



# Children and Family Services



# Northstar Care for Children

Supporting safe, permanent families for children



Minnesota Assessment of Parenting for Children and Youth Practice Guide



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## Purpose

This practice guide outlines procedures that county and tribal agencies must follow, as well as tips and suggestions for completing the Northstar Care uniform assessment, the Minnesota Assessment of Parenting for Children and Youth (MAPCY) (assessment tool). The guide is a training resource and a reference guide for specific items in the assessment tool. The guide may be helpful for foster parents, adoptive parents or relative custodians to understand the uniform assessment and how it is used. It may also be helpful to other professionals involved with child welfare services.

## Getting Started

The assessment tool is a comprehensive individual assessment that supports good practice. It is used when a child, including youth ages 18 – 21, receiving child welfare services is living with/in any of the following:

- Foster parents, licensed, or in the process of being licensed, by county, tribal or child-placing agencies
- Corporate foster care
- Relative custodian through transfer of physical and legal custody
- Adoptive parents of children under guardianship of the commissioner, Minnesota Department of Human Services
- Extended foster care – supervised independent living (EFC – SIL).

An assessor completes the assessment tool that is located in the Social Service Information System (SSIS). The assessor answers yes/no or multiple-choice questions within a series of domains. There are three types of assessments:

- **Child** ages birth through 12
- **Youth** ages 13 to 21, including youth in extended foster care who are not in EFC – SIL
- **Extended Foster Care – Supervised Independent Living** for youth ages 18 - 21.

## Domains

Each assessment uses a specialized set of questions organized into the following domains:

### Child Domains

- A. Placement Experience
- B. Dynamics in a Caregiver's Home
- C. Supervision, Guidance and Structure
- D. Mental Health, Physical Health and Development
- E. Preserving Connections
- F. Developing Identity
- G. Education
- H. Child Care.

### Youth Domains

The youth assessment has the same domains as the child assessment, but does not have the child care domain.

## **Extended Foster Care – Supervised Independent Living Domains**

- R. Transportation to Preserve Connections
- S. Transportation to Work/School
- T. Communication
- U. Young Parents
- H. Child Care.

### **Child or Youth Needs**

In each domain, a child or youth's needs are identified. The child or youth section starts with "a," which identifies strengths and progresses to "d," which identifies the greatest needs. If "d" is selected, assessors will need to provide supporting documentation. Considering what is known about children who experience child welfare services, the following is expected:

- "a" describes a strength that will apply to a few children and youth
- "b" describes basic needs that will apply to many children and youth
- "c" describes several needs that will apply to some children and youth
- "d" describes high needs that will apply to a few children and youth.

Each domain has a description of its scope and focus:

- Scope describes the needs, actions and efforts that are measured in a domain
- Focus describes why a domain is important for a child or youth receiving child welfare services, maintaining focus on a child or youth's needs and best practice.

Note: The needs section of each domain does not require or focus on a child or youth's diagnosis. Similar to the [Structured Decision Making: Strengths and Needs Assessment](#), the assessment tool measures a child's functioning and safety.

### **Parental Care and Attention**

The assessment tool looks at what caregivers are doing to parent each unique child and youth. Parental care and attention indicators are measured in each domain, except child care, to determine the intensity of care provided.

For caregivers to receive the highest rating, they need to demonstrate care at basic, significant, extensive and exceptional levels. An assessor does not pick the level, but instead selects the indicators that describe the care provided by a caregiver to a child or youth at the time of an assessment. In most domains, care levels are described as:

- Basic – common for most parents.
- Significant – offer a child or youth extra care and attention without the assistance or direction of qualified professionals.
- Extensive – a caregiver is directed or guided by a qualified professional and/or represents considerable impact on a family.
- Exceptional – involves parental attention to an identified safety risk. A caregiver's attention and actions ensure the safety of a child or youth and family members, at home and in the community.

## Domain A: Placement Experience

### Scope

This domain considers the experiences of a child in the child welfare system, and the efforts or actions of a caregiver(s) to provide a child's basic needs, make a child part of the family, and provide a stable family for them.

Research has shown that stability is vital for child development. Child welfare services may remove children from their parents' care and place them in the care of relatives or nonrelative caregivers.

This domain does not consider:

- Camp experiences
- Respite
- Informal family/babysitting arrangements away from home
- Educational programs as placements
- Speculation, anecdotal information, or informal arrangements prior to a child receiving child welfare services.

This domain measures the actions and efforts of caregivers that include:

- Seeking information
- Improving or modifying parenting practices, and
- Sustaining family relationships during times of separation.

This domain considers caregivers as parents who are committed to including a child as part of their family, not as professionals who are being paid to provide a service to a child. For adoptive parents or relative custodians, this is a legal commitment. For foster parents, the commitment is defined by the needs of a child and their legal parents.

### Child/Youth Needs

This section measures the number of foster families or facilities a child/youth has experienced during their lifetime receiving child welfare services, including shelter or emergency and residential placements. The number of placements should be consistent with the information known by a child welfare agency, and measures the number of moves a child has experienced. For example, some children will move to residential treatment from a family foster home, and when treatment is completed, return to the same family foster home. In this example, a child experienced three placements and rated a "b." The following ratings are a guide:

- **Select "a"** if a child or youth has been placed in two or fewer foster families or facility placements during their lifetime
- **Select "b"** if a child or youth has been placed in three to five foster families or facility placements, and/or has re-entered foster care after reunification or trial home visit
- **Select "c"** if a child or youth has been placed in six to eight foster families or facility placements, had a disrupted pre-adoptive placement, and/or has re-entered foster care after adoption or court-ordered relative custody arrangement
- **Select "d"** if a child or youth has experienced nine or more foster families and/or facility placements, or experienced a legally dissolved adoption or court-ordered relative custody arrangement.

The number of placements can be documented during a current foster care episode, or previous child welfare services as found in SSIS, or documentation by another state. Indicators include:

- **Re-entered foster care after reunification or trial home visit** means a child was placed in foster care, reunified with their legal parent(s) and returned to foster care within a 12-month period.
- **Disrupted pre-adoptive placement** means a child was placed in a caregiver's home with a signed adoptive placement agreement, and after the agreement was signed the placement ended.
- **Re-entered foster care after adoption or court-ordered relative custody arrangement** means that a child was adopted or legal custody was transferred to a relative after a foster care placement. The legal permanency arrangement from a previous placement episode disrupted, with a child returning to foster care. They may return to the adoptive parent or legal custodian.
- **Legally dissolved adoption or court-ordered relative custody arrangement** means a finalized adoption or court-ordered transfer of physical and legal custody to a relative is legally terminated or dissolved by the court. A child returns to foster care, and a new permanency resource will need to be established.

## Documentation

When selecting child/youth needs "d," documentation would confirm a child/youth has experienced either:

- Placement in nine or more foster families or facilities, or
- Legally dissolved adoption or court-ordered relative custody arrangement.

## Parental Care and Attention

The following provides a description of parenting indicators with examples of how caregivers demonstrate this care for children and youth. Most parenting indicators will be the same for children and youth. Parenting indicators that differ have the differences between children and youth noted.

### **1. Support a child's/youth's needs in their home, consistent with the care parents provide, including: Food, clothing, shelter, school supplies and personal incidentals. (Basic)**

To rate this indicator, consider how a caregiver:

- Provides food, clothing, school supplies and personal incidentals for a child/youth.
- Treats a child/youth as part of the family, such as providing bedroom space and a place for their belongings.
- Involves them in family routines and supports them to feel at home.
- At initial placement, shows concern for their transition, such as asking about their daily schedule and routine. A child/youth may request contact with previous parental figures.
- Asks a child/youth about their favorite foods and personal preferences for clothing, hygiene products and recreation. Helps them make good choices about nutrition, appropriate clothing and recreation.

Do not select if caregivers are not providing basic care for a child/youth, including food and shelter.

The Social Security Act requires Title IV-E foster care maintenance payments to cover the cost of (and the cost of providing):

- Food
- Clothing
- School supplies
- Personal incidentals, which are typically purchased on an as-needed basis and include a variety of items.

Youth may be responsible for some of their personal needs, but caregiver ensures youth has what is needed. This should not be interpreted as everything a youth wants.

The “Child Welfare Policy Manual” considers the following categories of expenditures examples of personal incidentals:

- Items related to personal hygiene
- Cosmetics
- Over-the-counter medications and special dietary foods
- Infant and toddler supplies, including high chairs and diapers
- Fees related to activities, such as Boy/Girl Scouts
- Special lessons, including horseback riding
- Graduation fees
- Funeral expenses
- Miscellaneous items such as stamps, envelopes, and writing paper, and tickets or other admission fees for sporting, entertainment or cultural events, or dues for clubs.

If eligible, Women, Infant and Child (WIC) resources may be used to help support the nutritional needs of an infant or young child, in addition to the Northstar Care benefits.

## **2. Advocate or seek appropriate services and supports for child/youth. (Basic)**

To rate this indicator, consider how caregiver:

- Asks for services to help child/youth. This request can be made to the social service agency, school, medical provider or other appropriate service provider.
- Shows the needs of child/youth are important, and they take action to request and or arrange for needed services.

Do not select if:

- Caregivers cannot identify services requested or actions they have taken to advocate for child’s/youth’s needs.
- Actions are not recent. In a reassessment, rate actions of caregivers during the past 12 months.

## **3. Demonstrates a capacity to make adjustments in the home and parenting style to address child’s/youth’s needs and interests, and to include them in family chores and recreation. (Basic)**

To rate this indicator consider how caregiver:

- Shows concern for child’s/youth’s stability in their home by a willingness to make changes or take actions to help them feel a sense of belonging.

- Involves child/youth in the family by describing their:
  - Specific chore(s) in the home.
  - Recreation with the family.
  - Interests and how those interests are included in caregiver’s routine.
- Provides parenting to meet individual needs of child/youth, and can identify how they have adjusted their family routines to make child/youth part of the family.
- Has adjusted to incorporate child/youth who has limitations into family routines and family fun.
- Has made changes or adjusted to the needs of child/youth.

Do not select if caregiver excludes child/youth from family life, such as not regularly including them as a member of the family in activities, recreation, or chores. Caregivers may have planned respite, but must be able to identify child/youth is included in family vacations and recreation.

**Examples**

A caregiver who talks about needing to have recreation with “just our family,” and these events exclude child/youth.

Family photos exclude child/youth.

A caregiver’s own children have privileges in the home that a foster child/youth does not have, such as going into the refrigerator for a snack or turning on the television (unless the behavior restriction has to do with a medical need).

**4. Engages with child/youth to make sense of their past by contacting and supporting relationships with people from the child’s/youth’s past, and other activities that would help them understand important events of their life (for foster child/youth, this requires approval by the county or tribal agency responsible for placement). (Significant)**

To rate this indicator, consider how caregiver:

- Can show or talk about their efforts. These efforts may be helping child/youth maintain relationships from the past, which is primarily measured in [Domain E](#). It may also include efforts or actions associated with a life book or social history that will help child/youth understand child welfare interventions and their experiences.
- Maintains these efforts as child/youth grows and develops in their home. In a reassessment, a caregiver can talk about recent efforts or activities that involve child/youth reconnecting with past experiences.

Do not select if:

- Recovering child’s/youth’s past has been identified as detrimental for them, even if caregiver is willing to do so
- Efforts to help a child/youth understand past experiences have not directly involved caregivers.

**5. Seek and attend meetings or trainings to improve the quality of parent care, including trainings specific to a child’s/youth’s individual needs and/or regularly attend support groups focused on caregiver’s needs. (Significant)**

To rate this indicator, consider how caregiver:

- Can identify trainings, books or other educational activities they have attended or completed in the past 12 months that help them care for a child/youth.
- Improves their parenting or other aspects of care (the purpose of the indicator). If required to attend specialized medical training to care for a child's/youth's needs, this would also be rated in [Domain D](#). Trainings may be rated in both Domains [A](#) and [D](#).
- Can identify a group they attended in the past three months. This could be a Web-based activity or a group that meets in person. One or more caregivers may attend the group.
- Acknowledges it is helpful for them to talk to others who are going through similar parenting or family experiences.

Do not select if identified training is:

- For home safety, orientation, car seat or other general training for foster care or adoption. For this to be selected, caregivers need to identify training that directly relates to the needs of child/youth.
- Not recent. In a reassessment, rate training or groups attended in the past 12 months.

## **6. Supports family stability by seeking and participating in community or cultural services. (Significant)**

To rate this indicator, consider how caregiver:

- Can identify community or cultural services the family regularly attends or uses that supports and/or improves family stability. Examples may include meeting with cultural/spiritual leaders or groups, and regularly attending cultural or community groups or gatherings that support family unity done together as a family. This indicator is unique to family life-style or culture, as something caregivers initiated that supports family unity.

Do not select if caregiver cannot identify a community or cultural service they are looking for, or participating in, that supports family stability. Frequency or actively seeking must be demonstrated.

## **7. Accepts a child/youth returning to their home after trial home visit or reunification with a parent or relative that was unsuccessful, or after running away from caregiver's home for more than 72 hours. Child/youth is returning to the same caregiver that previously cared for them. (Significant)**

Select this indicator when a child/youth is returning to the home of a previous caregiver after:

- Experiencing an unsuccessful reunification, and the same caregiver accepted the child/youth back into their home.
- Running away from this home for more than 72 hours, and the same caregiver accepted the child/youth back into their home.
- Was a previous caregiver, including foster parent, pre-kinship or pre-adoptive parent for a child/youth. Include emergency relative placements or licensed foster parents.

Do not select if caregiver:

- Had not previously cared for this child/youth. This indicator measures a caregiver's actions and efforts to provide a stable family when reunification was unsuccessful, not a child's/youth's experience or behavior.
- Cared for a child/youth only in informal family arrangements.
- Has been child's caregiver for more than 24 months or youth's caregiver for more than 12 months. For reassessments, the re-entry or running away event and placement in caregiver's home must have taken place within the past two years for a child or within the past year for a youth.

**8. CHILD ONLY. Accepts a child returning to their home after a trial home visit or reunification with parent or relative that included a child experiencing physical abuse, sexual abuse or neglect. Child is returning to the same caregiver that previously cared for them. (Extensive)**

Select this indicator when a child is returning to the home of a previous caregiver after all of the following:

- Returning to the same caregiver who previously cared for them before they were reunified with a parent or relative through a trial home visit arrangement, or foster care placement ended.
- Was physically abused before returning to the caregiver's home. Physically abused means a local agency determined a child experienced physical and/or sexual abuse, or neglect, and is the reason for return to foster care.
- Was a previous caregiver, including foster parent, pre-kinship or pre-adoptive parent for a child. Include emergency relative placements or licensed foster parents.

Do not select if caregiver:

- Had not previously cared for this child. This indicator measures caregiver's actions and efforts to provide a stable family when reunification was unsuccessful, not a child's experience or behavior.
- Cared for a child only in informal family arrangements.
- Cared for a child for more than 12 months since child was placed in the home after abuse or neglect. For reassessments, the abuse and placement in caregiver's home must have taken place within the past year.

**Documentation**

When selecting this indicator, assessors document that a child:

- Was previously placed as a foster child in caregiver's home before the reunification or trial home visit
- Experienced abuse or neglect, the reason they returned to foster care placement.

**8. YOUTH ONLY. Accepts a youth attending post-secondary school into their home during school breaks, and maintains contact with them during the school year when they are not in the home. Youth is returning to the same caregiver(s) that previously cared for them. (Significant)**

Select this indicator when youth is returning:

- To the home of a previous caregiver after moving from the caregiver's home to attend post-secondary education
- For the summer months or longer period of time.

Do not select if youth is not eligible for extended Adoption Assistance, foster care or guardianship assistance.

**Note:** For this indicator, if youth is ages 18 to 21 and in extended foster care – supervised independent living setting, an agency may choose to complete the assessment tool for Extended Foster Care – Supervised Independent Living. In this situation, a caregiver could be a vendor for the purpose of board and room for short stays or the summer. An agency does not need to use the youth assessment tool template for youth in extended foster care – supervised independent living who is returning to caregiver's home for a short time.

**9. CHILD ONLY. Accepts a child returning to their home after a pre-adoptive or pre-kinship placement disrupted. A child is returning to the same caregiver that previously cared for them prior to the pre-adoptive or pre-kinship placement. (Extensive)**

Select this indicator when a child is returning to the home of a previous caregiver after being:

- Removed from a caregiver that signed an Adoptive Placement Agreement, or Pre-kinship Placement Agreement. Child has returned to previous relative or non-relative caregiver(s).
- With a previous caregiver, including relative or non-relative foster parent, and may be an emergency relative placement or licensed foster parents.

Do not select if caregiver:

- Had not previously been a caregiver for child. This indicator measures a caregiver's actions and efforts to provide a stable family, not a child's experience or behavior.
- Cared for a child only in informal family arrangements.
- Has cared for child for more than 12 months since placement disruption. For a reassessment, this must have taken place within the past year.

**Documentation**

When selecting this indicator, assessors document the following:

- The previous caregiver signed an Adoptive Placement Agreement or Pre-kinship Placement Agreement
- A child was previously placed as a foster child in this caregiver's home before the pre-kinship or pre-adoptive placement occurred.

**9. YOUTH ONLY. Accepts youth returning to their home after a trial home visit or reunification with parent or relative that included youth experiencing physical abuse, sexual abuse or neglect. Youth is returning to the same caregiver that previously cared for them. (Extensive)**

Select this indicator when youth is returning to the home of previous caregiver after all of the following:

- Returning to the same caregiver who previously cared for them before they were reunified with a parent or relative through a trial home visit, or foster care placement ended.
- Was physically abused before returning to caregiver's home. Physically abused means that a local agency determined the youth experienced physical and/or sexual abuse or neglect, the reason they returned to foster care.
- Was a previous caregiver, including foster parent, pre-kinship or pre-adoptive parent for youth. Include emergency relative placements or licensed foster parents.

Do not select if caregiver:

- Had not previously cared for the youth. This measures a caregiver's actions and efforts to provide a stable family when reunification was unsuccessful, not a youth's experience or behavior.
- Cared for youth only in informal family arrangements.
- Cared for youth for more than 12 months since they were placed in the home after abuse or neglect. For reassessments, abuse and placement in caregiver's home must have taken place within the past year.

### **Documentation**

When selecting this indicator, assessors document the following:

- Youth was previously placed as a foster child in this caregiver's home before reunification or trial home visit.
- Youth experienced abuse or neglect, the reason they returned to foster care placement.

### **10. CHILD ONLY. Accepts child returning to their home after a short stay (72 hours to 59 days) in residential treatment, or other residential or correctional program or hospitalization. Caregiver remained engaged with child during treatment, and the child is returning to the same caregiver(s) that previously cared for them. (Extensive)**

Select this indicator when a child is returning to the home of their previous caregiver after:

- Leaving caregiver's home for 72 hours to 59 days for residential treatment, psychiatric hospitalization, or other residential or correctional program or hospitalization
- Returning to the same caregiver's home in which they lived prior to treatment, hospitalization or correctional stay
- Remaining in a relationship with caregiver during a short stay. This includes caregiver contacting and visiting child, providing personal items and being involved in discharge planning.

Do not select if child:

- Was not previously placed in caregiver's home. This indicator measures a caregiver's actions and efforts to provide a stable family, not a child's experience or behavior.
- Had previous placement in caregiver's home for the purpose of a pre-placement visit prior to discharge from a residential placement. The previous placement must be prior to placement in a residential program and of substantial length to establish a relationship between child and their caregiver.
- Left home to attend a residential educational program, camp or other type of recreational program.
- Ran away from a caregiver and was returned to the caregiver's home after a brief shelter stay.
- Left the home for respite, or to provide caregiver a break.
- Left home due to caregiver making arrangements with another adult to care for the child.

### **Documentation**

When selecting this indicator, assessors document the following:

- Child's previous placement was a short stay (72 hours to 59 days) in residential treatment, psychiatric hospitalization, or other residential or correctional program or hospitalization
- Child returned to their previous caregiver's home
- Contact or visitation that occurred while child was absent.

### **10. YOUTH ONLY. Accepts youth returning to their home after a pre-adoptive or pre-kinship placement disrupted. Youth is returning to the same caregiver that previously cared for them. (Extensive)**

Select this indicator when youth is returning to the home of previous caregiver after being:

- Removed from a caregiver that signed an Adoptive Placement Agreement or Kinship Placement Agreement and the youth knew the family planned to legally adopt them. Youth is returned to a previous relative or non-relative caregiver(s).
- With a previous caregiver, including relative or non-relative foster parent.

Do not select if caregiver:

- Had not previously been a caregiver for this youth. This indicator measures a caregiver's actions and efforts to provide a stable family, not a youth's experience or behavior.
- Cared for youth only in informal family arrangements.

### **Documentation**

When selecting this indicator, assessors document the following:

- In a previous foster care placement, caregiver signed an Adoption Placement Agreement or Pre-kinship Placement Agreement
- Youth was previously placed as a foster child in caregiver's home before the pre-kinship or pre-adoptive placement occurred.

**11. CHILD ONLY. Accepts child returning to their home after a legally dissolved adoption. Child is returning to the same caregiver who previously cared for them prior to adoption. (Exceptional)**

Select this indicator when child is returning to the home of previous caregiver after removal from their adoptive home. Child's adoptive parent(s) legally terminated their rights, and child is returned to previous relative or non-relative caregiver(s).

Do not select if caregiver:

- Had not previously been a caregiver for child. This indicator measures a caregiver's actions and efforts to provide a stable family, not a child's experience or behavior.
- Cared for child only in informal family arrangements.
- Was child's caregiver for more than 12 months. For reassessments, the dissolved adoption and placement in caregiver's home must have taken place within the past year.

