TENNESSEE COURT IMPROVEMENT PROGRAM

TRAINING MANUAL FOR FOSTER CARE REVIEW BOARDS

Eleventh Edition
2022

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Dear Local Foster Care Review Board Member:

Thank you for your service and commitment to Tennessee children and youth in out of home care. Foster care review board (FCRB) volunteers provide review and recommendation to courts related to the safety, permanency and well-being of children and youth in foster care. This careful review is a critical component of Tennessee child welfare case planning and support. Studies have shown that volunteer foster care review boards can help reduce a child's time in out of home care (Bryan, Collins-Camargo & Rhee, 2010).

Your volunteer service to the FCRB follows a structure defined by federal guidelines and Tennessee statute and rules. This manual provides details regarding that structure and support available to you as an FCRB volunteer. When you sign the last two pages of this manual and return the signed forms to your FCRB supervisor, you document your acknowledgement of the receipt of this manual and your oath of confidentiality to the FCRB and juvenile court.

We hope this manual serves as a resource to you as you provide this critical service to Tennessee children and youth in foster care.

Sincerely,

Stacy L. Lynch, J.D. and Carrie Mason, J.D., Ph.D.
Tennessee Court Improvement Program

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SECTION I. FOSTER CARE REVIEW BOARD OVERVIEW

A foster care review board is composed of citizen volunteers appointed by the juvenile court judge. The board serves the quasi-judicial function of advising the court about the permanency process of each child in foster care.

I(a): Foster Care Review Board Purpose

Foster care review is an accountability mechanism created to promote the permanency, safety and well-being of children in foster care. Review boards act in an advisory capacity only and are staffed primarily by volunteers. The review is carried out with access to pertinent records of children and the ability to interview all parties in a child's case.

The Foster Care Review Board members:

- support the safety, permanency and well-being of children in care;
- facilitate communication among systems;
- assist in case planning; and
- assist judges in their work.

The Foster Care Review Board can further assist the court by:

- Eliciting necessary information from individuals associated with the child's case, like the guardian ad litem (GAL) or surrogate parent, thereby adding information to the child's record that the caseworker has been unable to obtain.
- Eliciting information from a party or child that may not be known to the caseworker (missing parent, address, or fact);
- Reinforcing the caseworker's efforts to the family or youth. Sometimes youth respond better to the board as a representative of the court. The board may be able to help persuade youth or family member to follow through on planned services and to cooperate with the caseworker; and

The advocacy role of reviewers is not limited to making case recommendations to the court and agency. Individual members may be able to identify additional resources in the community of which the service provider may not be aware.

Care must be taken not to misconstrue the authority to conduct fact-finding reviews with the authority to change case plans. In general, the findings and recommendations of review boards are advisory.

I(b): Foster Care Review Board Statutory Governance

The Foster Care Review Boards in Tennessee are governed by statute at T.C.A. § 37-2-404 and 37-2-406. Rule 403 of the Tennessee Rules of Practice and Procedure (T.R.J.P.) and local juvenile court rules provide the rules of procedure for foster care review board.

I(c): Foster Care Review Board Requirements under the Rule and Statute

i. **Timing of Review:** It is the responsibility of the juvenile court judge to conduct, or have the foster care review board conduct, a review of the permanency plan at a minimum of ninety (90) days after placement in foster care and every six (6) months thereafter. T.C.A. § 37-2-404.

ii. **Documents for Review:** The board shall review the permanency plan and other supporting documentation in regard to the child's safety, well-being, and permanency as determined by local rule. The board and the Department of Children's Services shall develop adequate procedures to ensure that each child in foster care is reviewed within the specified timeframes. T.R.J.P. 403(b); T.C.A. § 37-2-406(b)

iii. **Notice of Review:** The juvenile court shall determine the date, time and location of each foster care review board and shall notify the Department of Children's Services and the board members no later than 14 calendar days prior to the scheduled review. Each case shall be set at a specific time that allows for a comprehensive review. Notice of the review shall be provided in writing not less than 10 calendar days prior to the scheduled review.to parents, unless parental rights have been surrendered or terminated, and the parents shall have the right to attend and participate in the review. Notice should also be provided to parent attorneys, guardians ad litem, foster parents or relative providing care for the child, and any child in foster care dependent and neglected aged 14 and older, or adjudicated delinquent or unruly, regardless of age. The board and the Department of Children's Services shall develop adequate procedures to provide notice. T.R.J.P. 403(a).

iv. **Quorum**: The foster care review board shall consist of at least five members in counties or regions with populations under 100,000 citizens, and seven members in larger counties or regions, with more than 100,000 citizens. According to the Tennessee Code, A quorum must exist to conduct each board review. A quorum is the minimum number of members necessary to conduct the review. Neither the Tennessee Code not the Rules of Juvenile Procedure indicate what constitutes a quorum for foster care review boards. Most courts consider a quorum a simple majority of the board (i.e.: three in less populous counties, four in counties with larger populations). T.R.J.P. 403(c); T.C.A. § 37-2-406(a)(2)

v. **Considerations under Review:** At each review, the foster care review board reviews and makes recommendations related to:

a. the safety, permanency and wellbeing of the child;
b. the necessity and appropriateness of continued foster care placement;
c. the compliance of all parties to the statement of responsibilities;
d. the extent of progress in alleviating or mitigating the causes necessitating placement
e. the extent of progress in achieving the goals contained in the permanency plan; and
f. the projected date on which the goal of the plan will be achieved.
T.C.A. § 37-2-404(b); T.R.J.P 402

vi. **Speaking to Child or Youth Outside the Presence of the Parties:** The board may wish to speak with the child or youth subject to review outside the presence of parties. This private communication is undertaken at the board's discretion, with the court facilitator's facilitation. If the guardian ad litem is available, that individual should be included in the conversation. Care should be taken to minimize the child or youth's discomfort (i.e.: Request information about youth's sensitivities from Department representative if possible, consider including therapist, if available.) T.J.R.P.403 (4)

vii. **Hearing in Place of Review:** If at a judicial hearing the court hears evidence concerning the areas listed in I(c)(iv), the next board review may be held within six (6) months of the judicial hearing. T.C.A. § 37-2-406(b)

viii. **FCRB Report and Recommendations:** The report of the FCRB shall contain the board's findings and recommendations regarding the efforts and progress made by the Department of Children's Services to carry out the permanency plan. The report shall include other recommendations related to the safety and wellbeing of the child, as required by statute and rule:

1. The continued appropriateness of the permanency goals and if a concurrent goal is needed;
2. Whether the child's placement is safe and appropriate;
3. Whether the child's well-being is being appropriately addressed through health, education, and independent living skills if applicable;
4. Whether the visitation schedule continues to be sufficient to maintain the bond between the child and parent, and the child and siblings, who are not residing in the same placement;
5. The reasonableness of the Department of Children's Services' efforts to identify or locate the parent or child whose identity or whereabouts are unknown;
6. The reasonableness of the Department's efforts based on the prioritization of the outcomes and corresponding action steps in the statement of responsibilities; and
7. The compliance of the parents or child with the statement of responsibilities in the plan. T.R.J.P 402; 403.

Tennessee Rules of Juvenile Procedure findings and recommendations shall include the date of the next review. The report is advisory and must be submitted to the judge within ten (10) days following the review. The court shall establish a procedure to receive the report from the foster care review board. T.C.A 406(c)(1); T.R.J.P. 403(h)

ix. **Filing Report with Clerk:** The report of the board shall be filed with the clerk of the court who shall record the date and hour of the filing. The clerk of the court shall also mail a copy of the report to all parties and their attorneys of record. T.R.J.P. 403(g)

x. **Authority to Make Direct Referral to Court:** The board may also make a direct referral to the court, including its findings and recommendations, under two circumstances*:

a. Where issues in the case constitute a risk of harm and *directly* compromise the health, safety or welfare of the child. This referral must be heard by the judge or magistrate within **72 hours excluding non-judicial days.**

b. Where conditions persist that constitute a deterrent to reaching the permanency goals and such conditions *indirectly or chronically* compromise the health, safety or welfare of the child. This referral must be heard by the judge or magistrate within **30 calendar days**. T.C.A. §§37-2-406(c)(1); T.R.J.P 403(i)

***Note: If the board decides to make a judicial referral, the FCRB facilitator determines which type of referral is appropriate, and reports the results of the judicial review at the next meeting of the board.**

I(d): Foster Care Review Board Leadership

Youth Services Officer: The youth services officer or other designated officer of the court shall serve as a facilitator to each county or regional board. The youth services officer or other designated facilitator will assist with the operation of the board and the communication between the board and the court. While specific responsibilities may vary from county to county, the youth services officer or facilitator generally performs the following duties:

- Recruit and facilitate appointment of review board members;
- Establish and supervise initial and ongoing training of board members pursuant to T.C.A. 37-2-406(b); T.C.A. 37-2-406(4).
- Attend all board meetings and act as a resource for the boards;
- In jurisdictions were the court schedules reviews and makes notification, schedule all foster care cases to ensure compliance with T.C.A. 37-2-406(b) and ensure that proper notice of board meetings is disseminated to all board members, attorneys, parents, child and the department;
- Serve as a liaison between the court and the boards in the case of judicial referral, as detailed in T.C.A. 37-2-406(c); T.J.R.P. 403(i).
- Ensure that the board's written recommendations are filed with the clerk of the court;
- Direct and advise board members on policies and procedures of state departments and juvenile court;
- Set foster care review board direct referrals on the court's docket and notify all parties of the court date;
- Recount to the boards any court action initiated by the boards and the court's decision;
- Arrange meeting room for each board meeting.

The Court Improvement Program (CIP): The CIP is funded by a federal grant program provided under the auspices of the U.S. Department of Health and Human Services and aimed at improving juvenile court response to children who are at risk of or are placed in foster care. The CIP is available to support board facilitators with training material and problem-solving support as needed. The CIP website, which contains links to FCRB training materials can be found here: https://www.tncourts.gov/programs/court-improvement. Carrie Mason, CIP Attorney can be reached by e-mail at Carrie.Mason@tncourts.gov.

I(e): Foster Care Review Board Roles

i. Foster Care Review Board Chairperson

The chairperson's responsibilities are to:

- Attend all foster care review board hearings;
- Notify the youth services officer/court appointed designee or DCS representative if unable to attend to ensure that an acting chairperson will be appointed;
- Adhere to the roles and relationships of a general review board member;
- Participate in ongoing training provided by the Court Improvement Program, DCS and other agencies and special training for review board chairpersons; and
- Help facilitate the presentation of information to the board if the presenter struggles to communicate.

At the end of each case review the chairperson:

- Verbally presents recommendations to all persons present for the review; and
- Signs the board advisory report or other appropriate form in the place designated for the chairperson.

ii. Foster Care Review Board Secretary∗

The secretary's responsibilities are to:

- Ensure that all board members and all parties participating in a review are noted on the board advisory report or other approved appropriate form for that particular review;
- Complete questions on the board advisory report or approved form during the review.
- Write the recommendations from the deliberations on the board advisory report or approved form after all of the board members have come to a consensus;
- Record the date and type of the next FCRB on the board advisory report;
- Collect all notes taken by board members at end of review and file with court file (notes taken do not constitute a public record).

∗ Adapted from *Tennessee Foster Care Review Board Orientation,* University of Tennessee, College of Social Work, Office of Research and Public Service, in cooperation with the Tennessee Department of Human Services and the Reasonable Efforts Training Committee, July 1994.

iii. DCS Relationship to the FCRB∗

The Department of Children Services' responsibility to the foster care review board is to:

- Provide the board with a copy of the permanency plan, progress report, and other documentation as required by the board;
- Make available a DCS staff person for consultation;
- Send a notification to the parent(s) and attorney(s), child and guardian ad litem, foster parents, relatives with physical custody of children, and pre-adoptive parents regarding the date, time and place of the review;
- Provide for transportation as needed for children to attend the board review in person, as required;
- Require, through licensing standards (for agencies licensed and approved by DCS), that notices and reports of reviews be sent to the parents of children placed with licensed or approved agencies;
- Ensure that parent(s) and attorney(s), child and guardian ad litem, foster parents, relatives with physical custody of children, and preadoptive parents are aware of periodic reviews; and
- Provide information and data to foster care review boards as requested and feasible. (T.R.J.P 403)

I(f): Model Foster Care Review Boards

Model Foster Care Review Board is a project of participating juvenile courts, the CIP and DCS to support enhanced board review for interested courts. There are currently 13 counties with Model FCRB in Tennessee. Model boards engage with the CIP and DCS on a regular basis, through general and specialized training, board observation and ongoing support.

The CIP supports quality hearing communication through the use of motivational interviewing with young people and families before the board. Motivational interview is a collaborative, respectful, and goal-oriented style of communication, "designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." (Miller & Rollnick, 2013, p. 29)

∗ Adapted from Lunn, N. (1989). *Foster Care Review Board Orientation Training: Trainer's Guide.* Knoxville, TN: University of Tennessee, College of Social Work, Office of Research and Public Service, in *Tennessee Foster Care Review Board Orientation,* University of Tennessee, College of Social Work, Office of Research and Public Service, in cooperation with the Tennessee Department of Human Services and the Reasonable Efforts Training Committee, July 1994.

I(g): Checklist for Foster Care Review Board Hearing

Order of Case Review:

___ Review Permanency Plan and Quarterly Progress Report by the board without DCS or the parents present

___ DCS, parties, attorneys, child and others assembled

___ Introductions

___ Case summary by DCS worker with the parties (DCS, parents, delinquent or unruly children of any age, dependent children 14 or over, all attorneys) present

___ Parent participation with the parties (DCS, parents, delinquent or unruly children of any age, dependent children 14 or over, all attorneys) present

- ___ If a parent is absent, has DCS notified the parent of the hearing?
- ___ Have all parents been identified?
- ___ Has DCS completed a diligent search to locate absent parents? Is the search continuing?
- ___ Is the parent's attorney present? If not, has the parent's attorney been notified of the hearing?

___ Child participation (The child may be interviewed without the parents and DCS present; all attorneys are present.)

- ___ If a child is not present, why not?
- ___ May the child participate remotely, by conference call, or other means?
- ___ Is the GAL present? If not, has the GAL been notified of the hearing?

___ Presentations from other representatives: foster parents, relatives, pre-adoptive parents, service providers and others, with the parties (DCS, parents, delinquent or unruly children of any age, dependent children 14 or over, all attorneys) present

___ Further discussion including advocates for children and parents, with the parties (DCS, parents, delinquent or unruly children of any age, dependent children 14 or over, all attorneys) present

___ Board discussion (may be done outside the presence of the parties)

___ Presentation of board's recommendations to parties and attorneys

___ Complete the Direct Referral for Judicial Review, if applicable

___ Set next review date

___ Complete Review Summary

Common Issues to be Reviewed:

- Is the child safe in placement, visitation, school, etc.?
- Is the child of Native American heritage and does the Indian Child Welfare Act apply? If so, has the tribe been notified?
- What efforts have been made to locate an absent parent? (Review Diligent Search Checklist)
- What efforts have been made to identify all adult relatives of the child?

- What efforts have been made to notify all adult relatives of the options to become a placement for the child?
- Is the goal(s) on the permanency plan in the child's best interest or should it be modified? Should there be a concurrent goal?
- What services (reasonable efforts) are being provided by DCS to achieve the goal(s)? <u>If concurrent goals, address reasonable efforts for both goals.</u> (See Key Issues below)
- Is the child in the most appropriate and least restrictive placement that adequately addresses the safety needs of the child?
- If siblings are not placed together, why not?
  - ___ Has DCS made reasonable efforts to place siblings together, unless it is contrary to the safety or well-being of the siblings?
  - ___ Is sibling visitation included in the permanency plan, unless contrary to the safety or well-being of the child?
- Is visitation occurring between parents and the child?
- Is the child receiving appropriate dental, medical and mental health services?
- Is the child receiving an appropriate and stable education?
  - ___ If the child is not in the same school as he/she was prior to foster care, is it in the child's best interest to return to that school?
  - ___ Is the child in special education or planning to receive a GED? If yes, does the child intend to go to college and understand the consequences of a special education diploma/GED?
- If the child is 14 years or older, is an independent living plan included in the permanency plan?
- If the child is 17 years or older and preparing to exit custody has he/she been counseled on post custody services? What is the transition plan for the child?
- To what extent is the agency in compliance with the permanency plan?
- What time frame should be followed to achieve the goal of the permanency plan?
- Is court intervention necessary to move the case toward permanency for the child?
- When should the case be reviewed again? By whom—the Court or the Board?

Key Issues to be Reviewed for Each Goal (if concurrent goals exist, review both goals):

<u>If reunification is the goal</u>:

- What are the specific responsibilities of <u>each</u> parent?
- What are the specific responsibilities of the step-parent or other adult in the home if that person poses a risk of harm to the child's return?
- Are the responsibilities related to the reason for foster care or to safely reunify the family?
- What reasonable efforts are DCS providing for each responsibility?
- Do the responsibilities or reasonable efforts need to be clarified or modified?
- Are the time-frames for the responsibilities or reasonable efforts realistic?
- To what extent are the parents in compliance with the responsibilities?
- To what extent is DCS in compliance with the reasonable efforts?
- Can the child be returned home safely?

If relative placement is the goal*:*

- Have reasonable efforts been made to reunify the family?
- Has the relative been counseled on the available options for caring for the child?
  - Custody
  - Adoption
  - Permanent guardianship
  - Planned permanent living arrangement - child remains in foster care
- Have the benefits and drawbacks of each option been explained in detail?
- Has a home study been completed?
- If the relative is in another state, at what stage is the case in the Interstate Compact for the Placement of Children (ICPC) process?
- Is the child visiting the relative?
- What type of attachment does the child have with the relative?
- Does the relative have a commitment to caring permanently for the child?
- Has the child been consulted, in an age appropriate manner, regarding the potential placement? What is the child's preference?
- What reasonable efforts is DCS providing to place the child with the relative?

If adoption is the goal*:*

- Have reasonable efforts been made to reunify the family?
- Have reasonable efforts been made to place with a relative?
  - Has the child received adoption counseling? What is the child's preference? If 14 years or older, the child must consent.
  - Has a termination of parental rights petition been filed and heard?
  - Has an adoptive family been located?
  - What reasonable efforts is DCS providing to find, locate and place the child in an adoptive home?

If permanent guardianship is the goal:

- Have reasonable efforts been made to reunify the family?
- Have reasonable efforts been made to place with a relative?
- How long has the child been living with the proposed guardian (must be at least 6 months prior to permanent guardianship order)?
- Is the proposed guardian emotionally, mentally, physically and financially suitable, and able to provide a safe and permanent home for the child?
- Has the proposed guardian expressly committed to remain the permanent guardian until the child becomes an adult?
- Will the proposed guardian agree to comply with visitation, contact or allow information between the child and parent, as ordered by the court?

- Has the child been consulted or received counseling on the permanent guardianship? What is the child's preference? If 12 years or older, the child's reasonable preference must be considered by the court. If under 12 years, the court may hear the child's preference.
- What reasonable efforts is DCS providing to finalize the permanent guardianship?

If planned permanent living arrangement is the goal:

- Have reasonable efforts to reunify the family; to place with a relative; to obtain permanent guardianship and to adopt been exhausted?
- Has the proposed permanent caretaker demonstrated a commitment to assuming long-term responsibility for the child?
- Has the proposed permanent caretaker been fully informed about the options of adoption and permanent guardianship, and expressed a reasoned judgment for not pursuing these?
- Is it in the best interest of the child to remain in the home of the proposed permanent caretaker rather than to be considered for adoption by another person?
- Has the Child and Family Team carefully considered all of the permanency options for this child and recommended PPLA as a sole or concurrent goal, and obtained approval for a goal of PPLA from the Commissioner?
- If placement is with a non-relative, is the child 15 or older? If not, is there a compelling reason that this goal is in the child's best interest?
- Has the placement signed a long-term placement agreement?
- Has a child 12 years or older been fully informed about the options of adoption and permanent guardianship, and consented to PPLA as a sole or concurrent goal?
- Does the permanency plan include action steps designed to help the child develop additional meaningful relationships and family-like connections with other adults?

All reviews:

- Does this goal continue to be appropriate and meet the child's needs?
- Are efforts to develop other relationships ongoing?
- Is the goal still the best option for the child?

SECTION II: RECRUITING AND SELECTION OF VOLUNTEERS

II(a): Recruiting and Retention of Volunteers

The juvenile court judge appoints the FCRB members. The youth services officer or designee may recruit volunteer FCRB members. The statute provides that individuals with specific expertise in education, health care, or the law may be sought for board service. § 37-2-406

II(b): Member Training Requirements

All board members are required to participate in training related to the performance of their duties. § 37-2-406(4). Training may be conducted locally through your juvenile court youth services officer or through the Administrative Office of the Courts' Court Improvement Program. Distance learning is available on the CIP website: https://www.tncourts.gov/programs/court-improvement.

II(c): Dismissal of Volunteer

Violation of FCRB policies or refusal to participate in training may result in dismissal from FCRB service.

SECTION III: ETHICAL CONDUCT

III(a): Conflict of Interest

Rule 403(c) provides that the court facilitator shall inquire as to any conflicts of interest of the board members prior to identifying the necessary members for the board quorum. A conflict of interest occurs when a volunteer's personal interests (to family, employment, or other volunteer service) could compromise the volunteer's judgment during FCRB case review. FCRB volunteers should let their facilitator know if they have a conflict of interest on any case before the board.

III(b): Non-Discrimination Policy

It is the policy of the Administrative Office of the Courts that no person shall on the grounds of race, color, national origin or sex, as provided by Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments Act of 1972, be denied the benefits of, or be otherwise subjected to discrimination under any federally funded program or activity.

III(c): Social Media Usage

T.R.J.P. 403(d)(2) provides that FCRB volunteers should only review the information provided in the case documentation submitted by the Department of Children's Services and persons before the board for the review. The board should not to seek out information on social media regarding a case before the board. Board members should not look up or investigate any person, provider, party, attorney or volunteer associated with a case before the board on social media or on Google. The FCRB provides review of the case, and internet case investigation is outside of the board's scope of duties to children and youth in out of home care.

III(d): Confidentiality

In order to fulfill their roles, foster care review board members must have the authority to perform their duties as fact finders. All records reviewed and reports created in connection with foster care review board shall be confidential and only disclosed in furtherance of the work of foster care review board. A violation of this section is a Class B misdemeanor. T.C.A. §37-2-408. A court's youth services officer or designee may request that volunteers sign the Oath of Confidentiality prior to service to the board. The Oath is on the last page of this manual, following the Acknowledgment page.

APPENDIX

Appendix I

Permanency Planning

Administrative Policies and Procedures: 16.31

Subject:	**Permanency Planning for Children/Youth in the Department of Children's Services Custody**
Authority:	TCA 37-2-403, 37-2-404, 37-2-408, 37-2-409, 37-5-105(3), 37-5-106, TCA Section 4-17-02 Amendment; 36-1-102 (9), 37-1-166, 36-1-113, 37-1-174, 37-1-801, 37-4-201-207; P.L. 109-239; and P.L. 109-239 section 471 (a) (15); Rules of DCS – Procedures for Permanency Plans, Chapter 0250-07-01
Standards:	**DCS Practice Standards:** 5-201, 5-202, 5-203, 5-204, 5-401, 5-402, 5-500, 6-507 A
Application:	To All DCS Family Service Workers, Contract Agency Staff and Supervisory Staff

Policy Statement:

A Family Permanency Plan shall be developed in collaboration with the child and family during a Child and Family Team Meeting (CFTM) for all children/youth in DCS custody adjudicated dependent/neglect or unruly under eighteen (18) years old, and all youth under nineteen (19) years old who have been adjudicated delinquent.

Purpose:

Children whose lives are disrupted by removal from their families are at increased risk for trauma, developmental delay and other problems. The longer a child is separated from family and remains in a temporary placement, the greater these risks become. Permanency planning requires service providers to consider the negative impact of placement and separation on children and to work diligently to find permanent, safe homes for children in care, in a timely manner. All service providers must recognize that time is of the essence for children and must maintain a sense of urgency to achieve a permanent living situation for every child as soon as possible.

Procedures:

A. Scheduling and timeframes	1. The Family Permanency Plan (FPP) is developed in collaboration with the child and family in the context of the Initial Permanency Planning Child and Family Team Meeting (CFTM). 2. Families, foster parents and agency partners are given adequate notice of meetings, preferably ten (10) calendar days in advance if in writing on ***CS-0746, Meeting Notification*** or seven (7) calendar days if notified by telephone, email or face to face. Method of notification requests and invitees contacted are documented in TFACTS. 3. The Initial Family Permanency Planning CFTM is held within thirty (30) calendar days of a child/youth's placement in custody. Letters and telephone

	participation are encouraged for those parties not able to physically attend. 4. Meetings are scheduled to accommodate the child, family, and their support systems whenever possible, even if it requires meeting before or after traditional workday hours. 5. The Family Permanency Plan for children in custody is completed no later than thirty (30) calendar days of a child/youth entering state custody and then submitted to the Regional Legal Counsel within five (5) days of approval in TFACTS. It is submitted by the Department to the court and ratified within sixty (60) calendar days of the date that the child/youth first enters state custody.
B. Development of a Family Permanency Plan	1. Information gathered from the ongoing assessment process guides team participants in the Initial Permanency Planning CFTM in determining an appropriate plan of intervention with the child/youth and his/her family. 2. The Family Permanency Plan establishes realistic goals, outcomes and action steps for the family, the child/youth and/or the Department necessary to achieve permanency. The outcomes and action steps address all of the concerns that brought the child into custody as well as those needs identified by the ongoing assessment process, including health information and needs, and education information including educational stability planning in compliance with the Every Student Succeeds Act outlined in Policy ***21.14, Serving the Educational Needs of the Child/Youth***. Plans are designed to utilize the strengths of the family and include designated time frames for the completion of actions that help the child and family achieve permanency and stability as soon as possible. Refer to DCS Policy ***31.1, Family Permanency Plans*** and the ***Permanency Plan Development Guide***. 3. Time periods for achieving permanency goals are specific to the unique circumstances of the child and family and not dictated by the scheduling of administrative or periodic reviews or meetings. Achievement target dates for permanency goal(s) do not exceed six (6) months. 4. While it may be a handwritten draft, the Family Permanency Plan is considered complete at the conclusion of the CFTM. Minor changes that do not affect content, such as grammatical or spelling errors, may be made following the meeting. Significant changes to the goals or action steps on the plan are only be made by convening another CFTM or by court order at the Permanency Hearing. 5. Parents have the opportunity to sign a completed, handwritten Family Permanency Plan at the conclusion of the CFTM. If the typewritten Family Permanency Plan is not available for signature, the FSW ensures that one is presented to the parents for discussion and signatures. Where available, completed signature pages may be scanned into TFACTS and attached to the appropriate plan. 6. If parents have signed a handwritten copy at the conclusion of the CFTM and it is later typed, both copies of the Family Permanency Plan must be made available to the court, the family and their attorneys to approve the language in the typed plan and be given the opportunity to sign it, if agreed upon. 7. The Child and Family Team create a visitation plan during the development of

	the Family Permanency Plan as a visitation need record. The visitation plan is updated during all Child and Family Team meetings. Any significant modifications (i.e. supervision changes in visitation, length and location of visitation) to the visitation plan may require a court review. Refer to the ***Visitation Plan Work Aid*** for assistance. This is recorded on form ***CS-0747, Child and Family Team Meeting Summary***. 8. Independent Living Planning is a component of the Family Permanency Plan for all youth in state custody age fourteen (14) and older. As such, it is the responsibility of the assigned FSW, in conjunction with agency case managers and the youth's team, to develop this plan along with the Family Permanency Plan, maintaining the same review and update schedule. (Refer to ***Independent Living and Transition Planning Guide***.) The Casey Life Skills Assessment (CLSA) is completed by the FSW at the seven (7) day meeting with the family present to complete all portions. The CLSA is completed no later than 14 days after a youth enters custody in order to fully integrate the results into the youth's plan. 9. For youth 14 years and older, the results of the Casey Life Skills Assessment are entered into the strengths and concerns records using the IL indicators in TFACTS ***prior*** to the Initial Permanency Planning CFTM. Those assessment results are used, along with team members' input, to develop Independent Living outcomes and action steps. 10. The participants in the CFTM receive a copy of the Family Permanency Plan immediately following the CFTM. The FSW should be sensitive to whether foster parents want their identifying information shared with everyone in the CFTM and be prepared to delete it, if requested. 11. Whenever a Family Permanency Plan is developed or revised, the FSW reviews form ***CS-0745, Criteria and Procedures for Termination of Parental Rights***, with every parent, provides them with a copy, and asks them to sign an acknowledgement that they received a copy. 12. Whenever a Family Permanency Plan is developed or revised, the FSW reviews form ***CS-0158, Notice of Equal Access to Programs***, with every parent, provides them with a copy, and asks them to sign an acknowledgement that they received a copy. 13. The participants of the CFTM receive a completed ***CS-0800, Notice of Action*** (NOA) along with the TennCare Medical Appeal form at the conclusion of the CFTM if there is a placement recommendation of Level 2, 3 or 4. For more information refer to the ***NOA-GRIER FAQ.*** **Note:** Infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal exposure from the use of illegal drugs or the misuse of legal drugs or chemical substances or Fetal Alcohol Syndrome will have a FPP to include services that ensure the safety and well-being of infants.
C. Participation	1. The Initial Permanency Planning CFTM includes the child and family team, the family and their support systems, foster parents, agency partners and DCS staff (including DCS specialty staff and YDC Staff/Treatment Team Members).

