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 his/her 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 that 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

Excluding American Indian/Alaska Native children, caseworkers may not routinely consider race, national origin, and ethnicity in making placement decisions. Any consideration of these factors must be done on an individualized basis and only when circumstances indicate that their consideration is warranted; see SRM 403, Non-discrimination in Foster Care and Adoption Placements.

American Indian/Alaska Native Children

Policy outlined in NAA 215, Placement/Replacement Priorities for Indian Children, must be followed for children who are identified as American Indian/Alaska Native (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, the parent(s) should be included in the following placement discussions and decisions:

- The parent(s) and the caseworker 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 parent(s) 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 caseworker must discuss all placement selection criteria with the parent(s). The parent's opinion and recommendations regarding the importance of each criteria should be given considerable weight but the final decision remains with the department.

- Once a preference by the caseworker and parent(s) is established, the caseworker 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 caseworker should facilitate contact between the parent(s) and caregiver(s) to orient the caregiver(s) to the specific needs and characteristics of the child.
  - Information about medications, allergies, cultural practices, food preferences, temperament, sleep schedules, special and/or personal toys, books or clothing that will aid in a smooth transition, and other specifics about the child should be shared with the caregiver(s).
  - In the best interest of the child, the caseworker should encourage the caregiver(s) to meet with the parent(s) to facilitate an ongoing exchange of child information.
To the extent possible and appropriate, the caregiver(s) and parent(s) should have phone access to each other and should consult with each other about routine care, milestones, major decisions, or whenever concerns 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 preference(s).
- 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/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 relative(s) and/or sibling(s).**

For policy on the diligent search, engagement, and placement with relatives; see FOM 722-03B, Relative Engagement and Placement.

**Sibling Groups**

Siblings are defined as children who have one or more parent(s) in common. The relationship can be biological or through adoption, and includes siblings as defined by the AI/AN 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.

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 922-1, Foster Home Development, Licensing Variances.
**Ongoing Efforts to Place Siblings Together**

Caseworkers 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 MiSACWIS in the case service plan under supporting information.

**Note:** Termination of parental rights does not dissolve a child’s relationship to his/her 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 known information regarding 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.

**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 caseworker must discuss and document the placement preferences of the child, as age appropriate. Consideration must be given to the child’s preference. If the child is not consulted, the caseworker must document the reason within the case service plan.

**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 parent(s) who at that time reside outside of the 75-mile radius.

• The child is to be placed with a relative/sibling outside of the 75-mile radius.

• The child is to be placed in an appropriate pre-adoptive or adoptive home that is outside of the 75-mile radius.

If the child is placed outside the 75-mile radius, a placement exception request (PER) is required; see FOM 722-03E, Placement Exception Requests and Approvals.

The Child’s and Family’s Religious Preferences

The caseworker 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; see FOM 722-02, Administrative Rules.

Continuity of Relationships

The caseworker must consider a placement which preserves and maintains relationships with the relative network, prior service providers, friends, teachers, etc.

Permanency Plan

The case plan must include a goal of permanency. Whether the permanency plan is reunification, adoption, legal guardianship, permanent placement with a fit and willing relative(s), or another planned permanent living arrangement, evaluate the type and location of initial and ongoing placements. Every placement should be chosen with the long-term plan for the child in mind. If the plan is reunification, selection of a placement must facilitate and support return home, within weeks if possible. The ability to support the child's permanency plan, even if it changes, must guide selection of placements; see FOM 722-07, Permanency Planning.
**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 caregiver(s) 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 and/or willingness to relate to specific caregiver(s), etc. 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 proximity of the placement to the child’s school is to be considered when placing or changing a child’s placement; see FOM 723, Educational Placement.

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

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

**CURRENT CIRCUMSTANCES OF POTENTIAL PLACEMENT**

Once a potential placement is identified, the caseworker 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.
Caseworkers must consider the factors described below and document that the factors were considered.

If any factors exist that may impact the ability of the caregiver(s) to meet the needs of the child, the caseworker 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 caregiver(s) and the agency's plan for addressing those needs.

Number, Ages, and Needs of Children in the Home

Caseworkers must realistically consider the ability of the caregiver(s) 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.

Support Systems of the Caregiver(s)

The caseworker must consider the support system for the caregiver(s) (family, friends, community) and their ability to assist during times of need. Assess participation of the caregiver(s) in trainings, support groups, or mentoring programs that offer the knowledge needed to provide for the specific needs of the child considered for placement.

Parenting Difficulties Since Last Placement

The caseworker must consider any identified parenting concerns/difficulties that the caregiver(s) 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 caseworker must also consider the previously demonstrated ability to resolve and manage the situation. If there are ongoing parental stressors in the home, the caseworker must consider the potential impact of placing an additional child in the home prior to making the placement.
Significant Changes or Stressors Since Last Placement

The caseworker must consider significant changes, stressors, or personal or financial difficulties recently experienced by the caregiver(s) that may affect the capacity to care for a child.

