



State of Tennessee
Department of Children's Services

Classification and Individual Program Plan Manual

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Preface

In 1996, the Tennessee Legislature created the Department of Children's Services (DCS). This legislative action combined all or portions of 5 child serving agencies of state government into a single agency. The state agencies impacted by the legislation included Finance and Administration, Human Services, Mental Health/Mental Retardation, Education, and Youth Development. DCS was charged with the responsibility to develop and provide services to all children of this state who enter state custody or become at risk of entering state custody.

DCS programs include child protective services, foster care, kinship care, adoption, transitional living programs for older youth, and rehabilitative programs for youth adjudicated delinquent.

DCS is committed to the children and families of Tennessee and has adopted the following mission statement:

The Department of Children's Services in cooperation with juvenile courts, local communities, schools and families will provide timely, appropriate and cost effective services for children in state custody and at risk of state custody so these children can strive to reach their full potential as productive, competent and healthy adults.

Introduction

The development of this manual is mandated by departmental policy [18.21-DOE, Individual Program Plan Manual](#). It is one of several policies related to the negotiated settlement of the *DOE vs. Miller* lawsuit. This lawsuit was brought against the Departments of Correction, Education, Mental Health and Mental Retardation in 1976. This class action lawsuit was initially concerned with the evaluation, placement and treatment of youth identified as having mental retardation. Later, unruly youth committed to the Department of Correction, Youth Services Division were included as part of the lawsuit. Policies related to the DOE lawsuit have been adopted by the Department of Children's Services and cannot be altered without the consent of the Chancery Court in Davidson County, Tennessee.

The Individual Program Plan (IPP) is the tool used by the Department to document the following for delinquent youth in its secure facilities:

- ◆ The strengths and needs of youth and their families;
- ◆ The provision of services to build on strengths and address needs;
- ◆ The development of success directed goals and objectives (desired outcomes/action steps); and
- ◆ A continuum of care if needed, aftercare planning, and permanency.

The content of an Individual Program Plan is determined within the context of a **Child and Family Team meeting (CFTM)**. Child and family teams meet for the purpose of developing consensus decisions. All parties, especially the youth and his/her family have a voice in decision-making. No participant's voice is stronger than another; there is no voting or majority rule. A youth's team consists of his/her parent or caretaker, facility case manager, FSW, appropriate facility treatment staff, a member of the direct care staff that has regular contact with the youth, a teacher or other educational staff member, mental health professionals, other family members or support persons at the invitation of the youth or family, and any other significant individuals involved directly in the youth's case. An IPP is developed for each youth in a DCS youth development center (YDC). The IPP is used to define a treatment starting point by identifying strength and need areas and to develop a treatment plan consisting of goals, objectives and resources.

Youth and family involvement in the development of the IPP is critical. Everyone must understand what is being expected of the youth, family, and DCS staff. The CFTM is an excellent vehicle for encouraging participation in the development of the plan as well as supporting the plan throughout the youth's time in custody. The IPP is to be written in brief, concise and understandable language for the youth and his/her family. All objectives must be measurable.

It is imperative that the IPP be directed toward meeting the needs of the individual youth and not for the convenience of the department staff. Staff must be prepared to respond creatively to the youth's needs by utilizing any available resources. The IPP is a living document and it is intended that it be modified whenever there is a change in the youth's situation, such as when objectives are met or when new treatment needs are identified.

There are four critical decision making times during the life of a case when CFTM's are useful:

- ❖ **Classification (CFTM mandatory if function is combined with the IPP development)**
- ❖ **Individual Program Plan Development (CFTM is mandatory)**
- ❖ **Program Transfer/Step-down (CFTM is mandatory)**
- ❖ **Release (CFTM is mandatory)**

There may be other times depending on circumstances when a CFTM is desirable. Any member of a youth's child and family team may request a meeting of the team.

Behavior Management Models

Many residential programs make use of behavioral contracts, levels systems, or point systems for behavior management. Behavior contracts, levels and point systems if used, are to be incorporated into the youth's IPP. Evaluation of a youth's progress will be based on mastering goals and objectives, not solely in response to behavior management devices.

Subsequent portions of the manual describe the processes and procedures essential in developing an individual program plan. These procedures involving assessment and program planning include:

- 1) Identifying strengths and needs;
- 2) Writing goals and objectives;
- 3) Monitoring and documenting progress;
- 4) Modifying goals and objectives as needed;
- 5) Writing recommendations with justifications; and
- 6) Processing formal appeals of decisions.