	At a minimum, this CFTM should include the parents, the DCS Team Leader, and the DCS Family Service Worker. If the child was being cared for by someone other than the parents, the primary caretaker(s) should also be included. (Refer to DCS Policy ***31.1 Family Permanency Plans*** and the DCS ***Child and Family Team Meeting Guide***). 2. Children and youth who are at least six (6) years of age and older are involved in the planning process to the extent that they are capable. All children twelve (12) and over are prepared and included in the Initial Permanency Planning CFTM. Younger children may be able to participate. Exceptions to this policy must be clearly documented in TFACTS with an explanation for why the child's participation would be contrary to his/her best interests. 3. The DCS Supervisor assigned to the case participates in the Initial Permanency Planning CFTM and any other Family Permanency Plan related CFTM's if the FSW has less than one (1) year of experience. In the event that the assigned DCS Supervisor is unavailable, another Supervisor or FSW III can attend the meeting in his/her place. (Refer to the DCS ***Child and Family Team Meeting Guide*** for the expectations of supervisory participation in CFTMs). 4. If an identified child or family member does not attend a CFTM, the FSW documents the stated reasons for non-participation and the efforts made to accommodate them. The Department conducts diligent searches to locate family members as soon as DCS becomes involved with the child/family, but no later than thirty (30) days after the child enters DCS custody, and then within ninety (90) calendar days of the last search to continue throughout the life of the case (Refer to DCS Policy ***31.9, Conducting Diligent Searches*** and DCS Policy ***31.1, Family Permanency Plans***). 5. The incarceration of a parent is not a barrier to their participation in the planning process. By law, DCS creates opportunities for all parents to participate in the plan and to meet their parental responsibilities. This is accomplished by having meetings where they are located or by arranging for them to participate by telephone.
D. Permanency Goals to consider for the child/youth	1. DCS establishes a planning process for all children in DCS custody that: a) Initially seeks to work intensively with the child's parents and other appropriate family members to allow the child to remain safely at home, if appropriate; b) Works intensively with the child's parents, foster parent(s) and other appropriate family members in a collaborative process to return the child home quickly under appropriate circumstances consistent with reasonable professional standards; and c) If return to home is not appropriate or cannot be accomplished safely, within a reasonable period of time, assures the child an appropriate alternative, permanent placement as quickly as possible. 2. **Return to Parent** is the preferred goal, if the conditions that led to the child's removal can be remedied and it is safe for the child/youth to return to the home. A plan for assuring that both the child receives safe and proper care and services are provided to the parent(s), the child and foster family are

identified on the Family Permanency Plan. The Adoption and Safe Families Act of 1997 (ASFA) requires supervisory approval to continue a goal of Return to Parent beyond certain timelines:

a) For any child who has a permanency goal of Return to Parent for more than twelve (12) months, the FSW, with written approval from the Team Leader, enters an explanation justifying the continuation of the goal in TFACTS, and identifies the additional services necessary, or circumstances which must occur, in order to achieve the goal. This justification is presented to the court at the Permanency Hearing.

b) No child has a permanency goal of Return to Parent for more than fifteen (15) months unless there are exceptions to filing Termination of Parental Rights (TPR) and reasons to believe that the child can be returned to the parent(s) within a specified and reasonable time period. These are documented in TFACTS and approved by the FSW's Team Leader. This documentation is also presented to the court at the Permanency Hearing. ASFA does permit an exception to this when the child is placed with relatives and in a stable situation.

c) DCS must file a Termination of Parental Rights (TPR) petition if a child is in foster care for fifteen (15) of the past twenty-two (22) months. There are three (3) exceptions to this requirement:

- ♦ If a child is placed with a fit and willing relative;
- ♦ DCS has not exercised reasonable efforts;
- ♦ There is some other compelling reason for determining that filing such a petition would not be in the child's best interests. Some examples of these compelling reasons might be that Adoption is not the appropriate permanency goal for the child; there are no grounds to file a TPR; the child is an unaccompanied refugee minor as defined in ***45 CFR 400.111;*** or, there are international legal obligations or compelling foreign policy reasons that would preclude TPR as cited in ***45 CFR 1356.21***.
  - If DCS has a compelling reason for not filing TPR, the reason is documented in the child welfare information system thirty (30) days prior to the child's 15th month in custody. The documentation also includes an "end date" for when the reason expires. Typically, the end date is six (6) months from when the compelling reason is documented.
  - If the reason for the exception is the failure of DCS to exercise reasonable efforts or there are no grounds for termination of parental rights, DCS has an obligation to resolve this condition within six (6) months.

3. **Exit Custody to Live with Relative or Exit Custody to Live with Kin** is to be utilized when the child/youth is unable to return to the parent(s) and he or she can achieve permanency through a legal relationship with someone who is related by blood, marriage, or in some other way allows for a strong bond and with whom the child/youth has had a significant relationship prior to

entering State's custody.

a) Relatives must be fully informed of all of the permanency options for children/youth in their care as described in DCS Policy ***16.59, Disclosure of Legal Options and Available Services for Relative Caregivers*** so that they can make an informed choice.

b) Legal custody can be transferred from DCS to the relative/caregiver. This is when an adult (relative or non-relative), with a significant relationship with the child/youth is willing to take custody. An order from the court must be obtained in order for this change in legal custody to occur.

c) Parents retain their rights and the court order generally outlines explicit guidelines for parental visitation. Child support can also be ordered by the court. Parents can petition the court to have custody returned to them when they can demonstrate that they have reasonably remedied the conditions that led to the child/youth's placement.

4. **Adoption** is to be utilized when a child/youth is unable to return to the parent(s) and permanency through the creation of a new legal parental relationship is in the child/youth's best interest. This option is appropriate when there are no willing and appropriate relative or kin for the child to exit custody to, or adoption is the permanency option preferred by the relative or kin caregiver. The termination or voluntary surrender of parental rights does not preclude the possibility of relative adoption.

a) When considering the goal of Adoption, the FSW engages the Region's Permanency Specialist to become a member of the team so that they can collectively consider the child/youth's best interests and explore his/her thoughts regarding adoption. The FSW also consults with the DCS attorney to ensure legal grounds exist to terminate parental rights prior to placing Adoption on the permanency plan and/or to properly attain the voluntary surrender of parental rights. Even if there are sufficient grounds to terminate, state and federal law requires DCS to continue to make reasonable efforts to work with the parents until the termination is granted by the court.

b) Any time Adoption is utilized in permanency planning (either as a concurrent or sole goal), action steps to pursue include preparing the child, biological parents and foster parents for adoption; efforts to reduce trauma related to loss for the child and the biological family including but not limited to offering grief and loss counseling; creation of a Life Book; work related to pre-placement and presentation summaries, freeing the child for adoption through termination of parental rights and creating an adoption record for the child/youth in TFACTS.

c) Upon identifying a sole permanency goal of Adoption, efforts begin to free the child/youth for adoptive placement and to recruit and locate an appropriate adoptive family. This occurs without delay, even if the goal is changed to adoption prior to the filing of the petition to terminate parental rights.

d) In an effort to ensure children move quickly towards permanency, all children in full guardianship are reviewed in a monthly tracking and review process known as FOCUS reviews. This process ensures that all children

or youth entering full guardianship each month are reviewed to determine whether or not there is a permanent family identified and that the needed supports and services are in place to ensure timely permanency.

- ♦ If no permanent family has been identified, the following must be in place: Registration on AdoptUsKids unless youth refuses to be photo listed, Development of Individual Recruitment Plan, Completion of Archeological Dig/Diligent Search.
- ♦ If a permanent family has been identified, the team assesses for any barriers to permanency and makes appropriate referrals to address those barriers.

e) Once the child has been placed for adoption and a sole goal is identified on the Family Permanency Plan, action steps to pursue include recruitment/selection of an adoptive family (Refer to ***15.14 Attachment, CFTM Guidelines for Identifying an Adoptive Family***); maintenance of the child in the adoptive home as it relates to any on-going medical concerns; any required adoptive parent training and any training related to medical/psychological needs of the child; presentation to the adoptive family; any needed on-going adoption preparation for the identified family and child; discussing eligibility for Adoption Assistance and Post Adoption Services; and preparing the record for closure and discussing how to access closed adoption records.

f) Refer to DCS Policy ***15.11, Adoption Assistance*** for the criteria and eligibility for a child to receive adoption assistance.

5. **Permanent Guardianship** is a goal to be utilized only after the goals of Return to Parent or Adoption have been ruled-out. This rule-out includes documentation of the CFTM discussion surrounding the goals of Return to Parent and Adoption. Reasons for not returning the child to Parent and/or Adoption are documented in CFTM notes and case recordings. Documentation should include a description of the relationship between the youth/child and the prospective permanent guardian.

   a) Outcomes and action steps to consider for Permanent Guardianship include preparation of the child, biological parents and potential guardian for Permanent Guardianship; what this means to the potential guardian and the biological parents, who retain their parental rights; Life Book work; discussion of what to expect from the court order, i.e., visitation can and should be included in the court order for permanent guardianship provided there are no TPR or safety issues; and, child support may be added to the court order according to each juvenile court judge's discretion.

   b) With the establishment of a goal of Permanent Guardianship, the FSW documents discussions of the ongoing post custodial services available to the child and permanent guardian; an understanding of the significance and permanence associated with becoming a Permanent Guardian and an explanation to the guardian regarding their rights and what decisions they can make on behalf of the child. Refer to: *TN Code Annotated: 37-1-804.*

c) Some permanent guardians may be eligible for a subsidy. Please refer to DCS Policy ***15.15, Subsidized Permanent Guardianship*** and the ***Protocol for Subsidized Permanent Guardianship Case Planning*** for steps to arrange this for eligible guardians and preparing the paperwork necessary for the court exit.

d) Biological parents should participate in the court exit to Permanent Guardianship. While biological parents can petition the courts to regain custody, the standard for regaining custody is more stringent - they must convince the court not only that they have remedied the conditions that led to the placement of the child, but that returning the child to them would be in the child's best interest. Permanent Guardianship can last until the child is an adult (up to age 21).

6. **Planned Permanent Living Arrangement (PPLA)** is only appropriate in very rare circumstances, as this goal generally does not support the youth's need for permanency. A sole or concurrent goal of PPLA cannot be added to the Family Permanency Plan without the approval of the Commissioner or his/her designee. Staff will not take a Family Permanency Plan with a sole or concurrent goal of PPLA (nor a recommendation to change to such a goal) to the Foster Care Review Board or to the court without the Commissioner's approval.

   a) A request can be made by completing the ***Request for Permanency Goal of Planned Permanent Living Arrangement (CS-0681)*** and submitting it to the Commissioner through the Director of Permanency Planning.

   b) In order for a PPLA goal to be used, the youth must be at least 16 years of age. DCS must demonstrate that the goals of Return to Parent, Exit Custody with Kin/Relative, Permanent Guardianship and Adoption are not feasible for the youth. PPLA must be in the youth's best interest and the proposed permanent caretaker must be identified and demonstrate a commitment to assuming long-term responsibility for the youth. The foster family agrees to provide relational permanence for the youth. The foster parent(s), the youth and the Family Service Worker complete and sign form ***CS-1006, Planned Permanent Living Arrangement Agreement.***

   c) The recommendation of PPLA must be made within the context of a Child and Family Team Meeting. The Child and Family Team must review the appropriateness of PPLA no less often than every six (6) months. After a year with a goal of PPLA, another request for approval is required to continue with the goal.

   d) For youth with a goal of PPLA, the Family Permanency Plan includes action steps designed to increase supportive adult relationships that can be resources beyond the youth's 18th birthday. This may include family members or other significant adults from the youth's past that may have been unable to be a placement resource. These efforts are documented in TFACTS. Failure to do so may result in the denial of the request to continue the goal of PPLA.

   e) If a placement disrupts, the goal of PPLA is no longer valid since it is associated with a specific caregiver with a long-term commitment to this youth. Another PPLA request is required once an alternative caregiver

	has been identified who has agreed to care and support the youth at least to the age of 18. f) Refer to ***Protocol for Planned Permanent Living Arrangement*** for an in depth description of the process. 7. **Planned Permanent Living Arrangement – Extension of Foster Care:** a) This goal is utilized to develop a Transition Plan, per DCS Policy ***16.51, Independent Living and Transition Planning*** , with youth ages (eighteen)18 up to 21 that are eligible and approved for Extension of Foster Care Services. b) Young adults who receive Extension of Foster Care Services after age (eighteen) 18 need to be doing one of the following to qualify for services: ♦ Completing high school or an equivalent program ♦ Enrolled in a four year college or university, a community college or a vocational program c) Young adults who are unable to do one of the above requirements because of a medical condition may also be eligible for services and supports. Refer to DCS Policy ***16.52, Extension or Re-Establishment of Foster Care for Young Adults***. 8. **There are four (4) Extension of Foster Care Goals:** a) Young adults completing high school or an equivalent program have the permanency goal of **Planned Permanent Living Arrangement (PPLA) Extension of Foster Care Secondary Education**. b) Young adults enrolled in college or a university, have the permanency goal of **Planned Permanent Living Arrangement (PPLA) Extension of Foster Care Post-Secondary/Academic Education**. c) Young adults enrolled in a post-secondary vocational program, have the permanency goal of **Planned Permanent Living Arrangement (PPLA) Extension of Foster Care Post-Secondary/Vocational Ed**. d) Young adults with special needs receiving services, have the permanency goal of **Planned Permanent Living Arrangement (PPLA) Extension of Foster Care Special Needs**. **Note:** Unlike the PPLA goal use for youth up to the age of 18, the Extension of Foster Care PPLA goal **does not** require approval from Central Office.
E. Concurrent Planning	**Concurrent Planning** is the identification and active pursuit of more than one permanency goal at the same time and can help expedite the achievement of permanency. FSW's fully disclose all concurrent planning information with parents, foster parents and other child and family team members regarding timeframes, expectations, services and court actions. The FSW includes identification of appropriate in-state and out-of-state placement options as part of the concurrent planning process.

F. Trial Home Visit	1. When members of the child and family team feel that the parents have made significant progress in remedying the safety concerns that led to the child/youth's placement in foster care the FSW schedules a Discharge CFTM. During the meeting the team discusses progress, ensures necessary responsibilities on the Family Permanency Plan are completed, and identifies any services need for a successful transition and Trial Home Visit (THV). 2. Following the Discharge CFTM, the FSW notifies their local DCS attorney to initiate notification/approval from the court to begin a THV. 3. The FSW and other identified members of the Child and Family Team will monitor the progress of the THV through regular contact outlined in the ***Visitation Protocol***. 4. A Discharge CFTM will be held prior to the child/youth's exit from foster care to ensure the family has any continued services needed in place and that the team feels the family is ready for discharge. 5. If the THV is not self-executing, the FSW notifies their local DCS attorney to complete the process outlined by the court to end the THV and return custody to the parent/guardian. 6. If the case has a CPS indication and/or court adjudication of severe abuse, refer to policy ***16.12 Severe Abuse Review***, prior to initiating a THV.
F. Reasonable Efforts not required	1. DCS Legal Counsel is consulted immediately if the FSW believes that reasonable efforts to reunite a child with a parent(s) or former legal guardian may not be required. The consultation with DCS Legal Counsel is critical before deciding that reasonable efforts are not required. If the Department desires not to make reasonable efforts, then a motion is filed with the juvenile court and an order obtained that reasonable efforts are not required. If the court determines that reasonable efforts are not required, there is a permanency hearing within thirty (30) days of the court's decision. If the permanency hearing triggers the filing of a petition to terminate, DCS files the petition immediately. 2. Reasonable efforts are not required when a court of competent jurisdiction has found that certain defined felonies have been committed by the parent(s) against the child/youth or another child/youth of the parents. *TCA 37-1-166 (g)* (4) lists those felonies: ♦ Murder of any sibling or half-sibling or other children/youth in the home; ♦ Committed voluntary manslaughter of any sibling or half-sibling/s of the child or any other child residing in the home; ♦ Aided or abetted, attempted, conspired, or solicited to commit such a murder such as voluntary manslaughter of the child or any siblings or half-sibling of the child or any other child residing in the home; ♦ Felony assault that resulted in serious bodily injury to the child/youth, siblings, half siblings or other child/youth in the home. 3. Reasonable efforts to reunify are also not required if the parental rights of the parent to a sibling or half-sibling have been involuntarily terminated.

	4. Reasonable efforts do not have to be made if the parent has subjected the child/youth who is the subject of the petition or any sibling, half-sibling or other child/youth residing in the home to aggravated circumstances defined in *TCA 36-1-102 (9*) and the court agrees, including abandonment, abandonment of an infant, aggravated assault, aggravated kidnapping, especially aggravated kidnapping, aggravated child/youth abuse and neglect, aggravated sexual exploitation of a minor, especially aggravated sexual exploitation of a minor, aggravated rape, rape, rape of a child/youth, incest or severe child abuse. 5. If there has been abandonment or severe child abuse or any of the above felonies committed, DCS carefully considers if there are compelling reasons to make reasonable efforts to reunite this child/youth with the offender. 6. Other circumstances may exist when it is reasonable to make no effort to reunify the child/youth and parent. DCS Legal Counsel is consulted in connection with this determination, *i.e.,* refer to grounds for termination as set out in *TCA § 36-1-113*, though cessation of reasonable efforts to reunify does not necessarily have to occur because adoption is a goal or even a sole goal. Either way, termination protocol must begin immediately. 7. In addition to the above statutory exceptions to reasonable efforts, there are some cases where, after an assessment of the facts and the family situation, DCS may take the position that returning the child to the parent will never be appropriate. For instance, in a severe child abuse case, an assessment of the injuries, circumstances and family constellation may result in the determination that the only viable permanency goal is adoption. It may be reasonable to make no effort to reunify the child/youth and family. After DCS has made that decision and established the goal of adoption, the Court must determine (within thirty (30) days of the decision) that the Department's assessment and decision are accurate and that the actions were appropriate. 8. If the Court agrees with the decision, then the Court would find that the Department's efforts up to that point were sufficient (not that reasonable efforts were not required in the past). If this is the finding, DCS proceeds with termination of parental rights.
G. Family Permanency Plan ratification	1. The Juvenile Court of Venue reviews and approves all Family Permanency Plans. 2. If the parents, child, or any team member disagree with the plan, they have the right to present their concerns about the plan to the Court. 3. Notification of the review is sent to all members of the Child and Family Team and a copy is placed in the child's record.
H. Role of the DCS attorney in permanency planning	1. DCS attorneys are welcome to participate in any Permanency Planning CFTM. In every case, it is expected that the FSW and DCS attorney confer about the contents of the Family Permanency Plan prior to the CFTM. 2. The Family Permanency Plan is submitted to the DCS attorney so that it can be reviewed and approved by the court. If the DCS attorney is concerned that the content of a plan is insufficient or the goal inconsistent for early permanency, the attorney consults with the FSW and the Team Leader and may ask that a reconvening of the Child and Family Team (CFT) occur to

	address the concerns. 3. The FSW is responsible for providing a copy of the Family Permanency Plan to the DCS attorney with either: a) referral/request for a motion to set a hearing; or, b) with the date and place of an already-set hearing.
I. Permanency Plan reviews and revisions	1. The Family Permanency Plan is reviewed in the context of a CFTM at least every three (3) months. These meetings must be separate and distinct from any court hearings, Foster Care Review Board meetings or other judicial or administrative reviews of the Family Permanency Plan. 2. If the Child and Family Team are meeting for another purpose, the progress on the plan can be reviewed at that time. It is not necessary to convene another meeting solely for the purpose of reviewing the plan. 3. Significant revisions of the Family Permanency Plan are the responsibility of the assigned FSW and are completed within the context of a CFTM. 4. Family Permanency Plans are updated before the goal achievement date expires, so in most cases this would be at least every six (6) months. Family Permanency Plans are reviewed through the quarterly progress review process, so the opportunity to update and refine activities and outcomes are revisited on a regular basis (Refer to DCS Policy ***16.32, Foster Care Review and Progress Reports***). 5. As with the original plan, the revised plan is presented to the court of venue in a hearing and approved by the court in accordance with this policy. 6. A parent or other legal custodian who did not agree with the revised plan has the right to present their concerns about the revised plan to the court of venue during the hearing.
J. Documentation	1. Major treatment issues for the child/youth and family (safety issues identified in the child protective services investigation, drug treatment, sexual offense victim or sex offender treatment, special education, domestic violence, etc.) that are identified during the assessment process are noted in the Family Permanency Plan along with activities necessary to address the issues that brought the child/youth into care. 2. The Family Permanency Plan includes statements of responsibility that specifically include both action steps that each party should take and the desired outcomes of those steps. To determine compliance with the plan, parents are expected to be able to demonstrate their completion of the action steps as well as their ability to maintain the desired outcomes in the Family Permanency Plan. 3. The Family Permanency Plan has clearly defined outcomes and specific, time-limited action steps that need to be completed to reach each desired outcome. All services documented in the plan as necessary for the achievement of the permanency goal(s) are provided within the time period in which they are needed. 4. Specific tasks listed on the Family Permanency Plan include observable, measurable outcomes as well as the names of the persons responsible for completion of each task. This includes responsibilities of the family, the

	Department and other community resources, including cross-jurisdiction resources in provision of services and monitoring progress as well as the child/youth in regard to his/her needs for safety, permanency and well-being. 5. Federal Law requires that each of the following be documented in the Family Permanency Plan: a) Efforts made by the Department to prevent removal of the child/youth and placement into custody. b) A description of the type of placement, including interstate placements when appropriate, and a plan for assuring that the child/youth receives safe and proper care in the least restrictive, most family like setting appropriate, in close proximity to the parents' home, consistent with the best interest and individual needs of the child/youth. c) A discussion of the safety and appropriateness of the placement. d) To the extent available and accessible, the most recent health and education records of the child/youth, including the EPSDT, IEP and/or psycho-educational when applicable, and the specific steps to be taken to assure health and education progress. e) For a child/youth ages 14 or above, the plan must also include a written description of the services that helps the child/youth prepare for independence. f) For all children/youth, the plan must document the steps the Department is taking to achieve permanency for the child/youth. 6. The Family Permanency Plan information and dates are entered into TFACTS and submitted for approval within two (2) business days of the completion of the CFTM where the plan is developed or revised. Supervisors must approve the Family Permanency Plan within two (2) business days. 7. For those families who cannot speak or read English, the Family Permanency Plan is translated into the language the family speaks and reads. The Regional Fiscal Teams can be contacted when translation services are needed.
K. Scheduling Annual Permanency Hearings	1. Following the ratification of the Permanency Plan, the court holds a permanency hearing within twelve (12) months of the date of a child's placement in state custody and every twelve (12) months thereafter until permanency is achieved or until the child reaches the age of majority. 2. Local protocol is followed to schedule permanency hearings. Regional legal staff or the court liaisons may be involved in securing a docket date for the hearing. If permanency hearings are typically scheduled by DCS, DCS requests the permanency hearing date sixty (60) calendar days in advance, to ensure that hearings can be scheduled within the twelve (12) month time frame. If permanency hearings are typically scheduled by the court, DCS staff adheres to the date established by the juvenile court. If the court establishes a hearing date that is not within the twelve (12) month guideline, DCS requests the hearing be rescheduled within the twelve (12) month period. 3. If during the course of a permanency hearing the court decides it is unable to

	conclude its business due to the absence of pertinent individuals or the unavailability of critical information, DCS legal staff requests the hearing be continued mid-hearing rather than postponed and that an order to that effect be entered. 4. The DCS attorney assures that the Court considers progress, or lack thereof, on the permanency plan and that an order determining reasonable efforts by all the parties is entered. 5. Prior to any hearing, sufficient copies of important documentation are submitted to the Court and are made for all parties. 6. If DCS determines that reasonable efforts toward reunification are not required under the 1997 Adoption and Safe Families Act (see *Section F*), and elects to forego those efforts, a permanency hearing must be held within thirty (30) calendar days of the Department's decision.
L. Attendance at Permanency Hearings	1. An attorney represents DCS at all permanency hearings. 2. The child/youth's FSW attends all permanency hearings. If the FSW is unable to attend the hearing due to illness, previously scheduled approved leave, etc., the FSW's Team Leader or other supervisory equivalent appears in court and represents the FSW. 3. The FSW provides adequate notice to the child and family team of the time and place of the hearing, preferably no later than ten (10) calendar days prior to the hearing if by mail, or if by telephone, email, or in person, no later than seven (7) calendar days prior to the hearing. Members of the Child and Family Team include, but are not limited to: ♦ All Parents (if parental rights remain intact) ♦ Foster Parents and Relative Caregivers ♦ Guardian Ad Litem ♦ Parent's Attorney ♦ Contract Agency Providers 4. Foster caregivers and relative caregivers have a right to be heard in any review or hearing. 5. The child/youth is required to attend annual permanency hearings, unless the child is under a doctor's care or resides out of state. The FSW ensures the child is present at their hearing and makes the youth available at court, for the court to confer with the child in an age appropriate manner. 6. To the extent practicable, the permanency hearings are to be scheduled at times intended to be minimally disruptive to the daily activities of the child/youth.
M. Annual Permanency Hearing	1. Each child in state custody has an identified permanency plan goal or concurrent permanency goals. The juvenile court uses the permanency hearing for the purpose of reviewing the appropriateness of the established goal(s) and to review progress that has been made toward achieving the

permanency goal(s). Services provided to the child and/or family are also reviewed.

2. At each permanency hearing DCS requests the court determine the appropriateness of the goal, in addition to the following:
   a) In cases of a child/youth in an out-of-state placement, whether the placement remains appropriate and in the best interest of the child.
   b) In cases where the youth is sixteen (16) years or older, the services needed to assist the child in making the transition from foster care to independent living are appropriate and in the best interest of the child.
   c) In cases where the youth is seventeen (17), the FSW has provided and explained all available services the youth is eligible for upon turning eighteen (18) including Extension of Foster Care Services and any other opportunities available.
   d) The extent of compliance of all parties with the terms of the permanency plan.
   e) If the Department exercised reasonable efforts in assisting the family in accomplishing the tasks on the Permanency Plan.
   f) If the Department and resource family follow the "reasonable and prudent parent standard" in ensuring that children/ youth in their care are allowed to participate in normal childhood activities that include, but are not limited to, extracurricular, enrichment and social activities.
   g) The continued best interest of the use of Permanent Planned Living Arrangement (PPLA) as a sole or concurrent goal for youth where this goal is identified and the youth's ongoing desire for this goal.
3. For youth seventeen (17) years of age or older, who will be released from foster care, a permanency hearing is held within three months prior to the youth's release for the purposes of reviewing the child's transition plan to independent living or other permanent outcomes.
4. The FSW is prepared to provide testimony at the hearing regarding the progress of all parties toward accomplishing the permanency goal(s). A copy of the most recent form ***CS-0430, Progress Report on Child in State Custody***, may be requested by the court.
5. A copy of the court order reflecting the hearing's outcome is obtained and filed in the child's case record. DCS ensures that parents receive a copy of the court order. For children/youth who are in out-of-state placement, copies of the hearing outcome are submitted to the Tennessee Office of the Interstate Compact.
6. Permanency hearings are entered in the current child welfare information system under the Court-Case Court Actions link within three (3) calendar days of the hearing, according to DCS Policy ***31.14, Documentation of TFACTS Case Recordings***. Documentation also reflects attempts to notify individuals of permanency hearings, i.e. phone calls and mailed correspondence.

Forms:	*CS-0746, Meeting Notification* *CS-0745, Criteria and Procedures For Termination Of Parental Rights* *CS- 0681, Request for Permanency Goal of Planned Permanent Living Arrangement* *CS-1006, Planned Permanent Living Arrangement Agreement* *CS-0747, Child and Family Team Meeting Summary* *CS-0158, Notification of Equal Access to Programs and Services and Grievance Procedures* *CS-0800 Notice of Action* *TennCare Medical Appeal Form*

Collateral Documents:	***Functional Assessment, Copy of Notification*** ***Attachment 1 Casey Life Skills Assessment/Protocol*** *NOA-GRIER FAQ* *Policy 15.11, Adoption Assistance* *Policy 15.15, Subsidized Permanent Guardianship* *16.12 Severe Abuse Review* *Policy 16.32, Foster Care Review and Progress Reports* *Policy 16.51, Independent Living and Transition Planning* *Policy 16.52, Extension or Re-Establishment of Foster Care for Young Adults* *Policy 16.59, Disclosure of Legal Options and Available Services For Relative Caregivers* *Policy 31.1, Family Permanency Plans* *Child and Family Team Meeting Guide* *Stages of the Child and Family Team Meeting* *Policy 31.9, Conducting Diligent Searches* *Protocol for Subsidized Permanent Guardianship Case Planning* *ICPC Practice and Procedure Manual* *Independent Living and Transition Planning Guide* *Permanency Plan Development Guide* *Visitation Protocol* *Visitation Plan Work Aid*

Glossary:	
Child and Family Team Meeting (CFTM):	CFTM is a philosophy that supports making the best possible decision in child-welfare cases. The quality of decision-making is improved because CFTM includes all of the parties involved in a child's case (child, if age-appropriate, birth parents and their support system, foster parents, DCS staff, community partners and other involved parties), respecting the expertise that each party brings to the table. CFTMs should be characterized by respect, honesty, inclusiveness and work towards building consensus in decision-making.
Concurrent Planning:	A method of case planning in which two permanency plan goals are implemented simultaneously in order to ensure the most expeditious permanence for children. Successful concurrent planning requires a clear delineation of roles and responsibilities through the planning process, full-disclosure and support to the Child and Family Team members and is often utilized in cases where the outcome of a sole permanency goal is uncertain.
Family Services Worker:	This is a DCS term used to identify the position previously known as the DCS case manager or home county case manager. This person is principally responsible for the case and has the primary responsibility of building, preparing, supporting and maintaining the Child and Family Team as the child and family move to permanence.
Kin or Relative:	Someone who is related by blood, marriage or in some way that allows for a strong bond and for whom the child/youth has had a significant relationship with prior to DCS custody.
Permanency Planning:	Permanency planning is the process that guides the efforts of child welfare agencies to ensure that all children in custody attain a permanent living situation as quickly as possible. By Federal Statute, all state child welfare agencies must identify a permanency goal and develop a plan that specifies what must occur in order to achieve the goal, what services are provided, and the timelines for achieving the goal. Statements of responsibility specifically include both action steps that each party should take and the desired outcome of those action steps.
Trained Full-Time or Back-up Facilitator:	DCS Employee whose role at the agency includes the facilitation of Child and Family Team Meetings and the coaching and mentoring of staff in their professional development around CFTMs. The facilitator has completed the core curriculum on Child and Family Team Meetings, the advanced curriculum on facilitating Child and Family Team Meetings, passed the skills-based competency exam and met the minimum threshold for competency on their structured observations. Some regions have trained additional staff in advanced facilitation skills as back-up facilitators, who can facilitate CFTMs, as well.

