



# Permanency

STATE of Maine  
OFFICE OF CHILD AND FAMILY SERVICES POLICY

Section  
3

Subsection  
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Approved by: \_\_\_\_\_  
Director, OCFS

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## I. SUBJECT

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Permanency.

## II. STATUTORY AUTHORITY

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22 M.R.S. [§4001](#), [§4002](#), [§4003](#), [§4004](#), [§4005](#), [§4005-G](#), [§4008](#), [§4010-C](#), [§4023](#), [§4034](#), [§4036](#), [§4038-B](#), [§4041](#), [§4050](#), [§4051](#), [§4052](#), [§4053](#), [§4054](#), [§4055](#), [§4056](#), [§4057](#), [§4058](#), [§4059](#), [§4061](#), [§4063-A](#), [§4068](#), [§4092](#), [§4093](#).

## III. DEFINITIONS

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For a complete list of definitions, see the [OCFS Policy Manual Glossary](#). In this document, the first reference to any word that is defined is hyperlinked to the Glossary.

## IV. POLICY

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The Office of Child and Family Services (OCFS) joins with families and the community to promote long-term safety, [permanency](#), and well-being for children. Every [child](#) has the right to be with their family if that family can and will protect the child from [jeopardy](#) to the child’s health and welfare. Every child has the right to maintain connection to their heritage, tribe and culture.

OCFS engages families in transparent, frequent, and honest discussions that inform the family and their team members about the importance of reaching permanency for each child in a time frame that is calculated to best meet the child’s needs. Permanency planning begins the moment OCFS determines that the presence of safety threats or level of risk requires ongoing services and oversight, and a case is opened. When a child enters the custody of the Department of Health and Human Services, OCFS shares responsibility for reunification and rehabilitation with the family. OCFS staff are child-centered and family-focused, proceed with urgency, consider alternatives, and document the plan, barriers, and progress toward permanency. OCFS’s priority is to achieve permanency through reunification with the child’s parents per statute, unless otherwise relieved of this responsibility by the court.

This policy is organized into specific sections related to the various permanency options: [Prevention Service Cases](#), Reunification, [Permanency Guardianship](#), and Other Planned Permanent Living Arrangement (OPPLA) and outlines the procedures to follow when working with children and families to achieve these permanency outcomes.

## V. PROCEDURES

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[Prevention Service Case](#). OCFS engages in reasonable efforts to prevent the removal of a child from their home whenever possible. OCFS may determine that it is possible for a child to safely remain in their parents’ care and custody, but that changes are required to mitigate identified

safety threats and/or risk of future [abuse or neglect](#). In these situations, with the agreement of the [parents/caregivers](#), OCFS may open a prevention service case to support the family in making necessary changes. In most cases, reducing the risk of harm requires the parents/caregivers to participate in services that specifically address the identified safety threats. Prevention service cases are a short-term intervention and remain open for no longer than three to six months unless a Jeopardy petition has been filed requesting custody or court ordered services.

- a. A prevention service case must be opened when an investigation has resulted in a substantiated finding and the SDM© [Risk Assessment Tool](#) risk classification is high or very high.
- b. Caseworker Responsibilities: When a prevention service case is opened, the caseworker will:
  - i. Utilize the SDM© [Case Plan Tool](#) to evaluate the presenting strengths and needs of the family, to identify critical family needs, and to plan effective service interventions, which will inform the development of the [Prevention Service Family Plan](#).  
**Timeframe:** The initial Case Plan Tool will be completed no later than 30 days after the child protective investigation due date and prior to the completion of the Prevention Service Family Plan for all cases. Subsequent Case Plan Tools will be completed at least every three months.
  - ii. Convene a [Family Team Meeting](#) (FTM) with the family, the family's supports, the child (if appropriate), the investigation caseworker, and the permanency caseworker. The purpose of the FTM is to introduce the permanency caseworker to the family, develop the Prevention Service Family Plan, address the safety threats and risks identified, and outline necessary safety interventions to mitigate the safety threats and reduce the level of risk.
  - iii. Review the [Safety Plan](#), if one has been developed, with the family during the child protection investigation, to ensure that all safety threats are addressed in the Prevention Service Family Plan.
  - iv. Develop a Prevention Service Family Plan addressing current safety, permanency, and well-being needs of the child through the creation of goals and action steps that incorporate specific behavioral changes that must occur and the services that can support the family in making the required changes. **Timeframe:** The initial Prevention Service Family Plan must be complete within thirty (30) days of opening the case. The caseworker and team members will review and update the plan to reflect progress at least every sixty (60) days. If a straight jeopardy petition has been filed and the children remain in their parent's care and custody, the Prevention Service Family Plan may remain in effect until the Jeopardy hearing.
  - v. Complete monthly contacts with [critical case members](#) to review the Prevention Service Family Plan, engage in discussions with the parents focused on the impact to the child, and continue to monitor the progress of the parents through behavioral changes that impact safety, permanency, and well-being for the child.
  - vi. Contact service providers and other collateral contacts for the child and parents/caregivers monthly to identify the strengths and needs of the family.
    1. For children attending child care programs or school, the caseworker will contact the child care provider and/or teacher for each child.

