



Administrative Policies and Procedures: 16.46

Subject:	Child/Youth Referral and Placement
Authority:	TCA 37-1-116(b); 37-1-137(a); 37-2-415; 37-4-201 et seq.; 37-5-105 (3);37-5-106; Interstate Compact on the Placement of Children (ICPC); P.L. 109-239, Safe & Timely Interstate Placement of Foster Children Act of 2006; Healthy, Hunger-Free Kids Act of 2010; Multi-Ethnic Placement Act of 1994 (MEPA); Indian Child Welfare Act of 1978 (ICWA)
Standards:	COA: PA-FC 1,2,3,6; PA-KC 1.02, 1.04, 2, 3, 6.01, 6.05, 6.06, 6.07, 6.09,17.04; PA-CR 1,2,3,4; PA-CFS 12.06; PA-CFS 14,09; PA-CFS 30.02
Application:	To All Department of Children’s Services and Contract Agency Staff and Licensed Child Placing Agency Staff

Policy Statement:

DCS placements are made in a home-like, least restrictive setting that meets the unique needs of children/youth with respect to their community and school district. To the extent possible, these placements take into consideration the family, the child/youth, and the community’s safety. Inter-jurisdictional referral and placement of a child/youth in DCS custody is subject to compliance with this policy, the Interstate Compact on the Placement of Children (ICPC) and DCS Policy [1.30, Interstate Compact on the Placement of Children](#), as prescribed in the [ICPC Practice and Procedure Manual](#).

Purpose:

To identify the best placement for child(ren)/youth that meets their unique, individual needs and limits the amount of trauma experienced by the child/youth.

Procedures:

A. Assessment and Diligent Search for Placement of Children/Youth

1. The placement of all children/youth takes into consideration all information gathered prior to and during the initiation of any custody episode.
2. At the point that a child/youth comes into Departmental custody, the DCS representative and other specialized DCS experts (if needed) engage the family in discussing the unique needs of the child/youth and family. They review all available assessment information so that the appropriate placement can be identified and matched to the child/youth’s needs. Members of the treatment team including the case manager, regional mental health clinician or other involved team members will make a referral for a diagnostic mental health assessment within thirty (30) calendar days when indicated.

	<p>3. All information gathered, by completing the CANS and/or other specialized assessments outlining the child/youth’s strengths and needs, is documented and updated according to DCS CANS Case Protocol.</p> <p>4. Relative/kinship placement options should be pursued and utilized if appropriate, prior to considering a traditional foster home placement. The Family Service Worker (FSW)/ Juvenile Service Worker (JSW) should utilize information discovered during the diligent search process outlined in DCS Policy 31.9 Conducting Diligent Searches, to identify relatives, significant kin, or other supportive resources for mentoring, respite or permanent placement.</p>
<p>B. CFTM Process for Placement Decisions</p>	<p>1. Initial CFTM</p> <p>a) The Child and Family Team (CFT) is engaged in making all placement decisions in accordance with the Child and Family Team Meeting Guide.</p> <p>b) Within the initial CFTM, the members also utilize all assessment and available placement information to review and determine the best placement for the child/youth. If the initial CFTM occurs after placement, the CFT evaluates if the placement meets the child/youth’s identified needs. If the CFT feels the child/youth has needs that cannot be met in the placement as presented, the CFT considers if additional services should be utilized to meet the child/youth’s needs and maintain the placement successfully.</p> <p>Note: If the FSW/JSW identifies a child/youth for whom DCS has been excused from reasonable efforts or Termination of Parental Rights (TPR) and adoption is likely, and the current foster family is not an option, the CFTM considers a legal risk placement.</p> <p>2. Placement Stability/Planned or Unplanned or Change in Placement</p> <p>a) Consideration to change the placement of a child/youth is discussed within the context of a CFTM and scheduled, whenever possible, prior to the actual change of placement.</p> <p>b) For planned changes of placement, such as a move to reunify, to an adoptive home or to a lower level of care, the CFTM occurs prior to the move and should be scheduled as soon as possible to avoid any delay in permanency. If the team considered and agreed upon the move in a prior CFTM, an additional CFTM is not necessary unless there is new information to consider.</p> <p>c) For unplanned changes of placement, the FSW/JSW notifies the team as soon as they become aware that there is a risk of placement disruption. The meeting is scheduled as soon as possible to attempt to stabilize the placement. If it is an emergency, the CFTM is scheduled within three (3) business days and takes place within five (5) business days.</p> <p>d) If the team recommends a placement change and the child/youth is placed in a foster home, notification is provided to the foster family as outlined in DCS Policy 16.27, Notice of a Removal from a Foster Home.</p>