TN Department of Children's Services

Family Permanency Plan

[redacted]

Plan Date: 09/30/2021

Hearing Information

Hearing Attendee	Attendee Name	If Parents were present, were the grounds for Termination reviewed with them, including the statutory definition of Abandonment?
Youth		
Youth		
Father		
Mother		
Putative Father		
Guardian ad Litem		
Permanent Guardian		
Father's Attorney		
Mother's Attorney		
Putative Father's Attorney		
Child's Attorney		
DCS Worker		

The responsibilities outlined in the plan are reasonably related to the achievement of the goal, are related to remedying the conditions that necessitated foster care, and are in the best interest of the child.

Court has reviewed and **APPROVES** the plan.

Ratification Date:	Ratification Judge Name/ Signature:

TN Department of Children's Services

Family Permanency Plan

[redacted]

Plan Date: 09/30/2021

Goal Participants	DOB/Age	Permanency Goal	Target Date
[redacted]	[redacted]	Return to Parent (Custody)	03/30/2022
		Exit Custody with Relative (Custody)	03/30/2022
[redacted]	[redacted]	Return to Parent (Custody)	03/30/2022
		Exit Custody with Relative (Custody)	03/30/2022

Plan Participants	Relationship
[redacted]	
[redacted]	

What specific reasons led to DCS Custody or Involvement?

For: [redacted]

A referral was called into the Department of Children Services alleging drug exposed infant.

For: [redacted]

A referral was called into the Department of Children Services alleging drug exposed infant.

Worker Information	
[redacted] Custody Worker	Phone Number: (615) [redacted]

Custody Information			
For: [redacted]			
Date of Custody: [redacted]	Adjudication Type:	Judge/Magistrate: [redacted]	County of Venue: Davidson County Juvenile Court
Child Support Amount: Child support will be determined by the court.			

For: [redacted]			
Date of Custody: [redacted]	Adjudication Type:	Judge/Magistrate: [redacted]	County of Venue: Davidson County Juvenile Court
Child Support Amount: Child support will be determined by the court.			

Child Support: Correspondence must include the nine-digit member/case identification number issued by the Tennessee Child Support Enforcement System TCSES)
Payment Address: State Disbursement Unit, P.O. Box 305200, Nashville, TN 37229

Placement Information		
For: [redacted]	Placement Type: DCS Foster Care	Location: [redacted]

TN Department of Children's Services

Family Permanency Plan

Plan Date: 09/30/2021

For:	Placement Type: DCS Foster Care	Location:

Strengths	
Concerned Person	
Initial Description As Of: 09/30/2021	is eating and sleeping well. He is gaining weight.
Concerned Person	
Initial Description As Of: 08/30/2021	is starting to eat more and is gaining and maintaining weight.

Needs

Concerned Person:	
Initial Description As Of: 09/30/2021	the alleged father of will need to complete a paternity test and then if he is determined to be the father he will need to cooperate with the tasks on the permanency plan. Additional tasks may be added upon the paternity test results.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
will also maintain contact with the Department. In the event of change of address and or contact information. will notify the Department within 10 days of the changes.	09/30/2021	03/30/2022	
DCS will request a DNA test for and the	09/30/2021	10/29/2021	DCS Worker
will complete a paternity test and pending the results will participate in the permanency plan. If the results come back that he is the father he will participate in an alcohol and drug assessment, a clinical intake, and a parenting assessment and will follow all recommendations. He will have stable housing, employment, and will be able to show proof to the Department. Upon the paternity test results coming back he will have visitation with	09/30/2021	11/30/2021	

also maintain contact with the Department. In the event of change of address and or contact information. will notify the Department within 10 days of the changes.
will complete a paternity test and pending the results will participate in the permanency plan. If the results come back that he is the father he will participate in an alcohol and drug assessment, a clinical intake, and a parenting assessment and will follow all recommendations. He will have stable housing, employment, and will be able to show proof to the Department. Upon the paternity test results coming back he will have visitation with

Concerned Person:	
Initial Description As Of: 08/11/2021	The mother tested positive for multiple substances at birth of children.

Update As Of: 09/30/2021	[redacted] tested positive for multiple substances at the birth[redacted]

Responsibilities	Start Date	Expected Completion Date	Responsible Person
[redacted] will complete random drug screens. [redacted] will have 4 hours in which to complete the screen, when notified to do so. If [redacted] fails to complete the screen within the 4 hours the screen will be considered positive.	09/30/2021	03/30/2022	[redacted]
[redacted] will complete an A&D assessment and will follow any and all recommendations.	09/30/2021	11/30/2021	[redacted]

Concerned Person:	[redacted]
Initial Description As Of: 07/30/2020	Parent and child(ren) need to maintain a bonded relationship
Update As Of: 09/30/2021	Parent and child(ren) need to maintain a bonded relationship

Responsibilities	Start Date	Expected Completion Date	Responsible Person
[redacted] will visit with [redacted] and ensure that she is on time for the visit and interacts in an appropriate manner with the children. She will ensure that she informs the department and service provider if she is going to be more than 15 minutes late or if she will not make it to the visit. She will complete a drug screen and be negative prior to a visit. [redacted] will provide for the children's needs during the visit.	08/03/2020	03/30/2022	[redacted]

Concerned Person:	[redacted]
Initial Description As Of: 08/03/2020	[redacted] is not managing their emotional/mental health needs which interfere with their parenting as evidenced by continued substance abuse.
Update As Of: 09/30/2021	[redacted] not managing their emotional/mental health needs which interfere with their parenting as evidenced by continued substance abuse.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
DCS will obtain assessment and treatment records to help ensure parents compliance.	08/03/2020	03/30/2022	[redacted] DCS Worker
[redacted] will sign release of information for DCS to obtain evaluation, treatment, and current compliance records.	08/05/2020	11/30/2021	DCS Worker
[redacted] will complete a clinical intake and follow all recommendations.	08/05/2020	11/30/2021	[redacted]

Concerned Person:	[redacted]
Initial Description As Of: 09/07/2021	[redacted] current whereabouts are unknown, her last known address was in [redacted]
Update As Of: 09/30/2021	[redacted] current whereabouts are unknown, her last known address was in [redacted]

Responsibilities	Start Date	Expected Completion Date	Responsible Person
will contact the Department. will maintain contact with DCS. will also notify the Department within 10 days of change of address and contact information.	09/30/2021	10/29/2021	

Concerned Person:	
Initial Description As Of: 09/07/2021	will obtain and maintain stable housing.
Update As Of: 09/30/2021	currently living from place to place.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
will provide DCS prof of housing in the form of a signed lease. will also notify DCS in the event of any changes to her address and contact information. will notify DCS within 10 days of any changes.	09/30/2021	03/30/2022	
will obtain and maintain safe and stable housing sufficient for her self and her children.	09/30/2021	01/31/2022	

Concerned Person:	
Initial Description As Of: 08/03/2020	will resolve all of her legal issues and not incur any new charges.
Update As Of: 09/30/2021	will resolve all of her legal issues and not incur any new charges.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
will not incur any new legal charges and will resolve all existing ones. She will not associate with others who have a criminal background and will ensure that she lets the Department know if she obtains any new charges.	08/03/2020	03/30/2022	

Concerned Person:	
Initial Description As Of: 08/03/2020	will need to have legal and stable employment.
Update As Of: 09/30/2021	is currently unemployed.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
will have legal source of employment. She will provide pay stubs to the Department. will be able to provide for	08/03/2020	02/28/2022	

DCS will obtain assessment and treatment records to help ensure parents compliance.
will complete an A&D assessment and will follow any and all recommendations.
will contact the Department. will maintain contact with DCS. will also notify the Department within 10 days of change of address and contact information.
will obtain and maintain safe and stable housing sufficient for her self and her children.
will complete random drug screens. will have 4 hours in which to complete the screen, when notified to do so. If ails to complete the screen within the 4 hours the screen will be considered positive.
will sign release of information for DCS to obtain evaluation, treatment, and current compliance records.
will complete a clinical intake and follow all recommendations.
will have legal source of employment. She will provide pay stubs to the Department. ill be able to provide for the twins.
will not incur any new legal charges and will resolve all existing ones. She will not associate with others who have a criminal background and will ensure that she lets the Department know if she obtains any new charges.
will provide DCS prof of housing in the form of a signed lease. will also notify DCS in the event of any changes to her address and contact information. will notify DCS within 10 days of any changes.
will visit with and ensure that she is on time for the visit and interacts in an appropriate manner with the children. She will ensure that she informs the department and service provider if she is going to be more than 15 minutes late or if she will not make it to the visit. She will complete a drug screen and be negative prior to a visit. will provide for the children's needs during the visit.

Needs

Concerned Person:	
Initial Description As Of: 09/01/2021	Maintain Mental and Physical Health.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
An EPSDT medical screening needs to be requested for	09/01/2021	10/25/2021	DCS Worker
will have her medical EPSDT as scheduled, with all referable conditions being addressed.	09/30/2021	03/30/2022	

Concerned Person:	
Initial Description As Of: 09/01/2021	Maintain Mental and Physical Health.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
An EPSDT medical screening needs to be requested for	09/01/2021	10/25/2021	DCS Worker

[redacted] will have his medical EPSDT completed as scheduled. With all referable conditions addressed.	09/30/2021	03/30/2022	DCS Worker, Foster Parent(s)

Agreements

Goal Participant	Agree?						Signature
[redacted]	Yes		No		NA		
[redacted]	Yes		No		NA		

Plan Participant	Agree?						Signature
[redacted]	Yes		No		NA		
[redacted]	Yes		No		NA		

Attendee	Signature	Relationship to Child(ren)
[redacted]		
[redacted]		
[redacted]		Foster Parent

Appendix II

Legal Process

FOSTER CARE REVIEW BOARD GOVERNING REGULATION

Tennessee Requirements:
TIMING

Permanency Plan reviews must occur in compliance with federal law ninety (90) days after placement in foster care and at least every six (6) months after that. The reviews may be by the judge or by the FCRB. TN Code § 37-2-406

Tennessee Requirements:
Notice of Review

Court determines date & location of review and notices DCS 14 days in advance. Notice of the review and the right to attend & participate must be given to parents, (unless no parental rights), parent's attorney, the guardian ad litem (GAL) and/or attorney for the child, foster parents, prospective adoptive parent, relative caregiver, and the child-party 10 days before review.
Board and DCS shall develop procedures to provide notice. Any child in foster care and adjudicated delinquent or unruly should be provided notice. TRJP 403(a).

IV-E Federal Requirement:
Review hearings *must* be held every 6 months to ensure progress is being made on the case plan.
42 U.S.C. § 675(5)(B); 45 C.F.R. § 1355.34(c)(2)(ii)

Tennessee Requirements:
Considerations under Review

At each review, the FCRB determines and reports on:

- **Child's safety, permanency and wellbeing;**
- **Necessity and appropriateness of continued foster care placement;**
- **Appropriateness of services for the child;**
- **Compliance of all parties to the statement of responsibilities;**
- **Extent of progress in addressing the causes of foster care and in achieving the goals in the permanency plan; and**
- **Projected date on which the goal of the plan will be achieved. TN Code § 37-2-404(b)**

Tennessee Requirements:
FCRB Report and Recommendations

The report of the FCRB shall contain:

- **Its findings and recommendations regarding the efforts and progress made by DCS to carry out the permanency plan.**
- **Other recommendations the board chooses to make regarding the child.**
- **The date of the next review.**

A copy of the report shall be provided to DCS and to the child's parent(s) with rights, parent's attorney, the GAL and/or attorney for the child and the child-party.
TRJP 403

Tennessee Requirements:
FCRB Report to Judge

The report is advisory and must be submitted to the judge within ten days following the review. The court shall establish a procedure to receive the report from the foster care review board. TN Code § 37-2-404; TRJP 403(h)

Tennessee Requirements:
FCRB Authority to Make Direct Referral to Court:

The board may make a direct referral to the court, including its findings and recommendations, under two circumstances:

- When issues in the case present risk of harm and **directly** compromise the health, safety or welfare of child. Referral must be heard by the judge/ magistrate within **72 hours** excluding non-judicial days.
- When conditions persist that interfere with permanency goals and these conditions indirectly or chronically compromise the health, safety or welfare of child. Referral must be heard by the judge/ magistrate within **30 calendar days**. T.C.A. §§37-2-406(c)(1); TRJP 403(i)

Tennessee Requirements:
Documentation

DCS provides documentation regarding safety, permanency and well being 7 days prior to review. TRJP 403(b)

TENNESSEE HEARINGS IN FOSTER CARE PROCEEDINGS			
HEARING	**TIMING**	**PURPOSE**	**CONDUCTED BY**
Preliminary Hearing	Within **72 hours** of child's removal	To determine if there is probable cause to believe that the child is abused or neglected as defined by law. Court must find that the child is in immediate danger and that there is no less restrictive alternative to the removal.	**Court**-- formal hearing with notice to parties and counsel
Detention Hearing		To determine if there is probable cause to believe the child has committed a delinquent or unruly act and meets the criteria set out in T.C.A. § 37-1-114. Court must find there is no less restrictive alternative that will reduce the risk of flight or of serious physical harm to the child or to others.	
Adjudication	Within **30 days** of removal or filing of petition if child not removed; not more than 90 days	Trial on the allegations of abuse and neglect found in petition, by a clear and convincing evidentiary standard. Court also determines if DCS has made reasonable efforts to prevent removal of child and/or to reunify family.	**Court**-- formal hearing with notice to parties, attorneys and foster parents
Disposition	Within **15 days** of adjudication if child has been removed; 90 days if child not removed	To determine who shall have temporary custody of child while reasonable efforts are made to reunify family (if that is the goal). Evidentiary standards relaxed. Court reviews services and the parties' progress on the permanency plan.	**Court**-- formal hearing with notice to parties, attorneys and foster parents

TENNESSEE HEARINGS REQUIRED TO REVIEW THE PERMANENCY PLAN			
Initial draft of permanency plan	Within **30 days** of foster care placement	To document what efforts are required by DCS and the family to reunify the family or to accomplish the objectives served by the child's removal. The goal identified in the Plan may be family reunification, permanent placement with a relative, adoption, or "permanent" foster care. Concurrent goals may be appropriate.	**DCS** -- All parties and their counsel should be present.
Ratification of the Plan	Within **60 days** of foster care placement	Court reviews the Permanency Plan drafted by DCS and ratifies it or asks for modifications. Parents are provided opportunity to comment and to sign a statement of responsibilities.	**Court** -- formal hearing with notice to parties
Status Reviews -- 90-day -- 6-month	Within **90 days** of foster care placement and **every 6 months** thereafter	To review the progress of all parties toward the goals specified in the Permanency Plan and to assess the appropriateness of the Plan: parents' compliance, child's safety, and the timely provision of services by DCS.	**Court or FCRB --** Requires notice to parties, attorneys and foster parents

Permanency Hearing	Within **12 months** of foster care placement (formerly 18 months) Three (3) months prior to the planned release of a child at age 17 or older.	Court makes a permanency decision for the child, based upon the progress of the family under the terms of the permanency plan. Court determines if DCS has made reasonable efforts to reunify family (if that is the goal). Court ratifies IL Plan for child who has reached the age of 16. Court ensures child who has reached the age of 17 has notice of and understands opportunity to receive, if eligible, all available post-custody services from the department. Court reviews the child's transition plan to independent living.	**Court**-- formal hearing with notice to parties, attorneys and foster parents

TERMINATION OF PARENTAL RIGHTS PROCEEDINGS			
Termination of Parental Rights	When child has been in custody for 15 of past 22 months, or when statutory exceptions to reasonable efforts apply	Trial to determine whether statutory grounds for termination can be proven and if TPR is in the best interest of the child. Clear and convincing evidence is the burden of proof. <u>This is a separate proceeding from the D&N case, requiring a new petition.</u>	**Court**-- formal hearing with notice to parties, attorneys, foster parents and prospective adoptive parents

Required Hearings for Children in Foster Care, Required DCS Meetings, and Other Common Events

Removal Hearing/ Preliminary Hearing
Within 72 hours of entering foster care

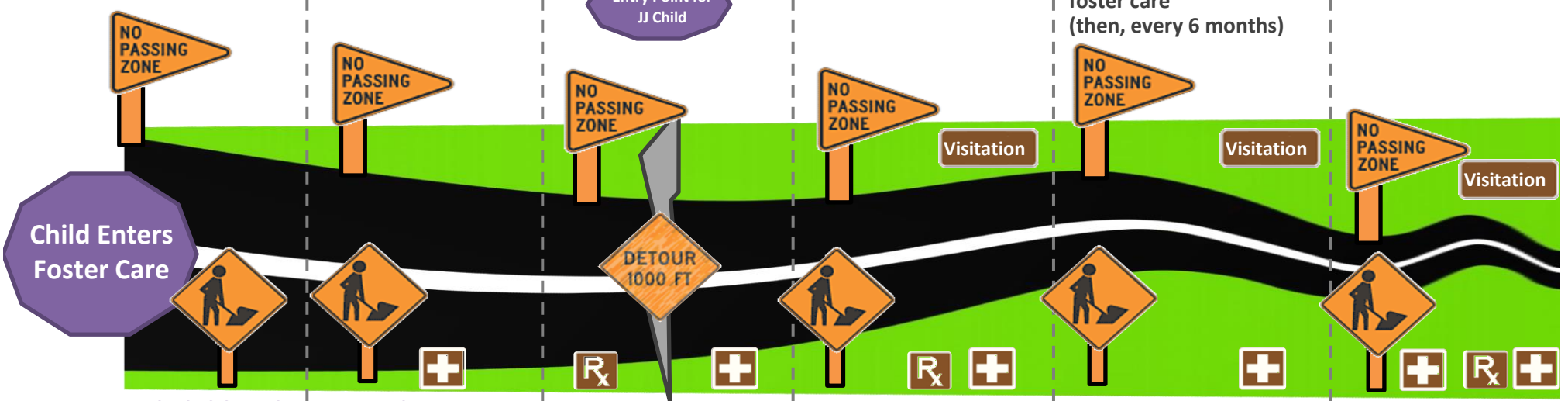
Adjudicatory Hearing
Within 30 days of entering foster care

Dispositional Hearing
Within 15 days of adjudicatory hearing

Ratification on Permanency Plan Hearing
Within 60 days of entering foster care

Periodic Progress Review Hearings or Foster Care Review Boards
Within 90 days of entering foster care
(then, every 6 months)

Permanency Hearing
Within 12 months of entering foster care
(then, annually)



Initial Child and Family Team Meeting (CFTM)
Before entering foster care or within 7 days of entering foster care[1]

Initial Permenancy Planning CFTM
Within 30 days of entering foster care[1]

Placement Changes
Most foster children experience placement moves during foster care, frequently resulting in changing schools or placement in a different county.

Placement Stability CFTM
Prior to placement change or within 15 days of placement change[1]

Quarterly Progress CFTM
Every 3 months after entering foster care, unless another CFTM has taken place during the 3-month period[1]

Revised Permanency Plan CFTM
Within 12 months of entering foster care and whenever the Permanency Plan needs to be revised[1]

Visitations with Parents, Prior Caregivers, Relatives, and Siblings
These visitations are cruical to timely permanency and maintaining relationships with parents, prior caregivers, relatives, and siblings not in foster care or in a different foster care placement.

Physical Health or Mental Health Appointments
These are routine doctor's visits, including pediatric appointments, dental appointments, medication management appointments, or appointments to address other physical or mental health concerns.

Other Frequent Appointments, Including In-Home and Out-of-Home Therapuetic Services
Sometimes, children in foster care have in-home therapuetic services several times a week, along with counselling appointments 1-4 times per month. Therapeutic visitation with parents or prior caregivers is also a common service.

[1]DCS Policy 16A

JUVENILE COURT JURISDICTION – WHAT IS IT?

In Tennessee juvenile court has exclusive jurisdiction over certain proceedings. The three types of exclusive jurisdiction reviewed by foster care review boards are youth who have been adjudicated dependent and neglect, unruly or delinquent. Tennessee law interprets juvenile dependency to include neglect and abuse and risk of neglect and abuse of children. Below is a definition of each:

Dependent and neglected child means a child:

- Who is without a parent, guardian or legal custodian;
- Whose parent, guardian or person with whom the child lives, by reason of cruelty, mental incapacity, immorality or depravity is unfit to properly care for such child;
- Who is under unlawful or improper care, supervision, custody or restraint by any person, corporation, agency, association, institution, society or other organization or who is unlawfully kept out of school;
- Whose parent, guardian or custodian neglects or refuses to provide necessary medical, surgical, institutional or hospital care for such child;
- Who, because of lack of proper supervision, is found in any place the existence of which is in violation of law;
- Who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of such child or others;
- Who is suffering from abuse or neglect;
- Who has been in the care and control of one (1) or more agency or person not related to such child by blood or marriage for a continuous period of six (6) months or longer in the absence of a power of attorney or court order, and such person or agency has not initiated judicial proceedings seeking either legal custody or adoption of the child;
- Who is or has been allowed, encouraged or permitted to engage in prostitution or obscene or pornographic photographing, filming, posing, or similar activity and whose parent, guardian or other custodian neglects or refuses to protect such child from further such activity; or
- Who has willfully been left in the sole financial care and sole physical care of a related caregiver for not less than eighteen (18) consecutive months by the child's parent, parents or legal custodian to the related caregiver, and the child will suffer substantial harm if removed from the continuous care of such relative. Note that a child left with e relative caregiver because of a parent's military service shall not be subject to action pursuant to T.C.A. 37-1-183.

  T.C.A. 37-1-102(b)(13)

Abuse of a child:

- When a person under the age of 18 is suffering from, has sustained, or may be in immediate danger of suffering from a wound, injury, disability or physical or mental condition caused by brutality, neglect or other actions or inactions of a parent, relative, guardian, or caretaker. **T.C.A. 37-1-102(b)(1)**

Severe abuse of a child means:

- The knowing exposure of a child to or the knowing failure to protect a child from abuse or neglect that is likely to cause great bodily injury or death and the knowing use of force on a child that is likely to cause great bodily injury or death;
- Specific brutality, abuse or neglect towards a child which in the opinion of qualified experts has caused or will reasonably be expected to produce severe psychosis, severe neurotic disorder, severe depression, severe developmental delay or intellectual disability or severe impairment of the child's ability to function adequately in the child's environment, and the knowing failure to protect a child from such conduct;
- The commission of criminal acts towards the child or the knowing failure to protect the child from the commission of criminal acts;
- Knowingly allowing a child to be present within a structure where the act of creating methamphetamine occurs, as that substance is identified in T.C.A. § 39-17-408(d)(2), is occurring. T.C.A. 37-1-102(b)(27).

Unruly child means a child:

- In need of treatment and rehabilitation who:
- Habitually and without justification is truant from school while subject to compulsory school attendance under § 49-6-3007;
- Habitually is disobedient of the reasonable and lawful commands of the child parent(s), guardian or other legal custodian to the degree that such child's health and safety are endangered;
- Commits an offense that is applicable only to a child; or
- Is away from the home, residence or any other residential placement of the child's parent(s), guardian or other legal custodian without their consent.
  T.C.A. 37-1-102(b)(32).

Delinquent child means a child:

- Who has committed a delinquent act and is in need of treatment or rehabilitation T.C.A. 37-1-102(b)(11). A delinquent act means an act designated a crime under the law T.C.A. 37-1-102(b)(10).

WHAT ARE REASONABLE EFFORTS?

In order to achieve permanency for the child, the state is required to make reasonable efforts, if it can be done safely, to:

- Prevent the need for removal of the child from the child's family (family preservation);
- Enable a child in custody to return home (reunification); or
- Reach another permanency goal for the child, as identified in the permanency plan.

Under Tennessee law, "reasonable efforts" is defined as "the exercise of reasonable care and diligence by the Department to provide services related to meeting the needs of the child and the family." Reasonable efforts are aimed at helping children achieve permanency and are provided to children and parents or guardians. T.C.A. 37-1-166(g)(1). The Adoption and Safe Families Act of 1997 (ASFA) exempts certain types of cases from the reasonable efforts requirements, emphasizing that the child's health and safety shall be the paramount concern of all efforts made toward permanency.

Reasonable efforts are a crucial component of foster care because these efforts represent the responsibilities of the state to effectuate permanency. Each child's permanency plan must clearly articulate the services (efforts) to be provided. For biological parents whose children have been removed, reasonable efforts provide a second chance at learning parenting skills that will enable them to keep their children safe and to nurture their children's healthy development.

Reasonable efforts inquiries are made at every hearing where the child is placed or remains in custody. Courts should consider the following in determining reasonable efforts:

(1) Is removal of the child from such child's family necessary in order to protect the child, and, if so, then what is the specific risk or risks to the child or family that necessitates removal of the child?;

(2) What specific services are necessary to allow the child to remain in the home or to be returned to the home?;

(3) What services have been provided to assist the family and the child so as to prevent removal or to reunify the family?; and

(4) Has the department had the opportunity to provide services to the family and the child, and, if not, then what are the specific reasons why services could not be provided?
T.C.A. 37-1-166(c)

When a juvenile court is making this determination, the court must find that:

- There is no less drastic alternative to removal;
- Reasonable efforts have been made to prevent removal or if the child has been removed, to reunify the child and family;
- Continuation of the child's custody with the parent is contrary to the child's best interests;
- If reasonable efforts were not made to prevent the child's removal or to reunify, that reasonable efforts are/were not required; T.C.A. 37-1-166(d)

- If the goal for the child is adoption, guardianship or some other permanent living arrangement, that reasonable efforts were made to make and finalize the alternative permanent placement.

The following are exceptions to reasonable efforts to prevent removal or reunify the family if it is in the best interest of the child:

1. Aggravated circumstances: A court of competent jurisdiction has determined that the parent has subjected the child at issue, a sibling, or half-sibling or any other child in the home to "aggravated circumstances." T.C.A. 37-1-166(g)(4)(A). Aggravated circumstances are defined as "abandonment, abandonment of an infant, aggravated assault, aggravated kidnapping, especially aggravated kidnapping, aggravated child abuse and neglect, aggravated and especially aggravated sexual exploitation of a minor, aggravated rape, rape of a child, incest, or severe child abuse as defined at T.C.A. 37-1-102."

2. Crimes against the child or a sibling: A criminal court has found that the parent has committed one of the following crimes: murder of a sibling or half-sibling or any other child residing in the home; voluntary manslaughter of a sibling or half-sibling or any other child residing in the home; aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter of the child, sibling or half-sibling; or felony assault that results in serious bodily injury to the child, sibling or half-sibling or any other child residing in the home. T.C.A. 37-1-166(g)(4)(B).

3. Rights to other children terminated: The parental rights of the parent to a sibling or half sibling have been terminated involuntarily. T.C.A. 37-1-166(g)(4)(C).

TERMINATION OF PARENTAL RIGHTS*

The Department of Children's Services is required to file a petition to terminate parental rights or to seek to be joined as a party to the petition if filed by another party, under certain circumstances. Concurrently, DCS must take steps to identify an adoptive or other permanent home for the child. The circumstances under which DCS must file the petition are:

1. When a child has been in foster care in DCS custody for 15 of the most recent 22 months (NOTE: This does not constitute a new legal ground.);

2. When a child has been determined by a court to be an abandoned infant (under the age of one year);

3. When a court has determined that the parent has committed any of the following crimes against the child, the child's sibling or half-sibling, or any other child residing in the home: murder; voluntary manslaughter, aiding; abetting, attempting, conspiring, or soliciting to commit murder or voluntary manslaughter; or felony assault that has resulted in serious bodily injury or severe child abuse; or

4. When a court has made a finding of severe child abuse as defined in T.C.A. § 37-1-102.

***Exceptions*:** A petition to terminate parental rights is not required if the child is being cared for by a relative; the department has documented in the permanency plan a compelling reason for determining that filing a petition would be contrary to the best interests of the child; or the department has not made reasonable efforts to provide the family with services necessary for the safe return of the child.

DCS is mandated to file a petition to terminate parental rights as outlined above, however the court must find that there are:

- **legal grounds** to terminate parental rights, AND
- termination of parental rights is in the **best interests** of the child.

The following are legal **grounds** for termination of parental rights:

1. Abandonment (T.C.A. 36-1-102)

a) The parent has willfully failed to visit or support the child for a period of four consecutive months prior to the filing of the termination of parental rights petition or prior to the birth of the child.

b) The child has been removed from the home for four months and DCS has made reasonable efforts to assist the parent in establishing a suitable home for the child. Abandonment is established when the parent has not made reasonable efforts to provide a suitable home and when the parent has demonstrated a lack of concern for the child.

* T.C.A. § 36-1-113.

c) The parent has been incarcerated all or part of the four months prior to filing the termination of parental rights petition and has either willfully failed to visit or support for four consecutive months prior to the incarceration or engaged in conduct before the incarceration that exhibited disregard for the welfare of the child.

d) A mother has left a newborn infant, age 72 hours or less, at a medical facility and: 1) for a period of thirty days has failed to visit or have contact with the infant; or, 2) for a period of 30 days after the Department of Children's Services has given the required notice about the infant, the mother failed to attempt contact with the infant or to revoke her voluntary delivery of the infant.

2. Substantial non-compliance with the permanency plan

Substantial noncompliance by the parent with the statement of responsibilities in the permanency plan provides grounds for the termination of parental rights. The parent must be informed of the plan's contents; and the responsibilities must be reasonable and related to remedying the conditions that brought the child into foster care.

3. Conditions at removal have not been remedied

The child has been removed from the home of the parent by order of the court for a period of six months, and:

- The conditions which led to the child's removal persist which prevent the child's safe return, or other conditions exist that would, in all reasonable probability, subject the child to further abuse or neglect;
- There is little likelihood that these conditions will be remedied at an early date so that the child can be safely returned in the near future; and
- The continuation of the parent and child relationship greatly diminishes the child's chances of early integration into a safe, stable and permanent home.