2. The caseworker will review the existing case record and collect updated medical, educational, mental health, and other relevant records for the child's case record.
  3. This information will be incorporated as part of the ongoing assessment and analysis of progress and needs.
- vii. Other case activities, include but are not limited to:
1. Determine the identity of all parents in the case and include them in the case process.
  2. Make referrals for services as outlined in the Prevention Service Plan to reduce safety threats and risk.
  3. Obtain releases of information from the parents for providers.
  4. Complete the family medical history form.
  5. Work with the family to identifying [relative](#) resources, including their relationship to the child, contact information and ability and willingness to be part of the family's team.
  6. Continually assess the family's progress toward case goals to identify needs and barriers.
  7. Convene Family Team Meetings:
    - a. Within the first thirty (30) days of the prevention service case to develop the Prevention Service Family Plan; and
    - b. At least once every sixty (60) days to update the Prevention Service Family Plan.
- viii. There may be times during prevention service cases in which the caseworker will need to provide support to one parent as they arrange contact with an out-of-home parent.
- ix. OCFS staff may transport parents and their children as necessary, but will only transport children not in the custody of the Department with permission of the parent.
  - x. If a new report is received on an open case, the initial SDM© Risk Assessment Tool will be completed as part of the new investigation.
- c. **Case Closure:** Caseworkers will assess the family's progress toward meeting the goals outlined on the Prevention Service Family Plan on an ongoing basis to identify behavioral change and will utilize the SDM© [Risk Reassessment Tool](#) to assess whether risk has been reduced sufficiently to allow the case to be closed, or whether the risk level remains high, and services should continue. **Timeframe:** The SDM© Risk Reassessment Tool is completed, at a minimum, every three months from the date of transfer to a permanency caseworker. If the SDM© Risk Reassessment Tool indicates case closure is appropriate, the caseworker will also complete the SDM© [Safety Assessment Tool](#) to ensure all safety threats have been resolved.
- d. A Prevention Service Case cannot be closed when [guardianship](#) is being sought until there is a court order in place establishing this arrangement.

**Rehabilitation and Reunification Cases.** When a child enters the custody of the Department of Health and Human Services, OCFS shares responsibility for reunification and rehabilitation with the family. OCFS' priority is to achieve permanency through reunification with the child's parents per statute.

- a. Caseworker Responsibilities: When a reunification case is opened, the caseworker will:
- i. Convene a FTM according to policy guidelines (see [7.1 Family Team Meetings](#)) to develop the [Preliminary Reunification and Rehabilitation Plan](#). The focus of the FTM will be to discuss the identified safety threats and develop the Preliminary Reunification and Rehabilitation plan with the family and team members to outline action steps focused on changes necessary to allow the child to return to their parents/caregivers' care and custody. If the FTM cannot occur, efforts to schedule the meeting and the reason it did not occur will be documented in the child welfare information system.
  - ii. Facilitate a [Family Share](#) meeting within five (5) business days of the initial placement and of any subsequent placements of the child.
  - iii. Develop the Preliminary Reunification and Rehabilitation Plan.
  - iv. Develop and update the [Rehabilitation and Reunification Plan](#).
  - v. Ensure the parents, children and [resource parents](#) receive appropriate referrals for services.
  - vi. Complete monthly contact with parents/caregivers to review the Rehabilitation and Reunification Plan to assess progress made and barriers to achieving goals, determine other services or supports the family may benefit from and engage in building solutions with the family.
  - vii. Complete monthly contact with children to assess their safety, permanency, and well-being, determine other services or supports the children may benefit from and review and update their child plan.
  - viii. Complete monthly contact with the resource parents to assess their needs related to caring for the children in their home and determine if other services or supports are needed.
  - ix. Facilitate ongoing FTMs to assess progress and identify barriers toward achievement of the goals outlined in the Rehabilitation and Reunification Plan. **Timeframe:** This should occur at least once every three (3) months.
  - x. Meet with any new [household](#) members that reside with the parents to assess their safety.
  - xi. Provide prompt written notice of the following circumstances to the parents unless notice would be detrimental to the [best interest of the child](#):
    1. The child's residence, including written notice at least seven (7) days in advance of any planned changes in residence; and
    2. Any serious injuries, major medical care scheduled or received, or hospitalizations.
  - xii. Complete the [SDM© Reunification Assessment Tool](#) when a child is being considered for return home, and before or at six months in care when considering reunification, [termination of parental rights](#) or other permanency options. This must be completed for any child in care with reunification as the permanency goal and is completed for

each household where the case goal is reunification. The results of the SDM© Reunification Assessment Tool guide placement recommendations and decisions regarding whether to reunify a child.

- xiii. Contact the assigned AAG to request an amendment to the current court order to return custody to the parents at the earliest date possible.
- xiv. The expectations to establish a rehabilitation and reunification plan, coordinate services and complete monthly contacts also applies to parents who are incarcerated.
- xv. In cases involving domestic abuse and violence, refer to [7.2 Domestic Violence and Child Abuse and/or Neglect](#) for guidance.

b. Developing the Preliminary Reunification and Rehabilitation Plan:

- i. The initial SDM Case Plan Tool will be completed no later than thirty (30) days after the child protective investigation due date and prior to the completion of the Preliminary Reunification and Rehabilitation Plan and Child Plan for all reunification cases.
- ii. The Preliminary Reunification and Rehabilitation plan is developed by the caseworker in collaboration with the family within ten (10) days of the date that a Preliminary Protection Order (PPO) is signed or after filing a Petition for a Child Protection Order. In circumstances when a Jeopardy Petition has been filed with the court and the child remains in their parents' care and custody pending the hearing, the Prevention Service Family Plan remains in effect until the Jeopardy hearing.
- iii. The Preliminary Reunification and Rehabilitation Plan will include the following:
  - 1. A statement of the safety concerns and risks to the child.
  - 2. Preliminary reunification services needed by the family to eliminate the safety concerns and risk to the children.
  - 3. An outline of the visit plan (if the child is in the Department's custody).
  - 4. Relative resources and use of [kinship](#) support to include placement, visit supervision, in-home support, or [respite care](#).
- iv. The caseworker will partner with the family through FTMs, monthly contacts with the parents, children, and resource parents as well as, quarterly contact with service providers. The caseworker will utilize the Case Plan Tool to evaluate presenting strengths and needs of the family and coordinate effective services that address the behavioral changes necessary to increase safety for their child.
- v. The caseworker will circulate the plan to the parents, their attorneys, and the Guardian ad Litem, as well as the AAG who will file the plan with the court.

