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**DHS INITIAL  
SERVICE PLAN  
REQUIREMENTS**

As required by 1988 PA 224 of 1988, (MCL 712A.13a), a DHS-65, Initial Service Plan (ISP) must be prepared within 30 calendar days after the removal date of the child. A copy of the ISP is required in every case file regardless of individual court reports.

**ISP Completion  
Date Compliance**

The prepared initial service plan is considered complete when the Department of Human Services (DHS) foster care worker submits the ISP to the supervisor through the Service Worker Support System Foster Care, Adoption and Juvenile Justice (SWSS FAJ). The completion date is reflected as the "Report Date" on the first page of the ISP.

The placement agency foster care ISP completion date is the date the worker submits the ISP to the supervisor for review. The completion date is reflected as the "Report Date" on the first page of the ISP.

The ISP is considered overdue if the report date is on or after the 31st day following the child's removal date.

**ISP Overview**

The ISP is the document used by the foster care worker to:

- Document information about the family.
- Assess the functioning of the family and child(ren), documenting the specific identified needs and strengths.
- Identify the permanency planning goal.
- Identify the services necessary to achieve the permanency planning goal.

The child's family, the child and the foster parent/relative/unrelated caregiver provider must be offered the opportunity to participate in preparing the case service plan. Specifically, the foster care worker is required to engage the family in the development of all case service plans. The plan must designate the person(s) responsible for coordinating and implementing the plan. See FOM 722-06,

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Developing the Service Plan and FOM 722-07, Ongoing Permanency Planning and Service Provision.

During the transition period to SWSS FAJ conversion for all child placing agencies, there will be a difference in service plans produced by the placement agency foster care providers (templates) and the required service plans produced out of SWSS FAJ by the DHS foster care worker. However, the content of and the following procedures for completion of the ISP are required for all foster care workers.

The initial service plan is completed within 30 calendar days of the date the child is first removed from their own home and enters foster care. Additionally, an ISP must be completed for child(ren) who have returned home with dismissal of court jurisdiction and are again placed in out-of-home care under a new petition. If the child was returned home to either/both parent(s) and the child was re-removed during this report period, describe the reasonable efforts to prevent the removal.

If the case is transferred to another agency in the middle of any period, the receiving agency does not need to complete a new ISP. There must be only one ISP per case, except as noted above. Section II of the USP (DHS-66) must be completed for children who re-enter foster care after having been home, while under court jurisdiction.

Complete the ISP format (DHS-65) and the Parent-Agency Treatment Plan and Services Agreement (DHS-67) located in FOM 722-08C. If the child is placed in a residential care setting, the residential care provider must complete the Foster Care Structured Decision Making Residential Initial Service Plan, DHS-365. The DHS worker must also complete the ISP (DHS-65) because the residential forms do not address family planning, monthly contact documentation by the DHS worker, recommendations to the court, (compelling reasons) or reasonable efforts as required by Binsfeld and Adoption Safe Families Act. DHS workers are not required to duplicate information provided by the residential care provider in the ISP. This information should be summarized in the case service plan.

## Decisions

The ISP records information about the family and child(ren) through completion of a social history and the Family and Child Needs and Strengths Assessments; see FOM 722-08A and FOM 722-08B.

This information is used to determine the needs that are primary barriers to the reunification of the child(ren) with the family. Appropriate treatment services are designed to address the **primary barriers**.

Based on the family and child assessment of needs and strengths and other relevant information collected during preparation of the ISP, the FC worker determines the permanency planning goal for each child in the family. Acceptable permanency goals are:

- Reunification.
- Adoption.
- Guardianship.
- Permanent placement with a fit and willing relative.
- Placement in another planned living arrangement.

There is a continuum of legal permanency, with reunification being the most preferred followed by adoption, guardianship, permanent placement with a fit and willing relative and lastly, another planned permanent living arrangement. Therefore, if the permanency planning goal is not reunification, adoption, guardianship, or permanent placement with a fit and willing relative, compelling reasons must be documented within the ISP which detail **why each subsequent permanency planning goal is not in the child's best interest**.

