



FACES.NET AFCARS 2.0

ADOPTION and FOSTER CARE ANALYSIS and REPORTING SYSTEM

December 2022

Volume 1

TABLE OF CONTENTS

SECTION 1: INTRODUCTION.....	3
SECTION 2: FACES.NET REFERRAL (CPS) MODULE	9
SECTION 3: CASE MODULE	36
SECTION 4: PROVIDER MODULE	63

SECTION 1: Introduction

- Practice Overview
- What is AFCARS
- What are AFCARS Data Elements
- How to Get Help



Introduction

What is AFCARS?

The Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Children's Bureau is responsible for the implementation and management of the Adoption and Foster Care Analysis and Reporting System (AFCARS). State and tribal title IV-E agencies are required to report AFCARS demographic, case-related, and service information on all children in foster care and children who have been adopted with title IV-E agency involvement. Title IV-E agencies (CFSA is the District of Columbia's Title IV-E agency) are required to submit the AFCARS data twice a year based on two 6-month reporting periods. Regulations were updated from the original reporting elements dating back from 1993. As of May 2020, new or modified data elements were added to the existing AFCARS documentation and reporting needs. For this document, we will focus on the new data reporting elements, and refer to them as AFCARS 2.0. However, please note that ALL AFCARS data field are MANDATORY and must be documented.

AFCARS was established to provide data that would assist in policy development and program management. Data can be used by policymakers at the federal, Tribal, and state levels to assess how many children are in foster care, reasons why they enter, how they exit, and to develop strategies to prevent their unnecessary placement into foster care. Specifically, the data include information about children who enter foster care, their entries and exits, placement details, and foster/adoptive parent information, which makes it possible to identify trends.

The data enables the Children's Bureau to administer the federal title IV-E foster care and adoption assistance programs more effectively. The Children's Bureau and ACF use these data for several purposes, including:

- Responding to Congressional requests for current data on children in foster care or those who have been adopted.
- Responding to questions and requests from other Federal departments and agencies, including the General Accounting Office (GAO), the Office of Management and Budget (OMB), the Department of Health and Human Services' Office of Inspector General (OIG), national advocacy organizations, States, Tribes, and other interested organizations.
 - developing short and long-term budget projections.
 - developing trend analyses and short and long-term planning.
 - targeting areas for greater or potential technical assistance efforts, for discretionary service grants, research and evaluation, and regulatory change; and
 - determining and assessing outcomes for children and families.

Additionally, the AFCARS data are used specifically in the:

- Adoption and Legal Guardianship Incentive Payments Program (ALGIPP);
- Child Welfare Outcomes Report;
- Child and Family Services Reviews (CFSRs);
- Title IV-E Eligibility Reviews;
- Allotment of funds in the Chafee Foster Care Independence Program (CFCI)



TIPS FOR APPLICATION

Throughout this guide, you will find Development and Equity Tips for Application. These tips are to support you in obtaining regulatory information in a trauma-informed way that also supports equity and inclusion for all individuals involved.

If you have questions pertaining to the Tips for Application, please reach out to the Child Welfare Training Academy at cwta.training@dc.gov.



Practice Overview

All date elements related to AFCARS reporting are required to be entered in FACES.NET until the final official release of the new case management system, STAAND (Stronger Together Against Abuse and Neglect in DC).

This guide will identify AFCARS 2.0 data elements based on FACES.ENT modules. Modules are specifically designated based on CFSA staff members' job roles and responsibilities.



TIPS FOR APPLICATION

Gathering AFCARS data is a required function that helps to identify and support the needs of the diverse groups of people we serve.

You are already familiar with using your clinical skills to gain the basic demographic information so some AFCARS modules will not have any practice notes for review. We are providing best practice notes, engagement tips, and reminders within this document to support the gathering of new information not previously captured.

Additionally, some of the same tips and practice pointers may be repetitive when the AFCARS elements are the same for different programmatic areas.

Which FACES Modules and Practice Areas Impacted by AFCARS 2.0?

In addition to the new and modified FACES screens requiring completion, there are practice implications across several different business units which will require client and provider engagement and interviewing strategies allowing for gathering information ranging from practice events to how a client or provider self-identifies.

Referral Module

- **Adoption**
 - Element Number A6 – A12: Race
 - Element Number A14: Hispanic or Latino Origin
 - Element Number 41: Prior Adoption
 - Element Number 42: Prior Adoption Date
 - Element Number 43: Prior Adoption Type Intercountry
 - Element Number 44: Prior Guardianship
 - Element Number 45: Prior Guardianship Date

- **Child Characteristics**
 - Element Number 13-20: Child's Race
 - Element Number 21: Child's Hispanic or Latino Ethnicity
 - Element Number 23: Health Conditions
 - Element Number 24-34: Specific Health, Behavioral, or Mental Health Conditions

- **Finance and Education**
 - Element Number 37: Special Education

- **ICWA (Indian Child Welfare Act)/Tribal**
 - Element Number 7: Agency Made Inquiries
 - Element Number 8: Child's Tribal Membership
 - Element Number 9: Federally Recognized Tribe
 - Element Number 10: Application of ICWA
 - Element Number 11: Date of Determination that ICWA Applies
 - Element Number 12: Notification of ICWA
 - Element Number 61-62: Tribal Membership Mother/Tribal Membership Father

- **Removal and Placement**
 - Element Number 38: Pregnant
 - Element Number 39: Ever Fathered or Bore Children
 - Element Number 40: Child and his/her Child(ren) Placed Together
 - Element Number 71: Environment at Removal
 - Element Number 72-105: Child and Family Circumstances at Removal

- **Allegations**
 - Element Number 106: Prior Victim of Sex Trafficking
 - Element Number 107: Prior Report to Law Enforcement
 - Element Number 108: Prior Date of Sex Trafficking Report to Law Enforcement

- Element Number 109: Victim of Sex Trafficking While in Foster Care
- Element Number 110: Report to Law Enforcement for Current Victimization
- Element Number 111: Date of Sex Trafficking Report to Law Enforcement

Case Module

- **Adoption and Guardianship**
 - Element Number A6 – A12: Race
 - Element Number A14: Hispanic or Latino Origin
 - Element Number A19: Adoption or Guardianship Placing Agency
 - Element Number 41: Prior Adoption
 - Element Number 42: Prior Adoption Date
 - Element Number 43: Prior Adoption Type Intercountry
 - Element Number 44: Prior Guardianship
 - Element Number 45: Prior Guardianship Date
 - Element Number 158-161: Child’s Relationship to Adoptive or Guardianship
 - Element Number 184: Intra/Interjurisdictional Adoption or Guardianship

- **Child Characteristics**
 - Element Number 13-20: Child’s Race
 - Element Number 21: Child’s Hispanic or Latino Ethnicity
 - Element Number 23: Health Conditions
 - Element Number 24-34: Specific Health, Behavioral, or Mental Health Conditions

- **Finance and Education**
 - Element Number 37: Special Education

- **ICWA (Indian Child Welfare Act)/Tribal**
 - Element Number 7: Agency Made Inquiries
 - Element Number 8: Child’s Tribal Membership
 - Element Number 9: Federally Recognized Tribe
 - Element Number 10: Application of ICWA
 - Element Number 11: Date of Determination that ICWA Applies
 - Element Number 12: Notification of ICWA
 - Element Number 61-62: Tribal Membership Mother/Tribal Membership Father

- **Removal and Placement**
 - Element Number 38: Pregnant
 - Element Number 39: Ever Fathered or Bore Children
 - Element Number 40: Child and his/her Child(ren) Placed Together
 - Element Number 63-64: Termination of Parental Rights for First and Second Parents
 - Element Number 71: Environment at Removal
 - Element Number 72-105: Child and Family Circumstances at Removal
 - Element Number 148: Permanency Plan
 - Element Number 155: Exit Reason
 - Element Number 156: Transfer to Another Agency

Provider Module

- **Adoption and Guardianship**
 - Element Number 157: Marital Status of Adoptive Parent or Guardian
 - Element Number 163: Tribal Membership First Adoptive Parent or Guardian
 - Element Number 164-170: Race of First Adoptive Parent or Guardianship 27
 - Element Number 171: Hispanic or Latino Ethnicity of First Adoptive Parent or Guardian
 - Element Number 174: Tribal Membership Second Adoptive Parent or Guardian
 - Element Number 175-181: Race of Second Adoptive Parent or Guardian
 - Element Number 182: Hispanic or Latino Ethnicity of Second Adoptive Parent or Guardian

- **ICWA (Indian Child Welfare Act)/Tribal**
 - Element Number 126: Tribal Membership of First Foster Parent
 - Element Number 137: Tribal Membership of Second Foster Parent

- **Removal and Placement**
 - Element Number 123: Marital Status of the Foster Parent
 - Element Number 127-133: Race of First Foster Parent
 - Element Number 134: Hispanic or Latino Ethnicity of First Foster Parent
 - Element Number 135: Sex of First Foster Parent
 - Element Number 138-144: Race of Second Foster Parent
 - Element Number 145: Hispanic or Latino Ethnicity of Second Foster Parent
 - Element Number 146: Sex of Second Foster Parent

How to Get Help

If you still have question after consulting this resource, please contact the FACES.NET Helpdesk. Helpdesk staff members are available from 8:00AM - 5:00PM every weekday to assist with FACES.NET and technical questions. The FACES.NET Helpdesk can be reached at (202) 434-0009.

SECTION 2: FACES.NET REFERRAL (CPS)

Module

- **Adoption**
 - Element Number A6 – A12: Race
 - Element Number A14: Hispanic or Latino Origin
 - Element Number 41: Prior Adoption
 - Element Number 42: Prior Adoption Date
 - Element Number 43: Prior Adoption Type Intercountry
 - Element Number 44: Prior Guardianship
 - Element Number 45: Prior Guardianship Date
- **Child Characteristics**
 - Element Number 13-20: Child's Race
 - Element Number 21: Child's Hispanic or Latino Ethnicity
 - Element Number 23: Health Conditions
 - Element Number 24-34: Specific Health, Behavioral, or Mental Health Conditions
- **Finance and Education**
 - Element Number 37: Special Education
- **ICWA (Indian Child Welfare Act)/Tribal**
 - Element Number 7: Agency Made Inquiries
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 - Element Number 11: Date of Determination that ICWA Applies
 - Element Number 12: Notification of ICWA
 - Element Number 61-62: Tribal Membership Mother/Tribal Membership Father
- **Removal and Placement**
 - Element Number 38: Pregnant
 - Element Number 39: Ever Fathered or Bore Children
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 - Element Number 111: Date of Sex Trafficking Report to Law Enforcement





Practice Overview

This section will provide specific details pertaining to AFCARS documentation needs for each data element. Engagement tips to support documentation are included as you hover over many of the sections.



TIPS FOR APPLICATION

Our practice requires us to build relationship and create a safe space where trust and vulnerability can grow and deeper conversations can occur. There are 3 major engagement strategies to consider:

1. Begin a relationship
2. Listen to their stories and experiences
3. Be Sensitive

To begin the relationship, ask open ended questions like, "Tell me more about yourself." Listen to what they share. If they choose to share about their culture, childhood or background, then proceed with caution.

Listen to their stories and experiences by asking something like, "That is so interesting! I'd love to hear more about how you grew up, your culture, your traditions, etc." Don't pry. These topics can be difficult and require a level of vulnerability and trust the person may not be comfortable with yet.

Be sensitive and move with empathy. Pause for a moment. Put yourself in their shoes. Consider the impact your questions might have before you ask them. Would you be comfortable with someone asking about your background, family history or ethnic origins? Don't ask questions you wouldn't want to answer yourself. And don't assume someone has a cultural connection based solely from their appearance.

Referral Module - Adoption

Element Number A6 – A12: Race

Child's Race

In general, a child's race is determined by the child or the child's parent(s) or legal guardian(s). Indicate whether each race category listed in the data elements described in paragraphs of this section applies with a “yes” or “no”.

A6: American Indian or Alaska Native - An American Indian or Alaska Native child has origins in any of the original peoples of North or South America (including Central America) and maintains Tribal affiliation or community attachment.

A7: Asian - An Asian child has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

A8: Black or African American - A Black or African American child has origins in any of the black racial groups of Africa.

A9: Native Hawaiian or Other Pacific Islander - A Native Hawaiian or Other Pacific Islander child has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

A10: White - A White child has origins in any of the original peoples of Europe, the Middle East or North Africa.

A11: Race Unknown - The child or parent or legal guardian does not know the race, or at least one race of the child. This category does not apply when the child has been abandoned or the parents failed to return and the identity of the child, parent(s), or legal guardian(s) is known.

A12: Race Abandoned - The child's race is unknown because the child has been abandoned. Abandoned means that the child was left alone or with others and the parent(s) or legal guardian(s)' identity is unknown and cannot be ascertained. This includes a child left at a “safe haven”.

A13: Race Declined - The child or parent or legal guardian has declined to identify a race.

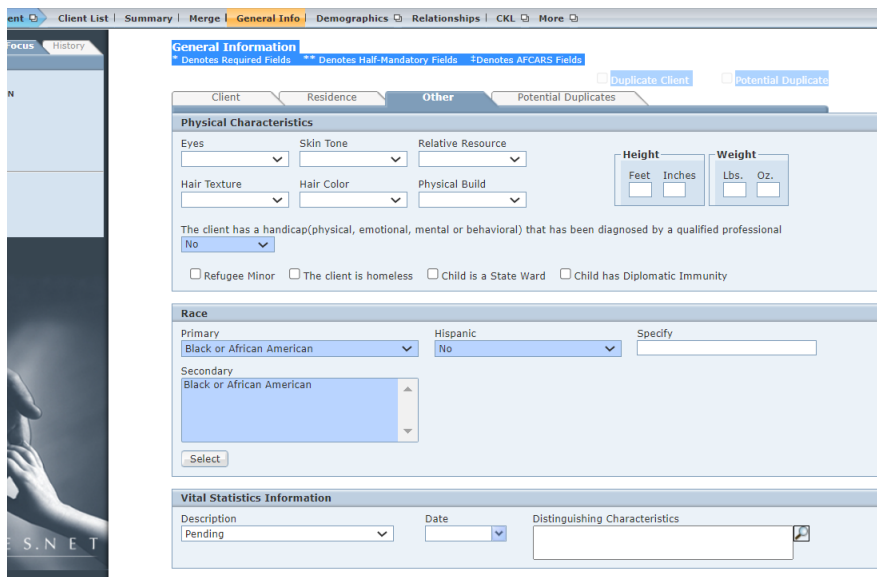
The agency collecting race information must select all possible racial combinations, if applicable. However, abandoned and declined are elements that should not be chosen in combination with any other element in this section. Meaning if these are selected then a Primary Race is not selected.

Element Number A14: Hispanic or Latino Origin

A14: Hispanic/Latino Origin - In general, a child's ethnicity is determined by the child or the child's parent(s) or legal guardian(s). A child is of Hispanic or Latino ethnicity if the child is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a “yes” or “no”. If the child or the child's parent or legal guardian does not know or cannot communicate whether the child is of

Hispanic or Latino ethnicity, indicate “**unknown**”. If the child was abandoned indicate “abandoned”. Abandoned means that the child was left alone or with others and the parent(s) or legal guardian(s)' identity is unknown and cannot be ascertained. This includes a child left at a “safe haven”. If the child or the child's parent(s) or legal guardian(s) refuses to identify the child's ethnicity, indicate “declined”.