4. Severe child abuse

A court has found that the parent has committed severe child abuse against any child (as defined by T.C.A. 37-1-102).

5. Incarceration of parent for abuse of a child

The parent has been sentenced to more than two years imprisonment for conduct against the child, any sibling or any child in the home.

6. Long-term incarceration of the parent

The parent has been incarcerated to a sentence of ten or more years and the child is under eight years of age at the time the criminal sentence is entered.

7. Parent convicted/civilly liable for death of child's other parent or legal guardian

The parent has been convicted of or found civilly liable for the intentional and wrongful death of the child's other parent or legal guardian.

8. Incompetence of the parent

The parent is incompetent to adequately provide for the care and supervision of the child because the parent's mental condition is presently so impaired and is likely to remain so that it is unlikely that the parent will be able to the care of the child in the near future.

9. Non-legal father

The non-legal father has not: paid support; assumed reasonable visitation with the child; timely filed for paternity; or manifested the ability and willingness to assume legal and physical custody of the child. Grounds also exist for termination if placement with father would pose a risk of harm to the child.

10. Parent convicted of rape, which resulted in the conception of the child

A certified copy of a conviction of aggravated rape (T.C.A. 39-13-502), rape (T.C.A. 39-13-503) or rape of a child (T.C.A. 39-13-522) will suffice as to this ground.

11. Parent convicted of severe child sexual abuse of any child, as identified 36-1-113 (11)(ii).

12. Parent convicted of trafficking for commercial sex under T.C.A. 39-13-309.

13. Parent convicted of sex trafficking of a child

The parent is convicted of sex trafficking of a child on or after July 1, 2015, pursuant to 18 U.S.C. 1591 or the laws of any state that is substantially similar to T.C.A. 39-13-309.

14. Parent convicted of rape, which resulted in the conception of the child

A parent has failed to demonstrate the ability and willingness to assume legal and physical custody of the child, failed to take financial responsibility of the child, and placing the child with the parent would pose a substantial harm to the physical and psychological safety of the child.

15. Parent convicted of attempted murder of the child's other parent

A certified copy of a conviction of aggravated rape (T.C.A. 39-13-502), rape (T.C.A. 39-13-503) or rape of a child (T.C.A. 39-13-522) will suffice as to this ground.

Best interests of the child

Effective April 22, 2021, the legislature revised the best interest factors that the courts should consider when determining whether termination of parental rights is in the best interest of a child. "*When considering the factors set forth [according to the factors], the prompt and permanent placement of the child in a safe environment is presumed to be in the child's best interest." § 36-1-113 (i)(2).* Courts do not need to make determinations on each and every factor, but are directed to identify the factors that are applicable to the specific case before them as those factors apply. Note that T.C.A. § 36-1-113(i) contains 20 factors in all. The following summary is a snapshot of the major themes relevant to the court's analysis**. Please refer to the Tennessee Code Annotated for detailed information on the court's considerations.**

In determining whether termination of parental rights is in the **best interest** of the child, the court considers applicable factors related to the following themes.

- The child's current attachments to caretakers and need for stability;
- The child's attachment and relationship with parent;
- Whether the child will be healthy, safe and emotionally secure in the parental home;
- Whether the parent has the capacity to meet the child's basic and specific needs now and in the future;
- If the parent's absence from their child was related to a behavior or condition, if that behavior or condition has been addressed or resolved;
- Whether the parent has demonstrated a sense of urgency in pursuit of reunification with their child;
- Whether the parent has provided financially for their child (more than "token" support)

Tennessee Department of Children's Services

Criteria and Procedures for Termination of Parental Rights

Your child has been placed in foster care. The department has an obligation to assist you in reunification with your child unless otherwise provided by law.

BE AWARE THAT YOUR PARENTAL RIGHTS CAN BE TERMINATED IF YOU FAIL TO DO CERTAIN THINGS.

Your rights to your child can be lost or terminated for, among other things:

1. Failing to pay child support regularly for four consecutive months, or failure to pay more than a small amount of support, unless you establish at the termination hearing that your failure to do so was not willful.

2. Failing to regularly visit your child for four consecutive months, unless you establish at the termination hearing that your failure to do so was not willful.

3. Failing to complete the tasks required of you on the permanency plan.

4. Failing to make changes in your living situation so that the child can be returned to your care.

These are general guidelines. There are other reasons that the court can take away your parental rights. Please see the remainder of this document for a more thorough explanation. If you have questions, please discuss them with the case manager or attorney. If you don't have an attorney you may want to seek legal representation. If you cannot afford an attorney, you can fill out a form to see if the court can appoint an attorney for you.

I. SURRENDER

You may terminate your parental rights **voluntarily** by appearing before a judge, or other official designated by law, and signing a voluntary surrender. You should discuss this option with your attorney or case manager, who will help you complete the forms and make an appointment for you with the appropriate person if that is what you decide and what is best for your child. Arrangements can also be made for parents who are in prison or living in other states or foreign countries to surrender their parental rights voluntarily before officials appropriate to their situation.

II. INVOLUNTARY TERMINATION

Your parental rights may be terminated against your will if the judge of a chancery, circuit, or juvenile court finds by clear and convincing evidence that there is a legal basis for termination and that termination is in the best interest of your child. You must be given notice that the Department of Children's Services (DCS) seeks to terminate your parental rights and there must be a trial where you may be represented by an attorney. If you are indigent, an attorney will be appointed for you at your request.

A. Tennessee law currently lists the following as **grounds for termination** of parental rights:

ABANDONMENT

A parent has failed to visit, to engage in more than "token" visitation, or to make reasonable child support payments for four (4) consecutive months immediately before the termination petition is filed, or

An incarcerated parent failed to visit, to engage in more than "token" visitation, or to make reasonable child support payments for four (4) consecutive months immediately before being incarcerated, or for a total of four (4) months when all period of non-incarceration, prior to the filing of the petition, are added together

A biological or legal father failed to visit or to make reasonable payments toward support of the child's mother during the last four (4) months of her pregnancy

Note: It is a defense to abandonment for failure to visit or failure to support if the failure to visit or failure to support is not willful.

ABANDONMENT OF NEWBORN

The child's mother voluntarily left a newborn infant at a designated medical facility and for at least ninety (90) days thereafter failed to seek contact with the infant.

WANTON DISREGARD

A parent who is now incarcerated "engaged in conduct prior to incarceration which exhibits **wanton disregard** for the welfare of the child."

FAILURE TO PROVIDE A SUITABLE HOME

The child was found dependent and neglected and placed in foster care, and DCS made reasonable efforts to prevent removal from the home of the parent or guardian, and DCS made reasonable efforts for the four (4) months after the child entered foster care to assist the parent or guardian to establish a suitable home for the child, and the parent or guardian "made **no reasonable efforts** to provide a suitable home and have **demonstrated a lack of concern** for the child to such a degree that it appears unlikely that they will be able to provide a suitable home for the child at an early date."

SUBSTANTIAL NON- COMPLIANCE WITH THE PERMANENCY PLAN

The parent was informed of the responsibilities on the plan, and the responsibilities were reasonable and were related to remedying the conditions which necessitate foster care, and the parent has remained **substantially noncompliant** with those responsibilities.

CONDITIONS WHICH LED TO REMOVAL HAVE NOT BEEN REMEDIED OR OTHER CONDITIONS PREVENT RETURN

The child has been in foster care for six (6) months as of the first setting of the petition to terminate parental rights, and the conditions which led to removal from the home or physical or legal custody of a parent or guardian continue, or other conditions persist which "in all reasonable probability" would cause the child to be abused or neglected if returned to the parent or guardian, and there is little likelihood that the conditions can be remedied in the near future, and continuing the legal parent-child relationship diminishes the child's chances of early integration into a stable and permanent home.

SEVERE CHILD ABUSE

The parent has committed **severe child abuse** against **any** child. The finding of severe child abuse may be made by the juvenile court and it is not necessary that there be a criminal court conviction or

even a prosecution. If the parent was actually convicted and sentenced to **incarceration for more than two (2) years for severe abuse** of any child, that is an independent ground for termination.

TEN-YEAR PRISON SENTENCE

A parent is **sentenced** to incarceration in any type of correctional facility for ten (10) or more years if the child is under eight (8) years old at the time of sentencing. The nature of the parent's crime is irrelevant. The parent does not have to serve the entire sentence for this ground to apply.

LIABILITY FOR DEATH OF PARENT

A criminal or civil court has found a parent responsible (guilty or civilly liable) for the intentional and wrongful death of the other parent.

MENTAL INCOMPETENCE

The parent is mentally incompetent to function as a parent and it is unlikely that the parent will be able to function as a parent in the near future. This standard is not equivalent to the standard for commitment to a mental hospital, appointment of a conservator, or for any determination of incompetence for other purposes, although the court would certainly take such facts into consideration.

CONVICTION OF RAPE FROM WHICH THE CHILD IS CONCEIVED

The parent has been convicted of aggravated rape, rape or rape of a child and the child was conceived as a result of the criminal act.

SEVERE CHILD SEXUAL ABUSE

The parent has been found to have committed severe child sexual abuse under any prior order of a criminal court, which includes aggravated rape, aggravated sexual battery, aggravated sexual exploitation of a minor, especially aggravated sexual exploitation of a minor, incest, rape or rape of a child.

CONVICTION OF SEX TRAFFICKING

The parent has been convicted of trafficking for commercial sex act under Tennessee law or similar laws in another state or sex trafficking of children or by force, fraud or coercion under federal law.

FAILURE TO ASSUME CUSTODY OR FINANCIAL RESPONSIBILITY

The parent has failed to show an ability and willingness to personally assume legal and physical custody or financial responsibility of the child, and placing the child in the person's legal and physical custody would pose a risk of substantial harm to the physical or psychological welfare of the child.

In addition to the grounds listed above, the parental rights of an **alleged biological father** (a man who was not married to the mother and has not signed a voluntary acknowledgment of paternity or petitioned to legitimate the child) may be terminated because he:

1. failed to file a petition to legitimate the child (or to "establish parentage") within thirty (30) days after learning that he might be the biological father;
2. failed to pay child support consistent with the Tennessee child support guidelines;
3. failed to visit or seek reasonable visitation; or
4. failed to "manifest an ability and willingness to assume legal and physical custody of the child".
5. Giving him physical custody "would pose a risk of substantial harm to the physical or psychological welfare of the child."

If the court determines that your actions or inactions have resulted in a legal basis for termination of your parental rights, the court must also determine whether termination would be in the **best interest** of your child. In considering the best interest factors, it is presumed that the prompt and permanent placement of a child in a safe environment is presumed to be in the child's best interest. Among other factors, the court will consider:

1. the effect a termination of parental rights will allow the child's critical need for stability to be met and allow for continuity of placement throughout the child's minority.
2. the effect a change of caretakers and physical environment is likely to have a negative effect on the child's emotional, psychological, and medical condition.
3. whether the parent has demonstrated lack of continuity and stability in meeting the child's basic material, educational, housing, and safety needs.
4. whether the parent and the child have a secure and healthy parental attachment, and if not, whether there is a reasonable expectation that the parent can create such attachment.
5. whether the parent has maintained regular visitation or other contact with the child and whether the parent has used the visitation or other contact to cultivate a positive relationship with the child.
6. whether the child is fearful of living in the parent's home.
7. whether the parent's home, or others in the parent's household trigger or exacerbate the child's experience of trauma or post-traumatic symptoms.
8. whether the child has created a healthy parental attachment with another person or persons in the absence of the parent.
9. whether the child has emotionally significant relationships with persons other than parents and caregivers, including biological or foster siblings, and the likely impact of various available outcomes on these relationships and the child's access to information about the child's heritage.
10. whether the parent has demonstrated such a lasting adjustment of circumstances, conduct, or conditions to make it safe and beneficial for the child to be in the home of the parent, including consideration of whether there is criminal activity in the home or by the parent, or the use of alcohol, controlled substances, or controlled substance analogues which may render the parent unable to consistently care for the child in a safe and stable manner.
11. whether the parent has taken advantage of available programs, services, or community resources to assist in making a lasting adjustment of circumstances, conduct, or conditions.
12. whether the Department has made reasonable efforts to assist the parent in making a lasting adjustment in cases.
13. whether the parent has demonstrated a sense of urgency in establishing paternity of the child, seeking custody of the child, or addressing the circumstance, conduct, or conditions that made an award of custody unsafe and not in the child's best interest.
14. whether the parent, or other person residing with or frequenting the home of the parent, has shown brutality or physical, sexual, emotional, or psychological abuse or neglect toward the child or any other child or adult.
15. whether the parent has ever provided safe and stable care for the child or any other child.
16. whether the parent has demonstrated an understanding of the basic and specific needs required for the child to thrive.
17. whether the physical environment of the parent's home is healthy and safe for the child.
18. whether the parent has demonstrated the ability and commitment to creating and maintaining a home that meets the child's basic and specific needs and in which the child can thrive.
19. whether the parent has consistently provided more than token financial support for the child.

20. whether the mental or emotional fitness of the parent would be detrimental to the child or prevent the parent from consistently and effectively providing safe and stable care and supervision of the child.

III. ADOPTION & SAFE FAMILIES ACT

Federal law and Tennessee law require DCS to file a petition to terminate parental rights of any child in foster care if:

1. the child has been in foster care for fifteen (15) of the last twenty-two (22) months;
2. the child is an abandoned infant; or
3. the child's parent has committed murder or voluntary manslaughter of a sibling, half-sibling or other child in the home; or
4. the child's parent has committed severe abuse or a felony assault resulting in serious bodily injury to this child, a sibling, half-sibling or any other child.

Exceptions can be made if:

1. the child is in the care of a relative;
2. there is a compelling reason why filing a termination petition is not in the child's best interest; or
3. DCS has not made reasonable efforts to provide the parents services DCS considers necessary for the safe return of the child to the home.

I have received a copy of <u>Criteria & Procedures for Termination of Parental Rights</u> and have been given an explanation of its contents.

Mother	Date	Witness	Date
Father	Date	Witness	Date

I explained the contents of this document to the mother on: _____

Date

Family Service Worker's Signature

I explained the contents of this document to the father on: _____
Date

Family Service Worker's Signature

Mother _____ refused to sign this document; however, the contents of the document were explained to her on this date.

_____ _____
Family Service Worker Date

Father _____ refused to sign this document; however, the contents of the document were explained to him on this date.

_____ _____
Family Service Worker Date

Appendix III

Forms

_____ Juvenile Court
Foster Care Review Board Summary

Child's Name:_____ Docket Number:_____

Date of Review: _____ ☐ Initial Review ☐ Subsequent Review

Permanency Goal(s) ☐ Return to Parent ☐ Exit Custody with Relative ☐ Adoption
☐ Permanent Guardianship ☐ PPLA ☐ w/ Relative ☐ w/ Non Relative

1. Board Members Present: (Quorum of ____ is needed to proceed with the review.)

John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no
John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no
John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no
John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no

2. Parties Present

		Notice Provided			Notice Provided
Mother	☐ yes ☐ no	☐ yes ☐ no	Attorney	☐ yes ☐ no	☐ yes ☐ no
Father	☐ yes ☐ no	☐ yes ☐ no	Attorney	☐ yes ☐ no	☐ yes ☐ no
DCS	☐ yes ☐ no	☐ yes ☐ no	Attorney	☐ yes ☐ no	☐ yes ☐ no
Child*	☐ yes ☐ no	☐ yes ☐ no	Attorney/GAL	☐ yes ☐ no	☐ yes ☐ no

(*Party if adjudicated delinquent or unruly)

3. Other Persons Present

Foster Parent(s)	☐ yes ☐ no	Treatment Provider (Parent)	☐ yes ☐ no
Contract Agency Rep	☐ yes ☐ no	School Rep	☐ yes ☐ no
CASA	☐ yes ☐ no	DCS IL Specialist	☐ yes ☐ no
Treatment Provider (Child)	☐ yes ☐ no	Other: _____	☐ yes ☐ no
Court Facilitator (_____)	☐ yes ☐ no	Peer Advocate	☐ yes ☐ no

If foster parent was not present, was he/she provided with notice of today's review? ☐ yes ☐ no

Findings

4. Is there a party whose identity or whereabouts are unknown? ☐ yes ☐ no ☐ na Name(s):_____

If yes, what efforts have been made to identify or locate the missing party? _____

_____

_____

_____

5. **Placement**

a. Where is the child currently placed and what is the date of placement? _____

b. Is the child safe in his/her placement? ☐ yes ☐ no

c. What needs or risks support the youth's placement level? (least restrictive environment) Level _____

_____

_____

_____

d. How many placements has the child had since entering custody? _____

e. Does the foster parent have the ability to make decisions regarding the child's day-to-day activities?

☐ yes ☐ no ☐ na

6. **Health**

a. The EPSD&T Summary was reviewed by the board. ☐ yes ☐ no

i. If yes, have all referable conditions been addressed by the appropriate healthcare provider?

☐ yes ☐ no ☐ na

b. What current medical/mental/dental health concerns that are not being addressed by a healthcare provider?

_____
_____
_____

c. What are the results/recommendations from any health/mental health assessment or evaluation conducted on the child since the EPSD&T or last board review?

_____
_____
_____

i. Have all the recommendations been implemented? ☐ yes ☐ no ☐ na

d. Is the child currently taking any medication? (if no, skip to e) ☐ yes ☐ no

i. If yes, what side effects is the child experiencing, if any?

_____
_____

ii. Which doctor prescribes/monitors the medication? _____

Date of last visit with this doctor? _____

iii. For any new medication(s), was the baseline monitoring of the medication completed?

☐ yes ☐ no ☐ na

e. Does the child's health needs restrict them from participating in age-appropriate activities?

☐ yes ☐ no ☐ na

7. **Education**

<u>For children under the age of 3</u>

a. What age appropriate developmental milestones is the child meeting?

_____
_____
_____

b. When was the child referred to TEIS? _____

i. If eligible, how are the recommendations from the IFSP helping the child be successful? ☐ na

_____
_____

<u>For pre-school aged children only (ages 3-5)</u>

a. What educational instruction is the child receiving to prepare for kindergarten? ☐ n/a

☐ home setting ☐ licensed home day care ☐ licensed childcare center ☐ preschool ☐ Head Start

b. If the child will be five by the school's deadline, is the child ready to start kindergarten? ☐ yes ☐ no ☐ na

i. If no, what additional assistance is needed to prepare the child?

☐ Development of Interest/Hobby ☐ Develop Social Skills ☐ Occupational Therapy
☐ Organized Educational Settings ☐ Speech Therapy

c. Does the child have an ☐ IEP or ☐ 504 Plan? ☐ yes ☐ no

i. If Yes, Date: _____

ii. What is the eligibility?_____

iii. How are the modifications/services or accommodations helping the child to be successful?

_____

_____

For school aged children only (Kindergarten – 12th Grade)

a. If the student has absences, what are the reasons? ☐ na

☐ court/DCS meeting ☐ health ☐ residential placement change ☐ school refusal ☐ skipping
☐ suspensions ☐ tardy ☐ transportation ☐ zero tolerance
☐ other _____

b. If there have been disciplinary issues with school, what are the reasons? ☐ na

☐ disrespecting staff ☐ fighting ☐ inappropriate behavior (_____)
☐ refusal to do schoolwork/homework ☐ skipping ☐ other: _____

c. What are the student's grades in each course?

English		Other:		Other:	
Math		Other:		Other:	
Social Studies/ History		Other:		Other:	
Science		Other:		Other:	

i. What assistance is needed to help the student be more successful in class? _____

_____

ii. What other barriers are contributing to the student's difficulties in school?

_____

d. Does the student have an ☐ IEP or ☐ 504 Plan? ☐ yes ☐ no

i. If Yes, Date: _____

ii. What is the eligibility?_____

iii. How are the modifications/services or accommodations helping the child to be successful?

_____

_____

e. In what extracurricular activities do you participate?

_____

_____

For youth enrolled in high school (Transcripts required)

a. What year did the student first enroll as a freshman in high school? _____

b: Indicate the courses in which the student has received credit (as verified on a high school transcript).

Course	Fall S1	Spring S2	Course	Fall S1	Spring S2	Course	Fall S1	Spring S2
English I or ELD 9	☐	☐	Biology	☐	☐	Foreign Language *2 years of same language		
English II or ELD 10	☐	☐	Chemistry or Physics	☐	☐	Year 1: _____	☐	☐
English III or ELD 11	☐	☐	Other Lab Course _____	☐	☐	Year 2: _____	☐	☐
English IV or ELD 12	☐	☐				General Electives		
Algebra I or Integrated Math I	☐	☐	World History and Geography	☐	☐	_____	☐	☐
Algebra IA or Integrated Math IA	☐	☐	U.S. History and Geography	☐	☐	_____	☐	☐
Algebra IB or Integrated Math IB	☐	☐	Economics	☐	☐	_____	☐	☐
Geometry or Integrated Math II	☐	☐	Government and Civics	☐	☐	_____	☐	☐
Geometry IA or Integrated Math IIA	☐	☐	Elective Focus			_____	☐	☐
Geometry IB or Integrated Math IIB	☐	☐	_____	☐	☐	_____	☐	☐
Algebra II or Integrated Math III	☐	☐	_____	☐	☐	_____	☐	☐
4TH Higher Math Class _____	☐	☐	_____	☐	☐	_____	☐	☐

Use blank fields to indicate Elective Focus and other courses

Additional graduation requirements: ☐ State Issued ID ☐ ACT/SAT taken (Test Score: _____)
☐ Civics Test ☐ AP/IB/Dual Enrollment/Cambridge (College Credit Exams)

i. If the student has an IEP or 504, have accommodations been requested?
☐ ACT/ ☐ AP/IB/Dual Enrollment/Cambridge (College Credit Exams)

ii. Preparation for Post-Secondary
☐ Career Interest Inventory ☐ college applications ☐ College Resume
☐ College tours ☐ FAFSA ☐ Letters of Recommendation
☐ Scholarships ☐ TN Promise application (high school seniors only)

c. If the student is not on track to graduate, what steps can be taken to achieve the needed credits? ☐ na
☐ alternative education setting ☐ credit recovery ☐ extended class time ☐ fast track options
☐ online courses ☐ summer school ☐ tutoring ☐ other: _____

8. **Visitation**

a. What is the manner and frequency of visits between child and : (check NA if visitation is suspended or terminated.)

Mother ☐ NA _____

_____

_____

Father ☐ NA _____

_____

_____

Siblings (not residing in same placement) ☐ NA _____

_____

_____

b. If there is a concurrent permanency goal, is the youth visiting with adult(s) identified in the concurrent goal?

☐ yes ☐ no ☐ na

c. Is the child able to visit with or maintain connections with friends inside and outside of the home/placement?

☐ yes ☐ no ☐ na

9. **PARTIES COMPLIANCE WITH THE PERM PLAN**

List each party's responsibilities in the permanency plan in order of most significant to least significant. Also, list what DCS has done to assist the family with each step; the frequency and time frame expected to complete each step; and the parties' compliance status for each step.

☐ **MOTHER/CUSTODIAN (only if adjudicated dependent and neglect)**

1._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating _____ ☐ not compliant _____

2._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating _____ ☐ not compliant _____

3._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating _____ ☐ not compliant _____

4._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating _____ ☐ not compliant _____

Additional: _____

_____

☐ **FATHER/CUSTODIAN (only if adjudicated dependent and neglect)**

1._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

2._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

3._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

4._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

Additional: _____

_____

☐ **YOUTH (only if adjudicated delinquent or unruly)**

1._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

2._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

3._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

4._____

How DCS assisted: _____

Frequency: _____ **Timeframe to complete:** _____

☐ completed _____ ☐ actively participating_____ ☐ not compliant _____

Additional: _____

OTHER PERMANENCY GOAL

Reasonable efforts by DCS towards other permanency goal: _____

Recommendations

10. **Does the need for foster care still exist?** ☐ yes ☐ no

11. **Do you recommend a change in the permanency goal?** ☐ yes ☐ no

a. If yes, what is the recommended goal change?

☐ Return to Parent ☐ Exit Custody with Relative ☐ Adoption

☐ Permanent Guardianship ☐ PPLA ☐ w/ Relative ☐ w/ Non Relative

12. **Has DCS made reasonable efforts to reach the identified goal?** ☐ yes ☐ no

i. If there is a concurrent goal, has DCS made reasonable efforts to reach the concurrent goal?

☐ yes ☐ no

13. **Has mother complied with her most significant responsibilities in the permanency plan?** ☐ yes ☐ no

14**. Has father complied with his most significant responsibilities in the permanency plan?** ☐ yes ☐ no

15**. Has the child complied with his/her most significant/services responsibilities in the permanency plan?**

Is the party because of an unruly or delinquent adjudication ☐ yes ☐ no

16. **Actions Needed and Timelines to Eliminate the Causes for Foster Care**

Mother _____

Father _____

Child _____

DCS _____

17 . Additional Comments _____

Date of the Next Full Review is _____

☐ Additional administrative review set for _____ to review:

_____

_____

_____

Signatures	*Date*
FCRB Chair	
Child	
Mother	
Father	
DCS FSW	
DCS Supervisor	
Foster Parent	
Treatment Provider (child)	
Treatment Provider (parent)	
Attorney (_____)	
Attorney (_____)	
Guardian ad Litem	
Other _____	
Other _____	
Other _____	
Other _____	
Other _____	

_____ County Juvenile Court
Foster Care Review Board Summary (17 year old)

Youth's Name:_____ Docket Number:_____

Date of Review: _____ ☐ Initial Review ☐ Subsequent Review

Permanency Goal(s) ☐ Return to Parent ☐ Exit Custody with Relative ☐ Adoption

☐ Permanent Guardianship ☐ PPLA ☐ w/ Relative ☐ w/ Non Relative

1. Board Members Present: (Quorum of ____ is needed to proceed with the review.)

John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no
John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no
John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no
John Doe	☐ yes ☐ no	Susie Q	☐ yes ☐ no

2. Parties Present

		Notice Provided			Notice Provided
Mother	☐ yes ☐ no	☐ yes ☐ no	Attorney	☐ yes ☐ no	☐ yes ☐ no
Father	☐ yes ☐ no	☐ yes ☐ no	Attorney	☐ yes ☐ no	☐ yes ☐ no
DCS	☐ yes ☐ no	☐ yes ☐ no	Attorney	☐ yes ☐ no	☐ yes ☐ no
Child*	☐ yes ☐ no	☐ yes ☐ no	Attorney/GAL	☐ yes ☐ no	☐ yes ☐ no

(*Party if adjudicated delinquent or unruly)

3. Other Persons Present

Foster Parent(s)	☐ yes ☐ no	Treatment Provider (Parent)	☐ yes ☐ no
Contract Agency Rep	☐ yes ☐ no	School Rep	☐ yes ☐ no
CASA	☐ yes ☐ no	DCS IL Specialist	☐ yes ☐ no
Treatment Provider (Child)	☐ yes ☐ no	Other: _____	☐ yes ☐ no
Court Facilitator (_____)	☐ yes ☐ no	Peer Advocate	☐ yes ☐ no

If foster parent was not present, was he/she provided with notice of today's review? ☐ yes ☐ no

Findings

4. Is there a party whose identity or whereabouts are unknown? ☐ yes ☐ no ☐ na Name(s):_____

If yes, what efforts have been made to identify or locate the missing party? _____

_____

_____

_____

5. **Education**

a. What school are you attending? _____

b. What grade are you in? ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ HiSET

c. What year did you start high school? _____

(Questions d and e are directed to the FCRB Board Education Member)

d. What credits has the student earned? (Attach Transcript Evaluation)

e. What remaining classes are required for the student to graduate?

_____
_____
_____
_____

i. Will those classes be available to the student in their current educational setting? ☐ yes ☐ no

ii. Will the student be able to earn the required credits in the current school year? ☐ yes ☐ no

f. On a scale of 0-10, with 0 being "I do not understand" and 10 being "I know it all", how would you rate what you know about obtaining your diploma without attending high school? ☐ n/a

_____
_____
_____
_____

g. Which path do you see yourself taking? ☐ HiSET ☐ Job Corps ☐ Drop-Out ☐ Military ☐ n/a

h. What assistance or services, if any, do you need to be successful with your high school plans?

_____
_____
_____
_____

i. What are your educational goals after high school?

_____
_____
_____
_____

i. How will having accommodations in college based on your disability help you be successful in your classes? (This question is to only be asked to students with an IEP or 504 Plan.)

_____
_____
_____
_____

ii. How will you accomplish these goals?

_____
_____
_____
_____

6. **Housing**

a. Where are you currently living?_____ Is it a stable arrangement? ☐ yes ☐ no

i. Do you feel safe where you are? ☐ yes ☐ no

b. How will your current housing plans change based on your future plans?

_____
_____
_____
_____

i. What will you need to maintain your housing plans?

_____
_____
_____
_____

7. Health

(Board member(s) should review all health documentation to ensure that all health needs are being addressed in the following questions.)

a. How are your needs being addressed, if any?

Medical	
Dental	
Mental	
Medication	

b. On a scale of 0-10, with 0 being "I do not understand" and 10 being "I know it all", how would you rate what you know about how to take care of your health and why?

_____
_____
_____
_____

c. How will you address your ☐ medical ☐ dental ☐ mental ☐ prescriptive health once you turn 18?

_____
_____
_____
_____

i. Do you have a copy of your health records? ☐ yes ☐ no

ii. Do you have a copy of health your insurance card? ☐ yes ☐ no

8. **Employment**

a. What are your career goals, if any?

_____
_____
_____
_____

i. How do your educational plans support your career goals?

_____
_____
_____
_____

b. What employment experience do you have?

_____
_____
_____
_____

i. Do you have or know how to do the following?

Item	Comments
☐ State Identification Card	
☐ Social Security Card	
☐ Birth Certificate	
☐ Resume	
☐ References	
☐ Interview Attire	
☐ Copy of Credit Report	
☐ Delinquent Offenses/ Expungement	
☐ Complete an employment application	
☐ Search for job openings	

c. What assistance or services do you need to help you be able to support yourself?

