01

Permanency planning:

- a. occurs with families and the team of people that support them, including out-of-home care providers, service providers, and extended family members or other supportive individuals identified by the family, as

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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appropriate; and

- b. is child-driven, with children actively involved in the process as appropriate to their age and developmental level.

Interpretation: *Child-driven permanency planning involves children at every stage of the process including conversations about what permanency means to them, the discovery of extended family and other significant adults, and the formation of a permanency team that will support their desired outcomes and have an ongoing role in their lives.*

Interpretation: *The permanency planning process for American Indian and Alaska Native children and families must always involve tribal representatives and service providers to ensure compliance with the Indian Child Welfare Act's placement preferences and support culturally responsive planning that recognizes and incorporates tribal definitions of permanency and tribal perspectives of the best interests of the child into the permanency plan. To facilitate full tribal participation, the child welfare agency must ensure that the tribe or local Indian organization receives timely notification of court or administrative case reviews and is informed of any changes made to the permanency plan.*

Note: *State regulations may require obtaining the child's consent when guardianship or adoption is pursued. However, when the case involves an American Indian or Alaska Native child, such regulations may also be superseded by the Indian Child Welfare Act, wherein consent is not required.*

Note: *See PA-CFS 14.02 for more information regarding the identification and involvement of potential family resources who can be involved in permanency planning.*

PA-CFS 14.02

The agency facilitates family connections and engagement by:

- a. exercising due diligence in identifying and notifying all adult relatives of a child's separation from his or her family within 30 days; and
- b. supporting the involvement of potential family resources in permanency planning.

Related: PA-CR 2

Interpretation: *The agency should have established procedures for identification of kin that involve a combination of engaging children and*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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family members, conducting a thorough review of the case record, and using technological resources for family-finding. Notification should be provided in family members' preferred languages and in multiple forms, including written form, in order to ensure accountability and maintain a record of efforts to notify. Intensive efforts should be made to identify and notify at least relatives up to the third degree, and ideally relatives up to the fifth degree, including non-custodial parents and their relatives, relatives of incarcerated parents, and family members outside of the country. While federal law does not require it, the agency should ideally also identify and involve other family-like supports, including non-related adults with a connection to the child. As indicated in the Interpretation to PA-CFS 14, it is also important to note the necessity of finding life-long connections for youth even when they do not currently wish to be adopted. See PA-CFS 17 for more information about helping children build and sustain relationships with caring individuals of their choosing, and PA-CFS 22 for more information about connecting youth transitioning to adulthood to lifelong supports.

Research Note: Family-finding efforts support the increased identification and involvement of incarcerated parents and their families in the permanency plan. Unless the court has determined that reasonable efforts to support reunification are suspended, public agencies are mandated to work with incarcerated parents as with other parents. This involvement is important for children's well-being and may increase motivation for incarcerated parents to work for reunification or participate in the development of an alternative plan.

Note: Element (a) of this standard does not apply to cases in which kinship care does not involve an exchange of custody that requires legal permanency planning.

Note: See PA-CFS 23.02 for more information regarding child-specific recruitment. See PA-CR 2 for standards regarding confidentiality and privacy protections and the release of confidential information.

PA-CFS 14.03

Concurrent planning is documented and includes:

- a. early, preliminary, and reasoned assessment of the potential for reunification, the best interests of the child, and the need for an alternative plan;
- b. full disclosure to all involved parties of all permanency options, including expectations, implications, available supports, and legal timelines;
- c. joining a resource family that is prepared to develop a life-long

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- relationship with the child; and
- d. counseling parents about relinquishment and alternative permanency options if needed.

Interpretation: *Children's ages should not limit the consideration of all permanency options and, as noted in the Interpretation to PA-CFS 14, the agency should strive to connect children of all ages with life-long familial connections, regardless of their permanency goals.*

Interpretation: *Tribal customary adoptions, which are arranged through custom and tradition and adjudicated or approved by the tribal court, and allow for the transfer of custody while preserving parental rights, should be considered as a permanency option for American Indian and Alaska Native children.*

Interpretation: *Federal and state statutes or administrative rules may provide guidance about when concurrent planning is required, and how concurrent planning is to be conducted. When concurrent planning is not formalized, workers can be proactive with regard to the early identification of different permanency options for children, as is the intention of concurrent planning.*

Research Note: *Rather than considering alternative options for permanency only after family reunification has been ruled out, concurrent planning seeks to eliminate delays in achieving permanence by pursuing all reasonable options at the earliest possible point following a child's separation from his or her family.*

PA-CFS 14.04

Permanency plans document:

- a. permanency goals;
- b. why goals are in the best interest of children and their well-being;
- c. why other permanency options are not appropriate; and
- d. how service plans and identified interventions support permanency and child well-being.

PA-CFS 14.05

In compliance with applicable law and regulation, legal permanency planning occurs according to the following standard timeframes:

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

- a. within 60 days of placement a court-determined permanency plan is developed;
- b. at least every 6 months a court or administrative review of progress towards permanency occurs;
- c. within 12 months of placement, and every 12 months thereafter, a permanency hearing evaluates the permanency goal and determines the need for an alternative goal; and
- d. after a child has been in placement for 15 of the most recent 22 months, a legally-exempted permanency decision is made or proceedings are initiated for the termination of parental rights.

Interpretation: *Reviews should be scheduled at times when appropriate parties can attend. Resource parents and residential treatment providers should be notified of and are entitled to participate in any review or hearing.*

The length of time a child has been in care cannot be the only justification for terminating parental rights. In order to support parents that are actively making progress towards reunification but need more time, the agency can determine a compelling reason for not filing for the termination of parental rights. Whenever possible, the permanency timeline for parents with substance use conditions should reflect the time needed to receive substance use treatment services and make progress towards recovery.

Research Note: *When sanctioned by a state or tribal court, federal law permits American Indian and Alaska Native families to move forward with a customary adoption without terminating parental rights.*

Other circumstances that preclude termination of parental rights when the case involves an American Indian or Alaska Native child include: placement with extended family per ICWA placement preferences; transfer of jurisdiction to the tribal court; insufficient provision of "active efforts" to support reunification; and inability to satisfy the legal requirements for termination of parental rights under ICWA.

Research Note: *The Adoption and Safe Families Act (ASFA) outlines three legal exemptions to the termination of parental rights requirement outlined in PA-CFS 14.05, including if:*

- a. *the child is being cared for by a relative;*
- b. *the case record contains documentation of a compelling reason why the termination of parental rights would not be in the best interest of the child, including failure to meet federal statutory requirements such as active or reasonable efforts; and*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- c. *the agency has not provided the family with services identified by the state to be necessary for the safe return of the child*
ASFA does not override, amend, or repeal the requirements of the Indian Child Welfare Act.

Note: *This standard does not apply to cases in which kinship care does not involve an exchange of custody that requires legal permanency planning.*

PA-CFS 14.06

Case records document efforts made to support parents towards reunification, including:

- a. involvement in assessment, service planning, and service selection;
- b. access to needed services and supports, including both formal and informal community resources;
- c. ongoing, constructive, and progressive contact with their children; and
- d. reduction of barriers to contact and involvement in their children's care.

Interpretation: *When the agency is working with American Indian or Alaska Native children and families, the Indian Child Welfare Act requires active efforts be provided to support reunification. Active efforts require affirmative, thorough, timely, and culturally responsive engagement with families to satisfy the case plan by accessing resources and services and partnering with the tribe. Early consultation with tribes is critical to ensuring that a full range of resources have been made available to the family and that active effort requirements are fulfilled.*

Agencies may work with tribal leadership, elders, religious figures, or professionals with expertise concerning the given tribe to determine culturally-responsive active efforts and identify culturally appropriate services for the family.

Note: *The documentation must be in a format legally admissible as evidence to facilitate court proceedings.*

PA-CFS 14.07

To support permanency goals resource families are assisted in pursuing permanency options such as adoption or guardianship, as appropriate.

Note: *See PA-CFS 27, 28, and 29 for more information regarding adoption and guardianship.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 15: Worker Contact and Monitoring

Workers maintain regular contact with children, parents, resource families, and residential treatment providers to promote safety, well-being, and progress towards service and permanency goals.

Interpretation: *In order to ensure tribal or local Indian organization involvement when the agency is working with American Indian or Alaska Native children and families, representatives from tribes or local Indian organizations should be informed of regular contact with children, families, and caregivers, and be given an opportunity to participate.*

Research Note: *Federal quality monitoring processes have demonstrated the positive correlation between the quality of workers' time spent with children and families and several quality indicators for positive outcomes, including assessing the needs of children and families; involving children and families in case planning; meeting the physical, mental health, and educational needs of children; achieving permanency goals; and preserving families and family connections.*

Note: *When different workers are responsible for working with different parties (e.g., if different workers are assigned to children and resource families), the agency should take steps to ensure that they communicate to share information appropriately, as addressed in PA-CFS 2.03.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Procedures and protocols for:
 - a. Worker contact and meetings
 - b. Responding to missing children
 - c. Responding to allegations of maltreatment in resource families
 - d. Responding to allegations of maltreatment in residential treatment settings

On-Site Evidence

- Procedures and/or guidelines for maintaining contact with other service providers

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
 - e. Residential treatment providers
- Review case records

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

- Review resource parent records
- Observe system that maintains information about children's current living environments

PA-CFS 15.01

Workers maintain contact with children and parents to:

- a. establish and maintain supportive relationships;
- b. monitor and promote safety, permanency, and well-being;
- c. monitor service delivery;
- d. consult with children and parents about family and worker actions to achieve the goals in their service plans; and
- e. continuously explore changes in children's or families' needs and circumstances.

Interpretation: *Service monitoring should include confirming that services were initiated and are appropriate, and responding to complaints or problems that develop regarding service delivery. Please note that this standard applies both when children are living at home with their families and when children are in out-of-home care.*

Note: *Workers are also expected to collaborate with other service providers to monitor service participation and progress, as addressed in PA-CFS 2.02. While communication with other providers is always important, it will be especially critical when providers work with family members regarding specific issues that may impact safety, such as substance use, mental health, and domestic violence.*

PA-CFS 15.02

When children are in out-of-home care, contact with parents includes efforts to:

- a. facilitate involvement in their children's activities;
- b. include them in decisions about their children; and
- c. mutually monitor progress towards reunification or other permanency goals.

Interpretation: *Parents should be encouraged to participate in their children's health appointments, school activities, and other events, and involved in everyday decision making whenever possible, unless contraindicated.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

(FP) PA-CFS 15.03

When children live with their families and in-home services are provided, workers meet with children and parents:

- a. at a frequency determined by the family's risk level, and no less than once per month;
- b. primarily in the home; and
- c. when convenient for the family.

Interpretation: *As noted in PA-CFS 5.09, a family's risk level should be used to determine the level of contact and monitoring required. While one contact per month may be sufficient in low-risk cases, families with a higher risk level should be seen more frequently, in some cases as often as four times per month.*

Interpretation: *Meetings should include time for private discussion with all parties to ensure that both parents and children can feel comfortable sharing information.*

Note: *Please note that this standard applies both: (1) when children have not been separated from their families, and (2) when children are reunited with their families following out-of-home care. See PA-CFS 21 for more information regarding expectations surrounding family reunification.*

PA-CFS 15.04

When children are separated from their families and living in out-of-home care, their worker meets with them in the new setting within three days.

Interpretation: *Children should be seen as soon as possible after the transition to the new setting, and within three days unless extenuating circumstances make that impossible. These initial meetings should include resource parents, when applicable, and when children are in residential treatment settings their workers should meet with program staff. When treatment foster care is provided children should be seen on the first day of placement. Please note that this standard also applies when transitions to new living environments occur.*

(FP) PA-CFS 15.05

When children are in out-of-home care, workers meet with children, parents, and resource parents or residential treatment providers at least once a month:

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

- a. on a consistent, scheduled basis;
- b. primarily in the home or treatment setting; and
- c. at mutually agreed upon times.

Interpretation: *While workers will meet separately with parents, they should hold joint meetings that include both children and resource parents or residential treatment providers. However, as noted in PA-CFS 15.03, meetings should also include time for private discussion with all parties to ensure that both children and their caregivers can feel comfortable sharing information. When treatment foster care is provided, workers should meet with children and resource families at least twice per month.*

Interpretation: *While regular visits should occur on a consistent, scheduled basis, many agencies will also make one unannounced visit per quarter.*

Note: *See PA-CFS 20 for additional expectations regarding contact with resource parents when treatment foster care is provided.*

PA-CFS 15.06

Workers regularly consult with out-of-home caregivers to:

- a. maintain positive relationships;
- b. monitor and promote safety;
- c. share all relevant and legally permissible information concerning the children;
- d. obtain input on children's well-being, including their progress, reactions, and behaviors;
- e. clarify their role in supporting and contributing to the service and permanency plan;
- f. inform them about, and encourage their participation in, upcoming team meetings and court hearings, as appropriate;
- g. assess whether additional assistance or support is needed; and
- h. respond to questions, concerns, and issues, as needed.

Interpretation: *While support and consultation will be provided during the regularly scheduled visits described in PA-CFS 15.05, workers must also respond to questions and requests for assistance between visits. Documentation of ongoing collaboration should be included in case records, and when issues or disagreements arise records should clarify both parties' views, as well as the resolution of the issue.*

Research Note: *Literature suggests a consistent relationship with a worker who provides information and support to the resource parent can be a key*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

factor in resource parent retention and placement stability.

Note: See PA-CFS 26 for more information regarding the ongoing support that should be provided to resource parents. Please also note that the importance of involving resource parents in ongoing assessment, service planning, and permanency planning is emphasized throughout this section of standards - see PA-CFS 7, 8, 9, and 14 for more information.

(FP) PA-CFS 15.07

When children are reunified with their families following out-of-home care, they are visited in the home on the day following return to confirm safety.

Note: See PA-CFS 21 for more information regarding expectations surrounding family reunification. As noted above, the requirements regarding ongoing contact and monitoring included in PA-CFS 15.03 apply both when children have not been separated from their families and when children are reunited with their families following out-of-home care.

PA-CFS 15.08

Current information about children's living environments is available to authorized personnel at all times.

Interpretation: *When a child moves to a new resource family or residential treatment setting, information about the new living environment should be entered in the case record within 24 hours.*

Interpretation: *When the agency is working with American Indian or Alaska Native children and families, current information about children's living environments should be made available to tribal representatives.*

(FP) PA-CFS 15.09

Practices and protocols for responding to missing children ensure that:

- a. missing children are immediately reported to the agency and law enforcement;
- b. the agency works in partnership with law enforcement to find missing children;
- c. event-based re-assessments, including re-entry examinations and

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- clinical consultations, are conducted when children return; and
- d. the agency addresses issues that led to the episode or arose while children were missing by providing needed supports and ensuring appropriate living environments, including new settings when necessary.

Interpretation: *Missing children include children who run away, are abducted, or are otherwise unaccounted for. Protocols for responding to missing children should be developed in collaboration with law enforcement, tribal governments, and other community agencies, and the responsibilities of each agency should be clearly defined. Protocols should also address the sharing and release of information needed to assist in a search for a missing child.*

Research Note: *Federal, state, and local officials who discover a minor who may be a victim of human trafficking are required to notify the U.S. Department of Health and Human Services within 24 hours to facilitate the provision of interim assistance.*

Note: *Just as important as responding to missing children are the steps an agency can take to prevent children from going missing in the first place, as addressed throughout this section of standards. The agency should ensure that it provides adequate preparation for both children and caregivers; assesses risk of abduction or running away; educates caregivers about factors that can contribute to the decision to run away and how they can support children upon their return; facilitates provision of needed services; and provides appropriate monitoring and support to all parties throughout placement, addressing problems as they arise.*

Note: See PA-CFS 9 for more information regarding re-assessments.

(FP) PA-CFS 15.10

Protocols for responding to allegations of resource family maltreatment ensure respect and address the rights and needs of children, their families, and resource families.

Interpretation: *Protocols for responding to allegations of maltreatment should be developed in collaboration with law enforcement, tribal governments, and other community agencies, and should incorporate input from resource families. While it is essential that all reports be taken seriously and thoroughly investigated in order to protect the safety and well-being of children, protocols should also respect the rights and needs of the resource parents under investigation. Resource parents should be informed of both their rights and the process for investigation and resolution;*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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entitled to an appeal; and connected to resources or services that can provide support throughout the investigation process.

Note: *As noted in PA-CFS 25.01, training for resource parents should address both the procedures that will be followed when allegations of maltreatment are made, and ways to prevent false allegations.*

(FP) PA-CFS 15.11

When children are living in residential treatment settings, the agency follows protocols for responding appropriately to allegations of institutional maltreatment.

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Child and Family Services

PA-CFS 16: Supports and Services for Children in Out-of-Home Care

Children in out-of-home care receive developmentally appropriate support and services that promote well-being.

Interpretation: *Informal Kinship Care Programs should work closely with kinship caregivers to meet the needs identified in the standards through support and mentoring, advocacy, direct referrals for service, and linkages to community resources.*

Note: *A caseworker's ongoing collaboration with children and resource families or residential treatment providers, as addressed in PA-CFS 15, will help to ensure that children's needs are met.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of:
 - a. Support, services, and activities for children
 - b. How the agency ensures resource parents facilitate normalcy for children in care, including the Table of Contents of a training curriculum for resource parents, or informational materials provided to resource parents
- Procedures for:
 - a. Case management and service coordination
 - b. Referring for and accessing core services
 - c. Educational collaboration and support
- Informational materials provided to children
- Local community resource and referral list(s)

On-Site Evidence

- Contracts or service agreements with community providers for the provision of services for children

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children served
 - d. Resource parents
 - e. Residential treatment providers
- Review case records
- Visit resource family homes

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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(FP) PA-CFS 16.01

When in out-of-home care, children receive a developmentally appropriate orientation to their new living situation that addresses:

- a. their rights and responsibilities when they are not living with their parents or primary caregivers;
- b. what they need to feel safe and what they should do when they do not feel safe, including attention to both the risks of, and alternatives to, running away;
- c. the rules in the home or program and their response to the rules; and
- d. their ongoing contact with their parents, siblings, extended families, friends, and communities.

