

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*



Cindy Pitlock, DNP  
Administrator

MTL # 0217 – 04012022  
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TO: Timothy Burch, Administrator – Clark County Department of Family Services  
Karla Delgado, Interim Deputy Administrator – Community Services – DCFS  
Betsey Crumrine, Social Services Manager V – DCFS – District Offices  
Laurie Jackson, Social Services Manager V – DCFS -District Offices  
Amber Howell, Director – Washoe County Human Services Agency

FROM: Dr. Domonique Rice, Deputy Administrator, Division of Child and Family Services

## POLICY DISTRIBUTION

Enclosed find the following policy for distribution to all applicable staff within your organization:

### 2017 Transitions Policy

This policy is/was effective: 3/18/2022

- This policy is new. Please review the policy in its entirety
- This policy replaces the following policy(s): MTL # \_\_\_\_\_ - \_\_\_\_\_ Policy Name: \_\_\_\_\_
- This policy has been revised. Please see below for the type of revision:
  - This is a significant policy revision. Please review this policy in its entirety.
  - This is a minor policy revision: (List page number & summary of change): \_\_\_\_\_
  - A policy form has been revised: (List form, page number and summary of change): \_\_\_\_\_

## NOTE:

- Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.
- This is an **ALL STAFF MEMO** and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.
- The most current version of this policy is posted on the DCFS Website at the following address: <http://dcfs.nv.gov/Policies>  
Please check the table of contents on this page for the link to the chapter you are interested in.

## CC:

Judy Tudor ([Judy.tudor@clarkcountynv.gov](mailto:Judy.tudor@clarkcountynv.gov))

Jill Marano ([Jill.marano@clarkcountynv.gov](mailto:Jill.marano@clarkcountynv.gov))

Abigail Frierson ([Abigail.frierson@clarkcountynv.gov](mailto:Abigail.frierson@clarkcountynv.gov));

[DFSPandP@Clarkcountynv.gov](mailto:DFSPandP@Clarkcountynv.gov)

Maria Hickey ([mhickey@dcfs.nv.gov](mailto:mhickey@dcfs.nv.gov))

Kim Martin ([ksmartin@washoecounty.us](mailto:ksmartin@washoecounty.us))

**0217 Transitions**

**Policy Approval Clearance Record**

<input checked="" type="checkbox"/> <b>Statewide Policy</b> <input type="checkbox"/> <b>Administrative Policy</b> <input type="checkbox"/> <b>DCFS Rural Region Policy</b>	<input checked="" type="checkbox"/> <b>New Policy</b> <input type="checkbox"/> <b>Modified Policy</b> <input type="checkbox"/> <b>This policy supersedes:</b>
<b>Date Policy Effective:</b>	3/18/2022
<b>Attorney General Representative Review:</b>	08/24/2021
<b>DCFS Deputy Administrator Review:</b>	3/18/2022
<b>DMG Original Approval</b>	3/18/2022
<b>DMG Review:</b>	

**STATEMENT OF PURPOSE**

**Policy Statement and Purpose:** The purpose of this policy is to reduce trauma and/or emotional harm for all children in transition from one residence to another. A transition occurs when a child is moved to a new residence for initial removal, disruptions, reunifications, permanency, or other changes in residence, both planned and unplanned. The expectation is the transition from one residence to another will be managed sensitively and should involve careful consideration of the child's perceptions and reactions to the move.

Further consideration and emotional support should be given to all who might be involved with the change, including, but not limited to the child, caregivers, other children in the home, friends, other family members, etc. It is imperative that all parties involved in providing services to children in foster care work as a team in partnership to meet the needs of each individual child. This policy services as a guideline for successful transitions. All transition plans are based on the child(ren)'s individual needs and may vary based on case circumstances.

**AUTHORITY**

**NRS:** [NRS 424.038](#); [NRS 424.087\(d\)\(2\)](#); [NRS 424.038](#);

**NAC:** [NAC 424.478](#); [NAC 424.585](#); [NAC 424.726](#);

**Other:** [Transition Support and Services - Child Welfare Information Gateway](#)

**DEFINITIONS**

**Person Legally Responsible for the Psychiatric Care of the Child (PLR):** A person appointed by the court to be legally responsible for the psychiatric care of the child, which includes the procurement and oversight of all psychiatric treatment, related care and provision of informed consent and approval to administer psychotropic medications.

