

Section 10. Conduct a Child Welfare case plan review

Procedure

- The caseworker must:
 1. Review the Child Welfare case plan a minimum of every 90 days and make appropriate updates.
 2. Consider revising the Child Welfare case plan to include recommendations that will improve parents' protective capacity related to the identified safety threats.
 - a. Do this within 30 calendar days of receiving an expert evaluation that was requested by Child Welfare.
 - A. If the recommendations are not implemented and included in the Child Welfare case plan, the rationale must be documented in OR-Kids.
 - » Document in OR-Kids case notes when the decision is made.
 - » Document the decision in the next Child Welfare case plan update.
 3. Review the Child Welfare case plan in a face-to-face meeting with the parents and also the child if 14 years of age or older.
 - a. If a parent of child age 14 of age or older is not available for the review, the caseworker must document the following:
 - A. The reason the parent or child aged 14 year of age or older was not available.
 - B. The efforts that were made to involve the parent or child aged 14 years of age or older in the review.
 - b. The meeting may also include the child at any age, substitute caregiver, service providers, attorneys, CASA and other family members.
 - A. The caseworker must consider input from the child or young adult, the service providers, safety plan participants, substitute caregivers, attorneys, a child's CASA, persons with significant attachments to the child, and family members during a case plan review, whether gained during the meeting or through other contacts or correspondence.
- In all cases, the case plan review must include:
 1. An assessment of the progress made in achieving the expected outcomes of the Child Welfare case plan. Follow Section 11 of this chapter, Measure progress, which addresses procedure to use when assessing and determining progress in achieving expected outcomes.

Chapter 3 - Managing child safety in and out of home

2. Input from service providers, foster parents, attorneys, CASA and family members.
 3. Observations of improved or worsening parent protective capacity based on specific behaviors, conditions or circumstances that have measurably changed.
 4. The elimination or management of identified safety threats.
- In substitute care cases, the case plan review must also include:
 1. An assessment of one or both parents' progress toward meeting the Conditions for Return.
 2. A review of the services being provided to the child and whether they are building upon the strengths of the child and meeting the child's needs, including those identified in the CANS screening and, when applicable, the Personal Care Assessment.
 3. An assessment of the ability of the substitute caregiver to meet the identified needs of the child including:
 - a. The child's physical and emotional safety
 - A. Does the substitute caregiver possess the skill level or willingness to acquire the skills necessary to meet the physical, emotional and supervisory needs of the child?
 - B. Do the ages, number and gender of other children currently in the home impact the caregiver's ability to meet the child's needs?
 - C. What are the behaviors of the children currently in the home as they relate to protection from further victimization and from harm to self or others?
 - D. What is the substitute caregiver's ability to protect the child from inappropriate contact with those who would harm the child?
 - E. Does the physical layout of the home impact the substitute caregiver's ability to adequately supervise children?
 - b. Preserving existing attachments to family
 - A. Is the substitute caregiver a relative? If not, what does a review of the relative search results indicate? What are the barriers to placement with a relative and can they be eliminated?
 - B. Does the substitute caregiver meet the family's placement preference?
 - C. Is this the substitute caregiver the child requested?
 - D. Does the substitute caregiver support the child's attachment through supporting visitation and working with the family?
 - E. Does this substitute caregiver provide mutual care when both child and parent require out-of-home placement?
 - c. Supporting continuity and familiarity
 - A. What is the parents' relationship with the substitute caregiver or the child's ability to develop relationships with a substitute caregiver?

Chapter 3 - Managing child safety in and out of home

- B. What is the substitute caregiver's proximity to the child's neighborhood, school and family?
- C. What is the substitute caregiver's capacity to support reunification, provide a permanent home, or ability to support transition to a permanent home?
- d. Supporting appropriate educational, developmental, emotional and physical support for the child
 - A. Does the substitute caregiver have a demonstrated capacity to meet the child's specific or unique needs, including needs identified in the CANS screening?
 - B. If the child is receiving a Level of Care as a result of the CANS screening, has the substitute caregiver effectively implemented the supervision plan?
 - C. Is the substitute caregiver willing to acquire the skills necessary to meet the child's specific needs?
 - D. Does the substitute caregiver assist in getting the child to appointments for physical, mental health and dental care?
 - E. Does the substitute caregiver have the ability to meet the child's needs considering the number and type of children in the home?
 - F. Is the substitute caregiver willing and able to assist, participate in decisions about, and act as an advocate for the child?
 - G. Is the substitute caregiver able to identify and build upon the child's strengths?
 - H. If the child is receiving personal care services, are the child's additional medical needs addressed with these services? Is the child's medical condition improving or, if the child has a chronic or serious medical complications, is the child's medical care sufficiently meeting those needs?
- e. Meeting the child's needs to be nurtured and supported
 - A. Considering the other children in the home, what is the substitute caregiver's:
 - » Desire to provide care for this child and ability to nurture and support?
 - » Willingness to provide care as long as needed?
 - » Willingness to support transition home or other placement?
 - » Ability to recognize a child's needs and build on the child's strengths?
- f. Supporting the child's cultural and religious background
 - A. What is the substitute caregiver's ability to:
 - » Appreciate, nurture, support and reinforce the cultural identity of the child?
 - » Support the child's development and help the child form age-appropriate developmental and social skills?
 - » Communicate with the child?

