

Case Process Review Guidelines: Foster Care FY2027

General Foster Care Cases

PLACEMENT

A. Placement Decisions and Support to New Placement Provider

This section reviews requirements regarding placement decisions and the various factors that must be considered when identifying an out-of-home placement for a child. In addition, the section reviews requirements regarding information that must be provided to a new out-of-home care provider. You will need to look in foster care files, court documents, and screening and placement records to answer these questions.

This section only applies to placements made during this PUR (period under review) . If the child was already in an out-of-home placement at the beginning of the PUR and that placement did not change throughout the review period, **or if the initial placement is the only placement during the PUR**, the questions in this section do not apply to this case. Answer question IA.1 No and go on to Section B.

If there was more than one placement change during this review period, read this case in terms of the most recent placement within the time-period.

Placement changes do not include respite care, or a return to an out-of-home caregiver following a scheduled home visit. For purposes of this review, **placement changes are defined only as those placements where a change of out-of- home caregiver takes place.** (A child may be placed with an out-of-home caregiver and then moved to detention. When the child leaves detention, and returns to the previous caregiver this IS NOT a placement change; however, if the child leaves detention and moves to a new out-of-home caregiver, this IS a placement change. Similarly, if a child is hospitalized at the time of removal and during the review period leaves the hospital to be placed with an out-of- home caregiver, this IS a placement change).

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SCF.A.1 Did the child experience a placement change during this review period?

If the child was placed in out-of-home care during this review period, and the child moved from one out-of-home placement to another during this review period, answer this question “Yes.” **A return home, a move to an independent living code, or a change in level of care that does not involve a change in where the child is living is not considered a placement change.**

Yes	Go to question 2
No	Skip to section B

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SCF.A.2 Were reasonable efforts made to locate kinship placements?

DCFS Practice Guidelines 501.3 (2025):

When a child enters protective custody, federal and state laws require DCFS to actively search for relatives of both legal parents and provide notification and information regarding their rights and responsibilities. Efforts to locate kin and to build and sustain connections for the child will continue during the child's involvement with DCFS. When a child cannot safely remain at home, kinship will be the first option. If the Child and Family Team is not able to place with kin, the caseworker will provide documentation in SAFE and to the court regarding the kinship efforts made. Non-relative placements should be the exception and, as such, should have exceptional justification and documentation.

DCFS Practice Guidelines 501.3.A (2025):

The caseworker will conduct a diligent and reasonable search to locate potential kinship caregivers (including the child's non-custodial parent, grandparents, other adult relatives, adults who are adoptive parents of the child's sibling, or friends willing to care for the child, by taking as many of the following steps as necessary.

Kinship searches are required when children are not placed with kin and are in custody for over 12 months with no permanency options, or if there is any disruption or change in placement unless a kinship search was done within the past 90 days.

If there is a disruption in a placement, the Child and Family Team will look back at kinship options and resume search and engagement activities.

Yes	The child was in a kinship placement, or there is documentation that the worker made reasonable efforts to locate kinship placements, or a kinship search was documented within 90 days prior to the disruption.
No	There was no documentation that the worker made reasonable efforts to locate kinship placements

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N/A	The child was abandoned and no information on the family was available; the child is a juvenile offender and placement was court ordered, or documentation indicates a determination was made at a hearing that no kinship care was available or appropriate.
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SCF.A.3 Prior to the child's placement change, did the worker provide information (essential to the child's safety and well being) to the substitute caregiver provider?

DCFS Practice Guidelines 301.4 (2025)

Major objectives: When choosing an out-of-home caregiver, the caseworker will provide relevant information about the child's permanency goal, family-time schedule, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child.

- L. Prior to placement, detailed information about the child should be provided to the prospective out-of-home caregiver from either the regional resource family consultant or out-of-home caseworker so they can make an informed decision regarding placement of the child in their home. When relevant, the caseworker will encourage the out-of-home caregiver to consult with other family members living in the home in making the decision.

Check the activity logs, team meeting notes, the child and family plan, the placement screening form, residential screening form, and elsewhere in the record for documentation that workers gave the out-of-home caregivers the required information.