The foster care worker incorporates assessment information on primary barriers into the goals and objectives of the parent-agency agreement. Resolution of the primary barriers is measured in the Family Reunification Assessment to decide:

- If the child(ren) can be returned home.
- If the child(ren) can be maintained in home.
- If the permanency planning goal is considered to be changed or must be changed to other than reunification.

**Note:** It may be appropriate to request termination of parental rights at the initial disposition; see FOM 722-07, Termination of Parental Rights.

## ISP Content

The ISP has two sections. The first section includes:

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***First Section of ISP***

- Identifying information, legal status, social history, and assessments on the family and the child. In this section the primary barriers to reunification are identified.
- Details of the efforts to identify and locate absent parent(s).
- Details of the reasonable efforts that were made by CPS to prevent removal of the child(ren) from his/her home or the reasons why reasonable efforts were not provided.
- Details of the reasonable efforts that the supervising agency must take to best enable the child(ren) to be safely returned home and the services that will be provided to the parent(s), non-parent adult, if applicable, child(ren) and foster parent/relative/unrelated caregiver to facilitate return home; **or**
- **Documentation that the supervising agency believes that providing services to reunify the family is not reasonable;** see FOM 722-06 Reasonable Efforts.
- Assessment of the child(ren)'s placement and identification of possible relative/unrelated caregiver placements; see FOM 722-03, Foster Care Placement and Replacement Selection.
- Recommendations to the court.

***Second Section of ISP***

The second section is the Parent-Agency Treatment Plan and Service Agreement (DHS-67). In this section the FC worker:

- Records the permanency planning goal, target dates, anticipated next placement information, service referrals; and provides assurance of safe and proper care and services; see FOM 722-06, Assurances of Safe and Proper Care and Services.
- Identifies what the parent/caretaker must do to enable their child(ren) to be returned home.
- Identifies what the supervising agency must do to facilitate return home for the children.

- Identifies specific services to be provided to the parent, child, and foster parent/relative/unrelated caregiver that will facilitate early return home.
- Identifies the discipline and child handling techniques that the foster parent/relative/unrelated caregiver will use while the child(ren) is in placement; see FOM 722-02, Behavior Management.
- Identifies the frequency, duration, and location of parenting time; see FOM 722-06, Parenting Time.
- Identifies the frequency, duration, and location of sibling visits, if siblings are in separate placements.

### **Appropriate Completion**

The foster care worker begins the ISP with completion of the Family Assessment of Needs and Strengths, DHS-145 and the age appropriate Child Assessment of Needs and Strengths, DHS-432, 433, 434, 435, (See FOM 722-08A and FOM 722-08B for instructions.). Through interviews with family members and collateral contacts, review of CPS materials, the petition, and any other prior documentation, the FC worker determines the needs and strengths of family and child, all pertinent information on history, and the primary barriers to reunification.

**All parties with a legal right to consideration for reunification must be identified in the ISP.**

### **ACCESSING HIDDEN TEXT WITHIN SDM TEMPLATES**

To display the hidden text feature on the structured decision making templates:

- Click on Tools on the Windows Menu bar.
- From the Tools Menu, click on Options.
- From the Options card file, click on the View tab.
- Under Nonprinting Characters, check to see that there is a checkmark next to the Hidden Text option.

- Click OK.
- Shortcut: to quickly display or hide the hidden text on the open document, click on the Show/Hide icon on the Word formatting toolbar. This icon looks like a reversed "P." This will either turn on or turn off the hidden text feature.

## DHS-65, INITIAL SERVICE PLAN INSTRUCTIONS

The DHS-65 format is to be used in the development of an ISP for all neglect/abuse children and youth for whom the department is responsible. **All items in this format must be addressed unless otherwise noted.** Hidden text is in italics.

### Identifying Information

**County of referral:**

**Report Date:**

**Court Docket #:**

**Child(ren)** (List separately):

- Name.
- Birth date.
- Log number.
- Case number.
- Child age, gender, race, height, weight, hair color, eye color.
- Federal permanency planning goal.
- Current legal status.
- Date entered care.
- Current placement type.
- Anticipated next placement and date anticipated.
- Native American question asked.
- Tribe (if applicable).
- Provider name (if unrelated caregiver or relative; name and address, if institution; name and address of institution; if licensed foster home, note foster home placement only).