**Documentation**

When selecting this indicator, assessors document the following:

- Adoptive parents legally terminated their parental rights
- Child was previously placed as a foster child in caregiver's home before the adoption occurred.

**11. YOUTH ONLY. Accepts youth returning to their home after a short stay (72 hours to 59 days) in residential treatment, or other residential or correctional program or hospitalization. Caregiver remained engaged with youth during treatment, and youth is returning to the same caregiver(s) that previously cared for them. (Extensive)**

Select this indicator when youth returns to the home of previous caregiver after they:

- Left caregiver's home for 72 hours to 59 days for residential treatment, psychiatric hospitalization, or other residential or correctional program or hospitalization.
- Returned to the same caregiver's home in which they lived prior to treatment, hospitalization or correctional stay.
- Remained in a relationship with caregiver during a short stay. This includes caregiver contacting and visiting youth, providing personal items, and being involved in discharge planning.

Do not select if youth:

- Had not previously been placed with caregiver. This indicator measures a caregiver's actions and efforts to provide a stable family, not a youth's experience or behavior.
- Had previous placement in caregiver's home for a pre-placement visit prior to discharge from a residential placement. A previous placement must have been prior to placement in a residential program, and of substantial length to establish a relationship between the youth and caregiver.
- Left home to attend a residential educational program, camp or other type of recreational program.

- Ran away from caregiver and was returned to caregiver's home after a brief shelter stay.
- Left the home for respite, or provide caregiver a break.
- Left home due to caregiver(s) making arrangements with another adult to care for youth.

### **Documentation**

When selecting this indicator, assessors document the following:

- A youth's previous placement was a short stay (72 hours to 59 days) in residential treatment, psychiatric hospitalization or other residential or correctional program or hospitalization
- Youth returned to their previous caregiver's home
- Contact or visitation that occurred while youth was absent.

### **12. CHILD ONLY. Accepts child returning to their home after 60 days or more in residential treatment, or other residential or correctional program or hospitalization. Caregiver remained engaged with child during treatment, and child is returning to the same caregiver(s) that previously cared for them. (Extensive and Exceptional)**

Select this indicator when child is returning to the home of previous caregiver after they:

- Left caregiver's home for 60 or more days for residential treatment, psychiatric hospitalization, or other residential or correctional program or hospitalization.
- Returns to the same caregiver's home in which they lived prior to treatment, hospitalization or correctional stay.
- Remained in a relationship with caregiver during residential stay. This includes caregiver contacting and visiting child, providing personal items, and being involved in discharge planning.

Do not select if child:

- Was not previously placed in caregiver's home. This indicator measures a caregiver's actions and efforts to provide a stable family, not a child's experience or behaviors.
- Had previous placement in caregiver's home for pre-placement visit prior to discharge from residential placement. Previous placement must have been prior to residential placement and of substantial length to establish a relationship between child and caregiver.
- Left home to attend a residential educational program, camp or other type of recreational program.
- Ran away from caregiver and was returned to the caregiver's home after a brief shelter stay.
- Left the home for respite, or to provide caregiver a break.
- Left home due to caregiver making arrangements with another adult to care for child.

## Documentation

When selecting this indicator, assessors document the following:

- Child's previous placement was 60 days or more in residential treatment, psychiatric hospitalization, or other residential or correctional program or hospitalization
- Child returned to their previous caregiver's home
- Contact or visitation occurred while child was absent.

### **12. YOUTH ONLY. Accepts youth who requests to return to foster care after living independently. (Extensive)**

Select this indicator when youth:

- Has lived independently for more than three months in extended foster care – supervised independent living, and determined by the placing agency that youth could not manage living on their own
- Returns to foster care after discharge at age 18
- Is placed in the same caregiver's home where they lived prior to discharge, or may be a new caregiver.

Do not select if youth:

- Is not eligible for extended Adoption Assistance, foster care or Kinship Assistance
- Continues to have a placement setting designation of extended foster care – supervised independent living in SSIS. This indicator is not for short-term stays in caregiver's home during a break from college or between apartments.
- Has not lived independently for at least three months.

## Documentation

When selecting this indicator, assessors document a youth:

- Previously exited foster care at age 18 and declined extended foster care benefits
- Returned to their previous caregiver's home.

### **13. CHILD ONLY. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show these activities, actions or placement conditions.

### **13. YOUTH ONLY. Signed an Adoptive Placement Agreement or Pre-kinship Placement Agreement, accepted legal transfer of physical custody, or finalized adoption of youth who was age 12 or older at the time a family committed to permanency. (Exceptional)**

To rate this indicator, after a youth's 12<sup>th</sup> birthday caregiver:

- Signed an Adoptive Placement Agreement or Kinship Placement Agreement, or
- Finalized an adoption, or accepted transfer of permanent legal and physical custody of a youth age 12 or older at the time the Adoptive Placement Agreement or Kinship Placement Agreement was signed.

Do not select if caregiver:

- Has not signed an agreement to accept transfer of permanent legal and physical custody or adopt youth. This does not measure intentions.
- Signed an agreement more than two years ago and has not legally finalized permanency.

### **Documentation**

When selecting this indicator, assessors document the following:

- The date caregiver signed the Adoptive Placement Agreement or Pre-kinship Placement Agreement, accepted transfer of permanent legal and physical custody, or finalized adoption
- Youth was over age 12 when identified permanency options were initiated or legally finalized.

### **14. YOUTH ONLY. Accepts youth returning to their home after a legally dissolved adoption. Youth is returning to the same caregiver that previously cared for them prior to the adoption. (Exceptional)**

Select this indicator when youth is returning to the home of previous caregiver after removal from their adoptive home. Youth's adoptive parent(s) legally terminated their rights and youth is returning to previous relative or non-relative caregiver(s).

Do not select if caregiver:

- Had not previously been caregiver for youth. This indicator measures a caregiver's actions and efforts to provide a stable family, not a youth's experience or behaviors.
- Cared for youth only in informal family arrangements.

### **Documentation**

When selecting this indicator, assessors document the following:

- The adoptive parents legally terminated their parental rights
- Youth was previously placed as a foster child in caregiver's home before adoption occurred.

### **15. YOUTH ONLY. Accepts youth returning to their home after 60 days or more in residential treatment, or other residential or correctional program or hospitalization. Caregiver(s) remained engaged with youth during treatment and they are returning to the same caregiver(s) that previously cared for them. (Extensive and Exceptional)**

Select this indicator when youth returns to the home of previous caregiver after they:

- Left caregiver's home for 60 or more days for the purpose of residential treatment, psychiatric hospitalization, or other residential or correctional program or hospitalization.
- Returned to the same caregiver's home where they lived prior to treatment, hospitalization or correctional stay.
- Remained in a relationship with caregiver during the residential stay. This includes caregiver contacting and visiting youth, providing personal items, and being involved in discharge planning.

Do not select if youth:

- Had not previously been placed in caregiver's home. This indicator measures a caregiver's actions and efforts to provide a stable family, not a youth's experience and behaviors.
- Had previous placement in caregiver's home for a pre-placement visit prior to discharge from a residential placement. A previous placement must have been prior to residential placement and of substantial length to establish a relationship between youth and caregiver.
- Left home to attend a residential educational program, camp or other type of recreational program.
- Ran away from caregiver and was returned to the caregiver's home after a brief shelter stay.
- Left caregiver's home for respite, or provide caregiver a break.
- Left home due to caregiver making arrangements with another adult to care for the youth.

### **Documentation**

When selecting this indicator, assessors document the following:

- Youth's previous placement of 60 days or more was in residential treatment, psychiatric hospitalization, or other residential or correctional program or hospitalization
- Youth returned to their previous caregiver's home
- Contact or visitation that occurred while youth was absent.

### **16. YOUTH ONLY. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show these activities, actions or placement conditions.

## Domain B: Dynamics in a Caregiver's Home

### Scope

This domain considers the children in a caregiver's home and measures efforts or actions of a caregiver(s) to provide individual attention to each child, as well as ensure that interactions between them are safe and healthy.

Family relationships are established when living together under the same roof. Child welfare practice often blends children with sibling relationships with children who do not have sibling relationships. Most siblings have disagreements, fight or annoy each other. However, it is not acceptable to allow children to be bullied, mistreated or abused by others in the home.

This domain includes:

- Supports caregivers may need in their home to ensure individual attention and supervision is provided when several children are in the home, or when caregivers cannot personally attend to the individual needs of several children.
- Relief from caregiver duties. This rating is also applied to Domain D.

**Note:** Relief from caregiver duties includes caregivers who are designated as waived service providers, as this is not providing parental care when in the role of a service provider.

This domain does not include efforts by caregivers to preserve sibling relationships when they are separated. These efforts are measured in Domain E.

### Child/Youth Needs

This section is the same for both child and youth and measures the child's/youth's strengths and needs, considering children living in the home.

- **Select "a"** when child is the only child/youth living in caregiver's home.
- **Select "b"** when child is living with one sibling and/or caregiver is parenting other children (minors) in their home. The children may be caregiver's biological children, adopted or foster children, or an informal arrangement between relatives or kin.
- **Select "c"** when child is living with two siblings in caregiver's home and/or caregiver is parenting other children (minors) in their home. The children may be caregiver's biological children, adopted or foster children, or an informal arrangement between relatives or kin.
- **Select "d"** when child is living with three or more siblings and/or caregiver(s) is parenting other children (minors) in the home. The children may be a caregiver's biological children, adopted or foster children, or an informal arrangement between relatives or kin. This may also include a youth who is a parent living with their child.

### Documentation

When selecting child/youth needs "d," assessors confirm a child, who is the subject of an assessment, is one of the following in caregiver's home:

- Member of a sibling group of three or more, or

- A young parent and their child.

## **Parental Care and Attention**

In Domain B, the parenting indicators are the same for a child and youth, with one exception for foster youth who are parents placed with their child. The following is a description of each indicator with examples of how caregivers demonstrate this care.

### **1. Supports children to develop healthy sibling relationships in the home, with a focus on sharing and helping each other. Parenting helps children resolve everyday disputes and promotes a sense of belonging. Caregivers pay attention to relationships and interactions among family members in the home. (Basic)**

To rate this indicator, consider how caregivers:

- Can talk about the relationships among the children in their home and the methods they use to help them get along
- Are able to identify concerns and manage interactions.

Do not select if caregiver:

- Does not have additional children in the home
- Cannot talk about their role and responsibilities as a parent to help children get along in their home.

### **2. Is able to provide the parental attention in the home to meet a child's individual needs. (Basic)**

To rate this indicator, consider how caregivers can identify:

- Individual time spent with a child.
- Daily attention, including physically holding and/or touching, if a very young child.
- Time spent having fun, playing or talking with a child. For an older child or youth, this may be during homework or in the car, but caregiver can identify a regular time they pay individual attention (talk) with child.

Do not select if caregivers cannot:

- Talk about their time as a parent to provide individual attention with child
- Identify spending time with child to listen to their needs or interests, or play or physically hold an infant or toddler.

### **3. Considers difficult or intense interactions among children in the home and adjusts parental attention to support healthy interactions. (Significant)**

To rate this indicator, consider how caregivers can:

- Identify fighting, bullying, taking each other's things, unruly or inappropriate behavior among children living in their home that is concerning
- Describe actions or adjustments made to their parenting to help children in their home learn to play or interact with each other.

Do not select if caregivers:

- Do not have several children living in the home. This indicator does not measure occasional interactions in the home among children who do not live in the home, such as children visiting or a respite stay.
- Limit efforts to changing bedrooms or making other one-time efforts for changes in the home. These efforts include physical changes in the home, but must also address how a caregiver's actions address behaviors and interactions to maintain a safe home, and help children in the home learn healthy interactions.
- Cannot identify how their parental attention is supporting healthy interactions among children living in their home.

**4. YOUTH ONLY. Through development of an affirming and respectful relationship with parenting youth, caregivers will listen, support, problem-solve and link parenting youth to appropriate resources. Support parenting youth to take responsibility for parenting and positively coaching them to learn how to parent their child. (Significant)**

To rate this indicator; consider how caregivers of parenting youth (under age 21) are:

- Helping youth be responsible for care of their child
- Describing how to coach youth who are foster children in the home.

Do not select if parenting youth in the home are not the subject of an assessment.

**4. CHILD. 5. YOUTH. Identify aggressive interactions in the home that include physical conflicts among children living in the home that are not typical sibling interactions and adjust parental attention to maintain and teach healthy family interactions. (Extensive)**

To rate this indicator, caregivers must identify aggressive interactions in the home and their actions to maintain a safe home for two or more children in their care by:

- Identifying aggressive fighting, hurtful behaviors, and inappropriate touching of private areas or other behaviors among children in the home that are not typical sibling interactions. This could include verbal fighting, intentionally damaging others' belongings, or physical fighting that may cause minor injury.
- Describing their actions or adjustments made to their parenting to protect a vulnerable child, and how they are helping/teaching everyone in their home to learn to play or interact with each other.

Do not select if caregiver:

- Does not have several children living in their home.
- Cannot describe aggressive behaviors among children in the home.
- Cannot identify how sibling fighting, hurtful behaviors, inappropriate touching of private areas, or other behaviors among children in the home are not typical sibling interactions. Most siblings do not get along at all times, and may physically fight with each other. Example: Brothers playfully punching each other in the arm while watching TV is a typical interaction. Brothers punching each other in the face, resulting in a black eye or bruises is an aggressive and hurtful interaction.
- Efforts are limited to changing bedrooms or making other physical changes in the home. Efforts include physical changes in the home, but must also address how

actions address behaviors and interactions to maintain a safe home, and help children in the home learn healthy interactions.

- Cannot identify how their parental attention provides a safe home and supports healthy interactions among children living in the home.

## Documentation

When selecting this indicator, assessors document the following:

- Aggressive interaction in the home and why it is not typical sibling interaction
- Caregiver's efforts to provide a safe home and support healthy interactions.

### **5. CHILD. 6. YOUTH. Identify dangerous interactions among children in the home that are a safety risk. A mental health or social service professional has identified the safety risk and developed a written safety plan caregivers follow to provide daily routine with intense parental attention to ensure safe sibling interactions among children in the home and when they are in the community. (Exceptional)**

To rate this indicator, first consider how caregivers identify dangerous interactions among children in the home that are a safety risk. This may include aggressive fighting or abusive behaviors among children that may result in physical harm or sexual abuse. This includes interactions that cause serious physical harm or sexual abuse that is extremely dangerous or requires professional medical care.

#### **Examples**

Sisters burn each other with curling irons or blow dryers, leaving serious burns that need professional medical care.

A child attempts to sexually assault another child in the home.

Ask to see a written safety plan, developed by a mental health or social service professional, caregiver follows to ensure safe interactions among children in the home.

The written plan:

- Describes a caregiver's actions or adjustments made to their parenting for children in their home
- Is dated and developed within 12 months.

#### **Examples**

Describes caregiver's actions to protect a vulnerable child, and how they are helping children in their home to learn safe and healthy play, and other interactions with each other.

Describes a caregiver's actions when a specific child demonstrates behavior triggers, and their actions with the other children to maintain a safe home.

Do not select if caregiver:

- Does not have several children living in the home
- Cannot identify how children's interactions are a safety risk
- Cannot describe dangerous interactions among children in the home
- Does not have a recent safety plan, developed by a mental health or social service professional, for a child in their home that addresses how they are

providing parental care to eliminate behaviors and help children in their home learn healthy interactions

- Cannot identify how their parental attention provides a safe home, and supports healthy interactions among children living in their home.

**Note:** If caregivers identify dangerous interactions among children in the home that are a safety risk, and do not have a safety plan, discuss services and resources with caregiver and assist them with accessing identified services and resources.

### **Documentation**

When selecting this indicator, assessors document the following:

- Dangerous interactions in the home and the safety plan
- Caregiver's efforts and capacity to follow the safety plan.

### **6. CHILD. 7. YOUTH. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show these activities or actions.

### **Relief Available to Caregivers**

Relief available to caregivers is considered both in Domain B – Dynamics in the Caregiver's Home, and also in Domain D – Mental Health, Physical Health and Development, as follows:

- In Domain B, relief is part of a caregiver's role to arrange and coordinate substitute care in a home for one or more children. This is considered a parental duty.
- In Domain D, relief is part of a caregiver's role to provide daily parental care of a child. The rating is adjusted based on the number of hours caregiver is relieved of the direct extra care and attention.

Domain B parenting indicators 11–14 focus on parental relief and consider the following:

- A caregiver arranging and engaging with additional adults or service providers to arrange substitute care for a child, or all children in the home
- Substitute care that offers caregiver relief from their duties
- A caregiver functioning as a designated waiver service provider for a child in their care
- Parental relief services that may include family, friends, or other relief services such as respite, personal care attendant (PCA) services, in-home nursing, waived service providers or other designated service provider.

### **Examples**

Caregivers are the legally responsible individuals who have agreed to care for a child. Two caregivers living in the home, such as a married or committed couple, or a mother and adult daughter who have jointly accepted legal responsibility for a child in the home, is not considered relief care. If another adult who lives outside the home, or in the home but is not a license holder, legal custodian or adoptive parent, provides relief care, this could be considered relief care.

If a child is eligible to receive services that provide relief, such as personal care attendant or waived services, these would always be relief from a caregiver's duties, even when caregiver is the designated waived service provider.

To rate this indicator, caregivers:

- Can identify times during the day or week when they need to arrange for others to care for a child, or identify themselves as a designated waiver service provider for a specific time period. This substitute care relieves caregiver of their primary focus on direct care of a child. As a designated waiver provider, a caregiver is providing services that are not considered parental care, therefore, must be excluded from this assessment.
- Can identify themselves, a family member, neighbor or service provider, as providing routine relief or serving as a personal care assistant for a child, and how often.
- Arranges for services in or out of the home. This could include arranging routine, informal alternative care in the home, waived services in the home, or respite care for a child, so caregiver can leave the home.

Do not select if:

- Alternative care is random. A caregiver describes an additional adult coming into the home for the couple to go out to dinner or other random babysitting arrangements. This indicator measures routine relief services, not informal babysitting a caregiver may use for an occasional event.
- Service is provided in school or a day treatment setting. Services arranged for by a caregiver must be provided during the time they are responsible for parental care of child.

### Examples

Arranging and coordinating PCA or a waived service provider for a child. Waivered service providers include caregivers who are designated as service providers. Waivered services are provided for a designated time each day or week.

A relative or friend visits three afternoons a week to rock a baby so caregiver can pay attention to children coming home from school.

A neighbor visits on Saturday mornings to care for younger children while caregiver does a weekly activity with a youth.

**Note:** There is a gap in numbering from indicator 6 in the child assessment tool (indicator 7 in the youth assessment tool) to indicator 11. This is an intentional gap that functions as a placeholder for future changes to the assessment tool.

### Relief is Available From Caregiver's Duties for:

**11. Seven hours or less a week, and up to one respite weekend a month, or no relief is available due to any reason including the following: Child/youth is not eligible for services; is eligible for services but caregiver cannot access service providers, or family/friends do not provide substitute care. (Basic)**

Caregiver arranges:

- One respite weekend a month. Respite may occur in the home or away from caregiver's home
- Relief care for an hour or less a day.

**12. Eight or more hours a week, up to and including 14 hours a week, in addition to one respite weekend a month. (Significant)**

Caregiver arranges:

- One respite weekend a month. Respite may occur in the home or away from caregiver's home
- Relief care for more than one, and up to two hours a day (averaging 30 days in a month, two hours a day is 60 hours a month)
- Two respite weekends a month without the additional eight to 14 hours of additional relief services.

**13. Fifteen or more hours a week, up to and including 28 hours a week, in addition to one respite weekend a month. (Extensive)**

Caregiver arranges:

- One respite weekend a month. Respite may occur in the home or away from caregiver's home
- Relief care averages more than two hours a day, up to four hours a day.

**Documentation**

When selecting this indicator, assessors document the number of relief service hours.

**14. Twenty-nine hours or more a week, in addition to one respite weekend a month. (Exceptional)**

Caregiver arranges:

- One respite weekend a month. Respite may occur in the home or away from caregiver's home.
- Relief care averages more than four hours a day.

**Documentation**

When selecting this indicator, assessors document the number of relief service hours.

## Domain C: Supervision, Guidance and Structure

### Scope

This domain measures the supervision, guidance and structure provided by caregivers in their home or in the community for a child/youth. The terms used in this domain are defined as follows:

- **Supervision:** Caregiver watches, observes, and is directly aware of actions and behaviors of a child/youth in their home or community.
- **Guidance:** Caregiver sets limits and talks with a child about expectations and behaviors. Caregiver provides advice or counsels a child/youth about developing self-control or learning problem solving skills.
- **Structure:** Caregiver has house rules and provides a daily routine for child/youth.

This domain does not include:

- Caregiver(s) supervising family visits. This is measured in [Domain E](#).
- Caregiver(s) adapting parenting to meet the needs of siblings and other children in the home. This is measured in [Domain B](#).
- Child's/youth's behaviors in school. This domain only considers a child's/youth's behaviors in caregiver's home or when caregiver is responsible for child/youth in the community.

All children need supervision. When caregivers accept a child/youth in their home, they agree to parent and to provide supervision consistent with child's/youth's development. The Minnesota Department of Human Services provides brochures about child development, including *Your Growing Child*. Brochures are available on e-Docs in several languages, and provide health, learning and safety considerations for the following ages:

- Ages 1 through 3 months (DHS-2688)
- Ages 4 through 5 months (DHS-2689)
- Ages 6 through 8 months (DHS-2690)
- Ages 9 through 11 months (DHS-2691)
- Ages 12 through 14 months (DHS-2692)
- Ages 15 through 17 months (DHS-2693)
- Ages 18 through 23 months (DHS-2694)
- Age 2 years (DHS-2695)
- Age 3 years (DHS-2696)
- Ages 4 through 6 years (DHS-3362)
- Ages 7 through 10 years (DHS-3363)

The Child Development Institute offers numerous resources for parents at the [Child Development Institute website](#).