Yes	The worker gave the out-of-home caregiver available essential information about the child before the placement was made.
No	There is no documentation that the worker gave available essential information to the providers prior to the placement.
N/A	Placement occurred prior to DCFS involvement with the child; this is an initial placement. The worker made reasonable efforts to gather essential information about the child AND it was documented that the reason the information was not provided to the caregiver was that it was a natural parent or kinship provider that had the information necessary to care for the child

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B. GENERAL PLACEMENT SUPPORT

DCFS Practice Guideline 302.2 (2025)

Regular visiting with a child enables the out-of-home caseworker to assess how well a child's placement is meeting their needs for safety, permanency, and well-being. The out-of-home caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable, nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well they will be able to promote safety, permanency, and well-being for their children. The out-of-home caseworker will visit with the child, out-of-home caregivers, and parents no less than once every month.

SCF.B.1 Did the worker make a face-to-face contact with the substitute caregiver at least once during each month of the review period?

DCFS Practice Guideline 302.2.C (2025)

Caseworker contact with the out-of-home caregiver: The caseworker will visit with the out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will help to establish and maintain a working relationship.

1. At a minimum, the caseworker will conduct one monthly face-to-face contact with the substitute caregiver with whom the child is living. The caseworker will assess with the substitute caregiver the safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being needs of the child and the substitute caregiver's needs as it pertains to the child's needs.

An attempt to make face-to-face contact must be documented clearly. Documentation of calling/texting the caregiver and leaving a message does not meet the requirement unless it is clearly stated that the message was about scheduling a visit or a reminder of an upcoming meeting etc. where face-to-face contact is expected. If the caregiver fails to show for a scheduled CFTM or a court hearing where the worker expected to see the caregiver, these can be considered attempts at face-to-face.

If the substitute caregiver lives out of state, the Utah worker will make at least one contact with the provider during each month of the review period. If the child is placed outside the state, the

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out-of-home caseworker will have at least one virtual conversation per month with the child (if the child is verbal) and with the child's out-of-home caregiver. If the virtual format is not available the caseworker may use a phone call in lieu of virtual. If the worker documents the contact this question can receive a "yes" answer.

Yes	Documentation was located that indicated that the worker made at least one face-to-face visit with the caregiver of the child this month. The child is placed out-of-state and the Utah worker made at least one virtual contact with the provider.
No	No documentation was located that the worker made at least one face-to-face visit with the caregiver of the child this month. If the child is placed out-of-state, no documentation was located that the Utah worker made at least one virtual contact with the provider.
N/A	The case was not open this month or was open for less than 16 days of the month. Youth is in an ILP or ILN placement and there is not an out-of-home caregiver. The child is on a Trial Home Placement or the child is AWOL for more than half the month. The worker documented two or more attempts to visit the caregiver this month. (write a detailed explanation in the comments section.)

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SCF.B.2 Did the worker have face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?

DCFS Practice Guideline 302.2.B (2025)

Caseworker contact with the child: The caseworker will visit with the child. Visit is defined as a face-to-face meeting between the child and the caseworker and must include the following elements:

1. **Frequency** - visits must occur as frequently as the conditions of the case require and no less frequently than at least monthly.
2. **Location** - the environment of the location of the visits must be conducive to open and honest conversation. At least one monthly caseworker contact with the child must take place in the out-of-home placement. The interview between the caseworker and the child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately, depending on the comfort level of the children or if there are safety considerations.
3. **Duration** - the length of the visit must be of sufficient duration to address key issues.
4. **Quality discussion** - the content of the interview should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being, as well as promotes the achievement of case goals. When the child is nonverbal or unable to communicate, the caseworker will document that the child is nonverbal and instead report observations regarding the child's appearance pertaining to physical well-being.