(FP) PA-CFS 16.02

Children in care reside in safe and supportive homes or programs that provide:

- a. a safe, pleasant, and welcoming atmosphere;
- b. nurturing and nonjudgmental relationships that promote positive attachment and support emotional development and well-being;
- c. appropriate and responsive support and management for social, emotional, and behavioral issues and challenges;
- d. age and developmentally appropriate boundaries, supervision, and discipline;
- e. an orderly but flexible daily schedule that is balanced with attention to development and well-being; and
- f. a space in their room to personalize.

Interpretation: *Children should reside in nurturing settings that provide a safe place for them to process their feelings, express their identities, and transition to responsible adulthood. Given the prevalence of trauma among children in the child welfare system, it is also crucial that resource parents and residential treatment providers are prepared to recognize and provide appropriate support when children have been impacted by trauma. Caregivers may be better able to support children who have experienced trauma if they understand the concept of trauma; recognize that the children's social, emotional, and behavioral difficulties may be the result of trauma; and are prepared to manage difficult behaviors and trauma reminders.*

Interpretation: *It is also important to note that a welcoming, safe, and*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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nonjudgmental environment should be maintained after any episode of running away.

(FP) PA-CFS 16.03

In order to ensure that their personal care needs are met, children in out-of-home care are provided with:

- a. a physical environment and materials that support healthy development;
- b. sufficient and nutritious meals and snacks;
- c. clothing that is clean, seasonal, age appropriate, and comfortable;
- d. an allowance and personal needs, as appropriate;
- e. assistance in meeting personal care needs, as appropriate; and
- f. regular access to a telephone to contact workers, advocates, service providers, and approved family and friends.

(FP) PA-CFS 16.04

Children have opportunities to participate in a range of age and developmentally appropriate social, recreational, cultural, educational, religious, and community activities.

Interpretation: *As per the Preventing Sex Trafficking and Strengthening Families Act of 2014, children in out-of-home care should have opportunities to participate in the same range of activities as children living with their own families. For example, depending on age and developmental level, it may be appropriate for a child or youth to join a club or sports team, attend a dance class, spend time with friends, have a sleepover, attend a field trip with a school or church group, volunteer, date, learn to drive, or work a part-time job. It is also important to note that children should have the right to choose whether or not they wish to participate in a resource family's religious activities.*

Research Note: *Normal life experiences help children and youth form healthy relationships, develop interests, and build skills. This is especially pronounced during adolescence, when youth need opportunities to take reasonable risks, make decisions on their own, and learn from their mistakes. Adults typically take it upon themselves to provide the supervision and boundaries needed to minimize risk while still allowing children the opportunities they need to learn and grow. However, due to liability concerns and the resulting policies that often require multiple levels of approval for activities that would be routine for most children, children and*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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youth in out-of-home care have often been denied the chance to participate in the "normal" activities that can help to prepare them for responsible adulthood. Accordingly, the Preventing Sex Trafficking and Strengthening Families Act of 2014 directs agencies to facilitate participation in the activities that can help children learn and grow, by permitting caregivers to make more day-to-day decisions regarding children's participation in activities. The Act also emphasizes the importance of preparing caregivers to make reasoned and appropriate decisions regarding children's participation, as addressed in PA-CFS 16.05.

Note: See PA-CFS 16.05 regarding decision-making related to children's participation in activities.

PA-CFS 16.05

In an effort to facilitate normalcy and help resource parents make appropriate decisions regarding the children in their care, the agency clarifies:

- a. resource parents' authority to make day-to-day decisions regarding children's participation in activities, including the specific types of activities they are permitted to authorize;
- b. factors to consider in determining whether an activity is safe and appropriate for a particular child; and
- c. the extent to which resource parents are protected from liability if a child is harmed during the course of an activity they approved.

Interpretation: *In determining whether a child should be allowed to participate in a particular activity the resource parent should consider: (1) the child's age, developmental level, maturity, and behavioral history; (2) potential risk factors associated with the activity; (3) the best interest of the child, including potential for emotional and developmental growth; and (4) whether the resource parent would permit his or her own children to participate in the activity in question.*

Research Note: *Under the Preventing Sex Trafficking and Strengthening Families Act of 2014, the reasonable and prudent parent standard permits caregivers to make everyday decisions regarding children's participation in extracurricular and social activities, calling for "careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional and developmental growth of the child."*

PA-CFS 16.06

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

The agency is proactive in ensuring that children receive support from family members, peers, community members and organizations, resource families or residential treatment providers, and agency workers regarding the exploration and development of their personal, social, and cultural identities.

Interpretation: *Workers should receive training and supervision to ensure they are attuned to children's perceptions of their own identities and their family experiences, and struggles they may face in areas including but not limited to:*

- culture,
 - ethnicity,
 - gender, gender identity, and gender expression,
 - immigration or refugee status,
 - language,
 - race,
 - religion,
 - sexual identity and orientation, and
 - tribal heritage and membership.
- Culturally-relevant services should be accessed whenever possible to support children's positive identity development and by extension their well-being.*

PA-CFS 16.07

Children receive any additional services and supports needed to help them:

- a. regulate emotions and behavior;
- b. communicate effectively; and
- c. form positive relationships with adults and peers.

Interpretation: *Services can include, but are not limited to: counseling or group therapy; formal opportunities for social skills development; and mentoring services. Culturally-relevant services should be accessed whenever possible.*

PA-CFS 16.08

Children receive support to achieve their full educational potential through:

- a. enrollment and participation in education services and supports that promote positive development;
- b. educational assessments and an individual education plan when needed;

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

- c. stability in their home schools, unless it is determined not to be in their best interest;
- d. regular and ongoing communication and collaboration between agency workers, educators, resource families or residential treatment providers, and parents regarding children's educational achievements and challenges, as well as any social or behavioral issues in the school setting;
- e. tutoring; and
- f. advocacy.

Interpretation: *Depending on their age and developmental level, it may be appropriate to ensure children and youth are connected with early childhood education programs; early intervention services; accredited primary and secondary schools; and after-school or youth development programs.*

Research Note: *Federal law requires: "An assurance that the child's initial placement and subsequent placements take into account the appropriateness of the current school and the proximity of that school to the placement; and that the agency has coordinated with the local education department to ensure the child can stay enrolled in their school despite the placement; or if the agency determines it isn't in the child's best interests to stay in the same school, an assurance that the child is immediately enrolled in a new school and that all the child's educational records are provided to the new school."*

PA-CFS 16.09

Children are treated in a trauma-informed manner and when needed are connected to trauma-informed services that are designed to:

- a. maximize their sense of safety;
- b. help them understand and process their traumatic experiences;
- c. facilitate the development of skills and strategies to use when confronted with reminders of trauma;
- d. help create and sustain positive attachments with caring adults and peers; and
- e. help parents, caregivers, and agency personnel understand how children's past experiences may impact their present behavior, and appropriately support children's recovery.

Interpretation: *In addition to connecting children to formal trauma-informed services, workers should also ensure that their interactions with children are sensitive and responsive to any history of trauma, as noted in PA-CFS 3.02. Similarly, and as addressed in element (e) of the standard, it is also*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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essential to involve children's caregivers in supporting their recovery from trauma. As noted in PA-CFS 16.02, caregivers may be better able to support children who have experienced trauma if they understand the concept of trauma; recognize that children's social, emotional, and behavioral difficulties may be the result of trauma; and are prepared to manage difficult behaviors and trauma reminders.

Research Note: *Many children involved with the child welfare system have experienced trauma, whether as a result of the maltreatment that brought them to the attention of the system, or through the process of being separated from their families. Given that untreated traumatic stress can lead to behavioral, social, and emotional problems that compromise a child's ability to build and maintain relationships and succeed in school and in life, literature emphasizes the importance of ensuring that children in need receive evidence-based trauma-specific interventions. This also points to the importance of collaborating with other organizations and agencies to ensure the availability of appropriate services, as referenced in PA-AM 6 and PA-CFS 2.*

PA-CFS 16.10

In an age and developmentally appropriate manner, the agency works with children, parents, and resource families or residential treatment providers to promote children's self-sufficiency and informed decision making related to:

- a. activities of daily living;
- b. practicing effective interpersonal communication and conflict resolution;
- c. promoting and managing health;
- d. obtaining housing and managing their households;
- e. accessing educational opportunities;
- f. obtaining and maintaining employment;
- g. managing money, including budgeting, saving, investing, buying on credit, and debt counseling;
- h. accessing community resources; and
- i. navigating public assistance and other governmental programs.

Note: *This standard is applicable for all children regardless of age. PA-CFS 22 provides further detail as to the services and supports that should be provided to youth as they move towards the transition to adulthood.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 17: Developing and Maintaining Connections when Children are in Out-of-Home Care

When children are in out-of-home care, the agency promotes the development of social and emotional well-being and positive support systems by facilitating connections with family, peers, and community.

Interpretation: *If the agency does not facilitate or supervise in-person contact it should maintain documentation of all in-person contact between children and families, children's response to contact with family, and all efforts to support other forms of contact between children and their families and networks of support.*

Interpretation: *When the agency is working with American Indian or Alaska Native children, tribes or local Indian organizations should be included in planning for family and community contact to ensure children's connections to extended family and the tribal community.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- A description of services that support family, peer, and community connections
- Guidelines for ensuring ongoing, meaningful contact
- Procedures for visitation/family time planning and implementation
- Visitation/family time plan template or sample
- Policy prohibiting cancellation or restriction of in-person contact as a disciplinary action

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
 - e. Residential treatment providers
- Review case records

(FP) PA-CFS 17.01

Planned, ongoing contact occurs as frequently as possible between children, parents, and siblings, unless contraindicated, and at a minimum

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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in-person contact occurs:

- a. weekly between children and parents; and
- b. monthly between siblings.

Interpretation: *Implementation of the standard will be assessed by determining the agency's compliance with the required frequency and length of in-person contacts as outlined in court or administratively-determined visitation plans. The frequency and length of in-person contacts should be based on children's ages and developmental needs, and in line with permanency goals and reunification planning; however, other factors such as children's and parents' schedules and distance may factor into visitation/family time arrangements. Very young children, in particular, need in-person contact as frequently as possible in order to develop and maintain strong attachments with their parental figures and promote developmental progress. Meaningful contact between parents and children should ideally take place daily for infants and at least every two to three days for toddlers, and should include caregiving activities.*

Children and parents are entitled to in-person contact unless parental rights are terminated and in some cases after termination, and incarcerated or detained parents are entitled to in-person contact unless restricted. In addition to in-person contact, the agency can support resource families and residential treatment providers to help children maintain contact with their families in other creative ways. Web-based technologies and other electronic communications are increasingly used to facilitate family connections.

Research Note: *Positive, frequent in-person contact between children and families enhances the well-being and positive development of a child; reduces the trauma of separation and placement; promotes placement stability; increases the likelihood of reunification; and facilitates the timely achievement of permanency goals. Research indicates that youth in out-of-home care often maintain relationships with their families and return to them upon exit from care. Supportive relationships should be fostered when possible and youth should receive assistance to cope with or avoid unhealthy relationships.*

PA-CFS 17.02

Children are assisted to develop social support networks by building and sustaining relationships with caring individuals of their choosing, including:

- a. extended family;

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- b. peers;
- c. other individuals with whom they had a prior relationship; and
- d. members of their community, ethnic group, faith group, clan, or tribe.

Interpretation: *Children have the right to determine who they maintain relationships with. The agency should work with children to identify individuals with whom they have supportive relationships.*

In situations with known or suspected concerns about human trafficking, the agency should be aware that traffickers may pose as a boyfriend or older relative, or communicate through another individual, and utilize in-person contact to continue the exploitation of the victim.

PA-CFS 17.03

Written visitation/family time plans are:

- a. developed in collaboration with parents, children, and resource parents or residential treatment providers;
- b. informed by assessment information;
- c. focused on relationship-building; and
- d. determined by children's developmental needs and permanency goals.

Interpretation: *Plans for visitation/family time are typically part of permanency plans and/or service plans, and modified in accordance with planning for reunification or an alternate permanency goal. The agency should offer a continuum of visitation/family time options and encourage unsupervised contact in normative community settings when possible and appropriate. Supervised visitation should ideally be required only when assessments, as addressed in PA-CFS 5, 7, and 9, indicate safety concerns or a need for coached visitation/family time.*

Interpretation: *When the agency is working with American Indian or Alaska Native children and families, their tribe or local Indian organization should be included in the development of plans for visitation/family time.*

Interpretation: *For agencies that operate an Unaccompanied Refugee Minor Foster Care Program, plans for visitation/family time may exist for contact with siblings and are typically developed by the Office of Refugee Resettlement and applicable judicial bodies.*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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PA-CFS 17.04

Written visitation/family time plans include:

- a. start dates, frequency, time, length, and location of in-person contacts;
- b. participants;
- c. transportation arrangements;
- d. supervision or monitoring requirements, if any;
- e. developmentally appropriate and interactive activities;
- f. cancellation arrangements; and
- g. preparation and debriefing arrangements.

Interpretation: *Workers can help families determine how to involve appropriate extended family and friends to support regular contact and maintain families' support systems. For example, these supports might provide transport, offer their homes for parents and children to spend time together, involve children in cultural or community events, or provide respite for resource parents. As noted in PA-CFS 17.03, supervised visitation should ideally be required only when assessments indicate safety concerns or a need for coached visitation/family time.*

Research Note: *The more detailed and collaboratively determined a plan for visitation/family time is, the more likely that in-person contact will be positive and occur consistently. A fixed schedule is considered best practice and has been linked to helping children and families spend time together more frequently. Research has also found that in-person contact tends to be more consistent and positive when it occurs in a comfortable home location, such as parents' own homes, resource parents' homes, or another home setting, compared to when in-person contact is at the agency or another location.*

Note: *Please note that COA's service array for private organizations also includes standards for supervised visitation and exchange - see COA's standards for Supervised Visitation and Exchange Services (SVE) for more information.*

PA-CFS 17.05

Workers or designees promote meaningful and constructive contact by:

- a. helping children, parents, and resource families or residential treatment providers prepare for and transition to and from in-person contact;
- b. following up with children, parents, and resource families or residential treatment providers after in-person contact to process what occurred, ascertain progress, and assess for reactions or concerns, including any reactions or concerns that may indicate a need to modify plans or

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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services; and

- c. documenting the activities that occurred and behaviorally-specific observations that pertain to family relationships and parenting.

Interpretation: *As part of preparation for contact workers should ensure that both parents and children are prepared for any identified activities that support relationship building, as related to the goals in their service or visitation/family time plans. Resource parents and residential treatment providers should be helped to understand issues surrounding visitation/family time, and expectations regarding their role in supporting both the visitation/family time process and the children in their care. It is also important for all parties to understand that when a child has a negative reaction to a visit/family time, this may be a very normal response to a difficult experience rather than a point of concern indicating a need to change the visitation/family time plan or services.*

Research Note: *Resource parents consistently state that helping children transition after in-person contact with their families is one of the most challenging aspects of the process. Resource parents and/or workers can help children develop transition plans that provide a structure for how they can healthfully shift gears after spending time with their parents and help validate confusing feelings.*

Note: *The information documented will typically be considered, along with other information about the case, when assessing case progress. For more information about assessing case progress see PA-CFS 9: "Ongoing Assessment and Case Review."*

(FP) PA-CFS 17.06

Agency policy prohibits cancellation or restriction of in-person contact as a disciplinary action for either parents or children.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 18: Physical and Mental Healthcare for Children in Out-of-Home Care

Children in out-of-home care receive comprehensive healthcare services within appropriate timeframes to promote optimal physical, mental, and developmental health.

Research Note: *Children in foster care are more likely than other children to have significant medical and mental health needs. Research suggests that despite regulations and policies requiring the provision of comprehensive and routine healthcare, many children do not receive routine and specialized services.*

Note: *See PA-CFS 19 for additional expectations around healthcare provisions for expectant and parenting youth.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Procedures for:
 - a. Initial health screening
 - b. Provision and coordination of physical and mental health screenings, assessments, and services
 - c. Ensuring children obtain health-related information, services, and insurance prior to transfer from care
- Documentation of the qualifications of health and mental health care professionals
- Informational health and wellness materials provided to children

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children served
 - d. Resource parents
 - e. Residential treatment providers
- Review case records

(FP) PA-CFS 18.01

Prior to or within 72 hours of initial entry into care children receive an initial in-person health screening from a qualified medical practitioner to:

- a. identify health conditions that require immediate or prompt medical

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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attention; and

- b. identify health conditions that should be considered in making decisions about children's living environments.

Interpretation: *The American Academy of Pediatrics recommends that the initial health screening occur within 24 hours of the initial separation from the family and entry into care. When possible the screening should be performed by the child's primary care physician who has knowledge of the child's medical history or a physician that can serve as the child's medical home while in out-of-home care. The screening may be completed by a nurse practitioner, registered nurse, or physician's assistant if a physician is unavailable. The screening may be included in the assessment that occurs when a child is taken into custody following treatment at a hospital, clinic, or medical office. The initial screening should include a developmental component to determine the need for further developmental assessment for children under six.*

Conditions that require immediate or prompt medical attention include, but are not limited to: acute illnesses, chronic diseases requiring therapy, signs of abuse or neglect, signs of infection or communicable diseases, hygiene or nutritional problems, pregnancy, and significant developmental or mental health disturbances.

Note: *While this standard is not required when children are in in the temporary legal custody of kin (and not the public agency), COA does still recommend that children with these living arrangements receive an initial health screening as per the standard.*

(FP) PA-CFS 18.02

Qualified professionals provide children with health services appropriate for their ages, including:

- a. comprehensive medical examinations within 30 days of entry into care and according to well child guidelines;
- b. dental examinations within 30 days of entry into care and every 6 months;
- c. developmental screening within 30 days of entry into care and according to well-child guidelines to identify the need for further assessment;
- d. alcohol and drug abuse screenings within 30 days of entry into care and when indicated thereafter to identify the need for further diagnostic assessment; and

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- e. any services needed to address issues or conditions identified during health screenings, assessments, or examinations.

Interpretation: *See Recommendations for Preventative Health Care for children in foster care published by the American Academy of Pediatrics. Medical assessments should include, as appropriate to children's ages and circumstances: lead exposure, tuberculosis testing, and HIV/STD risk assessment screening.*

Interpretation: *Dental exams should be provided for children over age three and occur every six months, and more frequently for children with dental issues based on clinical need. The agency can receive a rating of "2" if there is an annual preventive exam and evidence that recommendations from the dental care provider indicate children are not in need of more frequent care.*

(FP) PA-CFS 18.03

Children receive:

- a. mental health screenings within 30 days of entry into care, and when indicated thereafter, to identify the need for further diagnostic assessment; and
- b. diagnostic mental health assessments, as needed.