- c. Developing the Rehabilitation and Reunification Plan: The Rehabilitation and Reunification plan is developed by the caseworker in collaboration with the family and circulated to the parties 10 days prior to the Jeopardy hearing. The caseworker will engage the family and their team members through FTMs, monthly contacts with the parents and child, and quarterly contact with service providers. The Case Plan Tool will be utilized to evaluate the presenting strengths and needs of the family; identify critical family needs; and coordinate effective service interventions.

- i. The Rehabilitation and Reunification Plan will include the following:
  - 1. The reasons for the child's removal from the parents' home.
  - 2. Behavioral changes required by the parents in order to eliminate jeopardy concerns.
  - 3. Services that the parents must satisfactorily participate in before the child can be returned home.
  - 4. Rehabilitation and reunification services to be provided by the Department either through caseworker services or referrals to service providers.
  - 5. Methods by which behavioral change will be measured.
  - 6. The outline of the visit plan.
  - 7. Relative resources and use of kinship support to include placement, visit supervision, in-home support, or respite care.
  - 8. Timeframe for reunification reasonably calculated to meet the child's needs.
  - 9. Financial responsibility of the parents during reunification.
  
- ii. Updating and Filing the Rehabilitation and Reunification Plan: Within the context of monthly contacts and FTMs, the caseworker, family, and team members will reassess progress toward reunification. The caseworker will review and update the plan to reflect progress or changes to the plan.
  - 1. The caseworker will engage the parents in updating the plan at least once every three months through FTMs and monthly contacts. If the parents were not present for the FTM, the caseworker will document why the parents were not present, send them a letter outlining the revised plan, review it with them, and ask them to sign the plan. If the parents do not agree to the plan, the caseworker will include a statement in the plan describing their reasonable efforts to engage the parents in the development of the plan.
  - 2. OCFS will circulate the Rehabilitation and Reunification Plan to the Guardian ad Litem and the other parties at least ten (10) days prior to a scheduled case management conference for jeopardy or a jeopardy hearing. The caseworker will file the plan with the court at the CMC or hearing.
  
- d. Child Plan: Caseworkers will utilize monthly contacts with the child, parents, caregivers, and quarterly contacts with service providers and collateral contacts to determine the child's needs regarding safety, permanency, and well-being. Information gathered during these contacts will be used to complete the Child Plan. The Child Plan should reflect the child's perspective about the reunification process and their needs related to school, placement, and their physical, emotional, and mental health. The purpose of the Child Plan is to document how the child's needs identified during monthly contacts will be met during the next six months. The caseworker will:
  - i. Review the Case Plan Tool to identify needs specific to the child.
  - ii. Review the child's needs in the context of an FTM and during monthly contacts. The Child Plan should be completed through the FTM process.
  - iii. Invite and encourage the parents, resource parents, and children aged twelve (12) or older to participate in the development of the Child Plan. Children younger than



twelve (12) should be involved in the development of the Child Plan as developmentally appropriate.

- iv. **Timeframe:** Complete the Child Plan within 60 days of a child entering care and every six months thereafter.
- e. **Concurrent Planning:** A concurrent plan is a plan developed by OCFS staff, the family, and the family's team that acknowledges a child's need for a timely, [safe](#), and appropriate permanent goal should reunification not be successful. Concurrent case planning begins when out-of-home placement of a child is being considered and continues throughout the life of the case. The caseworker will include the family's team members (parents, child, Guardian ad Litem, resource parents, formal and informal supports, service providers, and Tribe) to participate in this process. Concurrent planning activities include the following:
  - i. The caseworker will discuss with parents the purpose and importance of a concurrent plan and encourage them to identify possible alternate permanency options, such as appropriate relatives or [fictive kin](#). Every effort will be made to reach agreement with the parents regarding the concurrent plan. If agreement cannot be reached, the caseworker, in consultation with their supervisor, AAG and the Guardian ad Litem, is responsible for determining the concurrent plan.
  - ii. The child's wishes will be considered during concurrent planning discussions.
  - iii. If reunification efforts are ceased, the concurrent plan will become the primary permanency plan.
  - iv. If the Indian Child Welfare Act (ICWA) applies, the caseworker will develop a concurrent plan with the family, tribal child welfare caseworker, and others identified by the tribe. The preferred concurrent plan in ICWA cases is Permanency Guardianship (see [7.4 Indian Child Welfare](#)).

**Contact Between Parents and Children.** Parent-child contact is a key strategy to minimize time in out-of-home care and work toward reunification of the family. Visitation strengthens the relationship between the parents, child, [siblings](#) and in ICWA cases, the tribe. It provides an opportunity to ensure the child's safety, gather information to assess a parent's readiness for change, and evaluate the quality of the parent-child relationship. For children in out-of-home care, family time is essential for health child development and helps to maintain parent-child attachment. Contact may occur through scheduled visitation, or participation in medical appointments, school and extracurricular activities, and cultural events. In developing a visitation plan and coordinating visits, the caseworker will consider the child's emotional and physical safety and well-being, as well as any court orders outlining expectations for visitation.

