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**OVERVIEW**

To support the safety, permanency, and well-being of a child in foster care, placement decisions must take into consideration the following four principles:

- Ensuring the child's safety.
- Minimizing the trauma experienced by the child and family during the placement process.
- Maintaining continuity by placing the child with relatives and in their community whenever possible.
- Placing the child in the most family-like setting that will meet the child's needs, reducing the likelihood of future placement changes.

All factors outlined in this policy item must be evaluated to ensure the selected placement is safe and, in the child's best interest. Depending on the circumstances in each case and the specific needs of each child, certain factors should be given more weight than others. In no case is any one factor to be given sole consideration.

**NON-  
DISCRIMINATION IN  
FOSTER CARE AND  
ADOPTION  
PLACEMENTS**

Except for American Indian/Alaska Native (AI/AN) children, case managers may not routinely consider race, national origin, and ethnicity in making placement decisions; see [NAA 200, Identification of an Indian Child](#). Any consideration of these factors must be done on an individualized basis and only when circumstances indicate their consideration is warranted; see [SRM 403, Non-discrimination in Foster Care and Adoption Placements](#).

**American  
Indian/Alaska  
Native Children**

Case managers must follow [NAA 215, Placement/Replacement Priorities for Indian Children](#), for children who are identified as AI/AN or when there is reason to believe the child is AI/AN. Documentation of each placement of an AI/AN child has must be

maintained in the case service plan to show the efforts to comply with placement priorities.

## PARENT INVOLVEMENT

Whenever possible and appropriate, parents should be included in the following placement discussions and decisions:

- The parents and the case manager **must** discuss all possible options, such as placement with relatives, licensing of a friend or relative to serve as a caregiver, or other known options. If foster care with a licensed home is selected, the parents should be made aware of available homes and should help select the one that best meets the child's needs.
- When selecting the best available placement for a child, the case manager must discuss all placement selection criteria with the parents. The parent's opinion and recommendations regarding the importance of each criterion should be given considerable weight, but the final decision remains with the department.
- Once a preference by the case manager and parents is established, the case manager must attempt to facilitate that placement. If necessary, an emergency or temporary placement for up to 30 calendar days may be used while a long-term placement is explored or arranged.
- At the time of placement or placement change or during the applicable family team meeting (FTM), and regularly throughout the duration of the placement, the case manager should facilitate contact between the parents and caregivers to orient the caregivers to the specific needs and characteristics of the child.
  - Information about medications, allergies, cultural practices, food preferences, temperament, sleep schedules, special or personal toys, books or clothing that will aid in a smooth transition, and other specifics about the child should be shared with the caregivers.
  - In the best interest of the child, the case manager should encourage the caregivers to meet with the parents to facilitate an ongoing exchange of information about the child.

- To the extent possible and appropriate, the caregivers and parents should have phone access to each other and should consult with each other about routine care, milestones, major decisions, and any concerns that arise.

## PLACEMENT SELECTION CRITERIA

The following factors must be considered when making a placement or placement change:

- The child's physical, emotional, and safety needs.
- The least restrictive, most family-like setting.
- Placement with relative.
- Placement with siblings.
- The child's expressed preferences.
- Proximity to the child's family.
- The child's and family's religious preference.
- The continuity of relationships.
- The case plan which includes the goal of permanence.
- Appropriateness of the child's current educational setting and proximity to the school in which the child is enrolled at the time of removal.
- Availability of placement resources for the purpose of timely placement.

### Needs of Child

When making a placement decision the child's needs are of the greatest importance. Placement selection must be based on the:

- Physical, emotional, and safety needs of the child.
- Accessibility and availability of services needed for the child.
- Appropriateness of the child's current educational setting and the proximity to the school the child is enrolled in at the time of removal.

## Least-Restrictive Setting

Placement must be made in the least-restrictive, most family-like setting consistent with the best interests and special needs of the child.

The non-offending parent must be assessed for placement before considering an out-of-home placement; see [FOM 722-01, Entry into Foster Care](#).

If reunification is the permanency goal then a return home must be assessed as the first option anytime a placement change is considered; see [FOM 722-03D, Placement Change](#).

## Relatives

If out-of-home placement is required, **preference must be given to placement with relatives or siblings**; see [FOM 722-03B, Relative Engagement and Placement](#).

**Note:** For placement preference, a relative is defined as an individual who is at least 18 years of age and related to the child within the fifth degree by blood, marriage, or adoption, including the spouse of an individual related to the child within the fifth degree, even after the marriage has ended by death or divorce, the parent who shares custody of a half-sibling, and the parent of a man whom the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child. A relative may also be an individual who is at least 18 years of age and not related to a child within the fifth degree by blood, marriage, or adoption but who has a strong positive emotional tie to or role in the child's life or the child's parent's life if the child is an infant, as determined by the department or, if the child is an Indian child, as determined solely by the Indian child's tribe. As described under MCL 712A.13a.

Placement preference must be given to an adult related to the child within the fifth degree by blood, marriage, or adoption provided the relative meets all relevant state child protection standards. The department can override this decision with good cause.

Good cause means the following:

- A request by one or both of the child's parents to deviate from this preference.