Intake Process

Refer to policies in DCS policy Chapters 18. These policies reference intake issues in DCS youth development centers.

[18.4 Receiving and Documenting New Youth](#)

[18.5 Control of Personal Property in YDCs](#)

[18.34 Referral and Placement of Youth in Regional YDCs](#)

Classification

The strengths and needs of all children in custody and their families are assessed in an on-going fashion. In the DCS Youth Development Centers the process of initial assessment is called "Classification".

Classification is an ongoing and comprehensive process of evaluation and assessment. Information generated during the classification process is used to formulate treatment recommendations and to determine an appropriate program placement. Refer to DCS Policy [18.23-DOE, Composition and Responsibilities of Classification Teams at Youth Development Centers.](#)

Identifying Strengths and Needs

A youth's strengths and needs are identified in five **Adolescent Developmental Areas**. The areas to be addressed are health, education, social skills, personality/behavior and family/community reunification. It is imperative that staff keep in mind that each youth is an individual and that his/her situation is unique. Identifying strengths and needs requires the input of the entire child and family team, particularly the youth and his/her family.

1. **HEALTH** - Work in this area is related to medical, dental, and mental health, medication management and monitoring if appropriate, and family planning issues. The IPP must address any special medical condition, medications, or treatments required to meet the needs of the youth. Refer to DCS Policy [20.5 Health Care Delivery at YDC's.](#)
2. **EDUCATION** - Work in this area shall address intellectual functioning, academic achievement, pre-vocational or vocational needs, GED preparation, school attendance, homework/study time, proper behavior in the school setting, and post-secondary education if appropriate. Career/employment counseling, budgeting, etc. may also be a focus of this area. If a youth has

been identified as eligible for special education services special attention must be given to those services. Refer to DCS Policy [21.2. Educational/Vocational Training Programs](#).

3. **SOCIAL SKILLS** - Work in this area can address self-help and social interaction strengths and needs. Areas for consideration include independent living/transition skills, recreation, communication, peer choices, gang related behavior, use of leisure time, personal hygiene, grooming, housekeeping, care of personal items, cooking, sewing, washing, etiquette, public behavior, shopping, and employment.
4. **PERSONALITY/BEHAVIOR** – Strengths and needs related to substance abuse, mental health issues, relationships with family and others, self esteem, grief or loss issues, physical, psychological, or sexual abuse, conflicts with authority figures, and current and past delinquent behavior should be addressed as appropriate.
5. **FAMILY/COMMUNITY REUNIFICATION** – Every youth will eventually leave the custody of DCS. Returning youth to an appropriate and supportive placement following their custody episode is critical. **Permanency for juvenile justice youth must be addressed in the IPP.** Additional issues in this area to be addressed include employment training, job placement and retention, higher or continued education, informal support systems, family counseling, housing, eligibility for community services, therapy, continued A&D treatment, and aftercare rules. Family/Community Reunification work may also deal with family issues that must be addressed during a youth's custodial episode. Family counseling or other family related treatment may be addressed. If there is no viable family for a youth other support systems will need to be identified. Issues addressed in this section of the IPP will have great significance for the youth's FSW and will direct much of their work during the youth's custodial episode.

Classification Meetings

The classification process concludes with a formal staffing or CFTM. Some youth development centers combine the classification staffing with the development of the IPP and in this case the staffing must be a formal CFTM. If the classification staffing is separate from the IPP development it need not be a CFTM.

Regardless it is important that the child, family, FSW and others be involved in the classification staffing. The purpose of the classification staffing/CFTM is to address identified strengths and needs of the youth and family and to make recommendations for appropriate treatment and residential placement. If the classification meeting is a CFTM a neutral CFTM facilitator should conduct this meeting whenever possible.

The classification staffing/CFTM is completed within 14 days from the date the youth arrives at the facility from court, or 7 days after his/her transfer from another treatment facility. Refer to DCS Policy [18.22 DOE, Development of IPP/IEP.](#)

The classification staffing/CFTM includes the youth, family, classification staff, attorneys, guardian ad litem, the FSW, direct care staff, a member of the facility educational staff, other family support persons as invited by the child and family and others as deemed necessary. The Classification Team Leader notifies the identified participants of the date, time and location. If the established date and time is not good for the family, then the time and/or date of the meeting will be changed so that the family may participate. If the parent(s) cannot attend in person, then arrangements will be made for them to attend via telephone or video conferencing. **The family is an integral member of the team and we must accommodate them to the greatest extent possible.** Notification to non-facility staff is made in writing via U.S. mail or via email. Once the meeting date is established, it will be entered into TNKids case recordings.