	<ul style="list-style-type: none"> e) Contract Provider staff should contact the FSW/JSW as soon as they are aware of a potential disruption. If the Contract Provider requests that a CFTM be convened to discuss possible disruption or change, the CFTM is scheduled by the FSW/JSW within three (3) business days and takes place within five (5) business days of notification (refer to the Child and Family Team Meeting Guide). If an emergency arises and a Placement Stability CFTM cannot be held to prevent a disruption, the Contract Provider notifies the DCS FSW/JSW, TL, or after hours on-call staff prior to making a placement change, including temporary placements. f) If it is not possible to convene the CFTM prior to the move, it must occur within fifteen (15) calendar days after a move has occurred. g) Form CS-0747, Child and Family Team Meeting Summary, is used to document CFTM decisions.
<p>C. Referral Process</p>	<ul style="list-style-type: none"> 1. Upon determination that a child/youth may need out of home placement (initial or subsequent), the FSW/JSW immediately prepares/updates a placement packet for the child/youth and provides this information to their Placement Services Division (PSD) for foster home settings or Network Development (ND) for residential settings. The packet should include, at a minimum, (but is not limited to): <ul style="list-style-type: none"> a) Completed and/or updated form CS-0727, Initial Intake, Placement and Well-Being Information and History. The initial mental health screening is conducted via the trauma screening and behavioral/mental health history sections of the document. This document must be sufficiently detailed and inclusive of critical medical information outlining current prescriptions (and/or other medications) the child is taking and ongoing medical treatment requirements, any school zero tolerance issues, court restrictions/requirements and any safety planning requirements necessary to ensure the safety of the referred youth <u>and</u> other youth in placement; b) Completed and/or updated form CS-1013 Kinship Exception Request with approval to move forward with a non-relative placement; c) History of Prior DCS Placement; d) For referrals to Level 3 and 4 residential treatment programs, current or recent (within the past 60 days) medical and mental health treatment records necessary to establish significant mental health diagnosis; e) Education Records sufficient to identify special education needs/disabilities f) Documentation of DCS clinical review for children in need of SORT placement; 2. As soon thereafter as available, the Placement Services Division (PSD) or Network Development (ND) are provided the following: <ul style="list-style-type: none"> a) Approved up to date Child and Adolescent Needs and Strengths (CANS); b) Current Permanency Plan if completed at the time of referral;

- c) Commitment Order;
 - d) Historical medical and mental health treatment records;
 - e) School records;
 - f) Child and Family Team Meeting Summary recommending residential setting if a residential setting is being pursued;
 - g) For all Juvenile Justice Placements, **CS-1143, Juvenile Justice Youth Placement Referral Checklist**.
3. In addition to the placement referral information, the following information is provided to the foster home/contract provider when the child/youth is placed. If information is not available at the time of placement, it should be provided as soon as possible:
- ◆ **Completed and/or updated form CS-0727, Initial Intake, Placement and Well-Being Information and History;**
 - ◆ **CS-0205, Authorization for Routine Medical Service for Minors;**
 - ◆ Form **CS-0657, Education Passport**, including all accompanying records. Refer to DCS Policy [21.14, Serving the Educational Needs of the Child/Youth](#);
 - ◆ Immunization Records;
 - ◆ Birth Certificate;
 - ◆ Social Security Card;
 - ◆ Insurance Card and/or copy of TennCare application; and
 - ◆ Child Placement Contract.
4. The PSD or ND staff use the placement packet to identify potential “out of home” placement options. Refer to the [Placement and Providers Services Division Placement Support Guide](#), [Protocol for Placing Children in a Qualified Residential Treatment Program \(QRTP\)](#), the [Protocol for Commissioner’s Review of Long-Term Qualified Residential Treatment Program \(QRTP\) Placements](#) and form **CS-4215, Qualified Residential Treatment Program (QRTP) Commissioner Long-Term Review Summary and Authorization**, if applicable.
- a) The PSD or ND staff may participate in the CFTM if needed and available. The FSW/JSW should communicate any CFTM dates and identified timeframes to those looking for placement so that the PSD or ND staff can plan to participate or provide updates for the FSW/JSW to share with the team.
 - b) Information Disclosure at Potential Placements
 - c) If circumstances require any child/youth to be placed in a potential contract provider setting, DCS provides all information to the potential contract provider to ensure appropriate placement and services. The contract provider is responsible for sharing the information with foster parents or

