

CF OPERATING PROCEDURE
NO. 170-11

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, January 15, 2020

See also FAC 65C-28.019 ; 65C-45

Child Welfare

FS 39.4085 FS 39.4091

PLACEMENT

This operating procedure describes requirements related to the appropriate placement of children who need out of home care.

This operating procedure applies to child protective investigators, case managers, and placement, licensure, adoption and independent living specialists.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

PATRICIA MEDLOCK
Assistant Secretary for
Child Welfare

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Made the following changes in Chapter 12: throughout the chapter, deleted references to Chapter 65C-13, F.A.C., and inserted appropriate reference to Chapter 16 of this operating procedure; deleted paragraph 12-2b(4); added paragraphs 12-4a(5)(a)-(c); and deleted paragraph 12-5b(13) and renumbered the paragraphs following.

Made the following changes in Chapter 16: deleted reference to Chapter 65C-13, F.A.C., from paragraphs 16-1 and 16-2b(4); revised paragraph 16-5b; deleted paragraph 16-6b(5); deleted reference to Rule 65C-13-023(2), F.A.C., from paragraph 16-6b(6) [formerly 16-16b(7)]; deleted phrase "and civil court records" from paragraph 16-6b(6)(g) [formerly 16-6b(7)(g)]; added paragraph 16-8c; changed wording of paragraph 16-11b(1)(a); added a sentence to the end of paragraph 16-11b(1)(b); added two sentences to the end of paragraph 16-12a(4) and deleted paragraphs 16-12a(4)(a) and (b); added paragraph 16-12a(5); deleted reference to Rule 65C-13.023, F.A.C., from paragraph 16-14a(4); and deleted reference to Rules 65C-13.025(4) and (5), F.A.C., from paragraph 16-16a.

This operating procedure supersedes CFOP 170-11 dated April 18, 2019.

OPR: Office of Child Welfare

DISTRIBUTION: X: OSGC; ASGO; Region/Circuit Child Welfare staff.

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Chapter 3

PLACEMENT IN SKILLED NURSING FACILITIES

3-1. Purpose. This chapter describes the Department's policies and procedures for the placement and oversight of children in the custody of the Department in skilled nursing facilities. It is the policy of the Department of Children and Families that medically complex and medically fragile children are placed in the least restrictive, most family-like, and most nurturing environment that is medically appropriate, together with the necessary supports and services to help them remain in the community. It is also the policy of the Department of Children and Families that when a child is in need of placement in a skilled nursing facility on a temporary basis, the Department, in collaboration with our agency partners at AHCA, DOH and APD, will continually work to transition the child to a less restrictive, medically appropriate environment. The Department's goal is to preserve and strengthen families by enhancing their capacity to care for their medically complex and medically fragile children's needs.

3-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, community-based care (CBC) lead agencies and subcontracted providers involved with medically complex and medically fragile children who reside in skilled nursing facilities or who are being considered for placement in skilled nursing facilities. This includes child protective investigators, case managers, Children's Legal Services attorneys, and Department program specialists. Contract providers must be governed by the terms of the contract.

3-3. Requirements to Request Approval.

a. All decisions to place children in skilled nursing facilities will require a prior case review by the Office of the Assistant Secretary of Operations.

b. When a child has been identified as eligible for placement in a skilled nursing facility by the Children's Multidisciplinary Team (CMAT), the region and CBC staff must evaluate all of the child's information to determine the placement that is in the child's best interest. The following placements must be considered prior to seeking approval for placement in a skilled nursing facility:

- (1) Medical Foster Care with or without wraparound services.
- (2) Traditional Foster Care with wraparound services.
- (3) Relative or Nonrelative Placement with wraparound services.
- (4) Group Home with or without wraparound services.

c. Prior to seeking approval for placement in a skilled nursing facility, region and CBC staff shall discuss the case with the Care Coordinator assigned to the child by the managed care entity in which the child is enrolled or, if the child is a fee-for-service recipient, with the Care Coordinator assigned to fee-for-service recipients. The purpose of this discussion is to ensure that region and CBC staff fully consider and are knowledgeable regarding all placement alternatives and all of the available community resources, medical services, and supports the child would be eligible for if placed in the community.

d. The request for approval for placement of a child in a skilled nursing facility shall include the following information:

- (1) Name of the child, date of birth, FSFN identifying number.
- (2) Judicial status of the child.

- (3) Skilled nursing facility identified for placement.
- (4) CBC Case Manager and the case manager's contact information.
- (5) Children's Medical Services Case Manager and the case manager's contact information.
- (6) Assigned Care Coordinator and the care coordinator's contact information.
- (7) CMAT documentation listing the child as eligible for Skilled Nursing Facility placement.
- (8) CMAT documentation regarding eligibility for Medical Foster Care.
- (9) Description of the medical care required.
- (10) A statement regarding whether the Care Coordinator assigned to the managed care entity participated in the CMAT staffing.
- (11) Documentation of the region/CBC's discussion with the Care Coordinator regarding placement alternatives, community resources, medical services, and supports available for the child if placed in the community.
- (12) A statement from the child's treating physician regarding whether it is medically appropriate to place the child in a less restrictive setting.
- (13) Documentation of efforts to place the child in a less restrictive environment, such as those listed above in paragraph 3-3b above.
- (14) Statement regarding the opinion of the parent or legal guardian, when they are able and willing to participate in placement planning for the child. If a statement cannot be obtained, a statement regarding the efforts made to include them in the discussion is required.
- (15) Statement regarding the status of the child's relationship with the child's biological family.
- (16) Statement regarding the opinion of the Attorney ad Litem for the Child. If there is no Attorney ad Litem, a description of the efforts to assign an attorney to the child.
- (17) Statement regarding the opinion of the Guardian ad Litem.
- (18) Permanency Plan for the child.
- (19) List of key contacts from each agency (DCF, CBC, AHCA, DOH, CMS, APD, etc.) working on this child's case.
- (20) Transition Plan to move the child to a less restrictive environment within 180 days.

3-4. Approval by the Assistant Secretary for Operations.

a. Any placement of a child into a skilled nursing facility requires the approval of the Assistant Secretary for Operations. Approval will not be granted without compelling evidence showing that the child is in need of the skilled nursing facility placement.

b. If there is compelling evidence showing that the child is in need of placement in a skilled nursing facility, the approval will be granted, but only temporarily. The approval will only be granted for 180 days.

c. Once approval is granted for the 180 day placement in the skilled nursing facility, the CBC case manager shall submit monthly updates to the Office of the Assistant Secretary for Operations regarding the child's transition to a less restrictive environment in the community.

d. Any request for approval for placement in a skilled nursing facility for an additional 180-day period shall comply with the requirements applicable to the initial request for approval.

3-5. Monthly Review of Placements. The placement status of all children placed in skilled nursing facilities will be reviewed monthly. The following information shall be provided to the Office of the Assistant Secretary for Operations every month by the region/CBC:

a. Age of the child and length of time in the skilled nursing facility.

b. Name of Managed Care Plan and summary of updated discussion with the Care Coordinator regarding placement options and Medicaid services the child would be eligible for in the community. The CBC case manager shall communicate with the child's assigned Care Coordinator at least monthly while the child resides in a skilled nursing facility.

c. Educational information for the child.

d. Efforts over the last 30 days to transition the child to a less restrictive environment.

e. Efforts over the last 30 days to reach permanency for the child.

f. Updated Transition Plan.

Chapter 4

CHILD PLACEMENT AGREEMENTS FOR
CARE PRECAUTIONS AND BEHAVIOR MANAGEMENT PLANS

4-1. Purpose. This chapter establishes requirements for Child Placement Agreements (Agreement). The child welfare professional will create an Agreement when children that need out-of-home care may pose a *significant* threat to the safety of other children or themselves. The child welfare professional will attempt to keep siblings together and place children with relatives when possible. Child welfare professionals will provide caregivers with guidance and support.

4-2. Scope. This chapter applies to all child protective investigators, case managers and placement staff involved with the placement and care of children in out-of-home care.

4-3. Explanation of Terms. For the purposes of this chapter, the following definitions shall apply:

a. "Qualified Assessor" means a clinical professional with specific training and expertise to assess the child's symptoms or behaviors and make recommendations. Recommendations may include interventions, treatment, care, supervision or other specialized services. The CBC Lead Agency may determine that a child's treatment provider is a Qualified Assessor.

b. "Behaviors that are a Significant Threat to Others" include aggressive behaviors such as physically attacking others, fire setting, wounding or killing animals, or active destruction of property on purpose and with severity. The behaviors include a child with a communicable disease, whether or not he/she is symptomatic, who displays behaviors that increase the risk of transmission (e.g., biting, spitting, or the exchange of blood or semen). "Significant threat" means that the disease is life threatening and cannot be cured like other types of more common communicable diseases.

c. "Child Placement Agreement" means that a caregiver and child welfare professional have agreed upon specific care expectations for a child in out-of-home care whose behaviors or circumstances require additional supervision or safeguards. A child welfare professional creates an Agreement to define Care Precautions or a Behavior Management Plan.

d. "Exceptions" means that standard requirements in this operating procedure for Behavior Management Plans are waived or modified based on information received from a Qualified Assessor.

e. "Human Trafficking – Commercial Sexual Exploitation of a Child (CSEC)" per Sections [409.1754](#), [409.1678](#) and [39.524](#), Florida Statutes (F.S.), is the use of any person under the age of 18 for sexual purposes in exchange for anything of value, including money, goods or services, or the promise of anything of value, including money, goods or services.

f. "Juvenile Sexual Abuse" as defined in s. [39.01\(7\)](#), F.S., means any sexual behavior by a child, which occurs without consent, without equality, or as a result of coercion.

(1) "Consent" means an agreement, including all of the following:

(a) Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.

(b) Knowledge of societal standards for what is being proposed.