If the parent is non-participatory, unmotivated to participate or has no history of involvement and fails to attend the meeting in spite of our best efforts the meeting will still be held. All efforts will be made to locate other family members who can participate. The youth may be able to identify family members or friends who might join the team in place of the parent. All efforts to engage parents to cooperate will be documented in TNKids case recordings.

During the classification meeting, the youth and family are encouraged to participate in the discussion and decision-making. It is important that the youth and family understand the findings of the assessment and recognize the reason for the recommended interventions. Total investment for the youth and family in the treatment planning process will increase the opportunities for treatment success. The interest and positive involvement of the family support system is in most cases crucial to the adjustment of the youth. Should highly sensitive information be discussed, it is permissible to briefly exclude the youth and others as necessary, from the meeting. Parents/guardians should be consulted as to who is in the room during discussion of sensitive information.

If parents do not participate in the meeting, efforts will continue throughout the life of the case to engage them to participate in the treatment process. If parents refuse to become involved or do not demonstrate interest, the team should strongly assess the goal of reunification with the parents. Will the youth be successful with a parent who shows no interest while the youth is in custody? The team should try to identify other family members, as well as use the influence of the Court to get parents involved.

A copy of the meeting summary will be mailed to the parent and FSW and the youth's LEA following the Classification staffing/CFTM.

Final decisions will be a consensus of the team. **There is NO Voting. All team members have an equal voice.** If a consensus is not reached, the appropriate case manager supervisors will review the case. If the issue is not resolved at this level, the Superintendent and the Regional Administrator will review the case and make the decision. This is the last level of the process. A final decision must be made at this level.

Classification Report

Following the Classification staffing/CFTM, the team leader completes a classification report. The classification report is written as a narrative description of the proceedings from which treatment needs were identified in the five (5) developmental areas. Recommendations for further assessments, along with any pending referrals, shall be indicated in the report. The meeting summary must clearly state the treatment recommendations and justification for the recommended program placement. The classification report may also include participant comments, observations and/or questions relevant to the youth and his/her family that are not recorded elsewhere in the youth's record. The team leader's supervisor reviews all Classification Reports. This review ensures that the assessment, meeting, and report meet policy requirements.

The Classification Report is organized as follows:

- [Classification Report Cover Sheet \(CS-0226 page 1\)](#)
- *Classification Staffing Summary (Narrative and Recommendation) (CS-0226 page 2)*
- [Staffing Participants \(CS-0387\)](#)
- [Notification of Equal Access To Programs \(CS-0158\)](#)

Initial IPP Development

Upon the completion of classification the next critical step in the process is the IPP CFTM. Facilities have some freedom in the timing of this staffing however, in no situation will it be more than two (2) weeks following the classification staffing. If a youth is transferred from one DCS operated program to another, the IPP must be developed with (7) seven working days.

Some facilities choose to hold the IPP CFTM in conjunction with the classification meeting. When the IPP staffing is held in conjunction with classification all

participants should be advised in advance that both are being conducted at the CFTM. If the IPP is developed on a different day the treatment team leader will send written notification of the date, time and location to parents/guardians, FSW and other CFTM members. Inter-facility notification is made to the youth's Treatment Team. As has been previously mentioned every effort must be made to accommodate a youth's family. Their participation and understanding of their child's IPP and their role in his/her treatment is critical. Treatment team leaders must be flexible in the scheduling of IPP CFTMS.

IPP Goals and Objectives

The IPP is developed with the focus on overall treatment planning for the youth. The plan shall identify those tasks that will, when accomplished, result in a step-down, or release recommendation. These tasks will contribute to the utilization of skills and insight to better deal with challenging situations after departmental supervision has ended.

The objectives in the IPP are written in a manner to assist, not overwhelm the youth. The IPP begins as small steps that build toward larger goals. The youth should be able to articulate and demonstrate his/her understanding of his IPP goals and objectives. The youth and parent/guardian will be given a copy of his/her IPP goals and objectives sheets within one week of the program staffing. As the goals and objectives are accomplished, copies of the completed forms shall be given to the child as recognition of his/her accomplishment(s). As the IPP is amended, copies of the amended goals and objectives sheets shall be provided to the youth. Custodial programming may not be achieved or expect to be achieved until the aftercare plan is completed; however, the youth may have successfully completed objectives that indicate readiness for step-down or release.