Children’s Protective Services and/or Foster Home Licensing Complaints

Prior to placement, caseworkers must review MISACWIS or consult with Children’s Protective Services 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 caseworker must assess whether the circumstances of the complaint raise any concerns with the ability of the caregiver(s) to care for the child being considered for placement.

Health and Age of the Prospective Caregiver

The caseworker must consider the age and health status of the caregiver(s) when determining his/her ability to provide permanency for the child as well as the ability of the caregiver(s) to meet the child’s current and ongoing needs.

The age and/or health of the prospective caregiver(s) 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

Caseworkers must not routinely make placements that will result in any of the following situations:
• More than three foster children residing in the foster/unlicensed relative home.

• More than five total children, including the foster family/unlicensed relative’s children.

• More than three children under the age of three residing in a foster/unlicensed relative home.

• 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 foster child identified as at high risk for perpetrating physical violence or sexual assault against other children being placed with other foster children not so determined; see Placement of a Child Identified with High Risk Behaviors in this item.

• Emergency or shelter care placement in excess of 30 days; see Placement in Emergency Shelter Facilities in this item.

• Emergency or shelter care placement more than once in a 12-month period; see Placement in Emergency Shelter Facilities 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 institution 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/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 that any member of the household had a criminal conviction, caseworkers 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 his/her age, development, experience, individual needs, personality, and circumstances necessitating placement, as well as any issues presented by the prospect of placement.

The caseworker 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 regarding maintaining ties to significant others.
- Child's feelings, fears, and questions.
• Clothing, pictures, toys, etc. that the child would like to take along.
• 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 caseworker must discuss the above with the child at the time of placement or as close to placement as possible.

Placement preparation also includes preparing the caregiver(s) to meet the child’s needs; therefore, when a child is too young to discuss the move, placement preparation activities may include but are not limited to informing the foster parent(s)/caregiver(s) 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.

**MiSACWIS Documentation**

The caseworker must document placement preparation in MiSACWIS in the Placement Details section and Placement Change hyperlink.

**DOCUMENTATION**

For initial out-of-home placements, the following documentation requirements apply. Documentation requirements for placement changes are found in *FOM 722-03D, Placement Change*.

**Provided to the Caregiver**

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

- Medical information.
• DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card.

• DHS-Pub-268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services.

• Medicaid card.

• Medicaid Health Plan card, if applicable.

• DHS-221, Medical Passport.

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

See FOM 801, Health Services for Children in Foster Care, for a complete list of documents and exceptions to the standard of promptness (SOP).

- 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 7 calendar days of placement.

*Provided to the Unlicensed Relative Caregiver*

When placement is made with an unlicensed relative caregiver, the caregiver(s) must receive these additional documents at or before the time of placement:

- DHS-Pub-114, Relative Caregiving: What You Need to Know

  Caseworkers must document that the publication was given to the caregiver(s) in the social work contacts in MiSACWIS.

- DHS-972, Foster Home Licensing Requirements for Relative Caregivers

  Caseworkers must discuss licensure with the caregiver(s). The discussion of licensure includes the completion of the DHS-
972. The caregiver(s) must sign the DHS-972 at or before the time of placement.

See FOM 722-03B, Relative Engagement and Placement.

**Provided to the Child**

Within 30 calendar day of removal, the caseworker 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, foster parent(s), relative caregiver(s), and/or child's parent(s); see FOM 722-06J, Rights and Responsibilities of Children in Foster Care.

**Completed by the Caseworker**

The DHS-3377, Clothing Inventory Checklist, must be completed within 30 calendar days of the child's placement with a licensed foster home placement; see FOM 903-09, Case Service Payments.

If the child changes schools at the time of placement, the caseworker 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 in writing the reason for the decision within 90 days of the child’s removal from his or her home. The caseworker must make the placement decision and document the reason for the decision on the DHS-31, Foster Care Placement Decision Notice.

If the supervising agency places a child with a relative and approves the placement on the Relative Placement Home Study during the first 90-days a child is in care, then this is the placement decision that must be recorded on the DHS-31; see FOM 722-03B, Relative Engagement and Placement.

The DHS-31 must be provided to the:

- Child's attorney, guardian, and/or lawyer-guardian ad litem (L-GAL).
• Prosecutor.
• Legal parent(s).
• Attorney(s) for the child's parent(s).
• Relative(s) who expressed an interest in caring for the child.
• Court Appointed Special Advocate (CASA).
• Tribal representative.
• Child, if developmentally/age appropriate.

Note: If there is a safety concern, the child's current placement address may be redacted.