Referral □ **Client Gen Info screen** □ **Other tab**



Element Number 41: Prior Adoption

Element 41: Indicate whether the child experienced a prior legal adoption before the current out-of-home care episode. Include any public, private or independent adoption in the United States or adoption in another country and tribal customary adoptions.

- Indicate “yes”, “no” or “abandoned” if the information is unknown because the child has been abandoned. Abandoned means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”.
- If the child has experienced a prior legal adoption, must complete paragraphs of this section; otherwise, must leave those paragraphs blank.

Element Number 42: Prior Adoption Date

Element 42: Indicate the month and year that the most recent prior adoption was finalized. In the case of a prior intercountry adoption where the adoptive parent(s) readopted the child in the United States, agency must provide the date of the adoption (either the original adoption in the home country or the re-adoption in the United States) that is considered final in accordance with applicable laws.

Element Number 43: Prior Adoption Type Intercountry

Element 43: Prior Adoption Type –Intercountry (b)(15)(ii) Indicate whether the child’s most recent prior adoption was an intercountry adoption, meaning that the child’s prior adoption occurred in another country, or the child was brought into the United States for the purposes of finalizing the prior adoption. Indicate “yes” or “no”.

Element Number 44: Prior Guardianship

Element 44: Indicate whether the child experienced a prior legal guardianship before the current out-of-home care episode. Include any public, private or independent guardianship(s) in the United States that meets the definition in section 475(7) of the Act. This includes any judicially created relationship between a child and caretaker which is intended to be permanent and self-sustaining, as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: Protection, education, care and control, custody, and decision making. Indicate “yes”, “no”, or “abandoned” if the information is unknown because the child has been abandoned. “Abandoned” means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”. If the child has experienced a prior legal guardianship, the agency must complete paragraph of this section; otherwise, the agency must leave it blank

Element Number 45: Prior Guardianship Date

Element 45: Indicate the month and year that the most recent prior guardianship became legalized.

Referral → Removal → Home Removal → Removal Context tab



TIPS FOR APPLICATION – Element 45

Adoption and guardianship are incredible ways to develop a forever family situation for many children in care. However, adoption and guardianship can also be a sensitive and emotional subject to discuss. Conversations should be met with compassion and respect. The impact of certain words can cause pain, even when unintended. Ask open-ended questions. Listed below are some examples of the most commonly used negative adoption language as well as the positive phrases that should be used instead when you want to talk about adoption:

Don't Say:

Real Parent
 Give Up for Adoption
 Put Up for Adoption
 Keep Your Baby
 Unwanted Pregnancy
 Unwanted Child
 Adopted Child
 Is Adopted
 Adoptive Parent
 Track Down Parents
 Adoptable Child
 Relinquished

Instead Use:

Birth Parent or Biological Parent
 Make an Adoption Plan
 Choose Adoption
 Parent Your Child
 Unintended Pregnancy
 Child Placed for Adoption
 My Child / Their Child
 Was Adopted
 Parent
 Search
 Waiting Child
 Made an Adoption Plan

The same language shift is important for families involved with guardianship arrangements. Use a sympathetic and sensitive tone when discussing adoption and guardianship. You do not know the emotional journey that birth/adoptive parents, child/youth, or relative experienced in making their decision to expand their family and support kin.

Ask questions that help you understand the “forever family” journey of the child. If you are unable to gather agency records that highlight the permanency transitions of children in care, take the time to ask age-appropriate questions to the child/youth. Based on their responses, ask follow-up questions .

Referral Module – Child Characteristics

Element Number 13-20: Child's Race

In general, a child's race is determined by the child, the child's parent(s) or legal guardian(s). Indicate whether each race category applies with a “yes” or “no”.

13: American Indian or Alaska Native - An American Indian or Alaska Native child has origins in any of the original peoples of North or South America (including Central America) and maintains tribal affiliation or community attachment.

14: Asian - An Asian child has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

15: Black or African American - A Black or African American child has origins in any of the black racial groups of Africa.

16: Native Hawaiian or Other Pacific Islander - A Native Hawaiian or Other Pacific Islander child has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

17: White - A white child has origins in any of the original peoples of Europe, the Middle East or North Africa.

18: Race Unknown - The child or parent or legal guardian does not know, or is unable to communicate the race, or at least one race of the child is not known. This category does not apply when the child has been abandoned or the parents failed to return and the identity of the child, parent(s), or legal guardian(s) is known.

19: Race Abandoned - The child's race is unknown because the child has been abandoned. Abandoned means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”.

20: Race Declined - The child or parent(s) or legal guardian(s) has declined to identify a race.

Element Number 21: Child's Hispanic or Latino Ethnicity

Element 21: Hispanic/Latino Origin - In general, a child's ethnicity is determined by the child or the child's parent(s) or legal guardian(s). A child is of Hispanic or Latino ethnicity if the child is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a “yes” or “no”. If the child or the child's parent(s) or legal guardian(s) does not know or is unable to communicate whether the child is of Hispanic or Latino ethnicity, indicate “unknown”. If the child is abandoned indicate “abandoned”. Abandoned means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”. If the child or the child's parent(s) or legal guardian(s) refuses to identify the child's ethnicity, indicate “declined”.

Referral→Clients→ Gen Info screen→Other tab

Summary | Merge | **General Info** | Demographics | Relationships | CKL | More

General Information
* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Duplicate Client Potential Duplicate

Client | Residence | **Other** | Potential Duplicates

Physical Characteristics

Eyes Skin Tone Relative Resource

Hair Texture Hair Color Physical Build

Height: Feet Inches Weight: Lbs. Oz.

The client has a handicap(physical, emotional, mental or behavioral) that has been diagnosed by a qualified professional

Refugee Minor The client is homeless Child is a State Ward Child has Diplomatic Immunity

Race

Primary: Hispanic Specify

Secondary:



TIPS FOR APPLICATION – Element 21

As with elements A6 - A12, continue to tap into engagement techniques that allow for free flow conversation. While some information may be highlighted in historical records, gaining race and ethnicity confirmation from children and families is paramount. Another quick example - **First ask, “Are you of Hispanic, Latino, or of Spanish origin?” (ethnicity), followed by a race identification question like, “How would you describe yourself?”**

Element Number 23: Health Conditions

Element 23: Health, Behavioral, or Mental Health Conditions - Indicate whether the child was diagnosed by a qualified professional, as defined by the state or tribe, as having a health, behavioral or mental health condition listed below, prior to or during the child's current out-of-home care episode as of the last day of the report period.

- Indicate “child has a diagnosed condition” if a qualified professional has made such a diagnosis and for each paragraph of this section indicate “existing condition”, “previous condition” or “does not apply”, as applicable. “Previous condition” means a previous diagnosis that no longer exists as a current condition.
- Indicate “no exam or assessment conducted” if a qualified professional has not conducted a medical exam or assessment of the child and leave paragraphs of this section blank.

- Indicate “exam or assessment conducted and none of the conditions apply” if a qualified professional has conducted a medical exam or assessment and has concluded that the child does not have one of the conditions listed and leave paragraphs of this section blank.
- Indicate “exam or assessment conducted but results not received” if a qualified professional has conducted a medical exam or assessment but the agency has not yet received the results of such an exam or assessment and leave paragraphs of this section blank.

Referral→Clients→Health→ Medical History→Medical Conditions tab



TIPS FOR APPLICATION – Element 23

Remember that this information must be gathered from professional healthcare providers. Attaining proper releases to gain information is necessary.

If historical records are unavailable and you have little connections to doctors and other healthcare professionals, consulting with bio-parents and guardians will be necessary. Even though the situation may be initially tense during the initial custodial episode, asking family members and children/youth about their historical and current physical health and mental health status is necessary.

If you are not aware of any records or documentation regarding the varied types of conditions and diagnoses, to make the conversation easier, you’ve got to figure out the most constructive questions to ask.

Create the safe space to naturally gain the information. Don’t force the conversation if they appear resistant to share.

Starting the conversation

Ask open-ended questions, rather than just telling clients what you think. When people are recalling difficult experiences or are currently going through something tough, often, they just want to be understood.

Element Number 24-34: Specific Health, Behavioral, or Mental Health Conditions

24: Intellectual Disability - The child has, or had previously, significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect the child's socialization and learning.

25: Autism Spectrum Disorder - The child has, or had previously, a neurodevelopment disorder, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. This includes the range of disorders from autistic disorder, sometimes called autism or classical autism spectrum disorder, to milder forms known as Asperger syndrome and pervasive developmental disorder not otherwise specified.

26: Visual Impairment and Blindness - The child has, or had previously, a visual impairment that may adversely affects the day-to-day functioning or educational performance, such as blindness, amblyopia, or color blindness.

27: Hearing Impairment and Deafness - The child has, or had previously, an impairment in hearing, whether permanent or fluctuating, that adversely affects the child's day-to-day functioning and educational performance.

28: Orthopedic Impairment or Other Physical Condition - The child has, or had previously, a physical deformity, such as amputations and fractures or burns that cause contractures, or an orthopedic impairment, including impairments caused by a congenital anomalies or disease, such as cerebral palsy, spina bifida, multiple sclerosis, or muscular dystrophy.

29: Mental/Emotional Disorders - The child has, or had previously, one or more mood or personality disorders or conditions over a long period of time and to a marked degree, such as conduct disorder, oppositional defiant disorder, emotional disturbance, anxiety disorder, obsessive-compulsive disorder, or eating disorder.

30: Attention Deficit Hyperactivity Disorder - The child has, or had previously, a diagnosis of the neurobehavioral disorders of attention deficit or hyperactivity disorder (ADHD) or attention deficit disorder (ADD).

31: Serious Mental Disorders - The child has, or had previously, a diagnosis of a serious mental disorder or illness, such as bipolar disorder, depression, psychotic disorders, or schizophrenia.

32: Developmental Delay - The child has been assessed by appropriate diagnostic instruments and procedures and is experiencing delays in one or more of the following areas: physical development or motor skills, cognitive development, communication, language, or speech development, social or emotional development, or adaptive development.

33: Developmental Disability - The child has or had previously been diagnosed with a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402), section 102(8). This means a severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and

physical impairments that manifests before the age of 22, is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity. Areas of major life activity include self-care, receptive and expressive language, learning; mobility, self-direction, capacity for independent living, economic self-sufficiency, and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. If a child is given the diagnosis of “developmental disability”, do not indicate the individual conditions that form the basis of this diagnosis separately.

34: Other Diagnosed Condition - The child has, or had previously, a diagnosed condition or other health impairment other than those described above, which requires special medical care, such as asthma, diabetes, chronic illnesses, a diagnosis as HIV positive or AIDS, epilepsy, traumatic brain injury, other neurological disorders, speech/language impairment, learning disability, or substance abuse issues.

Referral→Clients→Health→ Medical History→Diagnosis Details tab

The screenshot displays the 'Diagnosis Details' tab within a software application. At the top, there are four tabs: 'Medical Conditions', 'Developmental History', 'EPSDT Information', and 'Diagnosis Details'. Below the tabs is a table with three columns: 'Diagnosis Name', 'Diagnosis Date', and 'ICD 10 Outcomes'. The table is currently empty. Below the table is a form with four fields: 'Diagnosis Name', 'Diagnosis Date', 'Diagnosis End Date', and 'ICD 10 Outcomes'. Each field has a dropdown menu. A 'Select' button is located below the 'ICD 10 Outcomes' field. At the bottom of the form are buttons for 'Add', 'Delete', 'New', 'Save', and 'Cancel'.



TIPS FOR APPLICATION – Element 34

Similar to the physical health, consult with educators and specialists in attaining information about children and their specific health, behavioral, and mental health conditions. Attaining records and holding space with parents and guardians can prove to be helpful.

Referral Module – Finance and Education

Element Number 37: Special Education

Element 37: - Indicate whether the child has an Individualized Education Program (IEP) as defined in Part B of Title I of the Individuals with Disabilities Education Act (IDEA) and implementing regulations, or an Individualized Family Service Program (IFSP) as defined in Part C of Title I of IDEA and implementing regulations, as of the end of the report period. Indicate “yes” if the child has either an IEP or an IFSP or “no” if the child has neither.

Referral → Clients → Employment/Education → Education → Education tab

Date Updated	School Name	Daycare Name	City Name	Grade Level	Status	Grade Enrollment Date
04/18/2022	KIPP DC Promise PCS		WASHINGTON	Grade 4	Attending	09/07/2021

Education | Strength/Needs

Current Grade Level*
Grade 4

Grade Last Completed*
Grade 3

Enrollment Status*
Attending

Part Time/Full Time

Education Status*
504 Plan

Educational Performance

Special Education Level

Date of Last IEP

End date of Last IEP

Date Updated
04/18/2022

Transportation

Date Last Attended

DCPS Student ID

School/DayCare Schedule

School/DayCare Adjustment



TIPS FOR APPLICATION – Element 37

Gaining information regarding Special Education involvement requires the same actions mentioned previously. Always consult birth parents and guardians to begin the process. Use open-ended questions with clarifying questions to ensure that parental input is garnered and understood.

Again, seek support from the educational systems and providers when addressing timeframes for involvement.

Referral Module – ICWA (Indian Child Welfare Act)/Tribal



TIPS FOR APPLICATION

ICWA considerations are nuanced with many moving pieces. Discussions must be culturally sensitive to ensure that respectful dialogue supports the attainment of possible tribal affiliation.

As a best practice it is suggested that caseworkers and officers of the court assume that ICWA may apply in a case until otherwise determined. This will help avoid unnecessary delays or the potential for disrupted placements or proceedings in the future.

[A Guide to Compliance with the Indian Child Welfare Act](#)

Element Number 7: Agency Made Inquiries

Element 7: Reason to Know a Child is an “Indian child” as Defined in the Indian Child Welfare Act (ICWA) - Indicate whether the agency made inquiries whether the child is an Indian child as defined in ICWA. Indicate “yes” or “no”.

Element Number 8: Child’s Tribal Membership

Element 8: - Indicate whether the child is a member of or eligible for membership in a federally recognized an Indian tribe. Indicate “yes”, “no”, or “unknown”.

Element Number 9: Federally Recognized Tribe(s)

Element 9: If indicated “yes” in this section, indicate all federally recognized Indian tribe(s) that may potentially be the Indian child's tribe(s). Information must be submitted in a format according to ACF's specifications. Dropdown list will display tribe name and code associated with it in brackets.

Element Number 10: Application of ICWA

Element 10: - Indicate whether ICWA applies for the child. Indicate “yes”, “no”, or “unknown”. “Unknown” should be reported when parents are missing or unavailable or the agency is waiting for a response on the child’s membership status.

Element Number 11: Date of Determination that ICWA Applies

Element 11: If indicated “yes” in this section, indicate the date that the state agency was notified by the Indian tribe or state or tribal court that ICWA applies.