_____
_____
_____
_____

9 . **Support System**

a. When looking at the plans you have for your life, what concerns or fears do you have, if any?

_____
_____
_____
_____

b. What adult can help support you in the following areas and how?

	Name of person and how they will help support.
Education	
Housing	
Health	

Employment	
Social/Emotional	

c. How often do you get to spend time with each of these people?

Education	
Housing	
Health	
Employment	
Social/Emotional	

10. **Parties Compliance with the Permanency Plan**
(Ask Mother/Father/Custodian only if adjudicated dependent and neglect.)

a. Is Mother/Custodian in substantial compliance with her responsibilities in the perm plan? ☐ yes ☐ no ☐ na

b. Is Father/Custodian in substantial compliance with his responsibilities in the perm plan? ☐ yes ☐ no ☐ na

(ask youth only if adjudicated delinquent or unruly)

c. Is Youth in substantial compliance with his/her responsibilities in the perm plan? ☐ yes ☐ no ☐ na

d. Other Permanency Goal

Reasonable efforts made by DCS towards other permanency goal: ☐ na

_____
_____
_____
_____

Recommendations

11. **Does the need for foster care still exist?** ☐ yes ☐ no

12. **Do you recommend a change in the permanency goal?** ☐ yes ☐ no

a. If yes, what is the recommended goal change?

☐ Return to Parent ☐ Exit Custody with Relative ☐ Adoption

☐ Permanent Guardianship ☐ PPLA ☐ w/ Relative ☐ w/ Non Relative

13. **Has DCS made reasonable efforts to reach the identified goal?** ☐ yes ☐ no

i. If there is a concurrent goal, has DCS made reasonable efforts to reach the concurrent goal? ☐ yes ☐ no

14. **Has mother complied with her most significant responsibilities in the permanency plan?** ☐ yes ☐ no

15. **Has father complied with his most significant responsibilities in the permanency plan?** ☐ yes ☐ no

16. **Has the child complied with his/her most significant/services responsibilities in the permanency plan?**

Is the party because of an unruly or delinquent adjudication ☐ yes ☐ no

17. **Actions Needed and Timelines to Eliminate the Causes for Foster Care**

Mother _____

Father _____

Child _____

DCS _____

Additional Comments _____

Date of the Next Full Review is _____

☐ Additional administrative review set for _____ to review:

_____

_____

_____

Signatures	*Date*
_____ FCRB Chair	_____
_____ Child	_____
_____ Mother	_____
_____ Father	_____
_____ DCS FSW	_____
_____ DCS Supervisor	_____
_____ Foster Parent	_____
_____ Treatment Provider (child)	_____
_____ Treatment Provider (parent)	_____
_____ Attorney (_____)	_____
_____ Attorney (_____)	_____
_____ Guardian ad Litem	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____

_____ County Juvenile Court
Foster Care Review Board

Administrative Review (less than six months)

1. Child's Name: _____ Docket Number: _____

2. Date of Review: _____

3. Board Members Present: (Quorum of _____ is needed to proceed with the review.)

John A	☐ yes	☐ no	Susie A	☐ yes	☐ no
John B.	☐ yes	☐ no	Susie B	☐ yes	☐ no
John C.	☐ yes	☐ no	Susie C	☐ yes	☐ no
John D.	☐ yes	☐ no	Susie D	☐ yes	☐ no

4. Parties Present

			Notice Provided				Notice Provided	
Mother	☐ yes	☐ no	☐ yes	☐ no	Attorney	☐ yes	☐ no	☐ yes	☐ no
Father	☐ yes	☐ no	☐ yes	☐ no	Attorney	☐ yes	☐ no	☐ yes	☐ no
DCS	☐ yes	☐ no	☐ yes	☐ no	Attorney	☐ yes	☐ no	☐ yes	☐ no
Child*	☐ yes	☐ no	☐ yes	☐ no	Attorney/GAL	☐ yes	☐ no	☐ yes	☐ no

(*Party if adjudicated delinquent or unruly)

5. Reason for review:

☐ Adequacy of Reasonable Efforts ☐ Incomplete Documentation ☐ Outdated Documentation

☐ Monitor Parent's Compliance ☐ Monitor Child's Compliance ☐ Transition Plan Needs Improvement

☐ Ensure Compliance with Time-Sensitive Board Recommendation Related to

☐ Education ☐ EFC ☐ Health ☐ Independent Living ☐ Placement ☐ Visitation ☐ _____

6. **Outcome:**_____ _____

_____

_____

_____

_____

_____

_____

_____

_____

7. Recommendation: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date of the Next Full Review is _____

Signatures	*Date*
_____ FCRB Chair	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____
_____ Other _____	_____

Docket # _____

Child's Name: _____

Foster Care Review Board
Form for Independent Living (Ages 14-16)

1. What do you want your life to look like after you graduate from high school?

_____

_____

_____

_____

a. How are you going to make this vision happen?

_____

_____

_____

_____

2. What talents do you have that will help make your vision a reality?

_____

_____

_____

_____

a. What might hold you back from accomplishing your vision?

_____

_____

_____

_____

3. Would you like to hear about things you can do to help you accomplish your goal? ☐ yes ☐ no

4. Have the IL WrapAround Services available been reviewed with the youth? ☐ yes ☐ no

DIRECT REFERRAL FOR JUDICIAL REVIEW BY FOSTER CARE REVIEW BOARD

IN THE MATTER OF:)
)
_____) **DOCKET NO:** _____
A Child Under the Age of 18)

_____ **This matter shall be scheduled for a hearing before the Judge/Magistrate within 72 hours of this date.**

This Board finds the following conditions exist that constitute a risk of harm and directly compromise the health, safety or welfare of the child: _____

_____

_____

_____

This Board recommends: _____

_____

_____ **This matter shall be scheduled for a hearing before the Judge/Magistrate within 30 days of this date**.

This Board finds that the following conditions persist that constitute a deterrent to reaching the permanency goals and the conditions indirectly and chronically compromise the health, safety or welfare of the child: _____

_____

_____

This Board recommends: _____

_____

_____ _____
Date **Foster Care Review Board Chair/Member**

ORDER

Pursuant to T.C.A. § 37-2-406(c)(2), it is therefore **Ordered** that this matter be set for judicial review on the _____ day of _____, _____ at _____.

_____
Judge

Tennessee Department of Children's Services

Progress Report for Child in State Custody

1. Date of Report: _____ **2.** Family Service Worker: _____

3. Child(ren)'s Name(s):

	Name	DOB
a.		
b.		
c.		
d.		
e.		

4. Parent(s)/Caregiver(s):

	Name	Relationship	City
a.			
b.			
c.			
d.			
e.			

5. Date of Custody: _____ **6.** Adjudication: **a.** ☐ Unruly **b.** ☐ Delinquent **c**. ☐ Dependent/Neglect

7. Date Current Permanency Plan Developed: _____ Date Current Permanency Plan Ratified: _____

8. Date Last Permanency Hearing Held: _____

9. Permanency Plan Goal(s): ☐ Return to Parent ☐ Exit Custody with Relative ☐ Adoption ☐ Permanent Guardianship ☐ Planned Permanent Living Arrangement ☐ Exit Custody with Kin

10. Summary of Child/Family, Child/Sibling Visitation: *(Give dates of visits and visitation summary since last report)*

11. Describe efforts made this quarter to locate absent parents or identify relatives: *(County Clerk, Police Records, Utilities records, etc.):*

12. Needs and Goals of Child/Youth: *(If this report is for more than one child/youth, please begin listing each child/youth's information here and insert additional pages as needed before number 13. Additional Child/Youth templates can be found at the end of this document.)*

Child's Name: _____

Current Placement - Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____
Relative/Kinship Placement: ☐ Yes ☐ No

Educational Needs: Name of School: _____
Grade: _____ Date Last S or M Meeting: _____ ☐ Not Applicable (N/A)
Please describe child's progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues):

Medical/Dental Needs: _____
Date of Last EPSD&T Needs/Concerns: _____
Date of Last Dental Needs/Concerns: _____
List of Medications and Prescriber:

Child's Name: _____

Current Placement - Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____
Relative/Kinship Placement: ☐ Yes ☐ No

Educational Needs: Name of School: _____
Grade: _____ Date Last S or M Meeting: _____ ☐ Not Applicable (N/A)
Please describe child's progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues):

Medical/Dental Needs: _____
Date of Last EPSD&T Needs/Concerns: _____
Date of Last Dental Needs/Concerns: _____
List of Medications and Prescriber:

Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

13.	Permanency Plan Goal(s):
	Progress made since last review and remaining barriers.

Child/Youth:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	

Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

Parent:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	

Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

Parent:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	

14.	Signatures:

Family Service Worker	Date
Supervisor	Date

Needs and Goals of Child/Youth:

Child's Name: _____

Current Placement - Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____
Relative/Kinship Placement: ☐ Yes ☐ No

Educational Needs: Name of School: _____
Grade: _____ Date Last S or M Meeting: _____ ☐ Not Applicable (N/A)
IEP: ☐ Yes ☐ No/N/A 504 Plan: ☐ Yes ☐ No/N/A

Please describe child's progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues):

Medical/Dental Needs: _____
Date of Last EPSD&T Needs/Concerns: _____
Date of Last Dental Needs/Concerns: _____
List of Medications and Prescriber:

Child's Name: _____

Current Placement - Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____
Relative/Kinship Placement: ☐ Yes ☐ No

Educational Needs: Name of School: _____
Grade: _____ Date Last S or M Meeting: _____ ☐ Not Applicable (N/A)
IEP: ☐ Yes ☐ No/N/A 504 Plan: ☐ Yes ☐ No/N/A

Please describe child's progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues):

Medical/Dental Needs: _____
Date of Last EPSD&T Needs/Concerns: _____
Date of Last Dental Needs/Concerns: _____
List of Medications and Prescriber:
Beginning with the highest priority.

	Permanency Plan Goal(s):
	Progress made <u>since last review</u> and remaining barriers.
Child/Youth:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	

Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

Parent:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
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Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	

Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

Parent:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	

Tennessee Department of Children's Services

Foster Care Review Summary

(To be Completed during the Foster Care Review with the participants)

1. Child's Name: _____

2. Case Number: _____ Date of Review: _____ County: _____ Board #: _____

3. Agency Representative(s): 1. _____
(Please Print) 2. _____
3. _____

4. Ex Officio Representative(s): 1. _____
(Please Print) 2. _____

5. Board Members Present (Please Print):

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

6. Participation at Review:

	Mother	Father	Child:	Other Participants	
Personal Attendance:	☐	☐	☐	☐	_____
No Participation:	☐	☐	☐	☐	_____
Written Comments:	☐	☐	☐	☐	_____

7. Were the Parents/Caregivers notified of the Review? Yes ☐ No ☐

8. Was the Child/Youth notified of the Review? Yes ☐ No ☐

9. Were the Foster Parents notified of the Review? Yes ☐ No ☐

Please explain if 7, 8 or 9 were answered no: _____

Board Findings

10. Have there been adequate attempts made to search for absent parents or relatives? Yes ☐ No ☐

If no, the board recommends exploration of the following venues: _____

11. Next Steps: *(To be completed during Quarterly Review as determined by the Review Board members and participants)*

Task	Name of Person Assigned to Task	Date to be Completed

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

Distribution: Child age 12 and older, Parent/Guardian, Foster Parent, Review Board Chair and Child's Case File RDA 2982

12. Current Permanency Goal: _____

13. Is the Goal appropriate? Yes ☐ No ☐

14. Is a change in the Permanency Goal recommended? Yes ☐ No ☐

Recommended Permanency Goal: ☐ Reunification ☐ Exit Custody to live with Relative ☐ Adoption ☐ Planned Permanent Living Arrangement

15. Reason for recommended change: _____

16. A.S.F.A. Review *(Compelling reason for not filing a Petition for TPR) (Note: N/A unless the child has been in care over 12 months with a reunification goal)*

17. Barriers to achieving desired outcomes: _____

18. What is the Projected Date for Goal Achievement? _____

19. Does the need for Foster Care continue to exist? Yes ☐ No ☐

20. Is the child's current placement appropriate? Yes ☐ No ☐

21. Compliance with Permanency Plan Tasks:

	Parent(s)	Agency	Child/Youth
All Tasks Completed	☐	☐	☐
Most Tasks Completed	☐	☐	☐
Some Tasks Completed	☐	☐	☐
No Tasks Completed	☐	☐	☐

Tasks to be completed: _____

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

22. Parent/Caregiver progress toward reducing risks that necessitate continued Foster Care:

☐ Excellent ☐ Good ☐ Marginal ☐ No Progress ☐ Not Applicable

23. Are Reasonable Efforts being made to reach the identified goal? Yes ☐ No ☐

24. Additional Comments: _____

25. Date of next Review: _____

26. Signatures

_____ Date: _____

Chairperson/Designee Signature
Foster Care Review Board

_____ Date: _____

Child/Youth

_____ Date: _____

Parent/Guardian

_____ Date: _____

Parent/Guardian

_____ Date: _____

Foster Parent

_____ Date: _____

Family Service Worker

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

Distribution: Child age 12 and older, Parent/Guardian, Foster Parent, Review Board Chair and Child's Case File RDA 2982

Date: _____

Supervisor

Date: _____

Private Provider

Date: _____

Other Participant

Date: _____

Other Participant

Date: _____

Other Participant

Date: _____

Other Participant

Date: _____

Other Participant

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

Distribution: Child age 12 and older, Parent/Guardian, Foster Parent, Review Board Chair and Child's Case File RDA 2982

Appendix IV

Independent Living

Tennessee Department of Children's Services Independent Living Staff - By Region and County

IL Specialists & Coordinators	Region/Counties		IL Specialists & Coordinators	Region/Counties
Stephanie Bosson **Program Coordinator** C: 865-712-5426 Stephanie.Bosson@tn.gov	**Grand East Region**		Dana Eskridge **Program Coordinator** C: 615-289-6243 Dana.Eskridge@tn.gov	**Grand Middle Region**
Katie Butler **Program Specialist** O: 865-425-4557 C: 865-253-1339 Katie.Butler@tn.gov	**East:** Anderson, Campbell, Loudon, Monroe, Morgan, Union, Roane, Scott		Neil Lowe **Program Specialist** O: 931-490-6079 C: 615-289-2736 Neil.Lowe@tn.gov	**South Central**: Hickman, Lewis, Maury, Marshall, Bedford, Coffee, Moore, Lincoln, Giles, Lawrence, Grundy, Franklin
Rikki Eichler **Program Specialist** C: 865-712-2199 Rikki.Eichler@tn.gov	**Smoky Mountain** Claiborne, Cocke, Grainger, Hamblen, Jefferson, Sevier		Lela Pirtle **Program Specialist** O: 615-360-4335 C: 615-477-1137 Lela.Pirtle@tn.gov	**Davidson**
Natalie Seabolt **Program Specialist** C: 423-202-6971 Natalie.Seabolt@tn.gov	**Northeast:** Washington, Carter, Unicoi, Johnson, Sullivan, Greene, Hawkins, Hancock		Kelly Steele **Program Specialist** O: 615-360-4392 C: 615-961-6275 Kelly.R.Steele@tn.gov	**Davidson**
Tara Deer **Program Specialist** O: 865-594-0958 C: 615-483-6101 Tara.Deer@tn.gov	**Knox**		Dan Rees **Program Specialist** O: 615-360-4355 C: 615-483-0175 Dan.Rees@tn.gov	**Mid-Cumberland:** Cheatham, Robertson, Sumner, Montgomery
Cynthia (Cindy) Ashburn **Program Specialist** O: 423-728-7959 C: 615-289-4519 Cynthia.J.Ashburn@tn.gov	**TN Valley:** Blount (Smoky Mtn. Region), Bradley, Polk, McMinn, Rhea, Meigs		Geneva Thomas **Program Specialist** O: 615-360-4354 C: 615-210-2462 Geneva.D.Thomas@tn.gov	**Mid-Cumberland:** Wilson, Trousdale, Rutherford, Williamson
Sandra Farrington* **Program Specialist** O: 423-634-6755 C: 423-582-2778 Sandra.Farrington@tn.gov	**TN Valley:** Hamilton, Bledsoe, Marion, Sequatchie		Sherry Cowan **Program Specialist** O: 931-646-3073 C: 931-239-0950 Sherry.Cowan@tn.gov	**Upper Cumberland:** Cannon, Warren, Van Buren, Cumberland, Fentress, Pickett, Putnam, Overton, Clay, Jackson, Macon, Smith, Dekalb, White

Erika Sheffield **Program Coordinator** O: 731-421-2131 C: 731-225-8875 Erika.Sheffield@tn.gov	**Grand West Region**		Patty Taylor-Kelley **Program Specialist** O: 731-593-6387 C: 731-415-4941 Patty.Taylor-Kelley@tn.gov	**Northwest:** Lake, Obion, Dyer, Crockett, Gibson, Weakley, Henry, Carroll, Benton, Dickson, Houston, Humphreys, Stewart
Clementine Perry **Program Specialist** C: 901-356-7137 Clementine.Perry@tn.gov	**Shelby**		Kimberley M. Smith **Program Specialist** O: 731-421-2068 C: 731-413-2849 Kimberley.M.Smith@tn.gov	**Southwest:** Lauderdale, Tipton, Haywood, Fayette, Madison, Hardeman, Chester, Henderson, McNairy, Hardin, Decatur. Also: Perry, Wayne in SC Region
Rashidah Gardner **Program Specialist** C: 901-201-1251 Rashidah.Gardner@tn.gov	**Shelby**			

Courtney Matthews
Director, Independent Living
O: 615-253-1762
C: 615-686-8885

Dave Aguzzi
Assistant Director
O: 615-532-9647
C: 615-509-2955

Dave Shonts
Scholarship Coordinator
O: 615-532-9646
C: 615-878-5985

Vacant
Youth Engagement Coordinator

*Supervised by Erika Sheffield

Updated 7-15-20

Independent Living Wraparound Services
Provided by the Tennessee Department of Children's Services

The following services have further eligibility requirements and funding limits: contact an Independent Living Specialist to find out whether you are eligible for Independent Living Wraparound Services.

Activity Funded	Youth in Foster Care or Young Adults receiving EFCS* or Re-establishment of FC Services	Young Adults receiving EFCS or Re-establishment of FC Services	Exited Foster Care to Emancipation (at 18 or older)/SPG** or Adoption at or after Age 16; Up to Age 21
Auto Insurance		X	
Child Care Assistance		X	
Completion of Job Readiness Training	X		
Driver's Education Class Fees	X		
Driver's Testing Fees	X		
Good Grade Incentive	X		
Graduation Package	X		X
Membership/Activity fees for Extracurricular or Leadership Activities	X		
Honors/Senior Class Trip	X		
Housing Related Fees		X	
Household Furnishings		X	
IL Class Stipend	X		
Job Start-up Costs	X		
Other Special Needs – Unique to Youth Services	X		

Activity Funded	Youth in Foster Care or Young Adults receiving EFCS* or Re-establishment of FC Services	Young Adults receiving EFCS or Re-establishment of FC Services	Exited Foster Care to Emancipation (at 18 or older)/SPG** or Adoption at or after Age 16; Up to Age 21
Post-Secondary Application/ Registration Fees	X		X
Post-Secondary Housing Application Fees	X		
Educational Fees	X		
Senior Event Transportation	X		
Testing Fees (GED, SAT, ACT, Other as approved by the Office of IL)	X		X
Tools/Equipment for Technical Vocational Program		X	
Transportation Grant	X		
Tutoring	X		
Vehicle Repairs		X	
Yearbooks	X		X
Youth Leadership Stipend	X		

*EFCS is Extension of Foster Care Services

**SPG is Subsidized Permanent Guardianship

Services Available Under TN DCS Independent Living: Tip Sheet

1. **For Custodial Youth ages 14-19 (Placed in a community setting):**
   - Independent Living (IL) Wrap Services
   - Life Skills Instruction
   - Education and Training Voucher (ETV) and state-funded scholarship for youth ages 16-19 attending post-secondary program
2. **For Custodial Youth ages 14-19 (Placed in a secure facility):**
   - Life Skills Instruction
   - State-funded scholarship for youth ages 16-19 attending post-secondary program
3. **For Young Adults 18-21 who are completing high school or GED and who were released from custody at or after age 18** (not open to youth who turn 18 in a secure facility):
   - Foster Care Placement Services for young adults who wish to stay in a foster home OR an Independent Living Allowance (ILA) for young adults who wish to live independently.
   - Case Management Services
   - Life Skills Instruction
   - Independent Living Wrap Services
4. **For Young Adults 18-21 who are enrolled in a post-secondary or vocational education institution and who were released from custody at or after age 18** (*not open to youth who turn 18 in a secure facility)*
   - Education and Training Voucher: up to $2500 semester/ up to $5000 year
   - Foster Care Placement Services for young adults who wish to stay in a foster home OR an Independent Living Allowance for young adults who wish to live independently.
   - Case Management Services
   - IL Wrap Services
   - Life Skills Instruction
5. **For Young Adults 18-21 who are "Unable to Attend School" due to Serious Health Issues**
   - Foster Care Placement Services
   - Case Management Services and Court Review
   - Life Skills Instruction
   - Independent Living Wrap Services
6. **Limited DCS Service Options (ETV & State-Funded Scholarships):**
   Education and Training Voucher and limited IL Wrap only:
   - Youth who exit state custody at age 16 or older to adoption or subsidized permanent guardianship

   Education and Training Voucher (ETV) only:
   - Youth 21-23 who were receiving an ETV at age 21

   State-funded Scholarship only: (up to $2,500/semester or $5000/year, available up to age 24)
   - Youth who exit to permanency at age 16 or older
   - Youth who have exited state custody from a Youth Development Center (YDC) or detention after age 16
   - Youth who are in a YDC or detention who are attending a post-secondary program
   - Youth who lose eligibility for Education and Training Vouchers
7. **Youth Villages LifeSet Program**
   - Young adults who are emancipated to adulthood from state custody at or after their eighteenth (18th) birthday, who were in a foster care placement at their eighteenth (18th) birthday;
   - Young adults released from a foster care placement to permanency, who were in state custody starting at age seventeen (17) or older; or
   - Youth ages seventeen (17) or older in state custody and in a foster care placement for the purpose of assessment to determine eligibility, appropriateness for services and preparation for transition to adulthood.
8. **Jim Casey Resource Centers (Memphis, Nashville, Knoxville, Chattanooga)**
   - Youth in DCS custody ages 14-19, or
   - Youth who exited DCS custody at or after 14 years of age, ages 14-25

All Youth in DCS custody should have an IL Plan (14-16) or a Transition Plan (17+) regardless of permanency goals, placement or adjudication.

Questions about TN DCS Independent Living? Call 844-887-7277

Extension of Foster Care Services in Tennessee: An Overview

Recognizing that 18 was too young for most young adults to be without support, a bill was signed into Tennessee law in 2012 giving eligible foster youth the option to continue to receive foster care services and supports until age 21.

What has been known as “Post Custody” Services will be called “Extension of Foster Care Services.”

With a target implementation date of July 1, 2012, eligible young adults may be allowed to continue receiving foster care services after they turn 18. This additional time will help them:

- Prepare for their futures through additional educational and employment training opportunities.
- Find and secure consistent and safe housing.
- Build permanent connections with caring adults, including relatives, mentors and community members.

Some specific benefits that may be available to participating young adults include:

- Educational and Training Vouchers (up to $5000/year) to help pay for post-secondary education
- Placement support in an approved placement or an Independent Living Allowance (ILA)
- Independent Living Wrap Services
- Access to life skills classes and leadership opportunities
- Support of a child and family team, Family Service Worker and court representatives to help young adults achieve their goals

Receiving extension of foster care services is a choice. Foster youth can decide to leave foster care when they turn 18. They can also change their minds and return before age 21 in order to receive extended services and support provided they meet the requirements.

Young adults who choose to receive Extension of Foster Care Services after 18 need to be doing one of the following to qualify for services:

- Completing high school or an equivalent program
- Enrolled in college, community college or a vocation program
- Young adults who are unable to do one of the above requirements because of a medical condition may also be eligible for services and supports

There are a number of living arrangement options available to young adults who continue in foster care after age 18. These options include:

- Dormitory
- Licensed or approved foster home
- Supervised Independent Living (This housing option can be an apartment with or without a roommate or a room-and-board living arrangement, such as a dorm. Such a placement will need to be approved, and young adults may be able to receive an Independent Living Allowance directly if they choose this living arrangement)
- Young adults may live in the home of a relative or non-related supportive adult. Additional steps will need to be taken in order to qualify for placement support
- Certain group home settings

Young adults who receive extended services and support to help ease the transition to adulthood also have responsibilities. They include:

- Signing an agreement to participate
- Working with the Child and Family Team to create and update a Transition Plan.
- Working with the team to reach Transition Plan goals
- Meeting monthly with the Family Service Worker to track the plan, identify any needed supports, and discuss how to achieve the Transition Plan goals
- Attending a court hearing or administrative review every six months

I'm Turning 18 in Foster Care …Now what?

Why I'm Choosing Extension of Foster Care Services

MY FUTURE:

Extension of foster care services may be able to provide me with supports like **scholarships, a living allowance** and other services to help me **achieve my goals**.

Did you know that a new Tennessee law gives me the option to receive extension of foster care services and supports until age 21? Since 2012, young adults like me who age out of foster care have had the opportunity to receive extension of foster care services after age 18. These services will help me do things like:

- Get an education
- Find safe and stable housing
- Build lifelong connections with caring adults

MY CHOICE:

Receiving extension of foster care services is a choice. I can decide to leave foster care when I turn 18 and can leave extension services at any point. I am no longer in state custody. I can also change my mind and return to receive extension services before age 21, as long as I meet the requirements. In order to qualify, I must be doing one of these things:

- Completing high school or a GED program
- Enrolled in an approved post-secondary or vocational education program
- If you are unable to do one of the above due to a serious physical or mental health condition, you may still be eligible

WHAT'S THE CATCH? MY RESPONSIBILITIES:

There are some things I have to agree to.

I have to:

- Sign an agreement to participate,
- Work with my team to develop a plan to reach my educational goals,
- Meet monthly with my Family Service Worker to identify any supports I need, and discuss how to achieve my goals,
- Attend a court hearing or administrative review every 6 months to make sure I have what I need to succeed.

MY LIFE: I'm choosing to be a success story.