Special Services Staffing

A special services staffing must be held for youth determined by an IEP-Team to have mental impairment. Mental impairment may be an educational and clinical certification and is characterized by functional deficits in measures of both intelligence and social adaptation. Program placement for these youth must be in the least restrictive environment, i.e. less secure than a DCS YDC. Some youth demonstrate that the YDC is the least restrictive setting due to behaviors that present the threat of serious risk of harm to the community or themselves. For these youth, the Commissioner or designee must approve a YDC placement in writing. Refer to DCS Policy [18.12-DOE, Services for Identified Youth Needs.](#)

Treatment Teams

A youth's treatment team consists of facility staff from every functional area of the facility; case management, education/vocational, security, medical, therapeutic services, etc. The youth's FSW is also a member of his/her treatment team. This team oversees the youth's treatment plan, monitors achievement of goals and objectives, and provides on-going assessment of strengths and needs.

Team Leader: The treatment team leader in most cases is the assigned facility case manager. This member is responsible for directing the team and development, implementation, monitoring and amending the Individual Program Plan (IPP). This member schedules meetings, receives progress reports from other members and writes the meeting summary report.

Education Representative (ER) - This is a licensed educator holding a valid Tennessee teaching license. The ER collects information from academic and vocational teachers. The ER prepares the youth's educational evaluation reports and monitors progress. For youth who require SPECIAL EDUCATION SERVICES, the ER will consult the special education teacher for information that is needed by the treatment team.

Direct Care Staff (Security) - This member monitors progress of the youth in the dorm environment. Direct care staff may report on a youth's interaction with other youth and staff members, personal hygiene, self-help skills, etc.

The Youth - The youth participates in his/her meeting and in the evaluation and planning. The youth should have input into the plan, it shall be explained to the youth that the IPP is his or her not the facilities. The youth must invest in the program in order to experience success.

Family Service Worker (FSW): The FSW is the assigned case manager in the youth's community. It is critical that the FSW attend the Classification staffing, IPP CFTM, any transition CFTMs and the Release CFTM. The FSW is responsible for making sure the family/community part of the plan is progressing.

Other Participants - Staff representation from the medical, mental health, vocational, recreational and legal resources will be asked to attend staffings, as the team requires.

Treatment Team Staffings

Treatment team staffings provide the opportunity for treatment team members and youth to plan, review, revise, update and discuss the IPP of youth on a regular basis. Staffings are held to address day to day treatment progress. Treatment teams conduct monthly IPP reviews for each youth in care.

IPP Monthly Reviews - Monthly reviews require, at a minimum, a summary of the youth's current program status. The review will not restate the progress reports of the treatment team members, but provide additional case management information. The review will include, but is not limited to, the following: information which indicates point/phase/level system status, etc., what the youth lacks toward completing his/her IPP, specific behavior management issues (i.e. recent disciplinary charges), progress in the coordination of release/aftercare services, and the status of any outstanding referrals to in-house or community based programs. Refer to DCS Policy [18.13-DOE, Assessment of IPP/IEP Goals.](#)

There are also more formal staffings. Some of these formal staffings are to be conducted as CFTMs as has been discussed above, others may involve only program staff and the youth. The more formal staffings include:

- 1) The initial IPP CFTM,
- 2) Quarterly CFTMS,
- 3) Special services staffings,
- 4) Emergency/administrative transfer staffings and
- 5) Step-down or release CFTMS.

***Initial Individual Program Plan Staffing (CFTM Required)** - Within two (2) weeks of program admittance in a Youth Development Center, an Initial Program Staffing is held. In this meeting the treatment team meets with the youth to address his/her identified needs. The team leader explains the purpose of the meeting as well as youth and parent rights. A brief description of the youth's history and assessed treatment needs are described. All recommendations of the assessment are discussed and assignments of monitoring responsibilities are made to team members. Each team member addresses the recommendations assigned with measurable objectives.

Each objective will be explained to the youth and consensus with the youth is encouraged. All parties sign the Staffing Participants Signature Sheet. The team leader adjourns and prepares a Staffing Summary that outlines the youth's IPP. Any dissenting opinions, special problems or circumstances that affect the IPP are documented as well.