	<p>residential placements for full disclosure prior to placement.</p> <p>d) In the event that a child/youth is referred and placed in a DCS foster home, the Department discloses all information in accordance with DCS Policy 20.25, Health Information Records and Access. This includes the use of form CS-0727, Initial Intake, Placement and Well-Being Information and History.</p> <p>e) If a foster parent has concerns regarding full disclosure of child/youth information, they may contact the local DCS office and schedule an opportunity to review child/youth specific information and discuss concerns with the FSW/JSW and Team Leader.</p>
<p>D. Placement Standards and Options</p>	<p>All placements on behalf of a child/youth must consider the following three (3) principals:</p> <p>1. Minimizing the trauma experienced by the child/youth and families during the placement process;</p> <p>a) The CFTM considers placements for child/youth that are the least restrictive and the least intrusive setting to meet their needs, including the opportunity to keep siblings together in foster homes.</p> <p>b) If a sibling group is separated at the time of placement, the child/youth’s FSW/JSW, along with other identified staff, makes immediate efforts to reunify the siblings including recruitment of a home where siblings can be reunited, services provision to address safety concerns, and visitation as appropriate to maintain the sibling bond. Documentation of reunification efforts are maintained in the case file.</p> <p>c) During assessment of the initial or continued placement of a minor child that has a child of their own removed during a custodial episode (by emergency removal or voluntary placement agreement), the maturity level and needs of the minor parent and the infant must be strongly considered. If the minor parent is less than 16 years of age and if there is no relative/kinship placement available for both the infant child and the minor parent, placement of the infant child with the minor parent is discussed with the Regional Director or Designee prior to a final decision. If there is a need for additional support to the infant, mother, and foster parents, form CS-0674, Special/Extraordinary Rate Request, is completed and considered to support the child’s placement with the minor parent. Refer to DCS Policy 16.29, Foster Home Board Rates.</p> <p>d) When making placement decisions for victims of exploitation, refer to Safety Notice: Creating Safe Environments for Youth Survivors of Exploitation.</p> <p>2. Striving for the first placement to be the best placement within the child/youth’s home county/community or as close to home as possible;</p> <p>Placement considerations occur in a successive manner from least restrictive to most restrictive according to the individual child/youth’s needs. Potential placement options are considered as follows:</p> <p>a) <u>Within their own Home</u>- Whenever possible, the child/youth remains in their own home with supportive services. These services include formal and informal supports accessed within a child/youth and family’s</p>

community. Placement with a parent who resides out of state is subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section J and the ICPC Practice and Procedure Manual for specific referral and placement procedures.

- b) With Relative or Kin- Placement with a relative/significant kin is preferred over that of a non-relative as long as the relative home can provide a safe and stable environment.
- ◆ Relative/significant kin providing for child/youth in DCS custody is provided with the same case management support as a non-relative foster home. Relatives/significant kin receive an expedited board rate while completing the requirements to become a fully approved foster home. Once the approval process is completed, they receive the same financial support as non-relative foster homes.
 - ◆ Completion of the approval process is required. Refer to DCS Policy [16.20, Expedited Custodial Placements](#) and [Policy 16.4 Foster Home Selection and Approval](#).
 - ◆ If the child/family identify as Native American or report tribal affiliation, refer to DCS Policy [16.24, Children of Native American Heritage](#).
 - ◆ Placement with a relative or kin resource who resides out of state is subject to compliance with the *Interstate Compact on the Placement of Children*. Refer to Section J of this policy and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedures Manual](#) for specific referral and placement procedures.
- c) Foster Home Inside the Child's Home County/Neighborhood- Whenever possible, the child/youth is placed in foster homes within or as close to their own neighborhoods as possible. By placing the child/youth within their neighborhoods, they have the best opportunity to maintain connections to their informal supports and remain in their current school. This option limits the amount of trauma experienced by the removal process. Efforts are made to access both informal and formal outpatient services to meet any needs identified. Please refer to [Safety Notice: Creating Safe Environments for Youth Survivors of Exploitation](#) prior to making placement decisions for child/youth exploitation victims.
- d) Foster Home Outside of the Child's Home County/Neighborhood- When foster homes are not available within the child/youth's neighborhood, the child/youth is placed in the nearest foster home to their community. Specific plans are made for the child/youth to be able to maintain connections to their community supports and friends while they are temporarily away from home. Much like placement within their communities, informal and formal outpatient services are accessed to meet any treatment needs. Placement with a foster home for a child/youth who resides out of state is subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section J and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#) for specific referral and placement procedures.