- a. **Visitation:** The caseworker will schedule visitation for parents, children, and siblings within seven (7) days of the issuance of a PPO, unless there is a compelling reason not to schedule such visitation.
  - i. Developing the Visit Plan:
    - 1. The caseworker will engage the family in developing the visit plan at an FTM and will review the quality of the parent-child contacts and supervision requirements at subsequent FTMs.



2. Visits will occur in the least restrictive and most natural setting possible that ensures the safety of the child.
  3. The caseworker will complete referrals to contract agencies utilizing the OCFS Unified Referral form and will collaborate with individuals providing supervision to review the following:
    - a. Specific safety concerns and the level of supervision required.
    - b. Behavioral changes required to address safety concerns and the method for measuring progress toward reunification.
  4. The caseworker will discuss the parameters of the visits and visitation ground rules with the parents prior to the start of visitation. Parents will be asked to sign that they agree to the parameters and ground rules.
  5. The caseworker will outline in the plan the reason for the level of supervision and steps to progress to unsupervised contact.
  6. The caseworker will have ongoing discussions about visitation at monthly meetings with the parents including the quality of visits, concerns, and progress toward reunification.
  7. The caseworker will discuss the schedule and structure of the visits with resource parents prior to visits beginning and engage in ongoing discussions regarding how visits are progressing during monthly contacts.
  8. When developmentally appropriate, the child will be included in planning visits, including the location and participants.
  9. Decisions regarding the length of visits will be made on a case-by-case basis.
  10. The caseworker will inform the Guardian ad Litem whenever changes are made to the visitation schedule.
- ii. The caseworker will encourage contact with parents outside of regularly scheduled visitation through phone contact, letter writing, e-mail, and other forms of virtual communication as long as it is deemed to be in the child's best interest.
- b. Level of Visit Supervision: In consultation with the supervisor as well as recommendations from the parents, AAG, Guardian ad Litem, and other team members, the caseworker will determine the level of supervision necessary for visits.
- i. **Supervised Visits** will only occur when there is a safety concern that would cause the child to be unsafe should the visits occur without constant eyes on supervision. When a visit needs this level of supervision the person supervising the visitation will remain in the room at all times during the visits between the parent and the child. The visit supervisor will document how the visit went, any concerns that came up as well as any questions the parent and/or child had.
  - ii. **Monitored Visits** will occur when the parent's behavior does not compromise the child's safety; however there continues to be a need for support during the visit. Monitored visit supervision requires the person who is supervising this type of visitation to check in at the start of the visit to ensure the parent and child are prepared and able to have the visit and then to periodically check in throughout the visit. At the end of each visit, the visit supervisor will do a check in with the parent

and child to discuss how the visit went, any questions or concerns the parent or child might have, as well document the visit.

- iii. **Unsupervised Visits** will occur when the parent's behaviors do not compromise the child's safety and the parent has shown the ability to provide consistent safe care for the child. These visits will be coordinated at an FTM and include input from the parents, child (if age appropriate) and resource parents to discuss how these visits are going.
- c. Not Commencing or Suspending Visitation: The caseworker may temporarily suspend or reduce visitation if at any time there is sufficient evidence that visitation is detrimental to the child, the parent does not attend visits, or there are frequent cancellations. When visits have been suspended, the caseworker will schedule an FTM to discuss the reasons why visitation was suspended and the plan to reinstate visits.
  - i. If the visits are being suspended until there is a behavioral change or court hearing to address the concern, such as a safety issue, then the caseworker must seek approval from their supervisor, however, prior to such approval being given the supervisor and caseworker must consult with the AAG.
  - ii. When visits are ceased or suspended, the caseworker will notify the following people:
    1. The child.
    2. Parents or other individuals who participate in visits.
    3. The visitation supervisor.
    4. The child's resource parents/placement.
    5. The Guardian ad Litem.
    6. The AAG and parent's attorney(s).
    7. Other providers as appropriate.
- d. Medical Appointments: In addition to regularly scheduled visitation, caseworkers will ensure that parents are informed of and encouraged to attend medical appointments for the child, as long as it is safe and in the child's best interest. This includes, but is not limited to, Primary Care Physician (PCP) appointments, dental appointments, physical therapy, occupational therapy, and appointments related to prescribed medication. The caseworker will work with the parents to address barriers to their participation.
- e. Extracurricular Activities: In addition to regularly scheduled visitation, caseworkers will ensure that parents are informed of and encouraged to attend extracurricular activities and school-related events for the child as long as it is safe and in the child's, best interest. Extracurricular and school-based activities include, but are not limited to, attendance at sporting events, school plays, band concerts, and parent-teacher conferences. The caseworker will work with the parents to address barriers to their participation.
- f. Special Considerations for Visitation:
  - i. Domestic Abuse and Violence. In cases where there is domestic abuse and violence, the caseworker will assess the safety of all family members prior to their participation

in visits. Parents involved in cases where intimate partner violence has occurred will not visit the child together, until such a time that treatment providers determine such visits don't pose a threat to family members participating in visits.

- ii. **Sexual Abuse.** In sexual abuse cases, the caseworker will consult with their supervisor and the AAG prior to denying visits for a parent to ensure compliance with statute. OCFS will not allow contact between a child and any person convicted or adjudicated of a sexual offense against a minor who has not yet attained the age of 14, in accordance with [17-A M.R.S. §261](#).
  