- The child's request, if the child is of sufficient age and capacity to understand the decision that is being made.
- The presence of a sibling attachment that can be maintained through a particular placement.
- The child's physical, mental, or emotional needs, such as specialized treatment services that may be unavailable in the community where families who meet the placement preferences live.
- The distance between the child's home and the proposed family placement would frustrate the reunification goal or otherwise impede permanency.

### Sibling Groups

Siblings are defined as children who have one or more parents in common. The relationship can be biological or through adoption, and includes siblings as defined by the Indian child's tribal code or custom. A sibling relationship continues after termination of parental rights. All siblings in **out-of-home placement** must be placed together, unless:

- One of the siblings has exceptional needs that can be met only in a specialized program or facility.
- Such placement is harmful to one or more of the siblings.
- The size of the sibling group makes one placement impractical, despite diligent efforts to place the siblings within the same home.

The DHS-3, Sibling Placement Evaluation, is required if a new child is born into a home where one or more siblings are currently in foster care and the new child will remain in the home. The DHS-3, Sibling Placement Evaluation, must be approved by the CPS supervisor, foster care supervisor, and the second line supervisor. The DHS-3, Sibling Placement Evaluation, must document how the children remaining in the home are safe and the plan of services for the family to maintain safety of the children in the home.

The reasons siblings cannot be placed together are to be recorded in the DHS-65, Initial Service Plan (ISP), and/or subsequent DHS-66, Updated Service Plan(s) (USP), as appropriate. Written second line supervisory approval is required for a placement which separates or maintains separation of siblings.

A placement exception request (PER) is required for each placement which separates or maintains separation of siblings; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

For information on foster home license capacity or rule variance; see [FOM 922, Foster Family Recruitment, Support and Development](#).

### ***Ongoing Efforts to Place Siblings Together***

Case managers must make ongoing efforts to place siblings together unless the placement would be contrary to the safety or well-being of any of the siblings. Efforts to place siblings together must continue until case closure. A reassessment of the sibling split placement is required each quarter and must include the efforts and progress made to place all siblings together. The reassessment must be documented in the electronic case record in the case service plan under supporting information.

**Note:** Termination of parental rights does not dissolve a child's relationship to their siblings. Efforts to place siblings who are in out-of-home care together must continue as described above after termination of parental rights.

### ***Sibling Placement after Adoption***

Although not required, best practice suggests efforts be made to identify biological siblings who may have been adopted by reviewing prior case records and documenting information about biological siblings in the child's foster care case file. Placement and visitation are not required but are encouraged when the adoptive parent is interested in placement or visitation; see [SRM 131, Confidentiality](#).

### ***Stepsibling Placement***

Efforts should be made, but are not required, to place stepsiblings together. A sibling split PER is not required when stepsiblings are placed apart.

## **Child's Preference**

The case manager must discuss and document the placement preferences of the child when age appropriate. Consideration must be given to the child's preference. If the child is not consulted, the case manager must document the reason within the case service plan.

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**Proximity to the  
Child's Family**

Children must not be placed outside of a 75-mile radius of the home from which the child entered custody, unless one of the following exceptional circumstances arise:

- The child's needs are so exceptional that they cannot be met by a family or facility within a 75-mile radius.
- The child requires a placement change and the child's permanency goal is reunification with the child's parents who at that time reside outside of the 75-mile radius.
- The child is to be placed with a relative or sibling outside of the 75-mile radius.
- The child is to be placed in a pre-adoptive or adoptive home outside of the 75-mile radius.

If the child is placed outside the 75-mile radius, the supervisor must approve the placement; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

**The Child's and  
Family's Religious  
Preferences**

The case manager must consider parental wishes and the child's feelings and desires whenever possible in selecting a placement which affords the child an opportunity for expression of the child's religious, spiritual, and cultural beliefs and practices.

**Continuity of  
Relationships**

The case manager must consider a placement which preserves and maintains relationships with the relative network, prior service providers, friends, teachers, or other significant relationships.

**Permanency Plan**

The case manager must consider the placement's ability to support the child's permanency plan and concurrent plan, if applicable; see [FOM 722-07, Permanency Planning- Overview](#). Every placement should be chosen with the long-term plan for the child in mind.

***Minimum Number of Placements***

The placement selection should minimize the number of placements for the child. Whenever possible, the initial placement should become the ongoing placement for the child with the potential for permanency if needed.

***Child's Previous Placement History***

Placement history, including informal and formal placements, should be considered when selecting an ongoing placement. The relationship with the previous caregivers should be considered. Prior placements may indicate a need for prompt action to achieve permanence, a need for more or less structure, the child's inability to relate to parental figures, an ability or willingness to relate to specific caregivers, or other important considerations. These conditions may provide important information when evaluating the ability of a placement to meet the needs of the child and support timely permanence.

**Appropriateness of  
the Educational  
Setting**

Children entering foster care or changing foster care placements must continue their education in the school district of origin whenever possible and if in the child's best interest. The case manager must consider proximity of the placement to the child's school when placing or changing a child's placement; see [FOM 723, Educational Services](#).