(c) Awareness of potential consequences and alternatives.

(d) Assumption that agreement or disagreement will be accepted equally.

(e) Voluntary decision.

(f) Mental competence.

(2) “Equality” means two participants operating with the same level of power in a relationship, being neither controlled nor coerced by the other.

(3) “Coercion” means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.

(4) Juvenile sexual abuse behavior includes:

(a) Noncontact behavior(s) such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs.

(b) Direct sexual contact such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

g. “Problematic Sexual Behavior” means age-inappropriate knowledge about sex and sexual behaviors. This includes a poor knowledge of boundaries, modesty or privacy as to a child’s personal physical space. A child may act in a flirtatious or promiscuous way that is not age-appropriate or be preoccupied with sexual themes. Problematic sexual behaviors make adults and children feel uncomfortable in the child’s presence. Generally, these behaviors are the result of sexual abuse or the child’s premature exposure to adult sexual behavior, and the child’s subsequent re-enactment of what they experienced or witnessed. The term “sexually reactive” is often used instead of “problematic sexual behavior.”

h. “Prevention Rules” state the expected behaviors of all children and adults in the home to promote the children(s)’ safety.

i. “Sexual Abuse” as defined in CFOP [170-4](#) is sexual contact with a child by the parent(s), legal guardian(s) or caregiver(s), or other persons responsible for the child’s welfare.

(1) “Sexual Battery” is conduct involving the oral, anal or vaginal penetration by, or union with, the sexual organ of a child; the forcing or allowing a child to perform oral, anal or vaginal penetration on another person; or the anal or vaginal penetration of another person by any object. This includes digital penetration, oral sex (cunnilingus, fellatio), coitus, and copulation. Section [794.011\(1\)\(h\)](#), F.S., and Section [39.01\(69\)\(a-c\)](#), F.S.

(2) “Sexual Molestation” is the intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:

(a) Any act which may reasonably be construed to be a normal caregiver responsibility, interaction with, or affection for a child; or,

(b) Any act intended for a valid medical purpose. Section [39.01\(69\)\(d\)](#), F.S.

(3) “Sexual Exploitation” is any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose. (Note that when sexual exploitation has occurred for commercial purposes, it is considered “Human Trafficking.”)

j. “Severe Self-Harm Behavior” means that a mental health professional has determined that a child’s behaviors may result in significant self-injury. Severe self-harm behaviors include suicide attempts, punching or hitting self to evince pain or injury, self-cutting, sticking objects in skin, eating disorders, runaway behavior or self-inflicted burns.

4-4. Full Disclosure to Caregivers. Child welfare professionals will provide caregivers with comprehensive information about children being placed per requirements in Rule [65C-28.004](#), Florida Administrative Code (F.A.C.). The child welfare professional responsible for any placement changes will provide all known information about the child to the new caregiver(s). This includes the following:

- a. If the child is a known victim of sexual abuse or human trafficking, when, where, how often, who the perpetrator was and relationship to child, and the specific circumstances involved.
- b. If the child has known problem sexual behaviors, engages in juvenile sexual abuse, other significant behaviors that are a significant threat to other children or severe self-harm, when, where, how often, and the specific circumstances involved.
- c. Any assessments by a qualified assessor that have been done or that will need to be done.
- d. Any specific interventions and/or treatment that the child needs on an ongoing basis.
- e. Any specialized education or training that is recommended for the caregiver.
- f. Any current treatment including psychotropic medications and progress related to treatment goals.
- g. Any court-ordered restrictions on the child’s placement including restricted access to specific family members or other persons.
- h. What worked or did not work in past placement(s).
- i. Should a new incident of self-harming behavior, or physical or sexual assault of another child occurs, the caregiver(s) must provide immediate intervention to ensure the safety of all children in the placement and notify the child welfare professional within 24 hours of the incident.

4-5. Requirements for All Agreements.

- a. When a child is placed during a child protection investigation, the CPI is responsible for the following:
 - (1) Gathering information about the child’s behaviors or conditions that would require an Agreement.
 - (2) Making the child’s physical placement and establishing the Agreement with the caregiver(s) per requirements in this chapter.
 - (3) The Department or Sheriff responsible for investigations and the CBC Lead Agency may establish local protocols related to the CPI’s responsibilities in paragraphs (1) and (2) above.
- b. The CBC Lead Agency will determine which agencies in the local system of care are responsible for Child Placement Agreement activities. The options include Supervising Agencies (defined in Rule [65C-30.001](#), F.A.C.), Case Management Organizations or the CBC Lead Agency. Responsibilities include the following:

- (1) Identifying qualified assessors.

- (2) Establishing the process for granting exceptions.
- (3) Establishing local protocols for children being placed with respite care providers.
- (4) Developing and reviewing Agreement(s).
- (5) Monitoring and modifying all Agreements during ongoing services.
- (6) Establishing local protocols for termination of Child Placement Agreements.

c. A child welfare professional must create a Child Placement Agreement for children who need Care Precautions or Behavior Management Plans.

d. The child welfare professional will establish a Child Placement Agreement at the time of placement when there are allegations or as soon as it is known that a child has any of the following:

- (1) Problematic Sexual Behavior.
- (2) Victim of Sexual Abuse.
- (3) Victim of Human Trafficking (CSEC).
- (4) Juvenile Sexual Abuse.
- (5) Behavior(s) that are a Significant Threat to Others.

e. The CBC Lead Agency will determine whether an Agreement is necessary when:

(1) A child is placed in a facility that is licensed for the specialized treatment, behavior management and protections for other children associated with juvenile sexual abuse, child sexual abuse victims, or children's mental health treatment.

(2) A child has severe self-harm behaviors that are addressed through on-going treatment with a mental health professional and the child's treatment provider does not recommend the need for Care Precautions or a Behavior Management Plan in the child's placement setting.

(3) When a child in care is receiving Behavioral Health Overlay Services (BHOS), the treatment team that develops the "resident specific plan" will make a recommendation to the CBC Lead Agency as to whether an Agreement is needed.

f. The child welfare professional responsible will develop the Agreement in collaboration with the caregiver(s). The child welfare professional should include all persons who will be in a caretaking role, including any respite providers. As appropriate, the child will be included in the development of the plan to provide input as to what house rules will make him/her feel safe and/or help him/her with expressing feelings. Other providers or persons who know the child may be invited to participate in the development of the Agreement.

g. The Agreement does not duplicate or replace the need for the Partnership Plan with licensed caregivers per requirements in Rule [65C-30.011\(7\)](#), F.A.C.

h. The Agreement does not duplicate or replace the need for a Safety Plan when the child is unsafe per requirements in Section [39.301\(9\)\(a\)6a](#), F.S..

i. The child welfare professional responsible must discuss Prevention Rules with caregivers. These rules are required in all Agreements for Care Precautions or Behavior Management Plans. The

child welfare professional must explain to caregiver(s) that their assistance is necessary to identify circumstances and actions that happen before, or seem to trigger, any child's self-harming or inappropriate behaviors. This information will help to inform ways that household members can help to prevent such behaviors from occurring. Caregivers are expected to discuss and enforce the rules as appropriate on an on-going basis with all children and adults in the home. The Prevention Rules are as follows:

(1) Caregivers will understand and be able to explain what kind of touch is "okay" and that permission should be sought before touching another person or their things. House rules will provide ongoing and positive reinforcement of the need for personal boundaries.

(2) Caregivers will limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions. Family members and persons frequenting the home will respect personal space, such as knocking before entering a room.

(3) Caregivers will encourage, model, and support open communication and honesty among family members. This includes encouraging children to express their feelings and any concerns as to privacy or safety.

(4) Caregivers will be responsible for making sure that children only have access to age and developmentally appropriate material (magazines, pictures, internet, or video).

(5) Only one child should be in the bathroom at a time. The bathroom door should be closed for privacy when taking a bath, showering, or using the toilet. All family members bathe, shower, and toilet separately unless a child needs assistance from an adult due to age or disability.

(6) Caregivers will establish a dress code that outlines the type of clothing that is acceptable and under what circumstances.

j. At a minimum, the Child Placement Agreement will document the placement requirements to be followed for a child who needs Care Precautions or a Behavior Management Plan per paragraphs 4-6 or 4-7 of this operating procedure, including any exceptions.

(1) All Agreements will be reviewed by the Supervisor before caregiver signatures are obtained.

(2) The requirements in the Agreement must be accepted by at least one of the primary persons responsible for the child's care at the time the Agreement is created. A verbal agreement may be obtained when:

(a) A child is placed on an emergency basis.

(b) The need for an Agreement is known after a child is in a placement. An Agreement will be established to prevent the need for a placement change whenever it is safe to do so.

k. The child welfare professional will obtain signatures on the Agreement within five business days.

(1) At a minimum, the Agreement will be signed by the investigator or case manager, the child if participating in the development of the agreement, the caregiver(s) and other persons in a caregiving role.

(2) If the child remains in the placement for less than five days, signatures are not required.

(3) Signatures to a current Agreement should be added when there are any subsequent respite care provider(s) or trial placement provider(s).

l. A copy of the Child Placement Agreement must be provided to the caregiver(s) and the signed copy will be uploaded to the Child Placement Agreement Page in FSN.

m. The child welfare professional will terminate an Agreement based on the requirements in this chapter. The child welfare professional will document the effective termination date, reason and notification to the placement provider.

4-6. Child Placement Agreement Care Precautions.

a. The child welfare professional responsible for the child's placement shall establish Care Precautions in the following situations:

(1) Child exhibits Problematic Sexual Behaviors.

(2) Child is an alleged or known victim of Sexual Abuse.

(3) Child is victim of Human Trafficking (CSEC) and child does not display any Juvenile Sexual Behaviors, Behaviors that are a Significant Threat to Others, or Severe Self-Harm.