- g. **Sibling Visitation and Contact:** When siblings cannot be placed together, the caseworker will encourage and facilitate contact through visits, phone contact, letter writing, and other virtual means of contact (i.e., Zoom, FaceTime, e-mail, etc.). Visitation between siblings is a priority, should be as frequent as possible, and should occur in addition to visitation between siblings and parents. To support this work, the caseworker will:
  - i. Talk with the children to gather their input regarding how and where sibling visitation and contact will occur.
  - ii. Carefully plan the visits, including an agreeable and comfortable setting for the children.
  - iii. Document the plan for sibling visitation in the Child Plan and in the visitation module in the child welfare information system.
  - iv. When visitation between siblings is not possible, document the reasons that sibling visitation is not part of the visit plan, and continue efforts to coordinate contact.

**Trial Home Placement.** The [trial home placement](#) is an opportunity for the parents to demonstrate behavioral changes they have made to resolve child welfare concerns, support the child's transition into the home and to coordinate services and supports for long-term safety, well-being, and stability. OCFS supports trial home placement at the earliest possible time as long as such placement can ensure the child's safety and is in the child's best interest.

- a. When a trial home placement is being considered, the caseworker will complete the SDM© [Reunification Assessment Tool](#). The SDM Reunification Assessment Tool is used to evaluate risk, visitation compliance, and safety issues; describe permanency plan guidelines; and record the permanency plan goal and case status. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to reunify a child.
  
- b. Before the start of the trial home placement, the caseworker will:
  - i. Facilitate a Family Team Meeting to engage the family and their team in the development of the plan for trial home placement. The following items must be discussed as part of the planning process:
    1. Caseworker expectations regarding contact with the child, parents, and other individuals residing in the home, including unannounced visits by the caseworker.
    2. Financial considerations for the family during the trial home placement, such as additional costs for food and child care.

3. Educational needs of the child, which may include registering the child in a new school. The caseworker is responsible for notifying the child's school that the child is in trial home placement.
  4. The plan to meet the child's medical and dental needs, which may include establishing a new primary care physician and dentist for the child. Parents will be notified of all upcoming appointments and the contact information for current providers. The caseworker will notify providers that the child is in trial home placement and assist in transferring records to new providers.
  5. Consultation with service providers for the child and parent to discuss services that need to be in place to ensure a successful reunification. Whenever possible, the caseworker will coordinate these services in advance of the trial home placement to ensure adequate support is available for the family.
  6. A plan to share the decision with the child in an age-appropriate manner.
- c. Frequency of Contact with Children, Parents and Service Providers During Trial Home Placement: Contact with families during trial home placement is a critical component of assessing the safety of the child and their transition into the home, identifying barriers, and building solutions with the family. Caseworkers are expected to have contact with children, families, and service providers during trial home placement.

i. Timeframes for contact with children and parents:

1. First Week: Within the first week of placement, the caseworker will have, at a minimum, one phone call and one home visit with the family.
2. Weeks 2-6: Caseworkers will have weekly face-to-face contact with the parents and children during the first six (6) weeks of the trial home placement. If the child is school-aged and is in school, the caseworker will visit every other week, as long as the child's teacher and appropriate school administrators have been notified that the child is in a trial home placement. If there are also children in the home that are not school-aged, the caseworker will continue to have weekly contact with the children that are in the home. One home visit per month will be unannounced.
3. Weeks 7-12: After six weeks of weekly face-to-face contact, caseworkers will have face-to-face contact with the parents and children every other week for the next six (6) weeks of the trial home placement. At least one visit per month will be unannounced.
4. Weeks 13-24: Caseworkers will have monthly face-to-face contact with the parents and children for the following twelve (12) weeks of the trial home placement.

**Note:** If the child is placed out-of-state during the trial home placement, [Interstate Compact on the Placement of Children \(ICPC\)](#) regulations pertaining to caseworker contact will be followed (see [7.11 Interstate Compact on the Placement of Children](#)).

- ii. Contact with service providers and other collateral contacts will occur at least twice a month to ensure the family's participation in services and determine if the family's needs are being met in a way that supports reunification.

- iii. Contacts with parents, children, service providers, and other collateral contacts will be documented utilizing the monthly caseworker contact templates, within ten (10) business days of the contact occurring.
- iv. In rare situations, a child may return home if a safety threat exists only if the safety threat, with a safety plan in place, would not cause the child's removal if they were in their parent's custody. A safety plan may be used for the first thirty (30) days of the trial home placement to allow the child to be reunified safely and in a timely manner. In these circumstances:
  - 1. An FTM must be scheduled and held within the 30-day safety plan timeframe to ensure the plan is being followed and the child continues to remain safe in their parent(s) care and custody.
  - 2. The date of the FTM must be specified in the safety plan.
  - 3. The plan can only be in place for up to thirty (30) days and a case cannot be closed with a safety plan in place
- d. When a trial home placement exceeds six months, without being authorized by the court, or if it exceeds the timeframe the court has deemed appropriate, and the child is returned to a resource home that resource home is considered a new entry into care. Therefore, the requirements of entry into care apply, including determinations regarding contrary to the welfare and reasonable effort to prevent removal.

**Cease Reunification.** There are circumstances when the Department might consider asking the court to cease reunification with one or both parents or to not initiate reunification. A cease reunification order must be issued by the court in order for reunification efforts to be discontinued.