**Availability of  
Placement  
Resources for  
Purposes of  
Timely Placement**

The case manager must consider which available placement is safe, best meets the child's needs, and is in the child's best interest.

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**CURRENT  
CIRCUMSTANCES  
OF POTENTIAL  
PLACEMENT**

Once a potential placement is identified, the case manager must assess the family's ability to meet the needs of the specific child and any extra demands of an additional child in the home. Case managers must consider the factors described below and document that the factors were considered.

If any factors exist that may impact the caregiver's ability to meet the child's needs, the case manager must include a narrative justification in the placement section of the case service plan that explains why the placement is in the child's best interest despite any identified factors. The narrative must include any needs identified by or for the caregivers and the agency's plan for addressing those needs.

**Number, Ages, and  
Needs of Children**

Case managers must consider the ability of the caregivers to provide quality care and an appropriate level of supervision given the number, ages, and needs of the children living in the home and any children being considered for placement in the home.

**Caregiver Support  
Systems**

The case manager must consider the caregiver's support system, such as family, friends, or community supports, and their ability to assist during times of need. The case manager must assess the caregiver's participation in trainings, support groups, or mentoring programs that will assist the caregiver in meeting the specific needs of the child considered for placement.

**Parenting  
Difficulties**

The case manager must consider any identified parenting concerns or difficulties the caregivers may have recently experienced with other children in the home, including truancy or delinquency issues, mental or physical health concerns, or behavioral problems. If there have been parenting concerns in the past, the case manager must also consider the previously demonstrated ability to resolve and manage the situation. If there are ongoing parental stressors in the

home, the case manager must consider the potential impact of placing an additional child in the home prior to making the placement.

### **Significant Changes or Stressors**

The case manager must consider significant changes, stressors, or personal or financial difficulties recently experienced by the caregivers that may affect the capacity to care for the child being considered for placement.

### **Complaints**

Prior to placement, case managers must review the electronic case record or consult with Children's Protective Services (CPS) and foster home licensing staff to determine if any complaints have been received on the potential caregiver's home. If complaints have been received, the case manager must assess whether the circumstances of the complaint raise any concerns about the ability of the caregivers to care for the child being considered for placement.

### **Health and Age**

The case manager must consider the age and health status of the caregivers when determining their ability to provide permanency for the child and meet the child's current and ongoing needs.

The health and age of the prospective caregivers should be given heightened consideration if:

- The prospective caregiver is under the age of 21.
- The youngest child to be placed is less than 10 years of age and there is more than 50 years age difference between the child and the youngest prospective caregiver.

### **PLACEMENT LIMITATIONS**

Case managers must not routinely make placements that will result in any of the following situations:

- More than three foster children placed in the home.

- More than five total children residing in the home, including the caregiver's children.
- More than three children under the age of three residing in the home.
- Placement of a child more than 75 miles from the home from which the child entered custody; see *Proximity to the Child's Family* in this item.
- Siblings placed apart; see *Sibling Groups* in this item.
- Any child in foster care identified as at high risk for perpetrating physical violence or sexual assault against other children being placed with other children in foster care not so determined; see *Placement of a Child Identified with High-Risk Behaviors* in this item.
- Placement in an emergency shelter care program for more than 30 days; see *Placement in Emergency Shelter Care Programs* in this item.
- Placement in an emergency shelter care program more than once in a 12-month period; see *Placement in Emergency Shelter Care Programs* in this item.
- Placement in a jail, correctional, or detention facility; see *Placement in Jail, Correctional, or Detention Facilities* in this item.
- Placement in a home with an adjudicated juvenile sex offender; see *Placement in a Home with a Child Adjudicated for a Sex Offense* in this item.

Exceptions to these limitations may be made on an individual basis when extenuating circumstances exist **and** it is determined to be in the best interest of the child; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

## Prohibited Placements

### ***Secure Juvenile Justice Facilities***

Children must not be placed in a secure juvenile justice child caring institute (CCI) without a conviction for a non-status offense crime.

### ***Felony Convictions***

Children must not be placed within the home if any household member or non-parent adult has a **felony** conviction for any of the following crimes:

- Child abuse or neglect.
- Spousal abuse.
- Crime against children, including pornography.
- Crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.
- Physical assault, battery, or drug-related offense within the last five years.

If the criminal history check reveals any member of the household has a criminal conviction, case managers must follow the guidelines in [SRM 700, Law Enforcement Information Network \(LEIN\)](#).

## **PLACEMENT PREPARATION**

Preparation for placement will vary with each child and must be adapted to their age, development, experience, individual needs, personality, and circumstances necessitating placement, as well as any issues presented by the prospect of placement.

The case manager must prepare the child for placement by discussing the following using developmentally appropriate language:

- Reasons for placement.
- Visitation plan with parents and siblings, if applicable.
- Expected length of placement.
- Expectations about maintaining ties to significant others.
- Child's feelings, fears, and questions.
- Clothing, pictures, toys, or other items the child would like to take.

- When available, a description of the placement and caregivers, which may include photographs.
- Any other questions or concerns raised by the child.

**Note:** If the placement is not planned, the case manager must discuss the above with the child at the time of placement or as close to placement as possible.