(4) Child is known to have exhibited Juvenile Sexual Behaviors or Behaviors that are a Significant Threat to others when:

(a) Behaviors occurred more than a year ago, or,

(b) Child has been in treatment, has had a Behavior Management Plan and, based on child's progress, child's treatment provider recommends stepping down the level of restrictions.

b. An Agreement with Care Precautions will not be established when the relative/non-relative caregiver(s) have extensive knowledge about the child as the result of providing care in the past and there are not any concerns for the child's safety in the home.

c. At the discretion of the CBC Lead Agency, Care Precautions may be required in cases involving severe self-harm or other types of behaviors that may result in harm to other children.

d. A child placed with Care Precautions shall be placed in a private bedroom until the child is known to the caregivers unless:

(1) The child is placed with siblings and there are no concerns for the safety of anyone in the sibling group.

(2) A separate bedroom is not possible and the caregiver(s) agree to careful and frequent monitoring of sleeping arrangements in order to inform ongoing supervision needs.

(3) The child has a treatment provider who indicates a private bedroom is not necessary.

e. Other precautions will be established as necessary based on what is known about the child and any relevant professional recommendations available.

f. Care Precautions will be followed until the supervision and care needs of the child are better known and understood.

g. When a child in care discloses sexual abuse by a perpetrator who does not reside in the current placement setting, and the child has not demonstrated any behaviors that require an Agreement, Care Precautions are not required.

4-7. Child Placement Agreement – Behavior Management Plan.

a. A Behavior Management Plan must be established per Rule [65C-30.011\(2\)](#), F.A.C., for children who have demonstrated any of the following behaviors within the past twelve months:

- (1) Juvenile Sexual Abuse.
- (2) Behaviors that are a Significant Threat to Others.

b. At the time of initial placement or when the behaviors occur during out-of-home care, the child welfare professional will take the following actions.

(1) The child welfare professional responsible will seek immediate consultation with a qualified assessor to determine the following actions.

- (a) The safety and supervision necessary to allow a child to remain with siblings.
- (b) The safety and supervision necessary to allow a child to remain in the current placement setting.

(2) If a qualified assessor is not available or able to provide an immediate assessment and recommendation, all of the following actions are required and must be agreed to by the caregiver(s) responsible.

(a) The child must be the youngest child living in the home unless the following conditions are met:

1. The child is part of a sibling group and the safety of the sibling group can be maintained in the same setting.

2. The placement setting is a licensed home that the lead agency determines can provide the necessary supervision.

3. There has been full disclosure to a relative/non-relative about the behaviors of the child that are a concern, and the relative/non-relative and child welfare professional believe that the safety of the other children in the home can be provided by the caregiver(s) through reasonable supervision measures. The Agreement established with the caregiver will note how the caregiver will achieve supervision and safety needs of children in the home.

(b) A physically or sexually aggressive child must not be placed in a bedroom with a more vulnerable child.

1. The child's bedroom must have an alarm or other alerting device for the door when there are concerns for the safety of the child or other children in the home during the times when caregivers are sleeping.

2. The child must receive sight and sound supervision during the child's awake hours.

3. Any court-ordered placement restrictions, including contacts, must be followed and documented in the Child Placement Agreement. The Agreement will identify any persons

not included in the child's visitation/family time plan with whom the child is not allowed to contact or reside with.

(3) An assessment by a qualified assessor must be received within 45 days of a child's placement, and the requirements in the Agreement must be modified as necessary.

c. The Behavior Management Plan will document strategies and actions that the caregiver will use to prevent, intervene, and follow-up when the child's behaviors present difficulties or are a threat to self or others. These strategies or actions may include:

(1) Changes to the use of space, routines, and house rules;

(2) Positive reinforcement, de-escalation techniques, and therapeutic activities;

(3) Actions and assistance that will be provided to support the caregiver; or,

(4) The caregiver's agreement to assist in the identification of any triggers or antecedents that appear to be associated with the child's self-harming behavior or inappropriate behaviors towards other children.

d. The caregiver must have access at all times to a case manager, supervisor, or provider agency if the caregiver needs assistance.

4-8. Case Plans for Children with a Behavior Management Plan or Care Precautions. In accordance with Rule [65C-28.004](#), F.A.C., the case manager will provide referrals for formal assessments, eligibility determinations, and needed supports and services. The child's case plan, when appropriate, will include outcomes for the specific treatment or specialized service that the child needs.

4-9. New Incident of Harm While in Placement. If an incident of severe self-harming behavior, or physical or sexual assault of another child occurs, the caregiver will provide immediate intervention and notification as indicated in paragraph 4-4i of this operating procedure. The case manager will seek an evaluation or recommendations from the child's treatment provider within three business days of such event to determine the need for developing or updating a Behavior Management Plan.

4-10. Monitoring of Child Behaviors during Routine Contacts. During routine contacts, the case manager will review a child's behavior(s) and the interventions used by the caregiver in the ongoing care of the child. Information will be gathered from separate interviews with the child, the caregiver(s), and staff to determine:

a. Input as to how the requirements in the Agreement are working or not working.

b. The implementation of any new house rules, interventions, or treatment.

c. Any new incidents of physical or sexual violence or harm to other children in the home.

d. Whether additional support is needed to maintain conditions in the home that provide safety and well-being and manage a child's behavior.

4-11. Updating Child Placement Agreements.

a. When a new child is placed in the home, a review of any current Agreements will be conducted to determine if any changes are necessary.

b. A new Child Placement Agreement will be established when a child with an Agreement is moved to a new placement setting.

c. Based on recommendations from a qualified assessor or new information learned, an Agreement may be modified to change the requirements.

d. A new respite care or trial placement provider will be added to an existing Agreement. Any care requirements specific only to the new provider may be added to the current Agreement.

e. When an Agreement is modified, documentation will be provided in the Agreement to explain the reason.

f. The following are possible outcomes when a child welfare professional updates an Agreement.

(1) The Agreement type is changed.

(2) The placement requirements are changed.

(3) The child no longer needs an Agreement and it is terminated. This includes situations when the child is placed in a new setting where an Agreement is not necessary per paragraph 4-5e of this operating procedure.

g. When an agreement is modified, new signatures will be obtained to document the caregiver(s)' agreement.

4-12. Supervisory Oversight.

a. The supervisor of the child welfare professional responsible for the Agreement will review all initial and updated Child Placement Agreements, including a decision to terminate an agreement.

b. As part of the review process, the supervisor is responsible for:

(1) Determining that the child is in the least restrictive setting. This includes remaining safely with siblings and/or relative/non-relative caregivers.

(2) Preventing placement disruptions unless it is clearly necessary given the unique circumstances of the child, caregiver, or placement setting.

(3) Determining that the requirements for Care Precautions or Behavior Management Plans are met.

(4) Granting and documenting any exceptions to requirements as part of the review process. Exceptions will be granted based on verbal or written information received from a qualified assessor.

4-13. FSFN Documentation.

a. The agreement details section on the Child Placement Agreement Page will be completed any time a Child Placement Agreement needs to be created or modified.

b. The child welfare professional will document any professional recommendations received verbally on the Child Placement Agreement Page within two business days.

c. Copies of any written professional assessments or treatment recommendations received will be scanned into the Child Placement Agreement Page on the Reviews Tab.

d. The child welfare professional will document a caregiver's verbal agreement at the time of placement on the Child Placement Agreement Details tab in the Agreement Comments.

e. The supervisor will document his/her review on the Reviews Tab of the Child Placement Agreement Page.

f. The signed Child Placement Agreement will be uploaded into the Child Placement Agreement Page on the Child Placement Agreement Details Tab.

g. The child welfare professional will document the effective termination date and reason on the Child Placement Agreement Page on the Child Placement Agreement Details Tab. A Child Placement Agreement Page should only be terminated in FSFN when there is no longer a need for a Child Placement Agreement.

h. The following FSFN resource is located on the [Center for Child Welfare](#) FSFN "How Do I Guide" page: "[Child Placement Agreement User Guide](#)."

Chapter 5

RESIDENTIAL MENTAL HEALTH TREATMENT

5-1. Purpose. This chapter provides the process for assessing and, if needed, placing children who are in out-of-home care into residential treatment centers, including therapeutic group homes. The process is consistent with s. [39.407](#), F.S., which provides the statutory requirements for such placements. Careful planning is required for such placements and should be considered only when a child has not been responsive to mental health treatment in the community and less restrictive treatment interventions are not currently appropriate or available.

5-2. Scope. This operating procedure applies in all cases where the Department or its contracted service provider requests or provides treatment or placement services for children and adolescents in out-of-home care. This operating procedure also applies to children placed outside the state of Florida under the jurisdiction of a Florida dependency court. The policies and procedures within this operating procedure apply to all staff of the Department, Community-Based Care (CBC) Lead Agencies and their subcontracted providers, Sheriff's Offices conducting child protective investigations, and Children's Legal Services (CLS) attorneys.

5-3. Authority. Relevant statutory provisions relating to residential treatment are as follows:

- a. Section [39.407](#), Florida Statutes (F.S.).
- b. Section [39.01305](#), F.S.
- c. Rules of Juvenile Procedure 8.350.
- d. Section [394.875](#), F.S.
- e. Chapter [395](#), F.S.
- f. Chapter [65C-27](#), Florida Administrative Code (F.A.C.).
- g. Rule [65C-28.015](#), F.A.C.
- h. Chapter [65E-9](#), F.A.C.
- i. Chapter [65E-10](#), F.A.C.

