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**EFFECTIVE**

October 1, 2016.

**Subject(s)**

1. Extenuating Circumstances.
2. DHS-152, Updated Services Plan (USP).
3. Child Hospitalization.
4. Medical Needs of Children in Foster Care.

**1) EXTENUATING  
CIRCUMSTANCES****PSM 713-9, Extenuating Circumstances**

In some situations, completing an investigation may require an extension of the 30-day standard of promptness (SOP). To allow for extenuating circumstances, supervisors may approve an extension. A face-to-face contact with each alleged child victim(s) and a safety assessment must be completed prior to requesting an extension. Submit the request for supervisory approval of an extension of the SOP by completing the extension request prior to the end of the initial 30-day period. The request must document the reasons for the extension. **Extensions are not to be approved solely for the purpose of meeting the SOP.** Supervisory approval can only occur for the following circumstances:

- Arranging travel and coordinating interview schedules with the alleged victims who do not reside in the county or are not available for immediate interviews.
- Obtaining a second medical opinion to verify an injury was not accidental or related to an existing medical condition.
- Coordinating interviews of sexual abuse victims with law enforcement.

Regardless of the approval of the extension request, face-to-face contact **must** be made every 30 days from the date of the complaint with each alleged child victim(s). For all CPS cases involving a child 12-months of age or younger living in the home, CPS must observe the infant's sleep environment and record the observation in their social work contacts.

*Reason:* Implementation, Sustainability and Exit Plan (ISEP) commitment.

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**2) DHS-152,  
UPDATED SERVICES  
PLAN (USP)****PSM 714-4, DHS-152, Updated Services Plan (USP)**

The first USP must be completed within 60 days after the date the investigation was submitted for supervisory approval (or in the event of an overdue report or where an extension was granted, 90 days from the original complaint date). Additional USPs are due every 90 days thereafter or more frequently, if necessary. When a case is transferred to on-going Protective Services a risk-reassessment cannot be completed by the new worker until contact has been made with the family.

*Reason:* Program Office Recommendation.

**3) CHILD  
HOSPITALIZATION****PSM 715-2, Child Hospitalization**

In the absence of a court order, CPS must not request that a hospital detain the child in temporary protective custody.

*Reason:* Program Office Recommendation.

**4) MEDICAL NEEDS  
OF CHILDREN IN  
FOSTER CARE****PSM 715-2, Medical Needs of children in foster care**

A child's health status must be assessed and medical needs must be identified and documented prior to the child's placement into foster care. CPS must make every effort to obtain this medical information, including names of medical provider(s), the date of the child's last medical visit, current medications, and current mental health status **before** the removal of a child. This information must be provided to the foster care worker and the foster placement. CPS should contact their designated Health Liaison Officer (HLO) before the removal occurs. CPS must contact the HLO within 24 hours of the child's removal and provide the name and contact information for the foster care home or relative caregiver and any know medical information for the child. CPS must also provide the placement with a completed DHS-3762, Medical Authorization Card and the DHS-Pub 268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services.

*Reason:* Implementation, Sustainability and Exit Plan (ISEP) commitment.

**MANUAL  
MAINTENANCE  
INSTRUCTIONS**

**Changed Items ...**

[PSM 713-09](#)

[PSM 714-4](#)

[PSM 715-2](#)