

# Placement Decisions

## HOW TO MAKE A PLACEMENT DECISION

**Step 1: Identify** the individual needs of a child for each of the ten placement factors outlined in Minnesota Statutes, section 260C.212, subdivision 2 (b). The description in step 1 is of the **child's needs** and is not dependent on a particular care provider. This should be done as soon as a child enters care and will be updated as required depending on changes to the child's age and other specific circumstances. Over the course of a case, there may be few changes in this information or a child's needs could change significantly over weeks, months or years. The county's placement **documentation** is statutorily required to contain information regarding the individualized determination of a child's needs as identified in step 1. **See blue print in the example below** (first paragraph under each of the placement factor headings).

**Step 2: Assess** how a proposed care provider is able or not able to meet the child's needs that were identified in step 1. The description in step 2 is about the **care provider**, but is dependent on information about the child. This section will change every time a child's placement changes. If the county has more than one potential care provider, the county may use the needs identified in step 1, and each potential care provider's home study to determine which provider can best meet the child's needs. **See green print in the example below** (second paragraph under each of the placement factor headings).

**Step 3: Document** the placement decision. Important note: The county's placement **documentation** is only statutorily required to contain information regarding how the **selected** placement meets the needs of the child as identified in step 1. The placement decision should be documented in the child's Out-of-Home Placement Plan (OHPP) within 30 days of the child's placement in foster care. The OHPP must be updated when changes are required to meet the child's needs and/or every time the child moves to a new placement.

## EXAMPLE OF DOCUMENTATION REQUIRED TO SUPPORT THE COUNTY'S PLACEMENT DECISION.

**Background information:** A child, John, is under the guardianship and legal custody of the commissioner of Human Services. John has been placed in the home of Peter and Susan, his paternal uncle and aunt. This is a licensed relative foster home that is interested in adopting John.

### **The child's current functioning and behaviors**

John is a playful and energetic eight-year-old boy, but according to testing, functions closer to a six-year-old child. John has developmental delays in speech and fine motor skills. He qualifies for speech and occupational therapy and receives services through his school. John has been diagnosed with ADHD and R/O PTSD. His ADHD manifests mainly in impulsivity and the need for significant redirection. John has been seeing an individual therapist since March 2009. He is

not currently on medication, but is in the process of being evaluated. John is a child who requires a lot of attention from adults. He has a history of aggressive play with pets, but has not demonstrated this behavior for more than six months. John is slow to warm up to people he does not know, but when he does, he is talkative and engaging.

Peter and Susan arranged the testing that revealed John's developmental delays and ADHD. They participated in the process to get John an IEP at school and are in regular communication with John's speech and occupational therapists. In order to speed John's progress, Peter and Susan learned exercises from John's therapists that they do with him regularly at home. After John's diagnosis, Peter and Susan attended a training session on ADHD, which included strategies for parenting a child with this disorder. Susan takes John to his bi-weekly individual therapy sessions. She works diligently to document John's daily behaviors as part of the medication evaluation now in progress. Both Peter and Susan have regularly scheduled one-on-one time with John so that he receives adequate adult attention. At home, Peter and Susan supervise John extremely closely around the family dog and cat due to his past behaviors. One area of concern is that both Peter and Susan work full time outside of the home. They have hired a high school student to provide supervision for John after school from 3:00 p.m. until Susan returns home from work at 5:00 p.m., Monday through Friday. The high school student appears competent at this time, but John's high level of energy is challenging for many adults.

### **The child's medical needs**

John is a healthy child who visits a pediatrician for routine medical care. He is current on his immunizations. John visits a dentist for routine check-ups. At his last dentist appointment, two cavities were identified and filled.

Susan is primarily responsible for scheduling medical and dental appointments for John, although Susan and Peter share responsibility for bringing him. When John first went to live with John and Susan, he was behind on his immunizations, but he has now been caught up on all required shots.

### **The child's educational needs**

John is in 3<sup>rd</sup> grade, but his reading and math skills test around the 2<sup>nd</sup> grade level. Before John was removed from his birth mother, he moved frequently and subsequently changed schools several times. He also missed a significant number of school days, which impacted his educational and social skill development. John recently was evaluated and qualifies for special education services to address areas of speech and fine motor skills. Although he showed some delays in reading and math, his delays were not sufficient to qualify for services in these areas. John does have a difficult time focusing in class and has had some challenges in making and keeping peer friendships, but these areas are not included in his IEP.