5-4. Explanation of Terms. For the purposes of this chapter, the following definitions shall apply:

a. "Point of Contact" also known as the Behavioral Health Coordinator, and previously known as the Single Point of Access (SPOA), means the person or entity designated by each Community Based Care lead agency as the central point of contact for accessing residential treatment services.

b. "Qualified Evaluator" means a psychiatrist or a psychologist licensed in Florida who has at least three (3) years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual or perceived conflict of interest with any inpatient facility or residential treatment center. A Qualified Evaluator is appointed to determine children's suitability for residential treatment, per s. [39.407](#), F.S. The Department contracts with a provider to manage this Qualified Evaluator Network.

c. "Residential Treatment Center" means placement for observation, diagnosis, or treatment of an emotional disturbance in a residential treatment center licensed under s. [394.875](#), F.S., or a hospital licensed under Chapter [395](#), F.S.

d. “Statewide Inpatient Psychiatric Program (SIPP)” means those residential mental health treatment programs enrolled with the Agency for Health Care Administration (AHCA) or contracted with a Medicaid Managed Medical Assistance (MMA) plan.

e. “Suitability Assessment” for residential treatment means a determination by a Qualified Evaluator, who has conducted a personal examination and assessment of the child, that the child meets the criteria for placement in a residential treatment center, pursuant to s. [39.407\(6\)\(c\)](#), F.S.

f. “Therapeutic Group Home” means a 24-hour residential program licensed by AHCA under Chapter [65E-9](#), F.A.C., providing community-based mental health treatment and extensive mental health support services in a homelike setting to no more than 12 children who meet the criteria in ss. [394.492\(5\) or \(6\)](#), F.S. The primary mission of a therapeutic group home is to provide treatment of children and adolescents with serious emotional disturbances. A Therapeutic Group Home is considered residential treatment and requires a determination of suitability for placement.

5-5. Point of Contact.

a. Designation. Each CBC Lead Agency will establish a point of contact to serve as the primary contact for child welfare professionals in referring children for suitability assessments.

b. Roles and Responsibilities. For children in out-of-home care, the point of contact provides consultation to child welfare professionals in assessing the need for residential treatment and in scheduling multidisciplinary team (MDT) staffings. In addition, the CBC point of contact is responsible for managing the process of referring children for suitability assessments and continued stay reviews.

5-6. Placement Decision Making for Children with Complex Needs.

a. The Department and contracted service providers that provide behavioral health services shall comply with the requirements of s. [39.407\(6\)](#), F.S., and the Florida Rules of Juvenile Procedure 8.350, whenever a child is considered for admission to a residential treatment center.

b. All behavioral health decision making shall be guided by the principle that it is important to address all the concerns in a child’s life – family, legal, health, education, and social/emotional issues.

c. The behavioral health needs of children and adolescents shall be addressed in the least restrictive setting and in a comprehensive treatment plan.

5-7. Threshold Criteria.

a. Each CBC will have a suitability referral process involving a multidisciplinary team (MDT) review of the child’s behavioral health needs and a determination that the child may require the intensity and restrictiveness of treatment in a residential treatment center.

b. Review of the child’s history and needs should include a record review to include:

(1) Current evaluations and/or assessments;

(2) Reports from the family, the child, foster family, school, and the child’s current placement; and,

(3) Reports from mental health treatment, substance abuse and/or co-occurring mental health and substance abuse providers who worked with the child in the community or in less restrictive residential treatment settings, such as Specialized Therapeutic Foster Care, to determine what previous interventions were attempted, what interventions worked, did not work, and why.

5-8. Suitability Assessment.

a. Upon the determination that a residential level of care may be appropriate, or if a referral for Suitability Assessment has been ordered by the Court, the assigned child welfare professional will prepare the referral packet including the Initial Referral for Assessment of Suitability of a Child for Residential Treatment (<https://florida.fhsc.com/Providers/Forms.asp>).

b. The assigned child welfare professional will simultaneously notify CLS that a suitability assessment is being requested so that CLS can file notice with the court and all parties, including the child's Guardian ad Litem (GAL) and attorney, if appointed.

c. If an attorney for the child is not already appointed, CLS shall seek to have one appointed.

d. The point of contact will review the referral form and packet to ensure that it is complete. It is important for referral materials to be representative of recent functioning. A complete referral packet should include pertinent documents such as:

- (1) Comprehensive Behavioral Health Assessment (CBHA);
- (2) Mental health treatment history, to include Therapeutic Foster Care records;
- (3) Psychological or Psychiatric Evaluations;
- (4) Department of Juvenile Justice (DJJ) information;
- (5) Individual Education Plan (IEP);
- (6) MDT staffing notes;
- (7) Court documentation, such as shelter petition/order, case plan; and,
- (8) Family Functioning Assessment and/or Progress Update.

e. Within two (2) business days, the point of contact will fax the Initial Referral for Assessment of Suitability to the Department's contracted Qualified Evaluator Network (QEN) provider. Any additional attachments that the point of contact receives in support of the referral should not be faxed at this time but must be furnished as described in paragraph 5-8g(3) below.

f. Within two (2) business days of receiving the referral, the Department's contracted QEN provider is required by contract to:

- (1) Designate a Qualified Evaluator;
- (2) Schedule the child's appointment with the Qualified Evaluator; and,
- (3) Notify the point of contact of the name, address, and phone number of the selected Qualified Evaluator and the date and time of the appointment.

g. Immediately upon notification from the QEN provider, the point of contact will:

- (1) Notify the assigned child welfare professional of the appointment;
- (2) Confirm that the assigned child welfare professional, or the child's foster parent or another adult who knows the child well, will transport and accompany the child during the appointment; and,

(3) At least one (1) business day before the appointment, ensure that the completed packet, including all required attachments, is delivered to the office of the Qualified Evaluator.

h. Upon notice of the appointment, the assigned child welfare professional will ensure notification to CLS who will then notice the GAL office and other applicable parties, such as the attorney for the child.

i. The assigned child welfare professional shall make efforts to prepare the child or adolescent for the appointment, making efforts to ensure that the youth does not miss important activities. These efforts will facilitate a successful interview.

j. The assigned child welfare professional shall notify the CBC point of contact if there is a need to cancel or reschedule the scheduled suitability assessment.

k. The GAL and the child's attorney are responsible for contacting the Qualified Evaluator to provide input into the assessment process.

l. The Qualified Evaluator must:

(1) Conduct a review of prior treatment records;

(2) Meet with the child face-to-face;

(3) Provide an appropriate explanation as to the nature and purpose of the treatment to the child; and,

(4) Submit a written report with findings and recommendations to the QEN provider within three (3) business days of the appointment.

m. After approving the report, the QEN provider will send the assessment report to the point of contact within three (3) business days of its receipt.

n. The point of contact will provide the completed suitability assessment to the assigned child welfare professional, at minimum. Local protocol will determine further dissemination actions by the point of contact.

o. Upon receipt, CLS will provide the completed suitability assessment to the court and all parties, including the GAL and attorney for the child, if appointed.

5-9. Actions Following Suitability Determination.

a. Qualified Evaluators are limited in their scope of recommendations. They may recommend:

(1) Placement in a Specialized Therapeutic Group Home;

(2) Placement for Inpatient Psychiatric Treatment; or,

(3) No residential treatment.

b. If the Qualified Evaluator determines the child does *not* require placement in a residential treatment center or if the recommended level of care is not available or does not exist, the point of contact (or as required in local policy) will offer to assist in developing a plan for necessary treatment and support services for the child in the community.

c. If the Qualified Evaluator was not provided with a significant component of the clinical record prior to the assessment or the child has experienced a significant decompensation in mental health functioning since the assessment, the CBC point of contact may submit a Request for Reconsideration (forms at <https://florida.fhsc.com/Providers/Forms.asp>) to the QEN provider.

d. If the Qualified Evaluator's written assessment indicates that the child requires immediate placement in a residential treatment center or hospital licensed under Chapter [395](#), F.S., and that such placement cannot wait for a court hearing, then the child may be placed, pending a hearing, unless the Court has ordered otherwise.

e. If the Qualified Evaluator determines the child does need treatment in a residential treatment center and the decision to place is made in accordance with this recommendation, the assigned child welfare professional will immediately notify CLS.

(1) Upon notification, the CLS attorney will file a motion for placement of the child with the court and notify the child's GAL, attorney for the child, and all other parties.

(2) This motion shall include a statement as to why the child is suitable for this placement, why less restrictive alternatives are not appropriate, the goals of treatment, and the written findings of the Qualified Evaluator. This motion shall also state whether all parties, including the child, are in agreement with the decision.

(3) CLS shall ensure the court sets the matter for a status hearing within 48 hours, excluding weekends and holidays, and shall provide timely notice of the date, time and place of the hearing to all parties and participants, except that the child's attorney or GAL shall notify the child of the date, time and place of the hearing.

(4) If, at the status hearing, any party disagrees with the recommended placement, then the matter shall be heard by the court within 10 business days.

f. If the motion for placement of the child into residential treatment is approved by the court, the assigned child welfare professional, CBC point of contact, and placement staff, in accordance with local protocol, will coordinate the placement of the child.

g. Placement for inpatient psychiatric residential treatment can occur in the following settings:

(1) Specialized Therapeutic Group Home (STGH);

(2) Inpatient Psychiatric Treatment in a center providing SIPP services funded by Medicaid;

(3) Inpatient Psychiatric Treatment in a center licensed under s. [394.875](#), F.S., or Chapter [395](#), F.S., but not providing SIPP services funded by Medicaid; or,

(4) Inpatient Psychiatric Treatment in a Residential Treatment Center out-of-state (additional information on these placements can be found in paragraph 5-12 of this chapter).

h. Coordination of placement should include the following:

(1) The selection of the residential treatment center must take the child's identified treatment needs into consideration and follow the approval and placement process required for the placement selected, to include the sharing of prior treatment records, suitability assessment, court order for placement, and court order for current psychotropic medication, if applicable.

(2) The CBC point of contact should ensure funding approval for placement from either the child's Medicaid Managed Medical Assistance (MMA) program, the local Managing Entity, or from the CBC.