- a. Prior to requesting a cease reunification, the caseworker will complete the Reunification Assessment Tool and consult with their supervisor and the AAG to determine if a cease reunification order is appropriate.
- b. A court has the authority to order that the Department cease reunification and/or not commence reunification if the court finds at least one of the following:
  - i. The existence of an [aggravating factor](#); or
  - ii. That continuation of reunification efforts is inconsistent with the permanency plan for the child.
    - 1. When two placements with the same parent have failed and the child is returned to the custody of the Department, the court shall make a finding that continuation of reunification efforts is inconsistent with the permanency plan for the child and order the Department to cease reunification unless the parent demonstrates that reunification should be continued, and the court determines reunification efforts to be in the best interests of the child.
    - 2. If the permanency plan provides for a relative or other person to have custody of the child and the court has ordered custody of the child to that relative or other person, the court shall make a finding that continuation of reunification efforts is inconsistent with the permanency plan for the child and order the Department to cease reunification unless the parent demonstrates that

reunification should be continued and the court determines reunification efforts to be in the best interests of the child.

- c. The Department is not required to seek a cease reunification order prior to filing a Petition for Termination of Parental Rights.
- d. A cease reunification order is required regarding both parents prior to establishing permanency guardianship.
- e. Caseworker Responsibilities: When seeking a cease reunification order, the caseworker will:
  - i. Provide written notice of the decision to seek a cease reunification order to the parent at the parent's last known address. The notice must include:
    - 1. The specific reasons for the decision to seek a cease reunification order.
    - 2. Specific efforts that OCFS has made in working with the parent.
    - 3. A statement of the parents' rights under [§4038](#).
  - ii. Continue to engage parents in identifying possible alternate permanency options, such as relatives and fictive kin.
  - iii. Have meaningful contact with the parent at least every three months to update them about the child's safety, permanency, and well-being.
- f. When there is a cease reunification order, but OCFS has not sought a Termination of Parental Rights, the caseworker will provide prompt written notice of the following circumstances to the parents unless notice would be detrimental to the best interest of the child:
  - i. The child's residence, including written notice at least 7 days in advance of any planned changes in residence; and
  - ii. Any serious injuries, major medical care scheduled or received, or hospitalizations.
- g. Visitation: Develop a schedule of and expectations for visits between the child and parent designed to provide the parent and child time together in settings that offer a positive parent-child interaction while ensuring the emotional and physical well-being of the child as long as visits are not detrimental to the child's best interest.

**Termination of Parental Rights.** The caseworker will file a Petition for Termination of Parental Rights (TPR) at the earliest possible time that reunification is determined to be unsuccessful. A TPR is required if [adoption](#) is the permanency plan. Adoption is the preferred permanency option when reunification is not successful, as it creates a permanent legal relationship between the child and the adoptive parents or caregivers. The only exception to adoption as the preferred permanency option is ICWA cases. OCFS is not required to file a TPR petition if they have chosen to have the child cared for by a relative or there is a documented compelling reason for determining that filing such a petition would not be in the best interest of the child.

- a. The caseworker will file a TPR Petition when:

- i. A child has been in foster care for 15 of the most recent 22 months, calculated from the entry into care date. The Department must file the petition before the end of the child's 15<sup>th</sup> month in foster care unless there is a compelling reason not to.  
Note: The entry into care date is either 60 days from the PPO or the date of the Jeopardy Order, whichever date is earlier ([§4052 2-A \(a\)](#), [§4038-B](#)).
  - ii. Within 60 days of a court order finding that:
    - 1. There is a finding of an aggravating factor and an order to cease reunification regarding both parents, or
    - 2. The child has been [abandoned](#).
  - iii. Statute identifies when a TPR Petition must be filed but does not preclude OCFS from filing earlier in the case process if reunification has been determined to be unsuccessful.
  - iv. Additional details regarding the filing of a TPR can be found in [§4055](#).
- b. Prior to filing a TPR Petition, the caseworker will:
- i. Engage the child's team in permanency planning activities, including age-appropriate discussions with the child.
  - ii. Consult with the AAG responsible for the case.
  - iii. Complete the Reunification Assessment Tool. The Reunification Assessment Tool is used to evaluate risk, visitation compliance, and safety issues; describe permanency plan guidelines; and record the permanency plan goal and case status. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to reunify a child.
- c. Caseworker Responsibilities:
- i. When a TPR has been filed, reunification remains the case goal and OCFS continues to be obligated to provide reunification services until the court orders a cease reunification or termination of parent rights.
  - ii. The caseworker will continue to engage the parents in discussions about the purpose and importance of a concurrent plan and will encourage them to identify alternate permanency options. Every effort will be made to reach agreement with the parents regarding the concurrent plan. If agreement cannot be reached, the caseworker, in consultation with their supervisor, AAG and the Guardian ad Litem, is responsible for determining the concurrent plan.
  - iii. If a final visit is going to occur, the caseworker will engage the parents and, when developmentally appropriate, the child in developing the plan for the visit.

**Reinstatement of Parental Rights.** OCFS may petition the district court to reinstate the parental rights of a parent whose rights have been terminated. Within this legal process, OCFS has the burden to prove that reinstatement is in the child's best interests.