Both Susan and Peter were instrumental in getting John assessed for special education services and participate in his team meetings. They have established a homework routine for John at home and alternate days of tutoring. His math and reading skills have both improved since the institution of the routine, though John still requires frequent prompting to stay on task. Susan and

Peter have asked the school social worker to include John in a friendship group to assist him to improve his social skills with peers in the school setting.

### **The child's developmental needs**

John is often quiet and struggles in trying to communicate with his friends and family. It was also identified during his school assessment that John may have some developmental delays which need to be addressed.

Again, Susan and Peter were instrumental in getting John assessed. They have arranged that John will meet with a speech therapist in addition to an occupational therapist three days a week to work on improving his development in these areas. Susan and John will ensure that John makes it to these appointments.

### **The child's history and past experience**

John officially lived with his mother from birth to age seven, but was informally cared for by a few different relatives, including Peter and Susan, for periods of time over the years because of John's mother's drug and alcohol abuse, her untreated mental health issues, primarily depression, and her history of involvement in violent relationships. John's father was never married to his mother, but he did have significant contact with John until he died in a car accident when John was five. When John lived with his mother, they moved frequently and John was left primarily to parent himself. He witnessed several domestic violence episodes between his mother and her boyfriend. The family first came to the attention of child protection based on a report of educational neglect due to the significant number of school days that John missed. The child protection investigation identified other problems in the home. When John was removed from his mother, he was placed in a non-relative shelter home. John soon identified his Uncle Peter and Aunt Susan as adults who had taken care of him in the past. He was moved to their home as soon as practicable, and has remained there ever since. John has lived with Peter and Susan for nine months, the longest time period he has ever lived in the same place with the same caregivers.

Peter and Susan have had a relationship with John since his birth. They were often his informal caregivers for extended periods of time when John's parents were using drugs or otherwise unavailable to parent him. When they were contacted about John's removal from his home, Peter and Susan completed the tasks necessary to get licensed for foster care and John was moved to their home. They understand John's early experiences of living in a chaotic, and often violent, environment and how that impacts him now. Peter and Susan work hard to maintain a stable home environment for John and have established routines so John knows what to expect and is better prepared for transitions. Peter and Susan are patient when helping John complete his homework and redirecting him to more appropriate behaviors. An area of concern is that Peter has expressed some anger toward John's birth mom and Peter is not comfortable with her visiting John in their home.

### **The child's religious and cultural needs**

John was baptized in the Lutheran Church as a baby. He attended weekly services only sporadically during the years he lived with his mother. John has typically celebrated holidays associated with the Christian faith, specifically Christmas and Easter. Birthdays, holidays and

other celebrations were an important tradition in his family, and usually involved a very large gathering of many extended relatives, including grandparents, aunts, uncles and cousins living nearby. The food at these celebrations consisted of traditional Scandinavian dishes, such as lefse, seafood, meatballs and krumkaker. Although John has no siblings, he has spent significant time with numerous maternal and paternal cousins through the years.

Peter and Susan are John's paternal uncle and aunt. They are an active part of John's extended paternal family. This includes regular participation in the family's traditions and celebrations. Peter and Susan also live in close proximity to many of John's maternal relatives and they are able to help John maintain connections with many of those relatives as well, including his grandmother. Peter and Susan are members of a Lutheran Church and bring John to services most weekends. John is currently participating in classes to prepare him for his first communion.

### **The child's connection with a community, school and church**

Because John moved frequently while living with his mother, he did not have enough stability to establish a connection with a community. He has lived with Peter and Susan for eight months and has adapted well to the small community in which they reside, which is just outside of the Twin Cities metro area. John knows most of the families in his immediate neighborhood and has a few friends that live within one block. John began attending Central Elementary School at the beginning of this school year and is currently in the 3<sup>rd</sup> grade. This is the first time John has remained in the same school for an entire school year. He is attached to his teacher and responds well to redirection from her. The principal has taken a special interest in John and makes sure to touch base with him everyday. John thrives with this special attention.