***Special Services Staffing (CFTM OPTIONAL)** - Youth identified, as Mentally Impaired must have a Special Services Staffing. Participants will include the DCS Mental Retardation Standards Coordinator. This staffing will identify treatment needs. The evaluation of educational needs for a child certified to receive special education services, will be determined by the child's Individualized Education Plan Team, as appropriately convened by the school.

****Quarterly Staffing (CFTM REQUIRED)** - The Program Staffing Team meets formally at least quarterly to review the youth's progress. **(The date the youth enters the initial custodial program commences the progression of dates for**

all subsequent quarterly reviews.) ([CS-0225 Quarterly Individual Program Plan Review](#)) (DCS Policy [18.13-DOE, Assessment of IPP/IEP Goals](#))

If a youth is transferred to another program, ongoing quarterly reviews shall occur from the date of placement into the initial program. The staffing summaries that are required for termination/transfer will contain enough information for the new program to adequately review the IPP, in keeping with the desired time frame.

During a quarterly review, the team shall review progress and make any necessary program changes. The youth is informed of his/her progress and of areas needing improvement. The treatment team and youth identify and discuss any necessary changes in the treatment plan. Completions of any behavioral objectives or treatment interventions are clearly documented.

The treatment team leader prepares a Quarterly Staffing Summary, which includes an account of the meeting, a summary of the youth's progress, a summary of any IPP revisions and team recommendations. Justification is required for any recommended change in placement. All persons attending the staffing sign and date the Staffing Participants Signature Sheet.

Treatment Supervisors will review all Quarterly Staffing Summaries. Approved summaries are signed, dated and returned to the team leader for copy distribution as per policy. The original report enters the youth's master file. When the reviewer finds that the needs of the youth have not been properly addressed or that the IPP procedure has not been followed, he/she will advise a reconvening of the treatment team to address the problems noted. Should corrections be required, parents/guardians will be notified and a copy of the corrected and approved report will be forwarded.

Following every other Quarterly IPP Review (2nd, 4th, etc.) staffing summaries are sent to the Director of Treatment in Central Office as appropriate. The staffing summaries are then forwarded to the Commissioner or designee. Copies of the staffings are sent to the committing judge, parent/guardians and the FSW. Quarterly staffing summaries must include recommendation(s) regarding continued placement.

Emergency/Administrative Staffing: In the event of an Emergency or Administrative transfer, the sending facility team and the receiving facility team will convene via Telemed video conferencing or conference call a CFTM/staffing within five days of the transfer. The purpose of this meeting is to formalize the youth's change in placement and to address the treatment needs of the youth. The receiving facility will be responsible for documentation for this meeting.

Step-Down or Release Staffing (CFTM REQUIRED) - When the treatment team determines that the youth is nearing completion of current program objectives/goals, a staffing/CFTM is held to determine the appropriate course of transition. Options include release to home and step down to community-based facilities. Appropriate paperwork immediately follows the decision, so as not to create unnecessary delay in

movement. Release papers must be sent to the FSW (60) days prior to the Trial Home Visit date, per DCS Policy [12.1 Return to Home Placement-Youth Adjudicated Delinquent](#).

***Other Staffings** - Staffings may be called for a variety of purposes to discuss youth related issues, to include APPEALS of former staffing decisions, special programs and problem resolution.

A staffing summary is required after each formal staffing. The narrative section addresses in global terms, the youth's strengths, needs, and treatment goals. The staffing summary also records progress toward achieving goals and objectives while summarizing the youth's strengths and progress. If program changes or placement changes are needed justification for such changes are made in the staffing summary.

All persons attending a meeting/staffing must sign and date the Staffing Participants signature sheet ([CS-0387 Staff Participants](#)). Each person's relationship to the youth must also be listed. A signature does not represent an endorsement of the IPP/plan. If someone refuses to sign, the Treatment Team Leader will document the refusal on the form.

Monitoring

The YDC Treatment Manager will conduct random internal reviews of IPPs, classification reports, and treatment team staffing summaries on a quarterly basis. No fewer than two (2) IPPs per caseload carrying residential case manager will be reviewed. Ongoing evaluation of program functions will ensure quality in residential treatment services. Monitoring results will be documented and forwarded to the Director of Treatment at the Central Office. Refer to DCS Policy [18.16-DOE, Internal Monitoring of IPP](#).

Reclassification

Reclassification involves the re-evaluation of the treatment needs and/or program assignment of a youth when a change in program is considered advisable by a treatment team. Refer to DCS Policy [12.13, Reclassification](#).