When a child is too young to discuss placement, the case manager must prepare the caregivers to meet the child's needs. Placement preparation activities may include, but are not limited to, informing the caregivers of the child's:

- Sleeping schedule.
- Formula and feeding schedule.
- Medical needs.
- Emotional needs.

See *Infants and Young Children*, in this item, for special considerations when placing this population.

### Electronic Case Management Documentation

The case manager must document placement preparation in the electronic case record in the Placement Details section and Placement Change hyperlink.

## DOCUMENTATION

For out-of-home placements, the following documentation requirements apply.

### Provided to the Caregiver

Any time an out-of-home placement is made, the following documents must be provided to the caregivers at or before the time of placement:

- Medical information.
  - DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card; see [FOM 801-04, Consent for Health Treatment and Care](#).

- [DHS-Pub-268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services.](#)
- Medicaid card or MA number; see [FOM 803, Medicaid - Foster Care.](#)
- Medicaid Health Plan (MHP) card, if applicable; see [FOM 801-06, Medicaid Health Plan Services.](#)
- DHS-221, Medical Passport; see [FOM 801-03, Medical Passport](#), for exceptions to the standard of promptness (SOP).

**Note:** The receipt of the medical passport must be documented in the electronic case record by uploading the signed and dated signature page into the child's Health Profile.

- Education information, including all of the child's available student records, such as report cards or Individualized Education Plans (IEPs); see [FOM 723, Educational Services](#), for exceptions to the SOP.
- DHS-3307, Placement Outline and Information Record.

**Note:** For emergency placements, the DHS-3307 may be provided within seven calendar days of placement.

### ***Provided to the Unlicensed Relative Caregiver***

When placement is made with unlicensed relative caregivers, the caregivers must also receive the:

- DHS-Pub-843, Foster Care Provider Payment Handbook.
- DHS-Pub-114, Relative Caregiving: What You Need to Know, case managers must document that this was given to the caregivers in the social work contacts in the electronic case management system; see [FOM 722-03B, Relative Engagement and Placement.](#)

### **Provided to the Child**

Within 30 calendar day of removal, the case manager must review and explain the DHS-5307, Rights and Responsibilities for Children

and Youth in Foster Care, and the agency's grievance policy with the child, the caregivers, and the child's parents; see [FOM 722-06J, Rights of Children in Foster Care](#).

### Completed by the Case Manager

The DHS-3377, Clothing Inventory Checklist, must be completed within 30 calendar days of the child's placement or placement change; see [FOM 903-09, Case Service Payments](#).

If the child changes schools at the time of placement or replacement, the case manager must request the child's records using the DHS-942, School Notification and Education Records Release; see [FOM 723, Educational Services](#).

### FOSTER CARE PLACEMENT DECISION NOTICE

The supervising agency must make a placement decision and document the reason for the decision on the DHS-31, Foster Care Placement Decision Notice, within 90 days of the child's removal.

If the supervising agency places a child with a relative and approves the placement on the DHS-3130A, Relative Placement Home Study, during the first 90-days the child is in care, then this is the placement decision that must be recorded on the DHS-31, Foster Care Placement Decision Notice; see [FOM 722-03B, Relative Engagement and Placement](#).

The case manager must provide the DHS-31, Foster Care Placement Decision Notice, to the:

- Child's attorney, guardian, and lawyer-guardian ad litem (L-GAL), as applicable.
- Prosecutor, MDHHS attorney, and supervising agency attorney, as applicable.
- Legal parents.
- Attorneys for the child's parents.
- Relatives who expressed an interest in caring for the child.
- Court Appointed Special Advocate (CASA).

- Tribal government representative.
- Child, if developmentally and age appropriate.

**Note:** If there is a safety concern, the case manager may redact the child's current placement address.

### Requests for Specific Reasons for Placement Decisions

Any of the above, within five business days, may request in writing the evidence used to support the placement decision on the DHS-31, Foster Care Placement Decision Notice. The case manager must explain the reason for the placement decision in writing within 10 business days of receiving the request. A person listed above may ask the child's L-GAL to review the decision to determine if it is in the child's best interest.

If the L-GAL determines the placement decision is not in the child's best interest, the L-GAL must petition the court within 14 business days of the case manager's decision. The court must commence a review hearing on the record within seven business days after receiving the petition.

## PLACEMENT OF SPECIAL POPULATIONS

### Infants and Young Children

When removal from a parent's home is being considered for an infant or young child, the supervising agency must ensure developmentally appropriate parent-child contact, family continuity, stability in placement, and timely permanency. FTMs must be utilized to gather information and discuss an infant's development, family connections and transition planning; see [FOM 722-06B, Family Team Meeting](#). When out-of-home placement is necessary, an infant's distress will be lessened if the new environment can be made consistent with the old one. The transition to a new caregiver's home should be facilitated by providing a child with familiar objects from the removal home, such as:

- Blanket.

- Sheets.
- Stuffed animal.
- Pacifier.

These objects will provide a young child with a sense of continuity and will help to minimize the trauma experienced during the transition.