In Domain C, the needs are different for a child and a youth. This section measures a child's strengths and needs for supervision, guidance and structure from caregivers.

**Select "a"** when child usually follows the rules and expectations, accepts guidance and adjusts to new situations, as follows:

- It is expected that children will make mistakes and need some correction, but this indicator is for children who are generally well behaved and usually have an age-appropriate response to parental guidance and discipline.
- A child accepts caregiver's parental authority with little to no confrontation.
- Selected for infants and toddlers who are generally good-natured, are described as a "good baby," cry when they need something, accept comfort from their caregiver, wake up at night, or have age-appropriate tantrums when limits are set.

**Select "b"** when child shows occasional challenging or difficult behaviors but is age appropriate at home and in the community, as follows:

- Child may not keep their room clean and/or take responsibility for their hygiene, and generally acts like most children their age.
- Child's behaviors do not impact their ability to participate in family or community activities, and are consistent with their developmental age.
- Describes infants and toddlers whose behavior is age appropriate. They are described as a normal or typical baby who cries, has temper tantrums, is at times awake too long in the middle of the night, and does not always accept comfort from their caregivers.
- Describes most children.

**Select "c"** when child's daily behaviors restrict (prevents) them from participating in age-appropriate activities in the home or community, as follows:

- Child may not have the self-control or problem-solving skills needed to independently play without atypical concerns.
- Child may be aggressive with peers, steal, and destruct property, and needs atypical supervision for their age.
- Infants and toddlers are placed in this indicator if they are extremely fussy, cannot adjust to a daily routine when age appropriate, and need 24-hour interaction with adults. Preventing an infant or toddler from age-appropriate activities means an infant's or toddler's behavior (cries or tantrums) impacts them from daily activities or interactions for infants their age.

**Select "d"** when child's daily behaviors severely limits their functioning and affects their safety and others' safety, as follows:

- Child has a professional functional assessment that defines their behavioral problems
- Child is older than age 5
- Child's behaviors are extreme in nature and considered a danger to self or others
- At all times, safety is an urgent consideration for child's supervision.

## **Documentation**

When selecting child needs "d," assessors document the following:

- A child's severe limitations that keep them from age-appropriate activities
- How limitations affect their safety and the safety of others
- How safety concerns are different from a child of similar age.

## Youth Needs

In Domain C, the needs are different for child and youth. This section measures youth's strengths and needs for supervision, guidance and structure from caregivers.

**Select "a"** when youth usually follow rules and expectations, accept guidance and adjust to new situations, as follows:

- It is expected that youth will make mistakes and need some correction, but this indicator is for youth who are generally well behaved and usually have an age-appropriate response to parental guidance and discipline
- Youth are not using alcohol or drugs.

**Select "b"** when youth show occasional challenging or difficult behaviors but is age appropriate at home and in the community, as follows:

- Youth may experiment or has experimented with alcohol or other drugs, most likely more than once, but there is no indication that alcohol or drugs have an impact on their pattern of behavior
- Youth may not keep their rooms clean and/or take responsibility for their hygiene, and generally act like most youth their age
- Describes most youth.

**Select "c"** when youth's daily behaviors restrict (prevents) them from participating in age-appropriate activities at home or in the community; and/or their use of alcohol or other drugs results in disruptive behaviors and discord in family, community or work relationships, as follows:

- Due to currently demonstrated behaviors, youth are not able to participate in age-appropriate activities. They may be aggressive with peers, steal, destruct property, run away and need atypical supervision for their age.
- Youth may be using alcohol or other drugs, and their past shows a pattern of this behavior. Alcohol or drug use created problems for youth and their relationships.
- Youth may have a functional assessment, developmental delay or learning disabilities, but a diagnosis is not required to rate this indicator.

**Select "d"** when youth's behaviors severely limit their current functioning and affect their safety and the safety of others, or due to disabilities, youth's current demonstrated behaviors are a risk to self or others, as follows:

- Youth have a professional functional assessment that defines their behavioral problems and safety risk.
- Youth's behaviors are extreme in nature and considered a danger to self or others.
- Safety is the primary consideration in supervision at all times.
- Youth have recently (within the past six months) been hospitalized, expelled from school, had problems with law enforcement, been incarcerated or placed in residential treatment. Alcohol or drug use requires medical intervention.

## Documentation

When selecting youth needs "d," assessors address the following:

- The severe limitations that prevent youth from age-appropriate activities at home or in the community
- How limitations affect their safety and the safety of others

- How safety concerns are different from a youth of similar age.

## **Parental Care and Attention**

The following provides a description of parenting indicators with examples of how caregivers demonstrate this care for children and youth. Most parenting indicators will be the same for children and youth. Parenting indicators that differ have the differences between children and youth noted.

**1. CHILD ONLY. Provides developmentally appropriate guidance, supervision, discipline, and sets limits to keep child safe, and helps them learn to behave appropriately at home, with peers and in the community. This includes developing and maintaining a daily routine for infants and toddlers, and childproofing the home based on a child's age and developmental needs.**

**(Basic)**

**1. YOUTH ONLY. Provides developmentally appropriate guidance, supervision and discipline. Sets limits to keep youth safe, and helps them learn to behave appropriately at home, with peers, using technology and in the community. (Basic)**

To rate this indicator, consider how caregivers:

- Describe supervision that is age appropriate for child/youth. An adult or youth closely supervises a young child at all times, and an older child would have some independence.
- Communicate behavioral expectations and house rules. Caregivers may need to correct behaviors or enforce consequences daily.
- Describe how they monitor and ensure safe use of the Internet and technology available in the home and in the community.
- Provide a daily routine/schedule or structure for child/youth, including assistance needed to wake up, monitor curfew, and time when the home is quiet for sleep.
- Maintain a daily routine and appropriate supervision for infants and toddlers that ensure safe care. This includes direct supervision when child is in the bathroom, and safe sleep practices for infants.
- Describe how they made changes in the home to ensure a child cannot access dangerous items. This includes safety precautions on stairs, locking up chemicals and other child-proofing actions to protect children from dangerous items in the home.
- Describe how they provide guidance and supervision when youth is with peers at home or in the community.

Do not select if caregivers cannot describe supervision, guidance or discipline they provide in the home and in the community.

**2. Provides guidance and supervision to the structure of child's/youth's daily activities, considering disruptive behaviors or emotional reactions that are not typical for child's/youth's age, and adapts their parenting and activities to safely manage behavior in their home, with peers and in the community.**

**(Significant)**

To rate this indicator, consider how caregivers:

- Identify changes made to their typical parenting approaches to manage child's/youth's behavior.
- Identify behavior that is not typical for child's/youth's age, considering the norms of child development.
- Describe or demonstrate parenting approaches that address disruptive behavior in the home or community, and possibly identify a child's/youth's triggers.
- Receive professional consultation for parenting child/youth, such as a therapist, behavioral specialist or other professional. Professional consultation is not required to rate this indicator, but it is rated if caregiver is receiving this service or support and adapting their parenting. Caregivers may also be receiving these supports at an interval that meets the measurement of [Indicator 7](#).

Do not select if caregiver:

- Cannot describe child's/youth's disruptive behaviors in the home or community, and their parental response to the behaviors. If child/youth does not have disruptive behaviors in the home, or has disruptive behaviors but caregiver cannot describe parental approaches, it does not meet parental care and attention measured in this indicator.
- Describes behaviors that occur exclusively at school.

**3. Provides extra attention for child's/youth's difficult interactions with peers or pets. Caregiver can define how child's/youth's interactions with peers are difficult and/or are unsafe with pets, and how their parenting supports child/youth to have safe and healthy peer relationships with others in the community, and safe interactions with pets. (Significant)**

To rate this indicator, consider how caregivers describe:

- Child's/youth's behavior that is difficult with peers or unsafe with pets
- How they respond as a parent to these situations, supporting and encouraging a child/youth to have safe interactions with pets and healthy friendships.

Do not select if caregivers cannot describe:

- How they provide extra attention to address difficult interactions. This indicator does not rate whether child/youth has difficulties with peers or pets – it rates the extra attention caregivers provide to these interactions.
- House rules that apply to all children/youth in the home.

**4. Recently completed specialized training on specific parenting strategies and structure in the home used to manage child's/youth's behaviors. (Significant)**

To rate this indicator, consider how caregivers:

- Can identify special training completed on parental supervision, guidance and structure for child/youth. Caregivers should be able to directly relate special training to supervision, guidance or structure in their home, and how it is helping them meet child's/youth's needs.
- Completed training, which may be Web-based, compact disc, book or classroom.

Do not select if identified training is for meeting:

- Child's/youth's individual physical health needs. Training to learn about physical health is measured in [Domain D](#). Example: Training to care for child/youth with diabetes.
- Foster care licensing standards or general training caregiver has previously received.

**Note:** For reassessments, training must be within the past 12 months.

**5. CHILD ONLY. For a child age 5 or under, utilizes alarms on doors/windows, visual monitors or other safety devices required to ensure child safety. This does not include child-proofing a home for an infant or young child. (Significant)**

To rate this indicator, consider how caregivers:

- Identify safety concerns for a child, and why alarms, monitors or other safety devices are required to ensure safety. This indicator measures the extra attention caregiver is providing for a child's individual needs.
- Use alarms to ensure child safety during the day and/or night.

**Examples**

A child with a heart or pulse monitor ordered by their physician.

A child wanders at night; caregiver is concerned they will get outside, so alarms are fixed on outside doors.

Do not select for common childproofing that is not considered extra attention to safety. Common childproofing includes:

- Sound or visual monitors caregiver sets up in an infant's or toddler's room to monitor sleep or play
- Gates or locks to ensure a young child does not use the stairs or access a certain area of the home without adult supervision
- Safety latches on storage areas
- Storing medication, alcohol and weapons in locked areas.

**5. YOUTH ONLY. Provides youth ages 18 to 21 with appropriate independence and supports that allow them flexibility to make their own choices, while providing guidance needed to maintain household routines and mutual respect. (Significant)**

To rate this indicator, consider how caregivers modify house rules to provide youth ages 18 – 21 with independence and flexibility, while maintaining household routines respectful to all household members.

Do not select if youth is under age 18.

**6. For a child age 6 or older, or youth, utilizes alarms on doors/windows, visual monitors or other safety devices required to ensure the safety of child/youth, and others in the home and community. (Extensive)**

To rate this indicator, consider how caregivers:

- Identify safety concerns for a child age 6 and older, or youth, and why alarms, monitors or other safety devices are required to ensure safety of child/youth and others
- Use alarms to supervise child/youth during the day and/or night.

### Examples

A child/youth with a heart or pulse monitor that has been ordered by their physician (this may also be rated in indicator 10).

A child/youth wanders at night; caregiver is concerned they will get outside, so alarms are fixed on outside doors.

Child/youth has a sleep disturbance. Caregiver installs a monitor in bedroom hallway that will alert them to nighttime movement.

A youth has a pattern of aggressive behaviors. Monitors are used in the home to ensure safe interactions.

Do not select for common child-proofing or for general use of home monitors that is not considered extra attention to safety, including:

- Sound or visual monitors caregiver sets up in a child's room to monitor sleep or play
- Gates or locks to ensure child/youth does not access certain areas of the home without adult supervision
- Locks on storage areas
- Storing medication, alcohol and weapons in locked areas.

### Documentation

When selecting this indicator, assessors document the following:

- Why a child age 6 or older, or youth, needs safety devices
- The safety devices used
- How safety devices are used
- How caregivers protect child's/youth's privacy while using the devices.

### **7. Meets three or more times a month with a culturally appropriate behavioral or mental health professional or corrections officer to adapt their parenting to implement a specific plan of supervision, guidance and structure to reduce or safely manage child's/youth's disruptive behavior(s) in the home and community. (Extensive)**

To rate this indicator, consider how caregivers:

- Identify professionals and explain the basis of the three or more appointments a month. These meetings may be with different professionals, such as a meeting once a month with child's/youth's probation officer and twice a month with their therapist to review the supervision plan.
- Can show the supervision plan, guidance and structure developed with professionals to parent a child/youth. A professional developed the written supervision plan, guidance and structure specifically for a child/youth. This may include conditions of probation, or a plan developed by a behavior specialist or part of the out-of-home placement plan.

- Can identify changes in their parenting practices. Caregiver has changed their parenting to follow the plan for child/youth.

Do not select if caregiver is:

- Not meeting with professionals three or more times a month to develop and implement a written supervision plan, guidance and structure developed for a child/youth. For a professional to expect a caregiver to follow specific supervision or guidance practices, a plan must be in writing.
- Unable to provide a written plan that is individual to a child's/youth's disruptive behaviors in the home and community. This is not a list of house rules developed by a caregiver and perhaps the licensing agency to support a safe home environment for all. This indicator measures a specific supervision plan developed by a professional providing service to a child/youth. If the plan does not address specific behaviors, supervision, guidance and structure for child/youth, it does not meet the measurement of this indicator.
- Not responsible to provide supervision and guidance to youth.

### **Documentation**

When selecting this indicator, assessors document the following:

- With whom the caregiver is meeting
- Frequency of meetings
- Saw the specific plan that addressed supervision or parenting guidance for the child/youth being rated.

## **8. Provides individual care and attention for a child, or youth, who frequently experiences episodes of intense distress not typical for their age. (Extensive)**

To rate this indicator, consider how caregivers:

- Can identify frequent episodes of intense distress for a child or youth. This may be trauma-related behavior due to a mood disorder or other diagnoses. This may include: Night terrors, temper tantrums, uncontrollable outbursts, or any other intense emotional or behavioral acts that are frequent and not typical for their age.
- Define the frequency of child's/youth's intense distress. For this indicator to be rated, the frequency does not require daily episodes of intense distress, but must be more than once a week.
- Describe the individual care and attention provided to child/youth. A child's/youth's distress requires parental care and attention.

Do not select if caregivers:

- Can ignore child's/youth's behavior or sends them to their room.
- Describe a one-time incident. Caregivers need to describe a pattern of behavior for child/youth.

### **Documentation**

When selecting this indicator, assessors document the following:

- How child/youth exhibits intense distress
- Frequency of intense distress (daily, or several times a week, or frequent trigger)

- Supervision provided during the time of distress.

**9. CHILD ONLY. Provides constant adult supervision to a child age 8 or older. This supervision ensures a child’s safety in the home, with peers and in the community. This child is never left alone in the home, with peers or in the community without a responsible adult present. (Extensive)**

The focus of this indicator is not a child’s need for supervision, but the adult supervision in the home. To rate this indicator, consider how caregivers:

- Identify the typical age a child can be left alone without adult supervision. The [Minnesota Child Protection Screening Guidelines](#), defines inadequate supervision as follows:
  - Children age 7 and under who are left alone for any period of time
  - Children ages 8-10 who are left alone for more than three hours
  - Children ages 11-13 who are left alone for more than 12 hours.
- Identifies a child age 8 or older needing adult supervision at all times.
- Identifies responsible adults who provide supervision for a child ages 8-13. Adult means individuals over age 18. If a child can be safely left alone for a period of time, or supervised by a youth under age 18, a child does not need the extra care and attention that is measured by this indicator.
- Identify adult supervision as constant, including all times of a child’s day. This includes getting to and from school, with peers and outside the home in the community. This child can safely be in a different room of the house, without direct supervision of an adult.

Do not select if caregiver:

- Identifies a child age 7 or younger needing adult supervision at all times. This indicator is not rated for a child age 7 and younger. Example: All infants need adult supervision, are monitored at night, and parents are awake with a child.
- Leaves a child age 8 or older alone for a short time, or with a youth who provides supervision. This may be appropriate supervision, but is not the extra care and attention measured by this indicator.
- Leaves a child alone to wait for a bus, or outside of the home without adult supervision. This may be appropriate supervision, but is not the extra care and attention measured by this indicator.
- Is not responsible for daily supervision and parental care, such as an adoptive parent or relative custodian who is not living with the child, and supervision is limited to visitation.

**Documentation**

When selecting this indicator, assessors address the following:

- Child is age 8 or older
- Adults who supervise the child
- When caregiver is responsible for supervision
- How caregiver ensures adult supervision at all times while child is in the home or community.

**9. YOUTH ONLY. A youth has constant adult supervision to ensure their safety, and the safety of others in the home and community. (Extensive)**

To rate this indicator, consider how caregivers:

- Describe supervision for a youth. This level of supervision is not typical for this age.
- Identify the length of time youth can be left alone without adult supervision. The [Minnesota Child Protection Screening Guidelines](#), defines inadequate supervision as follows:
  - Children ages 11-13 who are left alone for more than 12 hours.
  - Children ages 14-15 who are left alone for more than 24 hours.
  - Children ages 16-17 may be left alone for more than 24 hours with a plan in case of emergency. (This would not apply to youth in foster care.)
- Identify responsible adults who provide supervision for a youth. Adult means individuals over age 18. If youth can safely be left alone for a time, or supervised by a person under age 18, they do not need the extra care and attention that is measured by this indicator.
- Identify adult supervision to be constant, at all times of a youth's day, including to and from school, interacting with peers, and in the community. Youth can safely be in a different room of the house without direct supervision of an adult.

Do not select if caregiver:

- Leaves youth with another youth who provides supervision for a period of time. This may be appropriate supervision, but is not extra care and attention measured by this indicator.
- Leaves youth alone to wait for a bus, can be outside of the home, or with peers without adult supervision. This may be appropriate supervision, but is not extra care and attention measured by this indicator.
- Is not responsible for daily supervision and parental care, such as an adoptive parent or relative custodian who is not living with the youth, and supervision is limited to visitation

**Note:** Do not select if youth is able to be home alone, with peers, or in the community at any time.

## Documentation

When selecting this indicator, assessors document the following:

- Why constant adult supervision is necessary for youth
- The adults supervising youth
- How caregivers ensure adult supervision at all times youth is at home or in the community
- When caregiver is responsible for supervision
- How caregivers provide or ensure adult supervision for youth when they are traveling to/from school, or at youth's school or social activities.

**10. Provides one-to-one supervision of child/youth, or responsible to ensure another adult provides one-to-one supervision in the home and community. Child/youth cannot be left alone in any room in caregiver's home without a responsible adult present due to emotional functioning that is assessed to be a danger to self or others, or due to a medical**

**condition requiring continuous supervision of a specific life-threatening condition or behavior. (Exceptional)**

To rate this indicator, consider how caregiver:

- Identifies child's/youth's emotional functioning or medical condition that requires continuous vigilance. Describes conditions or behaviors that are dangerous or life threatening. This may include a child/youth with impulsive behaviors who has a pattern of very dangerous behavior and cannot be safe when alone, or child/youth who has a medical condition that requires adult supervision to ensure their safe care. Child/youth cannot be left alone in any room of the home without adult supervision.
- Identifies their actions as one-to-one adult supervision at all times. Child/youth is within an adult's line of sight at all times. Assessors will need to determine how caregivers are providing safe supervision for a child/youth with high needs during the following:
  - Sleep time supervision may include adults using monitors.
  - Awake supervision during sleep hours, such as checking on a child/youth at frequent intervals. Awake supervision during sleep hours by an adult is measured in the extraordinary level.
- Includes bathroom supervision. Many children/youth who need the highest level of supervision will be able to safely use the bathroom and take a shower without an adult in the room. However, for a child/youth to be provided one-to-one supervision, caregiver needs to have a way of checking on them without compromising privacy. If child/youth can be in the bathroom for a significant time without adults checking on them, this level of supervision is not being provided and may not be required.
- Identifies responsible adults that provide supervision. Adult means individuals over age 18. If child/youth can be safely supervised by a youth under age 18, they do not need the extra care and attention that is measured by this indicator.
- Identifies a child under age 7 who needs continuous adult supervision for specific life-threatening conditions at all times. Assessors need to determine with a caregiver the medical condition that requires supervision that exceeds the protections parents regularly provide to a young child. This indicator may be rated for a child age 7 and younger with a medical condition considered life threatening. Example: A child who wears a medical monitor at all times, and caregiver is expected to respond immediately to the medical monitor alarm.

**Note:** Extraordinary levels also consider parental indicators for a child who is medically dependent.

Do not select if caregiver:

- Identifies child/youth who does not have a life-threatening medical condition that requires vigilance at all times. This includes a child with diabetes or allergies. These conditions require caregivers to be vigilant at certain times; but if a child can be left without adult supervision in a room in the home, it does not meet the extra care and attention measured by this indicator.
- Permits child/youth to be alone in their room, or for periods of time in the bathroom, without checking on them. This may be appropriate supervision, but is not extra care and attention measured by this indicator.

- Leaves child/youth with a youth under age 18 who provides supervision for a short time. This may be appropriate supervision, but is not the extra care and attention measured by this indicator.
- Leaves child/youth alone to wait for a bus, or outside of the home without adult supervision. This may be appropriate supervision, but is not the extra care and attention measured by this indicator.
- Is not responsible for daily supervision and parental care, such as an adoptive parent or relative custodian who is not living with the child/youth, and supervision is limited to visitation.

### **Documentation**

When selecting this indicator, assessors document the following:

- How adult caregivers keep child/youth in their line of sight at all times
- Responsible adults that provide supervision
- When caregiver is responsible for supervision.

### **11. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show these activities or actions.

## Domain D: Mental Health, Physical Health and Development

### Scope

This domain measures a child's physical, cognitive, emotional and social development, including physical health needs, and measures parenting not typical for a child's age.

Many children receiving child welfare services have a mental health diagnosis, identified developmental delays, and physical health needs which require the efforts of caregivers to ensure they receive medical services.