(3) For placements made into residential treatment centers as described in paragraph 5-9g above, follow-up with the residential treatment provider to ensure that prior authorization is being requested from AHCA for fee-for-service recipients or from the assigned MMA plan and that the treatment protocol is appropriate for the child's needs.

(4) The assigned child welfare professional shall notify the CLS attorney who will in turn notify the GAL, the attorney for the child, and the court of the child's placement in the residential treatment center.

(5) The assigned child welfare professional shall prepare the child for the placement, including describing the facility and its program and explaining the nature and purpose of the treatment.

(6) The assigned child welfare professional shall inform the child's parents of the child's status and placement arrangements.

(7) The assigned child welfare professional shall give the child and the residential treatment center the name and phone number of the assigned child welfare professional and supervisor, including an after-hours contact for urgent situations, and the phone number of the child's foster parents, parents and/or other relatives that the child has permission to contact unless contraindicated, as well as the GAL and child's attorney.

(8) The assigned child welfare professional shall monitor the child's safety, care, and treatment while in the residential treatment center by maintaining regular contact with the child and the child's treatment team, including monthly visits with the child.

(9) The assigned child welfare professional shall, in coordination with the residential treatment center, facilitate regular contacts between the child and the significant people in the child's life.

(10) The assigned child welfare professional shall work closely with the CBC point of contact, residential treatment center, MMA Care Coordinator and relevant resources in the community toward a timely and appropriate discharge plan. See paragraph 5-10 of the chapter regarding discharge planning.

i. If the court denies the motion to place the child into a residential treatment facility or orders the placement of the child into a less restrictive setting during a 90-Day Review hearing, the assigned child welfare professional will consult with the CBC point of contact and placement staff, per local protocol, to coordinate the referral and placement of the child into the least restrictive setting that is best suited to meet the child's needs.

5-10. Discharge Planning.

a. Before a child is admitted to a residential treatment center, the assigned child welfare professional and MMA Care Coordinator will coordinate the development of an initial discharge plan that, at a minimum, identifies:

(1) Potential step-down treatment programs in the community such as a therapeutic group home, specialized therapeutic foster care at Level 1 or 2, or a specially recruited foster home, relative, or non-relative.

(2) The family or program that the lead agency anticipates will be providing a home for the child following discharge. At times, the anticipated level of care at discharge may be the only information available; efforts should be made to determine the exact placement prior to discharge in order to facilitate transition planning.

(3) Services that will be offered to the child's identified future caregiver to prepare the caregiver for placement and provide supports following discharge.

b. The assigned child welfare professional will communicate regularly with the child, the child's family/caregiver, the center's treatment team, the CBC point of contact and the CBC placement unit to plan for the child's discharge.

c. The discharge plan shall be reviewed monthly and finalized at least 30 days prior to the child's projected discharge date, as noticed by the residential treatment provider or MMA Care Coordinator.

d. The discharge plan must be provided to the assigned child welfare professional or CBC point of contact and the GAL at least 30 days before the proposed discharge date.

e. As soon as the child's future caregiver is identified, the assigned child welfare professional will work with the center to facilitate phone calls and visits with the caregiver and to address any issues identified by the child, the caregiver, or center staff to ensure a successful discharge.

f. The assigned MMA plan is responsible for coordinating aftercare services 30 days prior to discharge.

5-11. Reviews and Reports. Section [39.407\(6\)](#), F.S., requires certain reports and reviews for children in the Department's custody who are in placements made under s. [39.407\(6\)](#), F.S., which includes hospitals licensed under Chapter [395](#), F.S., and residential treatment centers, including therapeutic group homes, licensed under Chapter [65E-9](#), F.A.C.

a. 10-Day Report. Section [39.407\(6\)\(e\)](#), F.S., requires that:

(1) Within 10 days after the admission of a child to a residential treatment program, the director of the residential treatment program or the director's designee must ensure that an individualized plan of treatment has been developed and provided to the assigned child welfare professional and GAL.

(2) The child must be involved in the preparation of the plan to the maximum extent feasible, consistent with his or her ability to understand and participate.

(3) The GAL and the child's current or future caregivers must be involved to the maximum extent consistent with the child's treatment needs. For children for whom reunification remains an option, family involvement is essential in treatment and discharge planning.

(4) The plan must include a preliminary plan for residential treatment and aftercare upon completion of residential treatment. The plan must include specific behavioral and emotional goals against which the success of the residential treatment may be measured.

b. 30-Day Report. Section [39.407\(6\)\(f\)](#), F.S., requires that:

(1) Within 30 days after admission, the residential treatment program must review the appropriateness and suitability of the child's placement in the program. The residential treatment

program must determine whether the child is receiving benefit from the treatment and whether the child could be treated in a less restrictive treatment program.

(2) The residential treatment program shall prepare a written report of its findings, to include a discharge plan, and submit the report to the assigned child welfare professional and GAL.

(3) The assigned child welfare professional must provide the report to CLS upon receipt for filing with the court.

(4) The residential treatment program must continue to evaluate the child's treatment progress every 30 days thereafter and must include its findings in a written report submitted to the assigned child welfare professional.

(5) The assigned child welfare professional must provide the 30-Day Report regarding the child's progress to CLS for filing with the court at the beginning of each month.

c. 60-Day Reviews.

(1) The CBC point of contact will submit the 60-Day Review of Suitability of a Child for Residential Treatment (forms at <https://florida.fhsc.com/Providers/Forms.asp>) to the QEN provider no earlier than 30 days from the child's admission to the facility.

(2) The Department's contracted QEN provider will direct one of its registered Qualified Evaluators to conduct the 60-Day review.

(3) The Qualified Evaluator will conduct these reviews at the treating residential treatment center, if applicable, on an appointment basis and the treating facility will provide pertinent clinical records for review. The CBC point of contact is responsible for coordinating with the facility to obtain any missing clinical records not available at the treating facility during the time of the appointment and provide all remaining documentation to the qualified evaluator upon receipt. If records are not available upon the conclusion of the review, the child welfare professional will notify CLS immediately, and request that an extension be requested to the courts prior to the 60-day court review.

(4) 60-Day Reviews shall be conducted on children placed out-of-state in residential mental health treatment centers. See requirements for out-of-state 60-Day Reviews in paragraph 5-12 of this chapter.

(5) Section [39.407\(6\)\(g\)2](#), F.S., requires that:

(a) The court must conduct a hearing to review the status of the child's residential treatment plan no later than 60 days after the child's admission to the residential treatment program.

(b) An independent review of the child's progress towards achieving the goals and objectives of the treatment plan must be completed by a Qualified Evaluator and submitted to the court before its (60) sixty-day review.

(c) For any child in residential treatment at the time a judicial review is held pursuant to s. [39.701](#), F.S., the child's continued placement in residential treatment must be a subject of the judicial review.

(d) If at any time the court determines that the child is not suitable for continued residential treatment, the court shall order the Department to place the child in the least restrictive setting that is best suited to meet his or her needs.

(e) After the initial 60-day review, the court must conduct a review of the child's residential treatment plan every 90 days.

d. 90-Day Reviews.

(1) The CBC point of contact will submit the 90-Day Review of Suitability of a Child for Residential Treatment (forms at <https://florida.fhsc.com/Providers/Forms.asp>) to the QEN provider no earlier than 60 days from the prior review date and with sufficient time to allow the scheduling of the 90-Day Review prior to its expiration.

(2) The Department's contracted QEN provider will direct one of its registered Qualified Evaluators to conduct the 90-Day review.

(3) The Qualified Evaluator will conduct these reviews at the treating residential treatment center, if applicable, on an appointment basis and the treating facility will provide pertinent clinical records for review. The CBC point of contact is responsible for providing any clinical records not available at the treating facility directly to the assigned evaluator.

(4) 90-Day Reviews shall be conducted on children placed out-of-state in residential mental health treatment centers. See requirements for out-of-state 90-Day Reviews in paragraph 5-12 of this chapter.

(5) Sections [39.407\(6\)\(g\) and \(h\)](#), F.S., requires that:

(a) The court must conduct a hearing to review the status of the child's residential treatment plan no later than three months after the child's admission to the residential treatment program.

(b) An independent review of the child's progress towards achieving the goals and objectives of the treatment plan must be completed by a Qualified Evaluator and submitted to the court before its three (3) month review.

(c) For any child in residential treatment at the time a judicial review is held pursuant to s. [39.701](#), F.S., the child's continued placement in residential treatment must be a subject of the judicial review.

(d) If at any time the court determines that the child is not suitable for continued residential treatment, the court shall order the Department to place the child in the least restrictive setting that is best suited to meet his or her needs.

(e) After the initial 60- Day Review, the court must conduct a review of the child's residential treatment plan every 90 days.

(6) The CBC point of contact or assigned child welfare professional, dependent upon local protocol, will provide a copy of the child's 90-Day Review to the CLS attorney who will provide it to the court and all other parties at least 72 hours prior to the child's review hearing.

e. Rule 8.350, Florida Rules for Juvenile Procedures, also requires the court to review the status of the child's residential treatment plan no later than 60 days after admission to the residential treatment center and every three (3) months thereafter, until the child is placed in a less restrictive setting.

5-12. Out-of-State Placements. It is the policy of the Department that children will not be placed out-of-state for mental health treatment. Exceptions to this policy must meet the requirements of this chapter.

a. The Department will consider granting an exception for the placement of children and adolescents into mental health residential treatment out-of-state when the requirements outlined in paragraphs (1) or (2) below are met:

(1) The reunification plan is for the child to join family who lives in the other state, and:

(a) The home study on the family in the other state is complete and approved;

and,

(b) Placement in residential treatment is for a transitional period not to exceed three months. Special circumstances requiring additional time in treatment shall be considered by the Department.