Requests for Specific Reasons for Placement Decisions

Any of the above, within five business days, may request in writing the evidence that was used to support the placement decision on the DHS-31. The caseworker 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 that the placement decision is not in the child's best interest, the L-GAL must petition the court within 14 business days of the caseworker'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, decisions must be made to ensure developmentally appropriate parent-child contact, family continuity, stability in placement, and timely permanency. Family team meetings (FTM) 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.
transition to a foster home should be facilitated by providing a child with familiar objects from the removal home, such as:

- Blanket.
- Sheets.
- Teddy bear.
- Pacifier.

These objects will provide a young child with a sense of continuity that 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 caseworker must consider a child’s history of physical violence and/or sexual assault when making placement decisions.

**High Risk Behavior Referral and Treatment**

The caseworker must refer a child with a history of or current incidences of physically and/or sexually assaultive behaviors for an assessment with a licensed clinician for mental health services. For children receiving Medicaid, refer to the local Community Mental Health (CMH) or Medicaid Health Plan (MHP) behavioral health providers. The caseworker must utilize the information from the assessment to assist in making placement decisions and referral for treatment.

The referral for assessment must be completed within five business days of any incidents of physical and/or sexually assaultive behaviors.
Additionally, caseworkers may utilize the MDHHS-5719, Trauma Screening Checklist (Ages 0-5) or MDHHS-5720, Trauma Screening Checklist (Ages 6-18).

**Initial Placement**

When initially placing a child at high risk for perpetrating physical violence or sexual assault, the caseworker 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 caseworker must assess the potential safety concerns for any child within the placement. The caseworker must assess the following factors for each child in the placement:

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

**Placement Change**

If it is determined that a child in foster care is identified to be at high risk for perpetrating physical violence or sexual assault after initial placement, the caseworker must take into consideration the above factors to help determine whether the child can safely stay in his/her current placement.

**Sibling Placements**

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

Consideration can be given to placing siblings together, if the child has not posed a direct risk to his/her siblings, or to reuniting siblings once the child’s behavior stabilizes and appropriate safety plans can be put into 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 caseworker must develop an appropriate safety plan with the caregiver(s) prior to or at the time of placement to ensure the safety
of all children in the home. The caseworker must provide the caregiver(s) with a written copy of the safety plan. The safety/behavioral support plan must be documented 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 caseworker must document the child’s risk status in MiSACWIS in the following locations:

- The appropriate section of the Child Assessment of Needs and Strengths (CANS); see **FOM 722-09A, Child Assessment of Needs and Strengths**.
- The Health Needs and Diagnoses tab within the child’s MiSACWIS 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/mental health professional must be consulted, and she/he must determine that 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 resides in the home. Caseworkers must inquire, prior to any placement, if a juvenile adjudicated for any sex offenses resides in the home.

When a child in foster care resides in a home where a juvenile is adjudicated as a sex offender **subsequent to 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 within 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 that items that could potentially be used as weapons are locked up or out of reach.

- A written safety plan developed with the master's level clinician, the foster parent(s)/relative caregiver(s), and caseworker.

- Support/approval of the plan for the child to remain in the home obtained from the court, parent(s), lawyer-guardian ad litem and the foster care supervisor. The safety plan must be signed by the clinician, caregiver(s)/foster parent(s), parent(s), caseworker and supervisor and filed in the case file. A copy of the safety plan is given to foster parent(s)/relative caregiver(s).

A high risk placement exception request (PER) must be completed; see FOM 722-03E, Placement Exception Requests and Approvals.

**PLACEMENT WITH A PARENT**

When a child in foster care resides in the same home as the child's parent(s), it is considered a parental home placement. A parental home includes a child placed with any of the following:

- Custodial parent(s).
- Non-custodial parent(s).
- Adoptive parent(s) after adoption is finalized.
- Legal parent(s).
- Biological parent(s) regardless of status of legal rights.
- Out-of-state parental home.

**Example:** A child is placed with his/her grandparents and the child's mother moves into the grandparents' home. The placement episode ends, and the child is living in a parental home placement. If the mother moves from the home, new legal findings must be made for this new removal episode to be considered for title IV-E eligibility.

New legal findings must be made if a parent moves in or out of the home; see **FOM 902, Funding Determinations and Title IV-E Eligibility**, and **FOM 901-7, Service Types and Living Arrangements**. These findings must include whether:

- Continuation in the home is contrary to the child's welfare.
- Reasonable efforts to prevent removal were either made or not required.

**Note:** Youth residing in a parental home placement on their 18th birthday, regardless of legal status, are not eligible for Young Adult Voluntary Foster Care; see **FOM 722-16, Young Adult Voluntary Foster Care**.

**Parental Placement of an MCI Ward**

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

The caseworker must consult with the MCI superintendent when considering re-establishing a relationship between a state (MCI) ward and the child's former legal parent(s).