**Person Responsible for a Child's Welfare:** Any person responsible for a child's welfare including the child's parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, or a person directly responsible or serving as a volunteer for or employed in a public or private home, institution or facility where the child actually resides or is receiving child care outside of the home for a portion of the day (NRS 432B.130). For the purposes of this policy this will be referred to as "caregiver".

**Psychotropic Medication:** Medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to antipsychotic, antidepressant, and anxiolytic medication and behavior medications. The classification of a medication depends upon its stated, intended effect when prescribed because it may have many different effects.

**Transition:** Any move of any child from one caregiver to another caregiver, including to or from a parent, between foster families, residential facility, or into a permanent placement. Those responsible for the child's well-being (e.g., child welfare agency, parents, caregivers, judge, attorney, providers, etc.) should work together to ensure that the child's move is a smooth one.

## **STANDARDS/PROCEDURES**

### **Effects of Transitional Planning**

1. Poorly executed or improperly timed transitions may adversely impact a child's healthy development as well as the child's continuing capacity to attach to others. For children in foster care, the number of placements, or places where they have lived, can impact daily functioning and adjustment as well as the time to achieve permanency. Poor transitions can hinder the child's long-term ability to transition into new situations, beyond just a new residence, including relationally, academically, and behaviorally. Frequent moves not only compound the issue of being separated from one's parents, but can also result in separation from siblings, relocation to a new geographical area, and experiencing a sense of not belonging; all of which can lead to distress and have a profound adverse emotional impact.
2. A well-planned transition for a child supports a healthy attachment to the caregivers in the new residence and provides the ability to form healthy attachments to others. A supportive transition plan can provide a child with experiences which allows for the child to adjust to the idea of the new residence, feel more secure in their new surroundings, help build trust with all care providers, and learn that not all people disappear from their life. Furthermore, a proper transition allows the child and the caregiver the opportunity to say goodbye and process their own grief, and the caregiver in the new residence the opportunity to prepare for potential reactivity, behaviors, feelings, and emotions from the child. Minimizing the number of foster care placements should be a priority for every child in foster care.

### **Placement Stability**

1. Stability is important for children to develop healthy secure relationships. Youth who experience minimized residence changes are more likely to experience fewer school changes, less trauma and distress, less mental health and behavioral problems and increased probabilities for academic achievement and experiencing a lasting positive relationship with adults. It is essential that caseworkers make every effort to maintain stability for children. Some tips for stability are:
  - a. Prioritizing residences with non-custodial parent, relative homes, or other committed individuals such as fictive kin, this prioritization should also include maintaining the sibling group in the same residence ([NRS 424.087](#)).
  - b. Early and detailed assessments of the child's needs, identifying any risk factors.
  - c. Having conversations regarding any identified behaviors, needs, and/or risk factors to prevent the need for a new placement.
  - d. Providing support and training for the caregiver including but not limited to:
    - i. Anticipating caregiver needs based on knowledge of the child's needs and proactively providing training and support;
    - ii. Responding timely and providing services to caregiver requests for support;
    - iii. Identifying needs and behaviors that can escalate without intervention;
    - iv. Providing services to the child and caregiver to assist in addressing conflicts.
    - v. Providing timely services to address behavioral health or other needs the child may have.
  - e. Conducting frequent and purposeful contacts with children and caregivers.
  - f. Ensure frequent parent-child and sibling visitation, as appropriate, refer to statewide policy [0213 Visitation](#).
  - g. Ensuring efforts are made to promote, support, and/or maintain positive relationships between the child and the caregiver(s), the mother, and the father, including medical/dental appointments, school activities or other extracurricular activities.
  - h. Ensuring efforts are made to maintain the continuity of the child's school, and stable placement with siblings ([NRS 424.087](#)).