**Parent(s) Caretaker(s)** (List separately):

- Name.

- Address.
- Date of birth.
- Relationship.
- Child(ren).
- Participating, reason not participating.
- CPS risk level.

**Note:** The names of each mother and father must be listed even if whereabouts are unknown. Include any non-parent adults involved in the household that the court may order to participate in the service plan or who will be involved in the service planning.

If there is no legal father, attempts must be made by the worker to identify and locate the putative father in order to establish paternity; see FOM 722-06, Efforts to Identify and Locate Absent/Putative Parent(s). All efforts must be documented in ISP.

Indicate if the parent is participating in service planning. Use the following definitions to describe reasons for non participation in service planning:

**Can't Locate/  
Unavailable**

Worker completed a diligent search for parent(s) with a legal right to the child(ren) through such things as statewide Bridges inquiry, Secretary of State inquiry, search of telephone books, U.S. Post Office address search, follow up on leads provided by friends and relatives, legal publication, etc. and has been unable to locate. The parent(s) has not responded to mailings from the worker; see FOM 722-06, Efforts to Identify and Locate Absent/Putative Parent(s). Refer to Absent Parent Protocol  
<http://courts.michigan.gov/scao/resources/standards/APP.pdf>

**Deceased**

Is used when the parent is deceased.

**Not An  
Assessment  
Household**

There is no legal, biological, or putative parent in the household.

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**PPFWR or APPLA  
Agreement in  
Place**

For children and youths 14 and older who have a Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement (APPLA) agreement accepted by the court; see FOM 722-07, Other Permanency Goals.

**Parental Rights  
Terminated**

Is used when the parental rights have been terminated.

**Refused**

The parent has indicated in writing to the court that he/she does not intend to participate in reunification service.

**Reunification  
Services Not  
Needed Per Court  
Order**

The court has determined that reunification services no longer need to be offered to the parent.

**Unwilling**

Worker has attempted to engage parent(s) with legal rights to the child(ren) in reunification services through scheduled appointments in the office, in the parent's residence, or at a location designated by the parent at least once a month in a six month period as **documented** in the case file, however, parent(s) do not participate as required.

**I. Legal Status**

The petition is included in the legal section of the case file and is not repeated in the legal status of this file. Summarize the allegations and the disposition in the "Reason Child(ren) Entered Care" section of this report.

**A. Reason Child(ren) Entered Care.**

- Describe the event or incident that led to removal and placement of the child(ren).

- Are there prior CPS referrals, investigations, services and/or placements for this family? If yes, then describe.
- ***If any child(ren) remain in the family home, indicate the reasons why the child(ren) remaining in the home are safe and what services are being provided to ensure continued safety.***

B. Court History:

- Child (List separately): name, petition date, petition type, hearing date, hearing outcome, order date, order type, requirements to the court through its order.

C. Next court date:

## II. Reasonable Efforts

Information from the CPS transfer; see FOM 722-06, Reasonable Efforts.

For children who are or who may be Indian children, active efforts are required; see NAA 205.

- A. Include services that were provided to the child(ren) and parent(s) to prevent removal.
- B. If services were not provided, were not required, or if providing services to the family was not reasonable, explain why.
  - Address the above areas for the ISP.
- C. Likely harm to the child(ren) if he/she were to be separated from parents, guardian, or custodian?
- D. Likely harm to the child(ren) if he/she were to be returned to parents, guardian, or custodian?

## III. Social Work Contacts

- List date, person(s) contacted, role/position of person contacted, contact method (telephone, face-to-face, home visit, office visit, etc.) for each contact, scheduled, kept or unkept.
- Provide a brief narrative statement (2-3 sentences long) of the topics covered during the contact.