TIPS FOR APPLICATION – Element 11

At intake with a family (i.e. child protection investigation), and before every change or potential change in custody, the social worker should ask a family how they self-identify. For example, they should ask:

- Which of the following do you consider yourself a member: Asian American, Black/African American, American Indian or Alaska Native or Native American, White, Latino/a? The state case worker should always follow up by asking:
 - Do you have any Native American, American Indian, Alaska Native ancestry? If the client response that they are not Native American, American Indian or Alaska Native, and do not have any related ancestry the state case manager should:
 - **Document** this in case notes If the client responds that they are American Indian, Alaska Native, or Native American, or believe there is Native American ancestry the state case worker should:
 - **Ask** the client family which tribe(s) they identify with and if they are a member and/or enrolled
 - If, in following the previous steps, a case worker has reason to believe the child is Native American, she/he will need to identify the tribe by:
 - **Consulting** with extended family members and other relatives
 - **Contacting**, as appropriate, the suspected tribe(s) (their child welfare units, enrollment office, their designated tribal service agent for ICWA notice*), an appropriate Indian social services organization, or the Bureau of Indian Affairs If the parents are unavailable or unable to provide a reliable answer regarding the Native American heritage of their children, workers then:
 - Make a thorough **review** of all documentation in the case record (look for clues regarding Native ancestry)
 - **Contact** the previous social worker, if any
 - **Contact** extended family identified by child or client family and ask about identification of the family

Element Number 12: Notification of ICWA

Element 12: If indicated “yes” in this section, must indicate whether the Indian child's tribe(s) was sent legal notice in accordance with 25 U.S.C. 1912(a). Indicate “yes” or “no”.

Element Number 61-62: Tribal Membership Mother/Tribal Membership Father

61: Tribal Membership Mother - Indicate whether the biological or adoptive mother is a member of an Indian tribe. Indicate “yes”, “no” or “unknown”.

62: Tribal Membership Father - Indicate whether the biological or adoptive father is a member of an Indian tribe. Indicate “yes”, “no”, or “unknown”.

Referral → Clients → Gen Info screen → ICWA tab

The screenshot shows the 'Client General Information' screen with the 'ICWA' tab selected. The screen includes a navigation bar with 'Client', 'Residence', 'Other', 'Potential Duplicates', and 'ICWA'. Below the navigation bar, there are several dropdown menus and a text field for 'Tribe Name'. The fields are: 'Tribal Inquiry', 'Tribal Membership/Eligibility', 'Tribe Name', 'Tribal Application', 'ICWA Date of Determination', and 'ICWA Notification'. There are also 'Save' and 'Cancel' buttons at the bottom.



TIPS FOR APPLICATION – Element 62

If the Family Identifies as American Indian, Alaska Native, or Native American, How Do I Verify the Child is a Tribal Member?

Send notice to the child's tribe via their designated tribal service agent for ICWA notice to:

- Confirm that the child is a member; or
- Confirm that the child is eligible for membership and confirm a biological parent's membership Note: If several tribes are identified by client family, send the letter to all tribes identified. Best practice includes telephone contact also be made with the tribe's child welfare unit, enrollment office, and their designated tribal service agent for ICWA notice.

Although this is not required by ICWA, it may help a case worker get quick confirmation and notate that ICWA may apply to a case. Any phone conversation that confirms that ICWA may apply should be documented in the case file which informs AFCARS reporting. Formal notice should still be set to the tribe and the written response confirming tribal membership filed in the case file.

Referral Module – Removal and Placement

Element Number 38: Pregnant

Element 38: Indicate whether the child is pregnant as of the end of the report period. Indicate “yes” or “no”. This element requires a response for a female, no matter the age of the child. Male client will be “null”.

Referral→Client→Health→Tests

The screenshot shows a web-based form titled "Medical Tests". The form is divided into several sections:

- Client Medical Test:** Includes fields for "Current Primary Physician:", "Current Primary Dentist:", and "DC KIDS MR#:". There is also a field for "Allergies:".
- Test Information:** A table with columns "Date Tested" and "Type".
- Test Result:** This section is highlighted with a red box. It contains several fields:
 - "Date Tested" (dropdown menu)
 - "Test Type" (dropdown menu, set to "Pregnancy")
 - "Start Date" (dropdown menu)
 - "End Date" (dropdown menu)
 - "Order By" (dropdown menu, set to "Self")
 - "Narrative" (text area)

Element Number 39: Ever Fathered or Bore Children

Element 39: Indicate whether the child has ever fathered or bore a child. Indicate “yes” or “no”. A youth is considered to have a child if the youth has fathered any children who were born or if the youth has given birth to any children. This refers to biological parenthood. The youth does not have to be currently living with their child(ren) or have custody of their child(ren) for the agency to indicate “yes.”

TIPS FOR APPLICATION – Element 39

Discussing pregnancy/fathering status and parenting capacity with children and youth requires empathy and understanding. The manner in which you engage both male and female clients is critical.

Before you ask someone if they're pregnant or not, you need to ease your way into the subject. Doing so isn't necessarily hard – but it's necessary. Create the safe space for both male and female clients by sharing why you need the information.

Genuinely highlight that the underlying reason for understanding current pregnancy or fathering status is so that the correct resources are garnered to help with prenatal care and parenting support.

Element Number 40: Child and his/her Child(ren) Placed Together

Element 40: Indicate whether the child and his/her child(ren) are placed together at any point during the report period. Indicate “yes”, “no”, or “not applicable”. Existing documentation factor - Derive based on placement info: service line structure to report. Use teen parent service line for youth. Teen youth Parent + 1 service where teen mother and child are placed together. Only if provider where teen mom is placed has this service, then it would be marked as Yes.

Referral → Client → General Info → Client tab

The screenshot shows the 'Client General Information' form with the following details:

- Client Information:** Prefix, First (Test), Middle, Last (Test), Suffix, Maiden Name.
- Demographics:** Gender (Female), Date of Birth (06/24/2007), SSN, Medicaid #, SSN Verified, Unknown Client Due Diligence.
- Medical/Death:** Deceased, Date of Death, Death Certificate No.
- Household:** Number of persons in household (0), Distinguishing Characteristics.
- Ever Fathered or Bore Children:** Yes (highlighted in red).
- Involvement In Referral:** In Household #, Participating as a Child #.
- Citizenship/Religion:** Citizenship/Alienage (US Citizen), Alien Registration Number, Nationality, Religion.
- Role In Intake / Language:** Role In Intake* (Alleged Victim, Child), Languages, Need Interpreter.

TIPS FOR APPLICATION – Element 40

It is important to use open-ended questions to determine living arrangements between teen/youth parents and their children. Remember that we have ways of gathering information using pictorial tools like the genogram to support discovery about family members and living arrangements in an organic way. Building trust also opens the door for greater transparency and disclosures.

Element Number 71: Environment at Removal

Element 71: Indicate the type of environment (household or facility) the child was living in at the time of each removal for each removal reported in this section.

- Indicate “parent household” if the child was living in a household that included one or both of the child's parents, whether biological, adoptive or legal.
- Indicate “relative household” if the child was living with a relative(s), the relative(s) is not the child's legal guardian and neither of the child's parents were living in the household.
- Indicate “legal guardian household” if the child was living with a legal guardian(s), the guardian(s) is not the child's relative and neither of the child's parents were living in the household.
- Indicate “relative legal guardian household” if the child was living with a relative(s) who is also the child's legal guardian.
- Indicate “justice facility” if the child was in a detention center, jail or other similar setting where the child was detained.
- Indicate “medical/mental health facility” if the child was living in a facility such as a medical or psychiatric hospital or residential treatment center.
- Indicate “other” if the child was living in another situation not so described, such as living independently or homeless

Referral→Removal→ Client→Home Removal→Removal Context tab

The screenshot shows the 'Removal Context' tab with the following fields and options:

- Child Removed From***: Dropdown menu
- Specify**: Text input field
- Child Lived with Specified Relative within 180 days Prior to Removal
- Caretaker Family Structure***: Dropdown menu
- Specify Child's Living Arrangement**: Dropdown menu
- Reason for Removal**: Text input field with a small icon
- Has Child Ever Been Adopted?**: Dropdown menu
- Age When Previous Adoption Legalized**: Dropdown menu
- Was The Birth Mother Married At The Time of The Child's Birth:**: Dropdown menu
- Prior Adoption**: Dropdown menu (No)
- Estimated Prior Adoption Date**: Dropdown menu
- Intercountry Prior Adoption Type**: Dropdown menu (No)
- Prior Guardianship**: Dropdown menu (No)
- Estimated Prior Guardianship Date**: Dropdown menu

Buttons: **New**, **Save**, **Cancel**



TIPS FOR APPLICATION – Element 71

The tenets of the Hotline Report provide you with information that helps you to view the initial scope of the family household. This information should not be taken at face value as the dynamics within homes can be different from what is reported.

Ensure that when interviewing the family you specifically gather information that highlights the type of environment (household or facility) the child was living in at the time of each removal. Ask open-ended questions during caregiver interviews allowing them to elaborate on their specific familial structure. Make use of reflection of content and summarization to ensure that you have accurately captured the household structure.

Element Number 72-105: Child and Family Circumstances at Removal

Child and Family Circumstances at Removal - Indicate all child and family circumstances that were present at the time of the child's removal and/or related to the child being placed into foster care for each removal reported. Indicate whether each circumstance described “applies” or “does not apply” for each removal indicated.



TIPS FOR APPLICATION – Elements 72-105

Again, the Hotline Report is the first indication of the allegations that are to be initially investigated. If after meeting the family and child, you notice that more allegations are identified, you will need to indicate all AFCAR removal elements that “apply” and were present at removal. For those that are not relevant, you will indicate that they “do not apply.”

72: Runaway - The child has left, without authorization, the home or facility where the child was residing.

73: Whereabouts Unknown - The child's whereabouts are unknown and the title IV-E agency does not consider the child to have run away.

74: Physical Abuse - Alleged or substantiated physical abuse, injury or maltreatment of the child by a person responsible for the child's welfare.

75: Sexual Abuse - Alleged or substantiated sexual abuse or exploitation of the child by a person who is responsible for the child's welfare.

76: Psychological or Emotional Abuse - Alleged or substantiated psychological or emotional abuse, including verbal abuse, of the child by a person who is responsible for the child's welfare.

77: Neglect - Alleged or substantiated negligent treatment or maltreatment of the child, including failure to provide adequate food, clothing, shelter, supervision or care by a person who is responsible for the child's welfare.

78: Medical Neglect - Alleged or substantiated medical neglect caused by a failure to provide for the appropriate health care of the child by a person who is responsible for the child's welfare, although the person was financially able to do so, or was offered financial or other means to do so.

79: Domestic Violence - Alleged or substantiated violent act(s), including any forceful detention of an individual that results in, threatens to result in, or attempts to cause physical injury or mental harm. This is committed by a person against another individual residing in the child's home and with whom such person is in an intimate relationship, dating relationship, is or was related by marriage, or has a child in common. This circumstance includes domestic violence between the child and his or her partner and applies to a child or youth of any age including those younger and older than the age of majority. This does not include alleged or substantiated maltreatment of the child by a person who is responsible for the child's welfare.

80: Abandonment - The child was left alone or with others and the parent or legal guardian's identity is unknown and cannot be ascertained. This does not include a child left at a "safe haven" as defined by the title IV-E agency. This category does not apply when the identity of the parent(s) or legal guardian(s) is known.

81: Failure to Return - The parent, legal guardian or caretaker did not or has not returned for the child or made his or her whereabouts known. This category does not apply when the identity of the parent, legal guardian or caretaker is unknown.

82: Caretaker's Alcohol Use - A parent, legal guardian or other caretaker responsible for the child uses alcohol compulsively that is not of a temporary nature.

83: Caretaker's Drug Use - A parent, legal guardian or other caretaker responsible for the child uses drugs compulsively that is not of a temporary nature.

84: Child Alcohol Use - The child uses alcohol.

85: Child Drug Use - The child uses drugs.

86: Prenatal Alcohol Exposure - The child has been identified as prenatally exposed to alcohol, resulting in fetal alcohol spectrum disorders such as fetal alcohol exposure, fetal alcohol effect or fetal alcohol syndrome.

87: Prenatal Drug Exposure - The child has been identified as prenatally exposed to drugs.

88: Diagnosed Condition - The child has a clinical diagnosis by a qualified professional of a health, behavioral or mental health condition, such as one or more of the following: Intellectual disability, emotional disturbance, specific learning disability, hearing, speech or sight impairment, physical disability or other clinically diagnosed condition.

89: Inadequate Access to Mental Health Services - The child and/or child's family has inadequate resources to access the necessary mental health services outside of the child's out-of-home care placement.

90: Inadequate Access to Medical Services - The child and/or child's family has inadequate resources to access the necessary medical services outside of the child's out-of-home care placement.

91: Child Behavior Problem - The child's behavior in his or her school and/or community adversely affects his or her socialization, learning, growth and/or moral development. This includes all child behavior problems, as well as adjudicated and non-adjudicated status or delinquency offenses and convictions.

92: Death of Caretaker - Existing family stress in caring for the child or an inability to care for the child due to the death of a parent, legal guardian or other caretaker.

93: Incarceration of Caretaker - The child's parent, legal guardian or caretaker is temporarily or permanently placed in jail or prison which adversely affects his or her ability to care for the child.

94: Caretaker's Significant Impairment-Physical/Emotional - A physical or emotional illness or disabling condition of the child's parent, legal guardian or caretaker that adversely limits his or her ability to care for the child.

95: Caretaker's Significant Impairment-Cognitive - The child's parent, legal guardian or caretaker has cognitive limitations that impact his or her ability to function in areas of daily life, which adversely affect his or her ability to care for the child. It also may be characterized by a significantly below-average score on a test of mental ability or intelligence.

96: Inadequate Housing - The child's or his or her family's housing is substandard, overcrowded, unsafe or otherwise inadequate which results in it being inappropriate for the child to reside.

97: Voluntary Relinquishment for Adoption - The child's parent has voluntarily relinquished the child by assigning the physical and legal custody of the child to the title IV-E agency, in writing, for the purpose of having the child adopted. This includes a child left at a "safe haven" as defined by the title IV-E agency.

98: Child Requested Placement - The child, age 18 or older, has requested placement into foster care.

99: Sex Trafficking - The child is a victim of sex trafficking at the time of removal.

100: Parental Immigration Detainment or Deportation - The parent is or was detained or deported by immigration officials.

101: Family Conflict Related to Child's Sexual Orientation, Gender Identity, or Gender Expression - There is family conflict related to the child's expressed or perceived sexual orientation, gender identity, or gender expression. This includes any conflict related to the ways in which a child manifests masculinity or femininity.

102: Educational Neglect - Alleged or substantiated failure of a parent or caregiver to enroll a child of mandatory school age in school or provide appropriate home schooling or needed special educational training, thus allowing the child or youth to engage in chronic truancy.

103: Public Agency Title IV-E Agreement - The child is in the placement and care responsibility of another public agency that has an agreement with the title IV-E agency pursuant to section 472(a)(2)(B) of the Act and on whose behalf title IV-E foster care maintenance payments are made.

104: Tribal Title IV-E Agreement - The child is in the placement and care responsibility of an Indian tribe, tribal organization or consortium with which the title IV-E agency has an agreement and on whose behalf title IV-E foster care maintenance payments are made.