Appendix V

Miscellaneous

A

AA - Adoption Assistance
AACWA - Adoption Assistance and Child Welfare Act of 1980

ABA - Applied Behavior Analysis
A&D - Alcohol and Drug
ACA - American Correctional Association
ACF - Administration for Children and Families
ACV - Alleged Child Victim
ADA - Americans with Disabilities Act
ADD - Attention Deficit Disorder
ADHD - Attention Deficit Disorder with Hyperactivity
AFCARS - Adoption and Foster Care Analysis and Reporting System
AFDC - Aid to Families with Dependent Children
AG - Attorney General
AIDS - Acquired Immunodeficiency Syndrome
A&M - Administration & Management
AOC - Administrative Offices of the Courts
AP - Alleged Perpetrator
APS - Adult Protective Services
APSR - Annual Progress Summary Report
APD - Advanced Planning Document
APDU - Advanced Planning Document Update
ART - Anger Replacement Training
ASE - Administrative and Service Environment
ASFA - Adoption and Safe Families Act
ASQ - Assessment of Service Quality
AWOL - Absent Without Leave

B

BIP - Behavior Intervention Plan
BHO - Behavioral Health Organization
BPR - Board of Professional Responsibility
BSM - Behavior Support and Management
BTA - Baseline Target Actual

C

CAB - Community Advisory Board
CAC - Child Advocacy Center
CAH - Child Abuse Hotline
CANS - Child and Adolescent Needs and Strengths
CAP - Corrective Action Plan
CAPTA - Child Abuse Prevention and Treatment Act
CARA - Comprehensive Addiction and Recovery Act
CASA - Court Appointed Special Advocate
CB - Children's Bureau
CBCAP - Community-Based Child Abuse Prevention
CBC - Capacity Building Center for States
CBT - Computer Based Training
CCWIS - Comprehensive Child Welfare Information System
CFS - Child and Family Services
CFSP - Child and Family Service Plan
CFSR - Child and Family Service Review
CFSR PIP - Child and Family Service Review Program Improvement Plan
CFTM - Child and Family Team Meeting
CIP - Court Improvement Program
CIRT - Center for Intensive Residential Treatment
CIT - Crisis Intervention Team
CLE - Continuing Legal Education
CLSA - Casey Life Skills Assessment
CM - Case Manager
CMV – Cytomegalovirus
CO - Central Office
COA - Council on Accreditation
COE - Center of Excellence
COOP - Continuation of Operations Plan
CPIT - Child Protective Investigative Team
CPR - Case Process Review
CPS - Child Protective Services
CQI - Continuous Quality Improvement
CR - Client Rights
CRI - Children's Rights, Inc.
CRP - Community Residential Program
CSA - Community Services Agency
CSLA - Children in Special Living Arrangements
CSO - Children's Services Officer
CSR - Case Service Request
CWB - Child Welfare Benefits
CWLA - Child Welfare League of America
CY - Calendar Year

D

D&I - Diagnostic and Intervention
DA - Delegated Authority
DA - District Attorney
D&N - Dependent and Neglected
DCS - Department of Children's Services
DEA - Drug Enforcement Agency
DEC - Drug Exposed Child(Ren)
DEI - Drug Exposed Infant
DHS - Department of Human Services
DIDD - Department of Intellectual and Developmental Disabilities
DMHSAS - Department of Mental Health and Substance Abuse Services
DNA - Deoxyribonucleic Acid
DNR - Do Not Resuscitate
DOB - Date of Birth
DOC - Department of Correction
DOC - Date of Custody
DOE - Department of Education
DOHR - Department of Human Resources
DOJ - Department of Justice
DMS-5 - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
ID - Intellectual Disability
DD - Developmental Disability

E

EAP - Employee Assistance Program
EBP - Evidenced Based Practice
ECF - Employment and Community First Choices Program
ED - Emotionally Disturbed
EFC - Extension of Foster Care
EPSDT - Early Periodic Screening, Diagnosis and Treatment
ERP - Emergency Response Plan
ESL - English as a Second Language
ETH – Ethics
ETV - Education and Training Vouchers

F

F&A - Department of Finance and Administration
FAFSA - Free Application Federal Student Aid
FAPE - Free Appropriate Public Education
FAR - Final Accreditation Report
FASD - Fetal Alcohol Spectrum Disorder
FAST - Family Advocacy and Support Tool
FAQ - Frequently Asked Questions
FBA - Functional Behavior Assessment
FC - Foster Care
FCIP - Family Crisis Intervention Program
FCRB - Foster Care Review Board
FFA - Family Functional Assessment
FHACP - Foster Home and Child Placement
FHQT - Foster Home Quality Team
FIN – Finance
FLSA - Fair Labor Standards Act
FPPNC - Family Permanency Plan for Child Protective Services Non-Custodial Cases
FPS - Foster Parent Support
FSA - Field System Administrator
FSS - Family Support Services
FSTM - Family Service Team Meeting
FSW - Family Service Worker
FTT - Failure To Thrive
FY - Fiscal Year
FYI - For Your Information
F2F - Face To Face

G

GAF - Global Assessment of Functioning
GAL - Guardian ad Litem
GED - General Education Diploma

H

HIPAA - Health Insurance Portability and Accountability Act of 1996
Hi-Set - High School Equivalency Test
HITS - How I Think Survey
HR - Human Resources

I

IA - Internal Affairs
IAP - Individualized Accommodation Plan
IC - Investigator Coordinator
ICE - Immigration and Customs Enforcement
ICJ - Interstate Compact on Juveniles
ICPC - Interstate Compact on the Placement of Children
ICWA - Indian Child Welfare Act

IDEA - Individuals with Disabilities Education Act
IE - Immediate Eligibility
IEP - Individualized Education Plan/Program
IEPA - Inter-Ethnic Place Act
IL - Independent Living
IM - Information Memorandum
IPA - Immediate Protection Agreement
IPP - Individual Program Plan
IQC - Internal Quality Control
IR - Information Resources
IR - Incident Report
IRB - Institutional Review Board
IS - Information Systems
ISM - Information Systems Management
IV-B - Section of Federal Social Security Act
IV-E - Section of Federal Social Security Act

J

JCCO - Juvenile Court Commitment Order
JDC - Juvenile Detention Center
JJ - Juvenile Justice
JJCM - Juvenile Justice Case Management
JJDPA - Juvenile Justice and Delinquency Prevention Act
JJR - Juvenile Justice Residential

K

KER - Kinship Exception Request

L

LDI - Legally Defensible Interviewing
LEA - Local Education Agency
LEP - Limited English Proficiency
LI - Lead Investigator
LRE - Least Restrictive Environment
LTPA - Long-Term Placement Agreement

M

MASC - Measurement and Statistical Committee
MCO - Managed Care Organization
MD - Manifestation Determination
MEPA - Multi-Ethnic Placement Act of 1994
MOA - Maintenance of Accreditation

N

NACC - National Association of Counsel for Children
NAS - Neonatal Abstinence Disorder
NCANDS - National Child Abuse and Neglect Data System
NCPP - Non-Custodial Permanency Plan
NCAC - National Child Advocacy Centers
NOA - Notice of Action
NYTD - National Youth in Transition Database

O

OBIEE - Oracle Business Intelligence Enterprise Edition
OCS - Office of Child Safety
OIA - Other Involved Adult
OIC - Other Involved Child
O&A - Observation and Assessment
OIG - Office of the Inspector General
OIR - Office of Information Resources
OJJDP - Office of Juvenile Justice and Delinquency Prevention
OJT - On-the-Job Training
OSHA - Occupational Safety and Health Administration
OT - Occupational Therapy

P

PA - Public Agency
PATH - Parents as Tender Healers
PCP - Primary Care Provider
PCR - Pre-Commission Report
PD - Public Defender
PE - Program Evaluation
PER - Placement Exception Request
PI - Program Instructions
PIP - Performance Improvement Plan
PME - Provider Monitoring and Evaluation
PO - Probation Officer
POA - Power of Attorney
POC - Perception of Care Survey
PP - Private Provider
PPLA - Planned Permanency Living Arrangement
PQI - Performance Quality Improvement

PQT - Provider Quality Team
PREA - Prison Rape Elimination Act
PT - Physical Therapy
PTSD - Post-Traumatic Stress Disorder

Q

QSR - Quality Service Review

R

R&D - Research and Development
RA - Regional Administrator
RAC - Residential Appeals Committee
REACT - Resource Exchange for Adoptable Children in Tennessee
RFP - Request for Proposals
RFQ - Request for Qualifications
RGC - Regional General Counsel
RID - Regional Investigations Director
R/O - Rule Out
RPM - Risk Prevention and Management (COA Standard)
RRC - Research Review Committee
RSV - Respiratory Syncytial Virus

S

SAT - Services and Appeals Tracking
SBC - Safe Baby Courts
SDM - Structured Decision Making
SEA - State Education Agency
SED - Seriously Emotionally Disturbed
SIU - Special Investigations Unit
SME - Subject Matter Expert
SPG - Subsidized Permanent Guardianship
SPMI - Seriously and Persistently Mentally Ill
SSA - Social Security Administration
SSI - Supplemental Security Income
SSMS - Social Services Management System
STM - Support Team Meeting
STS - Strategic Technology Solutions

T

TAC - Technical Assistance Committee
TANF - Temporary Assistance for Needy Families
TBI - Tennessee Bureau of Investigation
TC - Team Coordinator
TCA - Tennessee Code Annotated
TCCY - Tennessee Commission on Children and Youth
TCSES - Tennessee Child Support Enforcement System
TDM - Team Decision Making
TEIS - Tennessee Early Intervention Services
TFACTS - Tennessee Family and Child Tracking System
TFCBT - Trauma Focus-Cognitive Behavior Therapy
THP - Trial Home Placement
THV - Trial Home Visit
TIES - TN Info Exchange System
TIPS - Tennessee Infant Parent Services
TL - Team Leader
TOPS - Team Outreach Program in the YDC
TPR - Termination of Parental Rights
TRCP - Tennessee Rules of Civil Procedure
TRJP - Tennessee Rules of Juvenile Procedure
TSR - Telecommunications Service Request

U

UAPA - Uniform Administrative Procedures Act
UAT - User Acceptance Testing
UCA - Unique Care Agreement
UCCJEA - Uniform Child Custody Jurisdiction and Enforcement Act
UR - Utilization Review

V

VAP - Voluntary Acknowledgement of Paternity
VVCO - Violation of a Valid Court Order
VPA - Voluntary Placement Agreement
VPN - Virtual Private Network. Also *JVPN* for Junos Pulse VPN

Y

YDC - Youth Development Center
YSO - Youth Services Officer
YSS - Youth Service Supervisor
YSW - Youth Service Work

List be found on the Tennessee Department of Children's Service website at this link:
www.tn.gov/content/dam/tn/dcs/documents/quality_improvement/DCS_Acronyms.pdf

Administrative Policies and Procedures: 16.48

Subject:	**Conducting Diligent Searches**
Authority:	TCA 37-5-106, 36-1-102, Fostering Connections to Success and Increasing Adoptions Act of 2008, (P.L.110-351), TCA 37-4-201-207 et seq., Safe and Timely Interstate Placement of Foster Children Act of 2006, (P.L. 109-239).
Standards:	**None**
Application:	To All Department of Children's Services Staff and Personnel.

Policy Statement:

The Department of Children's Services assists all children/youth and families in careful search for known and unknown parents, maternal and paternal grandparents, and any other adult relatives/significant kin who may provide a support to both the child and family. This search begins with the child/youth's first contact with DCS, includes a thorough search and identification of all potential resources, including those located in-state or out-of-state. The search results are documented as part of the Department's permanency planning efforts. The diligent search process continues throughout the child/youth's involvement with DCS. The tools described within this policy are completed and updated during the family's continuing contact with DCS.

Purpose:

Maintaining or placement of children in a safe and secure environment is the primary focus of DCS. Building a supportive environment for a child/youth and family to succeed within their own home or in out of home care is of utmost importance. Timely identification of appropriate relative and significant kin resources is necessary for the achievement of permanent placement of children/youth.

Procedures:

A. Initiating a Diligent Search	The following activities are suggested to complete a diligent search for a child's parent, known and unknown, grandparents, and any adult relatives or significant kin: 1. During conversations with the parent gather information on any relatives, friends or significant kin that could be a resource for the child/youth or family. Obtain addresses, telephone numbers, and the last school the child attended, doctor's names, tribal affiliation (if applicable) and any other information that would be helpful in locating resources for the child. This information is recorded in TFACTS, the **Family Functional Assessment** and ***form CS-0774, Genogram Contact Sheets***.

2. When trying to locate the whereabouts of a parent, an absent parent, grandparents, adult relatives, and significant kin contact all known relatives and friends. Family members and friends should be asked periodically about the whereabouts of absent parents and relatives since circumstances can change. Share information of relatives and friends with the regional attorney, to assist in achieving personal service of court documents.
3. Child and Family Team members are asked during Team meetings if any new information on absent parents, grandparents, adult relatives and significant kin is available.
4. When it is age appropriate, children and youth should be asked to identify their family members, other significant adults or relationships that are important to them.
5. Review social service and public assistance records for identification of the parent, grandparents, adult relatives or significant kin and last known addresses.
6. Request information from the records of other states if the individual being sought is alleged to be residing in another state.
7. Check post offices, city directories and telephone directories for name and address listings.
8. Check police records for any records of address.
9. Check with in-state or out-of-state Driver's License Agencies for an address.
10. If the individuals are believed to be in the military or recently discharged from the military, check with the appropriate branch of the military service for a current address.
11. If the individual being sought is alleged to be a student, check with the appropriate school for information concerning the parent's address.
12. A letter asking for information about the parent is sent to the last known address and marked "**Address Correction Requested – Do Not Forward**", when a current address is unknown. Document the results in TFACTS in the diligent search section.
13. Check the following sources, as applicable:
    a) Last known landlord;
    b) Department of employment security;
    c) Last known employer;
    d) Utility companies;
    e) Internet Searches;
    f) County records that are in the possession of the county tax assessor;
    g) Registrar of deeds;
    h) County court clerk; or
    i) Clear Search Results

	14. If the individual is reported as detained for deportation outside the United States, there is a federal database for verifying and locating these individuals. See attached Safety Notice: ***Verifying/Locating Case Members Reportedly Detained to Deportation*** and ***Brochure for Online Deportee Locator System.*** **Note**: For a guide on completing diligent searches, refer to the ***Diligent Search Quick Tips***.
B. Conducting a Diligent Search	1. Diligent Searches for parents, including parents of a sibling, half-sibling or step-sibling that have legal custody of the sibling, all grandparents and any other adult relatives or significant kin identified by the parents or child, are conducted in the following manner: a) The Worker assigned to the child's case has the primary responsibility for conducting the diligent search. The diligent search process should begin prior to the child or youth entering state custody, but is initiated within the first 30 days of custody entry date. The diligent search process continues throughout the life of the case. b) Documentation of all efforts and the results are placed in the official case record. 2. All identified parents, including parents of a sibling, half-sibling or step-sibling that have legal custody of the sibling, maternal and paternal grandparents and any other adult relatives or significant kin are *notified* of the following: a) A child's custodial status within thirty (30) days of the child's entry into state custody. The ***Family Notification Letter*** can be used to document the worker's attempt to notify relatives. b) A child entering custody even if the parents will not give permission. The notification does not need to include any confidential health information. However, if the Child & Family Team determines that by notifying anyone identified above presents a safety risk for the child or youth, the notification does not have to be sent. The official record must reflect the justification for not sending out the notification. c) Relative placement options and supports available for relative placements. They are given a copy of ***Becoming a Family Caregiver for a Child in Your Family Brochure***. The worker ensures all relatives or kin identified above sign form ***CS-0660***, ***Relative Caregivers Disclosure Statement Options/Available Services***, and place the form in the child's file. 3. If a worker cannot contact all relatives or kin identified above within thirty (30) days, the diligent search efforts made to locate these family members is documented in TFACTS. 4. If by contacting any relative or kin listed above causes significant safety and risk issues for the child or parents, the reasons for failing to make those contacts must be is documented in TFACTS. 5. If a previously absent parent is located, reasonable efforts and engagement of that parent or relative occurs as soon as possible, and is reflected in the permanency plan.

	6. If a relative or other significant kin, as listed above, is located, the FSW asks that individual if they will join the Child and Family Team (CFT). All parents, grandparents, relatives or significant kin are encouraged to join the CFT, even if they cannot be a placement resource for the child. 7. When engaging the child/youth and families, the worker enquires about resources that may assist in locating possible placement or support resources (e.g. mentor or visitation). This information is recorded in TFACTS within thirty (30) days of the occurrence. 8. The diligent search process for all parents, including parents of a sibling, half-sibling or step-sibling that have legal custody of the sibling, grandparents, adult relatives and significant kin identified by the parents or child is updated within three (3) months of the child entering custody and when a child has been in custody for six (6) months.
C. Data Systems Documentation	Information regarding diligent search efforts and outcomes is documented in TFACTS by the staff person who is responsible for completing the searches and is entered within thirty (30) days of date of the occurrence.

Forms:	***Becoming a Family Caregiver for a Child in Your Family*** ***CS-0774 Genogram Contact Sheets*** ***CS-0660, Disclosure Statement: Options/Available Services for Relative Caregivers*** ***Family Notification Letter*** ***** The following form will be integrated into TFACTS in the future*** *****CS-0584 Diligent Search Checklist*** ***CS-0777, Family Functional Assessment*** ***Diligent Search Quick Tips***
Collateral Documents:	Clear Search Results ***Safety Notice: Verifying/Locating Case Members Reportedly Detained for Deportation*** ***Safety Notice: Brochure for Online Deportee Locator System***

Glossary:	
Term	***Definition***
Case File/Record	A written compilation that describes the client and the services delivered. Records can be in hard copy and/or electronic format. The case record can be used as a source of information for quality improvement or other evaluation activities, for research purposes, or to demonstrate accountability to funding bodies.
Diligent Search	To search for/identification of relatives and/or significant kin to assist in provide in locating the child/youth and family. While also identifying supportive services to a child/youth during and after involvement with the Department to include such support as mentoring, respite or permanent placement. This process begins during the CPS investigation/assessment and continues until the child is in a permanent placement
Significant Kin	Non-relative adults who have a significant relationship with a child in out-of-home placement (e.g. godparents or family friend).
Sibling	Anyone having a sibling relationship; “Sibling relationship” means the biological or legal relationship between persons who have a common biological or legal parent. An individual who is considered by state law to be a sibling or who would be considered a sibling under state law if it were not for a disruption in parental rights, such as a termination of parental rights (TPR) or the death of a parent.

TENNESSEE SUPREME COURT RULE 40: GUIDELINES FOR GUARDIANS AD LITEM FOR CHILDREN IN JUVENILE COURT NEGLECT, ABUSE AND DEPENDENCY PROCEEDINGS

(a) Application.

These Guidelines set forth the obligations of lawyers appointed to represent children as guardians ad litem only in juvenile court neglect, abuse and dependency proceedings pursuant to T.C.A. 37-1-149, Rules 37 of the Tennessee Rules of Juvenile Procedure, and Supreme Court Rule 13. By adoption of these guidelines it is intended that they not be applied to proceedings in other courts that involve child custody or related issues.

(b) Definitions.

As used in this Rule, unless the context otherwise requires:

(1) A Guardian ad litem is a lawyer appointed by the court to advocate for the best interests of a child and to ensure that the child's concerns and preferences are effectively advocated.

(2) A child's best interests refers to a determination of the most appropriate course of action based on objective consideration of the child's specific needs and preferences. In determining the best interest of the child the guardian ad litem should consider, in consultation with experts when appropriate, the following factors:

(i) the child's basic physical needs, such as safety, shelter, food, clothing, and medical care;
(ii) the child's emotional needs, such as nurturance, trust, affection, security, achievement, and encouragement;
(iii) the child's need for family affiliation;
(iv) the child's social needs;
(v) the child's educational needs;
(vi) the child's vulnerability and dependence upon others;
(vii) the physical, psychological, emotional, mental, and developmental effects of maltreatment upon the child;
(viii) degree of risk;
(ix) the child's need for stability of placement;
(x) the child's age and developmental level, including his or her sense of time;
(xi) the general preference of a child to live with known people, to continue normal activities, and to avoid moving;
(xii) whether relatives, friends, neighbors, or other people known to the child are appropriate and available as placement resources;
(xiii) the love, affection and emotional ties existing between the child and the potential or proposed or competing caregivers;
(xiv) the importance of continuity in the child's life;
(xv) the home, school and community record of the child;
(xvi) the preferences of the child;
(xvii) the willingness and ability of the proposed or potential caretakers to facilitate and encourage close and continuing relationships between the child and other persons in the child's life with whom the child has or desires to have a positive relationship, including siblings; and

(xviii) in the case of visitation or custody disputes between parents, the list of factors set forth in 36-6-106.

(c) General guidelines.

(1) The child is the client of the guardian ad litem. The guardian ad litem is appointed by the court to represent the child by advocating for the child's best interests and ensuring that the child's concerns and preferences are effectively advocated. The child, not the court, is the client of the guardian ad litem.

(2) Establishing and maintaining a relationship with the child is fundamental to representation. The guardian ad litem shall have contact with the child prior to court hearings and when apprised of emergencies or significant events affecting the child. The age and developmental level of the child dictate the type of contact by the guardian ad litem. The type of contact will range from observation of a very young or otherwise nonverbal child and the child's caretaker to a more typical client interview with an older child. For all but the very young or severely mentally disabled child, for whom direct consultation and explanation would not be effective, the guardian ad litem shall provide information and advice directly to the child in a developmentally appropriate manner.

(3) The obligation of the guardian ad litem to the child is a continuing one and does not cease until the guardian ad litem is formally relieved by court order. The guardian ad litem shall represent the child at preliminary, adjudicatory, dispositional and post-dispositional hearings, including the permanency plan staffings, court reviews, foster care review board hearings and permanency hearings. The guardian ad litem should maintain contact with the child and be available for consultation with the child between hearings and reviews. For a child who is very young or severely mentally disabled, the guardian ad litem should regularly monitor the child's situation through contacts with the child's caretakers and others working with the child and through periodic observations of the child.

(d) Responsibilities and duties of a lawyer guardian ad litem.

The responsibilities and duties of the guardian ad litem include, but are not limited to the following:

(1) Conducting an independent investigation of the facts that includes:

(i) Obtaining necessary authorization for release of information, including an appropriate discovery order;
(ii) Reviewing the court files of the child and siblings and obtaining copies of all pleadings relevant to the case;
(iii) Reviewing and obtaining copies of Department of Children=s Services= records;
(iv) Reviewing and obtaining copies of the child=s psychiatric, psychological, substance abuse, medical, school and other records relevant to the case;
(v) Contacting the lawyers for other parties for background information and for permission to interview the parties;
(vi) Interviewing the parent(s) and legal guardian(s) of the child with permission of their lawyer(s) or conducting formal discovery to obtain information from parents and legal guardians if permission to interview is denied;

(vii) Reviewing records of parent(s) or legal guardian(s), including, when relevant to the case, psychiatric, psychological, substance abuse, medical, criminal, and law enforcement records;
(viii) Interviewing individuals involved with the child, including school personnel, caseworkers, foster parents or other caretakers, neighbors, relatives, coaches, clergy, mental health professionals, physicians and other potential witnesses;
(ix) Reviewing relevant photographs, video or audio tapes and other evidence; and
(x) Engaging and consulting with professionals and others with relevant special expertise.

(2) Explaining to the child, in a developmentally appropriate manner:

(i) the subject matter of litigation;
(ii) the child's rights;
(iii) the court process;
(iv) the guardian ad litem's role and responsibilities;
(v) what to expect before, during and after each hearing or review;
(vi) the substance and significance of any orders entered by the court and actions taken by a review board or at a staffing.

(3) Consulting with the child prior to court hearings and when apprised of emergencies or significant events affecting the child. If the child is very young or otherwise nonverbal, or is severely mentally disabled, the guardian ad litem should at a minimum observe the child with the caretaker.

(4) Assessing the needs of the child and the available resources within the family and community to meet the child's needs.

(5) Considering resources available through programs and processes, including special education, health care and health insurance, and victim's compensation.

(6) Ensuring that if the child is to testify, the child is prepared and the manner and circumstances of the child's testimony are designed to minimize any harm that might be caused by testifying.

(7) Advocating the position that serves the best interest of the child by:

(i) Petitioning the court for relief on behalf of the child and filing and responding to appropriate motions and pleadings;
(ii) Participating in depositions, discovery and pretrial conferences;
(iii) Participating in settlement negotiations to seek expeditious resolution of the case, keeping in mind the effect of continuances and delays on the child;
(iv) Making opening statements and closing arguments;
(v) Calling, examining and cross-examining witnesses, offering exhibits and introducing independent evidence in any proceeding;
(vi) Filing briefs and legal memoranda;
(vii) Preparing and submitting proposed findings of facts and conclusions of law;
(viii) Ensuring that written orders are promptly entered that accurately reflect the findings of the court;

(ix) Monitoring compliance with the orders of the court and filing motions and other pleadings and taking other actions to ensure services are being provided;
(x) Attending all staffings, reviews and hearings, including permanency plan staffings, foster care review board hearings, judicial reviews and the permanency hearing;
(xi) Attending treatment, school and placement meetings regarding the child as deemed necessary.

(8) Ensuring that the services and responsibilities listed in the permanency plan are in the child's best interests.

(9) Ensuring that particular attention is paid to maintaining and maximizing appropriate, non-detrimental contacts with family members and friends.

(10) Providing representation with respect to appellate review including:

(i) discussing appellate remedies with the child if the order does not serve the best interest of the child, or if the child objects to the court=s order;
(ii) filing an appeal when appropriate; and
(iii) representing the child on appeal, whether that appeal is filed by or on behalf of the child or filed by another party.

(e) Responsibilities and duties of a guardian ad litem when the child's best interests and the child's preferences are in conflict.

(1) If the child asks the guardian ad litem to advocate a position that the guardian ad litem believes is not in the child's best interest, the guardian ad litem shall:

(i) Fully investigate all of the circumstances relevant to the child's position, marshal every reasonable argument that could be made in favor of the child's position, and identify all the factual support for the child's position;
(ii) Discuss fully with the child and make sure that the child understands the different options or positions that might be available, including the potential benefits of each option or position, the potential risks of each option or position, and the likelihood of prevailing on each option or position.

(2) If, after fully investigating and advising the child, the guardian ad litem is still in a position in which the child is urging the guardian ad litem to take a position that the guardian ad litem believes is contrary to the child's best interest, the guardian ad litem shall pursue one of the following options:

(i) Request that the court appoint another lawyer to serve as guardian ad litem, and then advocate for the child's position while the other lawyer advocates for the child's best interest.
(ii) Request that the court appoint another lawyer to represent the child in advocating the child's position, and then advocate the position that the guardian ad litem believes serves the best interests of the child.

(3) If, under the circumstance set forth in sub-section (b), the guardian ad litem is of the opinion that he or she must advocate a position contrary to the child's wishes and the court has

refused to provide a separate lawyer for the child to help the child advocate for the child's own wishes, the guardian ad litem should:

(i) subpoena any witnesses and ensure the production of documents and other evidence that might tend to support the child's position;
(ii) advise the court at the hearing of the wishes of the child and of the witnesses subpoenaed and other evidence available for the court to consider in support of the child's position.

(f) Guardian ad litem to function as lawyer, not as a witness or special master.

(1) A guardian ad litem may not be a witness or testify in any proceeding in which he or she serves as guardian ad litem, except in those extraordinary circumstances specified by Supreme Court Rule 8, ' EC 5-9, 5-10 and DR 5-101.

(2) A guardian ad litem is not a special master, and should not submit a report and recommendations to the court.

(3) The guardian ad litem must present the results of his or her investigation and the conclusion regarding the child=s best interest in the same manner as any other lawyer presents his or her case on behalf of a client: by calling, examining and cross examining witnesses, submitting and responding to other evidence in conformance with the rules of evidence, and making oral and written arguments based on the evidence that has been or is expected to be presented.

Tennessee Department of Children's Services
Education Specialists & Cell Numbers By Region

Specialists	County	Specialists	County
Susan Brown Cell 423-827-4442 **Tennessee Valley** **5600 Brainerd Rd, Suite C-20** **Chattanooga, TN 37411** **(423) 296-2272** **Susan.E.Brown@tn.gov** **Cleveland and Parkridge Valley Academics**	**Bledsoe McMinn** **Bradley Meigs** **Franklin Polk** **Grundy Rhea** **Marion Sequatchie**	**Theresa Stafford Cell (865) 304-5376** **Knox County** **2600 Western Ave.** **Knoxville, TN 37921** **Theresa.Stafford@tn.gov** **Duncan, Lakebrook and New Pathways Academies**	**Knox County**
Edward Mireles **South Central** **1400 College Park Drive, Suite A** **Columbia, TN 38401** **731-225-3946** **Edward.Mireles@tn.gov** **Cornerstone, King's Daughters, Wayne Academy-Wayne County, and Wayne Academy-Maury County**	**Bedford Lincoln** **Coffee Marshall** **Giles Maury** **Hickman Moore** **Lawrence Perry** **Lewis Wayne**	**Kendra Taggart Cell – (731) 225-4389** **Southwest** **225 Dr. Martin Luther King, Jr. Drive** **2nd Floor** **Jackson, TN 38301** **Kendra.Taggart@tn.gov** **Madison Oaks and New Heights Academies**	**Chester Henderson** **Decatur Lauderdale** **Fayette Madison** **Hardeman McNairy** **Hardin Tipton** **Haywood**
Kissten Harris Cell – (901) 573-8219 **Shelby County** **1991 Corporate Ave, 5th Floor** **Memphis, TN 38132** **Kissten.Harris@tn.gov** **Archon Academy and Memphis Recovery Center**	**Shelby County** **All Memphis City and Shelby County Schools: A – K** **Shelby County**	**Rex Kitts Cell – (865) 712-1096** **East** **182 Frank L Diggs Dr.** **Clinton, TN 37716** **(865)425-4516** **Rector.Kitts@tn.gov** **Gateway, Wayne Academy-Mountain View and Norris Academies**	**Anderson Scott** **Blount Union** **Campbell** **Jefferson** **Morgan**
Nakeisha Griffin Cell (901) 573-8220 **Shelby County** **1991 Corporate Ave, 5th Floor** **Memphis, TN 38132** **Nakeisha.Griffin@tn.gov** **Nicholas Hobbs and Morris Wilson Academies**	**All Memphis City and Shelby County Schools: L – Z**	**Steve Dugger Cell (423) 736-4815** **Smoky Mountain** **Hamblin County DCS** **1077 East Morris Blvd., Suite A** **Morristown, TN 37813** **Steve.Dugger@tn.gov** **Alpha, River, and Stokes Academies**	**Claiborne Grainger** **Cocke Sevier** **Greene** **Hamblen** **Hancock**
Rebecca Garrett Cell (931) 239-3884 **Upper Cumberland** **600 Hearthwood Ct.** **Cookeville, TN 38506** **Rebecca.Garrett@tn.gov** **Chance and Indian Mound Academies**	**Cannon Overton** **Clay Pickett** **Cumberland Putnam** **Dekalb Warren** **Fentress White** **Jackson Van Buren** **Macon Smith**	**Vacant 615-360-4340** **Northwest** **1418 Stad Ave** **Union City, TN 38261** **Natchez Trace Youth Academy**	**Benton Houston** **Carroll Humphreys** **Crockett Lake** **Dickson Obion** **Dyer Stewart** **Gibson Weakley** **Henry**
Jennifer Woods Cell: (615) 218-8756 **Davidson County** **900 Second Ave North** **Nashville, TN 37243** **(615) 532-1561** **Jennifer.Woods@tn.gov** **Wayne Academy-Davidson County and Magnolia Education Center**	**Davidson Co**	**Josh Jones Cell (423) 341-7261** **Northeast** **2557 Plymouth Rd.** **Johnson City, TN 37601** **Joshua.S.Jones@tn.gov** **Elizabethton, Mountain Youth Academy, and SteppenStone Academies**	**Carter Sullivan** **Hawkins Unicoi** **Johnson Washington**
Nakiesha Walker Cell: 615-626-9738 **Mid-Cumberland** **200 Athens Way, Suite A** **Nashville, TN 37243** **(615) 360-4386** **Nakiesha.Walker@tn.gov** **Oak Plains and Bledsoe Academies**	**Cheatham** **Montgomery** **Robertson** **Sumner**	**Kimberly Buckner Cell 423-208-8437** **Tennessee Valley** **5600 Brainerd Road, Suite 602C** **Chattanooga, TN 37411** **(423) 634-3760** **Kimberly.Buckner@tn.gov** **Roane Academy**	**Hamilton** **Loudon** **Monroe** **Roane**
Vickie Jones Cell 615-626-6471 **Mid-Cumberland** **200Athens Way, Suite A** **Nashville, TN 37243** **615-532-6148** **Vickie.Jones@tn.gov** **Cedar Grove, Lebanon, and Mt. Juliet Academies**	**Rutherford** **Trousdale** **Williamson** **Wilson**		

Central Office Contacts

Contact	Regions
Vacant Executive Director of Mental Health and Education **UBS Tower 10th FL., Nashville, TN 37243**	**Jennifer Crim, EDPlan / RTI2 Consultant 2** **615-360-4387 Jennifer.Crim@tn.gov**
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Jay Stetzel, Education Consultant 3 for Middle TN **615-360-4339 Jay.Stetzel@tn.gov**	**Vacant Education Consultant 2** **UBS Tower 10th FL., Nashville, TN 37243**
Cyndi Chester, Education Consultant 3 For West TN **615-360-4340 Cyndi.Chester@tn.gov**	**Vacant Education Consultant 2** **UBS Tower 10th FL., Nashville, TN 37243**

TIP SHEET FOR VISITATION BETWEEN PARENTS AND CHILDREN

REACTIONS CHILDREN EXPERIENCE WHEN VISITING WITH PARENTS

(Typically include a combination of all or some of the following)

- The child is happy and comforted by the family.
- The child may be resentful and/or fearful of the parent as a result of the maltreatment.
- The child feels guilty and thinks that it is his/her fault for being taken away from the home.
- The child is confused about why he/she can't go home. It is baffling for younger children to have two sets of parents. It is confusing when they hear other children in the home call the foster parents "mom and dad."
- The child is worried that she will be viewed as disloyal by her parents if she likes the foster family.
- The child is anxious and worried about whether his/her siblings are okay and would like to visit.
- The child is defensive when he/she perceives that the parents are being criticized by the SSW, foster parent or treatment provider
- The child feels angry and sad about being separated from family.
- To cope with the loss and lack of control, the child regresses into acting babyish, becomes demanding, and maybe fearful or whining. The child may become depressed and have nightmares, wet the bed, becomes aggressive, be inattentive and complain of physical pains prior to and following visits.