This domain does not include:

- Parental activities typical for a child's age, such as all babies need to be fed with a bottle; or all youth need to learn to cook, manage money, and other activities to prepare for adulthood. This is considered basic care.
- Paying a caregiver as a service provider. This domain measures parental care provided by a caregiver.
- Mileage and other supports for medical appointments. Medical Assistance provides this support. Scheduling and taking a child to an appointment in this domain considers the impact the coordination of several appointments has on family life.
- Reactions to visitation with relatives or others. Reactions to visits are measured in [Domain E](#).

### Child/Youth Needs

In this domain, emotional/behavioral, physical health and developmental needs are measured separately with a scale from "a" to "d" for each. When a child has a diagnosis or identified delay, their current functioning is the primary consideration in the needs component.

### Emotional/Behavioral Needs

This section measures emotional/behavioral strengths and needs and is similar for children and youth. For youth, it includes delinquent behavior.

**Select "a"** when child/youth shows strength with coping and positive behavior, dealing with crisis/trauma, and can develop and maintain trusting relationships. For youth, there is no indication of criminal or delinquent behavior. For this category:

- Child/youth does not have a mental health diagnosis.
- Infants and toddlers may cry, have tantrums or be upset, but accept comfort from their caregivers. Their sleep schedule may be variable, but this is not atypical for their age.
- Child/youth may be coping with very difficult situations, with appropriate grief, and are able to develop trusting relationships with peers and adults for support. They may have been in caregiver's home for a time and developed a child-parent relationship.
- Youth is law abiding.

**Select "b"** when child/youth shows age-appropriate coping responses, but has emotional reactions typical for their age and/or related to a situation. May demonstrate

some anxiety, grief or isolation, but maintains situational appropriate emotional and behavioral control. For this category:

- Child/youth may have a mental health diagnosis and receiving mental health services, but their emotional responses do not adversely impact functioning at home or in the community.
- Child/youth may have experienced trauma. At times, providing basic parental care can be a challenge, but with care and support child/youth is able to get up in the morning, go to school, do things with their friends, and do other things that are typical for their age.
- Child/youth may have some delays in their emotional/social development. They may be more inclined to cry, whine or have a tantrum, and may need additional emotional supports to cope with daily stress, such as completing homework, chores, or going to sleep.
- An infant or toddler may be fussy or have frequent tantrums, their sleep schedule may be easily disrupted, transitions can be difficult, but overall, they seem to be thriving.
- Child/youth may be emotional or dramatic, and may have some emotional/social developmental delays. May need additional supports to cope with daily stress, but can function and has relationships with adults and peers.
- If youth were involved in delinquent behavior, probation has been completed, or they are actively resolving probation.
- Describes most children and youth.

**Select “c”** when child/youth shows a pattern of difficulties in coping with situational stress, crises or problems that frequently impairs their functioning at home or in the community. They display behaviors or mental health symptoms that are atypical for their age, and not believed to be due to medical problems. This may include eating/feeding or sleeping problems, running away, inappropriate sexual behavior, self-injury, hostile behaviors (e.g., fighting, biting), mood disorders, sustained attachment issues, depression, somatic complaints, apathy, or encopresis or enuresis for children over age 6. For this category:

- Child/youth most likely has a current mental health diagnosis, is receiving mental health services, and a functional assessment defines how their functioning is impaired at home or in the community.
- Some children/youth with physical health or developmental needs will have functional assessments that identify their limitations. Assessors need to determine if a child/youth’s functioning is further impaired due to emotional difficulties. In these cases, assessors should be able to distinguish the difference between a child’s/youth’s limitations due to physical health/developmental needs and emotional difficulties.
- Can describe an infant or toddler who has acute crying or fussy behaviors that affects their health. An infant’s or toddler’s emotional stress has developed into medical concerns about their development. For example, a baby who is not sleeping or eating is diagnosed with failure to thrive, or was born with a medical condition that has impacted their mental health.
- Periodic mental health symptoms demonstrate difficulties child/youth is having coping with emotional stress. These symptoms impair their function at home or in the community. A child/youth may be sleeping or eating all the time, or may not be sleeping or eating, self-harming, anxious or angry. A child over age 4 may hit,

- bite, kick or scratch caregiver. A child over age 6 regularly wets the bed or has soiling problems related to emotional reactions and not physical health concerns.
- Assessors can identify how behavior(s) or symptom(s) makes a child's/youth's daily life worse and interferes with age-appropriate activities.
- Child/youth may have a history of mental health needs and services that include hospitalization or residential treatment, but a functional assessment shows improvements in their functioning at home and in the community.
- A youth has engaged in occasional nonviolent delinquent behavior, or may have been on probation within the past two years.

**Select “d”** when child/youth has an established history of severe impairment in one or more areas of functioning due to chronic, severe mental health symptoms or behaviors that are a risk to self or others. Examples include: Fire-setting, suicidal (life-threatening) behaviors, sexually dangerous or violent behaviors towards people and/or animals. For this category:

- Child/youth has a history of mental health needs, diagnoses and services that include hospitalization or residential treatment.
- Assessors can identify a pattern of instability and behaviors that are life threatening and a risk to self or others. Examples include: Jumping out of moving cars, recent suicide attempt that resulted in hospitalization, fire setting, sexually dangerous or violent behaviors toward people and/or animals.
- This indicator is not appropriate for a young child (infant or toddler) who does not have a history of chronic serious instability.
- Youth has been involved in violent or repeated nonviolent delinquent behavior that may have resulted in legal consequences such as probation or incarceration.

## **Documentation**

When selecting child/youth needs “d,” assessors document the following:

- A brief description of child's/youth's history of severe impairment, including when mental health services began and summarizing the history of services
- Behavior that is a risk to self or others (include delinquent behaviors for youth)
- When at-risk behavior occurs.

## **Physical Health Needs**

This section measures physical health strengths and needs and is the same for children and youth.

**Select “a”** when child/youth demonstrates general good health, and has no known health care needs, receives medical care as needed for injuries and preventive medical/dental/vision care, including immunizations. For this category, child/youth:

- Does not have a diagnosed health concern. They need dental care or may need glasses/contacts, but their health care needs are considered typical. Includes a child/youth who has allergies that are managed with over-the-counter medication or by avoiding certain foods.
- May have an injury that requires short-term immobilization and/or treatment, but the injury will heal and their good health will return.
- May be developmentally delayed or have a mental health diagnosis, but it does not impact their physical health.
- Will need regular medical, dental and vision care examinations.

**Select “b”** when child/youth has diagnosed health problems or a disability that can be addressed with minimal interventions that typically require no formal training, or a health problem that is stabilized with treatment. For this category, child/youth:

- Has a diagnosed health concern, which improves or is stabilized with treatment and care
- Needs routine care to treat or stabilize a diagnosed condition
- Caregiver does not need formal training to provide care
- Will need regular medical, dental and vision examinations.

### **Examples**

A child/youth:

Diagnosis is asthma. The condition is controlled with use of an inhaler, and they participate in typical activities with use of the inhaler, as needed.

Needs nebulizer treatments in the home administered by caregiver.

Is diagnosed with multiple allergies. The condition is stabilized with allergy shots and changes in the home environment.

Has chronic ear infections that need frequent doctor appointments for medication and monitoring.

Has a specified diet, or other care, for a sustained period of time to grow and develop.

Prescribed medication requires routine medical appointments to monitor specific physical effects.

**Select “c”** when child/youth has a chronic condition, illness or physical disability that limits some of their activities. A condition requires regular professional medical services, professional and routine interventions that may be provided by caregiver after minimal instruction. For this category:

- Child’s/youth’s diagnosis must meet all four of the following provisions:
  - Has a medical diagnosis.
  - The diagnosis limits some activities.
  - Medical condition requires daily monitoring.
  - Regular medical services are required to treat or improve the condition.
- Caregiver needs some instruction for daily care of child/youth, and they can identify the medical instructions received from a medical professional.
- Child/youth is able to do some typical activities for their age, but their medical condition is a constant consideration for them and their caregiver.

### **Examples**

A child/youth:

Is diabetic. A pump delivers insulin, diet and blood sugar are monitored daily, and a medical professional is seen for this condition.

Is diagnosed with a seizure disorder. Daily medications are required, activities and diet are monitored daily, and medical professionals are seen to monitor this condition.

Needs frequent medical, dental or vision examinations.

**Select “d”** when child/youth has a serious health condition, illness or disability that severely limits their daily functioning. The condition requires professional monitoring and

extensive medical services, and care is provided by a professional and/or caregiver who has received substantial instruction. For this category:

- Child's/youth's diagnosis must meet all four of the following provisions:
  - Has a medical diagnosis.
  - The diagnosis limits most or all activities.
  - Medical condition requires professional monitoring.
  - Extensive medical services are required to treat or improve the condition.
- Due to an illness or condition, child/youth does not take part in typical activities for their age. A medical condition is the primary consideration for them and their caregiver.
- Child/youth is receiving medical care or therapies in the home, or numerous clinical appointments provide medical care and therapy.
- Caregiver needs substantial training to care for child/youth. Caregiver can identify the training received to provide for child's/youth's daily care.

### **Examples**

A child/youth:

Is diagnosed with cerebral palsy. They use a respirator and cannot walk without assistance. Child/youth has in-home nursing care for 20 hours a day.

Is diagnosed as medically fragile that includes a serious heart condition requiring a heart monitor. Medical professionals monitor care in the home, as well as medical appointments in the clinic.

Suffered a brain injury, is able to walk with a cane and uses adaptive communication tools. Due to the injury, child's/youth's motor skills, memory capacity and speech are severely impaired. Medical professionals provide in-home treatment and monitor medical needs with frequent appointments.

Needs frequent medical, dental or vision examinations.

### **Documentation**

When selecting child/youth needs "d," assessors document the following:

- Child's/youth's medical diagnosis
- How child's/youth's medical needs keep them from doing most or all typical activities for their age
- How a medical professional is monitoring the condition
- The extensive medical services required to treat or improve the condition.

### **Developmental Needs**

This section measures a child's/youth's developmental strengths and needs and is similar for a child and youth.

**Select "a"** when child/youth shows motor, language, cognitive and social/emotional skills that are above what is considered typical for their chronological age. Child/youth does not have a developmental delay.

### **Examples**

An infant or toddler may walk or talk early.

A child/youth may have reading skills above their age expectation, have excelled coordination/physical skills, or excellent problem-solving skills they use with peers and family relationships.

**Select “b”** when child/youth shows motor, language, cognitive and social/emotional skills that are consistent with chronological age-level expectations, including:

- Child/youth does not have a developmental delay
- An infant or toddler is reaching age-appropriate skills and milestones
- Child/teen checkups identify normal development.

### Examples

Child/youth may have:

A mental health diagnosis and identified learning difficulties at school, but at home is able to take care of personal hygiene, play soccer with friends, and explain their favorite movie. Physical, cognitive and adaptive skills are typical for their age.

Learning difficulties at school, and in the home, their room is a mess, they don't want to take showers, friends are extremely important, and they question adult views and authority. Child's/youth's motor, language, cognitive and social/emotional skills are typical for their age.

**Select “c”** when child/youth shows motor, language, cognitive and social/emotional skills that are delayed for most chronological age-level expectations. Child/youth has a minor developmental delay or autistic behaviors. This includes: Gross or fine motor, language, social and cognitive skills and minor autistic-like behaviors. For this category:

- Assessors can identify impairments in social interactions, communication or behavior patterns, and how they interfere with daily tasks or age-level expectations
- Child/youth is receiving professional services to treat or improve their functioning, and an assessor or caregiver can define how delays interfere with an ability to perform tasks at home or in the community
- A child/youth may have adaptive equipment to help them perform tasks at home or in the community.

### Examples

An infant, toddler or preschooler has a developmental delay that interferes with their physical development and/or ability to play, nap, eat and cry, or other typical activities for their age in the home or community.

Child/youth's physical development is on target, but they do not have the ability to speak. They are adept at showing a caregiver their needs and are slowly incorporating sign language to communicate.

An assessment has identified physical and cognitive delays for child/youth. Fine motor skill delays make simple kitchen and personal hygiene tasks a challenge. They receive occupational therapy twice a week to improve or learn to adapt.

**Select “d”** when child/youth has major developmental delays that are two or more age levels behind chronological age-level expectations. Consider gross or fine motor, language, cognitive and social/emotional skills, severe autistic behaviors that are indicative of a severe learning disability. These delays impact a child's/youth's ability to

perform all, or nearly all, daily living tasks in the home consistent with their age. For this category:

- Child/youth has a professionally identified developmental delay(s) that does not allow them to perform basic skills or tasks in the home or in the community
- Child/youth is not able to care for themselves, get themselves out of bed, needs the direct care of an adult to diaper, dress and feed, and may include mobility assistance
- An infant or toddler would not be rated in this indicator.

### **Example**

An 8-year-old has functioning similar to a 6-month-old. They are able to walk and/or stand but prefer to stand in one place. They are not able to talk, but will look at people when spoken to. They are not able to feed themselves, dress, or pick out clothing. Child/youth is not toilet trained.

### **Documentation**

When selecting child/youth needs “d,” assessors document the following:

- Child’s/youth’s major developmental delays
- The impact of delays on a child’s/youth’s ability to perform all, or nearly all, daily living tasks.

### **Parental Care and Attention**

The following provides a description of parenting indicators with examples of how caregivers demonstrate this care for children and youth. Most parenting indicators will be the same for children and youth. Parenting indicators that differ have the differences between children and youth noted.

#### **1. Provides a loving, nurturing home, respects child’s/youth’s culture and experiences, encourages family communication in the home, and provides guidance to help child/youth develop healthy peer friendships. (Basic)**

To rate this indicator, consider how caregivers describe:

- How they show affection to child/youth.
- Family communication practices.
- How they respect child’s/youth’s culture and consider how a child’s/youth’s birth family shows affection and communicates. For example, caregiver can talk about child’s/youth’s culture and experiences, and how they apply that information to their care.
- How they help child/youth develop peer friendships in the community.

Do not select if caregiver is unable to describe:

- Affection or family communication practices
- How they consider child’s/youth’s experiences, including the effects of trauma
- How they support healthy peer friendships.

#### **2. Is aware of child’s/youth’s emotions, takes the time to talk about their feelings, while respecting culture and experiences. (Basic)**

To rate this indicator, consider how caregivers:

- Explain how they are aware of child's/youth's feelings or know when they are upset, frustrated or anxious. This includes being able to identify an infant's cry, child's/youth's tone, interactions with family members, or knowing their triggers.
- Describe how they respect child's/youth's culture and experiences as they help them talk about their feelings. A caregiver's awareness may include a curiosity about child's/youth's culture and experiences. As caregivers listen to child/youth, they build or strengthen rapport, improving their capacity to parent.
- Identify during a typical day when they talk to child/youth. This may be while they are doing something else, such as transporting youth or making a meal. For a young child, communication includes time to hold, play or interact. If there are several young children/youth in the home, assessors explore how child/youth receives individual attention from their caregiver.

Do not select if caregiver:

- Is unaware of child's/youth's feelings. If this is the initial assessment, a caregiver may not have the rapport with child/youth to know their feelings.
- Cannot identify during a typical day when they are able to talk or pay attention to child/youth.

**3. Coordinates and participates in medical appointments for routine care, including dental and vision appointments for child/youth. When sick, caregiver provides care and needed medication, and shares developmentally appropriate health information with child/youth. (Basic)**

To rate this indicator, consider how caregivers:

- Schedule medical appointments for child/youth.
- Ensure child/youth receives annual medical exams and regular dental and vision examinations.
- Take care of child/youth when they are sick and cannot go to school. Depending on child's/youth's age or needs, this would include staying home with them or making appropriate arrangements for their care.
- Take child/youth to a clinic, urgent care, or emergency room when they are sick or injured and need medical care.
- Provide child/youth with over-the-counter medication approved for their age, as well as fill and monitor prescribed medication.
- Share health information with child/youth, such as helping them learn and maintain healthy hygiene practices such as washing hands, brushing teeth, and understanding their changing bodies, including menstrual cycles.

Do not select if caregiver:

- Is not responsible to ensure regular medical, dental or vision exams
- Does not have responsibility to take child/youth to routine medical appointments.

**4. Maintains a written record of child's/youth's medical history and ensures they have medical coverage. (Basic)**

To rate this indicator, caregivers can show an assessor a written record of child's/youth's health care appointments and treatments.

## Examples

Caregiver has a binder for child/youth that includes information about their health needs and medical providers, and organizes documents from medical, dental and vision appointments.

A document on caregiver's home computer maintains child's/youth's medical providers, health needs and history.

Caregiver completes paperwork to ensure continuous medical insurance coverage and/or knows about child's/youth's health coverage.

Do not select if caregiver is:

- Not maintaining a medical health history. This is not a record an agency or health care provider maintains, but a record a caregiver maintains for child/youth.
- Unaware of child's/youth's health insurance coverage. They need to have an insurance or Medical Assistance card, or take action to ensure child/youth has health coverage. Action may include asking the placing agency for information from birth families or resolving issues related to Medical Assistance.

### **5. CHILD ONLY. Has toys, books and activities available in the home to promote child's development. (Basic)**

To rate this indicator, caregivers:

- Know about basic child development and what a child should be able to do.
- Can talk about how they are helping a child learn age-appropriate skills, tasks and activities. Assessors can see toys, books and activities in the home that are developmentally appropriate for child's age.

Do not select if caregiver:

- Is unaware of basic child development
- Does not have toys, books or activities that are developmentally appropriate for a child's age.

### **5. YOUTH ONLY. Pays attention to youth's skills, tracks progress, and helps them learn to cook, do laundry, manage money, obtain a job, and other activities that meet adolescent developmental milestones and prepare youth for the transition to adulthood. (Basic)**

To rate this indicator, caregivers:

- Know about independent living skills and what youth need to accomplish to transition to adulthood.
- Talk about how they are helping youth develop independent living skills. Youth must be involved in independent living skills in the home.
- Show or talk about activities in the home, or how they helped youth prepare for adulthood.

## Examples

A youth is:

Doing their laundry; caregiver has a schedule in the laundry room for when the washer and dryer are available for use.

Plans and prepares dinner once a week for the family.

Obtains a part-time job at a local restaurant and caregiver has helped them set up a savings account to save money to purchase a car.

Do not select if caregiver is not involved in helping youth learn independent living skills in the home.

**6. CHILD ONLY. Feeds, diapers, guides toilet training, bathes and provides mobility assistance according to the individual needs of a child age 4 or younger. (Basic)**

To rate this indicator, caregiver:

- Describes age-appropriate parental care for a child age 4 or younger.
- Provides frequent diaper changes, supervised baths, holding and carrying the child in the home. A caregiver may be using a stroller or other items to help a young child be mobile.

**7. CHILD ONLY. Pays attention to child's development, tracks progress and takes action to support a child to reach age-appropriate milestones. (Significant)**

To rate this indicator, caregivers:

- Describe a child's development in relation to typical age-appropriate development. A caregiver does not need to be an expert, but needs to demonstrate awareness of child development and a parent's role to encourage a child to reach age-appropriate milestones.
- Have a method to track progress, either with written documents, website, checklist, or other consistent method to track child's developmental progress.
- Can identify toys or activities in the home that support a child's development. Child rearing practices are related to a family's culture. Assessors are encouraged to be aware of how a family's culture supports child development.

**Examples**

A caregiver:

Is caring for a 1-year-old and has reviewed "Your Growing Child" brochures, noting what a child can do and skills that are developing.

Plays on the floor with child after breakfast, encouraging them to pull themselves up on the sofa and take a few steps. Caregiver knows that this will help a child reach the milestone of walking.

Takes child to a nearby park, and reads to them before bed to support language development.

Do not select if caregiver:

- Is not aware of child's developmental progress. This indicator does not require written tracking, but does require caregivers to be able to talk about child development with some knowledge.
- Is not taking action to regularly play or engage with child to support developmental progress. This indicator does not rate a one-time activity, such as caregiver once looked at a child development chart.

**8. CHILD. 6. YOUTH. Applies various parenting strategies to ensure daily activities in the home and community support child/youth through an emotional reaction not typical for their age. Can apply these strategies to comfort child/youth, soothe a baby or toddler, and stabilize a situation. (Significant)**

To rate this indicator, caregivers:

- Explain what they do to help child/youth through an emotional reaction not typical for their age, so they can complete or participate in activities that are age appropriate. A child's/youth's behaviors may be related to trauma, medical condition or other reasons.
- Identified strategies they feel help child/youth through anger, oppositional behaviors, crying, hitting, isolation, or other behaviors that indicate child/youth is experiencing an emotional reaction.

**Examples**

An infant or toddler is very fussy, wakes frequently, and caregiver describes how they try to sooth or comfort them.

Homework is stressful for a 10-year-old. A child's emotions vary from anger and frustration to tears. They will tear up homework or throw books. While it is typical for a 10-year-old to have some emotional reaction around homework, this reaction is extreme. Caregiver identifies how they help reduce the stress of homework.

Youth becomes upset when told they cannot go with friends to a movie. Youth swears and throws objects on the floor. Caregiver has identified ways to support youth to de-escalate and learn coping skills.

Do not select if caregiver:

- Describes a one-time event when child/youth had an emotional reaction. Caregivers need to describe a pattern of behaviors where they are supporting child/youth.
- Describes child's/youth's emotional reactions, but does not describe parental strategies used to help them. This indicator does not measure whether child/youth has emotional reactions; it measures a caregiver's extra attention to support a child/youth during a reaction to stabilize the situation.
- Removes a stressor that causes child's/youth's reaction. While this may be an appropriate parental strategy, this indicator measures a caregiver's extra attention to helping a child/youth develop coping skills to stabilize a situation. Removing stressors is not extra care and attention.