Interpretation: *Initial screenings can be conducted by trained caseworkers, but follow-up mental health assessments must be provided by qualified mental health professionals in accordance with applicable state or local regulations. Screenings should include attention to trauma exposure and symptoms, and trauma-focused assessments should be provided when needed, as noted in PA-CFS 7.05. When a child is in treatment foster care the diagnostic mental health assessment must occur within 30 days prior or subsequent to placement.*

(FP) PA-CFS 18.04

Qualified mental health professionals provide:

- a. any needed mental health services, including evidence-based psychosocial services and pharmacological treatments, as appropriate; and
- b. appropriate oversight of psychotropic medication use, including close supervision and monitoring of children receiving medications for off-label

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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uses.

Research Note: *Research suggests that children in foster care are prescribed psychotropic medications at a higher rate than the general Medicaid child population. Some literature cautions against the overuse of psychotropic medication for children, noting that pharmaceutical treatment is generally recommended when psychosocial treatment alone is not effective, or when pharmaceutical or concurrent treatment is more effective than psychosocial treatment. Concerning practices include prescribing too much medication, prescribing too many medications, and prescribing medication at too young an age.*

Note: *See PA-CFS 16 regarding additional expectations for connecting children who have experienced trauma to trauma-informed services.*

Note: *High levels of collaboration and coordination, as addressed in PA-CFS 18.05, are necessary to ensure a comprehensive approach to the oversight of psychotropic medications.*

(FP) PA-CFS 18.05

Services are centrally coordinated for children to ensure:

- a. continuity of care;
- b. receipt of comprehensive services;
- c. appropriate communication and coordination among healthcare providers, mental health providers, social service providers, other professionals, and children, families, and resource parents or residential treatment providers; and
- d. that children, families, and resource parents or residential treatment providers receive needed information and support.

Interpretation: *The receipt of comprehensive services includes both healthcare and mental healthcare, as well as educational and support services that promote social and emotional well-being and development. Children should have a medical home, or a health home as appropriate, where care is provided by professionals with expertise on the issues of children and adolescents in out-of-home care.*

Interpretation: *When possible, American Indian and Alaska Native children should receive services from qualified professionals who have experience working with the tribe and knowledge of tribal customs and practices. An agency that has the responsibility for placing American Indian and Alaska*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Native children should be aware of services that the child may have access to through tribally contracted health facilities or through the federal Indian Health Services. The agency should work with the tribe or a local Indian organization to ensure they have access to needed medical information.

Research Note: *A study of resource parent retention suggests that the difficulty some resource parents have accessing medical providers and dentists who accept Medicaid contributes to resource parent turnover. Other research has demonstrated the challenges that kinship caregivers face in accessing medical care for the children in their care.*

Note: *See PA-CFS 2 for more information regarding the importance of collaboration, coordination, and partnerships.*

PA-CFS 18.06

Relevant information about children's health and mental health, including family history when available, is recorded in an efficient and secure system and shared with providers and resource parents or residential treatment providers, as appropriate.

Related: PA-CR 2, PA-RPM 5

Note: *See PA-CFS 2 for more information regarding the importance of collaboration, coordination, and partnerships.*

(FP) PA-CFS 18.07

Children receive age and developmentally appropriate support and education regarding:

- a. proper nutrition and exercise;
- b. substance use and smoking;
- c. personal hygiene;
- d. safe and healthy relationships;
- e. sexual development;
- f. family planning and pregnancy options;
- g. pregnancy, prenatal care, and effective parenting;
- h. prevention and treatment of sexually transmitted infections/diseases;
and
- i. HIV/AIDS prevention.

Research Note: *Research indicates that youth in the child welfare system*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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have both higher rates of sexual activity and lower understanding of contraceptive methods. School-based sexual and reproductive health education may not be a dependable source of information for children in out-of-home-care, who are more likely to miss out on thorough sexual health education due to placement instability, which causes attendance and curriculum continuity issues, and/or cultural views of caregivers or caseworkers against receiving such education. Agencies should therefore assess and supplement, if appropriate, the sexual health awareness that an adolescent has received.

Rates of sexual violence victimization are also especially high among youth involved with the child welfare system. Studies on the prevalence of sexual abuse and assault among youth in foster care have identified percentages ranging from 25 to 50 percent. As such, education on sexual and reproductive health should also address sexual violence including commercial sexual exploitation, sexual consent, incest, the consequences of perpetrating sexual violence, and reporting sexual violence.

PA-CFS 18.08

Prior to transitioning from out-of-home care, children receive assistance to maintain or obtain:

- a. health insurance;
- b. health and mental health records, including the names and addresses of children's doctors, as well as information regarding any special needs and appropriate treatment;
- c. needed medical, dental, developmental, mental health, and substance use treatment services; and
- d. needed medication.

Interpretation: *The agency should provide assistance to ensure access to coverage, including coverage provided through the child's tribal affiliation when one has been established. The agency should also work directly with state Medicaid agencies to connect eligible individuals to benefits, and it is recommended that direct service personnel be trained on their states' Medicaid eligibility requirements and healthcare options for youth transitioning out of the foster care system.*

Research Note: *The Affordable Care Act (ACA) requires states to provide Medicaid coverage for individuals under age 26 who were in foster care at age 18 and receiving Medicaid. Youth are eligible for full Medicaid benefits which include Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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PA-CFS 19: Supports and Services for Expectant and Parenting Youth in Out-of-Home Care

The agency promotes the safety, permanency, and well-being of youth in out-of-home care who are pregnant or expectant, and youth who are parenting, by providing resources and supports that empower youth to make informed decisions about pregnancy, experience healthy births, and develop the skills needed for personal functioning and parenthood.

Interpretation: *The needs of expectant and parenting youth can be met through a comprehensive continuum of care that ranges from counseling and referral for youth receiving in-home services to "whole family" placements in specialized family foster care, residential treatment, or supported living arrangements, and includes effective coordination with schools, courts, healthcare providers, mental health and substance use programs, and other child and family serving systems. Although the standards in this section reflect best practice for any expectant or parenting youth, in recognition of the nature and model of in-home service delivery they will only be evaluated in relation to youth in out-of-home care.*

Research Note: *Research shows that youth in out-of-home care are significantly more likely to become pregnant and give birth before age 21 than youth in the general population. Parenting youth who have been in foster care are also more likely to experience rapid repeat pregnancies, and to be investigated and charged with abuse or neglect, than other young parents.*

Note: *The terms "expectant youth" and "parenting youth" refer to both expectant mothers and fathers, and are intended to promote engagement and supports for youth in the child welfare system that are fathers. The term "pregnant youth" refers exclusively to birth mothers.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
- Please see [Rating Guidance](#) for additional rating examples.Â*

Table of Evidence

Self-Study Evidence

- A description of services and support for expectant and parenting youth
- Procedures for:
 - a. Case management and service coordination
 - b. Referring for and accessing core services
 - c. Developing parenting plans
 - d. Working with youth who are fathers
- Local community resource and referral list(s)
- Policy on the rights of expectant and parenting youth prohibiting separation of youths' children without substantiated abuse or neglect allegations
- Informational materials provided to youth
- Parenting skills assessment
- Educational curricula

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

On-Site Evidence

- Contracts or service agreements with community providers for the provision of services to expectant and parenting youth

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Youth served, and their children if appropriate
 - d. Resource parents
 - e. Residential treatment providers
- Review case records

PA-CFS 19.01

Pregnant youth receive timely, ongoing, relevant, and accessible services appropriate to their needs that address:

- a. value-neutral pregnancy and birth options counseling;
- b. prenatal health care;
- c. diagnosis and treatment of health problems, including sexually transmitted diseases;
- d. genetic risk identification;
- e. food and nutrition;
- f. mental health care;
- g. substance use conditions;
- h. smoking cessation; and
- i. labor and delivery.

Interpretation: *Regarding element (f), expectant mothers should be screened for depression, informed about postpartum depression, and connected to available support and treatment services.*

Research Note: *Youth who do not wish to continue their pregnancies often face challenges obtaining accurate information about the steps legally required for termination. For example, if state law requires minors to obtain parental notification or consent in order to terminate a pregnancy, youth may need assistance to identify and contact the appropriate individual(s), or to obtain a judicial bypass when appropriate.*

Research Note: *Studies indicate that youth in foster care who become pregnant are less likely to receive prenatal care within the first pregnancy trimester. Agencies may experience challenges in achieving timely delivery*

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of prenatal care due to concealment, running away, or other circumstances that may delay notification.

Research Note: *Parenting youth tend to experience higher rates of mental health issues, such as prenatal and postpartum depression, substance use, and post-traumatic stress disorder, as a result of the difficulties of balancing the stressors and developmental tasks of adolescence with the challenges of parenthood. Among youth in out-of-home care this risk is often further compounded by a history of traumatic experiences.*

Research Note: *Home visiting programs, such as nurse-family partnerships, have been identified as an effective model for delivering pregnancy and parenting education and counseling for at-risk maternal and infant populations.*

PA-CFS 19.02

Youth who give birth receive postnatal care and support related to:

- a. postpartum health care;
- b. postpartum depression;
- c. breastfeeding education and assistance;
- d. pediatric care, including well-baby visits and immunizations; and
- e. family planning.

Interpretation: *Postnatal care should include: timely, relevant information to help new mothers promote their own, and their infants', health and well-being; information on how to recognize and respond to signs and symptoms of problems in both themselves and in their infants; and screening for and addressing changes in the new mother's mood, emotional state, behavior, and coping strategies.*

Note: *See PA-CFS 18 regarding all expectations on physical and mental healthcare for children in out-of-home care.*

PA-CFS 19.03

Agency policy prohibits the separation of children from youth parents for reasons other than abuse or neglect, and expectant and parenting youth are informed of their legal rights regarding the custody of their children.

Interpretation: *Agency policy should clearly assert that children of youth should only be brought into agency custody in response to health and safety*

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concerns, and never solely due to the youth parent's involvement with the agency, young age, or as a means of obtaining services or financial support for the child.

PA-CFS 19.04

Expectant and parenting youth are helped to develop skills and knowledge related to:

- a. basic caregiving routines;
- b. child growth and development;
- c. meeting children's social, emotional, and physical health needs;
- d. environmental safety and injury prevention;
- e. parent-child interactions and bonding;
- f. age appropriate behavioral expectations and appropriate discipline;
- g. family planning; and
- h. establishing a functioning support network of family members or caring adults.

Interpretation: *Agencies should tailor how topics are addressed based on service recipients' needs. For example, when serving expectant parents or parents of young children, education on environmental safety and injury prevention should address topics such as safe practices for sleeping and bathing.*

PA-CFS 19.05

Workers collaborate with expectant and parenting youth and their caregivers, co-parents, and other family members when appropriate, to develop individualized parenting plans that define:

- a. the rights and responsibilities of the youth parents; and
- b. each individual's role and expectations for supporting the youth parents to care for their children.

PA-CFS 19.06

To ensure that expectant and parenting youth receive appropriate services, workers monitor:

- a. prenatal and postpartum care;
- b. the development of parenting and independent living skills;

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- c. signs of postpartum depression; and
- d. progress with education, career development, or vocational training.

Interpretation: *To promote the achievement of educational goals, the agency may coordinate with an education or school advocate to ensure that youth who are pregnant or parenting are treated equitably and fairly in school environments that accommodate and support their circumstances.*

Research Note: *Research has linked postpartum depression, delays in returning to school exceeding six months, and inconsistent use of contraception to an increased likelihood of repeat pregnancies among parenting youth in foster care.*

PA-CFS 19.07

Workers assist expectant and parenting youth to obtain or enroll in assistance that will support youth to care for their children and work towards financial independence, including:

- a. public benefits such as Medicaid, WIC, SNAP, and TANF;
- b. transportation;
- c. maternal and child health programs;
- d. legal assistance;
- e. affordable and quality child care;
- f. community resources, such as free clinics; and
- g. services for special needs, mental health, or substance use, when appropriate.

PA-CFS 19.08

The agency promotes responsible fatherhood and paternal engagement by:

- a. indicating in the case record when youth in out-of-home care become fathers;
- b. ascertaining the relationship between expectant youth parents;
- c. linking young fathers to services that help them to understand their legal rights and responsibilities, establish legal paternity, and adjust to the role of responsible fatherhood;
- d. determining the youth father's role in service planning, as appropriate; and
- e. assisting pregnant youth to notify birth fathers, when appropriate.

Interpretation: *Element (e) may not be applicable when the expectant*

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mother is not in the agency's care.

Research Note: *National data on the preponderance of youth fathers in out-of-home care is lacking due to inconsistencies in both reporting and documentation of when youth become fathers. However, one regional study of youth exiting care in the Midwest found that nearly half of young men exiting foster care reported having impregnated a partner, a rate significantly higher than the nationwide rate of their peers (20 percent).*

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Child and Family Services

PA-CFS 20: Treatment Foster Care

Children with significant emotional, behavioral, medical, or developmental needs receive structured treatment within a therapeutic family setting that promotes well-being, family connections, and community integration.

NA *The agency does not provide treatment foster care services.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of:
 - a. Treatment model
 - b. Needs of children served in the program
 - c. Team roles and functioning
 - d. Treatment services
- Procedures for:
 - a. Treatment planning and review
 - b. Worker contact and meetings
 - c. Discharge
- Training curricula, including staff and foster parent treatment model training curricula
- Criteria for selection of treatment foster parents
- On-call schedule for treatment foster care programs

On-Site Evidence

- Formal agreements with therapeutic facilities and/or providers that serve children and families in the program
- Documentation of staff and treatment foster parent attendance at training, including treatment model training

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Treatment team members
 - d. Children and families served
 - e. Resource parents
- Review case records
- Review resource parent records

PA-CFS 20.01

The treatment foster care program follows an articulated treatment model, and program personnel receive training and support that enable them to understand and implement the program's approach to treatment.

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Interpretation: *The treatment model should be evidence-based or evidence-informed or contain core components that are either evidence-based or evidence-informed. Program personnel should receive pre-service and in-service training as well as ongoing support and supervision to understand and implement the treatment approach.*

PA-CFS 20.02

Treatment foster care services are delivered by individualized treatment teams that include:

- a. family members;
- b. treatment foster parents;
- c. child welfare agency workers;
- d. treatment foster care program personnel, including the program supervisor, case managers, and clinicians or clinical consultants;
- e. education representatives or personnel; and
- f. a range of specialized providers, as appropriate to children's needs.

Interpretation: *Depending on the needs of children, specialized providers may include, but are not limited to: behavior support specialists; nurses and physicians; psychiatric nurses and psychiatrists; and rehabilitation therapists. Treatment teams should include at least one agency or contract employee, in addition to the supervisor, who has an advanced degree in social work or a related field and at least two years of professional experience working with children with specialized treatment needs.*

Note: See PA-CFS 20.05 below for more information regarding appropriate treatment services.

PA-CFS 20.03

Preliminary treatment plans developed prior to placement identify:

- a. diagnoses;
- b. strategies to ensure children's adjustment to treatment families; and
- c. short-term goals for the first 30 days of out-of-home care.

(FP) PA-CFS 20.04

Within 30 days of placement treatment teams develop individualized,

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comprehensive treatment plans that:

- a. identify, incorporate, and build on children's strengths and assets;
- b. specify diagnoses and presenting problems that prompted the referral to treatment foster care or were identified during assessment;
- c. address needs in major developmental areas;
- d. specify short- and long-term therapeutic interventions; and
- e. address stressors in the children's environment that are trauma reminders or contribute to their emotional or behavioral issues.

Related: PA-BSM 2

(FP) PA-CFS 20.05

The agency coordinates and ensures the provision of needed services, including specialized treatment services.

Interpretation: *Services should be provided by specialized providers as appropriate to children's emotional, behavioral, medical, or developmental needs, as addressed in PA-CFS 20.02. Needed therapeutic, rehabilitative, and support services may include, but are not limited to:*

- a. individual, family, and/or group therapy,
- b. social skills groups, and
- c. ~~medical treatment.~~
The agency should provide formal and informal support to other service providers in order to maximize service benefits and best meet the specialized needs of the children in the program.

Note: *See PA-CFS 2 for more information regarding the importance of collaboration, coordination, and partnerships.*

(FP) PA-CFS 20.06

Formal relationships are established with:

- a. mental health facilities, medical institutions including neonatal and pediatric facilities, and other rehabilitation service providers to ensure the availability of requisite medical and mental health services; and
- b. a board-certified physician with appropriate experience who assumes responsibility for medical elements of a program that serves children with significant medical needs.

Related: PA-PQI 8

Interpretation: *The board-certified physician can provide service as an*

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employee or contractor, or through formal arrangement. Experience should be appropriate to the level and intensity of service, as well as the needs of the population served.

Note: See PA-CFS 2 for more information regarding the importance of collaboration, coordination, and partnerships.

(FP) PA-CFS 20.07

Comprehensive treatment plans are:

- a. discussed weekly by the treatment team to coordinate an effective response to current issues and behaviors;
- b. reviewed monthly to evaluate progress towards treatment goals; and
- c. officially updated every 90 days to evaluate progress and the continued need for treatment foster care.

Related: PA-BSM 2

Interpretation: Weekly communication between treatment team members can occur by teleconference, when necessary.

Note: See PA-CFS 9 for more information regarding expectations for ongoing assessment and case review.

(FP) PA-CFS 20.08

The agency selects treatment foster parents based on established criteria that include:

- a. proven experience as resource parents, work experience in a setting such as a group home or residential center, or specialized training in treatment foster care;
- b. three non-relative references; and
- c. attainment of at least twenty-one years of age.

(FP) PA-CFS 20.09

Treatment foster parents receive the support of:

- a. weekly contact by the assigned worker;
- b. in-person contact every two weeks and more frequently when indicated;
- c. on-call crisis intervention 24-hours a day, seven days a week; and
- d. the availability of additional personnel, technical assistance, respite

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options, and training.

Interpretation: *Additional personnel should be available during critical or stressful periods, such as the time from the end of the school day until bedtime.*

Note: *See PA-CFS 15 for additional expectations regarding worker contact with treatment foster parents, birth parents, and children. As noted in PA-CFS 15.05, workers should meet with parents at least once per month, and with children at least twice per month*

PA-CFS 20.10

Treatment foster parents assume primary responsibility for:

- a. implementing in-home treatment strategies;
- b. assisting children to understand treatment goals and interventions;
- c. documenting children's behaviors and progress in targeted areas; and
- d. acting as liaisons with clinical personnel.