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

**Note:** Youth who are residing in a parental home placement on their 18th birthday, regardless of their legal status, will be ineligible for Young Adult Voluntary Foster Care (YAVFC), as they are not considered to be in an out-of-home placement on their 18th birthday.
Placement with the former legal parent(s) 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 (the child or a sibling).
  - 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 a MCI Ward Request. The DHS-594, along with the required supporting documentation, must be submitted to:

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

**Release of Information for Supporting Documentation**

The former legal parent(s) must sign a DHS-1555-CS, Authorization to Release Confidential Information, in order for the caseworker to release any assessments/reports to MCI that were not authored by or on behalf of MDHHS. This includes reports from services that were provided as part of reasonable efforts to prevent removal or preserve or reunify the family during a children’s protective services (CPS) or foster care case. Documents which require a signed DHS-1555-CS in order to be provided to MCI include, but are not limited to, the parent’s:

- Medical records.
- Mental health records.
- Substance abuse treatment records.
- Education records.

Documents authored by MDHHS, or on behalf of MDHHS by a placement agency foster care (PAFC) provider, child caring institution (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 and supporting documentation. If the MCI superintendent concludes that placement with the former legal parent(s) is in the child’s best interest, the MCI superintendent will send written approval to the requesting caseworker. The caseworker may then place the youth with the former legal parent(s). The caseworker must comply with replacement procedures in FOM 722-03D, Placement Change when placing the youth with the former legal parent(s). 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 caseworker.

**Documentation in MiSACWIS**

If the MCI superintendent approves placement with the former legal parent(s), when the placement is entered into MiSACWIS, the caseworker 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 parent(s). If the youth is approved for an independent living stipend while placed with the former legal parent(s), the caseworker must select independent living as the service type and independent living allowance as the service description when entering the child's placement.

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**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.

**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 DHS-588, Initial Relative 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 must be renewed annually.

• The MDHHS county director or local office designee must review and approve the DHS-588 and DHS-3130A prior to the placement recommendation.

• The court must approve the placement and issue an order finding that 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 caseworker must submit a licensing referral to the certification worker 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 that 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 DHS-588, Initial Relative Safety Screen and DHS-3130A, Relative Placement Home Study within 30 days of placement; see FOM 722-03B, Relative Engagement and Placement.

  • The DHS-588 and DHS-3130A must be reviewed and approved by the county director or local office designee.

  • The DHS-3130A must be renewed annually; see FOM 722-03B, Relative Engagement and Placement.
Note: Approval of the DHS-588 or the DHS-3130A does not denote approval of the placement; it documents approval of the placement recommendation.

- If the caregiver chooses to become licensed, the caseworker must submit a licensing referral to the certification worker within one business day of the caregiver's request.

INTERVENTION IN INSTITUTIONAL AND FACILITY PLACEMENTS

Federal guidelines require that children in out-of-home care be placed in the least-restrictive, most family-like setting. Significant evidence supports the idea that children grow best in families. While there is an appropriate place for the use of intervention in a residential setting in the continuum of foster care services, it should be used only for children with specialized mental or behavioral health needs and only for as long as clinically necessary.

Placement in a Residential Setting

Placement in a residential treatment facility may be considered after all the following criteria have been met:

- The child’s needs cannot be met in a less-restrictive placement.
- The facility provides services and programming that meets the child’s specific needs.
- All community resources have been exhausted.
- The facility is the least restrictive placement to meet the child’s needs.

Prior to placement in a residential treatment, the caseworker must:

- Conduct a family team meeting (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 placement exception request (PER); see FOM 722-03E, Placement Exception Requests and Approvals.

Placement in Emergency Shelter Facilities

Emergency shelter facilities 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 Child Assessment of Strengths and Needs (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 facility for more than 30 calendar days or more than one time in a 12-month period unless circumstances exist that allow for an exception; see FOM 722-03E, Placement Exception Requests and Approvals.

Institutional Placement of a Child under 10 Years of Age

Placement of children less than 10 years of age in an emergency shelter placement or residential treatment facility requires an approved residential placement exception request (PER) by the business service center director. Approvals will not be granted for periods of more than three months. See FOM 722-03E, Placement Exception Requests and Approvals, for exception process.
Inpatient Psychiatric Hospitalization

Requests for Emergency Admission

The parent(s), guardian(s), 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 placement agency foster care (PAFC) provider, a child caring institution, a foster parent, or a 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 foster child resides.

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

Requests for General Admission

A foster child 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 (MA) 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 MA reimbursement is expected.
Placement in Jail, Correctional, or Detention Facilities

Neglect/abuse 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 caseworker 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 caseworker 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 caseworker’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 caseworker 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 caseworker’s objection.

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

LEGAL AUTHORITY

Federal Laws

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

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

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 infection, acquired immunodeficiency syndrome (AIDS) or other serious communicable disease.

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

Provides the Michigan Children's Institute (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).

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**

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.