**9. CHILD. 7. YOUTH. Monitors and supervises child's/youth's on-going medication for medical or mental health needs. This includes monitoring**

**the behavioral and physical effects of medication, ensuring child/youth receives the professional oversight necessary for the medication.  
(Significant)**

To rate this indicator, caregivers identify:

- On-going medication currently prescribed for child/youth and how they supervise and monitor the medication
- Medical oversight necessary to ensure child/youth is receiving necessary monitoring.

Do not select if child/youth does not have a current prescription for on-going medication for medical or mental health needs.

**10. CHILD. 8. YOUTH. Provides or joins child/youth with in-home exercises, treatments or activities directed and designed by a licensed medical or behavioral professional, to be done daily or several times a week to improve a child's/youth's physical and/or developmental delays.  
(Significant)**

To rate this indicator, caregivers:

- Identify a professional by name or clinic. The medical or behavioral specialist has directed caregiver to help child/youth with in-home exercises or specific daily activities that caregiver has implemented to help child/youth improve their skills or functioning.
- Identify specific daily exercises or activities they help child/youth do, and how this helps improve functioning.
- Participate in activities or exercises daily, or at least four times a week, with child/youth. Caregivers must participate, provide or be part of the exercise.

Do not select if caregiver:

- Decided to use activities or strategies for child/youth without being directed to do so by a licensed medical or behavioral professional, even if the caregiver is a medical professional. This must be required by a professional providing services to child/youth.
- Is not actively involved in exercises, treatment or activities. For example, if a professional comes into the home and provides medically directed or designed treatments with child/youth, and caregiver is not involved, or caregiver tells child/youth to do an exercise and leaves the room.

**9. YOUTH ONLY. Puts into action [Casey Life Skills Independent Living Scale](#) or other assessment tools that measures youth's development and progress in independent living skills and works toward specific skill development.  
(Significant)**

To rate this indicator, caregivers:

- Show assessor a Casey Life Skills Independent Living Scale or other written assessment that measures youth's development that the caregiver or service provider recently completed with youth. Assessments should have been completed within the previous six months.
- Describe how they engaged with youth to improve their independent living skills in areas identified by an assessment.

Do not select if a written assessment has not been completed. [Indicator 5](#) measures if caregivers have engaged youth in independent living skills in the home.

**11. CHILD. 10. YOUTH. Is required (as a parent) to complete training from a medical professional to provide specific treatments and monitor medical equipment in their home for child's/youth's care. (Extensive)**

To rate this indicator, caregiver:

- Identifies specific training they completed for child's/youth's treatment or use of medical equipment for their care. This is training a parent receives for a child/youth.
- Completed training in the past 12 months. For reassessment, the treatment and/or medical equipment is still the same.

Do not select if caregiver received training as part of their education to be a professional medical provider, and were not acting in a parent role for child/youth when they received training.

**Documentation**

When selecting this indicator, assessors address the following:

- Specific training and where it was completed
- When a caregiver completed training.

**12. CHILD. 11. YOUTH. Supports child's/youth's mental health needs by participating in on-going family therapy, or meeting with a culturally appropriate mental health professional to improve caregiver's family communication. Caregiver puts into action specific parental strategies in the home, which are directed by a culturally appropriate mental health professional. (Extensive)**

To rate this indicator, caregiver:

- Identifies a mental health professional who they are meeting with for family therapy, or to support family relationships.
- Has a written care plan, or has been given specific parental strategies for child/youth. This may be part of child's/youth's treatment plan, or part of a treatment program caregiver and child/youth are participating in together.
- Explains or shows strategies developed with a mental health professional that are currently being used.
- Talks about how they have changed their parenting to implement strategies. It is not necessary to completely change their parenting, but implementation of a parental strategy was directed by a mental health professional, which altered or adjusted their parenting.

Do not select if caregiver implemented a parental strategy they read or learned about at training. This indicator measures caregiver's adjusting their parenting as directed by a child's mental health professional. Parenting strategies developed by caregivers are measured in [Indicator 8](#) for a child and [Indicator 6](#) for a youth.

## Example

Caregiver and child/youth are involved in Dialectical Behavior Therapy, attachment or trauma therapy. The caregiver is implementing parental strategies designed by a therapist to support child's/youth's healing or skill building.

## Documentation

When selecting this indicator, assessors address the following:

- The mental health professional providing services
- How often caregiver meets with the professional
- How caregivers show or explain parental strategies they are implementing to support child's/youth's care.

**13. CHILD. 12. YOUTH. Puts into action in the home a specific continuing care plan for child's/youth's medical care and/or developmental needs designed by a physician or other qualified medical, mental health or behavioral professional. The plan includes monitoring specific health concerns or developmental lags, monitoring and supervision of medication, and reporting progress to a health professional. This may include care for child/youth being treated by a health professional for encopresis or enuresis. (Extensive)**

To rate this indicator, caregivers:

- Identify a physician or other qualified medical, mental health or behavioral professional by name or clinic. This could include a mental health therapist, behavioral specialist, occupational therapist, speech therapist, or other licensed professional. Professional services could be provided through a medical clinic/group or school.
- Implement a written care plan by a qualified medical, mental health or behavioral professional that describes caregiver's specific activities or strategies to be carried out in the home as a parent.
- Perform required care often, but may be less than daily. Caregivers can identify the time of day or when they put into action or monitor specific care in the home.

## Examples

An occupational therapist for child/youth with gross and fine motor delays develops a care plan that includes a series of daily in-home exercises for caregiver to do with child/youth.

A speech therapist develops sounds or words for child/youth to practice with caregiver between appointments.

As part of DBT, caregiver keeps track of the number of times they observe child/youth using skills learned in therapy. Caregiver provides a written report to the DBT therapist at their weekly session.

Do not select if caregiver:

- Decided to do activities or strategies on their own without direction of a qualified medical, mental health or behavior professional, even if the caregiver is a medical professional. This indicator measures extra care, attention and impact on

- the family to carry out specific care plans developed by a qualified professional for child's/youth's care.
- Does not have a role as a parent in the care plan. For example, if child/youth receives speech therapy at school, and caregiver does not have a role in the care plan, nor reports progress to a qualified professional.

### **Documentation**

When selecting this indicator, assessors address the following:

- The medical health professional providing this service
- How often child/youth and caregiver meet with this professional
- Review of the written care plan that describes caregiver's specific activities or strategies to be carried out in the home as a parent.

**14. CHILD. 13. YOUTH. Takes child/youth to medical and/or therapy appointments outside the home several times a month, possibly doing some or all of the scheduling. Requires more than 12 hours of caregiver's time each month to take child/youth to and attend an appointment. (Extensive)**

To rate this indicator, caregivers:

- Transport or accompany child/youth to medical appointments. This indicator measures extra care, attention and impact on a family regarding accessing needed medical care for child/youth. This indicator measures caregiver's actions, not the number of times child/youth is seen by a medical provider.
- Provide transportation to a clinic or medical facility and determine how often child/youth is seen, on average, each month. If less than 12 hours a month, do not select this indicator. A family calendar is the best resource for information.

Do not select if caregiver:

- Does not transport or go with child/youth to appointments. If a case manager, personal care attendant, placing agency social worker or other service provider arranges and/or transports child/youth to medical appointments, caregiver is not providing extra care and attention measured in this indicator.
- Spends less than 12 hours a month on this indicator, including transportation.
- Does not transport or go with child/youth to medical appointments or other services because it is provided in the school during the school day, or in the home. In-home services are measured in [Indicator 15](#) for a child or [Indicator 14](#) for youth.

### **Examples**

Caregiver arranges for services from a medical professional and transports child/youth to appointments with a medical doctor, physical therapist, mental health therapist, psychiatrist, behavioral therapist, dentist, orthodontist, optician, dietitian, etc.

Child/youth has a medically complicated condition and a care plan with appointments scheduled by a clinic. Caregiver does not schedule the appointments, but coordinates appointments with the clinic and provides transportation.

## Documentation

When selecting this indicator, assessors document the following:

- Clinics or names of medical professionals
- Location of medical services
- Usual travel time in a month.

### **15. CHILD. 14. YOUTH. Actively participates with in-home professional services several times a month. Caregiver is present during the service and engages with the professional and child/youth. Requires more than 16 hours of caregiver's time each month. (Extensive)**

To rate this indicator, caregiver:

- Is at home during in-home service provision and engaged with professionals providing services. This indicator measures extra care, attention and impact on a family regarding accessing needed in-home professional care for child/youth. It measures caregiver's actions, not the number of times child/youth is seen by an in-home professional.
- Determines the clinic or medical facility and how often they participate with child/youth and in-home professionals.
- A family calendar is the best resource for information.

Do not select if caregiver:

- Can leave the home or be in another room during in-home services. If caregiver is not engaged in services, their attention or impact is not extensive.
- Is not involved in the service more than 16 hours a month.
- Is not involved in the service because it is provided at school or in a clinic setting.
- Includes daily in-home exercises, treatments or specific activities directed by a medical professional as part of the 16 hours. This indicator measures only the appointment time with the professional.

## Documentation

When selecting this indicator, assessors document the monthly in-home appointments, including:

- The medical or educational professional
- Number of appointments a month
- Length of appointments.

### **16. CHILD. 15. YOUTH. Provides substantial daily basic care assistance not typical for a child age 5 or older, or a youth, such as feeding, diapering, bathing and mobility assistance. (Extensive)**

To rate this indicator, caregivers:

- Explain how they help child/youth with daily basic care, and how this care is atypical.
- Provide physical care for child/youth who has significant delays or a disability, such as:
  - Feeding with a spoon, tube or other medical process.
  - Diapering.

- Mobility assistance.
- Dressing or assists with dressing.
- Bathing or directly assists with bath/shower.
- Provide daily physical care for a child age 5 or older, or youth, that is not considered typical. It is typical for a child under age 12 to need some assistance with basic care. This measures extra care, attention and impact on a family when a child/youth, due to developmental delays or disability, requires physical care for most or all daily care.

Do not select if:

- Caregiver is caring for a child age 4 or younger
- Caregiver describes care that is somewhat typical for a child/youth. For example, helping a 6-year-old untangle a t-shirt, or a 13-year-old who does not use soap in the shower.
- Youth is unable to provide for any of their daily activities, which is rated in [Indicator 18](#).

### Documentation

When selecting this indicator, assessors document the following:

- How caregiver helps child/youth daily with basic care
- Why this care is **atypical** for child's/youth's age.

### **16. YOUTH ONLY. Provides on-going round-trip transportation, 16 or more times a month, to help youth hold a job, or participate in other activities that prepares them for the transition to adulthood. (Extensive)**

To rate this indicator, caregiver:

- Drives or otherwise provides round-trip transportation for youth to hold a job, or participate in other activities that prepare them for the transition to adulthood. This indicator measures caregiver's actions, not the number of times youth participate in activities that support development of independent living skills or works at a job. It does not matter how often youth need a ride; this indicator measures the number of rides provided by caregiver.
- Provides youth's work schedule, independent living group meeting schedule, or other services to determine how often youth is provided a ride, on average, each month. A family calendar is the best resource for information.

Do not select if caregiver:

- Provides a car for youth to drive themselves, which is measured in Domain G
- Is not driving or providing transportation 16 or more times a month.

Do not select this indicator if youth rides the bus, or a case manager, placing agency assessor, or other service provider arranges and/or transports youth.

### Documentation

When selecting this indicator, assessors document the following:

- Where a youth works (current employment is required)
- How often a youth works (review work schedule or calendar)

- How often caregiver or other family member drives youth to work (confirm with youth that rides are provided).

**17. Transforms parenting to safely manage child’s/youth’s complex behaviors that are a safety risk to self or others. This requires caregiver to have knowledge about child’s/youth’s medical or mental health needs, adjust their parenting to meet individual health needs, and utilize community medical and mental health services to safely care for child/youth in the home. (Exceptional)**

**Note:** Transformed means parenting practices have completely changed from previous parenting practices. To rate this level, caregiver is able to verbally explain the transformation. This indicator does not measure how caregiver has changed their home to provide foster care for a number of children. It measures transformation for an individual child/youth.

To select this indicator, caregivers must meet all four of the following provisions:

- Child’s/youth’s behaviors are a risk to themselves or others
- Caregiver has knowledge about child’s/youth’s medical or mental health needs
- Community medical or mental health services are being utilized to safely care for child/youth in the home
- Caregiver can define how their parenting has been transformed or considerably adjusted for care of child/youth.

Do not select if:

- Child/youth is not receiving community mental health services or specialized medical care. This indicator is not measuring routine medical care for child/youth.
- Caregiver cannot describe parenting practices prior to child/youth being placed in their home, and the exceptional parenting changes they have made to parent a particular child/youth.

**Documentation**

When selecting this indicator, assessors document the following:

- How caregiver’s parenting has been transformed for the care of child/youth. How has their parenting completely changed? Remember, this is not measuring how a caregiver changed their parenting for a number of children in the home.
- Confirm caregiver is accessing mental health or specialized medical care for child/youth. Confirmation would include identifying the medical or mental health professionals providing care for child/youth, and the last time professionals saw the child/youth.

**Note:** If child/youth is rated “d” in emotional/behavioral needs or physical health, documentation is required for that rating and does not need to be duplicated. If child’s/youth’s needs are **not** a level “d,” this level of parenting is not required.

**18. Provides all basic care that is not typical for a child age 5 or older, or youth, such as feeding, diapering, bathing and mobility assistance. (Exceptional)**

To rate this indicator, caregivers provide all basic daily care for a child age 5 or older, or youth, which can include:

- Feeding with a spoon, tube or other medical process
- Diapering
- Mobility assistance
- Dressing
- Bathing or directly assisting with bath/shower.

Do not select if:

- Child is age 4 or younger
- Caregiver is providing less than all of the basic care for child/youth.

### **Documentation**

When selecting this indicator, assessors document the following:

- How caregiver helps child/youth with all daily basic care
- Confirm when caregiver helps child/youth with daily basic care, and when PCA or other in-home services provide daily basic care.

### **19. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show these activities or actions.

## Domain E: Preserving Connections

### Scope

This domain measures a child's contact and connections with their birth parents, siblings, relatives and kin who do not live with them. Because a child was placed with a caregiver through the child welfare system, they have family distinct from the caregiver. It is in their best interest to preserve those relationships, unless doing so would be detrimental.

This domain can include the visitation plan and contact agreements. It can also include relationships that an adoptive or relative custodian has decided to maintain for a child without a legal requirement. The following terms are used in this domain:

- **Connections** refer to a child's relationships.
- **Contact** is any type of communication including, but not limited to, phone or video calls, and electronic communication such as email or social media sites.
- **Visit** is any type of face-to-face meeting. This may include one-on-one visits or attending celebrations or a child's activities.
- **Distinct family members** mean family or kin relationships that are not the same as a caregiver's family. For example, a distinct family for a child placed with paternal grandparents would be maternal relatives.
- **Birth parents or relatives** refers to a child's birth family, siblings, and extended family, and may include kin relationships.

This domain does not consider relationships in a caregiver's home, including siblings placed together. Those interactions are measured in Domain B.

### Child/Youth Needs

This section measures child's/youth's strengths and needs regarding preserving connections. This section is the same for children and youth.

**Select "a"** when child/youth has supportive relationships and positive interactions with birth parents, siblings, relatives or kin.

- Child/youth has current contact with their distinct family members. Caregiver or child/youth can identify their family members and how they have contact.
- Frequency of contact is not measured.
- Child's/youth's interaction with their distinct family members is good and, for the most part, not a source of concern or anguish for them.

**Select "b"** when child/youth has positive interactions with birth parents, siblings, relatives or kin despite some lapses of contact with their birth family, or child/youth has no contact with birth parents, siblings, relatives or kin. Considerations include child/youth:

- May or may not have contact with their distinct family members.
- Has contact with their distinct family members, but there was a time without contact and relationships are reforming.
- Is placed with, or has contact with, several distinct family members and does not have contact with others.

### **Example**

An adopted youth has re-established contact with siblings on a social network site. After not seeing each other for several years, they are enjoying getting to know each other and are beginning to establish a relationship.

**Select “c”** when child/youth is visiting birth parents, siblings, relatives or kin, but these visits are difficult for them. Child’s/youth’s experiences have affected their interactions with birth parents, siblings, relatives or kin. For this category, a child/youth has:

- Current contact with their distinct family members but has a reaction to the contact that indicates visits are difficult or emotional for them. However, it has been determined that contact or visits are not detrimental to child/youth.
- Positive interactions with one or more members of their distinct family, but has contact with one, or more than one, relative that is difficult for them.

### **Examples**

A child is very concerned that his mother will not be at a face-to-face visit; he really wants to see her.

An adopted youth maintains contact with her maternal and paternal grandparents, but only about half the contacts are positive. Sometimes she leaves the visits feeling upset. The youth’s therapist has talked with them about the visits and concluded that, although upsetting, it is in the youth’s best interest to maintain visits.

Do not select if child’s/youth’s contact or visitation with their family was terminated because it was too difficult for them, and they no longer see them.

**Select “d”** when child/youth is visiting birth parents, siblings, relatives or kin, but these visits are traumatic for them. These experiences have severely impeded their sense of safety and security. This indicator measures child’s/youth’s reaction to visits. For this category, child/youth:

- Has contact with their distinct family.
- Shows a reaction to the contact indicating the visits are difficult or emotional for them; however, they continue to have visits. Precautions are in place to support child/youth during the contact.

### **Examples**

A child visits with her parents and the next day she soils several times. The visitation schedule is maintained and supervised by a guardian ad litem, or at a visitation center to ensure the child’s safety.

An adopted youth maintains contact with his uncle who has mental health problems. Having contact with his uncle is very important to this youth. He uses Facebook to maintain some distance because sometimes the uncle’s behavior is unstable, and contact during these times can be disturbing. The youth’s therapist recommended that caregivers monitor Facebook interactions. During times of the uncle’s mental health instability, the contacts are blocked until caregivers can reasonably determine that re-establishing contact would not be detrimental to the youth.

### **Documentation**

When selecting child/youth needs “d,” assessors document the following:

- How often child/youth sees family members

- Reactions that demonstrate visits are seriously distressing.

## **Parental Care and Attention**

### **1. Supports family and/or sibling visits or contact, helps child/youth prepare for visits and helps them with any reactions. (Basic)**

To rate this indicator, caregivers:

- Identify family members child/youth is contacting or visiting
- Talk about how they help child/youth prepare prior to visits and supports them after visits.

#### **Examples**

A youth has a phone call with his maternal grandmother every Sunday. Caregiver talks with him before the phone call, reminding him about something that happened this week that the grandmother may like to hear about. Youth has a private call, but after the call caregiver asks him about it.

A child visits with her parents three times a week. Caregiver prepares a calendar on the refrigerator to remind her what days she will visit. On the day of a visit, the caregiver helps her put together a bag for the visit that includes something she wants to share and a snack. After a visit, the caregiver asks her about the visit, and they consult the calendar on the refrigerator to see how long before the next visit.

Do not select if a:

- Child's/youth's family contact is limited to caregiver's family. For this indicator, child/youth would have visits or contacts with birth family, siblings or relatives not living with them.
- Caregiver does not actively help child/youth prepare for visits. If a caregiver does not identify actions related to visitation, this indicator is not selected.

### **2. Shares information about child/youth with parents, siblings or other relatives to maintain parental responsibilities, and to preserve connections. (Basic)**

To rate this indicator, caregivers describe or show how they share information about child/youth with distinct members of the child's/youth's family. They may or may not have contact with members of their distinct family.

#### **Examples**

Caregiver calls a youth's mother weekly to provide updates about their medical condition.

Every year, caregiver sends a picture of child/youth to their grandparents. Child does not visit or have contact with their grandparents.

Do not select if caregiver:

- Has intentions, but did not actually share information with child's/youth's distinct family members
- Is not involved in sharing information with child's/youth's distinct family.

### Example

A youth has contact with her half siblings through websites, sharing pictures and updates. The caregiver knows this is happening, but does not have a role in sharing information.

### **3. Respects and values child's/youth's connection to parents or relatives when visits or contacts are infrequent, unpredictable, or do not occur. Caregiver shares information with child/youth about their family to preserve connections and family history. (Basic)**

To rate this indicator, caregivers identify:

- Birth parents, legal parents, siblings or relatives who have sporadic or no contact or visitation that remain important to child/youth
- How they share information with child/youth about birth parents or relatives who have sporadic or no contact or visitation.

### Example

After seeking the advice of child's therapist, caregiver routinely shows child pictures of his parents, grandparents and other family members, so he remembers and talks about them.

Do not select if caregiver does not actively help child/youth, who has sporadic or unpredictable contact, obtain information about their family that is distinct from caregiver's family. It may be appropriate or in a child's/youth's best interest to not have information about their birth family. This indicator is not selected if caregiver is not providing information to child/youth who has no contact with their family.

### **4. Helps child/youth with their reactions to visits or canceled visits that impact their temperament for more than a 24-hour period. (Significant)**

To rate this indicator, caregivers:

- Identify how they help child/youth prepare for visits when they have contact with any family member
- Describe how they help child/youth after visits.

**Note:** For this indicator, visits should be at least once a month.

Do not select if:

- Child/youth has no contact or visits, or visits are less than once a month with any member of their family
- Visits have been suspended or stopped because of child's/youth's reaction.

### **5. Notifies child's/youth's parents or other relatives of medical appointments, and invites them to school or community activities. (Significant)**

To rate this indicator, caregivers identify when they contact parents or relatives with information about medical appointments or activities. This includes child's/youth's birth or legal parents or other relatives. They may be notifying family members of medical appointments or activities, or both.

**Note:** The medical appointment or activity should be recent, within the past three months.

### Examples

A child's mother and caregiver plan together for therapy appointments. Caregiver and mother take turns picking him up from school and taking him to therapy. After therapy appointments, the three of them (child, mother and caregiver) share needed information.

Caregiver makes medical appointment and notifies parent(s) of appointment. Parent meets them at the clinic.