105: Homelessness - The child or his or her family has no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.

Referral→Removal→Client→Home Removal→Parents tab

The screenshot displays a web application interface for 'Child Removal - INTAKE REMOVAL CHILD CHECK'. The interface includes a navigation bar with 'Client List', 'Home Removal', and 'Logout' options. The main content area is divided into several sections. At the top, there is a 'Removal' section with a table for 'Date Removed' and 'Date Returned'. Below this is a 'Parents' tab with a text area for 'Describe how parent's rights regarding removal were safeguarded'. A red box highlights the 'Conditions of Removal*' dropdown menu, which is currently set to 'Caretaker's Significant Impairment'. The interface also includes 'Save' and 'Cancel' buttons at the bottom.



TIPS FOR APPLICATION – Element 104

ICWA considerations require compelling proof regarding separations of tribal children from their caregiver or tribe.

ICWA states that a court may not issue the foster care placement of an Indian child in the absence of a determination—by clear and convincing evidence—supported by the testimony of a qualified expert witness that the child’s continued custody with the child’s parents or Indian Custodian is likely to result in serious emotional or physical damage to the child.

“Clear and convincing evidence” means that in order to be successful, the side favoring foster placement must present evidence that is not just slightly more persuasive than the evidence against it, but clearly more persuasive.

Referral Module – Allegations

Element Number 106: Prior Victim of Sex Trafficking

Element 106: Victim of Sex Trafficking Prior to Entering Foster Care - Indicate whether the child had been a victim of sex trafficking before the current out-of-home care episode. Indicate “yes” if the child was a victim or “no” if the child had not been a victim.

Element Number 107: Prior Report to Law Enforcement

Element 107: If indicated “yes”, specify whether the agency made a report to law enforcement for entry into the National Crime Information Center (NCIC) database. Indicate “no” if the agency did not make a report.

Element Number 108: Prior Date of Sex Trafficking Report to Law Enforcement

Element 108: Dates of Report if agency indicated “yes”. Indicate the date that the agency made the report to law enforcement.

Referral→Hotline→Allegations

Referral→ Investigation→Allegations

Alleged Victim	Category	Type	Injury	Allegation Source
		Failure to protect against human sex trafficking		

Maltreatment and Injury Information

Alleged Victim* Client 2 Test
Alleged Maltreater* Client 1 Test

Date of Incident 09/06/2022

Category* Sex Trafficking
Type Failure to protect against human sex trafficking

MPD Notification Required* Yes
Drug Type
Other(Drugs)

Injury Characteristics
Age of Injury

Injury Location
Maltreatment/Injury Specifics

Accidental Injury
Physical/Sexual Assault

Enrollment
Days of Un-Excused Absence

No Maltreatment
 Referral does not include an allegation of abuse or neglect

New Save Fast Add Delete Cancel

Element 108: Dates of Report

Element 108: Dates of Report- If the indicated “yes”, designate the date that the agency made the report to law enforcement.

Element Number 109: Victim of Sex Trafficking While in Foster Care

Element 109: Indicate “yes” if the child was a victim of sex trafficking while in out-of-home care during the current out-of-home care episode. Indicate “no” if the child was not a victim of sex trafficking during the current out-of-home care episode.

- This element should not include incidences of sex trafficking any time before the current removal episode. Previous incidences of sex trafficking should be reported in element 106.
- If allegation type is sex trafficking and it has been substantiated from the allegation findings for sex trafficking and, if allegation date (date of incident) is after removal date and if MPD notification Required is “yes, then set to “Yes”, else set to “No”.

Element Number 110: Report to Law Enforcement for Current Victimization

Element 110: Report to Law Enforcement - If indicated “yes”, specify whether the agency made a report to law enforcement for entry into the NCIC database. Indicate “yes” if the title IV-E agency made a report(s) to law enforcement and indicate “no” if the title IV-E agency did not make a report.

- If indicated “Yes” for element 109, victim of sex trafficking while in foster care, it should indicate whether it was reported, either “No” or “Yes” for element 110. If indicated “No” for element 109, should leave element 110 null.
- If Allegation Type is Sex Trafficking and it has been substantiated from the Allegation Findings for sex trafficking and, if allegation date (date of incident) is after removal date and MPD notification Required has to be checked, then set to ‘Yes’ else set to ‘No’.
- Note: if allegation date is missing, look at hotline report date.

Element Number 111: Date of Sex Trafficking Report to Law Enforcement

Element 111: If indicated “Yes”, specify the date(s) the agency made the report(s) to law enforcement.

TIPS FOR APPLICATION – Element 111

Children and youth who are in foster care have a higher probability of being involved with sex trafficking due to the vulnerabilities surrounding their separation from their parents. In fact, the National Foster Youth Institute recently estimated that 60 percent of child sex trafficking victims have been within foster care (or another part of the larger child welfare system).

When sex trafficking occurs while a child is in care, we must ensure that all critical information pertaining to the experience is reported to law enforcement and documented.

Understanding prior victimization and police involvement is critical in providing the care, protection, and support needed to address Human Sex Trafficking trauma. Children and youth experiencing traumatization through sex trafficking primarily become involved with the Child Welfare system due to the actions of non-caregivers and NOT necessarily the actions or inactions of parents and caregivers.

There may be reluctance by the child/youth to disclose but some of the following techniques could be used to seek understanding, reduce shame, and build support:

DO	DON'T
<p>Talk about exploitation. Focus conversations on what it means to be taken advantage of, what that may look like, feel like, and even examples of exploitation – such as job offers that seem too good to be true or online romantic relationships that move too fast.</p>	<p>Use crime-specific language. The term “human trafficking” may not resonate with youth and they may even “tune out” from conversations using too much crime-specific language.</p>
<p>Talk about protective factors. Conversations should focus on how youth can protect themselves and look out for their friends and peers. Encourage youth to recognize what they are good at, their future goals, and the value they bring to their friends and family.</p>	<p>Talk about risk factors. Many times, youth may not have any control over the risk factors they are affected by. Focusing discussions on risk factors may make youth feel singled out, vulnerable, and unable to protect themselves.</p>
<p>Use empowering language. Use language that focuses on highlighting the strengths of the youth you work with and emphasizes they are in control of their own decisions, especially when presented with opportunities that may seem too good to be true.</p>	<p>Use victimizing language. Using language that invokes fear and highlights weaknesses may discourage youth from taking any protective action.</p>
<p>Use language that resonates with youth. By interacting with youth regularly, you likely are familiar with the types of language they use in their everyday conversations. Use casual language that you’re comfortable with and that youth will connect with to keep them engaged.</p>	<p>Use “textbook” language. Using formal or “textbook” language that youth do not relate to may make it harder for your message to catch their attention.</p>
<p>Express that you care and are concerned about their safety. If youth shares information with you about an exploitative situation they may be experiencing, start by listening to them and letting them know you care about what they are going through.</p>	<p>Focus on questioning their situation. Let professionals who are trained in trauma response ask specific questions about their situation. Asking too many questions initially may also inadvertently place some blame on them and make them less receptive to help.</p>

[The Foster Care to Human Trafficking Pipeline](#)

Referral → Hotline → Allegations
 Referral → Investigation → Allegations

Maltreatment and Injuries

Alleged Victim	Category	Type	Injury	Allegation Source
	Sex Trafficking	Failure to protect against human sex trafficking		

Maltreatment and Injury Information

Alleged Victim*: Client 2 Test
 Alleged Maltreater*: Client 1 Test
 Category*: Sex Trafficking
 Type: Failure to protect against human sex trafficking
 Date of Incident: 09/06/2022
 MPD Notification Required*: Yes
 Injury Characteristics: [Select]
 Injury Location: [Select]
 Maltreatment/Injury Specifics: [Select]
 Accidental Injury
 Physical/Sexual Assault
 Enrollment: [Select]
 Days of Un-Excused Absence: [Select]

No Maltreatment
 Referral does not include an allegation of abuse or neglect

New Save Fast Add Delete Cancel

Referral → Hotline → Hotline Report

Hotline Report

Date Created: 09/12/2022
 Time Created: 04:29 PM
 Referral ID: 859148
 Intake Date*: 09/01/2022
 Intake Time*: 09:00
 AM/PM*: AM
 Contact Type: Telephone
 Household Name: Test
 Staff Name: ANNETTE SIMON
 Final Outcome: [Text Field]
 Call Details:

Caller Identifier	Call Date Time	Link	Play

Reporter Information

Prefix: [Text Field]
 First: Test
 Last: Reporter
 Suffix: [Text Field]
 Relationship to Report*: Private Individual
 Anonymous
 Mandated Reporter
 Officer/MPD
 Reporter's Agency: Reporter Agency
 School: [Select]
 Specify: [Text Field]
 Address: [Text Field]
 Phone: 2022222222
 Extn: [Text Field]

Critical Locations

Incident Address:
 200 I Street SE
 Washington, District of Columbia 20003
 Ward:8, Census Tract:0072
 Collaborative:Far Southeast Family Strengthening Collaborative (FSFSC)
 Phone: 2021111111
 Extn: [Text Field]

Household Address:
 Same as Incident Address
 200 I Street SE
 Washington, District of Columbia 20003
 Ward:8, Census Tract:0072
 Collaborative:Far Southeast Family Strengthening Collaborative (FSFSC)
 Phone: [Text Field]
 Extn: [Text Field]

Current Location:
 Same as Incident Address? Same as Household Address
 200 I Street SE
 Washington, District of Columbia 20003
 Ward:8, Census Tract:0072
 Collaborative:Far Southeast Family Strengthening Collaborative (FSFSC)

SECTION 3: CASE MODULE

- **Adoption and Guardianship**
 - Element Number A6 – A12: Race
 - Element Number A14: Hispanic or Latino Origin
 - Element Number A19: Adoption or Guardianship Placing Agency
 - Element Number 41: Prior Adoption
 - Element Number 42: Prior Adoption Date
 - Element Number 43: Prior Adoption Type Intercountry
 - Element Number 44: Prior Guardianship
 - Element Number 45: Prior Guardianship Date
 - Element Number 158-161: Child’s Relationship to Adoptive or Guardianship
 - Element Number 184: Intra/Interjurisdictional Adoption or Guardianship

- **Child Characteristics**
 - Element Number 13-20: Child’s Race
 - Element Number 21: Child’s Hispanic or Latino Ethnicity
 - Element Number 23: Health Conditions
 - Element Number 24-34: Specific Health, Behavioral, or Mental Health Conditions

- **Finance and Education**
 - Element Number 37: Special Education

- **ICWA (Indian Child Welfare Act)/Tribal**
 - Element Number 7: Agency Made Inquiries
 - Element Number 8: Child’s Tribal Membership
 - Element Number 9: Federally Recognized Tribe
 - Element Number 10: Application of ICWA
 - Element Number 11: Date of Determination that ICWA Applies
 - Element Number 12: Notification of ICWA
 - Element Number 61-62: Tribal Membership Mother/Tribal Membership Father

- **Removal and Placement**
 - Element Number 38: Pregnant
 - Element Number 39: Ever Fathered or Bore Children
 - Element Number 40: Child and his/her Child(ren) Placed Together
 - Element Number 63-64: Termination of Parental Rights for First and Second Parents
 - Element Number 71: Environment at Removal
 - Element Number 72-105: Child and Family Circumstances at Removal
 - Element Number 148: Permanency Plan
 - Element Number 155: Exit Reason
 - Element Number 156: Transfer to Another Agency





Practice Overview

This section will provide specific details pertaining to AFCARS documentation needs for each data element.

Case Module – Adoption and Guardianship



TIPS FOR APPLICATION

Our practice requires us to build relationship and create a safe space where trust and vulnerability can grow and deeper conversations can occur. There are 3 major engagement strategies to consider:

4. Begin a relationship
5. Listen to their stories and experiences
6. Be Sensitive

To begin the relationship, ask open ended questions like, “Tell me more about yourself.” Listen to what they share. If they choose to share about their culture, childhood or background, then proceed with caution.

Listen to their stories and experiences by asking something like, “That is so interesting! I’d love to hear more about how you grew up, your culture, your traditions, etc.” Don’t pry. These topics can be difficult and require a level of vulnerability and trust the person may not be comfortable with yet.

Be sensitive and move with empathy. Pause for a moment. Put yourself in their shoes. Consider the impact your questions might have before you ask them. Would you be comfortable with someone asking about your background, family history or ethnic origins? Don’t ask questions you wouldn’t want to answer yourself. And don’t assume someone has a cultural connection based solely from their appearance.

Element Number A6 – A12: Race

Child’s Race

In general, a child's race is determined by the child or the child's parent(s) or legal guardian(s). Indicate whether each race category listed in the data elements described in paragraphs of this section applies with a “yes” or “no”.

A6: American Indian or Alaska Native - An American Indian or Alaska Native child has origins in any of the original peoples of North or South America (including Central America) and maintains Tribal affiliation or community attachment.

A7: Asian - An Asian child has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

A8: Black or African American - A Black or African American child has origins in any of the black racial groups of Africa.

A9: Native Hawaiian or Other Pacific Islander - A Native Hawaiian or Other Pacific Islander child has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

A10: White - A White child has origins in any of the original peoples of Europe, the Middle East or North Africa.

A11: Race Unknown - The child or parent or legal guardian does not know the race, or at least one race of the child. This category does not apply when the child has been abandoned or the parents failed to return and the identity of the child, parent(s), or legal guardian(s) is known.

A12: Race Abandoned - The child's race is unknown because the child has been abandoned. Abandoned means that the child was left alone or with others and the parent(s) or legal guardian(s)' identity is unknown and cannot be ascertained. This includes a child left at a "safe haven".

A13: Race Declined - The child or parent or legal guardian has declined to identify a race.

The agency collecting race information must select all possible racial combinations, if applicable. However, abandoned and declined are elements that should not be chosen in combination with any other element in this section. Meaning if these are selected then a Primary Race is not selected.

Element Number A14: Hispanic or Latino Origin

Element A14: In general, a child's ethnicity is determined by the child or the child's parent(s) or legal guardian(s). A child is of Hispanic or Latino ethnicity if the child is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a "yes" or "no". If the child or the child's parent or legal guardian does not know or cannot communicate whether the child is of Hispanic or Latino ethnicity, indicate "unknown". If the child was abandoned indicate "abandoned". Abandoned means that the child was left alone or with others and the parent(s) or legal guardian(s)' identity is unknown and cannot be ascertained. This includes a child left at a "safe haven". If the child or the child's parent(s) or legal guardian(s) refuses to identify the child's ethnicity, indicate "declined".

Case → Client Gen Info screen → Other tab

The screenshot displays the 'General Information' screen for a client, with the 'Other' tab selected. The interface includes a navigation bar at the top with options like 'Client List', 'Summary', 'Merge', 'General Info', 'Demographics', 'Relationships', 'CKL', and 'More'. Below the navigation bar, there are tabs for 'Client', 'Residence', 'Other', and 'Potential Duplicates'. The 'Other' tab is active, showing a section for 'Physical Characteristics' with dropdown menus for Eyes, Skin Tone, Relative Resource, Hair Texture, Hair Color, and Physical Build. There are also input fields for Height (Feet, Inches) and Weight (Lbs., Oz.). A checkbox section includes 'The client has a handicap...', 'Refugee Minor', 'The client is homeless', 'Child is a State Ward', and 'Child has Diplomatic Immunity'. Below this is a 'Race' section with 'Primary' and 'Secondary' dropdown menus. The 'Primary' dropdown is set to 'Black or African American' and the 'Hispanic' dropdown is set to 'No'. A 'Specify' field is also present. At the bottom, there is a 'Vital Statistics Information' section with a 'Description' dropdown set to 'Pending', a 'Date' dropdown, and a 'Distinguishing Characteristics' text area.