- For face-to-face contacts with foster children, include a statement whether the foster care worker had a private meeting with the child(ren), viewed the child's sleeping arrangements and had a conversation with the caregiver regarding safe sleep requirements in applicable cases.
- The following face-to-face contacts must be documented in social work contacts regardless of whether the primary foster care worker was part of that contact:
  - Parent/primary foster care worker contacts.
  - Child/primary foster care worker contacts.
  - Caregiver/primary foster care worker contacts.
  - Home visits.
  - Parenting time.
  - Permanency planning conferences

#### IV. Assessment

- A. **Family Social History and Assessment** (Complete this section after the Family Assessment of Needs and Strengths, DHS-145, has been completed for the family; see FOM 722-08A, Family Assessment for instructions. If more than one household has been identified for the child(ren), for each item complete all information for each household.

##### 1. Family History

- Describe the family of origin for all adults and non-parent adults involved in this household.
- Describe any history of child abuse or neglect and/or placement experienced by the adult members.
- Describe how the adult's history has impacted his or her own parenting skills and the current situation.
- Describe other relevant information about the adult members of the household, include any significant health issues, criminal history, intra-familial relationships, etc.
- Briefly describe the adult(s) interaction with child(ren) and with each other, if applicable.

- Describe the willingness of the adult(s) to change the situation that brought the children into foster care.

## 2. Family Self Assessment

- Describe the family's reaction to the event/removal and the department's definition of the problem. Describe the family's definition of the problem.
- Describe the family's assessment of their functioning.
- Describe what the family thinks would make things better. Describe the resources the family believes will help meet goals.

## 3. Family Resources

- Describe the relative network resources that are available, or potential resources, including the resources available from the surrounding community.
- Include an assessment of family's feelings of support from these resources.

## 4. Religious Affiliation (if applicable)

- What is the religious affiliation of the parent(s) and child(ren)?
- What is the family's history of participation?
- What are the participation and attendance requirements?
- Explain any special dietary requirements, grooming, dress or make-up requirements for the child(ren) in placement.

## 5. Family Assessment of Needs and Strengths

- Address and explain each individual item scored as a need on the Family Assessment of Needs and Strengths for each caretaker and household.

- Identify the priority needs that are primary barriers to reunification.

Priority needs are defined as those domains scored with the highest negative point value.

- Indicate how the primary barriers are related to the reasons the child(ren) entered care, and
- List and describe strengths in the family.

Strengths are defined as any domain scored with a "0" or positive number.

- The results of the Central Registry and criminal history checks, if available.

**B. Child Social History and Assessment** The foster care worker must request information from the child(ren)'s family, foster family, the child (when appropriate), service providers, education and medical providers and any other professionals familiar with the child prior to completing the child(ren)'s needs and strengths assessment and social history. Complete this section after the age appropriate DHS-432, 433, 434, 435, Child Assessment of Needs and Strengths, is completed; see FOM 722-08B, Child Assessment Requirements for instructions.

1. **Placement During the Report Period** - Describe for each child:

- Child name.
- Living arrangement.
- Begin date.
- End date.
- Reason for replacement.

2. **Provision of Medical, Dental and Mental Health Services.** For each child complete the following:

- Child name.
- Current health status and medical needs from the onset of a child's placement into foster care.
- Any needed emergency medical, dental and health care provided since entry into foster care.

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- Date of full initial medical examination.
  - Description of any needed medical follow-up appointments.
  - Immunization status.
  - Date of initial dental examination or date of scheduled appointment.
  - Description of any needed dental follow-up treatment and appointments.
  - List of prescribed and regularly dispensed over-the-counter medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
  - Documentation of informed consent for each psychotropic medication, if applicable.
  - Date of mental health screening and/or assessment.
  - Description of any needed mental health treatment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.
  - Child's perception of their mental, medical, and dental health needs, if applicable.
3. **Child History and Current Status** - Describe for **each** child under court jurisdiction:
- Distinctive characteristics.
  - Emotional and physical development.
  - Behavior, past experiences, and problems.
  - Participation in extracurricular/cultural/hobbies, likes and dislikes, etc.
  - Relationships with siblings.
  - Describe all prior formal and informal placements.