Adoptive parents provide a youth's grandparents with her softball and basketball game schedules and invite them to attend any or all of her games.

Do not select if caregiver:

- Does not have responsibility to contact child's/youth's parents about medical appointments
- Had intentions, but did not actually invite child's/youth's distinct family members to their events.

### **6. Welcomes child's/youth's parent(s), siblings or other relatives into their home to preserve or strengthen their attachment and involve them in the child's/youth's care and activities. (Significant)**

To rate this indicator, caregivers:

- Identify when parents, siblings or relatives have been to their home. Child/youth has contact with birth parent(s) or relatives. For this indicator to be selected, child's/youth's parents, siblings or relatives must be visiting in caregiver's home.
- Can talk about how they involved parents or relatives in child's/youth's care and activities in the caregiver's home.

**Note:** Visits in caregiver's home should be recent, within the past month.

### Example

A child's mother and father visit him in caregiver's home three times a week during mealtime and feed him.

Do not select if child/youth:

- Does not have contact with birth parents or other relatives.
- Is placed with siblings in the home. This is measured in Domain B.
- Is a parent, living with their child in caregiver's home. This is measured in Domain B.

Do not select if caregiver:

- Would like to invite parent(s) into their home, but the case plan does not permit it
- Had intentions, but did not actually invite child's/youth's distinct family members into their home.

### **7. Formally mentors or participates in therapy with child's/youth's parent(s), prospective adoptive parents or relative custodians, having contact with them several times a week. (Extensive)**

To rate this indicator, caregivers:

- Talk with parent(s) about child/youth for the purpose of helping parents improve parenting skills. This is for a child/youth who has contact with birth parents. This does not include siblings or other relatives.
- Describe how often they talk with or see the parents. This may include contact and visits.

**Note:** Must be more than once a week. Contact is current and ongoing.

Do not select if caregiver:

- Has intentions, but has not actually had contact with child's/youth's parents
- Is not permitted to have this type of interaction with child's/youth's legal parents per a court order or case plan
- Has contact with child's/youth's parents that are infrequent or not planned.

### **Documentation**

When selecting this indicator, assessors document the following:

- Who the caregiver is mentoring
- How often caregiver sees or talks with child's/youth's parents, prospective adoptive parents, or relative custodians.

### **8. Is responsible to supervise regular face-to-face visits with child's/youth's birth parents or other adult relatives, per court order, case plan or contact agreement. (Extensive)**

To rate this indicator, caregivers:

- Show or describe the legal basis for supervised face-to-face visitation.
- Show or describe where visitation occurs. This may be in their home or in a community location.
- Describe how they supervise face-to-face visitation with birth parents, siblings or other relatives that is court-ordered visitation supervised by caregiver.
- Must be able to demonstrate regular face-to-face visitation, whether that is monthly or several times a year.

Do not select if visitation arrangements are:

- Infrequent or annually. Supervision that is once a year does not have an extensive impact on a caregiver.
- Voluntary visitation arrangements between a caregiver and relatives. For this to be selected, face-to-face contact must be ordered by the court or part of a current case plan.
- At a supervised visitation site where staff supervise the visitation. This indicator measures caregiver's responsibility to supervise, not if visitation is supervised.

### **Documentation**

When selecting this indicator, assessors document the following:

- The legal basis for supervised face-to-face visitation
- Frequency of visits
- Where visitation occurs

- How caregiver supervises face-to-face visitation.

### **9. Actively assists child/youth with unusually intense reactions related to regular visitation. (Extensive)**

To rate this indicator, caregivers:

- Describe child's/youth's unusually intense reaction that can last for more than 24 hours, and how it is related to regular face-to-face visitation
- Demonstrate that child/youth is having regular visitation
- Demonstrate how they actively assist child/youth with intense reactions to regular visitation.

Do not select this indicator if:

- Caregiver cannot describe their actions to help child/youth during an intensive reaction
- Child's/youth's contact or visits are less than once a month with any member of their family
- Visits have been suspended or stopped because of child's/youth's reaction.

**Note:** Frequency of regular visitation should be one or more times a month.

#### **Example**

After visitation, a child has night terrors for several nights. The caregiver has scheduled in-home family therapy to take place the day after visitation to support the child's emotions and reactions.

#### **Documentation**

When selecting this indicator, assessors document the following:

- The frequency of face-to-face visitation
- A child's/youth's reaction
- How caregiver assists child/youth in their reaction to visitation.

### **10. Drives or goes with child/youth to visit birth parent(s), siblings, relatives or kin more than 16 times a month. (Extensive)**

To rate this indicator, caregiver shows or demonstrates they drive or go with child/youth 16 or more times a month for face-to-face visitation. This can be the combined number of visits child/youth has a month with parents and other family members. A family calendar may be a good resource for this indicator.

Do not select if caregiver does not drive or go with child/youth to face-to-face visits.

#### **Examples**

Caregiver drives child/youth to parental visits twice a week, and siblings visit twice a week. (Four times a week equals 16 times a month.)

Caregiver goes with child/youth to a visitation center three times a week for parental visits and drives them to see a sibling once a week. (Three times a week equals 12 times a month, and once a week equals four times a month.)

## Documentation

When selecting this indicator, assessors document the following:

- Frequency of visits
- Who is driving or going with child/youth to face-to-face visits.

### **11. Drives 100 miles or more every month for child/youth to visit parents, siblings, relatives or kin. (Extensive)**

To rate this indicator, caregiver shows they drive a child/youth 100 miles or more every month for visitation. This could be one round trip or several round trips.

Do not select if:

- On average, transportation for visitation is less than 100 miles per month
- Caregiver is not driving child/youth but is paying someone else to drive them to visitation
- Youth has been provided a bus card by an agency, guardian ad litem, child placing agency staff, or another person is driving them to visitation.

## Documentation

When selecting this indicator, assessors document the following:

- Frequency and distance of the visits
- Who is driving youth/child to the visits.

### **12. Contact with child's/youth's birth parents or other relatives is complex and difficult. Caregiver(s) maintains a relationship and contact with child's/youth's family by exercising sound judgment. (Extensive)**

To rate this indicator, caregiver:

- Describes how contact with one or several members of child's/youth's family can be difficult for both of them.
- Maintains relationships by exercising sound judgment. This means caregiver has a relationship and regular contact with parent(s) or relatives, and can describe efforts to have a relationship with persons that may be hard to get along with or difficult in other ways.
- Describes how they exercise sound judgment to maintain a relationship with child's/youth's birth parents or other relatives, that includes setting boundaries without being disrespectful or judgmental.

Do not select if caregiver:

- Does not have regular contact with child's/youth's parents or relatives. If contact is not routine and caregiver is not maintaining a relationship with the family, this is not rated.
- Cannot demonstrate why a relationship is difficult, and how they exercise sound judgment to maintain a relationship.

## Example

A youth wants to see his mother who can be angry, oppositional and swears at others. The youth wants to see his mother monthly to know that she is okay. The youth and his caregiver meet his mother every month at Wendy's. The caregiver is able to maintain this relationship for the youth and is respectful of his mother. They meet in a public place

to support appropriate interactions. If the mother's behavior becomes inappropriate during a visit, the caregiver respectfully tells her she needs to leave, with a reminder they will see her next month.

### **Documentation**

When selecting this indicator, assessors document the following:

- How often caregiver has contact with child's/youth's parents or extended family
- How caregiver's actions build or maintain a relationship while maintaining sound judgment during the interactions.

### **13. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show the above activities or actions.

## Domain F: Developing Identity

### Scope

This domain measures a child's/youth's developing identity and social connections that sustain and strengthen their well-being, and efforts of caregivers to connect a child/youth with relationships and community resources that develop and preserve their identity and culture. The following terms are used in this domain:

**Identity** is a sense of who one is and of belonging or membership to a cultural group or multiple groups. A child's/youth's identity and sense of self is developed with reference to:

- Birth and extended family
- Peers
- Social and cultural influences
- Religion
- Community
- Law
- Media (including social media)
- Gender
- Other factors.

**Culture** is the shared belief, customs, practices and social behaviors of a particular group. Culture includes a child's/youth's:

- Ethnicity and race
- Faith/spirituality
- Social/economic factors
- Family traditions
- Social identity.

Practices, customs and social behaviors include language, milestones, food, celebrations, clothing, strengths and history, norms of behavior and child-rearing practices. A child's/youth's culture includes their birth family's culture and is not limited to identification with a minority culture.

**Community** consists of people, formal organizations and informal groups of people or location(s), or social media groups with which a child/youth feels a sense of membership, fulfillment of need or shared emotional connection. Membership in a community is significant to identity. Examples of community include:

- Leech Lake Band of Ojibwa
- Apollo High School
- Boy Scouts or Girl Scouts
- St. Paul church
- Alcoholics Anonymous
- 4-H
- New Day Child Care
- Gay-Straight Student Alliance
- Irish Gaelic Dance Club.

A child's/youth's developing identity, their connection to others, and how they feel about their identity, influences behavior, cognitive and emotional outcomes and over-all well-being. Because a child/youth comes to a caregiver's family through the child welfare system, their developing identity is influenced by their past. All cultural connections must be considered and honored.

This domain does not include:

- Relationships in caregiver's home. That is measured in Domain B.
- Visitation that preserves family connections. That is measured in Domain E.
- Educational needs. That is measured in Domain G.

**Note:** Infants and children who are not yet age 3 will receive an auto-rating of two points, a step above basic. It is not necessary to complete this domain for this age group.

### **Child/Youth Needs**

This section measures child's/youth's developing identity strengths and needs, and is the same for children and youth.

**Select "a"** when child/youth reflects a strong sense of identity and demonstrates a positive self-image. They can talk about their connections and familiarity with their cultural customs and practices. Socializing with others connected with a community is a source of comfort and strength. Select this rating if:

- Child/youth can talk about developing identity and name the people, activities or events that connect them to this group and its community
- Child/youth is developing a healthy connection to the group and can talk about how it is a source of strength that supports their well-being
- A caregiver or assessor can easily name child's/youth's emerging identity, and it is highly valued by child/youth as a source of comfort and strength.

#### **Example**

A grandmother is a child's caregiver. They share a family culture and faith community. When living with her parents, she attended Kennedy School and still remains connected with teachers, school activities and friends. She describes her relationship with school positively and has relationships within the school that offer comfort and support. The grandmother does not share the connection to this school and neighborhood, but has made open enrollment arrangements for her to continue to attend Kennedy School next year. While this supports educational stability, the primary reason grandmother felt open enrollment was important was her granddaughter's identification with the school, supportive relationships and connection to activities.

**Note:** Frequency of contact or events is not measured.

Do not select if child/youth has a strong sense of identity with a group that does not support them to reflect a positive self-image or self-esteem.

**Select "b"** when child/youth reflects typical, age-appropriate identity development, is comfortable with cultural customs and practices, and is socializing with others connected to a community. This level may represent most children identifying their own experiences supported by adults. This rating is selected for any of the following:

- Child's/youth's identity is emerging or has not yet developed. They may try out different social groups, or may be developing an awareness of themselves and who they are.
- Child under age 13 who has no particular self-identity, and this absence is not a source of discomfort or isolation for them.
- Child/youth is not expressing a sense of loss or absence regarding their identity. They may be exposed to resources such as people, activities or events that show them or encourage them to participate in traditions or community practices.
- When a child/youth has no particular identification with a culture, they experience no conflict with their identity, or the absence of cultural identity is not a conflict in the family or community.

### Example

A youth is interested in dance, likes to dance with his friends, and is involved in a hip-hop group at the community center. He also likes football and is a wide-receiver for his school football team. Sometimes his football friends give him a hard time about his dancing. When older, he hopes to be part of a traveling dance troupe, but thinks that might interfere with football practice.

**Select “c”** when child/youth reflects conflicted identity or a poor self-image that is considered atypical for their age, adversely affecting their interest in developing familiarity with cultural customs or practices, and with others connected with their community. The conflict may be internal or within a relationship, and must be identified by a child/youth, caregiver or assessor. This rating is selected for any of the following:

- Child's/youth's identity is concerning to them, or they are uncertain about their identity. They may be rejecting an identity, or very focused on developing connections with their community.
- Child/youth may be able to identify resources such as people, activities or events that show them practices and traditions of their culture and related community.
- If a child/youth has identified with a culture and community, there is a resulting conflict with their family or community.

### Example

A paternal aunt is a child's caregiver. The child is Native American, an enrolled member of a tribe that approved this placement. When placed with his aunt, he did not like anything or anyone, including himself. The aunt takes him to visit his maternal and paternal family, tribal events, the community church she has attended for years, and Native American ceremonies. He is starting to talk more about Native American spirituality and seems to want to spend more time experiencing Native American traditions. He is afraid of teasing, doing something wrong, being different, and not fitting in with his tribal culture and in the community. Because of these concerns, he is very anxious about extended family visits and shows less interest in friends or other activities.

**Select “d”** when child/youth reflects a damaged identity, or absence of an identity that contributes to self-destructive behaviors or relationships. A child's/youth's damaged self-image is evident in their current social behaviors that seek to damage or disengage relationships.

## Examples

Youth's damaged self-image is evident in their appearance, and their social relationships have centered on self-destructive behaviors.

Youth has completed chemical health treatment and needs support to develop their identity and interests to maintain a sober, healthy life-style.

## Documentation

When selecting child/youth needs “d,” assessors document the following:

- How child/youth shows a damaged, or absence of, identity
- The negative effect of their damaged identity on their social behaviors and relationships.

## Parental Care and Attention

In this domain, parenting is about initiating conversations, demonstrating and ensuring that a child/youth has relationships in the family and community that help them to develop their identity and positive self-esteem. A caregiver's leadership and acceptance of responsibility encourages a child's/youth's development in this area. Without parental support, a child/youth is likely to show less interest in, or make less effective use of, supports and resources to develop an authentic, healthy identity.

- 1. Demonstrates respect for child's/youth's identity and their community. Caregiver makes efforts to increase cultural awareness and takes responsibility to show and teach child/youth about their family history, including their birth family's culture and community. Ensures child/youth has items and information needed to maintain skin and hair care. (Basic)**

To rate this indicator, caregiver:

- Talks about how their identity developed and uses that information to increase awareness or knowledge about child's/youth's developing identity.
- Talks about child's/youth's need to know about their shared family history, culture and community, as well as child's/youth's unique birth family's history, culture and community.
- Shows awareness of child's/youth's skin and hair care needs and provides items or products for them.

Do not select if caregiver cannot talk about identify development. This indicator measures the extra attention caregiver takes to increase cultural awareness and considers a child's/youth's developing identity.

- 2. Demonstrates awareness and makes efforts to keep child/youth emotionally and physically safe from intolerance in the home and community. (Basic)**

To rate this indicator, caregiver:

- Explores their family's acceptance and inclusion of child's/youth's identity in their home.
- Considers and identifies ways they keep child/youth safe when confronted with intolerance in the home or community.

- Allows open communication for child/youth to share their feelings and experiences about their identity.
- Considers child's/youth's access to the Web. How do they keep child/youth safe on social networks?

Do not select if caregiver cannot talk about their efforts to keep child/youth safe. This measures the extra attention caregiver takes to keep child/youth safe from bullying and intolerance. Denying child/youth access to social networking sites is not sufficient effort.

### Examples

Others make fun of child/youth for being different, such as the clothes they wear or the way they talk.

Others physically threaten child/youth due to differences.

### **3. Provides a home environment for child/youth with food, language, toys, clothing and community activities that support child/youth developing a positive self-image and authentic, healthy identity. (Significant)**

To rate this indicator, caregiver shows or talks about how they provide or allow these things in the home that apply to child's/youth's specific interest or identity. This does not mean child/youth is allowed to dress inappropriately, use disrespectful language, or eat a diet of unhealthy food.

### Examples

Youth is encouraged to prepare, or learn to prepare, a traditional or favorite food for family dinners.

A child who speaks English and Spanish is encouraged to communicate in both languages at home. Books in Spanish are included in the family's book collection.

Parents tell child about Native American practices and beliefs and offer books about these traditions and Native American history.

Youth can include items that reflect their identity, culture or interest in the family room.

Child's/youth's identity and interests are reflected in the toys and books in the home. These include: African American dolls, Hispanic music, nesting dolls, books or soccer ball.

Do not select if caregiver cannot talk about their efforts to include child's/youth's identity into the home environment. If nothing has changed in the home environment, caregiver has not made an effort in this area.

### **4. Has established significant, ongoing positive relationships with individuals or other families who are willing to mentor child's/youth's developing individual identity. Caregiver can identify specific people and their deliberate, recognizable actions with child/youth established for this purpose. (Significant)**

To rate this indicator, caregiver has established cultural guides, beside themselves, to help child/youth build identity. This may be people or families caregiver has previously known, or a new relationship established for this purpose.

Do not select if caregiver cannot identify a person or family, not living in the home, with whom they have connected child/youth to support their developing identity.

## Examples

Child enjoys playing soccer. Caregiver knows an older youth, adopted by another family in their community, who is a great soccer player. Caregiver arranges with the older youth's family for him to come over once a week to practice soccer with the child.

Youth in caregiver's home wants to be a jingle dancer at pow wows. Caregiver connects youth with a jingle dancer, and they get together to plan and dance together at pow wows.

### **5. Demonstrates and mentors child/youth to develop skills to safely negotiate difficulties in diverse settings at school, in the neighborhood, within social media communities and in public. (Extensive)**

To rate this indicator, caregiver can:

- Discuss how they help child/youth develop relationship skills and necessary actions to safely get along with others. How do they mentor child/youth to build skills to safely negotiate difficulties in diverse settings?
- Show or discuss how they help child/youth navigate differences, or when they are feeling uncomfortable with different groups. Identify how they help child/youth in school with the following:
  - Bullying.
  - Sexually aggressive behavior.
  - Physical threats.
  - Other behaviors that are a threat to child's/youth's safety.

Do not select if caregiver cannot discuss efforts to keep child/youth safe. Denying child/youth access to diverse settings or social networking sites is not sufficient effort.

### **Documentation**

When selecting this indicator, assessors document the following:

- How caregiver helps child/youth develop skills to safely get along with others. Include where and when.
- Areas where caregivers help child/youth navigate.

### **6. Regularly coordinates, attends or hosts cultural community events to help child/youth establish, develop and maintain connections to their culture that builds their identity. Caregiver can identify frequency of specific events and how they support child's/youth's identity development. (Extensive)**

To rate this indicator, caregiver:

- Is involved in putting together, or attending with child/youth, an event that supports development of their identity.
- Can identify frequency of specific events and how they support child's/youth's identity. This should be individual to a child/youth, unless it applies to siblings placed in the home. If this is an activity the whole family participates in, explore how it relates to child's/youth's development of identity.

Do not select if caregiver cannot identify events that support child's/youth's individual identity development.

**Note:** This indicator reflects child's/youth's culture and development of identity, not the family's culture. Review [Indicator 9](#) if caregiver's family completely changes their family's

culture, and attending events becomes a pattern that leads to permanent change. Faith or spiritual organizations child/youth is involved in may be the same faith community as the caregiver's family. Since this is about child's/youth's identity, if they do not find these activities to be comfortable or help them have a sense of belonging, this may not be building their identity.

### **Examples**

Caregiver attends Native American art classes with the child.

Caregiver organizes social events that bring children together to learn and develop, such as Boys' club, Girl Scouts, or 4-H.

### **Documentation**

When selecting this indicator, assessors document the following:

- The event or activity caregiver arranged
- Frequency of the event or activity
- When child/youth last attended the activity.

## **7. Drives 200 or more miles each month for child/youth to attend events to make or keep connections with their culture and community. (Extensive)**

To rate this indicator:

- Caregiver identifies events or activities that preserve child's/youth's individual culture and community.
- Caregiver can show they have driven child/youth an average of 200 miles a month to events that relate to identity development.
- Child/youth may see relatives at an event, but the purpose is to connect with their culture and community. This may include: Spiritual activities; special interest or group activities for child/youth as identified in [Indicator 6](#); and other activities such as competing in Special Olympics, participating in social events, community activities, heritage events or large community celebrations.

Do not select if caregiver cannot identify events that support child's/youth's individual identity development that involve driving 200 or more miles a month.

### **Documentation**

When selecting this indicator, assessors document the following:

- Events attended
- Distance to events
- Frequency of events.

## **8. Helps child/youth repair and build their damaged identity. Caregiver can list the substantial, deliberate parenting actions they take to nurture child's/youth's pride in their identity, and involvement in group activities that build positive self-image. (This indicator is valid only when paired with need "d.") (Extensive)**

To rate this indicator, caregiver:

- Discusses their observations that child's/youth's identity is damaged

- Lists deliberate parenting actions they regularly provide to help child/youth develop pride in their identity.

### Examples

Youth states that they want to look like the rest of the family. They feel different. Caregiver's efforts are focused on building an emotional connection and self-esteem by taking pride in the youth. Caregiver makes a deliberate effort to talk to them daily about their good qualities, skills, and the contribution they make to the family and community.

Child has a unique name that has significant cultural meaning. They do not like their name and want to change it. Caregiver helps the child research the meaning and origin of their name, building cultural knowledge and pride.

### Documentation

When selecting this indicator, assessors document the following:

- Deliberate parenting actions caregiver provides to child/youth
- Frequency of actions or involvement in group activities.

### **9. Transformed their daily life to include child's/youth's individual identity and community into caregiver's daily life. Caregiver and family have made permanent major life changes to commit to child's/youth's identity and community, such as joining a new faith community, moving to a new home or changing schools. (Exceptional)**

To rate this indicator:

- Caregiver can identify a permanent change made in their family, primarily for child/youth
- This transformation most likely started when the family attended an event with child/youth that was not something they usually attended, and it has become part of the caregiver's family routine or tradition.

