

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-22-2

TO: All Staff

FROM: Elizabeth Muffoletto
Deputy Director of Entry Services

DATE: July 18, 2022

RE: Informal Family Planning Arrangements

Families may develop their own plan and identify supportive resources to help safely care for their children. These supportive resources may include the non-custodial parent, a relative or another identified caretaker.¹ This family-led practice is referred to as “informal family planning arrangements”.

This administrative issuance outlines the informal family planning arrangement requirements and process. If you have any questions about this administrative issuance, please contact the Deputy Director for Entry Services or the Administrator for the Child Protective Services Administration.

Informal Family Planning Arrangement Process

When a child and their family come to the attention of CFSA through a hotline report, the investigative social worker shall conduct an assessment to determine if the child(ren)/youth can remain safe with the parents/legal guardian of the child or in the community with an identified caretaker.

1. The investigative social worker shall conduct the following steps to determine whether an informal family planning arrangement is appropriate:
 - a. Utilize clinical judgment to assess for child safety.
 - b. Through consultation with the supervisor and program manager a determination is made if an informal family planning arrangement is appropriate.
 - c. Once a collective decision is made that an informal family planning arrangement is appropriate, **within 24 hours of the decision** the investigative social worker shall:
 - Document any updates, such as the name, relationship, address, and contact information of the identified caretaker on the Contacts Screen in FACES.Net.

¹ Within this administrative issuance, “caretakers” refer to the individual identified to provide temporary care for the child or youth as a result of an informal family planning arrangement.



2. The investigative social worker shall identify and offer immediate supports and services based on the family's needs.
 - a. The investigative social worker shall explain and provide the child's parent(s), and/or identified caretaker with the [Kinship Care Guide](#) to help the family make the most informed decision about the various options available to them.
 - b. The investigative social worker shall provide service options to the family and caretaker, which may include crisis intervention, transportation support, vouchers for food and clothing, legal support, [Grandparent Caregiver Program](#), [Close Relative Caregiver Program](#), Emergency Flex-Funds, kinship flex funds, referrals to the Collaboratives or other community-based providers, or other supports such as furniture.
 - c. [NowPow](#) and the Kinship Caregiver Line at (866) FAM-KIN1 can be utilized to identify services for families. The investigative social worker can provide information to families from NowPow and how to access the Kinship Caregiver Line.
3. Once a final determination has been made that an informal family planning arrangement is appropriate, and no further CFSA involvement is needed after the investigation closure, the CPS Supervisor shall enter the information into the Informal Family Planning Arrangement Form (see *attachment*) and submit it via email to the CPS Program Manager.
4. The CPS Program Manager submits the Informal Family Planning Arrangement forms on a weekly basis to the Entry Services Data Analyst
5. On the 15th of every month, the data analyst shall contact the CPS Program Manager to request a reconciliation of the data elements. Program managers shall have **3 business days** after receiving the reconciliation request to update the information.
6. Upon receiving the updated reconciled data, the data analyst shall prepare a monthly *Entry Services Informal Family Planning Arrangement Report* for review by Agency leadership and management.

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Informal Family Planning Arrangement Form

Informal Family Planning Arrangement Details

Date of Arrangement	Click here to enter a date.
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Section I. Referral Number/Case Information

Referral/Case Number	Social Worker	Supervisory SW	Program Manager

PLEASE NOTE: "Caretakers" refer to the individual identified to provide temporary care for the child or youth as a result of an informal family planning arrangement.

Section II. Parent/Legal Guardian and Identified Caretaker Information

	Name	Relation to Child	Age	Gender	Race	Ward	Address
Child #1		N/A		Choose an item.			
Parent/ Legal Guardian		Ex. Mother		Choose an item.			
Parent/ Legal Guardian							
Identified Caretaker		Ex. MGM		Choose an item.			
Child #2		N/A		Choose an item.			
Parent/ Legal Guardian				Choose an item.			
Parent/ Legal Guardian							
Identified Caretaker				Choose an item.			
Child #3		N/A		Choose an item.			
Parent/ Legal Guardian				Choose an item.			
Parent/ Legal Guardian							
Identified Caretaker				Choose an item.			

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Section III. Additional Informal family planning arrangement Details

1) What action occurred which allowed for an informal family planning arrangement? *(Select all that apply)*

<input type="checkbox"/> Use of family, neighbors or other individuals in the community	<input type="checkbox"/> Legal action planned or initiated for child to remain in the home
<input type="checkbox"/> Nonoffending parent/legal guardian took action to protect the child from the alleged maltreater	<input type="checkbox"/> Use of Collaboratives or community agencies to support the parent/legal guardian in carrying out a safety plan
<input type="checkbox"/> Alleged maltreater left the home, either voluntarily or in response to legal action	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Nonoffending parent/legal guardian moved to a safe environment with the child	<input type="checkbox"/> Not applicable (please specify)

2) What actions by the parent/legal guardian's behavior and/or circumstances contributed to creating an informal family planning arrangement? *(Select all that apply)*

<input type="checkbox"/> Physical Health	<input type="checkbox"/> Prior Trauma
<input type="checkbox"/> Mental Health and Coping Skills	<input type="checkbox"/> Daily Parenting Behaviors and Routines
<input type="checkbox"/> Developmental/Cognitive Abilities	<input type="checkbox"/> Basic Needs and Management of Financial Resources
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Intimate Partner Relationship
<input type="checkbox"/> Court Order or other legal action	<input type="checkbox"/> Other Adult Household and Family Relationships
<input type="checkbox"/> Social Support System	<input type="checkbox"/> Physical Characteristics of the Household
<input type="checkbox"/> Community Environment and Neighborhood	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Accident	<input type="checkbox"/> Not applicable (please specify)
<input type="checkbox"/> Incapacitated illness	

Section IV. Services Offered

Identify services explained and offered to the parent/legal guardian and identified caretaker.

Type of Service	Recipient of Services	Name of Recipients
Crisis Intervention (MH/BH/CHAMPS)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Transportation Support (Metro Cards)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Vouchers (Food, Clothing)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Legal Support (NLS)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Grandparent Caregiver Program (Kinship Care Guide brochure must be provided to recipient)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Close Relative Caregiver Program (Kinship Care Guide brochure must be provided to recipient)	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Kinship Diversion Funds <i>Specify purpose: _____</i>	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Collaborative or Family Success Center Referral	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	
Other	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Identified Caretaker	

Please submit all forms to designated staff within 3 business days of the informal family planning arrangement

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Section V. Informal Family Planning Arrangement Summary

Please detail below the following: (1) the specific actions of the parent/legal guardian, which led to the decision of an informal family planning arrangement, and (2) the impact of the actions on the child/ren or youth.