REACTIONS PARENTS' EXPERIENCE WHEN VISITING WITH CHILDREN

(Typically include a combination of all or some of the following)

- The parent feels that his/her parenting is being criticized and is defensive,
- The parent feels competitive over the child's loyalty and may undermine the foster parent,
- The parent is loving, and engages in activities that demonstrate deep affection for the child, such as cuddling and hugging,
- The parent resents not being able to control the location, time and frequency of the visits,
- The parent is happy to see the child and comforted by the visit,
- The parent is anxious and overcompensates by bringing the child numerous gifts, toys, or clothing items.

FOSTER PARENTS' REACTIONS TO VISITS

- The foster parent is supportive and pleased that the child is comforted by visiting with family members,
- The foster parent sees his/her role as temporary and facilitates reunification,
- The foster parent may not understand why the child is reacting so strongly to separation and blames the family for the child's behavior,
- The foster parent is critical of the birth family's parenting practices and inability to protect the child,
- The foster parent is resentful over the disruption that visitation causes in the regular household routine and having to deal with the child's reactions,
- The foster parent may resent visits with the parents and feel that visits are weakening the child's attachment to them,
- If foster parents are going to be supervising visits between parents and children the SSW should insure that the foster parent/s:
  - Values the parent/ child relationship; have the time and resources
  - Can objectively record visit interactions.
  - Can intervene if necessary.
  - Maintain confidentiality

Child Development Chart
Normal Developmental Behaviors
(revised July 2019)

	Cognitive/Language	Psychological	Motor	Emotional/Social	Sexual
0-6 Months	Recognition of caregiver; recognizes and responds to name; discriminates between familiar and unfamiliar faces; reaches for familiar people or toys.	Attachment to caretaker; totally dependent; totally trusting; learn intimacy.	Sucking; hands clenched/grip; neck muscles develop; lifts head and chest when on stomach; rolls o ver; sits with & without support; reaches for objects.	Expresses affection; shows interest in faces; becomes excited when played with; smiles and babbles with people.	Erections possible; both sexes can be stimulated.
6-12 Months	Objects can be held in memory; learns through routines and rewards; recognizes name; says two to three words besides "mama" and "dada"; imitates familiar words.	Separation from caregiver; begins to develop a sense of self; learns to get needs met; trusts adults; stretches arms to be picked up; likes to look at self in the mirror.	Stands without support; creeps/ crawls; walks with help; pulls self to standing position and stands unaided; transfers object from one hand to the other; drops and picks up toy; feeds self a cracker; holds cup with two hands; drinks with assistance; holds out arms and legs while being dressed.	Becomes more emotionally attached to caregiver; plays simple games with adults; enjoys communicating with others; expresses pleasure and displeasure.	Generalized genital play.
12 – 18 Months	Experiments with physical environment understands the word "no"; comes when called; recognizes words as symbols for objects, e.g. cat/meows; uses 10 to 20 words, including names; combines two words such as "daddy bye-bye"; waves good-bye and plays pat-a-cake; makes the sounds of familiar animals; gives a toy when asked; uses words such as "more" to make wants known; points to his or her toes, eyes and nose; brings objects from another room when asked.	Early social development; egocentric; accepts limits; develops self-esteem; plays by self.	Creeps up stairs; gets to standing position alone; walks alone; walks backward; picks up toys from floor without falling; pulls and pushes toys; seats self in child-sized chair; moves to music; turns pages two or three at a time; scribbles; turns knobs; paints with whole arm movement; shifts hands; makes strokes; uses spoon with little spilling; drinks from cup with one hand unassisted; chews food; unzips large zipper; begins to indicate toilet needs; removes shoes, socks, pants, sweater, etc.	May show fear in new situations; repeats sounds or actions to get attention; begins to follow simple directions; may need help coping with temper tantrums; may begin to explore alone but with parent close by; engages in simple pretend or modeling behavior, such as feeding a doll or talking on the phone; demonstrates joint attention, e.g. the child points an airplane in the sky and looks at caregiver to make sure the caregiver sees it too.	Continues generalized genital play.

	Cognitive/Language	Psychological	Motor	Emotional/Social	Sexual
18-36 Months	Can conduct experiments inside head but limited to experience; rapid language growth; copies adult chores in play; carries on conversation with self and dolls; asks "what's that?" and "where's my…?"; knows 100-300 words at 2 years; 900 words at 3 years; understands a lot more than what they can say; gives first name; holds up fingers to tell age; combines nouns and verbs "mommy go"; refers to self as "me" rather than by a name; Egocentric: assumes you know what he/she knows; likes to hear same story repeated; may say "no" when means "yes"; cannot incorporate a doll to represent themselves, but can use other objects in play that represent real life.	Autonomy struggles; learns system of meeting needs; seeks adult approval; social development increases; points to things he or she wants; joins in play with other children; shares toys; Takes turns with assistance; separation anxiety common (look for lack of separation anxiety in children who have endured trauma.)	Can run, throw ball, kick ball, jump; goes up stairs with one hand held by adult; turns single pages; snips with scissors; hold crayon with thumb and fingers (not fist) but may ignore adults as they draw since they must concentrate; uses one hand consistently in most activities; rolls, pounds, squeezes, and pulls clay; uses spoon with little spilling; gets drink from fountain or faucet independently; opens door by turning handle; takes off and puts on coat with assistance; washes and dries hands with assistance.	Copies others, especially adults and older children; shows more and more independence and may show defiant behavior; mainly plays alongside other children (parallel play), but is beginning to engage other children in play; follows simple instructions; may start to understand the idea of "mine" and "his" or "hers"; may feel uneasy or anxious with major changes in routine; begins to learn how to take turns in games and follows directions with 2-3 steps; names a friend and may show concern for a friend who is sad or upset.	Continued generalized genital play; early sex-role development; interested in potty behavior; touches and rubs own genitals, disinhibited – no sense of privacy; role playing to understand what adults are doing, such as playing doctor.
3-5 Years	Wide range of language skills at this age. Can conduct experiments inside head; cannot sequence; understands some abstract concepts: colors, numbers (but this DOES NOT mean they can tell you "how many times" – they can count tangible objects in a room, like chairs, crayons, etc.), knows shapes, time (NOT clock time, but days, before/after, "naptime", "bedtime") ; understands family relations (baby/parent); can tell a story; has a sentence length of 4	Can cooperate; cannot separate fantasy from reality; has nightmares; models same-sexed parent; experiences and copes with feelings (sad, jealous, embarrassed) but they are all or nothing, meaning a child can be angry at their parent one minute but once the parent apologizes feelings shift and all is good again; plays and interacts with other children; dramatic play is closer to reality, with	Swings/climbs; uses small scissors; jumps in place; walks on tiptoes; balances on one foot; rides a tricycle; begins to skip; dances; bathes and dresses; runs around obstacles; walks on a line; pushes, pulls, steers wheeled toys; uses slide independently; throws ball overhead; catches a bounced ball; skates; jumps rope; pastes and glues appropriately; skips on alternating feet; buttons and unbuttons large buttons; washes hands independently; blows nose when reminded;	Cooperates with other children and may prefer to play with other children than alone; enjoys new things and activities; may want to please caregivers and peers; is aware of gender; can start recognizing what is real and what is make-believe.	Generalized genital play (rubbing genitals until raw is *not normal*); masturbation to orgasm in females is possible; early experimentation; watches/asks about body functions; may view private parts as funny or serious; gender identity established.

	Cognitive/Language	Psychological	Motor	Emotional/Social	Sexual
3-5 Years cont.	To 5 words; has a vocabulary of nearly 1000 words; names at least one color; understands "tonight", "summer", "lunchtime", "yesterday"; knows his or her last name, name of street on which he or she lives and several nursery rhymes; uses past tense correctly; can speak of imaginary conditions "I hope"; understands basic concept of right and wrong – punishment centered; at age 4 can typically grasp truth vs. lie, but may confuse the difference between a lie and a mistake.	attention paid to detail, time, and space; plays dress up; symbolic representation of self begins (can now use a doll or picture to represent themselves.)	uses toilet independently; drawing improves and by age 4 will trace and draw stick figures.		
6-9 Years	Can think using symbols; can recognize differences; makes comparisons; can take another's perspective; defines objects by its use; knows spatial relationships like "on top"," behind", "far", and "near"; knows address; identifies penny, nickel, dime; knows common opposites like 'big/little"; asks questions for information; distinguishes left from right; able to separate fantasy from reality; improved sequencing of events. By age 8, should be able to read a face clock.	Early close peer relationships; Presence of well-developed defenses; develops identity outside family (school, friends); has likes and dislikes (food, friends, games); chooses own friends; plays simple table games; plays competitive games; engages in cooperative play with other children involving group decisions, role assignments, fair play. Egocentrism crumbles – suddenly questions how others think of them.	Is increasing small muscle motor skills; cuts food with a knife; laces shoes; dresses self completely; ties bow; brushes independently; crosses streets safely.	Shows complex play using lots of imagination; shares well; reassures friends when they are upset; has best friends; sense of humor increases; able to control conduct and behavior; will defend and care for babies and toddlers.	Automatic mental reactions (defenses) can reduce experimentation, but some continues. Plays house, wedding, family role play games.

	Cognitive/Language	Psychological	Motor	Emotional/Social	Sexual
10-15 years	Can engage in inductive and deductive logic; understands hypothetical situations; conflicts with parents.	Increased autonomy struggles; increased focus on identity; focus on peer relationships; rebellious; often moody; romantic feelings; struggle with sense of identity; feels awkward or strange about his or her body; worries about being normal' frequently changing relationships.	Greater body competence (e.g., physical coordination); manual dexterity, growth patterns vary.	More independence from parents and family; stronger sense of right and wrong; beginning awareness of the future; more attention to friendships and teamwork; growing desire to be liked and accepted by friends; learns by watching and talking with others; gives support when others are stressed or upset; begins to see things from viewpoint of others; still may require help to express feelings in appropriate ways; begins to form identity; starts romantic interests.	Puberty; sex organs mature; males ejaculate and have wet dreams; both sexes able to masturbate to orgasm with fantasies; girls develop physically sooner than boys; may display shyness, blushing, and modesty.
16-21 Years	Uses formal logic (e.g., opposes racism); debates and can change sides of debate; understands probabilities; is more practical in their abstract thinking; begins to analyze experiences for relevance; conflict with parents begins to decrease.	Interest in relationships; solidifies personal identity; becomes goal directed; sometimes rebellious; increased concern for others; increased concern for future; places more importance on his or her role in life.	Heightened physical power, strength and coordination.	More romantic interests; spends more time with friends and peers; more self-identity with clothes; music, hair, tattoos, etc.; may push limits; may select adult other than parents for role models; desires more independence; may experiment with drugs, alcohol, sex, etc.	Feelings of love and passion; development of more serious relationships; sense of sexual identity established; increased capacity for tender and sensual love.

Chart adapted from Katie Thompson, Elon College student intern, NC Guardian ad Litem Program. Sources include: "Infant and Toddler Development," Dr. Maureen Vandermaas-Peeler, Elon College; "Child Development," Ray Newnam, Ph.D.; "LD In Depth," LD OnLine, www.ldonline.org; "Growing Up," Pasternak and Kroth; "Your Child's Growth: Developmental Milestones," American Academy of Pediatrics, www.aap.org; and "Normal Adolescent Development," American Academy of Child and Adolescent Psychiatry, www.aacap.org.; National Institutes of Child Health and Human Development; www.2. ed.gov

	State of Tennessee ***Department of Children's Services***

Administrative Policies and Procedures: 20.18

Subject:	**Psychotropic Medication**
Authority:	TCA 37-5-105(3), 37-5-106, TCA 33-8-202
Standards:	**DCS Model of Practice Standards:** 2-602, 7-100A, 7-101A, 7-120C, 7-121C, 7-122D, 7-125D, 7-127D, 7-200A, 7-207B, 7-208B, 7-209B, 7-210B, -7-211B, 7-214B, 8-306; **COA:** PA-RPM 7.03 (b);PA-RTX-6.
Application:	To All Department of Children's Services Employees and Contract Providers

Policy Statement:

Psychotropic medication for children/youth in state custody shall be prescribed and administered in accordance with best clinical practices.

Purpose:

Psychotropic medication for children/youth in custody shall be prescribed and administered in accordance with all applicable state and federal laws as well as in keeping with best clinical practices. All DCS and contract provider caregivers associated with the Department of Children's Services shall regulate the handling and administration of psychotropic medications in accordance with professional standards of care, good security practices, and appropriate state and federal laws.

Procedures:

A. Therapeutic use	It is the intent of DCS that each child/youth within its care attain and maintain his/her highest level of functioning and well-being. Psychotropic medication is one component of a total therapeutic program and its use must be included in a written treatment plan. Psychotropic medication will be used only for the purpose of treating a child/youth's psychiatric condition.
B. Prohibitions	Psychotropic medication use is prohibited for experimentation, research, or discipline, coercion, retaliation, convenience of staff or as a substitute for appropriate programming. The use of psychotropic medications for the purpose of chemical restraint, or immobilization, for any child/youth in the care of DCS is prohibited.
C. Prescription	1. Psychotropic medication may only be prescribed by a licensed physician or nurse practitioner. Consultation with a board-certified child and adolescent psychiatrist should be sought for diagnoses that are more complex or

	treatment scenarios (see ***DCS Psychotropic Medication Utilization Parameters for Children in State Custody***). 2. Prior to the initial prescription for psychotropic medication, the licensed prescribing provider should conduct a comprehensive evaluation. The prescription for psychotropic medication must be accompanied by an explanation that includes the need related to the child/youth's mental health diagnosis, potential side effects, as well as risks and benefits of the medication versus not taking the medication. This explanation may be documented on form ***CS-0629*, *Psychotropic Medication Evaluation***, or in an equivalent manner. A copy of this form (or equivalent documentation) will be kept in the child/youth's case file in addition to the DCS electronic record. 3. The Department or legal guardian reserves the right to request a second opinion if there is reason to question the prescription of psychotropic medication for a child/youth.
D. Informed consent	Appropriate informed consent must be obtained in order for a child/youth in DCS custody to receive psychotropic medication. See DCS policy ***20.24, Informed Consent*** for specific procedures to be followed in obtaining informed consent. The DCS Family Service Worker (FSW), Juvenile Service Worker (JSW), resource parent or agency caseworker cannot provide consent for psychotropic medication. Additional information is available in the ***Healthcare Consent Guidelines for Youth in DCS State Custody***, which also should be shared with the licensed prescribing providers.
E. Administration, storage and disposal	Psychotropic medication will be administered, stored, and disposed of in accordance with the procedures outlined in DCS Policies ***20.15, Medication Administration, Storage, and Disposal*** and ***20.17, Management of Pharmaceuticals and Medical / Instruments/Devices in a Youth Development Center.***
F. Emergency use of psychotropic medication	1. Overview a) The emergency use of psychotropic medication will be allowed only for those children/youth placed in hospital facilities or facilities designated as Psychiatric Residential Treatment Facilities (PRTFs) per federal guidelines. b). All mental health contracting facilities are required to use appropriate programming and staff training to decrease emergencies that have the potential to lead to the emergency use of psychotropic medication. However, in the event of a psychiatric emergency, when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others, an emergency one-time dose of a psychotropic medication may be administered. c). The decision for the use of emergency psychotropic medication shall be based on the professional judgment of the psychiatrist (or licensed prescribing provider) to treat the child/youth's underlying psychiatric disorder and not for immobilization or behavior control. d). Emergency medication does not require informed consent per DCS policy ***20.24, Informed Consent***.

2. Orders

a) A licensed prescribing provider must order the use of emergency psychotropic medication. The order must be timed and dated in the health record.

b) If the order is taken verbally, the written order must be signed by a treating provider within twenty-four (24) hours and documented in the health record.

c) The order for the emergency use of the psychotropic medication does not exceed a one-time dose.

d) Orders for emergency medication are not written as standing or PRN orders.

3. Monitoring and Evaluation

a) As ordered by the licensed prescribing provider, a registered nurse monitors and observes the child/youth's behaviors, actions, and physiological response to the medication to determine the medication's effectiveness. The child/youth receiving emergency psychotropic medication should be examined every fifteen (15) minutes for one (1) hour for mental status, blood pressure, pulse, respiration, signs of distress, signs and symptoms of adverse drug reaction and other issues as indicated.

b) A designated staff member (other than the registered nurse) who is in the immediate physical presence and in the same room as the child/youth and who is trained to monitor emergently medicated children/youth must continuously observe the child/youth. Particular attention must be given to safety issues such as falls. This monitoring will continue for the time frame defined by the licensed prescribing provider or for two (2) hours if not specified. Routine monitoring will occur thereafter.

c) The licensed prescribing provider, a licensed independent practitioner, or a registered nurse conducts an in-person evaluation of the child/youth within one (1) hour of the initiation of emergency psychotropic medication for children/youth.

4. Debriefing

The child/youth and facility staff shall convene and participate in a debriefing about the emergency episode as soon as possible, but within twenty-four (24) hours of the use of emergency medication.

5. Notification of Family and DCS

a) Each instance of emergency medication will be reported to DCS in accordance with the reporting of incidents (see DCS Policy ***1.4, Incident Reporting***). They are reported on the DCS Incident Reporting web-based application or on form ***CS-0496, Serious incident Report*** if the report cannot be reported on line as soon as possible but at least within twenty-four (24) hours of the initiation of emergency psychotropic medication.

b) The DCS FSW, JSW, DCS Regional Nurse, and the Central Office Division of Medical and Behavioral Services are notified through the incident reporting process.

	c) The DCS Chief Medical Officer reviews each incidence of the emergency use of psychotropic medication. d) The child/youth's family shall be notified as soon as possible but at least within twenty-four (24) hours of the initiation of emergency psychotropic medication by the agency administering the medication. 6. Documentation Documentation in the child/youth's health record shall be available for DCS review upon request and shall reflect the following: a) Prior to the emergency, the treatment plan outlines the potential use of emergency psychotropic medication. b) The specific interventions, appropriate methods, and de-escalation procedures that were used prior to the emergency psychotropic medication. c) Clinical justification of the ordering provider for use of the emergency psychotropic medication. d) The administration of the emergency psychotropic medication, including the route (oral or injection), location of injection (if applicable), and response of the child/youth to the intervention. e) Visual observation of the child/youth's behavior, physiological response and medication's effectiveness at intervals no greater than fifteen (15) minutes. This documentation will coincide with the required one (1) hour clinical monitoring by nursing staff and the two (2) hour observation by designated staff. f) The debriefing of the emergency episode involving the child/youth and staff. Document in the child/youth's record the date and time of the debriefing, the names of staff who were present, the names of any staff excused, and any changes to the child/youth's treatment plan as a result of the review.
G. DCS prior approval	1. Psychotropic medications used on a PRN basis will be allowed only to treat a child/youth's psychiatric condition and not for behavioral control, discipline, coercion, or for convenience of staff. 2. Informed Consent is required for all PRN psychotropic medications (refer to DCS Policy ***20.24, Informed Consent***). 3. PRN Anxiolytic-Hypnotic and Antipsychotic Medications additionally require prior approval (per attached ***Appendix I- Psychotropic Medication Name and Class Values***). a) PRN anxiolytic-hypnotic and antipsychotic medications require prior approval from DCS. This prior approval is in addition to the informed consent. The licensed prescribing provider of the PRN psychotropic medication for the child/youth must submit documentation (form ***CS-0628, Request for Prior Approval of PRN Psychotropic Medication*** or in an

	equivalent manner) to the DCS Regional Nurse that provides the following information: ♦ Condition and symptoms for which PRN psychotropic medication is indicated ♦ Other behavioral interventions being used ♦ All other medications prescribed for the child/youth ♦ The limited time period for which the PRN psychotropic medication will be used (not to exceed 14 days) ♦ The anticipated frequency of use b) Following review of the provided information by the DCS Regional Nurse the information will be forwarded to DCS Central Office for approval by the DCS Chief Medical Officer or designee. c) If the initial approved time frame for the PRN psychotropic medication is ending and the licensed prescribing provider determines that the use of PRN psychotropic medication continues to be necessary, the initial request for authorization must be renewed. Clear documentation of the continued need for the use of PRN psychotropic medication must be made by the licensed prescribing provider.
H. Exceptions to DCS prior approval	1. One-time orders for additional dosages of the child/youth's current medications may be indicated under circumstances such as sleep aid or intense periods of anxiety or panic, etc. Under such conditions prior approval from DCS is not required. However, informed consent for the medication (per DCS policy ***20.24, Informed Consent***) is required. 2. PRN orders for medications other than anxiolytic-hypnotics or antipsychotic medications (per attached Medication List) do not require prior approval from DCS. However, documentation of previous informed consent for the medication (per DCS policy ***20.24, Informed Consent***) is required.
I. Medication errors	Psychotropic medication errors will be reported in accordance with the procedures outlined in DCS Policy ***20.59, Medication Error Guidelines*** and DCS policy ***1.4, Incident Reporting***.
J. Monitoring and tracking	1. Information regarding prescription of psychotropic medication (see Section C) must be provided to the DCS Regional Nurse or YDC Nursing Staff as applicable. 2. The Department requires all mental health contracting facilities to utilize the ***Tennessee Department of Developmental and Intellectual Disabilities (DIDDS) Provider Manual*** when making treatment decisions, including the prescribing of psychotropic medication, for children/youth in custody. 3. The Department tracks the use of psychotropic medication for children/youth in care. DCS Regional Nurse or YDC Nursing Staff as applicable are notified of all psychotropic medications prescribed, all dosage changes, and discontinuation of psychotropic medication for children/youth in custody.

	Psychotropic medication information, including information about informed consent, is entered into the DCS electronic record. 4. The Department also utilizes ***Psychotropic Medication Utilization Parameters for Children in State Custody*** to ensure that psychotropic medications being prescribed for children/youth in care are done so in a safe and appropriate manner. Cases that fall outside theses guidelines are assessed by DCS Regional Nurses, the DCS Chief Medical Officer, or designee.
K. Training	Psychotropic Medication Policy Training Curriculum is required for all Contract Providers and DCS Staff to complete during Pre-Service Training as well as a Review Course every two (2) years. This curriculum is available from DCS.

Forms:	***CS-0628, Prior Approval of PRN Psychotropic Medication*** ***CS-0629, Psychotropic Medication Evaluation*** ***CS-0496, Serious Incident Report***
Collateral Documents:	***Dept. of Children's Services "Standards of Professional Practice For Serving Children and Families: A Model of Practice"*** ***Dept. of Children's Services Psychotropic Medication Utilization Parameters Guidelines for Children in State Custody*** ***Appendix I- Psychotropic Medication and Class Values*** ***Healthcare Consent Guidelines for Youth in DCS State Custody***

Glossary:	
Informed Consent	Informed consent is the right of every patient to have information regarding prescribed tests or treatments, including all risks related to the tests or treatment and all benefits of the tests or treatments. The patient has a right to sufficient information to allow the patient to make an informed decision about whether to consent to the treatment or tests.
Medication Error	A medication error occurs when a prescribed medication (substance) is not administered according to physician's orders (e.g., missed dose, dose administered at wrong time or day, medication given to wrong individual, etc.).
PRN	PRN is the abbreviation for the Latin ***pro rae nata***, which means, "use as needed or according to circumstances". Five variables to be considered in the treatment plan are: 1. Entry Criterion: Define the specific index behavior indicating PRN use, including the frequency and intensity (or the specific situation for PRN use).

	2. Pre-Implementation Criterion: Describe step-by-step the alternative interventions or techniques to be implemented, if possible, before using the PRN. 3. Procedural Criterion: List the specific action to occur after the PRN is given. 4. Failure Criterion: Define a level of use prompting review to determine if the PRN is excessively used or is ineffective. *5.* Exit Criterion: Define a time-limiting period for PRN use or a level of non-use prompting review to determine if the PRN order should be discontinued.
Psychotropic Medication	A drug which exercises a direct effect upon the central nervous system and which is capable of influencing and modifying behavior and mental activity. Psychotropic medications include, but are not limited to anti-psychotics; antidepressants; agents for control of mania and depression; anti-anxiety agents; psychomotor stimulants and hypnotics.
Debriefing	A review of the event is processed with the child/youth and staff. This includes circumstances and behaviors preceding the event, the outcome of the event and identification of any traumatic effects (emotional or physical) of the event. Also reviewed is how those circumstances or behaviors might be addressed differently such as through the development of alternative techniques or processes that may prevent future occurrences.