Do not select if caregiver identifies a transformation/change that happened before child/youth became a member of their family.

### Documentation

When selecting this indicator, assessors document the following:

- Define the permanent change to caregiver's daily life
- When the change occurred.

### **10. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show the above activities or actions.

## Domain G: Education

### Scope

This domain measures the parental care needed in a caregiver's home to support learning and educational success. Educational stability is very important for children and youth. This domain also measures caregiver's efforts to support attendance and maintain enrollment in child's/youth's school where they were enrolled at the time of placement.

All children need to learn, develop school readiness skills, attend school, have education supported at home, and participate in typical childhood activities available in their school and community.

The following terms are used in this section:

- **Individual Education Plan (IEP).** An IEP is for children who have been assessed and meet criteria to receive formal special education services. School professionals write the IEP with input from professionals and caregivers.
- **Individual Family Service Plan (IFSP).** An IFSP is designated for children ages birth to 5 who have received a formal assessment and qualify for Early Childhood Special Education services. Services through an IFSP can be received in either a formal school setting or in the home.

This domain does not measure a school's educational services or efforts to provide education, or additional considerations for a legal parent who has decided to home school their child or youth.

### Child/Youth Needs

This section measures child's/youth's educational strengths and needs, and is the same for children and youth.

**Select "a"** when child/youth consistently functions above appropriate grade level or exceeds expectations of their IEP, including child/youth is:

- Excelling at school, earning As, Bs or equivalent
- Receiving special education, but does not receive grades, and is surpassing their IEP or IFSP goals.

**Select "b"** when child/youth consistently functions at appropriate grade level or meets expectations of their IEP, including:

- Child/youth is performing well at school, earning As, Bs, Cs, or equivalent
- Child/youth is receiving special education, but does not receive grades, and is meeting their IEP or IFSP goals
- Infant or preschool child is not receiving Early Childhood Special Education.

**Select "c"** when child/youth functions inconsistently at appropriate grade level, or struggles to meet expectations of their IEP, including child/youth is:

- Having difficulty in school, earning Ds in more than one subject, or equivalent
- Receiving special education, but does not receive grades, and is having difficulty meeting their IEP or IFSP goals.

**Select “d”** when child/youth functions significantly below appropriate grade level, or does not meet expectations of their IEP, including child/youth is:

- Not receiving passing grades, earning Ds and Fs in most or all of their classes or equivalent
- Receiving special education, but does not receive grades, and is not meeting their IEP or IFSP goals.

### **Documentation**

When selecting child/youth needs “d,” assessors document the following:

- Date of child’s/youth’s most recent report card or IEP assessment that indicates level of educational need
- Other means of verifying current level of functioning for child/youth.

### **Parental Care and Attention**

In this domain, parenting is about supporting a child’s/youth’s education by encouraging learning, arranging early childhood screenings, providing school supplies, prompting school attendance, communicating with teachers and other education professionals, and reinforcing completion of homework. The following provides a description of parenting indicators with examples of how caregivers demonstrate this care for children and youth. Most parenting indicators will be the same for children and youth. Parenting indicators that differ have the differences between children and youth noted.

#### **1. CHILD ONLY. Encourages educational activities in the home and reads to child, including an infant or preschooler. (Basic)**

To rate this indicator, caregiver:

- Identifies when they read to child, including infants, toddlers, preschoolers and children enrolled in elementary school.
- Explains how they help a preschooler prepare to attend school. This includes helping them learn the ABCs, numbers, colors, memorizing songs, and learning to write their name.

Do not select if caregiver cannot identify extra efforts or attention they are involved with to encourage educational activities in the home.

#### **2. CHILD ONLY. Arranges for a preschool program that develops school readiness and ensures child receives early childhood educational screening. (Basic)**

To rate this indicator, caregiver:

- Enrolled child in a preschool class or Head Start.
- Ensures preschool children are screened for school prior to kindergarten.

#### **3. CHILD. 1. YOUTH. Ensures child’s/youth’s school enrollment and attendance, provides school supplies, supports for homework and attends school meetings. (Basic)**

To rate this indicator, caregiver:

- Ensures child/youth is enrolled in school and attends school daily. Caregiver can describe how they help child/youth get to school.
- Provides school supplies or makes arrangements for support for school supplies.
- Supports child/youth to complete homework, which can include reminding them or helping them with questions. Caregiver talks about how they support homework and is clear that homework is important.
- Provides space for child/youth to do their homework. This could be at the kitchen table, on the living room floor or in their bedroom.
- Attends child's/youth's school conferences or meetings.
- Contacts school to ensure a smooth transition for child's/youth's first day, if initial placement of child/youth.

Do not select if caregiver does not ensure child/youth attends school daily or provide a place for them to do homework.

**2. YOUTH ONLY. Supports youth's educational and vocational interests, and actively promotes post-secondary planning in the home. (Basic)**

To rate this indicator, caregiver talks with youth about:

- Their interests and helps them find education that matches those interests
- Post-secondary planning.

**Examples**

Youth is interested in mechanics and how things work. Caregiver helps them find high school or community classes that help them learn more about machines.

Youth is interested in animals, so caregiver supports them to volunteer at a local animal shelter.

Do not select if caregiver cannot identify specific efforts they are providing youth in this area.

**4. CHILD. 3. YOUTH. Attends child's/youth's school conferences/meetings and communicates with teachers and other education professionals. (Basic)**

To rate this indicator, caregiver:

- Explains how they provide their phone number or email address to the school for the purpose of communication with teachers and other school professionals
- Describes how they initiate communication with teachers, when needed, to support child's/youth's education
- Communicates with school personnel regularly.

Do not select if caregiver is not able to identify how they provide information to child's/youth's school to communicate with them, if needed.

**5. CHILD. 4. YOUTH. Is involved in daily communication with child's/youth's teachers or other school staff. (Significant)**

To rate this indicator, caregiver:

- Communicates five days a week with child's/youth's teacher or other staff.
- Shows the means of communication, such as a communication book that travels daily between home and school, or a daily email exchange.

Do not select if communication is sporadic, even if it occurs more than once a week.

**6. CHILD. 5. YOUTH. Has specific responsibility in child's/youth's IEP, such as the plan defines caregiver as picking up child/youth early from school in response to a certain set of behaviors. (Significant)**

To rate this indicator, caregiver:

- Has a defined responsibility that is written in child's/youth's IEP
- Shows assessor the IEP.

Do not select if:

- Child/youth does not have a written IEP
- Caregiver does not have any specific responsibilities in an IEP.

**7. CHILD. 6. YOUTH. Involved daily with child/youth and their homework during the school year, supporting child's/youth's efforts with direct supervision and attentive positive reinforcement. (Significant)**

To rate this indicator, caregiver describes:

- Direct supervision provided daily for child/youth to help them complete homework. Direct supervision means sitting with them or checking in with them several times to support homework.
- Positive reinforcement, such as praise or an activity child/youth enjoys after homework is completed.

Do not select if:

- Child/youth does not have daily homework or is responsible to do homework by themselves
- Caregiver only describes answering child's/youth's occasional questions while doing homework.

**8. CHILD. 7. YOUTH. Attends child's/youth's school conferences or other related school meetings in a school that is farther away than caregiver's local school district to ensure staff is aware of child's/youth's needs in the classroom. (Significant)**

To rate this indicator:

- Child/youth must be attending a school that is not in caregiver's local school district.
- Caregiver must have attended a school conference or other meeting at child's/youth's school that is not located in caregiver's local school district. This may include a charter or magnet school that is farther away than a local school.

Do not select if child/youth is attending the local school district, or a magnet or charter school that is the same distance, or closer than, the local school district building.

**8. YOUTH ONLY. Actively assists youth with educational and vocational planning. This includes helping youth attain and complete post-secondary applications, applying for financial aid, and visiting school campus or program locations. (Significant)**

To rate this indicator, caregiver must explain their deliberate actions to help youth plan for their post-secondary education, such as helping them complete college entrance

applications and exams, applying for financial aid, visiting campuses, and other associated activities.

Do not select if youth is too young for these activities. These are high school activities.

**9. Supports educational success and attendance for child/youth who has current attendance issues such as school suspension, is involved in a truancy program, has school phobia or other serious school attendance issues. This includes disruptive behaviors that require caregiver's regular (more than weekly) intervention at school with child/youth. (Extensive)**

To rate this indicator:

- Child/youth must have been suspended from school in the current or previous school year, or has other school attendance issues.
- Caregiver describes child's/youth's disruptive behaviors in school that requires their intervention more than weekly. Caregiver must describe the intervention and pattern.
- Caregiver explains their efforts to help child/youth attend school.

Do not select if caregiver:

- Is not involved in helping child/youth attend school, even though they may need this help.
- Can only describe a single event. This must be a pattern of behavior caregiver is required to respond to, not a sporadic event.

**Documentation**

When selecting this indicator, assessors document the following:

- Actions caregiver takes to support educational success
- Frequency of supports.

**10. YOUTH ONLY. Registers, provides for the cost (or secures additional funding supports from community resources), provides access to or arranges for a vehicle for driver's education, for youth ages 15-21. (Extensive)**

To rate this indicator:

- Youth must be age 15 or older and taking driver's education
- Caregiver describes their role in supporting youth's driver's education.

Do not select:

- If caregiver has not had a role in supporting youth's driver's education
- Youth is age 14 or younger, or not involved in driver's education.

**Documentation**

When selecting this indicator, assessors address the following:

- The dates youth attended driver's education
- Actions of caregiver to ensure youth completed driver's education.

**11. YOUTH ONLY. Provides access for youth with a driver's license, ages 16-21, to a vehicle to support independent living goals. (Extensive)**

To rate this indicator:

- Youth is age 16 or older with a valid driver's license and provided access to a vehicle
- Access may include driving caregiver's vehicle, or caregiver helps youth fund their own vehicle, such as buying youth a car or providing insurance.

### **Documentation**

When selecting this indicator, assessors address the following:

- The vehicle youth is allowed to drive
- When youth can drive the vehicle.

### **10. CHILD. 12. YOUTH. Supports child/youth in a home-based educational program who may have been expelled from school, is involved in an alternative education program, or cannot attend a daily school program. (This does not include a home school program that a caregiver decided to provide, or day treatment where education is a component of the daily program.) (Extensive and Exceptional)**

To rate this indicator, child/youth:

- Must have been expelled from school or attends a school program that does not provide regular school hours.
- Is not attending a daily school program, or is attending a school program that keeps them away from the home for four or fewer hours a day. The purpose of this indicator is to measure additional supervision provided by caregiver for child/youth who are not attending a daily education program.

Do not select if child/youth is attending a daily school program that is five or more hours a day, even if the education program is considered alternative education.

### **Documentation**

When selecting this indicator, assessors document the following:

- Date child/youth was expelled from school, or started to receive alternative education services
- How child/youth receives alternative education services
- Specific actions caregiver takes to support alternative education services.

### **11. CHILD. 13. YOUTH. None of the above indicators apply to caregiver's parental care and attention. (None)**

Select this indicator when caregiver's parental care does not demonstrate or show the above activities or actions.

### **Educational Stability, Parental Care and Attention**

The parenting indicators in this section are to ensure educational stability. Educational stability means a child/youth continues to attend their school prior to placement, and maintaining continuous enrollment requires caregiver to drive them to school or to the closest bus stop.

Rate an indicator if:

- Prior to placement, child/youth attended a school in a different area or district than the school in caregiver's neighborhood or community
- Bus service is not available for child/youth to continue to attend their school prior to placement.

**Note:** Indicators are measured in time, considering two round-trips to the school or closest bus stop, five times a week.

Do not select if caregiver is driving child/youth to a school due to an open enrollment choice not related to educational stability.

**12. CHILD. 14. YOUTH. Time to drive child/youth to school takes longer than 30 minutes, but 60 minutes or less a day. (Significant)**

**13. CHILD. 15. YOUTH. Time to drive child/youth to school takes longer than 60 minutes, but less than 90 minutes a day. (Extensive)**

**14. CHILD. 16. YOUTH. Time to drive child/youth to school takes longer than 90 minutes a day. (Exceptional)**

**15. CHILD. 17. YOUTH. Not applicable.**

### **Documentation**

When selecting this indicator, assessors address the location of caregiver and the school they are driving child/youth to daily.

### **Additional Activities, Parental Care and Attention**

This section considers caregiver's efforts to have child/youth involved in typical activities.

This section does not measure the following:

- Therapeutic programs, like DBT. This is included in Domain D.
- Youth's job. This is measured in [Domain D, Indicator 5](#).
- Spiritual/cultural programs like church youth group. These are included in Domain F.

Measuring this domain includes caregiver arranging payment for the cost and transportation to the activity. Scholarships or other funding supports may be used.

**16. CHILD. 18. YOUTH. Offers child/youth opportunities to have social activities with friends and provides age-appropriate activities in the home, consistent with child's interests.**

To rate this indicator, caregiver:

- Describes how child is playing or interacting with peers after school or during the weekend. Select for infants and toddlers who interact or enjoy the company of other children.
- Describes how youth is interacting with peers after school or during the weekend.
- Shows or describes toys and games available in the home that are age appropriate for child/youth.

Do not select if:

- Child/youth is unable to interact with friends or peers, for any reason
- Caregiver does not offer child/youth interactions with friends or peers after school or during weekends.

**17. CHILD. 19. YOUTH. Includes child/youth in family recreational activities and family vacations.**

To rate this indicator, caregiver:

- Describes or shows how child/youth is involved in family recreation and vacations
- May have occasional respite, but to meet this indicator they should be able to describe child/youth being included in family recreation and vacations.

Do not select if child/youth is excluded from family recreation or vacations for respite or other arrangements.

**18. CHILD. 20. YOUTH. Has effectively advocated with an organization to change and adapt the typical activity for a child/youth with special needs.**

To rate this indicator, caregiver explains or shows how they advocated for a child/youth, making it possible for the child/youth to participate in an organization or activity that required adjustments for them to participate.

**Registers and provides for the cost of the activities (or secures additional funding supports from the community) and transports child/youth to: (Check one)**

**19. CHILD. 21. YOUTH. None or not applicable.**

**20. CHILD. 22. YOUTH. One after-school activity.**

**21. CHILD. 23. YOUTH. Several after-school activities.**

For this series of indicators consider:

- Frequency of child's/youth's activities.
- If caregiver provides for the cost of the activity or seeks additional funding from the activity. Often, activities offer a reduced fee or scholarship.
- An activity means child/youth is involved in one thing. Do not rate on intention. If child/youth has been in caregiver's home for a short time and is involved in one activity, that is the rating. Example: Child is involved in swimming lessons.
- Several after-school activities are defined as child/youth being involved in more than one activity. This could mean one in the spring and one in the fall, or at the same time.

Do not select if child's/youth's activities are during the school day, such as band or a school club, unless caregiver is actively involved in supporting the activity, such as going to the school to volunteer for the activity.

## Domain H: Child Care

### Scope

This domain measures child care needed for when caregiver works outside the home or is enrolled in a training or education program. This rating is based on an average of the child care needed through the calendar year. This is not for incidental babysitting needs or to support caregiver's volunteer activities. If caregiver's work or education program hours vary, it may be necessary to determine the average child care needs. If full time is not needed every week, a caregiver does not need full time child care.

If caregiver receives Child Care Assistance Program (CCAP) or other public child care support, select indicator "a" (Basic) in this domain, even if the public support does not provide for all child care costs.

This domain measures caregiver's child care during the time they are at work or school. If a child attends school, their time in school does not require child care.

### Examples

A caregiver works from 7 a.m. to 3 p.m. A child attends school from 9 a.m. to 3:30 p.m. Caregiver needs child care in the morning before school, from 6:30 a.m. (considering travel time to work) to 8:30 a.m., when the bus picks up the child for school. That is two hours a day for a five-day work week, or 10 hours of child care a week.

Using the same example above, with the addition that caregiver also works Saturdays from 7 a.m. to 3 p.m., which is nine hours with travel time. Considering caregiver's weekday and weekend work hours and travel time, caregiver needs 19 hours of child care a week.

If caregiver works from home, but needs a few hours of child care a week to attend meetings or other activities that are employment-related, those hours of needed child care would be included in this domain.

If caregiver works from home:

- This domain does not include adjustments caregiver may make to their home business to meet a child's needs.
- A caregiver who is also a child care provider cannot receive an additional rating in this domain to arrange for substitute care to maintain their home business to take a child to an appointment. All caregivers are expected to adjust their employment hours to provide transportation for appointments. The impact to a household regarding meeting these needs is measured in Domain D.

This domain can include a preschool program in a group child care center that is not supported by the school district.

**Note:** Child care is measured for children **age 12 and younger**. If youth cannot be left alone, that is measured in Domain C.

## Child Care Needs

**Select “a”** if child care is not needed or is minimal. A caregiver needing child care does not work or attend an education program outside the home. Year round, the average need is nine hours a week or less. (Basic)

Select this indicator when:

- No child care is needed for employment outside the home
- No child care is needed for education outside the home
- The Minnesota Child Care Assistance Program supports child care
- Other resources are paying for child care costs
- On average, child care is needed for one to nine hours a week for caregiver’s employment or education outside the home.

This need is rated basic, but in this domain basic is the equivalent to zero. Therefore, this rating does not provide additional supports.

**Select “b”** if child care is needed for 10 to 19 hours a week, or needed for work or education during the summer only. (Significant)

Select this indicator when:

- Child care is needed for summer months only, or
- On average, child care is needed for 10 to 19 hours a week for caregiver’s employment or education outside the home.

**Select “c”** if child care is needed for 20 to 29 hours a week. (Extensive)

**Select “d”** if child care is needed for 30 to 39 hours a week. (Exceptional)

**Select “e”** if child care is needed for 40 or more hours a week. (Child care maximum)

### Documentation

When selecting child needs “c,” “d,” or “e,” assessor documents the amount of time child care is needed in a typical week.

#### Example

Child care **d** was selected because, on average, child care is needed Monday through Thursday from 9 a.m. to 4 p.m., which is 30 hours a week.

## Extraordinary Levels

Extraordinary Level increases are for the highest-needs children. Caregivers for these children provide intensive supervision to prevent residential placement and fill a gap not covered by services. To be eligible for an Extraordinary Level increase, children must physically reside with caregiver.

Level L is the highest level available through the standard assessment. An approved Extraordinary Level increase can add up to five additional levels from the Standard Benefit Level. Extraordinary Level increases are possible to maintain a child or youth safely in the community with caregivers who can meet their needs, available in all three components of Northstar Care:

- Northstar Foster Care

- Northstar Kinship Assistance
- Northstar Adoption Assistance.

There is no way to have a final benefit level above L without an approved Extraordinary Level increase. However, an approved Extraordinary Level increase does not automatically result in a final benefit level above L.

The following are examples of how an Extraordinary Level increase can affect the final benefit level:

- A standard benefit level of J with an approved Extraordinary Level increase of two levels results in a final benefit level of L
- A standard benefit level of L (the highest possible) with an approved Extraordinary Level increase of five levels (the highest possible) results in a final benefit level of Q (the highest possible).

**Note:** Youth in extended foster care – supervised independent living, are not eligible for Extraordinary Level increases because there is no caregiver involvement.

## Extraordinary Level Request Approval Process

### Step 1: Initial Tests

A number of steps are involved for an Extraordinary Level request to be approved. Whenever an assessment is scored, SSIS automatically tests to see if this is a potential candidate for an Extraordinary Level request. The first step involves five initial tests that are split into three entry tests and two certifying tests.

#### A. Entry Tests

SSIS will inform an assessor if the entry tests have been reached. The three entry tests are:

- A minimum score of 62 or higher.
- Either or both of the following:
  - Level “d” in one or more of the child or youth needs scales in [Domain D](#): Mental Health, Physical Health and Development.
  - Level “c” in both the Emotional and Behavioral scale and the Development scale in [Domain D](#).
- An extensive or exceptional parent indicator rating in Domain C: Supervision.

#### B. Certifying Tests

If the three entry tests are met, then SSIS poses two certifying tests to the assessor:

- Does the child or youth physically reside in the home with the caregiver? This is a simple yes or no answer, selected by an assessor.
- Does the agency certify that, but for the placement with this caregiver, the child or youth would be in a residential facility? There are two parts to this certification:
  - **Screening Team:** Agencies are required to conduct a screening meeting to determine a child’s/youth’s level of care. This test asks the agency to enter the date that a screening meeting, or a comparable process conducted by a tribal agency, determined that a child’s/youth’s level of care would be residential placement without the parental care of this caregiver.

- **Documentation:** Describe the caregiver's efforts as a parent that safely maintains the child or youth in the caregiver's home.

### Examples

A caregiver is completely devoted to the daily care of a child with significant developmental and medical delays. A bedroom has been dedicated in the home for the child, with space for medical supplies, equipment and locked medication. The caregiver talks about the child's medical and emotional needs with professionals and is committed to maintaining her in the home. The daily medical and medication logs are completed for the child. The caregiver spends 10 hours a day feeding the child, as they are dependent on a feeding tube. Without the caregiver's willingness to safely care for this child and arrange for their daily needs, the child would require residential care.

A caregiver has arranged their home and daily schedule to provide adult supervision for a youth with challenging behaviors. The caregiver maintains a safe home environment by providing constant supervision, engaging with mental health professionals, and following specific strategies. When youth's behavior is unsafe, caregiver contacts the necessary services and advocates for the youth's needs. Without caregiver's daily care, youth would require residential care.

**Note:** All three initial entry tests must be met to be eligible for Extraordinary Level increases.

## Step 2: Parenting Indicators

After the initial tests have determined a child or youth is eligible for Extraordinary Levels, in the second step, SSIS considers parenting indicators to determine the extraordinary care and intense supervision provided by a caregiver that is not supported by Medical Assistance or other programs. The parenting indicators determine the Extraordinary Level increases, if any, to be added to the standard level determined by the initial scoring of the MAPCY assessment. SSIS considers pre-rated indicators and selected indicators.