- How the child's permanency plan was shared with the child and the child's feelings about the plan.
4. **Educational Information** - For all elementary or secondary school students, document the child/youth's full-time school attendance with a statement that the child is a full-time student. If child/youth is incapable of attending school on a full-time basis due to a medical condition, address the incapacity. Documentation of child's/youth's medical condition (from medical provider) must be in case plan and updated quarterly. Describe for **each** child:
- Child name.
  - School name.
  - Grade.
  - The appropriateness of the current educational setting and the proximity to the school in which the child was enrolled at the time of removal.
  - The best interest factors and the input of the parent or legal guardian, along with the education liaison used to determine the preferred school.
  - Discussion of the transportation plan (if applicable).
  - Verification that the child is enrolled in and attending school full-time within 5 days of initial placement.
  - Verification from the new school that child's previous school record has been obtained (if child's school is changed from the enrolled school at time of removal).
  - An initial assessment of the child's educational needs and strengths, based on information obtained from the Michigan Department of Education Homeless Student Intake Form (if child is eligible for McKinney-Vento benefits), educational assessments and through contacts with the parents, teacher, foster parent, child/youth and/or liaison.

**Note:** Each child must be screened for educational needs within 30 calendar days of his or her entry into foster care. The information obtained from the

sources listed above will assist with the screening to identify the educational needs of the child and services required to meet the child's needs.

- Special education information, if applicable.
- Child's current academic performance and behaviors in school, including whether child is passing or failing their grade.
- Description of provided services from school, parent, foster parent and/or others to meet the child's educational needs.
- Child's comments about their educational needs and strengths.

5. **Child(ren)'s Reaction to Placement** - Describe for **each** child under court jurisdiction, their reaction to:

- The abuse and/or neglect that led to placement.
- The placement out of the family home. (Separate from the family's reaction.)
- Their current placement, including the child's feelings and observations about the placement.

6. **Child Needs and Strengths Assessment** - For each child, address and explain **each** individual item scored as a strength or need on the age appropriate Child Assessment of Needs and Strengths for the child(ren):

- Identify and explain the priority needs of the child(ren) for service.

Priority needs are defined as those domains scored with the highest negative point value that is not a situational concern.

- Identify and explain situational concerns.

Situational concern is defined as an issue identified for a child that is short term and may be in response to a recent event or change in placement or in the child's family. Situational concerns **must not** be identified in consecutive service plan periods. (If the issue persists beyond the case planning period, it would then be identified as a need.)

Identify other needs that are any domains that have a negative score that are not considered priority or situational needs.

- Identify and explain strengths.

Strengths are defined as any domain scored with a "0" or positive number.

## 7. Placement Information

- a. **Placement Selection Criteria;** see FOM 722-03, Placement/Replacement.

Rank each from 1 - 4; 1 being the reason(s) most important to the decision, 3 the least important, and 4 not applicable. Each item must be scored.

- The case plan which includes the goal of permanence.
- The physical, emotional, educational and safety needs of the child(ren).
- The appropriateness of the current educational setting and the proximity to the school in which the child was enrolled at the time of placement.
- Proximity to the child(ren)'s family.
- Placement within relative/unrelated or extended family network of the child(ren).
- Placement with siblings of the child(ren).
- The child(ren)'s and child(ren)'s family's religious preference.
- The least restrictive, most family-like setting.
- The continuity of relationships.
- Availability of placement resources for the purposes of timely placements.
- The foster child's expressed preferences for placement.

- b. If any placement selection criteria are not met, explain why not.

**8. Placement Resources**

a. Sibling Placement

- If child(ren) has siblings who are not placed in the same out-of-home placement, provide an explanation of the reasonable efforts made to place siblings within the same placement.
- Describe the ongoing efforts to place the siblings within the same home during this report period.
- If sibling's placements are split, second-line supervisory approval is required. The second-line supervisor must sign the ISP in the space designated at the end of the ISP.
- If there are no siblings or if siblings are placed together, write N/A.

- b. Sibling and Relative Visitation-Visits are to occur at least monthly for siblings who are in separate placements. From the established sibling visitation plan in the parent-agency treatment plan, document the following:

- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.
- Specifically address and evaluate visits between siblings if in separate placements.
- Ongoing interaction between siblings.
- If visits did not occur, describe circumstances preventing the visit. Document all reasonable efforts made to provide frequent visitation or other ongoing interaction between the siblings. Address and evaluate any relative visits including visits with adult siblings.