## Older Youth

For information on placement of older youth, independent living preparation and placement, and placement in an adult foster care facility, see [FOM 722-03C, Older Youth: Preparation, Placement, and Discharge](#).

## Placement of a Child Identified with High-Risk Behaviors

Any child in foster care determined by a clinical assessment to be *high risk* for acting out physical violence or sexual assault against other children **cannot be placed** in a foster family home with other children without an appropriate assessment concerning the safety of all children in the placement. The case manager must consider a child's history of physical violence and sexual assault when making placement decisions.

### ***High Risk Behavior Referral and Treatment***

The case manager must refer a child with a history of physically or sexually assaultive behaviors for an assessment with a licensed clinician for mental health services within five business days of any incidents of physically or sexually assaultive behavior. For children receiving Medicaid, refer to the local Community Mental Health (CMH) or MHP behavioral health providers.

The case manager must use information from the assessment to assist in making placement decisions and referral for treatment. Information from the MDHHS-5719, Trauma Screening Checklist (Ages 0-5), or MDHHS-5720, Trauma Screening Checklist (Ages 6-18), should also be considered; see [FOM 802, Mental Health, Behavioral and Developmental Needs of Children Under the Supervision of MDHHS](#).

***Initial Placement***

When initially placing a child at high risk for perpetrating physical violence or sexual assault, the case manager must assess the child's risk to other children in the home. A child in foster care who demonstrates high risk behaviors may be considered for placement with other children. Prior to placement, the case manager must assess potential safety concerns for any child within the placement. The case manager must assess the following factors for each child in the placement:

- The chronological, social, and developmental age.
- History of victimization and victimizing others.
- Mental and physical capacity.
- The ability of the caregivers to provide the necessary supervision to prevent the child from harming self or others.

***Placement Change***

If a child in foster care is determined to be at high risk for perpetrating physical violence or sexual assault after initial placement, the case manager must take into consideration the above factors to help determine whether the child can safely stay in their current placement.

***Sibling Placements***

Child safety must be the first consideration when making placement decisions. If a child has a history of being physically or sexually assaultive toward their siblings, that is a potential reason for separating siblings in placement.

Consideration may be given to placing siblings together, if the child does not pose a direct risk to their siblings, or to reuniting siblings once the child's behavior stabilizes and appropriate safety plans can be put in place; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

***Safety Planning***

When a child with high-risk behaviors is placed with other children, the case manager must develop a safety plan with the caregivers prior to or at the time of placement to ensure the safety of all children in the home. The case manager must provide the caregivers with a written copy of the safety plan. The case manager must document the safety plan in the case service plan. This plan must include details about the behaviors of concern and what

protecting interventions will be put into place. Safety plans must be unique to the child and the placement.

**Note:** Protecting interventions are not meant to replace or be used in lieu of a caregiver's supervision and vigilance.

### ***Documentation***

The case manager must document the child's risk status in the electronic case management system in the following locations:

- The appropriate section of the Child Assessment of Needs and Strengths (CANS); see [FOM 722-09, Child Assessment of Needs and Strengths \(CANS\)](#).
- The Health Needs and Diagnoses tab in the child's electronic case record in the Health Profile.

### ***Monitoring High Risk Status***

If consideration is being given to changing the child's risk status and placement restrictions, the child's therapist or other mental health professional must be consulted, and they must determine the child's behavior has stabilized and does not present further risk to other children in the home.

## **Placement in a Home with a Child Adjudicated for a Sex Offense**

Children must not be placed within the home if a juvenile adjudicated as a sex offender lives in the home. Case managers must inquire, prior to any placement, if a juvenile adjudicated for any sex offenses lives in the home.

When a child in foster care lives in a home where a juvenile is adjudicated as a sex offender **after the child's placement, the following activities must occur:**

- A professional assessment completed by a master's level or higher clinician. The assessment must evaluate the likelihood of reoccurrence of sexual offense and the safety of children in the home.

- Evaluation of the best interest of the child placed in the home, as it pertains to placement. Consideration must be given to the following:
  - Increased adult supervision.
  - Age of the child, the adjudicated juvenile, and the victim.
  - Child's relationship with placement family.
  - Child's length of time within the home.
  - The severity of the offense by the adjudicated juvenile.
  - Length of time since the most recent sexual offense.
- Ensuring items that could potentially be used as weapons are locked up or out of reach.
- A written safety plan developed with the clinician, the caregivers, and case manager.
- Support or approval of the plan for the child to remain in the home obtained from the court, legal parents or guardians, L-GAL, and the foster care supervisor. The safety plan must be signed by the clinician, caregivers, legal parents or guardians, case manager, and supervisor and uploaded to the electronic case management system. A copy of the safety plan must be given to the caregivers.

The case manager must complete a high-risk PER; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

## PLACEMENT WITH A PARENT

A parental home placement includes a child placed with any of the following:

- Custodial parent.
- Non-custodial parent.
- Adoptive parent, after the adoption is finalized.
- Legal parents.
- Out-of-state parental home.
- Biological parents whose parental rights were previously terminated.

If a child is placed with relative caregivers or court-ordered unrelated caregivers and the child's parent resides in the home, this is **not** considered a parental home placement unless the court orders the child reunified with the parent.