Interpretation: *Treatment foster parents should receive ongoing training and support designed to help them assume these responsibilities. See PA-CFS 25 and 26 for more information regarding the training and support to be provided to all resource parents.*

PA-CFS 20.11

Discharge reports are tailored to support the transition to the next home or program, and document:

- a. the course of treatment and treatment recommendations;
- b. the transfer of records and appointment information; and
- c. the nature, frequency, and duration of follow-up services, when applicable.

Note: *The agency should maintain documentation on the provision of follow-up services.*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 21: Family Reunification

Children and families receive the support and services they need to ease the transition to reunification, stabilize the home, and prevent reentry into out-of-home care.

Interpretation: *While reunification preparation and support are essential to preventing reentry, it is also important to emphasize that the support and services provided throughout the time children are in out-of-home care should also be designed to support connections and increase the family's capacity to care for its children. For example, parents should be helped to address both concrete and therapeutic needs, as addressed in PA-CFS 10, and constructive visitation/family time should help to both preserve family connections and provide an opportunity for parents to practice and improve their parenting skills, as described in PA-CFS 17. Similarly, ongoing contact and collaboration between parents and resource families can help to support parents' involvement in their children's care, as addressed in PA-CFS 10.09.*

Research Note: *Although achieving reunification is a primary goal of the child welfare system, literature notes that it should be conceptualized as a process rather than a one-time outcome or event. Reunification can be a high-risk time that presents a number of challenges, and many of the children who are reunited will subsequently re-enter out-of-home care. The issues that led to the involvement of the child welfare system may not have been entirely resolved while the child was in care, or families may not yet have developed the full capacities they need to manage the challenges of reunification or other stressors that may surface once the child has been returned to the home. Accordingly, literature emphasizes the importance of providing continued assistance and services to promote permanency for children reunited with their families.*

Note: *COA recognizes that in instances where the court suddenly orders a child home without advance notice, the agency will not be able to fully implement all the practice standards in this section. However, the agency should still try to implement the standards to the extent possible. For example, while the agency may not be able to develop an individualized transition plan prior to reunification as per PA-CFS 21.02, it should collaborate with the family to develop the plan as soon as possible after reunion.*

Rating Indicators

1) Full Implementation, Outstanding Performance

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of:
 - a. Services that prepare children, parents, and out-of-home care providers for reunification
 - b. Assistance and monitoring provided upon and following

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

- reunification
- Procedures for:
 - a. Reunification planning
 - b. Contact, support, and monitoring upon and following reunification
 - c. Case management and service coordination
 - d. Referral for and accessing services
- Local community resource and referral list(s)

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
 - e. Residential treatment providers
- Review case records
- Review resource parent records

PA-CFS 21.01

In an effort to facilitate a smooth transition to family reunification:

- a. children and parents are involved in making decisions regarding reunification;
- b. children, parents, and resource families or residential treatment providers are provided with sufficient advance notice that children will return home;
- c. a graduated process for visitation/family time enables both children and parents to prepare for reunification; and
- d. collaborating service providers are involved in preparation for reunification and notified when reunification has occurred.

Interpretation: *As noted in PA-CFS 17.03, plans for visitation/family time will typically be modified in accordance with planning for reunification. While policies regarding the transition to reunification may vary, many agencies will utilize a graduated step-down process that includes home visits, extended home visits, and trial discharge.*

Note: *The decision to reunify a family should be based on ongoing assessment and case review, as addressed in PA-CFS 9. See PA-CFS 9*

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for more information regarding ongoing assessment and case review, and PA-CFS 2 for more information regarding collaboration and coordination with other involved service providers.

PA-CFS 21.02

The agency collaborates with families prior to reunification to develop individualized plans for promoting family stability after reunion, by addressing:

- a. the issues, behaviors, and conditions that led to the involvement of the child welfare system; and
- b. any issues stemming from children's separation from their families, including any assistance needed to address separation and rebuild the parent-child relationship.

Interpretation: *The plan for maintaining family stability after reunification will likely be an extension of the family's service plan, and should be based on assessed strengths and needs. The preparatory work done with children, families, and resource families prior to the return home, as addressed in PA-CFS 21.03, 21.04, and 21.05, should also inform the development of the plan. Please note that while plans should be developed prior to reunification, they should also allow for flexibility based on changing needs and circumstances.*

Note: *See PA-CFS 21.06 for more information regarding potentially relevant services and supports to be included in families' plans.*

PA-CFS 21.03

Parents are prepared for the return of their children and the challenges of reunification through support and guidance that help them to:

- a. understand expectations and responsibilities related to their children's return;
- b. develop strategies for providing appropriate care, managing children's behavior, meeting any special needs children may present, and preventing reoccurrence of the safety concerns that led to the separation of the children;
- c. consider how everyday living and family relationships will be impacted by their children's return;
- d. understand how children may react and behave as they adjust to the return home; and
- e. explore any anxiety, uncertainty, or ambivalence they may feel about responsibilities related to their children's return.

Purpose

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Interpretation: *Issues related to reunification should ideally be discussed and planned for from the time children are first separated from their families.*

PA-CFS 21.04

Children receive age-appropriate support and guidance that helps them explore their feelings about reunification, and prepare for the return home.

Interpretation: *While issues related to reunification should ideally be discussed and planned for from the time children are first separated from their families, the amount and type of preparation provided will vary according to children's ages, developmental levels, and circumstances, including length of time in out-of-home care. While support and guidance may be provided by child welfare workers, resource families and residential treatment providers will typically also play an important role in preparing a child for reunification. Topics to discuss may include, but are not limited to: the child's experiences while in out-of-home care, including a review of the child's life book; the reunification process; expectations for the return home; any protections in place to ensure the child's safety; any fear or anxiety the child may be experiencing; and coping with any grief or loss the child may experience upon leaving a resource family.*

PA-CFS 21.05

The agency collaborates with out-of-home care providers to:

- a. explain their role in supporting and facilitating reunification;
- b. help them explore and cope with any anxiety, grief, or other emotions they may feel as a result of the decision to reunify the family; and
- c. clarify whether there will be opportunities for contact with children following reunification.

Interpretation: *When children are leaving residential treatment settings elements (b) and (c) will likely be unnecessary, but the agency should collaborate with residential treatment providers to explain their role in supporting and facilitating reunification.*

(FP) PA-CFS 21.06

Upon reunification children and families are:

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- a. helped to manage and negotiate any issues or challenges they may face;
- b. connected to any formal and informal services and supports they may need; and
- c. contacted and visited to monitor for safety.

Interpretation: *As noted in the Research Note to PA-CFS 21, reunification can be a high-risk time that presents a number of challenges. Families often have both concrete and clinical needs, and may need help addressing many of the same issues and challenges that led to the involvement of the child welfare system in order to prevent reentry into out-of-home care. In addition to the support and monitoring provided by caseworkers, needed services may include, but are not limited to: substance use treatment; mental health treatment; counseling; medical and dental care; educational advocacy and supports; specialized medical, mental health, or educational supports for children with special needs; child care; respite care; income support; housing assistance; transportation; homemaker assistance; vocational assistance; case management; mentoring; and support groups. Sources of informal and social support (e.g., extended family, neighbors, and other community members and institutions) may help to support the family over time, even after the case has been closed.*

Research Note: *Literature emphasizes the importance of providing post-reunification services, but also acknowledges the financial constraints that can make it difficult to do so. While states can utilize a mix of funding sources to support reunification efforts, federal funding specific to reunification is extremely limited. Accordingly, some experts call upon the federal government to increase its support for post-reunification services.*

Note: *The need for a wide range of community services and supports also points to the importance of collaborating with other organizations and agencies to ensure that needed services are available, as addressed in PA-CFS 2 and PA-AM 6.*

Note: *As noted in PA-CFS 18.08, families should also be helped to maintain or obtain health insurance for children. See PA-CFS 18.08 for more details regarding the health-related services and supports that children should be helped to access.*

Note: *See PA-CFS 15 for more information regarding expectations around worker contact and monitoring following reunification.*

PA-CFS 21.07

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Parents are provided with needed documents and information related to their children's time in care, including:

- a. legal documents;
- b. educational records, including copies of report cards and the most current Individualized Education Plan (IEP); and
- c. a written summary of children's living environments (placements), experiences, and growth while separated from their families.

Note: *As noted in PA-CFS 18.08, parents should also be helped to obtain their children's health records.*

PA-CFS 21.08

Post-reunification services, support, and monitoring are continued for a period of time specified by the agency or court, and until case closing criteria are met.

Research Note: *Some literature suggests that services should be maintained for at least 12 months after reunification.*

Note: *See PA-CFS 15 regarding expectations for contact and monitoring following reunification, and PA-CFS 9 for criteria to consider in determining whether a case can be closed.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 22: Transition to Adulthood

Youth in out-of-home care are supported in their transition to adulthood through individualized preparation and planning that promote well-being, strong support systems, access to needed resources, and skill development.

Interpretation: *Please note that PA-CFS 22.01 through 22.06 apply to all youth in care who are approaching adulthood, regardless of their plans for permanency. In cases where youth will transition from the system without having achieved legal permanency, PA-CFS 22.07 and 22.08 will also apply.*

Research Note: *Research consistently shows that youth who have left the foster care system face more challenges than the general population around educational attainment, employment, criminal justice involvement, substance abuse, mental illness, poverty, and homelessness. Systematic skills assessment, independent living skills training, involvement of caregivers as facilitators, and developing and maintaining community connections are four overarching strategies that have been identified as effective for preparing youth for self-sufficiency.*

Note: *Please note that providing the services and supports described throughout this section of standards will also help to facilitate a positive transition to adulthood. For example, youth should be helped to maintain and develop positive social connections throughout the time they are in out-of-home care, as addressed in PA-CFS 16 and 17. Similarly, youth should be helped to develop independent living skills that support self-sufficiency, as referenced in PA-CFS 16.10, and resource parents should support youths' participation in the "normal" activities that provide opportunities to learn and grow, as addressed in PA-CFS 16.04 and 16.05.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.

Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- A description of services to support youth in the transition to adulthood
- Procedures for:
 - Transition planning, including collaborating with other service providers
 - Assessing independent living skills
 - Developing shared living agreements
- Independent living skills assessment tool/criteria

On-Site Evidence

No On-Site Evidence

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Youth
 - d. Resource parents
 - e. Residential treatment providers
- Review case records

PA-CFS 22.01

Preparing for adulthood is a youth-driven, strengths-based process that:

- a. ensures maximum youth participation through involvement in all aspects of exploring and planning for the future;
- b. includes important informal and formal members of youths' lives;
- c. explores involved adults' commitment to the youth;
- d. explores the role of peers and peer support;
- e. incorporates attention to safety, well-being, and permanency; and
- f. involves collaboration and coordination among all service providers.

Interpretation: *Implementation of the standard is demonstrated through case record documentation and interviews with youth that indicate that the agency has worked consistently and collaboratively with youth to identify and engage family members, friends, natural mentors, and other community supports in preparing for the transition to adulthood. Collaborative, team-based transition planning that begins well in advance of a youth's transition will naturally promote the development of a positive support system.*

Interpretation: *For youth who will be transitioning into adult systems of care, planning meetings and discussions should include providers from the adult-serving systems that will be working with the youth. For American Indian and Alaska Native youth, their tribe and/or the local Indian organization must be included in transition planning.*

PA-CFS 22.02

With the worker or another supportive professional, youth have the opportunity to explore:

- a. their family relationships and relationships with supportive peers and

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- adults;
- b. their families' readiness for healthy participation in their lives;
 - c. strategies for coping with and healing from stress and trauma associated with grief and life transitions;
 - d. the range of housing options that will be available to them, including tribal options for American Indian/Alaska Native youth, as well as the risks and benefits of different housing options;
 - e. their academic needs and interests and available educational paths; and
 - f. their work interests and skill sets, as well as different vocational interests, career paths, and employment supports.

Interpretation: *Housing options may include a full range from supported living to a fully independent living environment. When the case involves an American Indian or Alaska Native child, the agency should work with the tribe and youth in transition to explore the risks and benefits of housing options within Indian country and prepare youth for this potential transition.*

PA-CFS 22.03

The agency works with children, parents, and resource families or residential treatment providers to assess the independent living skills of children 14 years and older, at regular intervals.

Interpretation: *The agency should use a standardized assessment instrument as soon as possible after children's 14th birthdays to establish a benchmark for progress on the development of skills in the areas of:*

- *educational and vocational development,*
 - *interpersonal skills,*
 - *financial management,*
 - *household management, and*
 - *self-care.*
- Systematic assessment normally reoccurs at six or twelve month intervals.*

PA-CFS 22.04

The agency ensures that youth transition to adulthood with basic social supports, including:

- a. strong, consistent relationships with committed, caring adults;
- b. access to cultural and community supports; and
- c. connections to positive peer support.

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Interpretation: *Regarding element (a), the agency should ensure that youth who emancipate from the system without having achieved legal permanency leave care with a connection to at least one adult who will provide a relationship that is safe, nurturing, and intended to be enduring.*

Research Note: *Youth who leave the foster care system consistently name emotional support as the most common element missing from their lives. Agencies may consider using permanency pacts, which provide the opportunity to discuss and document specific supports that an involved, caring adult will provide a youth, to promote the development of lifelong relationships.*

PA-CFS 22.05

The agency assists youth in obtaining or compiling documents necessary to function as an independent adult, including, when applicable:

- a. a social security or social insurance number;
- b. a resume;
- c. an identification card or a driver's license;
- d. an original copy of their birth certificate;
- e. bank account access documents;
- f. religious documents and information;
- g. documentation of immigration or refugee history and status;
- h. documentation of tribal eligibility or membership;
- i. death certificates when parents are deceased;
- j. a life book or a compilation of personal history and photographs;
- k. a list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties;
- l. educational records, such as a high school diploma or general equivalency diploma, and a list of schools attended; and
- m. information about the places they have lived (previous placement information).

Note: *Youth should also be assisted to obtain medical records, as addressed in PA-CFS 18.08.*

(FP) PA-CFS 22.06

When youth are in care past the age of 18, shared living agreements are developed at the time of placement, or upon youths' birthdays, to promote independence, clarify new roles, and establish mutually agreed-upon expectations.

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Interpretation: *In many states foster care services have been extended to youth until age 19, 20, or 21. In a developmentally appropriate manner, each youth over 18 should be engaged in a formally-documented conversation that explores and determines the mutual expectations and responsibilities of the living arrangement now that the youth is not a minor.*

(FP) PA-CFS 22.07

At least six months before they will transition from care, the agency assists youth in developing individualized transition plans that identify specific plans for:

- a. housing and transportation;
- b. education and academic support;
- c. employment and workforce support;
- d. finances/income;
- e. healthcare;
- f. mentoring; and
- g. social, peer, cultural, and community supports.

Interpretation: *As noted in PA-CFS 22.01, when the agency is working with American Indian or Alaska Native youth tribal representatives should be active participants in the creation of the transition plan.*

Research Note: *A theme in the area of transition planning is the importance of understanding normal adolescent brain development and using this understanding as the foundation for creating transition plans with youth that support them through these normal developmental stages.*

Note: *See PA-CFS 18.08 for more information regarding the health-related services and supports that youth should be connected to prior to release from care.*

Note: *This standard is required only when youth are transitioning from the system without having achieved legal permanency.*

PA-CFS 22.08

As appropriate to each individualized transition plan, the agency ensures youth have information and support around:

- a. the transfer or termination of custody;
- b. benefits that will end at transition or case closing, at least six months in

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- advance;
- c. accessing affordable community based healthcare and counseling;
 - d. transitioning to adult systems of care for mental health or developmental disabilities;
 - e. services and supports available to youth who were in foster care for education and independent living activities;
 - f. public assistance programs and the court system;
 - g. maintaining an ongoing relationship with their tribe and tribal community members to receive supports and services available from the tribe and engage in cultural activities;
 - h. child care services;
 - i. available support through community volunteers or individuals who have made a successful transition;
 - j. how to contact the agency and what supports the agency can offer after case closing, including information regarding voluntary return to care, as appropriate; and
 - k. who they can contact in an emergency, crisis, or for support.

Interpretation: *Given the potential for vulnerable young adults to wind up abandoned, when youth have developmental disabilities or mental health needs it is also essential for the agency to collaborate with adult systems of care in these areas. Planning meetings should include representatives from the adult-serving systems that will be working with youth, as addressed in PA-CFS 22.01, and the agency should partner with the providers to facilitate access to services, as referenced in PA-CFS 2.02.*

Note: *This standard is required only when youth are transitioning from the system without having achieved legal permanency.*

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PA-CFS 23: Resource Family Recruitment

Resource family recruitment ensures that a diverse group of individuals and families can be prepared to meet the needs of children and their families.

Interpretation: *Please note that kinship caregivers who are completing the process of becoming licensed, certified, or approved may already have children in their care, may be identified by their families, or may be identified through other family-finding efforts.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or

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there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- A description of child-specific recruitment activities
- Resource family recruitment plan
- Recruitment materials
- List of agency partners in resource family recruitment
- Resource family orientation curricula and/or materials
- Documentation of evaluation of recruitment/retention data

On-Site Evidence

- Website or book with photo listings, if available
- Documentation of tribal participation in resource parent recruitment, when applicable

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Resource parents
- Review resource parent records

PA-CFS 23.01

In an effort to ensure that suitable resource families are available for the children entering care, the agency establishes and implements an annual plan for recruitment that includes:

- a. tracking and aggregating characteristics of both children in care and available resource families;
- b. developing organized strategies and strategic partnerships to identify and reach out to a diverse range of individuals and families who can care for children, including specific populations of children with special placement needs; and
- c. considering all qualified individuals and families that can provide loving

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homes for children in care.