Reclassification may be required for a youth if:

1. There are significant behavior changes noted by staff
2. New information about the youth is received and verified

3. The youth is not adequately progressing in his/her program
4. The youth needs a less-or more-restrictive placement.

Reclassification does not always impose a change in facility placement.

Treatment teams routinely amend IPPs to address the changing needs of youth. Behavioral goals and objectives are modified. Resources to facilitate these changes are usually available in the existing placement or can be accessed. However, instances do occur when all appropriate resources are exhausted or do not exist and major program changes are deemed necessary in order to provide youth access to appropriate treatment or to provide for increased/decreased security needs.

When the possible need for a new placement is recognized the assigned residential case manager shall request a CFTM. CFTMs will always be guided by the “rule of least restrictive environment”. Placement changes may quickly become an area of disagreement among CFTM participants and for this reason it is highly recommended that neutral facilitators guide the CFTM process. It may be difficult to reach consensus in these CFTMs and it needs to be recognized that issues related to the safety of other youth and their ability to effectively participate in their programs, staff safety, and the safety of the youth involved may play a part in decision-making. While the wishes of the youth and family are certainly to be considered the other factors mentioned above may result in decisions that are not to the liking of the youth and his/her family.

As with other formal staffings a program transfer is documented with a staffing summary. The summary includes justification for the new placement and an update of the IPP and the youth’s progress. The summary is placed in the youth’s master file and the file will accompany the youth when transferred. After transfer recommendations are determined, it is important that the Treatment Team Leader is prompt in making the appropriate referrals to Youth Development Centers and contract agencies. Refer to DCS Policy [18.34, Referral and Placement of Youth in Regional Youth Development Centers](#).

Due Process

Every delinquent youth committed to the Department of Children’s Services has the right to **Due Process**. Youth may appeal decisions that result in actions that impact their treatment or placement. Treatment team leaders are obligated to advise youth about their appeal and grievance rights. Due process may be afforded to a youth within the context of a CFTM or a special Due Process Staffing. As is the case in all other staffings due process issues will be documented in a staffing summary.

Appeals

Youth shall be allowed the right to APPEAL placement recommendations. The youth may request a staffing to review his/her plan or appeal the treatment team decision(s). The youth must notify his/her team leader of the intent to file an appeal. This notice should be made at the staffing or as soon as possible to ensure prompt resolution.

First Level of Appeal

In the first level of appeal, the treatment team leader will discuss the request or the objections with the youth to clarify the nature of the problem and to help resolve the problem at the lowest level of supervisory intervention.

If resolution is not achieved, the treatment team leader shall assist the youth in preparing a written appeal that details the following:

- 1) The statement of specific objection
- 2) The reason the youth objects and
- 3) Any alternatives the youth may suggest

This narrative shall be signed and dated by the youth and treatment team leader and sent to the team leader's supervisor for the second level of appeal.

Second Level of Appeal

The second level of appeal shall be made to the treatment team leader's supervisor. The supervisor shall sign and date the statement of objection and respond with the corrective action plan if necessary or advisable. The alternative is to uphold the team's decision.

The supervisor will inform the youth of the decision in writing within 48 hours. If desired, the youth shall make the third and final appeal within 24 hours of this notification.

Final Level of Appeal

Appeals that involve changes in treatment programming shall have the facility superintendent or director as the final Appeal level. After review of the IPP and or Classification Report, the facility director may enforce any corrective action or uphold the staffing team's decision. Documentation of the decision is necessary, along with signatures and dates.

Where placement or change in location is involved, the appropriate DCS Executive Director shall be the Final Level of Appeal. Responses in this level should be provided to youth within five (5) days of the review by the appropriate facility or division director.

The staffing team that makes the contested recommendation shall ensure that all requested appeals are carried out. An appeal does not stay imposition of a plan. The plan should be carried forth, and then altered if the appeal is granted. Refer to DCS Policy [24.5-DOE Student Grievance Procedures](#).

Forms

Forms used to document information during the Classification and IPP Process:

[*CS-0226, Classification Report Cover Sheet - page 1*](#)

[*CS-0226, Classification Staffing Summary \(Narrative and Recommendation\)- page 2*](#)

[*CS-0228, Individual Program Plan*](#)

[*CS-0387, Staffing Participants*](#)

[*CS-0388, IPP Monthly Review*](#)

[*CS-0225, Quarterly IPP Review*](#)

[*CS-0192, Notice of Staffing*](#)

[*CS-0158, Notification of Equal Access to Programs*](#)