Element Number A19: Adoption or Guardianship Placing Agency

Adoption or Guardianship Placing Agency - Indicate the agency that placed the child for adoption or legal guardianship.

- Indicate if CFSA agency placed the child for adoption or legal guardianship.
- Indicate “**private agency under agreement**” if a private agency placed the child for adoption or legal guardianship through an agreement with the reporting CFSA agency.
- Indicate “**Indian tribe under contract/agreement**” if an Indian tribe, tribal organization or consortia placed the child for adoption or legal guardianship through a contract or an agreement with CFSA agency.

Case → Adoption → Client → Adoptive Family

Placement Information

Child Placed From: Within State

Child Place By: Private Agency, Public Agency, Tribal Agency, **Birth Parent, **Independent Source, **Legal Guardian

Adoptive Family

Relationship of Adopting Family: Foster Parent

Adoptive Family Structure

Adoptive Father: [Text Field] Adoptive Mother: [Text Field]

Child's Adoptive Name

Prefix: [Text Field] First: [Text Field] Middle: [Text Field] Last: [Text Field] Suffix: [Text Field]

Provider

Name: [Text Field] Type: [Text Field]

Agency: [Text Field]

Phone: [Text Field] Ext: [Text Field] Fax: [Text Field]

Case → Guardianship → Client → List of Guardianship Referrals → Referral

Referral Information

Referral Start Date: 09/13/2022 Referral End Date: 202848 Application Date: [Text Field] Agreement Type: [Text Field] Agreement Date: [Text Field]

Client Name: [Text Field] Client ID: 891

Permanent Guardian 1: [Text Field] Permanent Guardian 2: [Text Field]

Permanent Guardian 1 Home Phone: [Text Field] Permanent Guardian 2 Home Phone: [Text Field]

Permanent Guardian 1 Work Phone Ext.: [Text Field] Permanent Guardian 2 Work Phone: [Text Field]

Guardianship with proposed subsidy: [Text Field]

Child Place By: Private Agency, Public Agency, Tribal Agency, **Birth Parent, **Independent Source, **Legal Guardian

Relationship to Guardian Family: [Text Field]

Children to be placed with guardians

Specify: [Text Field] is the [Text Field] of [Text Field]

Specify: [Text Field] is the [Text Field] of [Text Field]

Buttons: Save, Cancel, Previous, Next

Element Number 41: Prior Adoption

Element 41: Indicate whether the child experienced a prior legal adoption before the current out-of-home care episode. Include any public, private or independent adoption in the United States or adoption in another country and tribal customary adoptions.

- Indicate “yes”, “no” or “abandoned” if the information is unknown because the child has been abandoned. Abandoned means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”.

- If the child has experienced a prior legal adoption, must complete paragraphs of this section; otherwise, must leave those paragraphs blank.

Element Number 42: Prior Adoption Date

Element 42: Indicate the month and year that the most recent prior adoption was finalized. In the case of a prior intercountry adoption where the adoptive parent(s) readopted the child in the United States, agency must provide the date of the adoption (either the original adoption in the home country or the re-adoption in the United States) that is considered final in accordance with applicable laws.

Element Number 43: Prior Adoption Type Intercountry

Element 43: Prior Adoption Type –Intercountry (b)(15)(ii) Indicate whether the child’s most recent prior adoption was an intercountry adoption, meaning that the child’s prior adoption occurred in another country, or the child was brought into the United States for the purposes of finalizing the prior adoption. Indicate “yes” or “no”.

Element Number 44: Prior Guardianship

Element 44: Indicate whether the child experienced a prior legal guardianship before the current out-of-home care episode. Include any public, private or independent guardianship(s) in the United States that meets the definition in section 475(7) of the Act. This includes any judicially created relationship between a child and caretaker which is intended to be permanent and self-sustaining, as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: Protection, education, care and control, custody, and decision making. Indicate “yes”, “no”, or “abandoned” if the information is unknown because the child has been abandoned. “Abandoned” means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”. If the child has experienced a prior legal guardianship, the agency must complete paragraph of this section; otherwise, the agency must leave it blank

Element Number 45: Prior Guardianship Date

Element 45: Indicate the month and year that the most recent prior guardianship became legalized.

Case → Removal → Home Removal → Removal Context tab

Removal | **Removal Context** | Parents

Child Removed From*
Mother (Biological) Specify Child Lived with Specified Relative within 180 days Prior to Removal

Caretaker Family Structure*
Single Female Specify Child's Living Arrangement

Reason for Removal

Prior Adoption Estimated Prior Adoption Date Estimated Prior Adoption Age Intercountry Prior Adoption Type

Prior Guardianship **Estimated Prior Guardianship Date**

Was The Birth Mother Married At The Time of The Child's Birth:



TIPS FOR APPLICATION – Element 45

Do seek documentation or official confirmation of adoption and guardianship transitions of children in care. Probe deeply within the records to gather more information that could support prior adoption dates, type of adoption as well as prior guardianship arrangements and historical dates.

When engaging children and families, ways of engaging should be sensitive offering open-ended questions in an empathic way. As you are building trust with the family, child, or youth - you could ask "I know that this is a sensitive topic; however, tell me more about your family and who you have lived with before our connection? Allow the child/youth to share as much as possible before leaning into the pointed ask. Based on their response, ask follow-up questions like;

1. Were you ever adopted or lived with a close family member after being involved with CFSA. If so, when?
2. Did you experience multiple adoptions or family transitions?
3. When you joined a family through adoption, was it only in this country or from another country?

Element Number 158-161: Child's Relationship to Adoptive or Guardianship

Element Number 158-161: - Indicate the type of relationship between the child and his or her adoptive parent(s) or legal guardian(s). Indicate whether each relationship listed "applies" or "does not apply".

158: Relative - The adoptive parent(s) or legal guardian(s) is the child's relative (by biological, legal or marital connection).

159: Kin - The adoptive parent(s) or legal guardian(s) has a kin relationship with the child, as defined by the title IV-E agency, such as one where there is a psychological, cultural or emotional

relationship between the child or the child's family and the adoptive parent(s) or legal guardian(s) and there is not a legal, biological, or marital connection between the child and foster parent.

160: Non-Relative - The adoptive parent(s) or legal guardian(s) is not related to the child by biological, legal or marital connection.

161: Foster Parent - The adoptive parent(s) or legal guardian(s) was the child's foster parent(s).

Case → Adoption → Client → Adoptive Family

ents | Adoption General Info | Recruitment | **Adoptive Family** | Affidavit | Adoption Subsidy | Seal | More

Placement Information
* Denotes Required Fields ** Denotes Half-Mandatory Fields #Denotes AFCARS Fields

Adoptive Placement

Child Placed From Child Place By

Adoptive Family

Relationship of Adopting Family

Adoptive Family Structure

Adoptive Father Adoptive Mother

Child's Adoptive Name
Prefix First Middle Last Suffix

Provider

Name Type

Agency

Phone Ext Fax



TIPS FOR APPLICATION - Element 161

Using clinical inquiry, determine relationship status for adoptive and guardianship arrangements. Asking the family to share their familial stories and using the genogram to highlight relational connections can support the attainment of this information when direct questioning is met with resistance.

Case → Guardianship → Client → List of Guardianship Referrals → Referral

2022 2022948 CSPA

Provider Name _____ Provider Id 10032537

Service Type Room & Board/Teen Parents Program

General Information Referral Information Parental Rights

Referral Start Date 09/13/2022 Referral End Date _____ Application Date _____ Agreement Type _____ Agreement Date _____

Client Name JAHG Client ID 891271

Permanent Guardian 1 _____ Permanent Guardian 2 _____

Permanent Guardian 1 Home Phone _____ Permanent Guardian 2 Home Phone _____

Permanent Guardian 1 Work Phone Ext. _____ Permanent Guardian 2 Work Phone _____

Guardianship with proposed subsidy _____ Child Place By _____

Relationship to Guardian Family

Select

Children to be placed with guardians

_____ is the _____ of JAHG _____
Specify _____

_____ is the _____ of JAHG _____
Specify _____

Save Cancel Print Print

Case – Child Characteristics

Element Number 13-20: Child's Race

In general, a child's race is determined by the child, the child's parent(s) or legal guardian(s). Indicate whether each race category applies with a “yes” or “no”.

13: American Indian or Alaska Native - An American Indian or Alaska Native child has origins in any of the original peoples of North or South America (including Central America) and maintains tribal affiliation or community attachment.

14: Asian - An Asian child has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

15: Black or African American - A Black or African American child has origins in any of the black racial groups of Africa.

16: Native Hawaiian or Other Pacific Islander - A Native Hawaiian or Other Pacific Islander child has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

17: White - A white child has origins in any of the original peoples of Europe, the Middle East or North Africa.

18: Race Unknown - The child or parent or legal guardian does not know, or is unable to communicate the race, or at least one race of the child is not known. This category does not apply when the child has been abandoned or the parents failed to return and the identity of the child, parent(s), or legal guardian(s) is known.

19: Race Abandoned - The child's race is unknown because the child has been abandoned. Abandoned means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”.

20: Race Declined - The child or parent(s) or legal guardian(s) has declined to identify a race.

Element Number 21: Child's Hispanic or Latino Ethnicity

Element 21: Hispanic/Latino Origin - In general, a child's ethnicity is determined by the child or the child's parent(s) or legal guardian(s). A child is of Hispanic or Latino ethnicity if the child is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a “yes” or “no”. If the child or the child's parent(s) or legal guardian(s) does not know or is unable to communicate whether the child is of Hispanic or Latino ethnicity, indicate “unknown”. If the child is abandoned indicate “abandoned”. Abandoned means that the child was left alone or with others and the identity of the parent(s) or legal guardian(s) is unknown and cannot be ascertained. This includes a child left at a “safe haven”. If the child or the child's parent(s) or legal guardian(s) refuses to identify the child's ethnicity, indicate “declined”.

Case Clients Gen Info screen Other tab

Summary | Merge | General Info | Demographics | Relationships | CKL | More

General Information
* Denotes Required Fields ** Denotes Half-Mandatory Fields # Denotes AFCARS Fields

Duplicate Client Potential Duplicate

Client | Residence | **Other** | Potential Duplicates

Physical Characteristics

Eyes Skin Tone Relative Resource

Hair Texture Hair Color Physical Build

Height: Feet Inches Weight: Lbs. Oz.

The client has a handicap (physical, emotional, mental or behavioral) that has been diagnosed by a qualified professional

Refugee Minor The client is homeless Child is a State Ward Child has Diplomatic Immunity

Race

Primary: Specify

Secondary:

Element Number 23: Health Conditions

Element 23: Health, Behavioral, or Mental Health Conditions - Indicate whether the child was diagnosed by a qualified professional, as defined by the state or tribe, as having a health, behavioral or mental health condition listed below, prior to or during the child's current out-of-home care episode as of the last day of the report period.

- Indicate “child has a diagnosed condition” if a qualified professional has made such a diagnosis and for each paragraph of this section indicate “existing condition”, “previous condition” or “does not apply”, as applicable. “Previous condition” means a previous diagnosis that no longer exists as a current condition.
- Indicate “no exam or assessment conducted” if a qualified professional has not conducted a medical exam or assessment of the child and leave paragraphs of this section blank.
- Indicate “exam or assessment conducted and none of the conditions apply” if a qualified professional has conducted a medical exam or assessment and has concluded that the child does not have one of the conditions listed and leave paragraphs of this section blank.
- Indicate “exam or assessment conducted but results not received” if a qualified professional has conducted a medical exam or assessment but the agency has not yet received the results of such an exam or assessment and leave paragraphs of this section blank.

Case→Clients→Health→ Medical History→Medical Conditions tab

The screenshot shows the OF COLUMBIA FAMILY SERVICES AGENCY FACES.NET interface. At the top, there is a navigation bar with the agency name and logo. Below this is a search bar with fields for 'nt', 'Provider', 'Admin', and 'PPW', and a 'Case' dropdown menu. A 'Logout' button is visible on the right. The main content area is titled 'Client Medical History' and includes a legend: '* Denotes Required Fields', '** Denotes Half-Mandatory Fields', and '#Denotes AFCARS Fields'. The 'Medical Conditions' tab is selected, showing a form with fields for 'Medical Condition Date', 'Observed Physical Conditions', 'Dental Problems', 'Health Condition' (highlighted with a red dashed box), 'Drug/Alcohol Problems', and 'Special Conditions'. The 'Health Condition' dropdown menu is open, showing a list of options.



TIPS FOR APPLICATION – Element 23

Remember that this information must be gathered from professional healthcare providers. Attaining proper releases to gain information is necessary.

If historical records are unavailable and you have little connections to doctors and other healthcare professionals, consulting with bio-parents and guardians will be necessary. Even though the situation may be initially tense during the initial custodial episode, asking family members and children/youth about their historical and current physical health and mental health status is necessary.

If you are not aware of any records or documentation regarding the varied types of conditions and diagnoses, to make the conversation easier, you've got to figure out the most constructive questions to ask.

Create the safe space to naturally gain the information. Don't force the conversation if they appear resistant to share.

Starting the conversation

Ask them open-ended questions, rather than just telling them what you think. When people are recalling difficult experiences or are currently going through something tough, often, they just want to be understood.

Element Number 24-34: Specific Health, Behavioral, or Mental Health Conditions

Element 24: Intellectual Disability - The child has, or had previously, significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect the child's socialization and learning.

Element 25: Autism Spectrum Disorder - The child has, or had previously, a neurodevelopment disorder, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. This includes the range of disorders from autistic disorder, sometimes called autism or classical autism spectrum disorder, to milder forms known as Asperger syndrome and pervasive developmental disorder not otherwise specified.

Element 26: Visual Impairment and Blindness - The child has, or had previously, a visual impairment that may adversely affects the day-to-day functioning or educational performance, such as blindness, amblyopia, or color blindness.

Element 27: Hearing Impairment and Deafness - The child has, or had previously, an impairment in hearing, whether permanent or fluctuating, that adversely affects the child's day-to-day functioning and educational performance.

Element 28: Orthopedic Impairment or Other Physical Condition - The child has, or had previously, a physical deformity, such as amputations and fractures or burns that cause contractures, or an orthopedic impairment, including impairments caused by a congenital anomalies or disease, such as cerebral palsy, spina bifida, multiple sclerosis, or muscular dystrophy.

Element 29: Mental/Emotional Disorders - The child has, or had previously, one or more mood or personality disorders or conditions over a long period of time and to a marked degree, such as conduct disorder, oppositional defiant disorder, emotional disturbance, anxiety disorder, obsessive-compulsive disorder, or eating disorder.