Related: PA-ETH 2.01

Interpretation: *While general recruitment will disperse the recruitment message as widely as possible, the agency should also conduct targeted recruitment designed to find people most likely to become resource parents for the children in care. Effective recruitment efforts will utilize language, images, and delivery strategies, including creative partnerships, designed to reach out and appeal to targeted audiences who may be willing and able to foster or adopt children in need of homes. Children with special placement needs can include, but are not limited to: sibling groups; older children; children with physical, emotional, behavioral, and developmental issues; children of minority racial or ethnic groups; LGBTQI children; and youth who are pregnant or parenting. The plan should also include attention to recruiting resource families who live in the same geographic areas as the children in need of homes.*

Research Note: *Although the Multi-Ethnic Placement Act (MEPA) prohibits the delay or denial of any foster care or adoptive placement based on race, color, or national origin, it also requires state child welfare systems to provide for the diligent recruitment of prospective foster and adoptive families who reflect the ethnic and racial diversity of children in need of homes. As one component of a diligent recruitment plan, culturally-sensitive recruitment has become more prevalent with the recognition that children and families can benefit when children live with resource families who may be from the same community and/or have the same racial, ethnic, or cultural background. Some strategies that have been used to increase recruitment in communities of color include: (1) translating materials into relevant languages; (2) co-training with resource families of color; (3) conducting joint community outreach efforts; (4) engaging prospective resource families jointly with current resource parents; and (5) building relationships to facilitate recruitment efforts with faith, civic, and ethnic agencies in the community. However, it is also important to note that MEPA prohibits the denial of potential resource families not identified in a state's diligent recruitment plan.*

Note: *Generally, when board members, employees, or consultants of the agency express interest in becoming resource parents, the agency should refer them to another provider. If the agency allows board members, employees, or consultants to provide resource family care, the agency must have a policy and procedures that address the circumstances under which this practice is allowed, conflicts of interest, confidentiality of client and resource parent information, evaluation of the home, and any other risks*

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that have been identified by the agency.

PA-CFS 23.02

The agency strives to find homes for specific children by conducting child-specific recruitment activities that include:

- a. identifying family members, former caregivers, and other adults with a connection to the children who might consider serving as resource parents for the children; and
- b. using media or other creative and customized outreach strategies to identify and explore additional options based on children's strengths, needs, interests, and background.

Interpretation: *Some aspects of child-specific recruitment will be an extension of the efforts to find and engage family and significant others undertaken during assessment, service planning, and permanency planning. Other aspects of child-specific recruitment will be launched anew -- for example, if a child loves animals the recruiter might reach out to local veterinarians, zoos, or animal shelters.*

Interpretation: *Agencies that use online photo listing services for children awaiting adoption should ensure that appropriate mechanisms are in place to protect confidential information and respect an individual's right to refuse to have their photo taken for cultural reasons.*

PA-CFS 23.03

Recruitment involves key stakeholders including:

- a. family foster care alumni;
- b. current resource parents, including foster and adoptive parents and kinship caregivers, when possible;
- c. community leaders;
- d. tribal representatives or local American Indian/Alaska Native organization representatives; and
- e. other organizations, agencies, institutions, and businesses in the community.

Interpretation: *The agency should attempt to partner with community leaders and organizations that can help it to target its recruitment efforts in creative ways based on the characteristics of children in care, as addressed in PA-CFS 23.01 and 23.02. For example, if it has proven difficult to find homes for teenagers, the agency might look for prospective resource*

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parents among high school parents and coaches, and after school programs for teens. Similarly, if the agency wishes to recruit resource parents from particular ethnic or racial groups it might seek to engage specific cultural organizations, churches, or minority-owned businesses. Agencies that have responsibility for placing American Indian or Alaska Native children should work closely with tribes and local Indian organizations to establish eligibility criteria for resource families that are consistent with the norms of the tribe and identify resource families within the tribal community through joint recruitment efforts.

PA-CFS 23.04

Prospective resource families are provided with general information about:

- a. the certification process and requirements, including the resource family assessment experience, the recruitment-to-placement timeline, and available supports and services;
- b. eligibility requirements, including clarification regarding the diversity of individuals welcomed to serve as resource parents;
- c. any applicable fees and reimbursements;
- d. the roles, responsibilities, and needed competencies of resource parents;
- e. what resource families should expect when they take in a child;
- f. the characteristics of children in care (e.g., ages, races, genders, special needs, and sibling group sizes); and
- g. next steps in the process.

Interpretation: *Resource family recruitment and orientation should be designed to help prospective resource families determine if providing resource family care will be a positive experience for their family and for children that could enter their care. See PA-CFS 24 for more information regarding the mutual assessment process designed to help prospective resource families make informed decisions about fostering and adopting.*

PA-CFS 23.05

Prospective resource families are engaged in the recruitment process through:

- a. a welcoming and supportive approach that encourages prospective families to move forward with the process;
- b. open houses, orientations, and training sessions that are accessible and inviting to all prospective resource families;

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- c. personalized contact with current resource families; and
- d. equitable, timely, sensitive, and culturally-responsive support and follow-up at each step of the process.

Interpretation: *As noted in PA-CFS 23.04, resource family recruitment and orientation should be designed to help prospective resource families determine if providing resource family care will be a positive experience for their family and for children that could enter their care. See PA-CFS 24 for more information regarding the mutual assessment process designed to help prospective resource families make informed decisions about fostering and adopting.*

PA-CFS 23.06

The agency annually evaluates recruitment and retention data to determine what strategies and practices work well, and what strategies and practices may need to be modified or eliminated.

Interpretation: *The evaluation should include an examination of efforts to recruit resource families who reflect the ethnic and racial diversity of children in care; the cost-effectiveness of recruitment activities; the utilization of new resource families; and resource families' length of stay with the agency. Given that the support provided to resource parents will influence whether or not they remain with the agency over time, the evaluation of recruitment and retention data should inform practices related to both initial recruitment and the ongoing support provided to resource families.*

Note: *See also PA-CFS 26.09 regarding the gathering of retention-related data through exit interviews with resource parents who leave the agency.*

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PA-CFS 24: Resource Family Assessment and Approval

The resource family assessment process ensures that prospective resource families are willing and able to meet the needs of children and their families.

Interpretation: *Resource family assessments should be conducted in accordance with all applicable federal and state requirements.*

Research Note: *The Safe and Timely Interstate Placement of Foster Children Act of 2006 (H.R. 5403) requires that full faith and credit be given to any homestudy completed by another state or Indian tribe with respect to the placement of a child unless it is determined that placing the child on the basis of the contents of the report would be contrary to the child's well-being.*

Research Note: *Tribes and local Indian organizations may be able to provide valuable support in assessing and approving resource families for American Indian and Alaska Native children.*

Note: *Appropriate training and ongoing support, as covered in PA-CFS 15, 25, 26, and 29, are also essential to ensuring that resource families can meet the needs of children and their families.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or

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practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Procedures for:
 - a. Resource family assessment
 - b. Reference and background, child abuse/neglect, and sex offender registry checks
- Resource family assessment tool and/or included criteria

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Resource parents
- Review resource parent records

(FP) PA-CFS 24.01

The resource family assessment is a standardized, collaborative process that is conducted in a culturally-responsive manner and:

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- a. engages families as active partners in deciding whether they wish to become resource parents;
- b. includes one or more visits to prospective resource families' homes; and
- c. involves individual consultation with all adults and children living in the home.

Interpretation: *The worker should meet with each household member separately to ensure each person feels comfortable to share freely.*

Research Note: *Research on family foster care has demonstrated the efficacy of using a standardized questionnaire or inventory as a tool to assist agencies and prospective resource parents in assessing strengths and areas for development in the primary domains linked to fostering successfully.*

(FP) PA-CFS 24.02

The resource family assessment process includes:

- a. reference checks; and
- b. criminal background, child abuse and neglect, and sex offender registry checks for all adults living in the home according to applicable federal and state requirements.

Interpretation: *The agency should develop criteria for the review of criminal background checks that specifies if, and when, checks are conducted on a multi-state or national basis, and how the agency evaluates and responds to reports indicating criminal offenses. Prospective resource families should be informed at the beginning of the process about the agency's policy regarding criminal convictions. Agencies may have more flexibility to make exceptions around certain non-violent criminal or civil background histories for kin who are otherwise determined to be appropriate caregivers. Each situation should be assessed on a case-by-case basis.*

PA-CFS 24.03

Workers collaborate with prospective resource families to explore factors that may impact their willingness and ability to provide effective care and offer experiences that enhance healthy development, including:

- a. motivation and expectations for providing resource family care;
- b. family roles, relationships, and functioning;
- c. parenting skills, experiences, and beliefs, including reflections on how the resource parents' upbringing may inform their work with children in

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- care, as well as how they may need to modify their approach to parenting in order to meet the needs of children in care;
- d. strategies for managing challenges, coping with conflict or adversity, and keeping commitments, including reflections on the extent to which the family has worked through adversity and how it has impacted them;
 - e. willingness and ability to provide responsive, nurturing care for children whose characteristics and needs match those of the children in care;
 - f. willingness to collaborate with birth parents and support children's ties to culture, family, peers, and community, as appropriate;
 - g. willingness and ability to work as a member of a team to support and facilitate permanency for children in care; and
 - h. the potential impact of having a new child join their family, including the potential impact on any other children in the family.

PA-CFS 24.04

The resource family assessment considers concrete factors and resources that may impact the ability of resource parents to meet children's needs, including:

- a. mental and physical health;
- b. social support networks; and
- c. education, employment, and financial status.

Note: See *PA-CFS 24.11* below for more information regarding assessments of resource parents' physical and mental health.

(FP) PA-CFS 24.05

Prospective resource families' homes are assessed for potential concerns related to safety, health, and space, including:

- a. inadequate or unsafe heat, light, water, refrigeration, cooking, and toilet facilities;
- b. malfunctioning smoke detectors;
- c. unsanitary conditions;
- d. lack of phone service;
- e. unsafe doors, steps, and windows, or missing window guards where necessary;
- f. exposed wiring;
- g. access to hazardous substances, materials, or equipment;
- h. rodent or insect infestation;

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- i. walls and ceilings with holes or lead; and
- j. insufficient space.

(FP) PA-CFS 24.06

The agency ensures that resource parents who will transport children in their own vehicles:

- a. use age-appropriate passenger restraint systems;
- b. provide adequate passenger supervision, as required by statute or regulation;
- c. properly maintain vehicles and obtain required registration and inspection;
- d. provide the agency with annual validation of their driving records; and
- e. provide the agency with regular validation of their licenses and appropriate insurance coverage.

Related: PA-ASE 6.02

Interpretation: *Regarding element (e), this information should be provided as frequently as necessary, based on the amount of time licenses and insurance are valid. For example, if licenses are valid for two years, license validation can occur every two years. Regarding validation of appropriate insurance coverage, it is suggested that the agency maintain a copy of each resource parent's auto policy declaration. The agency is responsible for determining what level of insurance coverage is considered appropriate.*

Note: *This standard is not applicable to unlicensed kinship caregivers.*

PA-CFS 24.07

When the prospective resource family is known to the child, an assessment is conducted to evaluate:

- a. the relationship between the prospective resource family and the child;
- b. the child's relationship to individuals already living in the home; and
- c. the prospective resource family's commitment to the child.

PA-CFS 24.08

During the assessment process kinship caregivers have the opportunity to:

- a. discuss their families' stories and the experiences that brought them to

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- caring for or planning to care for a kin child;
- b. discuss their concerns with becoming licensed resource parents; and
- c. learn how the program collaborates with kinship caregivers and supports relationships between kinship families, parents, and extended families.

PA-CFS 24.09

Based on the information obtained during the assessment of a prospective resource family, the agency prepares a report:

- a. with a recommendation that indicates whether the prospective resource family has the ability, willingness, and resources to meet the needs of children in care; and
- b. within timeframes established by the agency, and prior to a child joining the resource family.

Interpretation: *The worker can consider additional information offered by a prospective resource family after reviewing the assessment.*

Interpretation: *Children may be placed with kin on an emergent basis, including the same day as separation from their homes, in order to facilitate family connections and minimize disruptions. Consistent with the Adam Walsh Act, criminal and CPS background checks and same day preliminary safety assessments are required prior to placement. Issues that may be revealed on these checks do not necessarily preclude placement of children in relatives' homes but should be one component of an overall assessment of relatives' capacity and appropriateness to care for children.*

(FP) PA-CFS 24.10

Resource family assessments are updated:

- a. within two weeks of a reported change in the home composition; and
- b. at least once annually.

Interpretation: *Changes that warrant a follow-up assessment include but are not limited to: individuals who move in or out of the home; death or debilitating illness of a caregiver; structural defects in the home related to fire, flood, or natural disaster; or legal proceedings affecting the resource family such as eviction or divorce. The annual assessment update can occur in conjunction with the annual resource parent evaluation, as addressed in PA-CFS 26.05.*

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(FP) PA-CFS 24.11

To ensure resource families can provide safe and consistent care, all adult caregivers in the home receive health assessments prior to placement, or within 45 days after the first placement, and again when licenses are renewed.

Interpretation: *Please note that health assessments should always be completed prior to adoption.*

Interpretation: *Special circumstances, including the health needs of the resource parent, warrant more frequent assessment. The agency should consult with the local public health authority to determine if a skin tuberculin test should be included in the assessment. A written statement from a physician or other qualified health professional regarding the person's health is acceptable to meet the intent of the standard. If the assessment indicates a mental health concern, the individual must also obtain a formal evaluation from a mental health professional.*

Note: *This standard is not applicable for unlicensed kinship caregivers.*

(FP) PA-CFS 24.12

All resource family homes are licensed, approved, or certified according to state, tribal, or local regulation.

Interpretation: *When children are placed with kin on an emergent basis, the local child welfare agency may allow eligible kin a period of time to work towards certification or licensing as a resource family home. However, criminal and child abuse background checks and preliminary safety assessments should still be conducted prior to placement, as noted in PA-CFS 24.09. When the local child welfare agency is not assuming custody of a child, the kinship caregiver's home may be approved as a temporary placement option while the family works towards stabilization.*

Research Note: *Federal legislation allows the state or county child welfare authority to waive non-safety licensing standards for kinship caregivers on a case-by-case basis. This legislation encourages agencies to be flexible in working with kinship caregivers in order to keep children with their families and to recognize that some non-safety standards that are appropriate for non-related resource parents may not be relevant to placements with kin. In addition to certain non-safety waivers, agencies may be able to grant exceptions on a time-limited basis to allow kin time to meet a requirement, especially when they are already caring for a child.*

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PA-CFS 25: Resource Family Training and Preparation

Resource families receive training and preparation to strengthen their capacity to care for children and support children's families.

Interpretation: *Training and other preparatory activities should be structured to offer prospective resource parents exposure to real-life examples of caring for children involved with the child welfare system, such as children who have experienced trauma and maltreatment and/or may exhibit emotional/behavioral challenges.*

Note: See PA-CFS 27 for additional requirements specific to preparing for adoption or guardianship.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

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4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Policy or procedure for required training for resource parents (including specific requirements for foster parents, treatment foster parents, kinship caregivers, and prospective adoptive parents and guardians, as applicable), including specifications regarding pre- and in-service training requirements
- Training curricula
- Materials provided to resource parents describing their rights and responsibilities

On-Site Evidence

- Training attendance records

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Resource parents
- Review resource parent records

(FP) PA-CFS 25.01

Resource parents receive pre-service training on rights and responsibilities that addresses:

- a. the agency's mission, service philosophy or practice model, and service array;
- b. the rights of the children in care;
- c. what resource families should expect when they take in a child;
- d. the competencies needed for effective resource parenting, and how those competencies are integral to the agency's service philosophy or

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- practice model;
- e. specific duties of resource parents;
- f. identification and reporting of abuse and neglect;
- g. any fees or reimbursements for services, including compensation for damages caused by children placed in the home, as applicable;
- h. notice of and participation in any review or hearing regarding the children;
- i. procedures when allegations of maltreatment are made, and ways to prevent false allegations;
- j. complaint procedures; and
- k. circumstances that will result in revoking a resource family license or certification.

Interpretation: *Element (k) is not applicable training for unlicensed kinship caregivers.*

Research Note: *Resource parents participating in a study of retention stated that the lack of reimbursement for some incurred expenses, including transportation, clothing, and recreational services, can impact resource parent turnover. Researchers recommend identifying and addressing concerns about the costs of providing resource family care during training.*

PA-CFS 25.02

Resource parents receive the appropriate amount of pre-service and in-service training and support to demonstrate competency in:

- a. supporting and facilitating children's emotional, physical, and legal permanency;
- b. meeting children's developmental needs across life domains, including addressing any developmental delays;
- c. promoting positive behavior and healing through coaching, nurturing, and positive discipline;
- d. providing protection and promoting psychological safety to mediate the effects of trauma, maltreatment, separation, loss, and exploitation;
- e. providing appropriate and responsive support and management for social, emotional, and behavioral issues and challenges, including issues and challenges that may be the result of trauma;
- f. preventing and responding to missing children, including understanding factors that may contribute to the decision to run away, reporting protocols, and how to support children upon their return;
- g. caring for a child of a different race, ethnicity, culture, religion, sexual orientation, or gender identity;
- h. supporting children's social identity development;

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- i. supporting and facilitating family relationships, friendships, cultural ties, and community connections;
- j. understanding the stages of, and preventing, placement disruptions;
- k. collaborating with family team members and service providers; and
- l. managing the caregiver role, self-care, and the impact on the resource family.

Interpretation: *Given the prevalence of trauma among children in the child welfare system, it is crucial that resource parents are prepared to recognize and provide appropriate support when children have been impacted by trauma, as addressed in PA-CFS 11 and 16. Caregivers may be better able to support children who have experienced trauma if they have been trained to understand the concept of trauma; recognize that children's social, emotional, and behavioral difficulties may be the result of trauma; and manage difficult behaviors and trauma reminders.*

Interpretation: *With regards to elements (g) and (i), training must include educating resource parents on the Indian Child Welfare Act, its impact on placement and permanency for American Indian and Alaska Native children, and the resource parents' responsibilities for supporting the child's cultural identity and facilitating connections to his or her tribe.*

Interpretation: *Resource families caring for parenting youth placed together with the youths' children should also receive training and support to demonstrate competency in modeling positive parenting practices, supporting youth parents to meet their children's needs, and meeting the dual developmental needs of the youth parents and their children.*

Interpretation: *Educating resource parents on sex trafficking is a critical component to prevention, identification, and treatment. Education should address how resource parents can support children through information on topics such as internet safety, how to respond when children run away, and developing healthy relationships. Additionally, education for resource parents of trafficking victims should emphasize the issue of stigma associated with prostitution to help resource families provide healthy, nonjudgmental home environments that are supportive of successful reintegration.*

Interpretation: *Agencies that work with both kin and unrelated resource parents should make the effort to provide separate training for kinship caregivers in order to provide a space in which kinship caregivers can relate to each other and apply the training to their specific experiences of caring*

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for their kin. If resources do not allow for separate training the training facilitator should work to incorporate the experience of both groups into the training. Training facilitators can follow up with kinship caregivers about their concerns and the training experience, to ensure that their particular concerns can be addressed in the training or at another time by the personnel working with their families. Some of the specific training and support needs of kin may relate to negotiating family dynamics, supporting family stability, the experience of family trauma, managing boundaries, and disciplining traditions. When kinship caregivers provide temporary care for children not in the custody of the child welfare agency, the agency may offer support groups or skill-building sessions that help kinship caregivers develop the identified competencies rather than offering a comprehensive training program.