**Note:** Once a child is placed out-of-home a signed court order is needed prior to the child being placed in a parental home placement.

### Parental Placement of an MCI Ward

In exceptional circumstances the Michigan Children's Institute (MCI) superintendent may authorize placement of an MCI ward with parents whose parental rights to the child were previously terminated.

The case manager must consult with the MCI superintendent when considering re-establishing a relationship between an MCI ward and the child's former legal parents.

An MCI ward's case manager may submit a request for placement with the ward's former legal parents if the permanency goals of adoption, guardianship, and permanent placement with a fit and willing relative have been ruled out.

Placement with the former legal parents is prohibited if:

- The former legal parent's rights were terminated due to one of the aggravated circumstances listed in MCL 722.638(1)(a) or MCL 712A.19a(2)(b), including:
  - Abandonment of a young child.
  - Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate committed against the child or a sibling.
  - Battering, torture or other severe physical abuse of the child or a sibling.
  - Loss or serious impairment of an organ or limb of the child or a sibling.
  - Life-threatening injury of the child or a sibling.
  - Murder or attempted murder of a sibling.
  - Voluntary manslaughter of a sibling.

- Aiding and abetting, conspiring to commit, soliciting murder or voluntary manslaughter of the child or a sibling.
- The former legal parent has been convicted of an offense against a minor as defined in Public Law 109-248, the Adam Walsh Child Protection and Safety Act of 2006, including:
  - An offense, unless committed by a parent or guardian, involving kidnapping.
  - An offense, unless committed by a parent or guardian, involving false imprisonment.
  - Solicitation to engage in sexual conduct.
  - Use in a sexual performance.
  - Solicitation to practice prostitution.
  - Video voyeurism as described in 18 USC 1801.
  - Possession, production, or distribution of child pornography.
  - Criminal sexual conduct involving a minor, or the use of the Internet to facilitate or attempt such conduct.
  - Any conduct that by its nature is a sex offense against a minor.

Requests for restoration of physical custody must be made on the DHS-594, Parental Placement of MCI Ward Request, which must be submitted to the address below along with the required supporting documentation:

Michigan Children's Institute  
235 S. Grand Ave, Suite 514  
Lansing, MI 48909  
FAX: 517-335-6177

### ***Release of Information for Supporting Documentation***

Documents authored by MDHHS, or on behalf of MDHHS by a placement agency foster care (PAFC) provider, CCI, or prosecutor that may be provided to MCI after proper redaction without a signed release include:

- Foster care case service plans.
- Family assessments of needs and strengths (FANS).
- Reunification assessments.
- CPS investigation reports.
- Petitions.

See [SRM 131, Confidentiality](#), for redaction requirements.

### ***MCI Superintendent Review and Decision***

The MCI superintendent will review the DHS-594, Parental Placement of MCI Ward Request, and supporting documentation. If the MCI superintendent concludes placement with the former legal parents is in the child's best interest, the MCI superintendent will send written approval to the requesting case manager. The case manager may then place the child with the former legal parents. The case manager must comply with replacement procedures in [FOM 722-03D, Placement Change](#), when placing the child with the former legal parents. Agency responsibility for supervision continues until dismissal of court jurisdiction.

If the request is denied, the MCI superintendent will send a written denial to the requesting case manager.

### ***Documentation in the Electronic Case Management System***

If the MCI superintendent approves placement with the former legal parents, when the placement is entered into the electronic case management system, the case manager must select *parental home* as the service type and *parental rights terminated* as the living arrangement.

Youth may be eligible for an independent living allowance when placed with the former legal parents. If the youth is approved for an independent living stipend while placed with the former legal parents, the case manager must select *independent living* as the service type and *independent living allowance* as the service description when entering the youth's placement.

## **COURT-ORDERED PLACEMENTS WITH UNRELATED CAREGIVERS**

The supervising agency must not place a child with an unrelated caregiver unless the unrelated caregiver is licensed, or the court orders the placement. The court may order placement under the

Juvenile Code (MCL 712A.13a[5]) which allows court wards to be placed with a legal custodian in an unlicensed placement.

**Note:** An unrelated caregiver does not meet the definition of relative.

### With MDHHS Recommendation

The following conditions must be met for placement with an unrelated caregiver when the placement is recommended by MDHHS:

- Completion of the MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, prior to making the placement recommendation; see [FOM 722-03B, Relative Engagement and Placement](#).
  - The DHS-3130A, Relative Placement Home Study, must be renewed annually.
- The MDHHS county director or local office designee must review and approve the MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, prior to the placement recommendation.
- The court must approve the placement and issue an order finding the “conditions of custody at the placement and with the individual with whom the child is placed are adequate to safeguard the child from the risk of harm to the child’s life, physical health, or mental well-being.”
- The case manager must refer the family for licensing within one business day of the child’s court-ordered placement.

### Without or Against MDHHS Recommendation

If the court orders the placement without or against MDHHS’ recommendation, the following conditions must be met:

- The court must approve the placement and issue an order finding the “conditions of custody at the placement and with the individual with whom the child is placed are adequate to safeguard the child from the risk of harm to the child’s life, physical health, or mental well-being.”