- Describe knowledge of, or observations on, the quality of the visits.
- Include a discussion of any exceptions (missed, changed, and suspend visits and changes in supervision status) to the plan during the report period.

c. **Relative/Unrelated Resources and Placement**

- Have efforts to obtain a placement with relatives been pursued?
- Identify any relative resources (in Michigan and other states, per Interstate Compact for the Placement of Children procedures) with the potential to provide placement for the child(ren), including relatives identified by the parent and child(ren), or other supports as indicated by the DHS-989, Relative Response.
- Describe the efforts that have been made to place the child(ren) with the family or within the kinship network.
- If a decision has been made regarding relative care placement of the child, include the decision and the rationale for the decision or attach a copy and the DHS-31, Foster Care Placement Decision Notice.
- Attach any completed home studies to this ISP.
- If the relative is pursuing foster care licensing, document progress made toward achieving licensing.

d. **Best Interests of Current Placement**

- Describe the foster parent/caregivers willingness and capacity to meet the specified needs of the child.
- Describe why the current placement is in the child's best interest.

- Document any CPS complaints regarding the caregiver, omitting any information about the CPS referral source.

#### 9. Residential Care

- Describe the reasons for residential placement.
- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- Regardless of a child's age, if a child is placed in a residential or institutional setting, the worker **must** document the Wraparound or assisted care efforts that were made to prevent the placement. If there were no services provided, explain why.

If the youth is not placed in a residential or institutional setting, write N/A in the space provided.

#### C. Foster Parent/Caregiver Input

- Attach written input from the foster parents/relative/unrelated caregiver about the child(ren). If a written statement is not available, summarize the foster parent/relative/unrelated caregiver feedback; see FOM 722-06, Foster Parent/Relative/Unrelated Caregiver Input.
- Document the date the child's Medicaid card was given to the foster parent/relative/unrelated caregiver.
- Describe the caregiver family's adjustment to the child's placement.
- Document how the permanency plan for the child was shared with the caregiver and the caregiver's comments regarding the permanency plan.

#### D. Progress to Date

- Describe any changes in the family since the child(ren) entered care.
- Record all referrals made for the family since placement including any services provided by the supervising agency at the time of placement in the Service Referral Table of

the Parent-Agency Treatment Plan and Service Agreement.

## V. Recommendations to the Court

(Complete for each child).

### A. Should child(ren) Remain in Out-of-Home Placement?

For each child under court jurisdiction, for the period covered by this report, identify case action as continued placement, return home and monitoring or closure.

If the child(ren) should remain in out-of-home placement, describe why it is not in the child(ren)'s best interest to be returned home, placed for adoption, or placed within the relative/kinship network.

### B. Mandatory Petition for Termination of Parental Rights

If a mandatory petition has been filed requesting termination of parental rights at the dispositional hearing, the recommendations should contain either:

1. A statement that the supervising agency believes it is in the child(ren)'s best interest to terminate the parent's rights to the child(ren) and the reasons why; or
2. Documentation regarding the compelling reasons why termination of parental rights is not in the child(ren)'s best interest; see FOM 722-07, Compelling Reasons.

If the mandatory petition section is the same for all children, check yes and the appropriate recommendation below. If this section is different for one or more children in the family, check no. Then click in the child name section and follow directions to add a section for each child.

Check boxes: Check only one box (1-3) and as many of items a-i as necessary if box 3 is checked.

1. A mandatory petition is not required. If #1 is checked, a petition for termination of parental rights has not been filed. Write N/A in the space below.
2. A petition for termination of parental rights has been filed and it is in the child(ren)'s best interest to proceed: If #2

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has been checked and it is in the best interest of the child(ren) to proceed, provide the reasons why in the space below.