(2) The CBC Lead Agency has attempted to meet the placement and treatment needs of the child within state and in-state placements have failed. The CBC must document:

(a) Efforts to locate alternate treatment options in-state;

(b) The reasons the out-of-state residential treatment center was selected;

(c) A current suitability assessment recommending placement into a residential mental health treatment center;

(d) A plan for face-to-face contacts with the child every 30 days;

(e) The CBC may contract with a licensed clinical social worker or a licensed child placing agency provider to complete the required face-to-face contact if an ICPC request for monthly visitation is denied.

(f) An initial discharge plan.

b. The CBC CEO or designee must obtain approval from the Department prior to the placement of any child or adolescent out-of-state in accordance with this operating procedure:

(1) The Regional Managing Director (RMD) must approve placement of the child out-of-state. The RMD shall consider the above required documentation.

(2) The RMD shall present the case to the Department's Assistant Secretary for Operations.

(3) The Assistant Secretary for Operations shall seek the approval of the Secretary of the Department who can approve out-of-state placement for children in need of more intensive mental health treatment.

(4) The CBC shall seek to resolve conflicts with the Deputy Secretary of the Department.

c. The CBC must comply with the requirements of the Interstate Compact for the Placement of Children (ICPC) and shall provide documentation of compliance with this chapter as part of its request to the ICPC office. The ICPC office will not process the request without this information.

d. The CBC will notify CLS so that proper notice to and approval from the court can be obtained prior to such placement. Requirements listed in paragraph 5-9e and paragraph 5-9f of this chapter also apply.

e. Upon placement out-of-state for residential treatment, it is critical for the assigned child welfare professional and CBC point of contact to remain involved in the child's treatment and discharge planning. 60-Day Reviews and 90-Day Reviews are an essential component to this monitoring and have the following requirements:

(1) 60-Day Reviews to determine a review of the child's progress towards achieving goals and objectives of the current treatment plan. These reviews must be conducted by an independent evaluator who is a psychiatrist or psychologist licensed in the State of Florida who has at least three years of experience in the diagnosis and treatment of serious emotional disturbance in children and adolescents. At minimum, these reviews must include:

(a) A record review of the treatment plan;

(b) A review of the treatment record and progress notes to determine the child's/adolescent's progress toward achieving the goals and objectives of the treatment plan;

(c) An evaluation of the child/adolescent via telephone, secure video teleconference, or face to face;

(d) Whether the child/adolescent has been provided with a clinically appropriate explanation of the nature and purpose of the treatment; and,

(e) A written report of the independent evaluator's findings, including recommendations, submitted to the CBC point of contact or designee.

(2) 90-Day Reviews to determine the suitability of continued placement in residential treatment must be conducted by an independent evaluator who is a psychiatrist or psychologist licensed in the State of Florida who has at least three (3) years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents. At a minimum these reviews must include:

(a) A record review of the treatment plan;

(b) A review of the treatment record and progress notes to determine the child's/adolescent's progress toward achieving the goals and objectives of the treatment plan;

(c) An evaluation of the child/adolescent via telephone, secure video teleconference, or face to face;

(d) Whether the child/adolescent has been provided with a clinically appropriate explanation of the nature and purpose of the treatment; and,

(e) A written report of the independent evaluator's findings, including recommendations, submitted to the CBC point of contact or designee.

(3) The results of each 60-Day and 90-Day Review shall be filed with the court and CLS shall schedule a review hearing. The same procedures as outlined in paragraph 5-9 of this chapter apply.

5-13. Forms. The forms referenced in this chapter are available on the QEN provider's website at <https://florida.fhsc.com/Providers/Forms.asp>.

Chapter 6

NORMALCY

6-1. Purpose. This chapter describes the Department's policies and procedures regarding the concept of normalcy. It is the policy of the Department to fully support the efforts of caregivers, providers, and Community-Based Care Lead Agencies to ensure that children in our care have the opportunity to fully participate in activities in their schools, neighborhoods, and communities.

6-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, Community-Based Care Lead Agencies, and subcontracted providers involved with children in out-of-home care of all ages. This includes child protective investigators, case managers, Children's Legal Services attorneys, foster families, child caring agency staff, relatives, nonrelatives, and Department program specialists. Local policies must not be more restrictive than the policies and procedures outlined in this chapter.

6-3. Authority. The following provide the legal authority for the purpose and scope.

- a. Section [39.4085](#), Florida Statutes (F.S.).
- b. Section [39.4091](#), F.S.
- c. Section [409.145](#), F.S.
- d. Section [409.1454](#), F.S.
- e. Chapter [65C-28](#), Florida Administrative Code (F.A.C.).
- f. Rule [65C-13.033](#), F.A.C.
- g. Rule [65C-14.018](#), F.A.C.

6-4. Explanation of Reasonable and Prudent Parent Standard. In accordance with s. [39.4091](#), F.S., "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in out-of-home care to participate in extracurricular, enrichment, and social activities.

6-5. Normalcy Overview.

- a. A child's right to live a healthy, normal childhood is paramount.
- b. A reasonable and prudent parent standard will be applied to decisions regarding a child's participation in normal childhood activities.
- c. Out-of-home caregivers shall be supported in their decision making.
- d. Normalcy focuses on enabling opportunities for social development, recreation, academic growth, and positive life experiences based on a child's desires and developmental, emotional, physical, and other needs. Caregivers are empowered to make decisions using a reasonable and prudent parent standard. Guidelines aimed at also increasing normalcy for caregivers are addressed in [Chapter 7](#) and [Chapter 8](#) of this operating procedure.
- e. Decisions shall not contradict any existing court order or care precaution plan.

f. While caregivers have authority to make decisions about the normal activities of foster children in their care, the caregiver needs to consider known parental wishes in these decisions.

g. The assigned child welfare professional will make diligent efforts to keep the parent(s) informed and involved, including the resolution of differences between the caregiver and parent.

6-6. Overnight / Planned Activities and Outings.

a. The out-of-home caregiver must determine that the activity or outing is safe and appropriate in accordance with the reasonable and prudent parent standard.

b. Children shall be encouraged to participate in normal school, community, or social activities and outings such as employment, school field trips, dating, scout camping trips, and activities with friends, school, and church groups as appropriate for the child based upon a reasonable and prudent parent standard.

c. Background screening is not required for the child's participation in normal childhood activities and outings like sleepovers with friends, participation in school lock-in's, or team sports.

d. The caregiver may take children placed in their care on vacations and must inform the assigned child welfare professional in advance of the travel. Travel must be in accordance with any existing court orders.

e. The caregiver shall notify the assigned child welfare professional in advance of overnight stays exceeding three (3) nights. Examples of such stays include sleep away camps and school trips.

f. The assigned child welfare professional shall make efforts to accommodate planned activities for the child's participation by assisting in coordination with the family and court, particularly as related to scheduled visitation.

NOTE: See also [Chapter 7](#) ("Babysitting and Overnight Care") and [Chapter 8](#) ("Out of Town Travel / Vacation") of this operating procedure.

6-7. Social Media / Computer Usage / Cell Phones.

a. Children are permitted to participate in social media, computer usage, and have a cell phone as long as permission has been given by the caregiver.

b. Caregivers shall apply the reasonable and prudent parent standard to decision-making regarding social media usage. Caregivers should be sensitive to the risks of the various forms of social media.

c. Children have the right to self-disclose information about themselves on social media. Caregivers should educate children regarding the potential impact and ramifications of such disclosure.

d. Caregivers are permitted to post pictures on social media including children placed in their care. Caregivers may not use the child's last name or identify the child as residing in out-of-home care.

6-8. Driving.

a. Caregivers and child welfare professionals shall assist children in finding and enrolling in a driver's education program.

b. Support of the child's efforts to learn how to drive a car, obtain a learner's permit, and driver's license shall be based upon the child's age, maturity, and access to insurance.

c. The Keys to Independence program is available to assist caregivers, youth, and child welfare professionals to maximize children's access to learners' permits, driving education, drivers' licenses, and auto insurance.

6-9. Right to Privacy.

a. All youth in care have the right to be given a space that is private and to store personal belongings safely and securely.

b. Proper care should be taken when closed circuit television (CCTV) or video camera surveillance is used to ensure its use is appropriate and does not violate a youths right to privacy. It is reasonable to believe that a youth could fully disrobe in private, without concern of being recorded or viewed by another, in a location such as a bedroom or bathroom.

(1) Cameras placed in bedrooms, bathrooms, or toileting areas are prohibited.

(2) Anyone affected by the use of surveillance equipment should be made aware of its existence by the clear and obvious manner in which it is installed or by a written notice conspicuously posted on the premises.

c. Prior to the use of any cameras, the department should be informed where any cameras will be positioned along with a diagram showing their position, why they are in use and when, who is responsible for the camera(s), and what happens to the footage. The surveillance system is not to be used in place of direct supervision by a staff member or caregiver. The information should be kept securely, and the information recorded by the system is only used for the purpose for which it is intended.

(1) Surveillance systems should have the capacity to store footage for at least 14 days before rewriting or deleting. Video footage recorded on an external disc, USB thumb drive, or video home system (VHS) shall always be locked and secured and only accessed by authorized staff. This includes the transmission of footage digitally.

(2) The child welfare professional or DCF licensing staff member shall work with the caregiver or residential care provider to create an agreement which discusses prudent use of any video surveillance, including the use of baby monitors for children older than the device's recommended age.

(3) CCTV footage is subject to review by the Department and access to view footage must be granted within 24 hours upon request.

NOTE: See [Chapter 4](#) (Child Placement Agreements for Care Precautions and Behavior Management Plans) of this operating procedure regarding privacy for care precaution plans.