Note: See PA-CFS 15.09 for more information regarding practices and protocols related to missing children.

(FP) PA-CFS 25.03

Resource families are trained in:

- a. recognizing and responding to child behaviors that jeopardize safety, health, and well-being;
- b. protocols for responding to emergencies including accidents, serious illnesses, fires, and natural and human-caused disasters; and
- c. medical or rehabilitation interventions and operation of medical equipment required for children's care, as needed.

Related: PA-ASE 7

(FP) PA-CFS 25.04

Resource parents are:

- a. trained in basic first aid;
- b. trained in medication administration; and
- c. certified in CPR.

Related: PA-ASE 7

Interpretation: Retraining should be provided at least every two years.

Note: While this standard is not required when children are in the temporary legal custody of kin (and not the public agency), COA does still recommend

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that education and training be provided in these areas, as needed.

(FP) PA-CFS 25.05

Resource parents sign a statement indicating that for children placed in their care they agree to:

- a. identify and report abuse and neglect;
- b. employ positive discipline techniques;
- c. refrain from using physical and degrading punishment; and
- d. ensure that others refrain from using physical and degrading punishment.

Related: PA-BSM 1.02, BSM 2.01, PA-BSM 3

Interpretation: *In addition to providing training and support around positive discipline, the agency should help resource parents process their beliefs about discipline and proactively support their use of positive discipline techniques.*

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PA-CFS 26: Resource Family Development, Support, and Retention

The agency promotes resource family development and retention by collaborating with resource families to determine and provide the support needed to ensure that children receive safe, consistent, and nurturing care.

Research Note: *Kinship care has not always been identified as its own area of practice in large part because of policy structures that situate kinship care as a form of foster care or family preservation. At the same time, due to societal changes and policy that requires preference be given to kin, children are entering kinship care in greater numbers. Regardless of the service model for working with kin, research conducted with kinship caregivers supports a collaborative approach. Collaboration entails mutual support and commitment between adults who are responsible for ensuring a child's safety, stability, permanency, and well-being. This research identified that collaborative support is demonstrated through five crucial competencies:*

- a. *respecting mutual knowledge, skills, and experiences;*
- b. *building trust by meeting needs;*
- c. *facilitating open communication;*
- d. *creating an atmosphere in which cultural traditions, values, and diversity are respected; and*
- e. *using negotiation skills.*

Note: See PA-CFS 15: "Worker Contact and Monitoring," for more information regarding the ongoing case-related consultation and support that is essential to supporting and retaining resource families.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â

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- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- A description of support efforts and services, including opportunities for peer support
- Procedures and tools/criteria for:
 - Conducting annual mutual reviews
 - Conducting assessments of kinship caregivers' strengths and needs
 - Conducting safety assessments of resource family homes
- A calendar or listing of recreational or social activities
- Local community resource and referral list(s)
- Informational materials on community resources and supports provided to resource parents, including any specific materials for kinship caregivers

On-Site Evidence

- Documentation of and/or attendance records for peer support

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- opportunities and recreational or social activities
- Documentation of formal relationships with community providers for the provision of support services, as applicable

On-Site Activities

- Interview:
 - Agency leadership
 - Relevant personnel
 - Resource parents
 - Review resource parent records
- Review case records

PA-CFS 26.01

The agency offers recreational or social activities for resource families.

Interpretation: *Kinship care programs should offer activities more regularly if these activities are a fundamental component of the services they offer kinship families, such as if recreational activities function as a form of respite for kinship caregivers.*

PA-CFS 26.02

All resource parents are provided with regular, inviting, and accessible opportunities for peer support.

Interpretation: *The agency should consider the differing needs of the different groups of resource parents it works with and offer opportunities tailored to the different groups. For example, LGBT resource parents may wish to meet with others from similar circumstances, kinship caregivers may benefit from sharing experiences with other kinship caregivers, and prospective adoptive parents who have not yet been matched with a child may wish to meet others who are also awaiting placement. Opportunities for support can include regular meetings in which resource parents can share concerns and discuss strategies for managing their role, and/or social events that bring resource families together and give them the chance to get to know each other better. The agency can work with resource parents to determine how to make peer support opportunities more accessible, such as by offering food or child care.*

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Research Note: *Research indicates that kinship caregivers best benefit from a hybrid approach to training and support in which the support group component is emphasized and serves as a space for targeted training activities.*

PA-CFS 26.03

The agency collaborates with resource families, and when appropriate with parents, to identify informal resources that can offer support, including as appropriate:

- a. friends and extended family;
- b. neighbors;
- c. other resource parents;
- d. members of clan, tribal, religious, and spiritual communities; and
- e. local businesses or other community agencies.

Interpretation: *As appropriate to each family's situation and in line with requirements for ensuring safety, the family and resource family can collaboratively or individually identify informal resources to help care for children and/or provide other types of support. This type of support may need to be included in service plans to ensure communication.*

PA-CFS 26.04

Resource families are helped to access any services needed to improve family functioning and prevent and reduce stress and family crisis, including:

- a. child care;
- b. counseling, including any services and supports needed to address family relationships;
- c. respite care;
- d. transportation;
- e. cultural, recreational, and social activities outside of the agency; and
- f. peer support opportunities outside of the agency.

Interpretation: *When working with American Indian or Alaska Native children, services offered by tribes or local Indian organizations should be considered when identifying support services.*

Research Note: *An identified effective practice for increasing retention of foster parents is to encourage their participation in local, state, and national associations for foster parents, which can offer powerful opportunities for*

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peer support and involvement in a larger movement to advocate for children.

Note: See PA-CFS 26.06 for information regarding the additional supports and services that should be made available to kinship caregivers.

PA-CFS 26.05

Resource families participate in an annual mutual review to identify areas of strength and concern, and develop plans for needed support and training.

Interpretation: *The annual re-assessment conducted as part of the home recertification process may be used to demonstrate implementation of this standard. It is also important to note that the mutual review should not be conducted by a licensing worker as an isolated occurrence - in contrast, it should ideally be conducted in collaboration with the child welfare caseworker, and include a review of information and issues that arose throughout the year in the resource family's ongoing interactions with the worker, as addressed in PA-CFS 15. Resource families should also receive ongoing feedback regarding performance, focused on strengths and needs, as part of the ongoing support addressed in PA-CFS 15.*

Note: *Unlicensed kinship caregivers are not required to participate in the mutual review. See PA-CFS 26.06 for information regarding the strengths and needs assessments that should be conducted in collaboration with kinship caregivers.*

Note: *This standard will not be applicable when a resource family has not yet been matched with a child.*

(FP) PA-CFS 26.06

Kinship caregivers participate in an assessment of strengths and needs, and are helped to obtain any needed services and supports, related to the following areas:

- a. financial assistance;
- b. legal services;
- c. housing assistance and resources to provide a safe home environment;
- d. food and clothing;
- e. physical and mental health care; and
- f. support services, including in-home supports.

Interpretation: *The assessment of strengths and needs should include*

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attention to kinship caregivers' satisfaction and recommendations, as well as any discrimination they may face in their role. Kinship caregivers should be provided with all available options that can support stability, and assisted to access the option that is best for their family and best for child permanency. The agency should also be aware of applicable state regulations governing financial supports available to kinship caregivers. When the agency is working with American Indian/Alaska Native children and families, tribal representatives should be used as resources to help locate the most appropriate services for kinship caregivers.

Research Note: *Literature indicates that it is essential to collaborate with kinship caregivers regarding the following major issues that tend to be of special concern for them: legal status; financial support; health and mental health care; school; child behavior; family relationships; needed support services; having fair and equal treatment; and satisfaction and recommendations.*

(FP) PA-CFS 26.07

Resource families' homes are regularly assessed to identify and address any health or safety concerns including, but not limited to:

- a. inadequate or unsafe heat, light, water, refrigeration, cooking, and toilet facilities;
- b. malfunctioning smoke detectors;
- c. unsanitary conditions;
- d. lack of phone service;
- e. unsafe doors, steps, and windows, or missing window guards where necessary;
- f. exposed wiring;
- g. access to hazardous substances, materials, or equipment;
- h. rodent or insect infestation; and
- i. walls and ceilings with holes or lead.

Note: *This standard will not be applicable when a resource family has not yet been matched with a child. However, the resource family home will have been assessed for any health or safety concerns during the initial resource family assessment and approval process, as addressed in PA-CFS 24.05.*

PA-CFS 26.08

Resource families who have not yet been matched with a child receive ongoing information and support from the agency while they wait.

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PA-CFS 26.09

The agency conducts exit interviews with resource parents who leave the agency in order to determine why they do not wish to stay.

Interpretation: *While some resource parents may leave the agency because they have adopted a child from the system or are relocating, others may leave because they are dissatisfied with the treatment, or the level of support and services, they have received.*

Note: *As noted in PA-CFS 23.06, the agency should annually evaluate retention-related data to determine what strategies and practices work well, and what strategies and practices may need to be modified or eliminated.*

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PA-CFS 27: Preparation for Adoption or Guardianship

Children, birth families, and prospective adoptive parents or guardians are prepared for adoption or transfer of custody.

Interpretation: *It may be appropriate to include extended family members in preparatory services if their involvement is appropriate. When cases involve American Indian or Alaska Native children resources offered by the tribe or local Indian organizations should be considered.*

Note: *See PA-CFS 14 for more information regarding expectations around planning for permanency.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

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4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of services that prepare birth parents and children for adoption or guardianship
- Procedures for:
 - a. Terminating parental rights
 - b. Conducting child study
 - c. Establishing continued contact and openness in adoption
- Informational materials provided to birth parents
- Informational materials provided to children
- Curricula for orientation and training provided to prospective adoptive parents and guardians

On-Site Evidence

- Information provided to workers regarding available subsidies

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
- Review case records
- Review resource parent records

PA-CFS 27.01

Custody status is clearly established before the initiation of adoption services, and the agency acts in accordance with federal and state regulations for terminating parental rights through court order or voluntary surrender.

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Interpretation: *Although processes and requirements regarding voluntary and involuntary termination will vary from state to state, parents should always be advised of their rights and options, and supported throughout the process. Concurrent planning should include counseling parents about relinquishment, as addressed in PA-CFS 14.03, and parents should receive education and support designed to help them understand their legal rights and cope with voluntary or involuntary termination, as addressed in PA-CFS 27.05. Children should also be helped to understand and cope with separation and loss, as addressed in PA-CFS 27.03.*

Research Note: *When working with American Indian and Alaska Native children and families, consent to voluntarily terminate parental rights is not valid unless it complies with specific procedural requirements outlined in the Indian Child Welfare Act (ICWA), including that the consent be executed in writing and recorded before a judge, and accompanied by a certificate authenticating that the terms and consequences of voluntary termination were fully explained and understood. Parents of American Indian or Alaska Native children should be informed of their right, under ICWA, to withdraw consent and the process and timeframes for doing so. It is also important to note that federal law permits American Indian and Alaska Native families to move forward with a customary adoption without terminating parental rights.*

Note: *The Indian Child Welfare Act includes provisions related to the termination of parental rights that apply to both public and private adoption proceedings.*

PA-CFS 27.02

An age-appropriate, culturally-responsive child study is conducted to assess children's readiness for adoption or guardianship, and includes:

- a. attention to children's interest in, and understanding of, adoption or guardianship;
- b. an evaluation of children's ability to bond and develop relationships;
- c. history of maltreatment and prior placements;
- d. prenatal history and developmental screening of infants and young children;
- e. current medical and dental examinations; and
- f. a psychological evaluation, if needed.

Interpretation: *The child study will be an extension of the assessments conducted as per PA-CFS 7, 9, and 18.*

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PA-CFS 27.03

Age-appropriate services that prepare children for adoption or transfer of custody include:

- a. counseling to help children understand and cope with separation, loss, and birth family loyalty issues;
- b. consideration of continued contact with birth parents, siblings, extended family, and tribe when one has been identified;
- c. the development of lifebooks that describe children's personal histories;
- d. discussion of changing roles and relationships; and
- e. when needed, opportunities to visit prospective adoptive parents or guardians, and preparation and support for such visits.

Interpretation: *Preparation will typically be provided at different stages, in a progressive manner, throughout the life of a case.*

Interpretation: *Generally, a lifebook is completed for young children, and older children are actively engaged in developing their lifebook.*

(FP) PA-CFS 27.04

Information is gathered and maintained for children's future use, including:

- a. children's medical and social histories;
- b. contact information for organizations, medical facilities, or others involved in services to birth parents and children;
- c. all available information about the medical and social histories of birth parents and their pregnancies;
- d. original copies of children's birth certificates; and
- e. photographs or physical descriptions of birth parents.

Interpretation: *Relevant information from foster care records should be obtained before records are sealed, and necessary consent forms must be obtained before information about birth parents is released. The agency may consider how appropriate and necessary it is to keep identifying information in a separate record, and should seek legal consultation regarding the maintenance of identifying information, as needed.*

Interpretation: *When arranging a guardianship it may not be necessary to obtain the information described in elements (c) and (e) of the standard if birth parents will remain involved in their children's lives.*

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Interpretation: *In the case of an American Indian or Alaska Native child, information gathered should also include the child's Certified Degree of Indian Blood and tribal membership card. To protect an American Indian or Alaska Native child's rights to tribal enrollment or membership, the agency, court, and private agency if applicable must also coordinate the preparation and maintenance of confidential records on all state Indian adoptions that include:*

- a. a copy of the final adoption decree or order;
- b. the birth name and birthdate of the child, their tribal affiliation, and the name of the child after adoption;
- c. names and addresses of the birth parents;
- d. names and addresses of the adoptive parents;
- e. name and contact information for any agency having files or information related to the adoption;
- f. any affidavit signed by the biological parent(s) requesting confidential identity; and
- g. any information relating to tribal membership or eligibility of the adopted child.

The Bureau of Indian Affairs is also authorized to receive and maintain these records, and to release them at the request of an American Indian or Alaska Native adoptee, their adoptive or foster parents, or an Indian tribe when the American Indian or Alaska Native child has reached age 18.

(FP) PA-CFS 27.05

Birth parents are prepared for termination of parental rights and adoption through services that include:

- a. education about their legal rights;
- b. education about the importance of permanency and stable homes;
- c. counseling and support to cope with voluntary or involuntary termination of parental rights, grief, separation, loss, and the lifelong implications of adoption;
- d. education on issues related to confidentiality, search, and reunion;
- e. information and counseling on the continuum of openness in adoption, when desired;
- f. discussion of changing roles and relationships when the birth parents will have an ongoing relationship with the adoptive family;
- g. planning for participation in the adoption process, when appropriate and desired; and
- h. planning for the immediate future and referral for needed services.

Interpretation: *As noted in PA-CFS 27.01, parents of American Indian and*

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Alaska Native children should be informed of their right, under ICWA, to withdraw consent to voluntary termination and the process and timeframes for doing so.

Interpretation: *The continuum of openness in adoption can range from the provision of identifying information about the birth family at the time the adoption is arranged, to agency-mediated ongoing written communication, to frequent, in-person contact with birth family members. Counseling should help birth parents consider whether continued contact is in the best interest of the child, with whom the child might continue contact, and the type and frequency of contact. The agency should explain limitations on confidentiality and document in the case record the birth parents' preferences regarding the disclosure of personal information.*

Research Note: *While some early research on open adoption presented conflicting conclusions, more recent studies have demonstrated that most birth parents involved in open adoptions are satisfied with the arrangement.*

(FP) PA-CFS 27.06

Birth parents are prepared for transfer of custody and guardianship through services that include:

- a. education about their legal rights, including visitation/family time;
- b. education about the importance of permanency and stable homes;
- c. planning for participation in the legal process, when appropriate and desired;
- d. discussion of changing roles and relationships;
- e. discussion of plans for visitation/family time that are in the best interests of the children; and
- f. planning for the immediate future and referral for needed services.

PA-CFS 27.07

Prospective adoptive parents are helped to understand:

- a. the lifelong process of adoption and its meaning, including the lifelong commitment they are making to the children being adopted;
- b. the process for completing an adoption;
- c. benefits and responsibilities of openness in adoption and the range of openness;
- d. the potential financial impact on the family, and the availability of adoption subsidies; and

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e. the availability of post-adoption support services.

Interpretation: *This material may be covered in formal orientation sessions or in collaborative one-on-one work with prospective adoptive parents. Prospective adoptive parents who have adopted a child through the agency previously may only need a refresher orientation.*

Information about available support services should include a discussion of any services that will be lost once the adoption is finalized, as well as the availability of services in other states, tribes, or American Indian/Alaska Native organizations if the family plans on moving out of state in the future. When the agency facilitates adoptions by older caregivers, it should include information about the importance of providing permanency over time for the child. This can cover the need for additional support, circumstances that may adversely impact the adoptive parents' ability to care for the child, and plans for the child if the adoptive parents are unable to provide care.

Research Note: *Literature suggests that prospective adoptive parents considering a special needs adoption may have concerns about the costs of providing services for the child, and these concerns can impact their decision to proceed with the adoption.*

(FP) PA-CFS 27.08

Prospective guardians are helped to understand:

- a. the importance of permanency and a stable home;
- b. the impact of guardianship on birth parent rights;
- c. the process for completing the transfer of custody;
- d. their responsibility to maintain a visitation/family time plan and supervise birth parent visitation/family time, as necessary;
- e. circumstances under which guardianship can be terminated or modified, including their right to petition the court;
- f. the potential financial impact on the family, the availability of guardianship subsidies, and the impact subsidies could have on receipt of federal, state, or tribal benefits; and
- g. the availability of support services following the transfer of custody.