3. A petition for termination of parental rights has been filed and it is not in the child(ren)'s best interest to proceed. Indicate why termination is not in the best interest of the child(ren) by checking as many boxes as apply below:
  - a. The child is age 14 or over and refuses to consent to his/her adoption.
  - b. The child is in custodial care or residential treatment and treatment services are not yet completed.
  - c. The youth is age 18 or over.
  - d. The supervising agency has not yet provided the services detailed in the prior service plans to make reunification possible.
  - e. Other. If this is the compelling reason, there must be clear documentation within the service plan of the individual circumstances of the child that necessitates this selection.
  - f. The parent suffers from a chronic illness and the child is unable to return to the home, but there continues to be a close relationship between the child and parent.
  - g. There are financial benefits for the child to maintaining parental rights.
  - h. There is an appropriate relative/unrelated caregiver to care for the child and the relative/unrelated caregiver is not willing or is unable to adopt the child.
  - i. The child is an unaccompanied refugee minor.

- C. **Recommended Court Orders** In this section, write any court orders requested for parental or caretaker compliance with the service plan. If applicable, request that non-parent adults participate and comply with the service plan.

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## VI. Supervisory Approval

Prior to finalizing, the ISP along with the required assessments must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.

Case service plan approval process requires the foster care supervisor to:

- Review and approve the ISP within 14 calendar days of the Report Date.
- For DHS supervisors, select the “Approved” button in the SWSS-FAJ Supervisory Selection field to generate the SWSS-FAJ transaction.
- Sign and date the original approved case service plan.

The DHS and placement agency foster care initial service plan approval date is identified by the foster care worker and supervisor signatures and date on the last page of the case service plan. A copy of the case service plan with the two signatures and dates must be placed in the narrative section of the case record.

The agency is considered out of compliance with licensing rule R400.12403(2)(o) if the foster care supervisor signature date is past the 14-day review and approval time frame.

At the time any placement agency foster care provider receives the SWSS FAJ conversion, that specific agency is required to comply with SWSS FAJ policy specifications.

Supervisory approval indicates agreement with:

- The foster care worker’s court recommendations within the ISP.
- The identified needs and strengths of the child and family.
- The rate of progress identified, including barrier reduction and parenting time.
- Appropriateness of current placement.
- Current treatment plan for the child(ren) and parent(s).
- Permanency planning goal.

**Note:** The plan must identify the unique needs of each child addressed in the service plan. The services which will meet the needs of each child must be identified as well as the identified foster parent/caregiver's willingness and capacity to meet those needs.

The DHS-148, Structured Decision Making Children's Foster Care Case Reading form, may be used when reviewing case compliance.

## **VII. Purchase Agreement - Local Office Approval**

The local office must approve, or disapprove, in writing, the ISP for a child in purchased foster care or residential care. The PAFC agency is responsible for all elements of the service plan in cases where they have accepted responsibility for providing family services per the DHS-3600, Individual Service Agreement.

The local DHS office is responsible for reporting requirements only when the placement agency foster care provider has not accepted total case responsibility. The report from the local office should not duplicate the placement agency foster care provider report, but should address those areas for which that agency is not responsible per the DHS-3600 contract. Signing the ISP submitted by the agency indicates DHS approval. The approved ISP is to be returned to the placement agency foster care provider within seven business days of receipt; a copy is retained in the child's case record.

The DHS-719, Child Placing Agency Case Report form, must be sent to the placement agency foster care provider within two working days of the assignment of the SWSS FAJ case. This is the acceptance of the electronic CPS transfer. This form must be used for initial case opening as the form contains information that is necessary to open the case on SWSS FAJ. The placement agency foster care provider must send the form back to DHS within 10 calendar days of receipt of the form.

The local office is responsible for knowing what services are being purchased from the PAFC agency and for monitoring compliance with the DHS-3600. When a policy noncompliance situation is identified, it is to be brought to the attention of that agency both verbally and in writing. If efforts to resolve the area of conflict locally are not successful, the situation is to be brought to the attention of

the DHS Child Welfare Contract Compliance Unit (CWCCU), using the DHS-1125, Complaint Notification form; see FOM 914, Monitoring Worker Responsibilities.

**DISTRIBUTION OF  
PLAN**

Indicate the distribution of the plan.