Element 30: Attention Deficit Hyperactivity Disorder - The child has, or had previously, a diagnosis of the neurobehavioral disorders of attention deficit or hyperactivity disorder (ADHD) or attention deficit disorder (ADD).

Element 31: Serious Mental Disorders - The child has, or had previously, a diagnosis of a serious mental disorder or illness, such as bipolar disorder, depression, psychotic disorders, or schizophrenia.

Element 32: Developmental Delay - The child has been assessed by appropriate diagnostic instruments and procedures and is experiencing delays in one or more of the following areas: physical development or motor skills, cognitive development, communication, language, or speech development, social or emotional development, or adaptive development.

Element 33: Developmental Disability - The child has or had previously been diagnosed with a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402), section 102(8). This means a severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments that manifests before the age of 22, is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity. Areas of major life activity include self-care, receptive and expressive language, learning; mobility, self-direction, capacity for independent living, economic self-sufficiency, and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned

and coordinated. If a child is given the diagnosis of “developmental disability”, do not indicate the individual conditions that form the basis of this diagnosis separately.

Element 34: Other Diagnosed Condition - The child has, or had previously, a diagnosed condition or other health impairment other than those described above, which requires special medical care, such as asthma, diabetes, chronic illnesses, a diagnosis as HIV positive or AIDS, epilepsy, traumatic brain injury, other neurological disorders, speech/language impairment, learning disability, or substance abuse issues.

Case→Clients→Health→ Medical History→Diagnosis Details tab

The screenshot displays the 'Diagnosis Details' tab within a software application. At the top, there are four tabs: 'Medical Conditions', 'Developmental History', 'EPSDT Information', and 'Diagnosis Details'. Below the tabs is a table with three columns: 'Diagnosis Name', 'Diagnosis Date', and 'ICD 10 Outcomes'. The table is currently empty. Below the table is a form with four fields: 'Diagnosis Name' (a dropdown menu), 'Diagnosis Date' (a date picker), 'Diagnosis End Date' (a date picker), and 'ICD 10 Outcomes' (a text area). A 'Select' button is located below the 'ICD 10 Outcomes' field. At the bottom of the form are buttons for 'Add', 'Delete', 'New', 'Save', and 'Cancel'.



TIPS FOR APPLICATION – Element 34

Similar to the physical health, consult with educators and specialists in attaining information about children and their specific health, behavioral, and mental health conditions. Attaining records and holding space with parents and guardians can provide to be helpful.

Case – Finance and Education

Element Number 37: Special Education

Element 37: Indicate whether the child has an Individualized Education Program (IEP) as defined in Part B of Title I of the Individuals with Disabilities Education Act (IDEA) and implementing regulations, or an Individualized Family Service Program (IFSP) as defined in Part C of Title I of IDEA and implementing regulations, as of the end of the report period. Indicate “yes” if the child has either an IEP or an IFSP or “no” if the child has neither.

Case → Clients → Employment/Education → Education → Education tab

Date Updated	School Name	Daycare Name	City Name	Grade Level	Status	Grade Enrollment D
04/18/2022	KIPP DC Promise PCS		WASHINGTON	Grade 4	Attending	09/07/2021

School/DayCare/C Education Strength/Needs

Current Grade Level* Part Time/Full Time

Grade Last Completed* Education Status* Educational Performance

Enrollment Status* Special Education Level

Date of Last IEP End date of Last IEP Date Updated Transportation Date Last Attended DCPS Student ID

School/DayCare Schedule

School/DayCare Adjustment



TIPS FOR APPLICATION – Element 37

Gaining information regarding Special Education involvement requires the same actions mentioned previously. Always consult birth parents and guardians to begin the process. Use open-ended questions with clarifying questions to ensure that parental input is garnered and understood. Again, seek support from the educational systems and providers when addressing timeframes for involvement.

Case – ICWA (Indian Child Welfare Act)/Tribal



TIPS FOR APPLICATION

ICWA considerations are nuanced with many moving pieces. Discussions must be culturally sensitive to ensure that respectful dialogue supports the attainment of possible tribal affiliation.

As a best practice it is suggested that caseworkers and officers of the court assume that ICWA may apply in a case until otherwise determined. This will help avoid unnecessary delays or the potential for disrupted placements or proceedings in the future.

[A Guide to Compliance with the Indian Child Welfare Act](#)

Element Number 7: Agency Made Inquiries

Element 7: Reason to Know a Child is an “Indian child” as Defined in the Indian Child Welfare Act (ICWA) - Indicate whether the agency made inquiries whether the child is an Indian child as defined in ICWA. Indicate “yes” or “no”.

Element Number 8: Child’s Tribal Membership

Element 8: Indicate whether the child is a member of or eligible for membership in a federally recognized an Indian tribe. Indicate “yes”, “no”, or “unknown”.

Element Number 9: Federally Recognized Tribe (s)

Element 9: If indicated “yes” in this section, indicate all federally recognized Indian tribe(s) that may potentially be the Indian child's tribe(s). Information must be submitted in a format according to ACF's specifications. Dropdown list will display tribe name and code associated with it in brackets.

Element Number 10: Application of ICWA

Element 10: Indicate whether ICWA applies for the child. Indicate “yes”, “no”, or “unknown”. “Unknown” should be reported when parents are missing or unavailable or the agency is waiting for a response on the child’s membership status.

TIPS FOR APPLICATION – Element 10

At intake with a family (i.e. child protection investigation), and before every change or potential change in custody, the social worker should ask a family how they self-identify. For example, they should ask:

- Which of the following do you consider yourself a member: Asian American, Black/African American, American Indian or Alaska Native or Native American, White, Latino/a? The state case worker should always follow up by asking:
 - Do you have any Native American, American Indian, Alaska Native ancestry? If the client response that they are not Native American, American Indian or Alaska Native, and do not have any related ancestry the state case manager should:
 - **Document** this in case notes If the client responds that they are American Indian, Alaska Native, or Native American, or believe there is Native American ancestry the state case worker should:
 - **Ask** the client family which tribe(s) they identify with and if they are a member and/or enrolled
 - If, in following the previous steps, a case worker has reason to believe the child is Native American, she/he will need to identify the tribe by:
 - **Consulting** with extended family members and other relatives
 - **Contacting**, as appropriate, the suspected tribe(s) (their child welfare units, enrollment office, their designated tribal service agent for ICWA notice*), an appropriate Indian social services organization, or the Bureau of Indian Affairs If the parents are unavailable or unable to provide a reliable answer regarding the Native American heritage of their children, workers then:
 - Make a thorough **review** of all documentation in the case record (look for clues regarding Native ancestry)
 - **Contact** the previous social worker, if any
 - **Contact** extended family identified by child or client family and ask about identification of the family

Element Number 11: Date of Determination that ICWA Applies

Element 11: Court Determination that ICWA Applies - If indicated “yes” in this section, indicate the date that the state agency was notified by the Indian tribe or state or tribal court that ICWA applies.

Element Number 12: Notification of ICWA

Element 12: If indicated “yes” in this section, must indicate whether the Indian child's tribe(s) was sent legal notice in accordance with 25 U.S.C. 1912(a). Indicate “yes” or “no”.

Element Number 61-62: Tribal Membership Mother/Tribal Membership Father

61: Tribal Membership Mother - Indicate whether the biological or adoptive mother is a member of an Indian tribe. Indicate “yes”, “no” or “unknown”.

62: Tribal Membership Father - Indicate whether the biological or adoptive father is a member of an Indian tribe. Indicate “yes”, “no”, or “unknown”.

Case→Clients→ Gen Info screen→ICWA tab

The screenshot shows the 'Client General Information' screen with the 'ICWA' tab selected. The screen includes a navigation bar with 'List', 'Summary', 'General Info', 'Merge', 'Demographics', 'Relations', 'Employment / Education', and 'More'. Below the navigation bar, there are checkboxes for 'Duplicate Client' and 'Potential Duplicate'. The main content area is divided into several sections: 'Client', 'Residence', 'Other', 'Potential Duplicates', and 'ICWA'. The 'ICWA' section contains the following fields: 'Tribal Inquiry' (dropdown), 'Tribal Membership/Eligibility' (dropdown), 'Tribal Application' (dropdown), 'Tribal Name' (text input with a 'Select' button), 'ICWA Date of Determination' (dropdown), and 'ICWA Notification' (dropdown). At the bottom of the form are 'Save' and 'Cancel' buttons.



TIPS FOR APPLICATION – Element 62

If the Family Identifies as American Indian, Alaska Native, or Native American, How Do I Verify the Child is a Tribal Member?

Send notice to the child’s tribe via their designated tribal service agent for ICWA notice to:

- Confirm that the child is a member; or
- Confirm that the child is eligible for membership and confirm a biological parent’s membership.

Note: If several tribes are identified by client family, send the letter to all tribes identified. Best practice includes telephone contact also be made with the tribe’s child welfare unit, enrollment office, and their designated tribal service agent for ICWA notice.

Although this is not required by ICWA, it may help a case worker get quick confirmation and notate that ICWA may apply to a case. Any phone conversation that confirms that ICWA may apply should be documented in the case file which informs AFCARS reporting. Formal notice should still be set to the tribe and the written response confirming tribal membership filed in the case file.

Case – Removal and Placement

Element Number 38: Pregnant

Element 38: Pregnant - Indicate whether the child is pregnant as of the end of the report period. Indicate “yes” or “no”. This element requires a response for a female, no matter the age of the child. Male client will be “null”.

Case→Client→Health→Tests

The screenshot shows a web-based medical application interface. At the top, there are navigation tabs: Health, Appointments, Medication, Allergies, Tests, Insura, Gatekeeper, and Home. The main content area is titled 'Medical Tests' and includes a 'Client Medical Test' section with fields for 'Current Primary Physician', 'Current Primary Dentist', and 'DC KIDS MR#'. Below this is a 'Test Information' table with columns for 'Date Tested' and 'Type'. The 'Test Result' section is highlighted with a red box and contains several fields: 'Date Tested', 'Test Type' (set to 'Pregnancy'), 'Start Date', 'Added By' (set to 'Gail'), 'End Date', and 'Narrative'. The 'End Date' field is also circled in red.

Element Number 39: Ever Fathered or Bore Children

Element 39: Indicate whether the child has ever fathered or bore a child. Indicate “yes” or “no”. A youth is considered to have a child if the youth has fathered any children who were born or if the youth has given birth to any children. This refers to biological parenthood. The youth does not have to be currently living with their child(ren) or have custody of their child(ren) for the agency to indicate “yes.”



TIPS FOR APPLICATION – Element 39

empathy and understanding. The manner in which you engage both male and female clients is critical.

Before you ask someone if they're pregnant or not, you need to ease your way into the subject. Doing so isn't necessarily hard – but it's necessary. Create the safe space for both male and female clients by sharing why you need the information.

Genuinely highlight that the underlying reason for understanding current pregnancy or fathering status is so that the correct resources are garnered to help with prenatal care and parenting support.

Element Number 40: Child and his/her Child(ren) Placed Together

Element 40: Indicate whether the child and his/her child(ren) are placed together at any point during the report period. Indicate “yes”, “no”, or “not applicable”. Existing documentation factor - Derive based on placement info: service line structure to report. Use teen parent service line for youth. Teen youth Parent + 1 service where teen mother and child are placed together. Only if provider where teen mom is placed has this service, then it would be marked as Yes.



TIPS FOR APPLICATION – Element 40

It is important to using open-ended questions to determine living arrangements teen/youth parents and their children. Remember that we have ways of gathering information using pictorial tools like the genogram to support discovery about family members and living arrangements. in an organic way. Building trust also opens the door for greater transparency and disclosures.

Case→Client→General Info→Client tab

The screenshot shows the 'Client General Information' form. The 'Ever Fathered or Bore Children' dropdown menu is highlighted with a red box and is currently set to 'Yes'. Other visible fields include Prefix, First, Middle, Last, Suffix, Maiden Name, Gender (Female), Date of Birth (06/24/2007), SSN, Medicaid #, Date of Death, Death Certificate No., Number of persons in household (0), Distinguishing Characteristics, Involvement in Referral (Participating as a Child: Yes), Citizenship/Religion (US Citizen), and Role in Intake / Language (Alleged Victim: Child).

Elements 63 - 64: Termination/Modification of Parental Rights for First Parent and Termination/Modification of Parental Rights for Second Parent - Indicate whether the termination/modification of parental rights for each parent (biological, legal and/or putative) was voluntary or involuntary. Voluntary means the parent voluntarily relinquished their parental rights to the title IV-E agency, with or without court involvement. Indicate “voluntary” or “involuntary”. Indicate “not applicable” if there was no termination/modification and leave paragraphs of this section blank.

Case→Court→Parental Rights→Client→Terminate/Ongoing screen

List of Clients | Recommendations | **Terminate / Ongoing**

Termination Of Parental Rights Determination
* Denotes Required Fields ** Denotes Half-Mandatory Fields *Denotes AFCARS Fields

Termination Recommendation for

Date	Parent Type	Name	Client ID	Relationship	Terminated	Date of Occurrence	Status
------	-------------	------	-----------	--------------	------------	--------------------	--------

Parent Name* Relationship

Termination
Decision Date*

Termination Granted ** Termination not Granted **

Explain why Termination not Granted

Termination Appealed

Expiration Date Date Appeal Filed

Appealed By Appealed Decision

Decision Date Date Finding of Facts Signed by Judge

Element Number 71: Environment at Removal

Element 71: Environment at Removal - Indicate the type of environment (household or facility) the child was living in at the time of each removal for each removal reported in this section.

- Indicate “parent household” if the child was living in a household that included one or both of the child's parents, whether biological, adoptive or legal.
- Indicate “relative household” if the child was living with a relative(s), the relative(s) is not the child's legal guardian and neither of the child's parents were living in the household.
- Indicate “legal guardian household” if the child was living with a legal guardian(s), the guardian(s) is not the child's relative and neither of the child's parents were living in the household.
- Indicate “relative legal guardian household” if the child was living with a relative(s) who is also the child's legal guardian.
- Indicate “justice facility” if the child was in a detention center, jail or other similar setting where the child was detained.
- Indicate “medical/mental health facility” if the child was living in a facility such as a medical or psychiatric hospital or residential treatment center.
- Indicate “other” if the child was living in another situation not so described, such as living independently or homeless

Case→Removal→Client→Home Removal→Removal Context tab



TIPS FOR APPLICATION – Element 71

The tenets of the Hotline Report provide you with information that helps you to view the initial scope of the family household. This information should not be taken at face value as the dynamics within homes can be different from what is reported. Ensure that when interviewing the family, you specifically gather information that highlights the type of environment (household or facility) the child was living in at the time of each removal. Ask open-ended questions during caregiver interviews allowing them to elaborate on their specific familial structure. Make use of reflection of content and summarization to ensure that you have accurately captured the household care structure.

Element Number 72-105: Child and Family Circumstances at Removal

Indicate all child and family circumstances that were present at the time of the child's removal and/or related to the child being placed into foster care for each removal reported. Indicate whether each circumstance described “applies” or “does not apply” for each removal indicated.

72: Runaway - The child has left, without authorization, the home or facility where the child was residing.

73: Whereabouts Unknown - The child's whereabouts are unknown and the title IV-E agency does not consider the child to have run away.