- e) Group Home- This placement type is sought for a child/youth with moderate behavior problems that could not be better served in a family setting. Assessment criteria reflects the need for a higher level of care outside of a family setting. The child/youth must present minimum to moderate risk to the community so that specialized services can be accessed outside of the facility on an outpatient basis. Placement with a group home located out of state is subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section J and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#) for specific referral and placement procedures.
- f) Residential Treatment Center- Residential Treatment Centers (RTC) are utilized when the child/youth has serious symptoms or major impairment in several areas, such as work or school, family relations, judgment, thinking or mood, or a moderate to high risk of elopement. They have a moderate to high risk of instability in behavior and mental health status, or occasionally experience acute psychiatric episodes. Impairment prevents regular utilization of outpatient treatment. Placement in a licensed Residential Treatment Center (RTC) located out of state is subject to compliance with the Interstate Compact on the Placement of Children. Refer to Section J and the [Interstate Compact on the Placement of Children \(ICPC\) Practice and Procedure Manual](#) for specific referral and placement procedures.
- g) Detention- Detention is utilized as a short-term placement for delinquent child/youth only that require constant supervision due to their risk to the community and/or others. This setting is utilized as a temporary placement (refer to Section G-2 of this policy) until assessment of the child/youth's needs is completed, or a more long-term placement is secured.
- h) Hardware Secure-This placement setting is utilized for delinquent offenders that have multiple or aggravated felony offenses and pose a significant risk to the community. Child/youth considered for this placement meets the criteria and expectations in accordance with DCS policy [18.34, Criteria for Referral and Placement of Youth in a Hardware Secure Facility](#).
- i) Hospital/Sub-Acute-This type of service is utilized when behaviors are influenced by delusions, hallucinations, or serious impairment in communications. There is an inability to function in almost all areas and the child/youth may pose a significant risk of harm to self or others. The level of functioning is not due exclusively to intellectual disabilities, organic dysfunction, or developmental disabilities. The difficulties are amenable to active psychiatric treatment and require twenty-four (24) hour supervision or access to staff. The child/youth presents a need for highly specialized on-site treatment, and the assessment results reflect a need for this type of service.

	<p>3. Placing the child/youth in the most appropriate, most family-like setting that meets their needs, including out of state placements subject to compliance with the ICPC (Refer to the Interstate Compact on the Placement of Children (ICPC) Practice and Procedure Manual).</p> <ul style="list-style-type: none"> a) Child/youth for whom the permanency goal is adoption, is placed (whenever possible) with a family in which adoption is a possibility. b) Race/ethnicity/religion and/or gender identity will not be the basis for a delay or denial in the placement of a child/youth either with regard to matching the child/youth with a foster family or with regard to placing a child/youth in a group facility. It should be noted, however, that race/ethnicity and/or gender identity is otherwise an appropriate consideration in evaluating the best interest of an individual child/youth to be matched with a particular family. c) Foster parents and their guests will not smoke, vape, or use other forms of e-cigarettes or smokeless tobacco inside the home or during transportation of a child in foster care. Children/youth that are medically fragile, or who experience asthma or other breathing-related conditions, are not placed into homes with foster parents who smoke. d) All household members (adults and children) must have up-to-date pertussis (whooping cough) and influenza vaccines to foster children under the age of eighteen (18) months old or with significant documented medical needs. Foster parents may request exemption from this requirement on the basis of religious or moral convictions. To request exemption, the foster parent completes CS-4256, Vaccine Exception Declaration for Foster Parents and provides the document to their Foster Parent Support (FSP) worker or contract agency provider, who ensures the document is scanned into TFACTS in the documents section of the foster parent’s home page. <p>Note: If a DCS foster home wants to become a foster home serving medically fragile children/youth, the home must become a shared home with a contract agency that is approved to serve medically fragile children/youth. For the scope of services for a medically fragile child/youth, refer to the Contract Provider Manual.</p> <ul style="list-style-type: none"> e) Placement of a child/youth that falls within an Exception Category is considered carefully. For more information regarding placement exceptions, see Section G of this policy.
<p>E. Emergency Foster Home Placement</p>	<p>When an emergency situation arises and no placement option within the child/youth’s county or region is available, placement into an emergency foster home is optional while the PSD continues to look for long term placement. The length of time of placement into these homes is typically limited to three (3) days, however the length of stay can be extended with approval from the Regional Director (RD) based on the needs of the child/youth and resources available. For emergency placements with parent/relative (kin) under ICPC Border Agreements, refer to the DCS Website.</p>