The purpose of this question is to measure that the child is seen inside their current living environment. If a youth is in an ILP placement, the worker is required to see the youth inside their residence. If the child is placed out-of-state and the Utah worker makes virtual contact with the child, this question can receive a yes answer. Documentation of calling/texting the child and leaving a message does not meet the requirement unless it is clearly stated that the message was about scheduling a visit at the child's residence. If the child is placed outside the state, the out-of-home caseworker will have at least one virtual conversation per month with the child (if the child is verbal) and with the child's out-of-home caregiver. If the virtual format is not available the caseworker may use a phone call in lieu of virtual.

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For purposes of CPR: If child/youth is on THP, the visit will occur in the residence where THP is occurring.

Yes	Documentation was located indicating that the worker had at least one face-to-face contact with the child/youth inside the out-of-home placement this month. There is an exception to the in person visit as outlined in DCFS Practice Guidelines and the supervisor has approved the use of virtual video conferencing to meet the face to face requirement AND the supervisor has documented in the activity logs the reason for approval for a virtual visit. Alternatively, the child is placed out-of-state (ICPC) and the Utah worker made at least one virtual contact with the child and it is documented. The youth is placed under an ILP placement code and documentation was located indicating the worker had at least one face-to- face contact inside the youth's place of residence. The child is on THP and a documented visit occurred in the residence where THP is occurring.
No	No documentation was located that indicated that the worker had a face-to-face contact with the child inside the out-of-home placement this month, or the youth is placed under an ILP code and no documentation was located that indicated the worker had face-to-face contact inside their residence. There is no documentation that the Utah worker made virtual contact with the child who is placed out-of-state. The child is on THP and no documented visit occurred where THP is occurring.
N/A	The child was not receiving services during this month or received services for less than 16 days of the month. The worker documented two or more attempts to have face-to-face contact with the child inside the out-of-home placement this month. (Write a detailed explanation in the comments section.)

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SCF.B.3 Did the worker have a face-to-face conversation with the child outside the presence of the caregiver at least once during each month of the review period?

DCFS Practice Guideline 302.2.B.2 (2025)

The interview between the caseworker and the child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately, depending on the comfort level of the children or if there are safety considerations.

For purposes of the CPR it is assumed that a child two yrs. of age or under is considered non-verbal. **If a child three years of age or older is considered nonverbal by the worker, documentation should include the observation or assessment that led to this conclusion.** For example, the worker may document that the child is diagnosed as autistic and responded to an attempted interaction with grunts and gestures. Siblings may be interviewed together or separately depending on the comfort level of the child or if there are safety considerations.

Yes	The worker documented at least one face-to-face conversation with the child outside the presence of the caregiver this month.
No	No documentation was located of a face-to-face conversation with the child outside the presence of the caregiver for this month.
N/A	The child was not receiving services this month or was receiving services for less than 16 days of the month. The child is not developmentally age appropriate, the child is nonverbal/exhibits anxiety or refuses to have a private conversation AND this is clearly documented. The child lives out of state (ICPC). The youth is placed in an ILP code. The child is two yrs. of age or younger or the child is AWOL for more than half the month.

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SCF.B.4 Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?

DCFS Practice Guideline 302.2.D (2025)

Monthly caseworker contact with the child's parents: The caseworker will have regular contact with each parent to assess safety, permanency, and well-being of the children and to promote achievement of case goals.

1. For the purpose of monthly caseworker contact with parent, parent is defined as:
 - a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child's life.
 - b. The legally recognized father regardless of physical custody or current level of involvement in the child's life.
 - c. The legally recognized adoptive mother and/or father.
 - d. The legally recognized guardian.
2. Contact is defined as a face-to-face meeting between the parent and the caseworker and must include the following elements:
 - a. Frequency - visits must occur at least monthly.
 - b. Location - the environment of the location of the visits must be conducive to open and honest conversation.
 - c. Duration - the length of the visit must be of sufficient duration to address key issues.
 - d. Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.
 - e. If the parent resides outside the state, the out-of-home caseworker will have at least one virtual face-to-face conversation per month with the parent. If the virtual format is unavailable, the caseworker may use a phone call in lieu of virtual. Additionally, if the child is placed with the parent, the out-of-home caseworker will request through the Interstate Compact Placement Agreement that a courtesy caseworker conduct a monthly face-to-face visit with the parent, which meets the in-person visit requirement, and provide a written report of the visit to the Utah out-of-home caseworker each quarter

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It is assumed that the legally recognized parent's whereabouts are known, unless the worker specifies otherwise. It is assumed that the caseworker is working with the legally recognized mother unless otherwise noted (Guardian).