- a. Caseworker Responsibilities: When a [reinstatement of parental rights](#) is being considered, the caseworker will conduct a home study to assess the parent and to determine the following:
- i. Whether the parents have improved their circumstances, achieved stability, and strengthened their parenting abilities.
  - ii. Whether the children who were once young and vulnerable, have grown older and the original safety concerns are no longer applicable.
  - iii. Corroborate parents' progress through collateral contacts and review of records.
  - iv. Reinstatement is in the child's best interest.
- b. Prior to filing a Petition for Reinstatement of Parental Rights, the caseworker will:
- i. Facilitate a Family Team Meeting to engage the family and their team in the development of the plan for trial home placement. The following items must be discussed as part of the planning process:
    1. Caseworker expectations regarding contact with the child, parents, and other individuals residing in the home, including unannounced visits by the caseworker.
    2. Financial considerations for the family during the trial home placement, such as additional costs for food and child care.
    3. Educational needs of the child, which may include registering the child in a new school. The caseworker is responsible for notifying the child's school that the child is in trial home placement.
    4. The plan to meet the child's medical and dental needs, which may include establishing a new primary care physician and dentist for the child. Parents will be notified of all upcoming appointments and the contact information for current providers. The caseworker will notify providers that the child is in trial home placement and assist in transferring records to new providers.
    5. Consultation with service providers for the child and parent to discuss services that need to be in place to ensure a successful reunification. Whenever possible, the caseworker will coordinate these services in advance of the trial home placement to ensure adequate support is available for the family.
    6. A plan to share the decision with the child in an age-appropriate manner.
- c. Once the Petition for Reinstatement of Parental Rights is filed, the child will begin trial home placement, where they must remain for a minimum of 3 months, prior to the court granting reinstatement of parental rights.
- d. Frequency of Contact with Children, Parents and Service Providers During Trial Home Placement: Contact with families during trial home placement is a critical component of assessing the safety of the child and their transition into the home, identifying barriers, and building solutions with the family. Caseworkers are expected to have contact with children, families, and service providers during trial home placement. (Refer to expectations for frequency of contact outlined in the Trial Home Placement section)

- e. OCFS is the only party that may petition the district court to reinstate parental rights. Prior to the issuance of a reinstatement of parental rights, the following conditions must be met:
  - i. The child has been in the custody of OCFS for at least 12 months after the issuance of the order terminating parental rights.
  - ii. The child has lived for at least 3 months in the home of the parent after the petition for reinstatement has been filed.
  - iii. The parent consents to the reinstatement of parental rights.
  - iv. If the child is 12 years of age or older, the child consents to the reinstatement of parental rights.
  - v. Reinstatement of parental rights is in the best interest of the child.
- f. If a family has appealed the TPR decision, reinstatement will not be considered, pending the legal outcome of the appeal.
- g. Reinstatement of Parental Rights is not an option for a child that has been adopted, placed in permanency guardianship, or is under the guardianship of another individual.

**Permanency Guardianship.** In certain circumstances, adoption may not be the most appropriate permanency option for a child. When this occurs, permanency guardianship may be recommended.

- a. Eligibility Criteria for Permanency Guardianship:
  - i. The child must be in the legal custody of the Department or a Tribe.
  - ii. Reunification for the child is no longer a viable permanency option and a cease reunification order has been granted by the court.
  - iii. Adoption has been fully explored as the preferred permanency option and the caseworker has determined that it does not meet the needs and best interest of the child, unless it is an ICWA case in which different criteria apply.
  - iv. Permanency Guardianship is determined by the court to be in the best interest of the child.
  - v. A child is IV-E eligible for a permanency guardianship assistance payment under this subsection if the State agency determines the following:
    - 1. The child has been removed from their home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child.
    - 2. Being returned home or adopted are not appropriate permanency options for the child.
    - 3. The child demonstrates a strong attachment to the prospective relative guardian and the guardian has a strong commitment to caring permanently for the child.
    - 4. The child who is 14 years of age or older has been consulted regarding the permanency guardianship arrangement and wants to proceed.
- b. Caseworker Responsibilities: When permanency guardianship is the case goal, the caseworker will:

- i. Collaborate with resource unit staff and the family if they are an unlicensed resource home to assist the family with the licensing process. If the family is not able to successfully complete the licensing process, the child will be moved to a placement that can meet licensing standards as this is a requirement for permanency guardianship. Federally recognized tribes may approve caregivers for permanency guardianship using their existing process for approving resource homes.
- ii. Complete an ICPC request if the caregivers reside out-of-state (see [7.11 Interstate Compact on the Placement of Children](#)).
- iii. Prepare a memo to the Program Administrator requesting approval for permanency guardianship. The memo to the PA must include the following:
  1. Child's name, DOB, current placement, and length of time in care.
  2. Child's specific needs related to medical, mental health, and education.
  3. Legal status.
  4. Compelling reasons why adoption is not being considered.
  5. Child's wishes, regardless of age.
  6. Name of the prospective permanency guardian, relationship to the child, length of time the child has been placed with the caregiver, and characteristics of provider that support placement.
  7. Date the permanency guardianship resource was licensed as a resource home, for Title IV-E determination.
  8. Plans in place for birth family contact.
  9. The status of sibling contact – will/are they being placed together.
  10. Plan for death or disability of Permanency Guardian.
  11. Position of GAL regarding permanency guardianship.
- iv. Complete a Permanency Guardianship Agreement which outlines the rights and responsibilities of the permanency guardian, the amount of the permanency guardianship subsidy, and services for which the child is eligible following the legal establishment of guardianship. This must be completed prior to finalizing the court order for Permanency Guardianship. The Commissioner of the Department or their designee sign the agreement on behalf of the Department. The agreement will include the following:
  1. The amount and type of payments.
  2. The duration of the agreement.
  3. The process for annual review.
  4. A statement that the family is responsible for immediately notifying the OCFS Adoption/Permanency Program Specialist in writing of any changes in address, custody, living arrangements, or changes in benefits for the child.
  5. A statement concerning interstate continuance of the agreement, specifying payments and services for which Maine will remain responsible if the permanency guardianship family moves out of the State of Maine.
  6. A statement specifying how the permanency guardian will be notified of any changes in the rates of payments and how they may request changes.
  7. A statement that the subsidy begins on the date that the district court or Tribal court enters an order establishing the permanency guardianship.