Interpretation: *This material may be covered in formal orientation sessions or in collaborative one-on-one work with prospective guardians. Prospective guardians that have already assumed guardianship for another child through the program may only need a refresher orientation. Orientation should include attention to the caregiver's capacity to provide permanency over time for the child. This can cover the need for additional support;*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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circumstances that may adversely impact the guardian's ability to care for the child, for example, age or presenting medical issues; and plans for the child if the guardian is unable to provide care, such as the establishment of a successor guardian. See PA-CFS 29.02 for more information on the establishment of a successor guardian.

Interpretation: *The prospective guardian should be fully informed of his or her right to petition the court to adopt the child at a later time and the impact this will have on birth parent rights. Guardians of American Indian and Alaska Native children should be informed of alternatives to adoption such as tribal customary adoption, which must be approved and adjudicated by the tribal court.*

Interpretation: *A guardianship subsidy can be considered income and could impact a child's eligibility for other benefits such as Medicaid, Supplemental Security Income, or subsidized child care. The agency should be aware of the applicable regulations in the state and with local tribes. Information about available support services should include a discussion of any services that will be lost once the transfer of custody is finalized, as well as the availability of services in other states, tribes, or American Indian/Alaska Native organizations if the family plans on moving out of state in the future.*

Research Note: *Subsidized guardianship is the transfer of custody to a private caregiver or guardian who is provided with a monthly subsidy for the care and support of the child. Several states have begun using subsidized guardianship as a tool to expedite permanency for children who are in the child welfare system, and for whom reunification with birth parents or adoption are not viable options. There also can be similar funds available to American Indian/Alaska Native children through tribal monies; however, the number of tribes offering such subsidy is unknown. Workers should familiarize themselves with subsidies available to the children and families with whom they work. In states with no subsidized guardianship programs, or subsidy programs where the rate is lower than foster care, there is a disincentive to move to permanency given the perceived loss of financial resources to care for the child. States where the guardianship subsidy is equal to what the family received in foster care can more effectively achieve permanency through guardianship.*

PA-CFS 27.09

Prospective adoptive parents and guardians are provided with education, training, information, and support that address the following, as appropriate:

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- a. attachment and bonding, including the importance of developing safe and nurturing relationships;
- b. possible impacts of adoption or guardianship on the family;
- c. changing roles and relationships, including sibling relationships;
- d. the importance of maintaining connections with a child's family, community, or tribe, as appropriate;
- e. meeting children's developmental needs across life domains, including special considerations for a child's transition into adolescence;
- f. caring for a child with special needs;
- g. raising a child of a different race, ethnicity, culture, religion, sexual orientation, or gender identity;
- h. helping a child cope with separation and loss, history of maltreatment, and identity development; and
- i. issues of independent living.

Interpretation: *This material may be covered in formal training sessions or in collaborative one-on-one work with prospective adoptive parents and guardians. Prospective adoptive parents or guardians that have already adopted or assumed guardianship for another child through the program may only need refresher training. To prevent disruption, the agency should provide in-person, individualized counseling and preparation as needed to prepare resource families to meet the special needs of the particular children joining their families. When a child is already living with a prospective guardian or adoptive family, the information provided should be adjusted accordingly.*

PA-CFS 27.10

When open adoptions are being planned, birth parents, prospective adoptive parents, and children, as appropriate, receive assistance and support to:

- a. develop positive relationships;
- b. develop and agree on plans for continued contact; and
- c. decide how to resolve conflicts that can arise, and agree on methods for renegotiating plans when necessary.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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PA-CFS 28: Arranging Adoptions and Guardianships

The agency identifies adoptive families or guardians who can meet children's needs, and arranges for children to join families in a timely manner.

Interpretation: *When children are already living with prospective adoptive families or guardians, some aspects of this process may overlap with the initial placement process addressed in PA-CFS 13. Aspects of this process will also overlap with PA-CFS 14: "Child Permanency," and PA-CFS 23: "Resource Family Recruitment."*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Procedures for:
 - a. Matching and joining children and resource families
 - b. Involving birth parents, when applicable

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families served
 - d. Resource parents
- Review case records
- Review resource parent records

PA-CFS 28.01

A comprehensive process that examines children's needs and interests, and prospective adoptive parents' or guardians' interpersonal and parenting skills, identifies families that:

- a. are most suitable to meet children's needs;
- b. can advance children's best interests; and
- c. are willing and able to make a long-term commitment to children.

Interpretation: *As noted in PA-CFS 13.01, the agency should consider all information available to identify the best living environment for each child. When the prospective adoptive parent or guardian is known to the child, the evaluation process should include consideration of the child's relationship with the prospective adoptive parent or guardian; the child's relationship*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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with other individuals already living in the home; and the prospective adoptive parent's or guardian's commitment to the child. Children are encouraged to participate in the decision-making process to the greatest extent possible given their age and developmental level.

Interpretation: *When children are already living with prospective adoptive families or guardians, implementation of this standard will overlap with PA-CFS 13.01 and 13.02.*

PA-CFS 28.02

Children's and prospective adoptive parents' or guardians' religious, cultural, racial, linguistic, and ethnic identities are considered when identifying families that will develop life-long relationships with children, provided such consideration:

- a. does not delay the adoption or guardianship;
- b. is in children's best interest; and
- c. is consistent with applicable legal requirements.

Interpretation: *The agency should follow guidelines set forth in the Multi-Ethnic Placement Act.*

Interpretation: *When children are already living with prospective adoptive families or guardians, implementation of this standard may overlap with PA-CFS 13.01 and 13.02.*

PA-CFS 28.03

American Indian and Alaska Native children are placed according to the preferences specified in the Indian Child Welfare Act.

Interpretation: *When children are already living with prospective adoptive families or guardians, implementation of this standard will overlap with PA-CFS 13.03.*

Interpretation: *When working with American Indian and Alaska Native children and families the agency should collaborate closely with the child's tribe to identify adoptive homes within the tribal community. Families from all tribes to which the child has ties should be considered as options. Tribal representatives and service providers must be involved in the process to ensure compliance with the Indian Child Welfare Act, which requires that*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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preference be given to adoptive placements in the following order:

- a. *a member of the child's extended family;*
- b. *other members of the child's tribe;*
- c. *other American Indian or Alaska Native families.*
Alternative placement preferences established in tribal resolution may apply, and the court may also take into consideration the placement preferences of the child or his/her birth parents. As evidence of compliance with these placement preferences, a record of each placement must be maintained by the state in which the placement was made. These records should be made available upon request of the United States Secretary of Interior or the American Indian or Alaska Native child's tribe.

Research Note: *The original language in the Multi-Ethnic Placement Act (MEPA) was updated by the Small Business Job Protection Act of 1996 to eliminate confusion about whether race, color, or national origin could be considered in making placement decisions. These amendments, known as Removal of Barriers to Interethnic Adoption, explicitly state that they have no effect on placement preferences for American Indian and Alaska Native children under the Indian Child Welfare Act (ICWA). The protection granted under ICWA is based upon the child's political affiliation to the tribe and this is distinct and separate from the racial classifications outlined in the amendments. As such American Indian and Alaska Native children should be placed according to the placement preferences specified in ICWA.*

PA-CFS 28.04

The agency takes into account, whenever feasible and appropriate, birth parents' expressed desires regarding children's future living environments, and when this consideration can delay adoption or guardianship, the agency:

- a. acts in accordance with applicable law;
- b. tries to resolve the conflict in the best interest of an expeditious and permanent placement; and
- c. promptly seeks legal counsel regarding resolution of such differences, if necessary.

Interpretation: *In cases where birth parents may be unable to participate in the process, such as incarceration or illness, the agency should work with them to write down their expressed desires for consideration by the court. Child welfare mediation with a neutral third-party can be used to resolve conflict among involved parties and expedite permanency.*

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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PA-CFS 28.05

Prospective adoptive parents and guardians are provided with sufficient information and time to make an informed decision about the adoption or guardianship.

Interpretation: *The agency should ensure full disclosure of all available information about children and birth parents, including information about any issues or conditions that may impact children's functioning (e.g., if a child had a fetal alcohol diagnosis, or if a child had been sexually abused). When arranging an adoption only non-identifying information should be disclosed except in accordance with individual preferences and applicable regulation, as addressed in PA-CFS 30.04, and information should also be provided about the general circumstances leading to the adoption. Prospective adoptive parents and guardians should be given sufficient time to comprehend large amounts of information about a child. If the agency develops a process to share information over time, it should carefully consider what information must be shared before the prospective adoptive parents or guardians make a decision about the placement. Intentional misrepresentation or concealment and negligent disclosure or withholding of information can put the agency at risk for wrongful adoption lawsuits. Practices that may limit exposure to liability include: informing prospective adoptive parents of limits on information gathering and disclosure, provision of information in writing, and training personnel on procedures for collecting and disclosing information.*

Interpretation: *If they are already living with the children, prospective adoptive parents or guardians will presumably already have extensive information about the children. However, the agency should still make sure that prospective adoptive parents or guardians understand all relevant aspects of the children's background and are provided with sufficient time to make a decision about the adoption or guardianship.*

Research Note: *Literature suggests that adoptions are more successful when adoptive parents have realistic expectations about the adopted child. This is of particular importance for children with special needs or children at greater risk for disruption.*

PA-CFS 28.06

Children join families as soon as the children, their birth families, and the adoptive parents or guardians are prepared.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Note: See PA-CFS 27 regarding expectations around preparation for adoption or guardianship, and PA-CFS 29 regarding the supportive services that should be provided to increase the stability and success of the adoption or guardianship.

PA-CFS 28.07

Prospective adoptive parents are provided with assurance that children are legally available for adoption, and when a child is placed for adoption prior to termination of parental rights, the agency:

- a. ensures that the prospective adoptive parents understand their responsibility to support the child's case plan;
- b. informs the prospective adoptive parents of the substantial risks involved and limitations on confidentiality;
- c. ensures that the prospective adoptive parents are committed to adopting the child; and
- d. makes diligent efforts to remove any barriers to the adoption if parental rights are terminated.

Interpretation: *This standard does not apply in the case of tribal customary adoption as adjudicated or approved within tribal court for American Indian and Alaska Native children, when parental rights will not be terminated.*

Note: *When the placement involves an American Indian or Alaska Native child, prospective adoptive parents are informed about the Indian Child Welfare Act and its implications for the adoption of the child.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 29: Supporting and Maintaining Adoptions and Guardianships

Supportive services promote child and family well-being and the stability and success of adoptions and guardianships.

Research Note: *Families often seek supportive services in response to issues of separation and loss, relationship problems, self-development and identity issues, and emotional and behavioral problems resulting from childhood abuse or neglect. Research has shown that financial support, medical services, and respite care are particularly important to families that adopt children with special needs and help to prevent adoption disruption, dissolution, and unregulated custody transfer. Increased levels of financial support and available support services are correlated with decreased rates of disruption and dissolution.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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manner.Â

- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of:
 - a. Assistance provided to adoptive parents and guardians during children's transition to the home
 - b. Services to support permanency
- Procedures for:
 - a. Developing plans to support permanency
 - b. Following up on plans to support permanency
- Local community resource and referral list(s)

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children
 - d. Adoptive parents and guardians
- Review case records

PA-CFS 29.01

Adoptive parents and guardians receive assistance:

- a. with children's transition to the home;
- b. obtaining available subsidies;
- c. obtaining needed services and supports, including resources for children

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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- with special needs; and
- d. completing the legal adoption or guardianship.

Interpretation: *When children are already living with prospective adoptive families or guardians, it will not be necessary to actually assist with the transition to the home. However, families should still receive assistance obtaining available subsidies, insurance, and services, as well as with completing the legal adoption or guardianship.*

Note: *As noted in PA-CFS 18.08, families should also be helped to obtain health insurance for children. See PA-CFS 18.08 for more information regarding the health-related services and supports that children should be connected to following out-of-home care.*

PA-CFS 29.02

The agency works with children and their adoptive parents or guardians to identify and locate family members who might reestablish relationships with the children, in accordance with applicable state or local regulation and the terms of the adoption or guardianship.

Interpretation: *Such efforts will be an extension of the family finding efforts undertaken throughout the life of the case (e.g., during service and permanency planning). When guardianship has been established the identification of family members should include possible successor guardians who could care for the child should the guardian be unable to care for the child in the future.*

Research Note: *The literature suggests that the identification of a successor guardian and the development of a coordinated transition plan leads to a smoother transition for youth. This is particularly important when the caregiver is an older adult.*

PA-CFS 29.03

The agency works with children and adoptive parents or guardians to:

- a. explore the need for post-permanency services; and
- b. identify available services and supports.

Interpretation: *Children's extended family and other community members should be considered as valuable resources when exploring post-permanency supports and services, unless contraindicated.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Research Note: *Affordable access to high-quality post-permanency services is a critical factor in the long-term success of adoptions. For example, a website or clearinghouse can be established that clearly lays out the available post-permanency resources with information on how to access and utilize them.*

PA-CFS 29.04

The agency partners with children and adoptive parents or guardians to develop post-permanency plans that:

- a. are responsive to assessed needs;
- b. specify steps for obtaining a range of needed community-based services and resources;
- c. outline plans for ongoing communication and shared activities with birth families, as appropriate, including with siblings that are not living together; and
- d. are flexible to the changing needs of children and families.

Interpretation: *The decision to develop a post-permanency plan should be based on the wishes of the child and his or her adoptive parent or guardian, unless it is mandated. When the case involves an American Indian/Alaska Native child, the tribe or a local American Indian/Alaska Native organization should be included in post-permanency planning and resources offered by the tribe or a local American Indian/Alaska Native organization should be considered.*

Note: *See PA-CFS 29.05 and 29.06 for more information regarding the potentially relevant services and supports to be included in post-permanency plans.*

PA-CFS 29.05

Children and their adoptive parents or guardians have access to needed post-permanency services that are culturally relevant and include:

- a. assessments;
- b. information and referral;
- c. educational services;
- d. physical and mental healthcare, counseling, and crisis intervention services;
- e. family preservation and stabilization services;
- f. peer support;
- g. respite and residential treatment services;

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- h. child care;
- i. transportation; and
- j. case management.

Interpretation: *Needed services and supports should be specified in the post-permanency plan, as noted in PA-CFS 29.04. Whenever possible families should be connected to professionals who have experience working with this service population. If the agency does not provide post-finalization services directly, it must document referral to a post-permanency services provider.*

Interpretation: *In some situations it may be appropriate to include the birth parent in ongoing support services, unless contraindicated.*

Research Note: *Research and policy guidance suggest that agencies should provide post-adoption services to all families regardless of whether the agency was previously involved in facilitating the adoption or guardianship to prevent children from entering/re-entering the agency's care.*

PA-CFS 29.06

When special needs have been identified, children and their adoptive parents or guardians have access to the following supportive post-permanency services, as needed:

- a. early childhood intervention services;
- b. opportunities within the local school district;
- c. specialized services for health, mental health, and substance use conditions;
- d. education and vocational training;
- e. advocacy training; and
- f. personal advocates or legal counsel.

Interpretation: *Needed services and supports should be specified in the post-permanency plan, as noted in PA-CFS 29.04. Whenever possible families should be connected to professionals who have experience working with this service population. If the agency does not provide post-finalization services directly, it must document referral to a post-permanency services provider.*

PA-CFS 29.07

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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When special needs have been identified and guardianship has been established, the agency:

- a. includes in the post-permanency plan connections to community resources and necessary systems that young adults will need when they are no longer considered minors; and
- b. advises guardians of mechanisms in their state, or by their tribe, to extend guardianship beyond age 18.

Interpretation: *Connections to necessary systems can include, for example, referring young adults with special needs to the mental health system to be assessed for continuing support needs or an ongoing guardianship arrangement.*

PA-CFS 29.08

The agency informs guardians of any ongoing reviews that will be conducted by the guardianship subsidy unit or the court.

Interpretation: *When a case involves an American Indian/Alaska Native child, a representative from the child's tribe or a local American Indian/Alaska Native organization should be informed of ongoing reviews and be given an opportunity to participate.*

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 30: Administrative Practices for Adoption Services

Administrative practices pertaining to adoptions are ethical and professional, and respect the rights of all parties involved in the adoption.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

Table of Evidence

Self-Study Evidence

- Policy regarding fees
- Procedures for:
 - a. Fees
 - b. Releasing information
- Fee scale

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Adoptive parents
- Review adoptive parent records
- Review financial records of fees paid by adoptive parents

PA-CFS 30.01

Fees are fair, reasonable, and based on costs associated with service delivery, and adoptive parents are only charged for services provided.

NA *The agency does not charge fees for adoption services.*

PA-CFS 30.02

When reviewing and approving the agency's adoption fee policy, consideration is given to ethical issues associated with charging adoption fees, including:

- a. the influence fees can have on decision-making about child relinquishment and matching; and
- b. the psychological impact fees can have on birth parents, adoptive parents, and adopted individuals.

NA *The agency does not charge fees for adoption services.*

PA-CFS 30.03

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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The agency, its personnel, and independent contractors do not accept or provide financial or other consideration beyond reimbursement for services.

Interpretation: *The agency must demonstrate thoughtfully developed, fully implemented policies that ensure that professional decision-making is separate from financial considerations, and that all actions have a sound ethical and professional basis. Prospective adoptive parents interested in making donations can be advised to do so after the adoption has been finalized.*

PA-CFS 30.04

All releases of identifying information about adopted persons, birth parents, and adoptive families are in accordance with individual preferences and applicable regulation.

Related: PA-CR 2

Interpretation: *In cases where an individual waives confidentiality, informed consent is obtained in the form of a notarized affidavit before any contact or exchange of identifying information occurs.*

PA-CFS 30.05

When the agency discontinues adoption services for prospective adoptive parents prior to placement, a written reason is provided within five working days of the date services ended, and efforts are made to link the prospective adoptive parents with appropriate services.

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 31: Respite Care for Children in Out-of-Home Care

Respite care reduces caregiver stress, ensures child safety and well-being, and promotes the stability of placements.