An attempt to make face-to-face contact must be documented clearly in order to receive an N/A. Documentation of calling/texting the parent and leaving a message does not meet the requirement unless it is clearly stated that the message was about scheduling a visit or a reminder of an upcoming meeting etc. where face-to-face contact is expected. If the parent fails to show for a scheduled CFTM or a court hearing where the worker expected to see the parent, these can be considered attempts at face-to-face contact.

Yes	Documentation was located that the worker had at least one face-to-face discussion with the mother or legal guardian of the child this month. The parent resides outside the state and a virtual face-to-face conversation is documented.
No	No documentation was located that indicates the worker had at least one face-to-face discussion with the mother or legal guardian of the child this month. The parent resides outside the state and no virtual face-to-face conversation is documented.
N/A	The case was not open for services during this month or received services for less than 16 days of the month. Mother or legal guardian is deceased. Mother or legal guardian's parental rights have been terminated. Mother or legal guardian has verbalized a refusal to participate and this is clearly documented (Refusal). Mother or legal guardian's whereabouts are unknown. The worker documented two or more attempts to contact the mother or legal guardian (Passive Refusal)

SCF.B.5 Did the worker make face-to-face contact with the father of the child at least once during each month of the review period?

DCFS Practice Guideline 302.2.D (2025)

Monthly caseworker contact with the child's parents: The caseworker will have regular contact with each parent to assess safety, permanency, and well-being of the children and to promote achievement of case goals.

1. For the purpose of monthly caseworker contact with parent, parent is defined as:
 - a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child's life.
 - b. The legally recognized father regardless of physical custody or current level of involvement in the child's life.
 - c. The legally recognized adoptive mother and/or father.
 - d. The legally recognized guardian.
2. Contact is defined as a face-to-face meeting between the parent and the caseworker and must include the following elements:
 - a. Frequency - visits must occur at least monthly.
 - b. Location - the environment of the location of the visits must be conducive to open and honest conversation.
 - c. Duration - the length of the visit must be of sufficient duration to address key issues.
 - d. Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.
 - e. If the parent resides outside the state, the out-of-home caseworker will have at least one virtual face-to-face conversation per month with the parent. If the virtual format is unavailable, the caseworker may use a phone call in lieu of virtual. Additionally, if the child is placed with the parent, the out-of-home caseworker will request through the Interstate Compact Placement Agreement that a courtesy caseworker conduct a monthly face-to-face visit with the parent, which meets the in-person visit requirement, and provide a written report of the visit to the Utah out-of-home caseworker each quarter

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It is assumed that the legally recognized parent's whereabouts are known, unless the worker specifies otherwise. It is assumed that the caseworker is working with the legally recognized father unless otherwise noted (Guardian).

An attempt to make face-to-face contact must be documented clearly in order to receive an NA. Documentation of calling/texting the parent and leaving a message does not meet the requirement unless it is clearly stated that the message was about scheduling a visit or a reminder of an upcoming meeting etc. where face-to-face contact is expected. If the parent fails to show for a scheduled CFTM or a court hearing where the worker expected to see the parent, these can be considered attempts at face-to-face contact.

Yes	Documentation was located that the worker had at least one face-to-face discussion with the father or legal guardian of the child this month. The parent resides outside the state and a virtual face-to-face conversation is documented.
No	No documentation was located that indicates the worker had at least one face-to-face discussion with the father or legal guardian of the child this month. The parent resides outside the state and no virtual face-to-face conversation is documented
N/A	The case was not open for services during this month or received services for less than 16 days of the month. Father or legal guardian is deceased. Father or legal guardian's parental rights have been terminated. Father or legal guardian has verbalized a refusal to participate and this is clearly documented (Refusal). Father or legal guardian's whereabouts are unknown. The worker documented two or more attempts to contact the Father or legal guardian (Passive Refusal)

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Medical, Emotional, and Dental Care

This section focuses on the health services provided to the child, including initial and annual health assessments and will be reviewed for a 12-month period. If more than one assessment was completed in the review period, such as the well- baby check, read the most current exam report.