Chapter 7

BABYSITTING AND OVERNIGHT CARE

7-1. Purpose. This chapter describes the Department's policies and procedures regarding children in out-of-home care and babysitting. While normalcy focuses on allowing children to participate fully in normal childhood activities and outings, it is the position of the Department of Children and Families that out-of-home caregivers should be supported to function as normal as possible.

7-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, Community-Based Care lead agencies and subcontracted providers involved with children in out-of-home care. This includes child protective investigators, case managers, Children's Legal Services attorneys, foster families, relatives, nonrelatives and Department program specialists. Local policies must not be more restrictive than the policies and procedures outlined in this chapter.

7-3. Babysitting Overview.

- a. Babysitting does not include overnight care or daily childcare.
- b. Babysitting does not have to occur in a licensed setting and background screening is not required.
- c. Caregivers should use the reasonable and prudent parent standard when choosing babysitters for children placed in their care. Caregivers will ensure:
 - (1) Babysitter is suitable and appropriate for the age, developmental level, and behaviors of the child.
 - (2) Babysitter receives guidance on handling emergencies, including telephone numbers for themselves, child welfare professional, and physicians.
 - (3) Discipline and confidentiality policies for the child have been fully explained.
 - (4) Water safety precautions have been explained.
 - (5) Babysitters must be age 14 or older.
- d. Caregivers shall use the reasonable and prudent parenting standard when assessing a child's ability to stay home alone. Examples of factors to be considered by the caregiver include:
 - (1) Physical and developmental age.
 - (2) Child's knowledge of safety rules, emergency contacts and comfort level.
 - (3) Child's history of trauma and reasons for entry into care.
 - (4) Child's treatment recommendations and needs.

7-4. Overnight Care.

- a. Caregivers may allow a family or person who is well known to them to provide care for children placed in their care overnight.
- b. Caregivers shall utilize the reasonable and prudent parent standard when selecting substitute care.

c. Substitute caregivers chosen by the caregiver for babysitting will be background screened for all stays exceeding three (3) nights. When the substitute caregiver is utilized due to unexpected circumstances, background screening will be initiated within one (1) business day.

d. Caregivers shall notify the assigned child welfare professional in advance of all overnight stays exceeding three (3) nights.

e. The assigned child welfare professional shall consult with the supervisor and other involved parties, such as the Guardian Ad Litem, when the overnight stay needs to exceed seven (7) nights. When relevant, agreement by all parties shall be documented by the child welfare professional in Florida Safe Families Network.

f. Caregivers shall ensure that the assigned child welfare professional can contact them at all times regarding the location and needs of the child.

Chapter 8

OUT OF TOWN TRAVEL / VACATION

8-1. Purpose. This chapter describes the Department's policies and procedures regarding children in out-of-home care and out of town travel. While normalcy focuses on allowing children to participate fully in normal childhood activities and outings, it is the position of the Department of Children and Families that out-of-home caregivers should be supported to function as normally as possible. Caregivers are strongly encouraged to include children in all activities while maintaining their right to make reasonable and prudent parenting decisions.

8-2. Scope. The policies and procedures within this operating procedure apply to all staff of the Department, Community-Based Care lead agencies and subcontracted providers involved with children in out-of-home care. This includes child protective investigators, case managers, Children's Legal Services attorneys, foster families, child caring agency staff, relatives, nonrelatives and Department program specialists. Local policies must not be more restrictive than the policies and procedures outlined in this chapter.

8-3. Vacation.

a. Caregivers shall be encouraged to take children placed in their care on planned family vacations.

b. When travel involves visiting with friends or family of the caregivers, background screening is not required. Caregivers shall utilize a reasonable and prudent parent standard when choosing who to visit when traveling.

c. Caregivers will notify the assigned child welfare professional of all out of town travel in advance and in accordance with existing court orders.

d. Travel cannot conflict with orders of the court. Additional court approval may be required prior to travel.

e. While caregivers have authority to make decisions about the normal activities of foster children in their care, the caregiver needs to consider known parental wishes in these decisions.

8-4. Out of Town Travel.

a. Out of town travel must also be in compliance with the above paragraph 8-3 concerning vacation.

b. When caregivers need to travel and taking a child with them is not prudent, such as a family emergency, they may choose to leave the child in their care with a family or person well known to them in accordance with Chapter 7 of this operating procedure.

Chapter 9
(Draft Pending)

Chapter 10
(Draft Pending)

Chapter 11
(Draft Pending)

Chapter 12

FOSTER HOME LICENSING

12-1. Purpose. This chapter describes the department's policies and procedures for licensing and re-licensing of family foster homes, providing ongoing supports, and required documentation for Florida Safe Families Network.

12-2. Legal Authority.

- a. Federal statutes, regulations, and policy statements.
- b. State statutes, administrative rules and plans:
 - (1) Section [409.145](#), Florida Statutes (F.S.).
 - (2) Section [409.175](#), F.S.
 - (3) Section [39.01](#), F.S.

12-3. Definitions.

a. "Foster parent inquiry" means an inquiry made to the department or Community-Based Care Lead Agency (CBC) regarding becoming a licensed foster parent for children that have been removed from their homes due to abuse, abandonment, or neglect.

b. "Waivable non-safety licensing requirement" means a licensing requirement waivable under a Level I license.

12-4. Foster Parent Inquiry.

a. Level I Foster Parent Inquiry. The child welfare professional must offer relatives, non-relatives, and fictive kin caregivers the opportunity to pursue Level I licensure.

(1) The child welfare professional must ensure that the relative, non-relative, or fictive kin caregiver is provided with information related to requirements to become a licensed caregiver as well as the benefits of licensure prior to beginning the process.

(2) The child welfare professional must notify the Level I licensing entity of the caregiver's interest in pursuing licensure within two (2) business days of becoming aware of such interest.

(3) The child welfare professional shall ensure that a "Notice of Non-Participation in Licensure" (form CF-FSP [5443](#), available in DCF Forms) is signed by the relative, non-relative, or fictive kin caregiver should the caregiver not be interested in the process of licensure.

(4) The "Notice of Non-Participation in Licensure" shall be uploaded into the Florida Safe Families Network (FSFN) in the provider file cabinet under the provider originally created during the child's initial placement.

(5) The child welfare professional shall make contact with the individual/family seeking Level I licensure within two business days of receiving notification.

(a) At the point that the licensing entity makes contact with the family, a secondary licensing assignment shall be made to the provider in FSFN.

(b) At the time of the caregiver expressing interest in pursuing licensure, an “Application for License to Provide Out-of-Home Care for Dependent Children” (form CF-FSP [5007](#), available in DCF Forms) must be completed. The completion of the application for licensure signifies the family’s initiation of the licensure process. Upon completion of the application, a primary licensing assignment shall be made to the provider in FSFN.

(c) If at any time subsequent to completion of the application a family chooses to no longer participate in the licensing process, the Notice of Non-Participation in Licensure form should be completed and uploaded into FSFN. Upon completion of the form, the primary licensing assignment in FSFN must be ended.

(6) Every effort shall be made to have relatives/non-relatives/fictive kin licensed as Level I foster parents within 60 business days of notification having been made to the licensing agency.

b. Level II-V Foster Parent Inquiries. Inquiries received by the CBC or its providers shall be documented in FSFN.

(1) The child welfare professional shall make contact with individuals/families inquiring about becoming licensed as foster parents within two business days of an inquiry having been made.

(2) A provider inquiry shall be completed in FSFN for each individual that contacts the agency seeking to become a licensed foster parent.

(3) If a record is present in FSFN, the child welfare professional shall review the provider record and update any new information obtained from the provider.

12-5. Levels of Licensure. The levels of licensure identify the specific license type for each foster home license issued by the department.

a. Level I Child Specific Licensure. Licensure type designated for relatives, non-relatives, and fictive kin that are seeking licensure for a specific child or children.

(1) Pursuant to s. [409.175\(5\)\(a\)1.b.](#), F.S., Level I licensure may have non-safety related items waived on a case-by-case basis.

(2) All Waivable non-safety requirements have been identified in paragraph 16-7a(4) of this operating procedure.

(3) The identified waivable items may require alternative accommodations to be made to ensure the placement meets the needs for the child.

b. Justification for waivable requirements are required if waiving the licensing requirement. Justification must be documented in FSFN on the licensing checklist and may include, but is not limited to, the following:

(1) Infants 12 months of age or younger may share a bedroom with an adult provided the infant sleeps in his or her own crib.

(a) The crib shall be maintained in good and safe condition and have a clean mattress that fits snugly in the crib frame.

(b) Cribs shall not have drop sides or be placed close to windows with curtains or cords in which the child might become entangled.

(c) Bassinets, a pack n' play, or another approved sleeping apparatus that is appropriate for the infant's age and development may be utilized in the absence of a crib.

(2) Bunk beds shall be safe and sturdy pursuant to paragraph [16-7a\(9\)](#) of this operating procedure. Children older than 5 years old but under 10 years old may sleep on the upper tier of the bunk bed if their level of development is appropriate.

(3) A child shall never share a bed with an adult or another child, regardless of age, pursuant to paragraph [16-7a\(12\)](#) of this operating procedure. Children may share a bed with a sibling when there is a sleeping space that is able to accommodate the children and no other safety concerns have been identified.

(4) Child care for children in licensed out-of-home care shall be in a licensed early education or child care program chosen by the caregiver pursuant to paragraph [16-7d](#) of this operating procedure. Child care may be provided on an ongoing basis with an individual chosen by the caregiver that is not a licensed child care provider.

(5) Each family foster home shall have a working telephone in the home that is always accessible.

(a) Emergency telephone numbers shall be displayed prominently in the home.

(b) Licensed out-of-home caregivers shall notify the supervising agency within one business day if their telephone number changes.

(c) The foster family home may have a phone within proximity to the home for emergency purposes.