74: Physical Abuse - Alleged or substantiated physical abuse, injury or maltreatment of the child by a person responsible for the child's welfare.

75: Sexual Abuse - Alleged or substantiated sexual abuse or exploitation of the child by a person who is responsible for the child's welfare.

76: Psychological or Emotional Abuse - Alleged or substantiated psychological or emotional abuse, including verbal abuse, of the child by a person who is responsible for the child's welfare.

77: Neglect - Alleged or substantiated negligent treatment or maltreatment of the child, including failure to provide adequate food, clothing, shelter, supervision or care by a person who is responsible for the child's welfare.

78: Medical Neglect - Alleged or substantiated medical neglect caused by a failure to provide for the appropriate health care of the child by a person who is responsible for the child's welfare, although the person was financially able to do so, or was offered financial or other means to do so.

79: Domestic Violence - Alleged or substantiated violent act(s), including any forceful detention of an individual that results in, threatens to result in, or attempts to cause physical injury or mental harm. This is committed by a person against another individual residing in the child's home and with whom such person is in an intimate relationship, dating relationship, is or was related by marriage, or has a child in common. This circumstance includes domestic violence between the child and his or her partner and applies to a child or youth of any age including those younger and older than the age of majority. This does not include alleged or substantiated maltreatment of the child by a person who is responsible for the child's welfare.

80: Abandonment - The child was left alone or with others and the parent or legal guardian's identity is unknown and cannot be ascertained. This does not include a child left at a "safe haven" as defined by the title IV-E agency. This category does not apply when the identity of the parent(s) or legal guardian(s) is known.

81: Failure to Return - The parent, legal guardian or caretaker did not or has not returned for the child or made his or her whereabouts known. This category does not apply when the identity of the parent, legal guardian or caretaker is unknown.

82: Caretaker's Alcohol Use - A parent, legal guardian or other caretaker responsible for the child uses alcohol compulsively that is not of a temporary nature.

83: Caretaker's Drug Use - A parent, legal guardian or other caretaker responsible for the child uses drugs compulsively that is not of a temporary nature.

84: Child Alcohol Use - The child uses alcohol.

85: Child Drug Use - The child uses drugs.

86: Prenatal Alcohol Exposure - The child has been identified as prenatally exposed to alcohol, resulting in fetal alcohol spectrum disorders such as fetal alcohol exposure, fetal alcohol effect or fetal alcohol syndrome.

87: Prenatal Drug Exposure - The child has been identified as prenatally exposed to drugs.

88: Diagnosed Condition - The child has a clinical diagnosis by a qualified professional of a health, behavioral or mental health condition, such as one or more of the following: Intellectual disability, emotional disturbance, specific learning disability, hearing, speech or sight impairment, physical disability or other clinically diagnosed condition.

89: Inadequate Access to Mental Health Services - The child and/or child's family has inadequate resources to access the necessary mental health services outside of the child's out-of-home care placement.

90: Inadequate Access to Medical Services - The child and/or child's family has inadequate resources to access the necessary medical services outside of the child's out-of-home care placement.

91: Child Behavior Problem - The child's behavior in his or her school and/or community adversely affects his or her socialization, learning, growth and/or moral development. This includes all child behavior problems, as well as adjudicated and non-adjudicated status or delinquency offenses and convictions.

92: Death of Caretaker - Existing family stress in caring for the child or an inability to care for the child due to the death of a parent, legal guardian or other caretaker.

93: Incarceration of Caretaker - The child's parent, legal guardian or caretaker is temporarily or permanently placed in jail or prison which adversely affects his or her ability to care for the child.

94: Caretaker's Significant Impairment-Physical/Emotional - A physical or emotional illness or disabling condition of the child's parent, legal guardian or caretaker that adversely limits his or her ability to care for the child.

95: Caretaker's Significant Impairment-Cognitive - The child's parent, legal guardian or caretaker has cognitive limitations that impact his or her ability to function in areas of daily life, which adversely affect his or her ability to care for the child. It also may be characterized by a significantly below-average score on a test of mental ability or intelligence.

96: Inadequate Housing - The child's or his or her family's housing is substandard, overcrowded, unsafe or otherwise inadequate which results in it being inappropriate for the child to reside.

97: Voluntary Relinquishment for Adoption - The child's parent has voluntarily relinquished the child by assigning the physical and legal custody of the child to the title IV-E agency, in writing, for the purpose of having the child adopted. This includes a child left at a "safe haven" as defined by the title IV-E agency.

98: Child Requested Placement - The child, age 18 or older, has requested placement into foster care.

99: Sex Trafficking - The child is a victim of sex trafficking at the time of removal.

100: Parental Immigration Detainment or Deportation - The parent is or was detained or deported by immigration officials.

101: Family Conflict Related to Child's Sexual Orientation, Gender Identity, or Gender Expression - There is family conflict related to the child's expressed or perceived sexual orientation, gender identity, or gender expression. This includes any conflict related to the ways in which a child manifests masculinity or femininity.

102: Educational Neglect - Alleged or substantiated failure of a parent or caregiver to enroll a child of mandatory school age in school or provide appropriate home schooling or needed special educational training, thus allowing the child or youth to engage in chronic truancy.

103: Public Agency Title IV-E Agreement - The child is in the placement and care responsibility of another public agency that has an agreement with the title IV-E agency pursuant to section 472(a)(2)(B) of the Act and on whose behalf title IV-E foster care maintenance payments are made.

104: Tribal Title IV-E Agreement - The child is in the placement and care responsibility of an Indian tribe, tribal organization or consortium with which the title IV-E agency has an agreement and on whose behalf title IV-E foster care maintenance payments are made.

105: Homelessness - The child or his or her family has no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.

Case → Removal → Client → Home Removal → Parents tab

The screenshot displays a web application window titled "Child Removal - INTAKE REMOVAL CHILD CHECK". At the top, there are navigation tabs for "Client", "Provider", "Admin", and "PPW". Below the navigation, there is a "Client List" and a "Home Removal" tab. The main content area is divided into sections: "Removal" with a table for "Date Removed" and "Date Returned", and "Parents" with a text area for "Describe how parent's rights regarding removal were safeguarded". A "Conditions of Removal*" dropdown menu is highlighted with a red box, showing "Caretaker's Significant Impairment" selected. The interface also includes "Save" and "Cancel" buttons at the bottom.



TIPS FOR APPLICATION – Element 105

The Hotline Report is the first indication of the allegations that were initially investigated. If after your assessment, you notice that more allegations are identified, you will need to indicate ALL that "apply" and were present at removal. For those that are not relevant, you will indicate that they "do not apply."

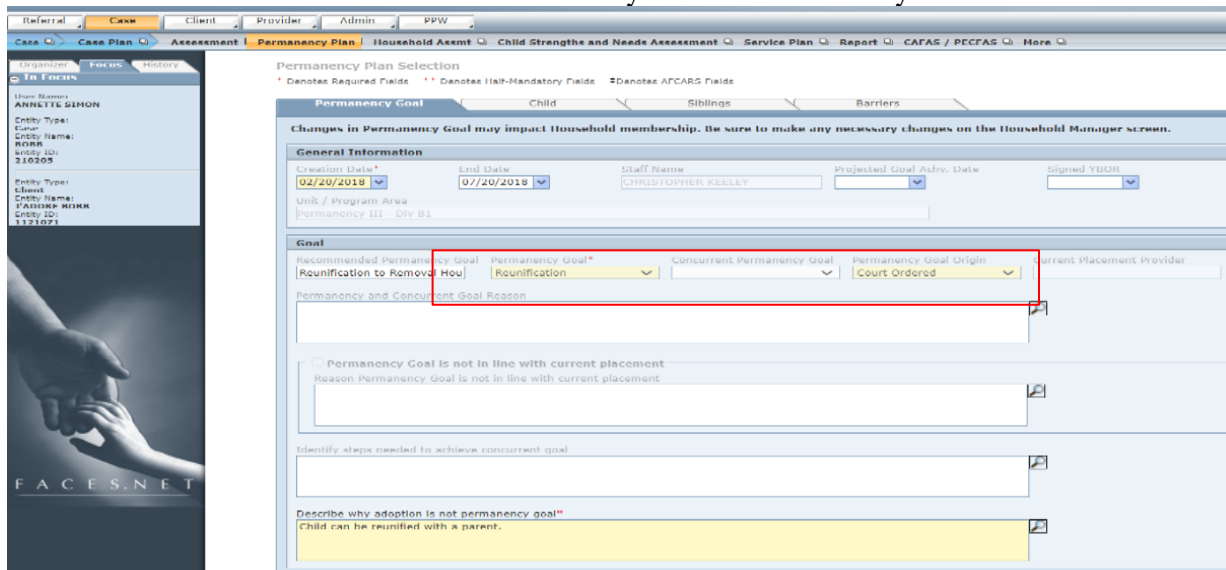
Element Number 148: Permanency Plan

Element 148: Permanency Plan - Indicate each permanency plan established for the child.

- Indicate “reunify with parent(s) or legal guardian(s)” if the plan is to keep the child in out-of-home care for a limited time and the agency is to work with the child's parent(s) or legal guardian(s) to establish a stable family environment.

- Indicate “reunify with parent(s) or legal guardian(s)” if the plan is to keep the child in out-of-home care for a limited time and the agency is to work with the child's parent(s) or legal guardian(s) to establish a stable family environment.
- Indicate “live with other relatives” if the plan is for the child to live permanently with a relative(s) (by biological, legal or marital connection) who is not the child's parent(s) or legal guardian(s).
- Indicate “adoption” if the plan is to facilitate the child's adoption by relatives, foster parents, kin or other unrelated individuals.
- Indicate “guardianship” if the plan is to establish a new legal guardianship.
- Indicate “planned permanent living arrangement” if the plan is for the child to remain in foster care until the agency's placement and care responsibility ends. The agency must only select “planned permanent living arrangement” consistent with the requirements in section 475(5)(C)(i) of the Act.
- Indicate “permanency plan not established” if a permanency plan has not yet been established.

Case→Case Plan→Assessments→Permanency Plan→Permanency Goal tab



Element Number 155: Exit Reason

Element 155: Exit Reason - Indicate the reason for each of the child's exits from out-of-home care.

- Indicate “not applicable” if the child has not exited out-of-home care.
- Indicate “reunify with parent(s)/legal guardian(s)” if the child was returned to his or her parent(s) or legal guardian(s) and the agency no longer has placement and care responsibility.
- Indicate “live with other relatives” if the child exited to live with a relative (related by a biological, legal or marital connection) other than his or her parent(s) or legal guardian(s).
- Indicate “adoption” if the child was legally adopted.

- Indicate “emancipation” if the child exited care due to age.
- Indicate “guardianship” if the child exited due to a legal guardianship of the child.
- Indicate “runaway or whereabouts unknown” if the child ran away or the child's whereabouts were unknown at the time that the agency's placement and care responsibility ends.
- Indicate “death of child” if the child died while in out-of-home care.
- Indicate “transfer to another agency” if placement and care responsibility for the child was transferred to another agency, either within or outside of the reporting state or tribal service area

Element Number 156: Transfer to Another Agency

Element 156: If the agency indicated the child was transferred to another agency in the data element Exit reason, indicate the type of agency that received placement and care responsibility for the child from the following options:

- State title IV-E agency
- Tribal title IV-E agency
- Indian tribe or tribal agency (non-IV-E)
- Juvenile justice agency
- Mental health agency
- Other public agency
- Private agency

Case → Placement → Client → Place → Placement Exit → Social Worker Exit tab → Reason field

Exit Details Provider Details

Social Worker

Date *	Time *	Last Updated By
<input type="text" value=""/>	<input type="text" value="hh:mm AM/PM"/>	<input type="text" value=""/>
Reason *	Type of agency	
<input type="text" value=""/>	<input type="text" value=""/>	

Provider

Date	Time	Last Updated By
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Reason	Type of agency	
<input type="text" value=""/>	<input type="text" value=""/>	

Placement Unit

Date	Time	Last Updated By
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Reason	Type of agency	
<input type="text" value=""/>	<input type="text" value=""/>	

SECTION 4: Provider Module

- **Adoption and Guardianship**
 - Element Number 157: Marital Status of Adoptive Parent or Guardian
 - Element Number 163: Tribal Membership First Adoptive Parent or Guardian
 - Element Number 164-170: Race of First Adoptive Parent or Guardianship 27
 - Element Number 171: Hispanic or Latino Ethnicity of First Adoptive Parent or Guardian
 - Element Number 174: Tribal Membership Second Adoptive Parent or Guardian
 - Element Number 175-181: Race of Second Adoptive Parent or Guardian
 - Element Number 182: Hispanic or Latino Ethnicity of Second Adoptive Parent or Guardian

- **ICWA (Indian Child Welfare Act)/Tribal**
 - Element Number 126: Tribal Membership of First Foster Parent
 - Element Number 137: Tribal Membership of Second Foster Parent

- **Removal and Placement**
 - Element Number 123: Marital Status of the Foster Parent
 - Element Number 127-133: Race of First Foster Parent
 - Element Number 134: Hispanic or Latino Ethnicity of First Foster Parent
 - Element Number 135: Sex of First Foster Parent
 - Element Number 138-144: Race of Second Foster Parent
 - Element Number 145: Hispanic or Latino Ethnicity of Second Foster Parent
 - Element Number 146: Sex of Second Foster Parent





Practice Overview

This section will provide specific details pertaining to AFCARS documentation needs for each data element.

Provider – Adoption and Guardianship

Element Number 157: Marital Status of Adoptive Parent (s) or Guardian (s)

Element 157: Indicate the marital status of the adoptive parent(s) or legal guardian(s).

- Indicate “married couple” if the adoptive parents or legal guardians are considered united in matrimony according to applicable laws. Include common law marriage, where provided by applicable laws.
- Indicate “married but individually adopting or obtaining legal guardianship” if the adoptive parents or legal guardians are considered united in matrimony according to applicable laws, but are individually adopting or obtaining legal guardianship.
- Indicate “separated” if the foster parent is legally separated or is living apart from his or her spouse.
- Indicate “unmarried couple” if the adoptive parents or guardians are living together as a couple but are not united in matrimony according to applicable laws. Use this response option even if only one person of the unmarried couple is the adoptive parent or legal guardian of the child.
- Indicate “single adult” if the adoptive parent or legal guardian is not married and is not living with another individual as part of a couple. If the response is “married couple” or “unmarried couple”, the agency also must complete for the second adoptive parent or second legal guardian; otherwise, the title IV-E agency must leave those paragraphs blank.

Element Number 163: Tribal Membership First Adoptive Parent or Guardian

	TIPS FOR APPLICATION – Element 163
<p>Tribal connections of adoptive and guardian caregivers is an important connection to establish. Determinations cannot be made by appearances so ask the question to gain understanding and confirmation.</p>	

Element 163: First Adoptive Parent or Guardian Tribal Membership - Indicate whether the first adoptive parent or guardian is a member of an Indian tribe. Indicate “yes”, “no” or “unknown”.