SCF.C.1 Was an initial or annual Well Child CHEC conducted on time?

DCFS Practice Guideline 303.5 (2025)

Major objectives: All children placed in out-of-home care will receive health care services according to the requirements of DCFS whether they are Medicaid eligible or not. The DCFS caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child.

- B. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever occurs first, the child will receive:
 - 1. Well Child CHEC (Child Health Evaluation and Care) exam.
 - e. For children under the age of two years, the Periodicity Schedule will be followed. The Periodicity Schedule is:
 - (1) Birth.
 - (2) Two weeks of age.
 - (3) Two months of age.
 - (4) Four months of age.
 - (5) Six months of age.
 - (6) Nine months of age.
 - (7) Twelve months of age.
 - (8) Fifteen months of age.
 - (9) Eighteen months of age.
 - (10) Twenty-four months of age.
 - (11) Annually after 24 months of age.

Annually: While in out-of-home care, all children will receive an annual Well Child CHEC according to the Periodicity Schedule, dental exam, and mental health assessment or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will be completed within 30 days of the annual due date. The exam may be completed early but if it is late, it is overdue. Look in the record for the Health Visit Report form, other medical reports, documentation in the Activity Log, Safe

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Health tab (including the details tab), and elsewhere in the record for evidence that the child received a health assessment during the year.

For the initial exams, determine the date the child was removed from the home and compare that date to the date the initial exam was completed to determine if it was completed on time. Be sure to note in the comment section specifically which exam was completed, the initial or annual, and the date it was completed. If the exam was conducted late, document how late the exam was completed. If the child is AWOL the month the exam is due, answer this question “N/A.”

Yes	An initial or annual Well Child CHEC was conducted on time.
No	An initial or annual Well Child CHEC was due but there is no documentation that it was conducted or there is no evidence in the documentation that the periodicity healthcare action item was completed within 30 days of the due date.
N/A	The child had not yet been removed from home for 30 days at the end of the current review period and the exam would be due outside the review period. The child is AWOL the month the exam is due. The child is on a Trial Home Visit. The initial or annual Well Child CHEC was due but could not be conducted for reasons beyond the worker’s control, as documented in the record ; e.g., the doctor was unavailable for an extended period (put the reason in the comments section)

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SCF.C.2 Was an initial or annual mental health assessment conducted on time?

DCFS Practice Guideline 303.5.C.2 (2025)

Major objectives: All children placed in out-of-home care will receive health care services according to the requirements of DCFS whether they are Medicaid eligible or not. The DCFS caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child.

- C. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever occurs first, the child will receive:
 - 2. Mental Health Assessment:
 - a. Children five years of age and older will receive a mental health assessment.
- D. Developmental and Social Emotional Assessment:
 - 2. For children 4 months to 5 years of age who are removed or court-ordered into custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the foster parent for completion based on the child's current age and the following schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months.

For the initial assessment, determine the date the child was removed from the home and compare that date to the date the initial assessment was completed to determine if it was completed on time. If the child received a mental health assessment, psychological or psychiatric evaluation or an Ages and Stages developmental assessment and the Ages and Stages Social and Emotional screening (ASQ & ASQ:SE) prior to entering DCFS custody AND the worker received approval from a regional health care specialist, this assessment counts as the initial or annual mental health assessment.

Annually: While in out-of-home care, all children will receive an annual Well Child CHEC according to the periodicity schedule, dental exam, and mental health assessment or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will be completed within 30 days of the annual date. For children four months to five years of age the most recent ASQ/ASQSE completed is looked at. Check the age of the child and the periodicity schedule for the most current ASQ and determine if that ASQ was received and completed within the appropriate time-period.