<p>F. RD to RD Approval/Courtesy Process</p>	<p>The RD to RD courtesy/approval process is utilized to ensure the safety and best interest of a child/youth to be placed in the home as well as the safety and best interest of the biological/adopted children/youth already in the home. The CFTM process is also utilized to assess the dynamics of the home and to address the safety and best interest of all children/youth in the home, including biological and adopted children/youth and Extension of Foster Care (EFC) young adults when placement is being considered.</p> <ol style="list-style-type: none"> 1. A RD to RD courtesy is required when a region wants to place a child/youth within a home in another region and there are no children/youth from that region in that home. The requesting RD contacts the RD of the region where the child is placed to inform them of the placement. 2. RD to RD approval is required when the region needs to place a child/youth within a home in another region who has a child/youth placed in the home. This approval process is initiated by the PSD staff, who have a discussion and obtain feedback about the potential placement. This information is then presented to the RD by their regional PSD staff for approval. The approval is documented on form CS-1052, Regional Director (RD) to Regional Director (RD) Approval. <p>Note: The RD to RD approval does not take the place of a Placement Exception Request (PER) if a PER is required for the placement scenario. PERs are documented separately, utilizing form CS-0664, Placement Exception Request (PER).</p> <ol style="list-style-type: none"> 3. Once approval or denial is received, the receiving RD contacts the appropriate sending RD within twenty-four (24) hours. In emergency situations, decisions are made as soon as possible. Depending upon the urgency of the situation, this notification may occur by e-mail or by phone. Contract Agencies are notified regarding status of approval by either the requesting or sending region. <p>Note: Refer to DCS Policy <u>31.3, Case Transfer Guidelines Between Regions, Agencies and Facilities</u> when a case transfer is considered.</p>
<p>G. Placement Exceptions</p>	<ol style="list-style-type: none"> 1. When identifying a placement that best meets the child/youth and family’s needs, it is necessary to determine whether it falls into a Placement Exception category. If so, the RD/Designee must approve the PER PRIOR to placement. Refer to CS-0664, Placement Exception Request (PER) for exceptions to these standards. In situations where contract agencies are seeking to make a placement change, they contact the PSD placement specialist immediately and wait for approval. <p>Note: A PER is obtained prior to a child going on visits with a prospective family for placement. This reduces unintended trauma if the PER is unable to be approved.</p> <ol style="list-style-type: none"> 2. Upon RD/Designee approval (verbal or email), form CS-0664, Placement Exception Request (PER) is completed and submitted to the RD/Designee within two (2) business days. RD/Designee must sign form CS-0664 within two (2) business days of receiving the request. The form must then be uploaded into the placement record in TFACTS within two (2) business days of RD/Designee signature. The PSD placement specialist is responsible for completing all PERs.