2. The caregiver must make every effort to maintain the child within the home by partnering with the agency to support the well-being of the child. The child should only be removed from the residence of that caregiver if:
  - a. The caregiver is clearly unable to safely or legally care for the child;
  - b. The child and the family or legal guardian are reunified;
  - c. The child is being placed in a legally permanent residence pursuant to the case plan or a court order; or
  - d. The removal is demonstrably in the best interest of the child.

### Transitions

1. When a child must be moved to another residence, careful planning and preparation should occur whenever possible. The child, parent or legal guardian, and caregiver(s) should all be involved in the transition process. The transition process should include a plan around preparation, set timelines, and progressive visits.
  - a. In the absence of an emergency, caseworkers, parents/legal guardians, and caregivers should meet prior to the transition to develop a plan. The plan should involve cooperation and sharing of information, as permitted, among all persons involved (including attorneys, CASA, therapists, etc.), respect the child's developmental stage and psychological needs, ensure the child has all of his or her belongings, allow for a gradual transition from the caregiver's residence and, when in the child's best interest, allow for continued contact with the caregiver after the child leaves.
    - i. The agency must provide notice to the child's attorney ten (10) days in advance of a move or as soon as practical given the circumstances.
    - ii. In the case of a reunification with the parent or legal guardian, the transition plan should not hinder any progress or cause additional barriers for reunification. Refer to [PCFA/PCPA](#) for additional information on conditions for reunification.
    - iii. All transition plans are based on the child(ren)'s individual needs and may vary based on case circumstances.
  - b. In case of an emergency, notification of the move shall be provided to the child's team with as much advance notice as possible, but no later than one (1) business day.
    - i. In the case of a removal from the parent or legal guardian, additional considerations may be required. Refer to policy [0508 Nevada Initial Assessment \(NIA\)](#) policy for further information.
  - c. Each child welfare agency will develop their own internal process for approval of transition plans and placement changes.
2. Pre-transition preparation eases the child's transition and lessens fear, confusion, and loss. Prior to the transition the caseworker should consider when developing a transition plan:
  - a. The child's age and developmental status, and/or special needs;
  - b. The child's mental health status and current services being provided;
  - c. The child's perspective about the transition;
  - d. Length of time in current residence;
  - e. Stability of the current residence, and ability to have a gradual transition;
  - f. The child's relationship with the caregiver.
  - g. Preparing the family prior to the transition plan (conversations, family/caseworker visitation; terminology such as "in-home safety plan" and "trial home visit").
3. Helping a child express their feelings and concerns, as well as finding appropriate ways to grieve, will also make the transition smoother. In some instances, the child may have a placement suggestion that would help assure stability and ease the child's apprehension about changing residences. The caseworker should discuss the transition with the child, and it should include:
  - a. An age-appropriate explanation of the residence change, when and how it will occur, and why it is necessary
  - b. Whether siblings in care will be placed together and/or change residences with the child.
  - c. A description of the home or facility where the child will be placed to help the child better understand what to expect, such as pictures, virtual visits, virtual tours of house, household composition of new residence etc.
  - d. Information about the people who live in the home or facility; show pictures if available.
  - e. A description of the community, including the school the child will be attending, if it is different from the child's current community or school.