Look in SAFE (including the details tab), for documentation that a mental health or psychosocial assessment was conducted and if it was completed on time. Reviewers should document in the

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database which exam was completed (the initial or annual) and the date it was completed. If the exam was conducted late, document how late the exam was completed.

Yes	An initial or annual mental health assessment/ASQ and ASQ/SE was conducted on time
No	An initial or annual mental health assessment was due but there is no documentation that it was conducted. There is no evidence in the documentation that the periodicity ASQ or ASQ-SE action item was completed within 30 days of the due date.
N/A	The child had not yet been removed from home for 30 days at the end of the current review period and the assessment would be due outside the review period. The infant is under four months of age at the end of the review period. The child is AWOL the month the assessment is due. The child was on a Trial Home Visit. The mental health assessment or the ASQ and the ASQ/SE was due but could not be conducted for reasons beyond the worker's control, as documented in the record; e.g., the evaluator was unavailable for an extended period. (put the reason in the comments section)

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SCF.C.3 Was an initial or annual dental assessment conducted on time?

DCFS Practice Guideline 303.5.C (2025)

Major objectives: All children placed in out-of-home care will receive health care services according to the requirements of DCFS whether they are Medicaid eligible or not. The DCFS caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child.

- C. Within 30 days prior to or 30 days after removal or court-ordered custody, whichever occurs first, the child will receive:
 - 1. Dental exam:
 - a. Required for children three years of age and older.
 - b. Children under age three will be followed by their PCP and referred to a dentist with any identified problems.

If the child received a dental exam prior to entering DCFS custody AND the caseworker received approval from the regional health care specialist, this exam counts as the initial dental exam. For the initial exams, determine the date the child was removed from the home and compare that date to the date the initial exam was completed to determine if it was completed on time. Be sure to note in the comment section specifically which exam was completed, the initial or annual, and the date it was completed. If the exam was conducted late, document how late the exam was completed. Remember children under age three do not need dental exams. If the child is AWOL the month the exam is due, answer this question "N/A."

Annually: While in out-of-home care, all children will receive an annual Well Child CHEC according to the periodicity schedule, dental exam, and mental health assessment or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will be completed within 30 days of the annual date.

Yes	A comprehensive initial or annual dental assessment was conducted on time.
No	An initial or annual dental assessment was due, but there is no documentation that it was conducted during this review period.

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N/A	The child is under age three and no dental assessment was required; the child had not yet been removed from home for 30 days at the end of the review period and the exam would be due outside the review period. The child is AWOL the month the assessment is due. The child was on a Trial Home Visit. The dental assessment was due but could not be conducted for reasons beyond the worker's control, as documented in the record; e.g., the dentist's schedule was full for an extended period of time. (Identify the reason in the comment section).
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Child and Family Planning

*This group of questions involves the child's Child and Family Plan and the planning process, including participants. The current Child and Family Plan will provide much of the information here, but other documents should be reviewed, including court records. **For all questions in this section, refer to the most current child and family plan found in the record as of the end of the review period.***

SCF.D.1 Was an initial child and family plan created within 45 days of the case start date?

DCFS Practice Guideline 302.1 (2025)

Major objectives:

- B. The initial plan will be developed and finalized no later than 45 days after a child's removal from the home or placement in DCFS custody, whichever occurs first. A plan is finalized on the date that it is finalized in SAFE.

Check the creation date of the initial child and family plan in SAFE to ensure that it was created no more than 45 days from the child's removal from home or placement in DCFS custody, whichever occurred first.

Yes	The initial child and family plan was created within 45 days of the child's removal from home or placement in DCFS custody, whichever occurred first.
No	There is no documentation that the initial child and family plan was created within 45 days of removal or the timeliness of the initial child and family plan could not be determined.
N/A	The initial child and family plan was created prior to the PUR.

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SCF.D.2 Was the current child and family plan created on time?

DCFS Practice Guideline 302.1 (2025)

Major objectives:

- A. The Child and Family Team will create a plan based on the assessment of the child and family's strengths and needs, which will enable them to work toward their goals. The Child and Family Team will also oversee progress towards completion of the plan and provide input into adaptations needed in the plan.