Even before foster placement with Peter and Susan, John had some familiarity with the neighborhood because of the times he stayed with them informally. After John joined their family, Susan encouraged play dates with area kids to assist him in making friends and to integrate him into the neighborhood, which is a close-knit group. Peter and John participate in monthly father-son activities through the local community center. Susan is a nurse at the school that John attends so she is very familiar with his teacher and all of the staff. Susan has specifically requested that the school social worker include John in the social skills group she facilitates to further help John meet friends and increase appropriate interactions with peers. Peter and Susan have been members of their church for six years. They consider many of the members to be extended family members and have relied on their pastor and others for emotional support as well to provide respite care for John.

### **The child's interests and talents**

John is a very active child and loves most organized sports, especially basketball and soccer. He is a fast runner and is really developing the beginning skills associated with these sports. John enjoys outdoor activities like boating, swimming and fishing, but also working in the yard. John takes care of his own vegetable garden and is developing a green thumb. He is extremely attentive to watering and weeding the garden and takes pride when his vegetables are served for dinner. He will eat most foods, but loves fried chicken and mashed potatoes the most. John struggles in math and reading, but generally likes school. His favorite subjects are gym and

science. John does love to play video games, and will continue for hours if he is given no time restrictions.

Peter and Susan have John involved in an organized sport every season. He plays soccer in the fall, basketball in the winter and baseball in the spring/summer. John enjoys the action of sports, but participating in these teams has also provided him an avenue to make friends, learn social skills and develop his athletic talents. Peter coaches John's basketball and baseball teams. Peter and Susan have also signed John up for swimming lessons because he loves to be in water whenever possible. He was proud when he passed level one and is now ready to begin level two. Susan shares John's interest in tending the vegetable garden. Susan or Peter assist John with his math homework every day after school. They are helping John learn appropriate ways to deal with his frustration when the math problems become difficult for him. John has not historically liked reading, but spends one-on-one time with Peter every night reading as part of his evening routine. His reading skills are emerging. An area of concern is that Peter and Susan are vegetarians and would like John to change his eating habits. However, they realize that John enjoys certain foods and they do not want to disrupt his diet at this time.

### **The child's relationships to current caretakers, parents, siblings and relatives**

John maintains some contact with his birth mom, including phone calls and some face-to-face visits when she is not using chemicals. John's father died when John was five. John is close to many grandparents, aunts, uncles and cousins on both the maternal and paternal sides of his extended family, especially his maternal grandmother. He does not have any siblings, but he has historically spent time growing up with several of his cousins with whom he is very close. Two of those cousins are the birth children of Peter and Susan: Emily, age 11, and Michael, age 9. John has lived with his Uncle Peter and Aunt Susan for nine months. Before that, he spent considerable time with them off and on since his birth. He recognizes that they are the stable parents in his life. John still has an attachment with his birth mother. He needs to continue individual therapy to confront and resolve those significant losses and adjust to his new family.

Peter and Susan have been full-time parents to John for approximately nine months. They are comfortable with him switching between calling them aunt and uncle and mom and dad. John has developed trust that Peter and Susan will take care of him. He is adjusting to their more structured parenting style, and after initial resistance, is thriving with a routine. Peter and Susan are paternal relatives of John, but value his relationships with both maternal and paternal relatives. They make an effort to facilitate visits between John and his maternal grandmother at least twice per month. The paternal extended family is close-knit and sees each other frequently. John's birth mom has on-going contact with John, primarily through monthly phone calls and face-to-face visits four times each year. Peter and Susan have set appropriate boundaries with John's birth mom and will only allow her to speak to and visit John when she is sober.

### **The child's reasonable preference, if the child is of sufficient age and developmental capacity to express a preference**

John is only eight years old and is not of sufficient age or developmental capacity to be singularly responsible to make this life-long decision.

However, Peter and Susan were approached about providing temporary and/or permanent care for John after John reported to the county social worker that they were the people he trusted and went to when he needed help. Peter and Susan had an established relationship with John prior to foster placement because they had provided informal care to him on and off over many years. John recognizes Peter and Susan as his parents and has verbalized on many occasions that he wants to stay with them forever.