Chapter 3 - Managing child safety in and out of home

- » Honor and accommodate religious differences, and support the child's religious heritage and preferences?
- 4. A review of the supervision plan if one is in place.
 - a. The review of the supervision plan should include a conversation with the substitute caregiver and may also include the child and the certifier for the substitute caregiver. Questions to consider include:
 - A. Whether the plan is meeting the child's supervision needs as identified in the CANS screening.
 - B. Whether the plan should be adjusted to be more or less structured depending upon how the child is progressing in the placement.
 - C. Whether there has been significant, observed, documented changes in the pattern of the child's behavior to warrant a referral for a new CANS screening.
- 5. The review of the personal care services plan if one is in place.
 - a. The review of the personal care services plan should include a conversation with the substitute caregiver and may also include the child, the certifier for the substitute caregiver and the personal care nurse manager when needed. Questions to consider include:
 - A. Do the services address the child's needs to remain in the least restrictive environment?
 - B. Is the child's medical condition improving, or, if a chronic or serious illness, remaining stable?
 - C. Is the child receiving ongoing, appropriate medical care?
- 6. A review of the search for the child's relatives. The following questions may help:
 - a. What maternal and paternal relatives have been identified and contacted?
 - b. What maternal and paternal relatives have responded and what actions have been taken responding to their interest to be a placement resource, visiting resource, desire to maintain connection with the child, or safety service provider?
 - c. In what ways have the relatives been engaged with the family and the child?
 - d. Have relatives been contacted again when there was no response to the initial inquiry?
 - e. Is it appropriate to contact relatives again (e.g., considering a placement change, considering a case plan change, considering a return home)?
 - f. Are there some relatives who were denied placement but could be engaged to participate in the child's life in other ways and if so, how?
- 7. A review of the visitation plan. The following questions may help:
 - a. How have changes in the parents' protective capacity impacted supervision of visits?

Chapter 3 - Managing child safety in and out of home

- b. Does the visitation plan meet the child's safety and well-being needs?
 - c. Is the visitation plan the least restrictive plan?
 - d. What opportunities exist for the child to visit with other family members?
 - e. Does the visitation plan support progress toward the conditions for return and the expected outcomes the case plan?
8. Consideration of a child's siblings.
- a. Are siblings placed together? If so, and there are supervision and/or therapeutic issues (e.g., aggression or sexual acting out between siblings), what services are in place to address those issues?
 - b. If siblings are not together, what ongoing efforts are being made to place them together? What efforts are being made to keep them connected while in placement?
 - c. Has a permanency committee made a recommendation that it would not be in their best interests to be placed together? If so, what efforts have been made to assess their need for ongoing connection and how is that need being met?
9. A review of concurrent planning.
- a. What is the child's concurrent permanency plan?
 - b. How have we engaged the family to develop the concurrent plan?
 - c. What actions are currently underway should the concurrent plan become the permanency plan for the child?
 - d. What remaining actions need to occur to implement the concurrent plan?
 - e. Has the child been in care for 15 out of the last 22 months and, if termination of parental rights (TPR) has not been filed, what is the compelling reason not to pursue TPR?
- Review the Child Welfare case plan with the supervisor to gain approval of the revised case plan.
 - Document the Child Welfare case plan review by recording updated information in OR-Kids:
 1. The information gathered for a 90-day review may be documented in OR-Kids case notes or on the Child Welfare case plan form
 2. Document input received from service providers, substitute caregivers, attorneys, the child's CASA, persons with significant attachments to the child, and family members.
 3. Review and fully update the Child Welfare case plan at least every six months, with the current information and a record of progress, using the case plan form in OR-Kids.
 4. Submit completed case plan to supervisor for approval

Chapter 3 - Managing child safety in and out of home

5. Distribute the updated Child Welfare case plan, no later than seven days after the supervisor has approved the case plan, to the following individuals, unless doing so would provide information that places another person at risk:
 - a. The parents
 - b. An American Indian/Alaska Native child's tribe(s)
 - c. If involved with the court, also distribute to:
 - A. The CASA
 - B. Attorneys of record for the parent, legal guardians and child

Role of the supervisor

- Regular consultation with the caseworker regarding case planning and progress. Regular consultation may include brief issues-specific staffing and at least monthly reviews of each case. Worker face-to-face contact with supervisors should take into account the needs and experience of the worker, and the complexity of the family or the case load. At a minimum, worker face-to-face contact with their supervisor should be monthly to review the worker's entire case load.
- Supervisors should use the exploratory questions contained in the In-Home 90-Day Staffing Case or Family Services Case tool for in-home cases and Family Services cases, and the 90-Day Staffing Substitute Care Case for substitute care cases (Appendices 3.10 and 3.11).
- After the caseworker completes documentation of the Child Welfare case plan review (every 90 days), the supervisor must review the caseworker's documentation of the Child Welfare case plan review.
 1. Note you have reviewed the caseworker's documentation of the Child Welfare case plan review:
 - a. In OR-Kids case notes, if documentation was recorded in this manner; OR
 - b. By signing the Child Welfare case plan, when the Child Welfare case plan review is used.
 2. Consult with caseworker if Child Welfare case plan review (either the 90-day or six-month review) is not adequate and if changes need to be made.
 3. If not approving the Child Welfare case plan as is, consider the following:
 - a. The impact of the necessary changes on the parents.
 - b. Whether another meeting with the parents is needed to keep them involved in the process of updating the Child Welfare case plan and to keep parents up-to-date about the contents of the Child Welfare case plan.

Chapter 3 - Managing child safety in and out of home

Forms and references

Legal references

- Developing and Monitoring the Case Plan, [OAR 413-040-0005 to 0032](#)
- Narrative Recording
www.dhs.state.or.us/policy/childwelfare/manual_1/i-i2.pdf
- I-E.3.1 Placement Matching, [OAR 413-070-0600 to 0645](#)

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