	<p>Note: The following guidelines do not apply to the Extension of Foster Care Services (EFC) population.</p> <ol style="list-style-type: none"> 3. The PER approval is effective for the duration of the placement and does not need to be repeated for consecutive days within the same placement setting. Temporary breaks in placement such as respite or acute hospitalization do not require a new PER if the child/youth returns directly to the approved setting. 4. Any placements, including ICPC approved placements, that meet the following criteria require a PER: <ol style="list-style-type: none"> a) Separation of siblings (Use for sibling groups placed into custody within thirty (30) days of each other and/or babies born into the sibling group); b) More than five (5) total children/youth (including birth and adopted children/youth) in a foster home (See <u>Guidelines for Foster Home Placements Exceeding Five Total Children in a Foster Home</u>); c) More than four (4) children over the age of thirteen (13) in the home; d) More than two (2) children/youth under the age of two (2) in the home; e) More than two (2) therapeutic (medically fragile, level 2, or level 3) children/youth in the home; f) Separation of children/youth of minor parents in foster care; g) Placement of a youth in a DCS office; or h) Adjudicated Dependent/Neglected or Unruly child/youth in a jail, correctional, or detention facility. <p>Note: For more information regarding PER's, refer to the <u>Guide to Placement Exception Categories</u>.</p> <ol style="list-style-type: none"> 5. Children/youth who have high risk scores, as identified on the CANS Assessment, must have safety plans if placed with other children/youth. Refer to DCS Policy <u>31.18 Safety Planning for High Risk Behaviors in Children and Youth in DCS Custody</u> for more information.
<p>H. Placement of Child/Youth in Foster Care in Detention, Jails, or Correctional Facilities</p>	<ol style="list-style-type: none"> 1. No child/youth in foster care is placed in a jail, correctional, or detention facility unless the child/youth has been charged with a delinquent offense or unless otherwise placed or ordered by the court. Court orders, verbal or written, instructing DCS to place a child/youth in jail, hardware secure facility, or detention facility are provided immediately to the DCS Regional Counsel for interpretation and legal advice.

	<ol style="list-style-type: none"> 2. Upon notice that a child/youth in DCS custody has been placed in a jail, correctional facility, or detention center, the assigned FSW immediately determines the child/youth’s current adjudication status. 3. If it is determined that the child/youth is in DCS custody as a result of a dependent/neglect or unruly adjudication, the FSW immediately determines if detainable delinquent charges have been filed against the child/youth or if there is a court order placing the child/youth in the facility. If child/youth’s placement type is court ordered, they must remain in this placement type until the order is amended upon reconsideration by the court, or until a higher court reverses the court order, as confirmed by the DCS attorney. 4. When it is determined that there are no detainable charges against the child/youth and Regional Counsel determines that the court order does not require the child/youth’s placement in a hardware secure facility (such as a jail, correctional facility, or detention facility); the FSW makes arrangements for the child/youth to be removed from the facility and placed in an appropriate foster care placement. The response to the removal of a child/youth from these facilities is <u>immediate</u>. During such periods, that a child/youth is in a detention facility or jail, assessments are conducted to determine the most appropriate placement setting. 5. If a child/youth is awaiting community placement and is not moved within fourteen (14) days, approval must be given by the RD for the placement to continue. If the youth is supervised by Juvenile Justice, approval must be given by the Statewide Director. 6. A child/youth placed in detention or otherwise detained in another state due to run away or other legal reasons is subject to return through the <i>Interstate Compact on Juveniles (ICJ) program</i>. All out of the state placements in a residential setting must comply with Interstate Compact on the Placement of Children (ICPC). For more information, see Section J.
<p>I. Placement of Delinquent Youth in a Foster Home</p>	<ol style="list-style-type: none"> 1. When placing a delinquent youth in a foster home, the prospective foster family is provided with all available information regarding the youth’s delinquent record. 2. Youth adjudicated delinquent, committed to DCS for felony offense(s) and who have a history of convictions for felony offenses, will not ordinarily be placed in a family foster home. Any such placement must be approved by the Statewide Director/Designee and the committing Juvenile Court is notified of the planned foster home placement. 3. Step-down and placement in a family foster home is made following a period of residential treatment without notification to the committing court or approval from the Statewide Director/Designee. If the foster home has other children/youth residing in it (biological or foster), the risk to those children/youth is assessed prior to the placement of a delinquent child/youth in the home if the delinquent child/youth was adjudicated on charges regarding violence against a person (including sexual offenses).