- f. Any feelings or concerns the child may have related to the transition.
  - g. An explanation as to when the transition visit(s) will occur, if possible, and how the child will be transported to the residence.
  - h. Information about when the next contact with the parent or legal guardian will take place.
  - i. The identification of "transitional objects" such as clothing, toys, pictures, stuffed animals or other familiar items that provide the child a sense of security. If needed, provide reassurance these items will stay with the child.
  - j. How the child and caregiver will maintain an ongoing connection after the transition, unless it is contrary to the child's best interest or the child expresses no desire to maintain an ongoing connection.
  - k. Any questions the child may have.
4. Transition is an emotional time for caregivers and involvement in the transition planning helps the caregiver adjust and allows the caregiver the opportunity to say goodbye and deal with their grief. The caseworker should take into consideration the emotional needs of all caregivers involved in the transition. The caseworker should discuss the transition with the caregivers, which should include:
- a. The need for the transition and how to best support the transition.
  - b. An explanation of when the transition will occur and how it will occur.
  - c. Whether siblings currently placed in the residence will also be moved.
  - d. How the transition will impact the children who will remain in the child's current residence, including other foster children and the foster parent's own children.
  - e. Any feelings or concerns the caregiver may have related to the transition.
  - f. Encourage the caregiver's involvement in planning and participating in the transition.
  - g. Encourage the sharing of information between caregivers.
  - h. Elicit/seek the caregiver's feelings about the relationship with the child and, unless it is contrary to the child's best interest, explore with the caregiver what the relationship should look like following the transition.
  - i. The need for transition visits and the caregiver's role.
  - j. Any questions the caregiver may have.
5. The caregivers should be encouraged to learn everything they can about the child from each other and the caseworker to prepare for the possibility the child's behavior may regress and the needs may increase due to the transition. Before placing, and during the placement of a child, the agency shall provide to the caregiver, in the new residence, information relating to the child as is necessary to ensure the health and safety of the child and the other residents of the home. This information must include the medical history and previous behavior of the child to the extent that such information is available ([NRS 424.038](#)). The caseworker must ensure that the following information is provided to the caregiver when transfer to a new residence occurs:
- a. Placement Letter
  - b. Medical Information:
    - i. For foster placements, updated Medical Passport (required within thirty (30) days of initial placement, and two (2) days for transfer of placement. This passport should include:
      1. Last medical and dental exam dates
      2. Scheduled appointments; medical, dental, vision
      3. Medicaid number, if available
        - a. When transitioning to a parental placement, caregivers will need to be eligible and apply for Medicaid for coverage to continue.
      4. Immunization record card
      5. Current medication consents
      6. Current medication list and supply of medication, including any medications in their original labeled containers with any instructions.
      7. History of previous medication
      8. Known allergies.
    - c. Provide information regarding any mental/behavioral health services the child is receiving, including;
      - i. Any current service providers for the child (therapist, PSR/BST, speech, OT/PT, psychologist/psychiatrist, etc.)
        1. Upcoming appointments, including provider's name, phone number and address

2. Frequency of appointments and transportation plan for the child
3. Treatments plans
4. For foster placements, current psychotropic medication(s), (see statewide policy [0209 Psychiatric Care and Treatment](#)) including:
  - a. Psychotropic Medication Record,
  - b. Informed Consent for Foster Children,
  - c. Contact information for the assigned PLR, and
  - d. Current refill/pharmacy information
- ii. Psychological/Psychiatric Reports, if appropriate.

Note: Service providers can be a resource to understand the child's behavior and the child's projected emotional responses to certain triggers or situations. It is important the child continue these services if it is in the child's best interest.

- d. Identify the strength of the connections the child has with important people in their life and how to maintain them.
  - i. If the child has current contact with any identified person, include when the contact is taking place and whether the contacts must be supervised. Types of contact could include virtual contact, phone calls, in person visits etc.
  - ii. Significant relationships with whom the child has contact with, including:
    1. Parents
    2. Relatives and siblings
    3. Friends
    4. Teachers, coaches, mentors, counselors
    5. Previous caregiver(s)
      - a. Whenever possible, establish a plan for future contact between the child and their former caregiver(s) (post-transition plan).
    6. Caseworker
    7. Child Attorney and/or CASA/guardian ad litem,
    8. Other identified natural supports
- e. Provide all information surrounding the child's education and/or educational needs. The information must contain the following:
  - i. Education information should include:
    1. Current School information (name, location, etc.)
    2. Student ID
    3. Learning plans, behavior plans, IEP, etc.
    4. Grade level and performance, including any scheduled meetings/appointments
    5. School schedule/daily routines
    6. Transportation for the child to and from school should be planned (including bus schedule, carpooling, etc.)
    7. School records or other relevant information, if available.
  - ii. Discuss the continuation of the child remaining in their school of origin at the time of transition ([NRS 424.087\(d\)\(2\)](#)), when in the child's best interest. Prior to the child being disenrolled in the school of origin, an evaluation process must be completed. See statewide policy [204 Permanency and Case Planning](#) attachment [204A Educational Stability Guidelines](#) for more information.
- f. Information about the child to include:
  - i. Daily routine and schedule, including temperament and general behaviors
  - ii. Specific supervision needs
  - iii. Continuation or adjustment of child's daycare, if needed
  - iv. Preferences for foods, hobbies, toys, and/or sensory partialities
  - v. Community involvement and extracurricular activities
  - vi. Positive reinforcement/discipline techniques that are effective and appropriate for the child (sticker charts, time in/time out, etc.)