Interpretation: *This core concept addresses respite care provided in resource family homes licensed by the agency, as well as when the agency is working with licensed, contracted respite care providers for the children in care. Please note that resource families should have access to respite care even when it is not provided in the agency's resource family homes, as referenced in PA-CFS 26.04. The provision of respite care for birth families receiving in-home services, and adoptive parents or guardians in need of post-finalization support, is addressed generally in PA-CFS 10.01 and 29.05, respectively.*

NA *The agency does not provide respite care in resource family homes licensed by the agency or another provider.*

Note: *If care is going to continue for an indefinite period of time, the notice and placement preferences in the Indian Child Welfare Act may apply.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard

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Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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but instead has in place only part of this framework.Â Â Â

- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of respite services, including number of children permitted in respite care homes
- Procedures for:
 - a. Reviewing respite options with resource families
 - b. Matching children with respite caregivers, including criteria for matching
 - c. Providing respite services in response to a crisis
 - d. Ensuring health and safety
 - e. Working with contracted respite care providers
- Informational materials regarding the respite care program

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Respite caregivers
 - d. Resource parents
- Review case records
- Review resource parent records

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



Child and Family Services

PA-CFS 31.01

Respite care options are reviewed with resource parents prior to a child joining the family, and on a regular basis.

(FP) PA-CFS 31.02

Children are matched with respite caregivers who can meet their needs, and:

- a. are familiar with their daily routines, preferred foods and activities, and needed therapeutic or medical care; and
- b. respect their culture, race, ethnicity, language, religion, gender identity, and sexual orientation.

Interpretation: *Children who require therapeutic or medical treatment should be matched with a caregiver that has appropriate skills and qualifications.*

PA-CFS 31.03

Respite caregivers offer enriching activities appropriate to the interests, age, development, physical abilities, interpersonal characteristics, culture, and special needs of children.

Interpretation: *When children are involved in regular therapeutic, educational, or employment activities, respite caregivers should work with resource parents to plan for continued participation.*

(FP) PA-CFS 31.04

When respite care is provided in response to a crisis, the agency provides needed developmentally, culturally, and age appropriate interventions to help children cope with trauma or stress associated with the crisis.

NA *The agency does not provide respite care in crisis situations.*

(FP) PA-CFS 31.05

Purpose

Child and Family Services promote child and family well-being, protect children's safety, stabilize and strengthen families, and ensure permanency.



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Respite caregiver homes have no more than five total children, including no more than two children in treatment foster care.

Interpretation: *The total number of children includes all children under the age of 18 in the home, including both children residing in the home and children in respite care. There should be no more than two children total under the age of two, and no more than four children total over the age of 13. Exceptions to the total number of children approved to reside with the family are usually considered only to accommodate sibling groups, kinship care placements, or if the home is specially licensed by the state or tribe to care for more children. When overnight care is provided, accommodations must include sleeping arrangements appropriate to the number, age, special needs, and gender of the individuals in the home.*

(FP) PA-CFS 31.06

When children in respite care experience accidents, health problems, or changes in appearance or behavior, information is promptly recorded and reported to the resource parents and administration, and follow-up occurs, as needed.

(FP) PA-CFS 31.07

Respite caregivers return children only to the resource parents, or another person approved by the resource parents, and follow guidelines for situations that pose a safety risk or when a child requires protection.

Interpretation: *Protocols should provide direction on how to use appropriate organizational or community resources to respond to individuals who are intoxicated by drugs or alcohol, who are mentally or physically unstable, or who present a safety concern.*

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PA-CFS 32: Case Closing and Aftercare

The agency works with children and families to plan for case closing and develop aftercare plans.

Note: *Please note that this core concept applies regardless of permanency outcome - in preparing for case closing the agency is expected to work with families who received in-home services, reunified families, adoptive families, families with permanent legal guardianship, youth transitioning to independence, and birth parents who will not be reunited with their children. Please also note that the aftercare plans described in this core concept may overlap with the plans for support and services described in PA-CFS 21: "Family Reunification," PA-CFS 22: "Transition to Adulthood," and PA-CFS 29: "Supporting and Maintaining Adoptions and Guardianships."*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.

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- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Procedures for:
 - a. Case closing
 - b. Aftercare planning and follow-up
- Materials on community resources provided to children and families

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Relevant personnel
 - c. Children and families
- Review case records

PA-CFS 32.01

Planning for case closing:

- a. is clearly defined and includes assignment of personnel responsibility;
- b. begins at intake;
- c. involves children, families, resource families, and others, as appropriate;
and
- d. includes collaboration with the court to ensure that jurisdiction is terminated before the case is closed, when necessary.

Interpretation: *When planning for case closing the agency should ideally employ a family teaming model and encourage families to involve*

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supportive people of their choice, such as extended family, friends, community members, and service providers, including both previously involved providers and providers who will work with families in the future.

PA-CFS 32.02

Upon case closing, the agency notifies any collaborating service providers, including tribal governments, as appropriate.

PA-CFS 32.03

When children have remained or been reunified with their families, the case closing process includes discussion with the family about the successful changes in behaviors and conditions that reduced risk to the child, and strategies for maintaining those changes.

PA-CFS 32.04

The agency develops aftercare plans with children and families, sufficiently in advance of case closing, that specify options for meeting the families' needs for supports and services, and the steps to meeting those needs.

Interpretation: *The agency should develop plans in collaboration with children and families, explore suitable resources, and take the initiative to make contact with service providers with families or on behalf of families if they would benefit from this assistance. When the case involves an American Indian/Alaska Native child, resources available through the tribe or local American Indian/Alaska Native agency should be considered when developing the aftercare plan. The plan should also include contact information for a resource that can be accessed in case of crisis.*

Note: *When a case is closed because an adoption or guardianship has been finalized the specifics of aftercare planning will be covered by PA-CFS 29, and when a youth ages out of care without having achieved legal permanency additional details regarding transition planning will be covered by PA-CFS 22.07 and 22.08. Similarly, when children have been reunified with their families the aftercare plans referenced in this standard will likely be extensions of the plans for support and services described in PA-CFS 21. When cases are closed following the provision of in-home services,*

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without children ever being separated from their families, aftercare planning will be entirely covered by this core concept standard.

PA-CFS 32.05

The agency follows up on aftercare plans, as appropriate, when possible, and with the permission of children and families.

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PA-CFS 33: Personnel

Personnel are qualified and receive adequate support to provide culturally-responsive services that ensure the safety of children and promote the well-being of children and families.

Interpretation: *This core concept standard refers to personnel only. Resource parents are not considered personnel.*

Note: *When the agency is unable to fully implement one or more of the practice standards within this section, intensive efforts should be made to fully implement the other standards. For example, if the agency is unable to recruit workers with specific qualifications, it can ensure that appropriate supervision and workload standards are implemented.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

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4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Staffing chart that includes lines of supervision
- List of program personnel that includes:
 - name;
 - title;
 - degree held and/or other credentials;
 - FTE or volunteer;
 - length of service at the agency;
 - time in current position
- Job descriptions
- Description of average workload per worker, including the average caseload size for the last four quarters
- Training curricula
- A description of:
 - a. Strategies for preventing and countering secondary traumatic stress
 - b. Parent mentor program, if applicable
- Procedures for:
 - a. Assigning and evaluating workload, including criteria used
 - b. Overtime compensation
 - c. Case transfer
 - d. Parent mentor program, as applicable, including for:
 - Recruiting
 - Screening
 - Training
 - Supervising
- Supervisory schedule for 24-hour coverage
- Information and/or data describing staff turnover, from the previous year

On-Site Evidence

- Training attendance records

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On-Site Activities

- Interview:
 - a. Agency leadership
 - b. Supervisors
 - c. Personnel
- Review personnel files
- Review case records as needed

PA-CFS 33.01

Workers are qualified by:

- a. an advanced degree in social work or a comparable human service field;
or
- b. a bachelor's degree in social work or a comparable human service field with two years of related experience.

Interpretation: *The agency should have a specific plan for increasing the educational credentials of existing personnel and hiring relevantly credentialed personnel; however, exceptions may be made on a case-by-case basis when a worker has an unrelated bachelor's degree but has directly relevant experience and/or competencies.*

PA-CFS 33.02

Supervisors are qualified by an advanced degree in social work or a comparable human service field and two years of experience working with children and families, preferably in child welfare.

Interpretation: *If Treatment Foster Care supervisors do not meet these qualifications additional regular clinical consultation must be provided at least monthly.*

PA-CFS 33.03

Workers have the competencies and support needed to:

- a. build positive, engaged relationships with parents that motivate them for change, help them identify their strengths and needs, and support family success;
- b. build trusting, engaged relationships with children to be a source of support, help them identify their strengths and needs, and advocate for

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their wishes;

- c. recognize and understand the impact of trauma, and work with both children and parents in a trauma-informed manner; and
- d. work with all children and families in an empowering, equitable, and culturally-responsive manner.

Related: PA-PDS 1, PA-PDS 2

Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Research Note: *Training that focuses on anti-racism and addresses individual and institutional racism has been identified as a promising strategy for reducing the disproportionality of children of color in the child welfare system by addressing implicit bias that impacts decision-making around such areas as investigation, separating children from their families, and permanency.*

Research Note: *While immigration policy and law supports family reunification whether or not parents are deported, and child welfare policy prioritizes reunification whenever possible, practice shows that when parents are detained or deported family separation often lasts for extended periods and too often juvenile dependency courts terminate parental rights because of the length of separation. Caseworkers and all other relevant personnel should receive training on immigration law and enforcement policies in order to best advocate for the children of immigrants and immigrant families.*

Research Note: *In surveys of child welfare workers, many caseworkers reported challenges with discussing issues of sexual and reproductive health and pregnancy prevention with youth in their care due to the absence of defined roles, clear policies, or training in this area. Given the prevalence of youth pregnancy in the child welfare system, a formal agency-wide policy, protocol, or training curriculum on adolescent sexuality and preventing pregnancy could empower caseworkers to more actively engage with youth on reproductive health, sexuality, and pregnancy prevention.*

PA-CFS 33.04

Workers have the competencies and support needed to:

- a. assess risk and safety;

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- b. conduct comprehensive assessments of strengths, needs, and protective factors;
- c. identify children and families with special needs;
- d. collaborate with families to develop effective service plans;
- e. conduct well-planned, quality home visits that focus on issues pertinent to safety and service planning;
- f. collaborate with other service providers, units, and systems, including the mental health, health, educational, and judicial systems;
- g. evaluate progress on identified goals and the continued need for services;
- h. facilitate permanency, family connections, and community supports; and
- i. follow agency protocols for responding to allegations of maltreatment in resource homes or residential treatment programs.

Related: PA-PDS 1, PA-PDS 2

Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

PA-CFS 33.05

Workers who collaborate with resource families have the competencies and support needed to:

- a. recruit, assess, and engage with resource parents;
- b. work with resource parents in a culturally competent manner;
- c. help resource families provide a safe, nurturing environment and meet the needs of the children in their care;
- d. provide timely and responsive support to resource families; and
- e. facilitate relationships between birth parents and resource families, when appropriate.

Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

PA-CFS 33.06

Workers who support expectant and parenting youth have the competencies and support needed to:

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- a. present information in a manner that will resonate with parenting youth;
- b. understand adolescent development, including adolescent brain development;
- c. understand child development, including early brain development;
- d. address the dual developmental needs of adolescents and young children;
- e. promote youths' transition to adulthood while parenting; and
- f. facilitate father involvement when appropriate and feasible.

Related: PA-PDS 1, PA-PDS 2

PA-CFS 33.07

Workers who arrange adoptions have the competencies and support needed to:

- a. facilitate adoptions that meet applicable legal requirements;
- b. provide support to persons affected by adoption to cope with social and emotional issues;
- c. facilitate adoptions for children with special needs; and
- d. maintain and protect confidential information and assist persons served to access information, as outlined by applicable law.

Related: PA-PDS 1, PA-PDS 2

Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

(FP) PA-CFS 33.08

Workers and supervisors, depending on job responsibilities, are knowledgeable about relevant provisions of the Indian Child Welfare Act (ICWA), including:

- a. the importance of ICWA and special considerations for working with American Indian and Alaska Native children;
- b. the identification of American Indian and Alaska Native children;
- c. determination of jurisdiction;
- d. appropriate notice and collaboration with children's tribes;
- e. placement preferences that support children's connections to their native culture and heritage;

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- f. active efforts requirements to prevent separation or reunify families;
- g. processes for, and alternatives to, terminating parental rights; and
- h. court procedures.

Related: PA-PDS 1, PA-PDS 2

Interpretation: *All child welfare personnel should be trained in the basic requirements of ICWA with additional specialized training for staff in specialized service units, such as intake or permanency planning. All screening personnel must be trained on how to identify children with American Indian or Alaska Native heritage. Workers should also be informed of the cultural norms and historical trauma associated with Indian tribes.*

Research Note: *Training resources on the Indian Child Welfare Act are available from the Bureau of Indian Affairs, the National Indian Child Welfare Association, and the California Social Work Education Center.*

PA-CFS 33.09

Workers demonstrate a belief that parents can safely care for their children, a commitment to children's right to be part of a family, and dedication to achieving permanency for all children.

PA-CFS 33.10

Supervisory personnel are involved in all decisions related to child safety and permanency, and workers have access to a supervisor by telephone 24 hours a day.

Related: PA-PDS 4

PA-CFS 33.11

The agency prevents and counters the development of secondary traumatic stress by:

- a. educating both workers and supervisors about secondary trauma, its symptoms, and its potential effects on children, families, and the agency as a whole;
- b. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;
- c. encouraging respectful collaboration and support among co-workers;

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- d. using assessment strategies to determine when personnel have been impacted by secondary trauma;
- e. connecting personnel to the supports and services needed to address concerns; and
- f. considering how the agency's culture and policies may contribute to or prevent the development of secondary traumatic stress.

Related: PA-PDS 4

Interpretation: *Regarding element (b), personnel should be helped to develop the skills and behaviors that will enable them to engage in positive thinking; increase their self-awareness; know their limits and needs; establish healthy boundaries; monitor and regulate their emotions and behaviors; identify and manage emotional triggers; and take time for self-care. Regarding element (f), it may make sense to consider the agency's culture and policies in areas including, but not limited to, supervision, caseload assignment, scheduling, and crisis response.*

Research Note: *Given that child welfare workers routinely work with traumatized individuals, agencies should acknowledge and accept responsibility for addressing the risks and ramifications of secondary trauma. In addition to diminishing a worker's quality of life, secondary trauma can also negatively impact both the agency and its clients by compromising workers' ability to serve clients effectively and by increasing turnover, which in turn can lead to both negative repercussions for clients and economic costs for the agency.*

PA-CFS 33.12

Employee workloads support the achievement of positive outcomes for families, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experiences of the worker including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and meet practice requirements, including those associated with individual caseloads and other organizational responsibilities;
- c. service elements provided by other team members or collaborating providers; and
- d. service volume, accounting for the complexity and status of each case.

Interpretation: *Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case. Generally, caseloads should not exceed:*

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- 12 active investigations at a time, including no more than 8 new investigations per month;
 - 15-17 families receiving ongoing in-home services;
 - 12-15 children in out-of-home care, and their families;
 - 8 children in treatment foster care, and their families; and
 - 12-25 families when arranging adoptions or guardianships.
- When workers manage a blend of case types, caseloads should be weighted and adjusted accordingly. For example, a worker conducting 4 active investigations would not simultaneously be responsible for more than 10-11 families receiving ongoing in-home services, and a worker for both children in out-of-home care and intact families would have no more than 15 total families with no more than 10 children in out-of-home care.

Caseloads may be higher when agencies are faced with temporary staff vacancies. New personnel should not carry independent caseloads prior to the completion of training.

Research Note: Child welfare research shows that manageable workloads enable workers to conduct home visits where they can build positive relationships, which are necessary for achieving outcomes. Staff retention literature indicates that high caseloads and time-consuming paperwork are primary factors in child welfare workforce turnover. Research and literature also suggest that high turnover rates impact timeliness of reunification and resource parent retention.

Research Note: Research on special needs adoptions suggests that high caseloads can make it difficult to recruit prospective adoptive families, and can delay the processing of resource family assessments and background checks. Additionally, high caseloads may lead to infrequent contact by adoption workers, which can cause some prospective adoptive parents to seek services from other organizations or agencies.

Note: The evaluation of this standard will focus on whether the assigned workload is manageable for personnel, taking into account the factors cited in the standard and interpretation. Each agency should determine what caseload size is appropriate, and reviewers will evaluate: (1) whether the agency's designated caseload size reflects a manageable workload, and (2) whether the agency maintains caseloads of the size it deems appropriate.

PA-CFS 33.13

The agency takes steps to minimize the number of times a case is transferred from one worker to another.

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Interpretation: *In addition to addressing factors that may contribute to turnover by enforcing reasonable caseloads and providing appropriate training, supervision, and support, the agency should also examine any policies or procedures that require families to be passed from one specialty worker to another as they move through the system, and consider whether families would be better served by fewer transfers.*

Note: *See PA-CFS 2.03 for expectations regarding information sharing when cases are transferred.*

PA-CFS 33.14

When parents who have successfully exited the child welfare system provide support to birth parents with open cases, the agency:

- a. clearly defines the role and responsibilities of the parent mentors;
- b. establishes guidelines for recruitment of prospective mentors, including how much time must elapse before a former client is eligible to participate;
- c. carefully screens prospective mentors to ensure they are a good fit for the program;
- d. trains mentors to work in a professional setting and fulfill the roles they are expected to perform; and
- e. provides ongoing support and supervision to ensure that mentors have the skills they need and address any issues that arise.

Interpretation: *Parent mentors are typically expected to provide social and emotional support, facilitate family engagement in services, help families better understand and navigate the child welfare system, connect families to needed resources, and help families advocate appropriately for themselves.*

Research Note: *While caseworkers are also expected to provide the type of support offered by parent mentors, parents who have similar backgrounds and firsthand experience with the child welfare system may be better positioned to empathize and build trusting relationships with family members. In addition to potentially benefiting families currently involved with the system, research suggests that programs such as these may also help the parent mentors by enabling them to build their job skills and resumes and increase their self-confidence and sense of self-efficacy. However, literature also emphasizes the importance of ensuring that mentors are appropriately screened, trained, and supervised, noting that some may lack appropriate skills or be motivated by their own agendas. For example, while social support may be most effective when offered by someone with a*

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similar background, some mentors may be motivated to downplay their similarities with families in order to boost their own identities and meet their own needs. Similarly, while a mentor's own experience may help the mentor empathize and connect with parents currently involved in the system, it will not necessarily provide the mentor with the skills or understanding needed to guide families through the process and help them access services.

NA *The agency does not use parent mentors to provide services.*

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