For the purposes of CPR, this question reviews the updated plan only. The prior question reviews the initial plan. If the initial plan is the only plan created during the PUR, this question will be N/A.

This plan is updated at least every six months from the removal date but can be updated more frequently when new needs are identified or goals are met. The beginning and ending dates of the child and family plan should be recorded on the form.

Check the dates to be sure a current plan was in the file at the end of the current review period. A child and family plan is considered complete when all relevant and applicable sections are filled in and it is finalized in SAFE. **An updated plan must be finalized within 30 days of the end date of the expired plan.** For example: If a plan expires March 10, 2024, the new plan must be finalized by April 9, 2024 to be considered completed on time.

Yes	The current child and family plan was created on time.
No	There is no current child and family plan; the plan is missing or it was created late.
N/A	The child and family plan was not due at the end of the PUR. The initial child and family plan is the only plan due during the PUR.

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SCF.D.3 Were the following team members involved in the development of the current Child and Family Plan?

- A.** the mother?
- B.** the father?
- C.** substitute caregiver?
- D.** the child/youth if developmentally appropriate? (Generally, children aged 5 and older are considered able to contribute in some way.)

DCFS Practice Guideline 302.1.C (2024)

1. All parents will have the opportunity to participate in the development of the Child and Family Plan.
2. For the purpose of planning, parent is defined as:
 - a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child's life.
 - b. The legally recognized father regardless of physical custody or current level of involvement in the child's life.
 - c. The legally recognized adoptive mother and/or father.
 - d. The legally recognized guardian.

Involvement in planning can be any time from the finalization date in SAFE of the prior plan to the SAFE creation date of the current plan. All parents shall have the opportunity to participate in the development of the child and family plan (CFP). "Stepparent" has been defined by DCFS as a caregiver who is married to a parent and is living in the home where the child is residing or will reside. "Substitute caregiver" is defined as someone that has been identified as a person who will be imminently providing enduring permanency for the child (foster parent, stepparent, guardian, or kin). If a child resides in congregate or residential care, a representative from the facility may be considered the "substitute caregiver." The developmentally appropriate child means they have the ability to understand and offer relevant contributions to the plan. As a general guideline, children who are elementary school aged are regarded as being capable of contributing.

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Yes	Documentation was located indicating that this party was involved in the development of the child and family plan.
No	No documentation was located that this party was involved in the development of the child and family plan. There is no current child and family plan.
N/A	The child and family plan was not due by the end of the review period; or the child and family plan was created prior to the review period. ● For a & b only: Parent is deceased; or parental rights have been terminated by the court; or the parent's whereabouts are unknown; parental involvement in the planning process is detrimental to the safety or best interest of the child AND is supported by court order or a clinical recommendation. The parent has verbalized a refusal to be involved AND this is clearly documented in the record The caseworker talked to the parent face-to-face but the parent refused to participate (Refusal). The worker documented two or more attempts to involve the parent in planning (Passive Refusal). ● For c only: there is no substitute caregiver. ● For d only: the child is not age 5 or older; the child is not developmentally appropriate. The youth is at least 18 years of age and requests that the parents not be involved in the planning process AND this is clearly documented.

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SCF.D.4 **Was the child provided the opportunity to have family-time with his/her mother weekly, OR is there an alternative family-time plan?**

DCFS Practice Guideline 303.1 (2025)

Major objectives: Purposeful and frequent family-time with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through family-time and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests.

Family-time plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Family-time will occur as often as possible with once per week as the general guideline. If, after creative exploration of all options by the child and family team, weekly family-time is not feasible, schedule longer family-time as frequently as possible, with other means of communication encouraged between in-person contact**

The family-time plan is a good source to look for this evidence. If the child and family plan specifies the family-time plan and all involved parties are aware of the family-time plan, this question may be answered yes. This may be documented in other areas also, such as in the activity logs or the CFTM notes. **Parents are entitled to family-time with their children even if reunification services are terminated unless their rights have been terminated.** If the child is in foster care because of a failed adoption, a family-time arrangement must be made between the adoptive parents and the child. The caseworker must specify if the family-time plan is different from weekly and the reasons it is not weekly. **There must be documentation that family-time planning is current and involves both parents.**

Yes	The child was provided the opportunity to have family-time with his/her mother weekly or there is an alternative family-time plan.
No	There is no documentation that the opportunity for weekly family-time was provided for the child with his/her mother.