## Preparing the Child for the Transition

The caseworker should encourage participation and cooperation from all caregivers to communicate all important or relevant information and prepare the child to transition to a new residence. Depending on the developmental stage and/or age of the child, these guidelines should be considered for best practice to minimize trauma to the child and ensure a successful transition.

1. The caseworker and current caregiver or support person will discuss with the child the transition plan prior to any pre-transition visits. Discussions with the child should include:
  - a. Assisting the child in understanding the reason for the move and help the child work through thoughts and feelings surrounding the move.
  - b. Providing the child with information:
    - i. Who will be in the family/facility?
    - ii. Describe the neighborhood.
    - iii. Family/facility rules.
    - iv. If known, explain the daily routines and/or activities in the new residence.
  - c. Being responsive to additional questions from the child.
2. While pre-transition visits are not required, the visits themselves are important and considered best practice. There should be at minimum one pre transition visit whenever possible.
  - a. Review with the child their preferences and comfort level ahead of time to decide what activities will take place during the visit, as well as how long the visit will be.
    - i. Ask the child where they would like the first visit to occur.
      1. If the child has no preference, the visit should occur in a location where the child is comfortable.
      2. Pre-transition visits are able to occur in staffed facilities such as hospitals, acute facilities, institutions, or RTC's.
    - ii. The transition period depends on the child's needs and should occur gradually at the child's pace, when possible.
    - iii. Consider the child's routine e.g., child's scheduled nap time and scheduled visits.
    - iv. Consider daytime visits over a short period of time and progress to overnight and then multiple night visits to minimize confusion of the child.
    - v. Encourage the caregiver to accompany the child to the visits and participate in routine activities (e.g., feeding, bathing, active play, etc.) to assist the child in increasing comfort levels.
    - vi. Identify who will accompany the child to their new home, including the day of move.
3. The child should participate, if able, in packing their own clothes and belongings (this could include, toys, bedding, knickknacks, hygiene items, school items).
  - a. The current caregiver is responsible for making the child's belongings available as soon as reasonably practicable of the transition and the agency caseworker will coordinate the transfer of belongings, if not able to be moved with the child.
4. Develop and maintain open communication between the caseworker, caregivers, and child to prepare visits, discuss how visits went, and adjust plans as needed.

**Documentation:** Transition plans must be documented in UNITY case notes five (5) business days from development of the transition plan. Transition plan activities, i.e., pre-transition visits, moving day, post transition visits must also be documented.

## JURISDICTIONAL ACTION

**Development of Internal Policies:** Agencies which provide child welfare services may develop their own internal policy and procedures as necessary to implement the provisions of this policy.

**Supervisory Responsibility:** Provide guidance to caseworkers regarding this policy to ensure a smooth transition.

## **STATE RESPONSIBILITIES**

The State will provide technical assistance regarding program development and implementation to the child welfare agencies.

## **POLICY CROSS REFERENCE**

**Policies:**        [0204 Permanency and Case Planning](#) Attachment [204A Educational Stability Guidelines](#)  
[0209 Psychiatric Care and Treatment](#)  
[0213 Visitation](#)  
[0211 Protective Capacity Family Assessment](#)  
[0212 Protective Capacity Progress Assessment](#)  
[0508 Nevada Initial Assessment \(NIA\)](#)

**History and Updates:** This is a new policy effective 03/18/2022

## **ATTACHMENTS**

N/A