Provider→Homes→Member Info→List of Household Members→Member→General tab

The screenshot shows the 'Household Members' form in the FACES.NET system. The user is logged in as ANNETTE SIMON. The form is for a member named ANNETTE SIMON, with entry name TESTA MADRIGAL, ITZETHY D. The form is currently on the 'General' tab. The 'Marital Status' dropdown is set to 'Married and living with spouse'. The 'Tribal Membership' dropdown is set to 'Yes'. The form includes fields for Date of Birth (03/16/1968), Educational Level, SSN (156744370), Gender (Female), and Email Address. There are also checkboxes for Confirmed, Licensed to drive, and Smoker. There are also sections for Head of Household Member, PreService Training, Physical Characteristics, and Languages.

Element Number 164-170: Race of First Adoptive Parent or Guardianship

In general, an individual's race is determined by the individual. Indicate whether each race category listed in the data elements applies with a “yes” or “no”.

164: American Indian or Alaska Native - An American Indian or Alaska Native individual has origins in any of the original peoples of North or South America (including Central America) and maintains tribal affiliation or community attachment.

165: Asian - An Asian individual has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

166: Black or African American - A Black or African American individual has origins in any of the black racial groups of Africa.

167: Native Hawaiian or other Pacific Islander - A Native Hawaiian or Other Pacific Islander individual has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

168: White - A White individual has origins in any of the original peoples of Europe, the Middle East or North Africa.

169: Race Unknown - The first adoptive parent or legal guardian does not know his or her race, or at least one race.

170: Race Declined - The first adoptive parent, or legal guardian has declined to identify a race.

Element Number 171: Hispanic or Latino Ethnicity of First Adoptive Parent or Guardian

Element 171: In general, an individual's ethnicity is determined by the individual. An individual is of Hispanic or Latino ethnicity if the individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a “yes” or “no”. If the first adoptive parent or legal guardian does not know his or her ethnicity, indicate “unknown”. If the individual refuses to identify his or her ethnicity, indicate “declined”.

Provider→Homes→Member Info→List of Household Members→Member→Race

The screenshot shows a web application interface for managing household members. The breadcrumb trail is: Provider → Homes → Member Info → List of Household Members → Member → Race. The page title is "Household Members". There are three legends: * Denotes Required Fields, ** Denotes Half-Mandatory Fields, and # Denotes AFCARS Fields. The "Race" tab is active, showing a form with the following fields: "Primary*" (dropdown menu with "White" selected), "Race" (dropdown menu with "Hispanic/Latino" selected and "Yes" chosen), and "Secondary" (dropdown menu with "Select" selected). There are "Save" and "Cancel" buttons at the bottom of the form.



TIPS FOR APPLICATION – Element 171

Be sensitive and move with empathy. Consider the impact your questions might have before you ask them. Would you be comfortable with someone asking about your background, family history or ethnic origins? Don't ask questions you wouldn't want to answer yourself. And don't assume someone has a cultural connection based solely from their appearance. Ask open ended questions that gives space for the caregiver to comfortably share their perspective of their race and ethnicity.

Element Number 174: Tribal Membership Second Adoptive Parent or Guardian

Element 174: Second Adoptive Parent, Guardian, or Other Member of the Couple Tribal Membership - Indicate whether the second adoptive parent or guardian is a member of an Indian tribe. Indicate “yes”, “no” or “unknown”.

Provider→Homes→Member Info→List of Household Members→Member→General tab

Element Number 175-181: Race of Second Adoptive Parent or Guardian

In general, an individual's race is determined by the individual. Indicate whether each race category listed apply with a “yes” or “no”. The agency must leave blank if there is no second adoptive parent, legal guardian, or other member of the couple.

175: American Indian or Alaska Native - An American Indian or Alaska Native individual has origins in any of the original peoples of North or South America (including Central America) and maintains tribal affiliation or community attachment.

176: Asian - An Asian individual has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

177: Black or African American - A Black or African American individual has origins in any of the black racial groups of Africa.

178: Native Hawaiian or other Pacific Islander - A Native Hawaiian or Other Pacific Islander individual has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

179: White - A White individual has origins in any of the original peoples of Europe, the Middle East or North Africa.

180: Race Unknown - The second adoptive parent or legal guardian does not know his or her race, or at least one race.

181: Race Declined - The second adoptive parent, or legal guardian has declined to identify a race.

Element Number 182: Hispanic or Latino Ethnicity of Second Adoptive Parent or Guardian

Element 182: In general, an individual's ethnicity is determined by the individual. An individual is of Hispanic or Latino ethnicity if the individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a “yes” or “no”. If the first adoptive parent or legal guardian does not know his or her ethnicity, indicate “unknown”. If the individual refuses to identify his or her ethnicity, indicate “declined”.

Provider→Homes→Member Info→List of Household Members→Member→Race tab

The screenshot shows a web application interface for managing household members. At the top, there are navigation tabs: 'Provider', 'Admin', and 'PPW'. Below that is a breadcrumb trail: 'Info > List of Household Members > Member > Employers > Income > Extd Fmly > Med Immun > More'. The main content area is titled 'Household Members' and includes a legend: '* Denotes Required Fields', '** Denotes Half-Mandatory Fields', and '† Denotes AFCARS Fields'. There are four tabs: 'Name', 'General', 'Race', 'Foster Parent', and 'Insurance'. The 'Race' tab is active. It contains two dropdown menus: 'Primary*' with 'White' selected, and 'Hispanic' with 'No' selected. Below these is a 'Secondary' section with a large empty text area and a 'Select' button.

Provider – ICWA (Indian Child Welfare Act)/Tribal

Element Number 126: Tribal Membership of First Foster Parent

Element 126: First Foster Parent Tribal Membership - Indicate whether the first foster parent is a member of an Indian tribe. Indicate “yes”, “no”, or “unknown”.

Provider→Homes→Member Info→List of Household Members→Member→General tab

The screenshot shows the FACES.NET web application interface. The header includes the District of Columbia Child and Family Services Agency logo and the text 'FACES.NET'. The navigation bar shows 'Referral', 'Case', 'Client', 'Provider', 'Admin', and 'PPW'. The breadcrumb trail is 'Provider → Homes → Member Info → List of Household Members → Member → General tab'. The main content area is titled 'Household Members' and contains a form for a household member. The form includes fields for Date of Birth (03/16/1968), Educational Level, SSN (156744370), Gender (Female), and Email Address. The 'Tribal Membership' dropdown menu is highlighted with a red box and set to 'Yes'. Other fields include Religion, Marital Status (Married and living with spouse), Confirmed, Licensed to drive, and Smoker. The 'Head of Household Member' section has radio buttons for 'Head of Household 1', 'Head of household 2', and 'N/A', with 'Head of Household 1' selected. The 'PreService Training' section has 'Begin Date' and 'End Date' dropdowns. The 'Physical Characteristics' and 'Languages' sections have text input fields and 'Select' buttons.

Element Number 137: Tribal Membership of Second Foster Parent

Element 137: Second Foster Parent Tribal Membership - Indicate whether the second foster parent is a member of an Indian tribe. Indicate “yes”, “no”, or “unknown”.

Provider → Homes → Member Info → List of Household Members → Member → General tab

Provider Admin PPW Case Go Logout

List of Household Members Member Employers Income Extd Fmly Med Immun More

Household Members

* Denotes Required Fields ** Denotes Half-Mandatory Fields #Denotes AFCARS Fields

Name General Race Foster Parent Insurance

Date of Birth 02/06/1986 Educational Level SSN Gender Male Email Address

Religion Marital Status Married and living with spouse Confirmed Licensed to drive Smoker

Tribal Membership

Head of Household Member

Head of Household 1
 Head of household 2
 N/A

Relationship to head of household1 Spouse Relationship to head of household2 Self

PreService Training

Begin Date End Date

Physical Characteristics Languages

Select Select

Provider – Removal and Placement

Element Number 123: Marital Status of the Foster Parent(s)

Element 123: Indicate the marital status of the child's foster parent(s) for each foster family home living arrangement in which the child is placed.

- Indicate “married couple” if the foster parents are considered united in matrimony according to applicable laws. Include common law marriage, where provided by applicable laws.
- Indicate “married couple” if the foster parents are considered united in matrimony according to applicable laws. Include common law marriage, where provided by applicable laws.
- Indicate “unmarried couple” if the foster parents are living together as a couple but are not united in matrimony according to applicable laws.
- Indicate “separated” if the foster parent is legally separated or is living apart from his or her spouse.
- Indicate “single adult” if the foster parent is not married and is not living with another individual as part of a couple.
- If the response is either “married couple” or “unmarried couple”, the agency must complete the for the second foster parent; otherwise, the title IV-E agency must leave those data elements blank.

Provider → Homes → Member Info → List of Household Members → Member → General tab

The screenshot displays the 'Household Members' form in the FACES.NET system. The 'Marital Status' dropdown menu is highlighted with a red box and set to 'Married and living with spouse'. Other fields include Date of Birth (03/16/1968), SSN (156744370), Gender (Female), and Email Address. The form also includes sections for Head of Household Member, PreService Training, Physical Characteristics, and Languages.



TIPS FOR APPLICATION – Element 123

To learn more about our foster/resource families, ask open ended questions about marital status to support responses that allow them to expound about their marital status. When open ended questions don't elicit a response, the most common and natural way to ask is 'Are you married?' You can also partner with the Resource Parent Support teams in gaining information.

Element Number 127-133: Race of First Foster Parent

Indicate the race of the first foster parent for each foster family home living arrangement in which the child is placed. In general, an individual's race is determined by the individual. Indicate whether each race category listed applies with a “yes” or “no”.

127: American Indian or Alaska Native - An American Indian or Alaska Native individual has origins in any of the original peoples of North or South America (including Central America) and maintains tribal affiliation or community attachment.

128: Asian - An Asian individual has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

129: Black or African American - A Black or African American individual has origins in any of the black racial groups of Africa.

130: Native Hawaiian or Other Pacific Islander - A Native Hawaiian or Other Pacific Islander individual has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

131: White - A White individual has origins in any of the original peoples of Europe, the Middle East or North Africa.

132: Race Unknown - The foster parent does not know his or her race, or at least one race.

133: Race Declined - The first foster parent has declined to identify race.

Element Number 134: Hispanic or Latino Ethnicity of First Foster Parent

Indicate the Hispanic or Latino ethnicity of the first foster parent for each foster family home living arrangement in which the child is placed. In general, an individual's ethnicity is determined by the individual. An individual is of Hispanic or Latino ethnicity if the individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a “yes” or “no”. If the first foster parent does not know his or her ethnicity indicate “unknown”. If the individual refuses to identify his or her ethnicity, indicate “declined”.

Provider→Homes→Member Info→List of Household Members→Member→Race tab

The screenshot shows a web application interface for managing household members. The 'Race' tab is selected, and the 'Foster Parent' sub-tab is active. The 'Primary' dropdown menu is set to 'White', and the 'Hispanic/Latino' dropdown menu is set to 'Yes'. A 'Secondary' dropdown menu is currently empty. The interface includes navigation tabs (Provider, Admin, PPS), a search bar, and 'Save' and 'Cancel' buttons.

Element Number 135: Sex of First Foster Parent

Element 135: Sex of First Foster Parent (e)(13) Indicate whether the first foster parent is “female” or “male”.

Provider→**Homes**→**Member Info**→**List of Household Members**→**Member**→**General tab**

The screenshot displays the FACES.NET interface for a household member. The user is logged in as ANNETTE SIMON. The main form is titled 'Household Members' and shows the 'General' tab. The 'Gender' dropdown menu is highlighted with a red box and set to 'Female'. Other fields include Date of Birth (03/16/1968), Educational Level, SSN (156744370), Email Address, Religion, and Marital Status (Married and living with spouse). The 'Head of Household Member' section has radio buttons for 'Head of Household 1', 'Head of household 2', and 'N/A'. The 'PreService Training' section has 'Begin Date' and 'End Date' dropdowns. The 'Physical Characteristics' and 'Languages' sections have text input fields and 'Select' buttons.



TIPS FOR APPLICATION – Element 135

To gain an understanding of the sex of a person you must respectfully ask the obvious. You can ask the resource parent “when it comes to gender, how do you identify?” and honor this distinction throughout your documentation.

Element Number 138-144: Race of Second Foster Parent

Indicate the race of the second foster parent for each foster family home living arrangement in which the child is placed. In general, an individual's race is determined by the individual. Indicate whether each race category listed applies with a “yes” or “no”. The agency must leave blank if there is no second foster parent.

138: American Indian or Alaska Native - An American Indian or Alaska Native individual has origins in any of the original peoples of North or South America (including Central America) and maintains tribal affiliation or community attachment.

139: Asian - An Asian individual has origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

140: Black or African American - Black or African American individual has origins in any of the black racial groups of Africa.

141: Native Hawaiian or other Pacific Islander - A Native Hawaiian or Other Pacific Islander individual has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

142: White - A White individual has origins in any of the original peoples of Europe, the Middle East or North Africa.

143: Race Unknown - The second foster parent does not know his or her race, or at least one race.

144: Race Declined - The second foster parent has declined to identify a race

Element Number 145: Hispanic or Latino Ethnicity of Second Foster Parent

Element 145: Indicate the Hispanic or Latino ethnicity of the second foster parent for each foster family home living arrangement in which the child is placed. In general, an individual's ethnicity is determined by the individual. An individual is of Hispanic or Latino ethnicity if the individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Indicate whether this category applies with a “yes” or “no”. If the second foster parent does not know his or her ethnicity, indicate “unknown”. If the individual refuses to identify his or her ethnicity, indicate “declined”. The agency must leave this blank if there is no second foster parent.

Provider→Homes→Member Info→List of Household Members→Member→Race tab

The screenshot shows a web application interface for managing household members. The breadcrumb trail is "Provider → Homes → Member Info → List of Household Members → Member → Race tab". The page title is "Household Members". There are navigation tabs for "Name", "General", "Race", "Foster Parent", and "Insurance", with "Race" currently selected. Below the tabs, there are two main sections: "Primary" and "Secondary". In the "Primary" section, there are two dropdown menus: "Primary*" with "White" selected, and "Hispanic/Latino" with "Yes" selected. The "Secondary" section is empty and contains a "Select" button. At the bottom of the form, there are "Save" and "Cancel" buttons. A legend at the top indicates: "* Denotes Required Fields", "** Denotes Half-Mandatory Fields", and "# Denotes AFCARS Fields".

Element Number 146: Sex of Second Foster Parent

Element 146: Indicate whether the second foster parent self identifies as “female” or “male”.

Provider → Homes → Member Info → List of Household Members → Member → General tab

Provider Admin PPW Case [Go] Logout

List of Household Members Member Employers Income Extd Fmly Med Immun More

Household Members

* Denotes Required Fields ** Denotes Half-Mandatory Fields #Denotes AFCARS Fields

Name General Race Foster Parent Insurance

Date of Birth: 02/06/1986 Educational Level: [v] SSN: [v] Gender: Male Email Address: [v]

Religion: [v] Marital Status: Married and living with spouse Confirmed Licensed to drive Smoker

Tribal Membership: [v]

Head of Household Member

Head of Household 1
 Head of household 2
 N/A

Relationship to head of household1: Spouse Relationship to head of household2: Self

PreService Training

Begin Date: [v] End Date: [v]

Physical Characteristics [Select]

Languages [Select]