	<ol style="list-style-type: none"> 4. Youth adjudicated delinquent, committed to DCS because of misdemeanor offenses and in the absence of prior felony offenses, may be placed in family foster homes following notification to the committing court. 5. Foster parents must complete a nine (9) hour course, "<i>Parenting Youthful Offenders</i>" prior to accepting youth adjudicated delinquent for placement.
<p>J. Out of State Placements (ICPC)</p>	<ol style="list-style-type: none"> 1. The out of state placement of a child/youth in DCS custody with a parent, relative/kin, foster/adoptive home, group home, or licensed residential treatment facility is subject to compliance with the Interstate Compact on the Placement of Children (TCA 37-4-201-207) Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239, and DCS Policy <u>1.30, Interstate Compact on the Placement of Children</u>. 2. No child/youth in DCS custody shall be placed out of state until appropriate DCS personnel has submitted a complete ICPC referral with the TN DCS State Office/ICPC Unit, and the appropriate public authority in the proposed receiving state has issued a written approval for placement. 3. Placement of a DCS child/youth out of state prior to issuance of an approved placement decision by the receiving state authorities constitutes a violation of the Compact and puts the child/youth "at-risk". The receiving state may request immediate removal of the child and/or provide no supervision of the placement due to the violation. 4. DCS is responsible to maintain the custodial child/youth in an intra-state placement pending compliance with the Interstate Compact Placement of Children (ICPC). Compliance requires initiation of a referral and the issuance of a written decision regarding placement of the child/youth from the proposed receiving state ICPC office. 5. No child/youth is placed out of state in a licensed residential treatment center or any other group care setting (out of state) prior to compliance with the <i>Interstate Compact on the Placement of Children (ICPC)</i>. Refer to the <u>Interstate Compact on the Placement of Children (ICPC) Practice and Procedures Manual</u> for procedures on ICPC compliance.
<p>K. Documentation</p>	<ol style="list-style-type: none"> 1. Placement information for children/youth in DCS custody is entered or updated in TFACTS within twenty-four (24) hours of any change and available to authorized personnel. 2. A Notice of Action (NOA) is completed in TFACTS for any placement into or moving from a level 2, 3 or 4. For more information refer to the <u>NOA-GRIER FAQ</u>. 3. Events not documented elsewhere in TFACTS or requiring a more comprehensive explanation are entered into case recordings, which are recorded and completed within thirty (30) days of date of occurrence.
<p>Forms:</p>	<p><u>CS-4215, Qualified Residential Treatment Program (QRTP) Commissioner Long-term Review Summary and Authorization</u></p> <p><u>CS-0206 Authorization for Routine Health Services for Minors</u></p>

	<p><u>CS-0657, Education Passport</u></p> <p><u>CS-0664, Placement Exception Request</u></p> <p><u>CS-0674 Special or Extraordinary Rate Request</u></p> <p><u>CS-0727 Initial Intake, Placement and Well-Being Information and History</u></p> <p><u>CS-0747 Child and Family Team Meeting Summary</u></p> <p><u>CS-1013 Kinship Exception Request</u></p> <p><u>CS-1052, Regional Director (RD) to Regional Director (RD) Approval</u></p> <p><u>CS-1143, Juvenile Justice Youth Placement Referral Checklist</u></p> <p><u>CS-4256, Vaccine Exception Declaration for Foster Parents</u></p> <p><u>TennCare Medical Appeal</u></p>
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<p>Collateral Documents:</p>	<p><u>16.24, Children of Native American Heritage</u></p> <p><u>18.34, Criteria for Referral and Placement of Youth in a Hardware Secure Facility</u></p> <p><u>CANS Case Protocol</u></p> <p><u>Contract Provider Manual</u></p> <p><u>Guide to Placement Exception Categories</u></p> <p><u>The Interstate Compact on the Placement of Children Practices and Procedure Manual</u></p> <p><u>NOA-GRIER FAQ</u></p> <p><u>Protocol for Continuation of TennCare Eligibility for Children Exiting Custody</u></p> <p><u>Protocol for Placing Children in a Qualified Residential Treatment Program (QRTP)</u></p> <p><u>Protocol for Commissioner’s Review of Long-Term Qualified Residential Treatment Program (QRTP) Placements</u></p> <p><u>Regional Placement Services Division (PSD) Support Guide</u></p> <p><u>Safety Notice: <u>Creating Safe Environments for Youth Survivors of Exploitation</u></u></p> <p><u>Protocol for Placement with New DIDD Family-Based Home</u></p> <p><u>Guidelines for Foster Home Placements Exceeding Five Total Children in a Foster Home</u></p>
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Glossary:	
Term:	Definition:
Child of Minor Parent:	An infant that is born to a child/youth that is already in the care/custody of the state agency, but the mother and infant are placed in the same foster home together.

Licensed Child Placing Agency:	Any agency operating under a license to place children/youth for adoption.
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