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N/A	The worker was not able to provide the opportunity for the child to have family-time with his/her mother for reasons beyond the worker's control, as documented in the record (incarceration is not a valid reason. An alternative exists such as sending letters or pictures). The parents' rights have been terminated; or family-time is impossible or inappropriate (for example, the court or other professional determined that family-time would be detrimental to the child AND this is clearly documented). Child and/or parent refuse to have family-time.
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SCF.D.5 **Was the child provided the opportunity to have family-time with his/her father weekly, OR is there an alternative family-time plan?**

DCFS Practice Guideline 303.1 (2025)

Major objectives: Purposeful and frequent family-time with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through family-time and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests.

Family-time plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Family-time will occur as often as possible with once per week as the general guideline. If, after creative exploration of all options by the child and family team, weekly family-time is not feasible, schedule longer family-time as frequently as possible, with other means of communication encouraged between in-person contact**

The family-time plan is a good source to look for this evidence. If the child and family plan specifies the family-time plan and all involved parties are aware of the family-time plan, this question may be answered yes. This may be documented in other areas also, such as in the activity logs or the CFTM notes. **Parents are entitled to family-time with their children even if reunification services are terminated unless their rights have been terminated.** If the child is in foster care because of a failed adoption, a family-time arrangement must be made between the adoptive parents and the child. The caseworker must specify if the family-time plan is different from weekly and the reasons it is not weekly. **There must be documentation that family-time planning is current and involves both parents.**

Yes	The child was provided the opportunity to have family-time with his/her father weekly or there is an alternative family-time plan.
No	There is no documentation that the opportunity for weekly family-time was provided for the child with his/her father.

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N/A	The worker was not able to provide the opportunity for the child to have family-time with his/her father for reasons beyond the worker’s control, as documented in the record (incarceration is not a valid reason. An alternative exists such as sending letters or pictures). The parents’ rights have been terminated; or family-time is impossible or inappropriate (for example, the court or other professional determined that family-time would be detrimental to the child and this is clearly documented). Child and/or parent refuse to have family-time.
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SCF.D.6 Was the child provided the opportunity for family-time with his/her siblings weekly OR is there an alternative family-time plan?

DCFS Practice Guideline 303.1 (2025)

Major objectives: Purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests.

Family-time plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Family-time shall occur as often as possible with once per week as the general guideline. If, after creative exploration of all options by the child and family team, weekly family-time are not feasible, schedule longer family-time as frequently as possible, with other means of communication encouraged between visits.**

The child and family visitation plan is a good source to look for this evidence. This may be documented in other areas also, such as in the activity logs or the CFTM notes. Family-time with siblings may occur in conjunction with visits with parents. Family-time between siblings in adoptive homes should occur until the adoption is final unless there is some other reason the visits should not occur. This reason needs to be documented. Check child and family assessment, team meeting notes, the activity log, and elsewhere in the record for evidence of sibling visitation. If the child is in foster care because of a failed adoption, visitation arrangement must be made between the adoptive siblings and the child. The caseworker must specify if the family-time plan is different from weekly and the reasons it is not weekly. **There must be documentation that family-time planning is current and involves ALL siblings.**

For this review, family-time is only required with siblings who are also in foster care.

Yes	The child was provided the opportunity to have family-time with his/her sibling(s) weekly.
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No	There is no documentation in the record of the child being provided the opportunity for family-time with siblings.
N/A	The child does not have any siblings; or the child's siblings are in the same foster placement or the child did not want to visit with siblings; or family-time is impossible or inappropriate (for example, the court or other professional determined that family-time would be detrimental to the child) AND this is clearly documented.