**Note:** If child or youth is receiving waived services or other in-home services to provide necessary care, the difference between what these services are providing and what are necessary services, must be described. Extraordinary Levels do not increase the standard levels without specified parental care and supervision that supports **service gaps**.

### A. Pre-rated Indicators

There are four pre-rated indicators that SSIS may find from assessment responses:

#### **1. Intensive Supervision – Education: Child or youth cannot be left alone and is suspended or expelled from school.**

Assessor selected **both** [Domain C, Indicator 10](#) and [Domain G, Indicator 10 for Child](#), or [Domain G, Indicator 12 for Youth](#).

#### **2. Intensive Supervision – Service Access I: Relief is available from caregiver duty for eight-14 hours a week, in addition to one respite weekend a month.**

Assessor selected [Domain B, Indicator 12](#). Explanation:

- The child or youth receives additional services that provide some hours of relief from caregiver duties
- This service does not provide the necessary services for the additional conditions identified in this assessment
- This identifies a gap in services that the caregiver is meeting.

**3. Intensive Supervision – Service Access II: Relief is available from caregiver duty for seven or fewer hours a week and/or one respite weekend a month.**

Assessor selected [Domain B, Indicator 11](#). Explanation:

- The child or youth receives additional services that provide a few hours of relief from caregiver duties
- This service does not provide necessary services for the additional conditions identified in this assessment
- This identifies a gap in services that the caregiver is meeting.

**4. Intensive Supervision – Medically Dependent I: This pre-rated indicator is based on the extensive number of medical, therapy or professional services appointments the caregiver schedules, coordinates, takes and participates in with the child or youth.**

The assessor selected Domain D, both Indicators [14](#) and [15](#) for a Child, or both Indicators [13](#) and [14](#) for Youth.

**B. Selected Indicators**

Assessors select the parental indicators that apply to the care the child or youth is receiving. Assessors choose one response in each set. The following indicators are available for selection:

**Service Access: (Select one)**

**5. Intensive Supervision – Service Access III**

Relief is not available from caregiver duty. Child or youth is eligible for eight or more hours a week of services by a professional provider, including respite care, a personal care attendant (PCA), Medical Assistance waiver vendor, in-home nursing or similar services where a caregiver can leave a child or youth to another's supervision. However, due to lack of availability of family or service providers, caregiver cannot access approved services that include a parental relief component.

**6. Intensive Supervision – Service Access IV**

Relief is not available from caregiver duty. Child or youth is eligible for eight or more hours a week of services by a professional service provider, including respite care, PCA, Medical Assistance waiver vendor, in-home nursing, or similar services where a caregiver can leave a child or youth to another's supervision. However, due to child's/youth's previous aggressive/assaultive behaviors towards service providers, caregiver cannot access approved services that include a parental relief component. This indicator does not apply if caregiver has arranged to function as a designated waiver service provider for the child or youth in their care who is the subject of this assessment.

### **7. Neither 5 nor 6 apply**

If relief is available for a child or youth, 5 or 6 would not be selected. If a child or youth has a PCA who provides care for designated hours, the assessor would not select this rating.

#### **Documentation**

If 5 or 6 is selected, supporting documentation is required, such as a summary of a written medical care plan or safety plan developed by agency staff, or a medical or mental health professional.

### **Night Supervision: (select one)**

#### **8. Intensive Supervision – Night I**

Based on a written safety plan developed by the agency or a medical, mental health, behavioral, or corrections professional, a caregiver is required on an ongoing basis to get up every night at regular intervals to check on the welfare of a child or youth due to sleep disturbances or other medical or safety conditions.

#### **9. Intensive Supervision – Night II**

Based on a written safety plan developed by the agency or a medical, mental health, behavioral, or corrections professional, at least one caregiver is required on an ongoing basis to be awake at all times due to medical or safety conditions. Caregivers sleep in shifts.

### **10. Neither 8 nor 9 apply**

If a safety plan completed by a qualified professional does not define night supervision, 8 or 9 would not be selected.

#### **Documentation**

If 8 or 9 are selected, supporting documentation is required, such as a summary of a written safety plan developed by agency staff or a medical or mental health professional.

### **Restricted Placement: (select one)**

#### **11. Intensive Supervision – Restricted Placement I**

For safety purposes, a child or youth is the youngest child in caregiver's home. This is valid only when paired with child or youth needs "d" in [Domain D: Emotional/Behavioral Needs](#), and as long as a child or youth remains the youngest child in caregiver's home.

#### **12. Intensive Supervision – Restricted Placement II**

For safety purposes, child or youth is the sole child or youth in caregiver's home. This is valid only when paired with child or youth needs "a" in [Domain B: Dynamics in a Caregiver's Home](#) and "d" in [Domain D: Emotional Behavioral/Needs](#), and as long as they remain the sole child or youth in caregiver's home.

Do not select if caregiver is providing other professional services to children in the home when the child or youth is living in the home.

### **13. Neither 11 nor 12 apply**

If child or youth may live with younger children or other children in a caregiver's home, 11 or 12 would not be selected.

### **Medically Dependent: (select one)**

#### **14. Intensive Supervision – Medically Dependent II**

Based on a written medical care plan developed by an agency, medical or mental health professional, a caregiver as a parent is required to coordinate medical care, therapy and or treatment for a child or youth with prolonged dependency on medical care. These conditions require caregiver, as a parent, to daily administer specialized medication or treatment, and provide intensive supervision of child's/youth's physical symptoms or conditions. This is valid only when paired with a child or youth need "d" in [Domain D: Emotional/Behavioral Needs](#), or [Domain D: Physical Health Needs](#).

#### **15. Intensive Supervision – Medically Dependent II does not apply**

#### **16. Intensive Supervision – Medically Dependent III**

This conditional indicator is determined by SSIS when Intensive Supervision – Medically Dependent II is selected and caregiver is actively mentoring child's/youth's parents, prospective adoptive parents or relative custodian to learn and participate in child's/youth's care. This indicator is rated when Medically Dependent II is paired with the standard tool [Domain E: Indicator 7](#).

### **Documentation**

If **at least** one of the indicators in Service Access, Night Supervision or Medically Dependent was selected, explain the efforts of the legally or financially responsible agency, caregiver(s), parents and others to request support services in the home and community that would ease the degree of a caregiver's parental duties for the care and supervision of the child/youth, including Medical Assistance waived services. When Night Supervision or Medically Dependent II is selected, a current copy of the written safety plan or medical care plan should be available, if requested.

### **Step 3: Magnifiers**

If at least one Extraordinary Level indicator is selected (including pre-rated indicators), sibling or placement magnifiers can boost the amount of the increase. A magnifier cannot determine any Extraordinary Level increase by itself, but indicates greater intensity of child's/youth's need.

#### **A. Sibling Magnifier (select one)**

##### **17. Sibling Supervision**

Child/youth is one of two siblings from the same family that caregiver is currently caring for in their home.

This cannot be selected if Intensive Supervision – Restricted Placement II is selected.

##### **18. Sibling Supervision**

Child/youth is one of three or more siblings from the same family that caregiver is currently caring for in their home.

This cannot be selected if Intensive Supervision – Restricted Placement II is selected.

## **19. Neither 17 nor 18 apply**

### **B. Placement Magnifier**

Additional points are awarded if responses in [Domain A: Placement Experience](#), child/youth needs “c” or “d” is selected. (SSIS checks to determine if a placement magnifier exists.)

### **Step 4: Additional Level of Approval**

Once SSIS has determined a child or youth is eligible for an Extraordinary Level increase, an agency assessor must submit the request to their agency approver, who is responsible for certifying the request. Once certification occurs, the Extraordinary Level request will be electronically submitted to the department for review and approval.

Once the department receives the Extraordinary Level request, within 15 calendar days the department must:

- Approve
- Deny, or
- Request additional clarification.

If additional clarification is needed, the department must receive clarification within 30 days or the request is automatically denied.

Until the department approves the Extraordinary Level request, SSIS will pay the standard level, but no Extraordinary Level increase. If approved by the department, the Extraordinary Level increase is retroactive to the effective date of the standard assessment, which may mean retroactive payment adjustments.

## **Extended Foster Care – Supervised Independent Living Domains**

The following specialized domains apply to youth ages 18 – 21 in Extended Foster Care – Supervised Independent Living (EFC – SIL). The domains measure the transportation and communication support indicators, and consider the additional needs of a youth who is a parent, when youth and their child are not receiving Minnesota Family Investment Program (MFIP) benefits.

These domains are used when an agency is paying all or part of the foster care maintenance payment directly to a youth, and has determined that youth can live independently without a caregiver directly responsible to provide:

- Food
- Clothing
- Shelter
- Daily supervision
- School supplies
- Personal incidentals
- Reasonable travel for home visits or school stability.

These domains may be used when a youth is placed in a supervised independent living setting that is an adult foster home, if the youth receives the foster care payment and is considered a boarder in the home.

When a youth age 18 – 21 is living in a licensed setting receiving foster care payments, and youth needs the day-to-day supervision of a caregiver, these domains are not used. The Youth Assessment tool is used.

## Domain R: Transportation to Preserve Connections

### Scope

This domain measures transportation needed for a youth to visit relatives and kin, using the definition in Minn. Stat., section 260C.007, subd. 27, where relative:

"...means a person related to the child by blood, marriage, or adoption, or an individual who is an important friend with whom the child has resided or had significant contact. For an Indian child, relative includes members of the extended family as defined by the law or custom of the Indian child's tribe or, in the absence of law or custom, nieces, nephews, or first or second cousins, as provided in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1903."

This domain considers the round trip miles to visit relatives or kin. If a youth is visiting more than one relative and kin, the monthly travel miles would be added together.

### Examples

A youth takes the city bus to visit an aunt once a month for dinner. Aunt's home is 20 miles round trip from their dorm. This is rated [Indicator 1](#).

A youth takes the city bus to visit an aunt once a month for dinner, then the aunt drives them for a visit with grandmother. Aunt's home is 20 miles round trip from the youth's dorm, and grandmother lives about 30 miles round trip from the dorm. This visitation is part of the youth's out-of-home placement plan; the aunt receives a gas card from the placing agency to support the monthly visit with grandmother. This is rated [Indicator 1](#) because youth is responsible for 20 miles of transportation to/from aunt's house.

A youth's visits are the same as the previous example, except they visit aunt every other Sunday, taking the bus at least twice a month. This is rated [Indicator 2](#) because youth is responsible for two to three trips of 20 miles to aunt's house.

A youth's visits are the same as the previous example, except they visit aunt every Sunday, taking the bus at least four or more times a month. This is rated [Indicator 3](#) because youth is responsible for four or more trips of 20 miles to aunt's house.

A youth's visits are the same as the previous example, except they visit aunt every Sunday, taking the bus at least four or more times a month. From the aunt's house, she drives them to grandmother's apartment once a month. The agency gives aunt a gas card for the visits with grandmother, and provides youth with a bus pass. This is rated [Indicator 1](#) because the agency is supporting transportation for visitation.

A youth takes the mega bus to Chicago to visit with relatives about once a month. This is rated [Indicator 4](#).

This domain does not:

- Support visitation with friends or peers
- Cover the entire cost of transportation, but provides additional supports available to assist youth with costs as they occur.

## Youth Support Indicators

### **1. Has visits with relatives or kin that do not require additional supports because the relative provides transportation, or it is supported by agency or service resources such as a bus pass, or the youth visits once a month and transportation is less than 40 miles round trip. (Basic)**

Select this indicator when youth's Out-of-home Placement Plan identifies specific relatives or kin they regularly visit, and one of the following applies:

- Receiving supports from an agency or other resources to pay for travel, or
- Travels less than 40 miles in a month to visit relatives.

Do not select if youth does not have relatives identified for regular visitation.

### **2. Visits with relatives or kin two to three times a month and round trip is 40 miles per visit or less. (Significant)**

Select this indicator when youth's Out-of-home Placement Plan identifies specific relatives or kin they regularly visit two to three times a month, and youth is responsible for the cost of transportation, which can include:

- Round trip visit of 40 miles or less, making the miles traveled in a month for visitation between 80-120 miles
- Travel for two to three visits a month with the same relative, or one visit a month with two or three different relatives.

Do not select if youth does not have relatives identified for regular visitation.

### **3. Visits with relatives or kin four or more times a month and a round trip is 40 miles or less, or visits with a relative one to three times a month and the round trip is 41 to 200 miles. (Extensive)**

Select this indicator when youth's Out-of-home Placement Plan identifies specific relatives or kin that:

- Youth regularly visits four or more times a month and is responsible for the cost of transportation. A round trip for a visit is 40 miles or less, making the average about 160 miles a month.
- Youth visits one to three times a month and is responsible for the cost of transportation. A round trip is more than 41 miles, but less than 200 miles.
- Travel could be four visits a month with the same relative, or one visit a month with four different relatives.

Do not select if youth does not have relatives identified for regular visitation.

## **Documentation**

When selecting this indicator, assessors document miles traveled and frequency of visits.

### **4. Visits with relatives or kin approximately once a month, and a round trip is more than 200 miles. (Exceptional)**

Select this indicator when:

- Youth's Out-of-home Placement Plan identifies specific relatives or kin who they regularly visit about once a month, with youth responsible for the cost of transportation
- Round trip for a visit is more than 200 miles.

Do not select if youth does not have relatives identified for regular visitation.

### **Documentation**

When selecting this indicator, assessors document miles traveled and frequency of visits.

### **5. None of the above support indicators apply to youth's supervised independent living setting or plan. (None)**

Select this indicator if youth has not identified relatives or kin for visitation.

## **Domain S: Transportation to Work or School**

### **Scope**

This domain measures transportation needed for youth to travel to work or school that is not supported by the school or other resources. The total cost of youth's daily transportation, such as a car payment or insurance, will not be covered but may be used to support these costs.

### **Youth Support Indicators**

#### **1. Lives on campus or within walking distance, or transportation to work or school is provided by the school, social service agency or another resource. (Basic)**

Select this indicator when:

- School, social service agency or another resource addresses youth's daily transportation needs
- Youth cannot identify daily or monthly costs associated with transportation.

#### **2. Purchases bus passes or uses a bike for transportation to school or work. (Significant)**

Select this indicator:

- When youth's purchasing and/or maintaining a bicycle addresses their daily transportation needs
- Use may be seasonal, such as using a bicycle most of the year and a bus in the winter.

Do not select if school or another resource provides the bus pass. For this to be measured, youth needs to be financially responsible to purchase the bus transportation.

#### **3. Shares transportation with other(s) who has access to a car and provides gas money. (Extensive)**

Select this indicator when youth's daily transportation needs are addressed by sharing the cost of a car with other(s). Include the routine rental of a community-shared car that can be rented by the hour, if it is for the purpose of school or work.

### **Documentation**

When selecting this indicator, assessors document costs associated with transportation to work and/or school.

#### **4. Owns a car that is the primary transportation for school or work. (Exceptional)**

Select this indicator:

- When owning and being responsible for a car meets youth's daily transportation needs
- If youth receives additional supports to help with the cost of a car, such as asking others to share in gas costs, or a loan or gift from previous caregivers.

## **Documentation**

When selecting this indicator, assessors document costs associated with transportation to work and/or school.

### **5. None of the above support indicators apply to youth's supervised independent living setting or plan. (None)**

Select this indicator when youth's daily transportation needs do not fall into one of the above categories.

## Domain T: Communication

### Scope

This domain measures the communication support needed for a youth to access a phone and/or Internet service that is not supported by other resources. This domain will not cover the total cost of a phone or Internet access, but may be used by youth to assist with costs.

Most youth need to have phone access for the purpose of employment or school, and Internet access is necessary for most secondary and post-secondary education. All youth need access to a phone. It is up to an assessor to consider a youth's communication needs and determine the level of needed access. If youth is not enrolled in secondary or post-secondary education, an assessor needs to determine the individual reason Internet access is necessary.

### Youth Support Indicators

#### 1. Youth's communication needs are met at no cost to them. (Basic)

Select this indicator when:

- Youth has easy access to a phone and/or the Internet at no cost
- The home or dorm room has a landline, a youth is on another person's plan and has access to a wireless network.

#### 2. Youth's communication needs are met with them responsible for up to 1/3 of the total cost. (Significant)

Select this indicator:

- When youth has access to a phone and/or the internet and are sharing the cost with a roommate or other person
- If total costs include personal cell phone, Internet access and other communication costs.

#### 3. Youth's communication needs are met with them responsible for more than 1/3, but no more than 2/3, of the total cost. (Extensive)

Select this indicator:

- When youth has access to a phone and/or the Internet and sharing costs with a roommate or other person
- If total costs include personal cell phone, Internet access and other communication costs.

### Documentation

When selecting this indicator, assessors document communication costs for which youth is responsible.

#### 4. Youth's communication needs are met with them responsible for more than 2/3, and up to 100 percent, of the total cost. (Exceptional)

Select this indicator:

- When youth has access to a phone and/or the Internet and may share some of the cost with a roommate or other person
- If total costs include personal cell phone, Internet access and other communication costs.

### **Documentation**

When selecting this indicator, assessors document communication costs for which youth is responsible.

### **5. None of the above support indicators apply to youth's supervised independent living setting or plan. (None)**

Select this indicator if the above indicators do not apply to youth.

## Domain U: Young Parents

### Scope

Consider this domain if youth in EFC – SIL is a legal parent who has custody of their child and is responsible for the child's care.

Youth may be eligible for extended foster care benefits and MFIP, but cannot receive both and must choose one of the programs. If a youth parenting a child decides to continue to receive child foster care benefits, this section assesses additional benefits for youth's child who is not receiving MFIP benefits.

### Youth Support Indicators

#### 1. Youth is not a parent. (Basic)

This indicator:

- Is selected when youth is not a parent or does not have parental responsibilities for a child
- Includes youth who have terminated their parental rights
- Is rated basic, but in this domain basic is equivalent to zero, so youth is not receiving additional supports for this rating.

#### 2. Youth has shared custody and/or shared parental responsibility for one or more children. (Significant)

Select this indicator when youth:

- Has shared custody and parental responsibility for one or more children
- May be responsible for child support, and shares the care of a child with the other parent or legal custodian.

Do not select if youth's child is receiving MFIP benefits.

#### 3. Youth has sole custody and/or sole parental responsibility for one child (Extensive)

Select this indicator when youth has:

- Sole custody and parental responsibility for one child
- The child is legally residing with them.

Do not select if the youth's child is receiving MFIP benefits.

### Documentation

When selecting this indicator, assessors document sole custody and sole parenting responsibility.

#### 4. Youth has sole custody and/or sole parental responsibility for two or more children. (Exceptional)

Select this indicator when youth has:

- Sole custody and parental responsibility for two or more children
- The children are legally residing with them.

Do not select if one or more of the youth's children are receiving MFIP benefits.

**Documentation**

When selecting this indicator, assessors document sole custody and sole parenting responsibility for two or more children.

**5. Youth has sole custody and/or sole parental responsibility for a child with a documented physical, mental, emotional or behavioral disability.**

Do not select if child is receiving MFIP benefits.

**Documentation**

When selecting this indicator, assessors need to note the documentation that was reviewed, including child's diagnosis, date of diagnosis, and summary of the child's special needs.

**Note:** At the time of the EFC – SIL assessment, if an assessor's agency does not have information necessary to rate this indicator, **DO NOT** delay the rating for this purpose. When an agency is aware youth has a child with special needs, this can be rated and the assessment updated, but it is not the primary purpose of the assessment.

## Domain H: Child Care EFC – SIL

### Scope

This domain measures child care needed for a youth in EFC – SIL who is a legal parent, has sole custody and responsibility for one or more children, and works outside the home or is enrolled in a training or education program. This rating is based on an average of the child care needed throughout the calendar year.

If a parenting youth is receiving Minnesota Child Care Assistance, select “a” for child care needs. Youth in extended foster care cannot receive benefits from both programs.

See [Domain H: Child Care](#) for further information about this domain.

### Child Care Needs

**Select “a”** if child care is not needed or minimal. Youth needing child care does not work or attend an educational program outside the home. Year round, the average need is nine hours a week or less. (Basic)

Select this indicator when youth has sole custody and/or sole parental responsibility for a child and:

- Youth is not a legal parent
- No child care is needed for employment outside the home
- No child care is needed for an education program outside the home
- Minnesota Child Care Assistance is received to support child care
- Other resources are paying for child care costs
- On average, child care is needed for one to nine hours a week for youth’s employment or education outside the home.

This need is rated basic, but in this domain basic is the equivalent to zero. Therefore, this rating does not provide additional supports.

**Select “b”** if child care is needed for 10 to 19 hours a week, or needed for work or education during the summer only. (Significant)

Select this indicator when youth has sole custody and/or sole parental responsibility for a child and:

- Child care is needed for summer months only, or
- On average, child care is needed for 10 to 19 hours a week, for youth’s employment or education outside the home.

**Select “c”** if child care is needed for 20 to 29 hours a week. (Extensive)

**Select “d”** if child care is needed for 30 to 39 hours a week. (Exceptional)

**Select “e”** if child care is needed for 40 or more hours a week. (Child care maximum)

Select this indicator when youth has sole custody and/or sole parental responsibility for a child, and on average, child care is needed for 40 or more hours a week for youth with full-time employment or education outside the home.

### Documentation

When selecting “c,” “d,” or “e,” assessor documents the amount of time child care is needed in a typical week.

**Example**

Child care **d** was selected because, on average, child care is needed Monday through Thursday from 9 a.m. - 4 p.m., which is 30 hours a week.



Minnesota Department of **Human Services**

Child Safety and Permanency Division  
P.O. Box 64943  
St. Paul, MN 55164-0943