Common Medications for Behavioral Health Conditions

Generic name	Brand name	Medication class	FDA indication	common off-label uses (includes use in children for indicated use in adults)	FDA Black Box warnings	Maximum FDA Recommended Daily Dose (qd:1 time, bid:2 times, tid:3 times, qid: 4 times)	Common side effects/ serious rare side effects	NOTES
benztropine	Cogentin	Acetylcholine antagonist	Not FDA approved for children Adults: Parkinsonism, extrapyramidal symptoms, acute dystonic reactions		none	0.05 mg/kg qd-bid	constipation, sedation, dizziness, blurred vision	
dexmethylphenidate	Focalin	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	immediate release: 20 mg div bid extended release: 30 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
dextroamphetamine ER	Dexedrine Spansule	ADHD - stimulant	≥ 6y ADHD, narcolepsy		High Abuse Potential, Dependency	ADHD: 60 mg div qd-bid narcolepsy: 60 mg div qd-bid	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
dextroamphetamine IR oral solution	Procentra	ADHD - stimulant	≥ 3y ADHD, ≥ 6y narcolepsy		High Abuse Potential, Dependency	ADHD: 3-5 y 40 mg div qd-tid, ≥ 6 y 60 mg div qd-tid narcolepsy: 60 mg div qd-tid	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
dextroamphetamine salts	Adderall	ADHD - stimulant	≥ 3y ADHD, ≥ 6y narcolepsy (IR only)		High Abuse Potential, Dependency	immediate release: ADHD 40 mg div qd-tid, narcolepsy 60 mg div qd-tid extended release: 30 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
lisdexamfetamine	Vyvanse	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	70 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate ER	Concerta	ADHD - stimulant	≥ 6y ADHD		Drug Dependence	72 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate ER chewable	Quillichew	ADHD - stimulant	≥ 6 y ADHD		Abuse and Dependence	60 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate ER oral suspension	Quillivant XR	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	60 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate IR	Ritalin	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	immediate release: 4-5 y 30 mg div bid-tid, ≥ 2 mg/kg/day or up to 60 mg div bid-tid long-acting: 2 mg/kg/day up to 60 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
clonidine	Catapres	ADHD - non-stimulant (alpha agonist)	Hypertension	ADHD, Tourette syndrome	none	27-40.5 kg: 0.05 mg/day up to 0.2 mg/day 40.5-45 kg: 0.1 mg/dose up to 0.3 mg/day > 45 kg: 0.1 mg/dose up to 0.4 mg/day	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly

Common Medications for Behavioral Health Conditions

Generic name	Brand name	Medication class	FDA indication	common off-label uses (includes use in children for indicated use in adults)	FDA Black Box warnings	Maximum FDA Recommended Daily Dose (qd:1 time, bid:2 times, tid:3 times, qid: 4 times)	Common side effects/ serious rare side effects	NOTES
clonidine ER	Kapvay	ADHD - non-stimulant (alpha agonist)	≥ 6y ADHD		none	0.4 mg/day divided qd-bid	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly
guanfacine	Tenex	ADHD - non-stimulant (alpha agonist)	≥ 6y: ADHD Adults: Hypertension	hyperactivity in younger children, migraine, tics	none	27-40.5 kg: 0.5 mg/dose up to 2 mg/day 40.5-45 kg: 1 mg/dose up to 3 mg/day > 45 kg: 1 mg/dose up to 4 mg/day *dosed qd-qid	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly.
guanfacine ER	Intuniv	ADHD - non-stimulant (alpha agonist)	≥ 6y ADHD	hyperactivity in younger children, migraine, tics	none	25-33.9 kg: 3 mg 34-41.4 kg: 4 mg 41.5-49.4 kg: 5 mg 49.5-58.4 kg: 6 mg ≥ 58.5 kg: 7 mg	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly.
atomoxetine	Strattera	ADHD - non-stimulant (Selective Norepinephrine Reuptake Inhibitor)	≥ 6y ADHD		Suicidality	< 70 kg: 1.4 mg/kg div qd-bid > 70 kg: 100 mg div qd-bid	headache, nausea, fatigue, irritability, sexual dysfunction	
prazosin	Minipress	alpha antagonist	Not FDA approved for children Adults: HTN	PTSD associated nightmares	none	5 mg qd	hypotension, dizziness, sedation, headaches	
mirtazapine	Remeron	Antidepressant	Not FDA approved for children Adults: MDD	depression in children and adolescents	Suicidality	45 mg qd	Sedation, increased appetite, weight gain, abnormal dreams, constipation	
trazodone	(n/a)	Antidepressant	Not FDA approved for children Adults: MDD	insomnia	Suicidality	6 mg/kg/day		
bupropion	Wellbutrin	Antidepressant NDRI	Not approved for children Adults: MDD, Seasonal Affective Disorder, smoking cessation	depression, adjunct in ADHD	Suicidality; Neuropsychiatric Symptoms and Suicidality	immediate release: 450 mg qd sustained release: 400 mg qd extended release: 450 mg qd	insomnia, sedation, seizures, headache, nausea, anxiety	contraindicated in patients with purging behaviors
duloxetine	Cymbalta	Antidepressant SNRI	≥ 7y MDD, ≥ 7y GAD, ≥ 13y fibromyalgia, Adults: neuropathic pain, musculoskeletal pain		Suicidality	120 mg qd	nausea, headache, fatigue, insomnia, sedation, sexual dysfunction	
venlafaxine	Effexor	Antidepressant SNRI	Not FDA approved for children Adults: MDD, GAD, Social Anxiety Disorder, Panic Disorder	PTSD; migraine	Suicidality	Immediate release: 75 mg qd extended release: 225 mg qd	nausea, headache, fatigue, insomnia, sedation, sexual dysfunction	can have withdrawal symptoms if stopped abruptly (anxiety, paresthesia, nausea)
citalopram	Celexa	Antidepressant SSRI	Not FDA approved for children Adults: MDD	depression and anxiety in children and adolescents; OCD	Suicidality	40 mg qd	GI upset, somnolence, insomnia, sexual dysfunction	increased risk for QT prolongation above 40 mg qd.
escitalopram	Lexapro	Antidepressant SSRI	≥ 12 y MDD Adults: GAD	anxiety	Suicidality	20 mg qd	GI upset, somnolence, insomnia	

Common Medications for Behavioral Health Conditions

Generic name	Brand name	Medication class	FDA indication	common off-label uses (includes use in children for indicated use in adults)	FDA Black Box warnings	Maximum FDA Recommended Daily Dose (qd:1 time, bid:2 times, tid:3 times, qid: 4 times)	Common side effects/ serious rare side effects	NOTES
fluoxetine	Prozac	Antidepressant SSRI	≥ 7y OCD, ≥ 8 y MDD Adults: GAD, Panic disorder, bulimia nervosa		Suicidality	80 mg qd	GI upset, somnolence, insomnia, sexual dysfunction	
sertraline	Zoloft	Antidepressant SSRI	≥ 6y OCD, Adults: MDD, OCD, Social Anxiety Disorder, PTSD, Panic Disorder, Pre-menstrual dysphoric disorder		Suicidality	200 mg qd	GI upset, somnolence, insomnia, sexual dysfunction	
amitriptyline	Elavil	Antidepressant Tricyclic	Not FDA approved for children Adults: MDD	depression, anxiety, insomnia	Suicidality	5 mg/kg/day up to 200 mg qd	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
clomipramine	Anafranil	Antidepressant Tricyclic	≥ 10y OCD	Cataplexy, sleep terrors, sleep walking, depression	Suicidality	3 mg/kg/day up to 100 mg in first 2 wk and up to 200 mg/day maintenance	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
desipramine	Norpramin	Antidepressant Tricyclic	≥ 13y MDD	REM sleep disorder	Suicidality	150 mg/day	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
imipramine	Tofranil	Antidepressant Tricyclic	≥ 6y enuresis, Adults: MDD	anxiety, chronic pain	Suicidality	enuresis: 6-12 y 50 mg/day, > 12 y 75 mg/day depression: 6-12 y 5 mg/kg/day, > 12 y 100 mg day pain: ≥ 100 mg/day	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
nortriptyline	Pamelor	Antidepressant Tricyclic	Not FDA approved for children Adults: MDD	nocturnal enuresis	Suicidality	enuresis: 6-7 y 10 mg, 8-11 y 20 mg, > 11 y 35 mg depression: ≥ 150 mg qd	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
hydroxyzine	Atarax/Vistaril	Antihistamine	< 6y anxiety, urticaria, nausea/vomiting	insomnia	none	< 6 y: 2 mg/kg/day div q 6-8 hrs PRN OR 50 mg qd div q 6-8 hrs PRN ≥ 6 y: 2 mg/kg/day div q 6-8 hrs PRN OR 50-100 mg qd div q 6-8 hrs PRN	Sedation, dizziness, nausea	
aripiprazole	Abilify	Antipsychotic - atypical	≥ 13y schizophrenia, ≥ 10y bipolar 1, acute mania, ≥ 6y irritability in ASD; Tourette syndrome Adults: Adjunct MDD	adjunct for depression, mood stabilization	Dementia-Related Psychosis; Suicidality	schizophrenia/bipolar 1/acute mania: 30 mg qd ASD irritability: 15 mg qd tourette: < 50 kg 10 mg qd, > 50 kg 20 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
asenapine	Saphris	Antipsychotic - atypical	≥ 10y Bipolar 1 Adults: schizophrenia	agitation, mood stabilization	Dementia-Related Psychosis	20 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	REQUIRES LAB MONITORING
brexipiprazole	Rexulti	Antipsychotic - atypical	Not approved for children Adults: adjunct for MDD, schizophrenia		Dementia-Related Psychosis	No available peds dosing	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
iloperidone	Fanapt	Antipsychotic - atypical	Not FDA approved for children Adults: schizophrenia		Dementia-Related Psychosis	No available peds dosing	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	

Common Medications for Behavioral Health Conditions

Generic name	Brand name	Medication class	FDA indication	common off-label uses (includes use in children for indicated use in adults)	FDA Black Box warnings	Maximum FDA Recommended Daily Dose (qd:1 time, bid:2 times, tid:3 times, qid: 4 times)	Common side effects/ serious rare side effects	NOTES
lurasidone	Latuda	Antipsychotic - atypical	≥ 13y Schizophrenia, ≥ 10y Bipolar 1 Adults: adjunct for MDD	mood stabilization	Dementia-Related Psychosis; Suicidality	80 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
olanzapine	Zyprexa	Antipsychotic - atypical	≥ 13y Schizophrenia, ≥ 10y Bipolar 1 Adults: adjunct for MDD	increase appetite in eating disorders; acute agitation, mood stabilization	Dementia-Related Psychosis	20 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
quetiapine	Seroquel	Antipsychotic - atypical	≥ 13y schizophrenia, ≥ 10y bipolar 1, acute mania	treatment resistant anxiety, adjunct for depression, agitation, insomnia	Dementia-Related Psychosis; Suicidality	schizophrenia: 800 mg qd bipolar 1/acute mania: 600 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
risperidone	Risperdal	Antipsychotic - atypical	≥ 13y schizophrenia, ≥ 10y bipolar 1, acute mania, ≥ 5y irritability in ASD	Tourette syndrome, acute agitation, chronic irritability	Dementia-Related Psychosis	schizophrenia/bipolar 1/acute mania/tourette: 6 mg div qd-bid ASD irritability: 3 mg div qd-bid	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
ziprasidone	Geodon	Antipsychotic - atypical	Not FDA approved for children Adults: schizophrenia, bipolar 1, agitation w/ schizophrenia	Tourette syndrome	Dementia-Related Psychosis	bipolar 1, manic/mixed: 160 mg div bid Tourette: 40 mg div bid	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
chlorpromazine	Thorazine	Antipsychotic - first generation	≥ 6mo severe behavioral disorders, nausea/vomiting Adults: psychosis	acute agitation	Dementia-Related Psychosis	severe behavior disorders: 6 mo-5 y 50 mg qd, 5-12 y 200 mg qd, > 12 y see adult dosing N/V: 6 mo-12 y 0.55 mg/kg/dose q 4-6 hrs PRN, > 12 y see adult dosing	sedation, constipation, blurred vision, hypotension, extrapyramidal symptoms, weight gain/ tardive dyskinesia, neuroleptic malignant syndrome, QT prolongation, agranulocytosis	
haloperidol	Haldol	Antipsychotic - first generation	≥ 3y psychosis, Tourette syndrome, severe behavioral disorders	acute agitation	Dementia-Related Psychosis		akathisia, sedation, weight gain, tardive dyskinesia, elevated prolactin, gynecomastia/ acute dystonia, QT prolongation, neuroleptic malignant syndrome	
buspirone	Buspar	Anxiolytic	Not FDA approved for children Adults: anxiety	anxiety	none	60 mg day, divided bid-tid	drowsiness, dizziness, HA, nausea, vomiting	
cyproheptadine	Periactin	Appetite stimulant	≥ 2y allergic rhinitis, urticaria	appetite stimulant (adjunct to stimulant treatment)	none	0.5 mg/kg/day	sedation, nausea, vomiting, headache, dizziness	
alprazolam	Xanax	Benzodiazepine	Not FDA approved for children Adults: Panic disorder, GAD		Risks from concomitant Opioid Use; Addiction Abuse and Misuse; Dependence and Withdrawal Reactions	3.5 mg qd	sedation, impaired coordination, confusion/ respiratory depression, dependence	GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY
clonazepam	Klonopin	Benzodiazepine	< 10 y seizure Adults: panic	sleep terrors, Tourette syndrome	Risks from concomitant Opioid Use; Addiction Abuse and Misuse; Dependence and Withdrawal Reactions	sleep terrors: 0.25 mg qhs Tourette: 6 mg div bid-tid	sedation, impaired coordination, confusion/ respiratory depression, dependence	GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY
lorazepam	Ativan	Benzodiazepine	Not FDA approved for children Adults: anxiety, insomnia, status epilepticus	Catatonia, alcohol withdrawal	Risks from concomitant Opioid Use; Addiction Abuse and Misuse; Dependence and Withdrawal Reactions	2 mg/dose q 4-8 hrs	sedation, impaired coordination, confusion/ respiratory depression, dependence	GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY

Common Medications for Behavioral Health Conditions

Generic name	Brand name	Medication class	FDA indication	common off-label uses (includes use in children for indicated use in adults)	FDA Black Box warnings	Maximum FDA Recommended Daily Dose (qd:1 time, bid:2 times, tid:3 times, qid: 4 times)	Common side effects/ serious rare side effects	NOTES
carbamazepine	Tegretol	Mood Stabilizer: Anti-epileptic	<6 yo seizure, Adults: Trigeminal neuralgia	Mood stabilizer	Serious Dermatologic reactions and HLA-B*1502 Allele; Aplastic Anemia/Agranulocytosis	> 6 y: IR 35 mg/kg/day 6-15 yo: IR 1,000 mg qd, ER 1,000 mg qd > 15 y: IR 1,200 mg qd, ER 1,200 mg qd	dizziness, headache, nausea, vomiting, sedation, diarrhea, constipation/ pancreatitis, Stevens Johnson Syndrome, agranulocytosis	
gabapentin	Neurontin	Mood Stabilizer: Anti-epileptic	≥ 3y seizures	fibromyalgia, alcohol dependence, neuropathic pain	none	3-11 y: 50 mg/kg/day div tid ≥ 12 y: 3,600 mg qd	Sedation, dizziness, nausea, peripheral edema, emotional lability/ Stevens Johnson Syndrome, anaphylaxis	
lamotrigine	Lamictal	Mood Stabilizer: Anti-epileptic	≥ 2y seizure Adults: Bipolar 1	Bipolar 2, migraine	Serious Rash	general max of 200 mg qd, however max dosing for seizure control is 300 mg for ages 2-12 and 375 mg for ≥ 12 yo	dizziness, headache, nausea, vomiting, sedation, diarrhea, constipation/ Stevens Johnson Syndrome	RISK OF STEVENS JOHNSON SYNDROME Requires very slow titration on initiation. Must restart titration if patient misses more than 3 days.
oxcarbazepine	Trileptal	Mood Stabilizer: Anti-epileptic	≥ 2y seizures	Mood stabilizer, trigeminal neuralgia	None	weight based: https://online.epocrates.com/drugs/228402/Trileptal/Peds-Dosing	dizziness, headache, nausea, vomiting, sedation, diarrhea, constipation/ pancreatitis, Stevens Johnson Syndrome, agranulocytosis	
valproate	Depakote	Mood Stabilizer: Anti-epileptic	≥ 10y Seizure, Bipolar 1, Migraine	chronic disruptive behavior, mood stabilization	Hepatotoxicity; Increased Hepatotoxicity Risk in Mitochondrial disease; Fetal Risk; Pancreatitis	60 mg/kg/day div bid-tid	weight gain, nausea, headache, sedation/ hepatotoxicity, Stevens Johnson Syndromes, PCOS, pancytopenia	therapeutic VPA level: 50 - 100 mcg/mL
lithium	Lithobid	Mood stabilizer: other	≥ 12y Bipolar 1		Lithium Toxicity	dose by serum lithium level - therapeutic level is 0.6 - 1.2 mEq/l.	tremor, polyuria, muscle weakness, fatigue, dizziness/ seizure, hypothyroidism, diabetes insipidus, serious rash	Requires monitoring of blood level, kidney function, thyroid function. AVOID NSAID while taking Lithum; Symptoms associated with toxicity: lethargy, confusion, ataxia.
zolpidem	Ambien	Sleep aid	Not FDA approved for children Adults: Insomnia, short term use		Complex sleep behaviors	No peds dosing available		GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY

Medical Term	Description	Medications often associated
Acute dystonia	Muscle rigidity often in neck, upper body	Antipsychotics, especially first generation
Neuroleptic malignant syndrome	Muscle rigidity, elevated temperature, confusion, agitation	Antipsychotics, especially first generation
Tardive Dyskinesia	Involuntary movements, often around the mouth, writhing	Chronic treatment with antipsychotics, especially first generation
Serotonin Syndrome	Agitation, restlessness, muscle rigidity, elevated temperature, confusion, agitation, sweating, diarrhea, dilated pupils, elevated blood pressure, elevated heart rate	Combination of SSRI with "triptans" or other serotonin elevating medications
AIMS test	Physical exam checklist to evaluated for abnormal movements	Antipsychotics first generation and atypical
Extrapyramidal symptoms	Slow, shuffling gait (walking), stiff muscles, "cogwheeling," akathisia (restlessness), tremor	Antipsychotics, especially first generation

Common Medications Listed by Class

Acetylcholine antagonist		
	benztropine	Cogentin
Alpha-agonist		
	Clonidine	Catapres
	Clonidine ER	Kapvay
	guanfacine	Tenex
	guanfacine ER	Intuniv
Anti-anxiety		
	buspirone	Buspar
Antidepressants		
SSRI		
	citalopram	Celexa
	escitalopram	Lexapro
	fluoxetine	Prozac
	fluvoxamine	Luvox
	paroxetine	Paxil
	sertraline	Zoloft
SNRI		
	venlafaxine	Effexor (Brand discontinued, generic only)
	duloxetine	Cymbalta
	desvenlafaxine	Pristiq
Other		
	bupropion	Wellbutrin
	mirtazapine	Remeron
Tricyclics		
	amitriptyline	Elavil
	clomipramine	Anafranil
	desipramine	Norpramin
	nortriptyline	Pamelor
Antiepileptic		
	carbamazepine	Tegretol
	gabapentin	Neurontin
	lamotrigine	Lamictal
	oxcarbazepine	Trileptal
	valproate	Depakote
Antihistamine		
	diphenhydramine	Benadryl
	hydroxyzine	Atarax
	hydroxyzine	Vistaril

Common Medications Listed by Class

Antipsychotics		
First generation Antipsychotics		
	haloperidol	Haldol
	chlorpromazine	Thorazine
	loxipine	Loxitane
	thiothixene	Navane
Atypical Antipsychotics		
	aripiprazole	Abilify
	asenapine	Saphris
	brexipiprazole	Rexulti
	clozapine	Clozaril
	lurasidone	Latuda
	olanzapine	Zyprexa
	paliperidone	Invega
	quetiapine	Seroquel
	risperidone	Risperdal
	ziprasidone	Geodon
Appetite stimulant		
	cyproheptadine	Periactin
Benzodiazepine		
	alprazolam	Xanax
	clonazepam	Klonopin
	lorazepam	Ativan
	diazepam	Valium
Beta blocker		
	propranolol	Inderal
Mood stabilizer		
	lithium	Lithobid
Selective nor-epinephrine reuptake inhibitor		
	atomoxetine	Strattera
Sleep aid		
	melatonin	
	trazodone	
	zolpidem	Ambien

Common Medications Listed by Class

Stimulant	
amphetamine	Evekeo
amphetamine ER Oral Disintegrating Tablet	Adzenys ER-ODT
amphetamine ER oral suspension	Adzenys ER
amphetamine ER oral suspension	Dyanavel XR
dexmethylphenidate	Focalin
dextroamphetamine ER	Dexedrine Spansule
dextroamphetamine IR oral solution	Procentra
dextroamphetamine salts	Adderall
lisdexamfetamine	Vyvanse
methylphenidate CD	Metadate CD
methylphenidate ER	Adhansia XR
methylphenidate ER	Aptensio XR
methylphenidate ER	Concerta
methylphenidate ER	Journay PM
methylphenidate ER	Metadate ER
methylphenidate ER	Methylin ER
methylphenidate ER	Ritalin LA
methylphenidate ER	Ritalin SR
methylphenidate ER chewable tablet	Quillichew
methylphenidate ER Oral Disintegrating Tablet	Cotempla XR
methylphenidate ER oral suspension	Quillivant XR
methylphenidate HCL chewable tablet	Methylin
methylphenidate HCL oral solution	Methylin
methylphenidate IR	Ritalin
methylphenidate Transdermal	Daytrana

Medication Class	Medication	Recommended monitoring
Antidepressant		Weight; suicidal or self-harm thoughts or behaviors; symptoms of mania (increased activity, decreased need for sleep, increased rate of speech, impulsivity, risk taking)
Stimulants		BP and HR at initiation and 1 month, then at least once every 6 months; weight, height at least once per year, more frequently if concerns about growth
Mood stabilizer	Lithium	**INITIATION:** Check baseline labs - urine pregnancy, basic metabolic panel (baseline BUN and Cr), CBC (for baseline WBC), TSH. **ONGOING MONITORING:** Lithium: 5-7 days after dose change (ideally 12 hours after last dose) and every 6 months when stable. Other Repeat baseline labs at 3 months, 6 months and then every 6 months.
Antiepileptic	Tegretol	**INITIATION:** Check baseline labs (urine pregnancy, platelets, reticulocytes, serum iron, CMP) Required monitoring of blood level during initial dose titration. **ONGOING MONITORING**: blood level and CBC weekly for 8 weeks, then every 2 months x2, then every 6-12 months.
	Depakote	**INITIATION:** Check baseline labs (urine pregnancy, platelet counts, coagulation tests, and liver function tests). **ONGOING MONITORING:** Monitor blood levels with dose change. Platelet counts, coagulation tests, and liver function tests at least every 6 months.
	Lamictal	RISK OF STEVENS-JOHNSON SYNDROME Requires slow titration of dose and careful monitoring for rash. Oral contraceptives can decrease lamictal blood level. **If lamotrigine has been withheld for 3 days, restart according to initial dosing recommendations.**
Atypical Antipsychotics		**Initiation:** Weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC). **ONGOING MONITORING**: Weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test. Consider ECG to assess for prolonged QT.
Before starting any medication, complete thorough medical history and physical exam. Consider whether other illnesses may be causing the psychiatric symptoms (such as hyperthyroidism, hypothyroidism, anemia). Generally recommended to see pediatric patients who are prescribed psychotropic medications at least once per month until clinically stable (not requiring medication changes).		

FDA Issued Black Box Warnings	
Abuse and Dependence	CNS stimulants have high potential for abuse and dependence; assess abuse risk before prescribing; monitor for signs of abuse and dependence during treatment.
Addiction, Abuse, and Misuse	Benzodiazepines expose users to risk of abuse, misuse, and addiction, can lead to overdose or death; commonly involves concomitant use with other medications, alcohol, and/or illicit substances, which is associated with increased frequency of serious adverse outcomes; assess risk for abuse, misuse, and addiction before prescribing and throughout treatment.
Aplastic Anemia/ Agranulocytosis	Risk 5-8x greater than that of general public but low overall risk in untreated general population; transient or persistent decreased platelet or WBC counts not uncommon with carbamazepine treatment but majority of leukopenia cases do not progress to aplastic anemia or agranulocytosis; perform baseline and periodic hematological testing; if low or decreased WBC or platelet counts monitor closely, consider discontinuing treatment if evidence of significant bone marrow depression.
Appropriate Use	Restricted distribution program (Clozapine REMS) due to severe neutropenia risk; prescribers, patients, and pharmacies must enroll in the program; 1-844-267-8678 or www.clozapinerems.com for more information
Avoid Abrupt Cessation	Severe angina exacerbation, Myocardial Infarction, and ventricular arrhythmias in angina patients after abrupt discontinuation; taper gradually over 1-2 weeks and monitor when discontinuing chronic treatment, especially in ischemic heart disease; restart treatment even temporarily if angina worsens or acute coronary insufficiency develops; warn patients to avoid treatment interruption or discontinuing without medical advice; avoid abrupt discotinuation in all patients in case of unrecognized Coronary Artery Disease
Complex Sleep Behaviors	Complex sleep behaviors may occur, including sleep-walking, sleep-driving, and engaging in other activities while not fully awake; may result in serious injuries, including death; discontinue immediately if patient experiences a complex sleep behavior.

FDA Issued Black Box Warnings	
Dementia-Related Psychosis	Not approved for dementia-related psychosis; incrased mortality risk in elderly dementia patients on conventional or atypical antipsychotics; most deaths due to cardiovascular or infectious events; extent to which increased mortality attributed to antipsychotic vs. some patient characteristic(s) not clear
Dependence and Withdrawal Reactions	Continued benzodiazepine use may lead to clinically significant physical dependence; risk of dependence and withdrawal increase with longer treatment duration and higher daily use; use gradual taper to discontinue after continued use as abrupt discontinuing or rapid dose reduction may cause acute withdrawal reactions, potentially life-threatening
Drug Dependence	Caution if emotionally unstable including history drug dependence or alcoholism; chronic abuse can lead to marked tolerance and psychological dependence w/ varying degrees abnormal behavior; frank psychotic episodes can occur, especially with parenteral abuse; careful supervision during withdrawal, may unmask severe depression or effects of chronic overactivity; basic personality disturbances may require long-term follow-up
Fetal Risk	Can cause major congenital malformations including neural tube defects, decreased IQ scores, neurodevelopmental disorders after in utero exposure; contraindicated for migraine prophylaxis use in pregnancy and women of reproductive potential without effective contraception; should not be used for epilepsy or bipolar disorder use in pregnancy and women planning to become pregnant unless other treatment options have failed or are unacceptable; women should use effective contraception during treatment

FDA Issued Black Box Warnings	
Hepatotoxicity	Serious or fatal hepatic failure has occurred, usually during 1st 6 months of treatment; patients <2 years old at increased of risk fatal hepatotoxicity, especially if multiple anticonvulsant treatment, congenital metabolic disorder, severe seizure disorder with mental retardation, or organic brain disease; in patients hepatic failure has occurred, usually during 1st 6 months of treatment; patients <2 years old, weigh benefit vs. risk, use with extreme caution and as monotherapy; incidence of fatal hepatotoxicity decreased considerably in progressively older patient groups; hepatotoxicity may be preceded by malaise, weakness, lethargy, facial edema, anorexia, vomiting and loss of seizure control; monitor signs and symptoms including Liver Function Test at baseline, then frequently, especially during 1st 6 months of treatment.
High Abuse Potential, Dependency	High abuse potential; avoid prolonged treatment, may lead to drug dependence; potential for non-therapeutic use or distribution to others; prescribe/dispense sparingly; serious cardiovascular adverse events and sudden death reported with misuse
Increased Hepatotoxicity Risk in Mitochondrial Disease	Increased risk of acute liver failure and death in patient with hereditary neurometabolic syndromes caused by mitochondrial DNA polymerase gamma (POLG) gene mutations (e.g. Alpers Huttenlocher Syndrome); contraindicated in patirnts with POLG-related mitochondrial disorders and in patients >2 years old with suspected hereditary mitochondrial disease; in patients >2 years old with suspected mitochondrial disorder, use only if failed other anticonvulsant treatment and monitor hepatotoxicity symptoms including Liver Function Tests regularly; perform POLG mutation screening per current clinical practice.
Lithium Toxicity	lithium toxicity closely related to serum lithium levels and can occur at doses close to therapeutic levels; start tx only if facility available for prompt accurate serum lithium determinations
Myocarditis, Cardiomyopathy, Mitral Valve Incompetence	Fatal cases have occurred; discontinue treatment and obtain cardiac evaluation if myocarditis or cardiomyopathy suspected; symptoms include chest pain, tachycardia, palpitations, dyspnea, fever, flu-like symptoms, hypotension, or ECG (electrocardiagram) changes; patients with clozapine-related myocarditis/cardiomyopathy generally should not be rechallenged

FDA Issued Black Box Warnings	
Neuropsychiatric Symptoms and Suicidality	Monitor for serious neuropsychiatric events including behavior change, hostility, agitation, depression, and suicidality as well as worsening of preexisting psychiatric illness which have occurred in pts taking bupropion and after discontinuation; some cases possibly complicated by nicotine withdrawal symptoms, but also reported in patients who continue to smoke while taking bupropion; weigh bupropion risks vs. benefits of smoking cessation
Orthostatic Hypotension, Bradycardia, Syncope	May occur; risk highest during initial titration period, particularly with rapid dose escalation; reactions can occur even during 1st dose and at doses of 12.5 mg/day; start 12.5 mg PO qd or bid, then titrate slowly and give in divided doses; use with caution in patients with cardiovascular disease, cerebrovascular disease, or hypotension risk
Pancreatitis	Life-threatening pancreatitis, including hemorrhagic cases with rapid progression from initial symptons to death reported in children and adults; cases reported shortly after initial use as well as after several years of use; advise patients to promptly report signs and symptoms including abdominal pain, nausea, vomiting, and/or anorexia; discontinue treatment if pancreatitis diagnosis and start alternative treatment as clinically indicated
Risks from Concomitant Opioid Use	Concomitant benzodiazepine use with opioids may result in profound sedation, respiratory depression, coma, and death; reserve concomitant use for patients with inadequate alternative treatment options; limit to minimum required dosage and duration; monitor patients for signs and symptoms of respiratory depression and sedation
Seizures	Incidence increased w/ dose; start 12.5 mg PO qd or bid, then titrate slowly and give in divided doses; caution if seizure history or predisposing factors; advise patientss to avoid activities where sudden loss of consciousness would cause serious risk to self or others
Serious Dermatologic Rxns and HLA-B*1502 Allele	Serious, sometimes fatal dermatologic reactions reported, inclusing toxic epidermal necrolysis and Stevens-Johnson syndrome; risk 10x greater in some Asian countries; strong association between risk and HLA-B*1502 allele, which is found almost exclusively in Asian patients; screen patients of genetically at-risk ancestry (see pkg insert) for HLA-B*1502 allele before initiating treatment; patients testing positive should not be treated with carbamazepine unless benefit clearly outweighs risk

FDA Issued Black Box Warnings	
Serious Rash	Serious rashes requiring hospitalization and discontinue treatment including Stevens-Johnson syndrome, rare cases of toxic epidermal necrolysis, and rash-related deaths; incidence 0.3-0.8% in 2-17 year old and 0.08%-0.3% in adults; age is only risk factor identified as predictive for risk of rash occurrence or severity; other risk factors may include concurrent valproic acid derivative or exceeding initial lamotrigine dose or dose escalation recommendations; most life-threatening rashes occur in 1st 2-8 weeks of treatment with isolated cases after prolonged treatment; though benign rashes may also occur. Discontinue treatment at 1st sign of rash unless clearly not drug related; discontinuing treatment may not prevent rash from becoming life-threatening or permanently disabling or disfiguring
Severe Neutropenia	May occur and lead to serious infection and death; obtain ANC (Absolute Neutrophil Count) at baseline, then regularly; ANC >1500 for general population or ANC >1000 for benign ethnic neutropenia patients required prior to treatment start; advise patients to report signs and symptpms, severe neutropenia or infection
Suicidality	Increased suicidality risk in children, adolescents, and young adults with major depressive or other psychiatric disorders; weigh risk vs. benefit; in short-term studies of antidepressants vs. placebo, suicidality risk not increased in patients >24 years old , and risk decreases in patients 65 years and older; depression and certain other psychiatric disorders themselves associated with increased suicide risk; observe all pts for clinical worsening, suicidality, or unusual behavior changes; advise families and caregivers of need for close observation and communication with prescriber; not approved for depression in pediatric patients

Summarized by Epocrates Online

Appendix VI

Acknowledgment Letter and Oath of Confidentiality

OATH OF CONFIDENTIALITY

The _____ County Foster Care Review Board is a body of concerned citizens, appointed by the juvenile court judge, who recognize the need for public care and protection of children who may come before juvenile court.

In recognizing that need, the Board regards foster placement of a child as a temporary condition and believes that every child has a right to a permanent home within a caring family setting.

To discharge its responsibility of periodic review of all children in foster care within its jurisdiction, the Board further recognizes the need for in–depth investigation and sharing of information that is highly sensitive and confidential. In reviewing files, records and testimony offered during its deliberations, the Board understands and accepts that any permanency plan, record, report, review or material prepared in connection with the planning, placement or care of a child in foster care does *not* constitute a public record. The Board further understands that the information contained therein, including information regarding the parents, relative or other guardian of the child, is and shall remain confidential. The Board is also aware a violation of confidentiality constitutes a Class B misdemeanor pursuant to T.C.A. § 37-2-408.

Accepting that responsibility, I, as a member of the _____ County Foster Care Review Board, pledge an oath of confidentiality and agree not to reveal any of the information shared with me at the review hearings to any person other than Board members.

_____ _____

SIGNATURE DATE

Foster Care Review Board Manual Acknowledgement of Receipt

I, _____, acknowledge that I have received the FCRB Program Manual. I have been asked to read the FCRB Manual and was offered an opportunity to ask questions about the contents. I acknowledge that I am expected to read and be familiar with policies and procedures contained in this manual.

_____ _____

Volunteer Signature Facilitator Signature