8. A statement of who will be responsible for the child should the permanency guardian become incapacitated or unable to care for the child.
- c. Allegations of Abuse to a Child Who is in a Permanency Guardianship Placement: If a report of suspected [abuse and/or neglect](#) is received by Intake regarding a child in permanency guardianship, the report will be linked to the open permanency guardianship case. The investigation will be completed by the district office in which the child resides. Any exceptions to this must have the approval of the Program Administrator for each district involved.
- d. Resignation, death, or incapacitation of a permanency guardian: Resignation of a permanency guardianship does not terminate the guardianship until it has been approved by the court. If a permanency guardian resigns, dies, or becomes incapacitated, the district court is responsible for convening a Judicial Review and Permanency Planning Hearing at the earliest possible time.
- e. Parental Requests to Terminate Permanency Guardianship: If a parent petitions the court requesting to terminate the permanency guardianship arrangement, the district where the permanency guardianship was finalized will be notified and the case will be assigned to a caseworker in that district. The caseworker will meet with the parents to determine if jeopardy has been alleviated and make recommendations to the court regarding the child's best interest and the status of permanency guardianship.
- f. Permanency Guardianship Termination: If the permanency guardianship agreement terminates, the case will be transferred from Central Office (if currently assigned to Central Office staff) back to the district that originally had the permanency guardianship case. If the case is assigned within the district (i.e., there are other children in the case) the caseworker who has the case open under their name will resume case management for the child whose permanency guardianship has terminated. Any exceptions to this must have the approval of the Program Administrator for each district involved.

**Other Planned Permanent Living Arrangement (OPPLA)**. OPPLA is a permanency option for youth aged 16 and older in which DHHS maintains care and custody responsibilities for and supervision of the youth when reunification, adoption, legal guardianship, and relative placements have been ruled out as permanency options for a youth. OCFS is responsible for presenting a compelling reason to the court for approval to establish the permanency goal of OPPLA for a youth. The case goal cannot be changed to OPPLA without a court order.

When the case goal is OPPLA, OCFS casework activities focus on preparing the young person for success in adulthood. This may include coordinating family visitation to support the child in maintaining and reconnecting with important family and community relationships. Please see Youth Transition Policy for services related to older youth as well as the Youth Transition Voluntary Agreement for ages 18 up to 23 (see [3.9 Youth Transition Services](#)). OCFS also continues to explore options for youth to achieve legal permanency through other options.

- a. Caseworker Responsibilities: When a youth has a case goal of OPPLA, the caseworker will:

- i. Convene FTMs according to policy guidelines (see [7.1 Family Team Meetings](#)) with the youth, resource parents and their supports.
- ii. Ensure the youth and resource parents receive appropriate referrals for services.
- iii. Complete monthly contact with youth to assess their safety, permanency, and well-being, determine other services or supports the youth may benefit from and review and update their child plan.
- iv. Complete monthly contact with the resource parents to assess their needs related to caring for the youth in their home and determine if other services or supports are needed.
- v. Facilitate ongoing FTMs to assess progress, identify barriers toward achievement of the goals outlined in the child plan and build solutions with the youth and their team.

## VI. POLICY SUPERSEDES

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V.D.1. Child Assessment and Plan

V.E. Visitation

V.E.1. Sibling Placement and Visitation

VII.D. Standards of Practice for Children in the Custody of the Department

VII.D.1. Concurrent Planning

VII.E. Determination of Need to Commence or Discontinue Rehabilitation or Reunification

VII.E.1. Trial Home Placements

VII.F. Reinstatement of Parental Rights

VIII.B. Termination of Parental Rights and Placement Supervision

IX.A. Permanency Guardianship

## VII. LINKS TO RELATED POLICIES

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[2.3 Safe Sleep Checklist and Period of PURPLE Crying](#)

[7.1 Family Team Meetings](#)

[7.4 Indian Child Welfare](#)

[7.5 Family Share](#)

[7.11 Interstate Compact on the Placement of Children \(ICPC\)](#)

[10.2 Decision Making and Service Authorization](#)

## VIII. APPENDICES

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Appendix A: SDM© Safety Assessment Tool Policy and Procedures Manual

Appendix B: SDM© Risk Assessment Tool Policy and Procedures Manual

Appendix C: SDM© Risk Reassessment Manual

Appendix D: SDM© Case Plan Tool Manual

Appendix E: SDM© Reunification Assessment Tool Manual

Appendix F: Prevention Service Family Plan

Appendix G: Preliminary Reunification and Rehabilitation Plan

[Appendix H: Rehabilitation and Reunification Plan](#)  
[Appendix I: Caseworker Contact Template – Nonverbal Child](#)  
[Appendix J: Caseworker Contact Template – Child and Youth](#)  
[Appendix K: Caseworker Contact Template – Parents](#)  
[Appendix L: Caseworker Contact Template – Resource Parents/Caregivers](#)

**Note:** The hyperlinks to these documents only work on DHHS issued computers. If you would like to request a copy of these documents, please email your request to:  
[OCFSPolicyTraining.DHHS@maine.gov](mailto:OCFSPolicyTraining.DHHS@maine.gov)