- Completion and approval of the MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, within 30 days of placement; see [FOM 722-03B, Relative Engagement and Placement](#).
- The MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, must be reviewed and approved by the county director or local office designee.
- The DHS-3130A, Relative Placement Home Study, must be renewed annually; see [FOM 722-03B, Relative Engagement and Placement](#).

**Note:** Approval of the MDHHS-5770, Relative Placement Safety Screen, or the DHS-3130A, Relative Placement Home Study, does not denote approval of the placement; it documents approval of the placement recommendation.

- If the caregiver chooses to become licensed, the case manager must refer the family for licensing within one business day of the caregiver's request.

## RESIDENTIAL AND EMERGENCY SHELTER CARE PROGRAMS

Federal guidelines require that children in out-of-home care be placed in the least-restrictive, most family-like setting. Residential and emergency shelter care programs must be used only for children with specialized mental or behavioral health needs and only for as long as clinically necessary.

### Placement in a Residential Care Program

Placement in a residential care program may be considered after **all** the following criteria have been met:

- The child's needs cannot be met in a less-restrictive placement.
- The program provides programming and services that meet the child's specific needs.

- All community resources have been exhausted.
- The program is the least restrictive placement to meet the child's needs.

Prior to placement in a residential care program, the case manager must:

- Conduct an FTM to determine:
  - The child's treatment needs.
  - Whether alternate support services and safety plans can be implemented to maintain the child in the community.
- Receive final approval on a residential PER; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

### Placement in Emergency Shelter Care Programs

Emergency shelter care programs are used for children who are unable to be placed in a more permanent placement due to at least one of the following reasons:

- The child has significant behaviors or other mental health needs at removal that require a comprehensive assessment to assist with determining an appropriate placement.
- The child has an identified placement, but the placement is not immediately available.
- The child has a documented severe need on the Mental Health and Well-Being domain of the CANS within the past 90 days and requires a comprehensive assessment to determine appropriate placement.
- The child has repeated placement instability and a thorough assessment is needed to make a stable placement.

Children must not be placed in an emergency shelter care program for more than 30 calendar days or more than once in a 12-month period unless circumstances exist that allow for an exception; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

**Children Under  
Ten Years of Age**

The Children's Services Administration (CSA) executive director must approve placement of children less than 10 years of age in an emergency shelter care program or residential care program; [see FOM 722-03E, Placement Exception Requests and Approvals.](#)

**Children Under  
Thirteen Years of  
Age**

The Business Service Center (BSC) director must approve placement of a child at least 10 years of age but under the age of 13 in a residential care program; see [FOM 722-03E, Placement Exception Requests and Approvals.](#)

**Inpatient  
Psychiatric  
Hospitalization*****Requests for Emergency Admission***

The parent, legal guardian, or *person in loco parentis* of a child in foster care may request emergency admission of the child to a psychiatric hospital if there is reason to believe:

- The child is a minor requiring treatment as defined in [MCL 330.1498b](#), and
- The minor presents a serious danger to self or others.

A court order is not required.

**Note:** *Person in loco parentis* includes the department or its designee, which may be a PAFC provider, CCI, foster parent, or caregiver.

The request must be made to a hospital or preadmission screening unit of the Community Mental Health Services Program (CMHSP) in the county where the child lives.

If it is determined that emergency admission is not necessary, a child may still be admitted to a psychiatric hospital as described below.

***Requests for General Admission***

A child in foster care may be admitted to a psychiatric hospital in the following circumstances:

- For MCI wards, the department requests hospitalization.
- For temporary court wards, the department may request hospitalization of the ward if the department is specifically empowered to do so by a court order.

***Suitable for Hospitalization***

The hospital or CMHSP admissions unit must determine whether the child is suitable for hospitalization as defined in [MCL 330.1498c](#):

- The child is a minor requiring treatment in a hospital as defined in [MCL 330.1498b](#):
  - A minor with a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
  - A minor having a severe or persistent emotional condition characterized by seriously impaired personality development, individual adjustment, social adjustment, or emotional growth, which is demonstrated in behavior symptomatic of that impairment.
- The child needs hospitalization and is expected to benefit from hospitalization.
- An appropriate, less restrictive alternative to hospitalization is not available.

A child must not be determined to be a minor requiring treatment solely based on the following conditions:

- Epilepsy.
- Developmental disability.
- Brief periods of intoxication caused by substances such as alcohol or drugs or by dependence upon or addiction to those substances.

- Juvenile offenses, including school truancy, home truancy, or incorrigibility.
- Sexual activity or trafficking history.
- Sexual orientation, gender identity, or gender expression.
- Religious activity or beliefs.
- Political activity or beliefs.
- Immigration status.

The placement of any child in Medicaid-funded psychiatric facilities requires a certification of need for the inpatient psychiatric services. Either the local CMHSP, for elective admissions, or the psychiatric hospital, for emergency and urgent admissions, will complete the certification if Medicaid reimbursement is expected.

### Placement in Jail, Correctional, or Detention Facilities

Abuse or neglect wards or MCI (Act 220 and Act 296) wards must not be placed in secure detention or jail unless:

- A delinquency complaint or petition has been filed and the judge has issued an order for detention.
- An adult criminal charge has been issued and youth has been detained in jail.

Upon receiving information that a child in foster care has been detained and placed into a jail or detention facility, the case manager must take the following action:

- If a child in foster care is placed in jail or a detention center **without** a delinquency charge and signed court order or adult criminal charge, the case manager will move the child to a foster care placement immediately but within no more than within five calendar days, unless the court orders otherwise over the case manager's objection.
- If a child in foster care is placed in jail or a detention center **with** a delinquency charge or adult criminal charge and the court disposition is an order to return the child to foster care, the case manager will move the child to a foster care

placement immediately but within no more than five calendar days, unless the court orders otherwise over the case manager's objection.

All activity and contacts must be documented in the case service plan.

## UNUSUAL INCIDENT REPORTING

Immediately the foster parent or caregiver must notify the child placing agency (CPA) of the following incidents:

- A child is missing from a foster home; the foster parent or caregiver must notify the CPA immediately after the child is missing; see [FOM 722-03A, Absent Without Legal Permission \(AWOLP\)](#).
- Any serious illness or injury requiring hospitalization of a child in foster care. The CPA must also report the incident to the legal parent, or to the MCI superintendent for MCI wards.
- A child's involvement with law enforcement authorities.
- Any attempted removal or removal of a foster child from the foster home by any person who is not authorized by the CPA.

## RESOURCES

- [DHS-Pub-268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services](#).
- [DHS-3307, Placement Outline and Information Record](#).
- [DHS-Pub-843, Foster Care Provider Payment Handbook](#).
- [DHS-Pub-114, Relative Caregiving: What You Need to Know](#).
- [DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care](#).
- [DHS-3377, Clothing Inventory Checklist](#).
- [DHS-942, School Notification and Education Records Release](#).
- [DHS-31, Foster Care Placement Decision Notice](#).

- [DHS-3130A, Relative Placement Home Study.](#)
- [MDHHS-5719, Trauma Screening Checklist \(Ages 0-5\).](#)
- [MDHHS-5720, Trauma Screening Checklist \(Ages 6-18\).](#)
- [DHS-594, Parental Placement of MCI Ward Request.](#)
- [DHS-1555-CS, Authorization to Release Confidential Information.](#)
- [MDHHS-5770, Relative Placement Safety Screen.](#)

## LEGAL AUTHORITY

### Federal Laws

***Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 620 et seq.***

Emphasizes preservation of sibling bonds by requiring the state to make reasonable efforts to place siblings in the same placement.

***Adam Walsh Child Protection and Safety Act of 2006, 34 USC 20911 et seq.***

Requires background checks before approval of any foster or adoptive placement and to check National Crime Information Databases and state child abuse registries. Defines specified offenses against minors.

***Juvenile Justice and Delinquency Prevention Act of 1974, 42 USC 5601 et seq., as amended.***

Prohibits placement of children in a secure juvenile justice detention or correctional facility without a conviction for a non-status offense.

### State Laws

***Probate Code, 1939 PA 288, MCL 712A.13a***

Definitions; sibling.

***Probate Code, 1939 PA 288, MCL 712A.13b***

Change in foster care placement.

***Foster Care and Adoption Services Act, 1994 PA 203, as amended, MCL 722.954a***

Placement of child in supervising agency's care; determination of placement with relative; notification; special consideration and preference to child's relative; documentation of decision; review hearing.

***Public Health Code, 1978 PA 368, MCL 333.5131(5)(g)***

Provides an exception to the strict rules of confidentiality required for persons with HIV, AIDS, or other serious communicable disease.

***Michigan Children's Institute, 1935 PA 220, as amended, MCL 400.207***

Provides the MCI superintendent the authority to restore parental custody to the biological parent of an MCI ward if the parent has established a suitable home and is capable and willing to support the child.

***Mental Health Code, 1974 PA 258, as amended, MCL 330.1498 et seq.***

Allows for hospitalization of minors under certain conditions, including by request of MDHHS. Defines minor requiring treatment and suitable for hospitalization.

***Modified Implementation, Sustainability, and Exit Plan, Dwayne B. v. Whitmer, No. 2:06-cv-13548.***

4.13 Placement Standards and Limitations, Policy (Commitment 13).

4.29 Placement in a Jail, Correctional Facility, or Detention (Commitment 44).

6.5 Placement Standard (Commitment 43).

6.6 Separation of Siblings (Commitment 46).

6.7 Maximum Children in a Foster Home (Commitment 48).

6.8 Emergency or Temporary Facilities, Length of Stay (Commitment 49).

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6.9 Emergency or Temporary Facilities, Repeated Placement  
(Commitment 50).

### Licensing Rule

***Mich Admin Code, R 400.12404***

Placement.

***Mich Admin Code, R 400.12417***

Foster parent information.

### POLICY CONTACT

Direct questions about this policy to the [Child Welfare Policy Mailbox](mailto:Child-Welfare-Policy@michigan.gov) ([Child-Welfare-Policy@michigan.gov](mailto:Child-Welfare-Policy@michigan.gov)).