(6) Each licensed out-of-home caregiver shall have a current written plan for evacuation in the event of a natural or man-made disaster pursuant to paragraph [16-7a\(21\)](#) of this operating procedure. A separate evacuation plan is not required if the child welfare professional documents the evacuation plan in the unified home study.

(7) Each licensed out-of-home caregiver shall sign a Partnership Plan pursuant to paragraph [16-12a\(3\)](#) of this operating procedure. In the absence of the Partnership Plan, the child welfare professional shall document discussion of the Partnership Plan in the Unified Home Study.

(8) Each licensed home shall have a first aid kit in the home pursuant to paragraph [16-12a\(5\)\(g\)](#) of this operating procedure. When unable to purchase a complete first aid kit, the caregiver shall have a mini first aid kit or essentials to administer first aid to a child.

(9) Each licensed foster home shall complete radon testing pursuant to paragraph [16-14a\(4\)\(b\)](#) of this operating procedure.

(a) When an unfavorable result is obtained and the caregiver, CBC, or contracted provider is unable to financially cover the cost of services to mitigate radon levels, the child welfare professional may contact the local building authorities or county health department to obtain information regarding the history of radon levels in the area.

(b) This information shall be documented in FSFN.

(10) Each licensed foster home shall have at least one operable smoke alarm on each floor and one in each bedroom area paragraph [16-7a\(17\)](#) of this operating procedure. A smoke detector on each floor or near each bedroom is acceptable.

(11) Each licensed foster home shall have a fully charged, unexpired 2A10BC fire extinguisher on each floor pursuant to paragraph [16-7a\(17\)](#) of this operating procedure. If the caregiver, CBC, or its contracted provider is not financially able to provide a fire extinguisher, a discussion regarding fire safety measures must be documented in the Unified Home Study by the child welfare professional.

(12) Each bedroom shall have two means of exit pursuant to paragraph [16-12a\(5\)\(h\)4](#) of this operating procedure. One means of exit is acceptable if the home was remodeled to make an accommodation for the child.

(13) Children 36 months or older shall not share a bedroom with a child of the opposite gender unless efforts are being made to maintain a sibling group pursuant to paragraph [16-7a\(13\)](#) of this operating procedure.

(a) Children may share a room with another child of the opposite gender (i.e. sibling, relative, non-relative of similar age) if there are no other safety concerns based on the age and maturity of the child.

(b) Children of opposite gender who are over the age of 6 and are not related are not permitted to share a bedroom.

(14) Each child shall be provided with a clean, permanent bed and mattress of his or her own. The bed shall be of sufficient size to accommodate the child pursuant to paragraph [16-7a\(7\)](#) of this operating procedure.

(a) Children over the age of 18 months may share a bed with a sibling, relative, non-relative, of similar age and gender provided there are no other safety concerns.

(b) Children of opposite gender who are over the age of 6 and are not related are not permitted to share a bed.

(15) The home shall have space and furnishings to accommodate the number of people living in the home and be accessible to all members of the family pursuant to paragraph [16-12a\(5\)\(e\)1](#) of this operating procedure. Space and furnishings to accommodate family members must take into consideration the family's circumstances.

(16) Waterproof mattress covers and clean linens should be provided for all beds and cribs as developmentally appropriate and necessary pursuant to paragraph [16-7a\(10\)](#) of this operating procedure. Based on the child's age and level of maturity, a documented discussion should be included in the Unified Home Study regarding maintaining clean linens for all sleeping spaces.

(17) All fireplaces, space heaters, steam radiators, and hot surfaces shall be shielded against accidental contact.

(a) Access by children under 6 years of age shall be restricted by a barrier.

(b) In the absence of a hot surface shield, the child welfare professional must document safety measures with the caregiver to ensure child safety is met in the Unified Home Study.

(18) The home shall not be heated by un-vented gas-fired space heaters or oil heaters unless they are equipped with an oxygen depletion sensor and the home has a carbon monoxide alarm. In the absence of a carbon monoxide alarm, the child welfare professional must document safety measures with the caregiver related to child safety in the Unified Home Study.

(19) A licensing specialist who has been trained by the department or other state entity such as the local health department must complete a Foster Home Inspection Checklist pursuant to paragraph [16-7a\(4\)\(a\)](#) of this operating procedure. Requirements of the Foster Home Inspection Checklist may be waived under the following conditions:

(a) Hot Water Temperature. If the age and level of maturity of the child allows for the child to adjust the temperature of the water.

(b) Private Well Water Testing. If the caregiver is not financially able to cover the cost of the test, the licensing specialist may contact the local utility company or local water management company to obtain information regarding the history of the water supply (i.e., any public notices to boil the water for a period).

(c) Refrigerator Thermometer. In the absence of a refrigerator thermometer, the child welfare professional must ensure that the refrigerator is reasonably operable and cooling.

(d) Screens on All Windows and Doors. A family using a central air and heat system may have screens waived if the windows and the doors will provide for protection against outside rodents.

12-6. Initial Licensure. The child welfare professional is responsible for ensuring all requirements of initial licensure are met prior to submission of the licensure packet. Licensing requirements for initial licensure can be located in paragraph [16-5](#) of this operating procedure. The complete licensure packet shall be uploaded into the provider file cabinet in FSFN.

a. Background Screenings. Background screenings should be uploaded in FSFN separate from the licensure packet. Background screenings shall include all requirements pursuant to paragraph [16-3](#) of this operating procedure.

(1) Background screening results obtained from the FBI and FDLE must not be uploaded into FSFN.

(2) Background screenings shall utilize the following naming convention: initial licensure, family member name, and year. Example: (Initial Licensure, John Doe, 2018).

(3) All background screenings shall be current at the time of the initial licensure.

b. Licensure Packet and Supporting Documentation. The approved initial licensing packet shall be uploaded into the provider file cabinet in FSFN.

c. The licensure packet documents shall be uploaded separately and shall include: name of the document, Initial, and year of licensure.

(1) The following items shall be uploaded in the provider file cabinet under the image category "Certification and Training:"

(a) Parent Preparation Training Certificates;

(b) Other Trainings or Certifications; and,

(c) Water safety training certificate.

(2) The following items shall be uploaded in the provider file cabinet under the image category "Required Signed Documentation:"

- (a) Release of Information;
- (b) Affidavit of Good Moral Character;
- (c) Partnership Plan;
- (d) Confidentiality agreement;
- (e) Application for Licensed to Provide Out-of-Home Care for Dependent Children; and,
- (f) Attestation.

(3) The following items shall be uploaded in the provider file cabinet under the image category "Provider Household Documents:"

- (a) Documentation of legal residency;
- (b) Driver's License;
- (c) Proof of insurance;
- (d) Floor plan;
- (e) Evacuation and disaster plan; and,
- (f) Family biographical profile/pre-service profiles.

(4) The following items shall be uploaded under the "upload image" tab on the Unified Home Study:

- (a) Acknowledgement of Firearms Safety Requirements;
- (b) Employment Verification/Reference;
- (c) Financial documents;
- (d) Fire inspection (if applicable);
- (e) Health inspection (if applicable)
- (f) Income Verification;
- (g) Photos of the home;
- (h) Radon testing results;
- (i) References; and,
- (j) Unified Home Study signature page.

d. The licensing checklist for initial licensure will be completed in FSFN by the CBC or contracted provider for review and approval by the regional licensing specialist.

(1) The due date on the licensing checklist must include the date that the licensing packet is due to the regional licensing staff.

(2) The date completed on the licensing checklist for Level I waiver requested items, shall only be completed by the regional licensing specialist upon approval of the waiver request.

(3) The completion date for all additional licensing checklist items shall be the date that the child welfare professional completed the item.

(4) The completion date for all licensing checklist items for Levels II-V shall be the date that the child welfare professional completed the item.

e. When an image type is listed that coincides with the document name, the document shall be uploaded under that image type.

12-7. Ongoing Supports for Licensed Caregivers. Ongoing supports for licensed caregivers shall be offered and shall include, but not be limited to, support groups, ongoing licensing standards review, and services and supports for children placed in the home.

a. Support Groups. Licensed caregivers shall be made aware of supports through their local foster/adoptive parent association (when applicable) or other supports that may be available for licensed caregivers.

b. Quarterly home visits shall be completed by the licensing agency for the Levels II-V licensed home to ensure it continues to meet licensing standards.

c. Quarterly contacts shall be completed by the licensing agency for the Level I licensed caregiver(s) to assess the need for additional supports.

d. The child welfare professional completing the quarterly home visit or quarterly contact with the licensed caregiver shall document the visit or contact and any compliance concerns within the home. This visit shall be documented as a chronological entry under the provider in FSFN.

e. Supports for Children Placed in the Home. The child welfare professional shall make available to licensed caregivers any identified and available services and supports necessary to care for children in their care.

12-8. Re-Licensure. The child welfare professional is responsible for ensuring all requirements of re-licensure are met prior to submission of the licensure packet. Licensing requirements for re-licensure are located in paragraph [16-4](#) of this operating procedure.

a. Updated background screenings obtained from the FBI and FDLE must not be uploaded into FSFN.

b. Updated background screenings shall include all requirements pursuant paragraph [16-3](#) of this operating procedure. Background screenings shall utilize the following naming convention: re-licensure, family member name, and year. Example: Re-Licensure, John Doe, 2019.

c. All background screenings shall be no older than sixty (60) days from the licensure expiration date.

d. Re-Licensure Packet and Supporting Documentation. The approved re-licensing packet shall be uploaded into FSFN in the provider file cabinet.

e. The re-licensing packet documents shall be uploaded separately and shall include: the name of the document, re-licensure, and year of re-licensure.

(1) The following items shall be uploaded in the provider file cabinet under the image category "Certification and Training:"

- (a) In-service Training Certificates;
- (b) Updated water safety training certificate.

(2) The following items shall be uploaded in the provider file cabinet under the image category "Required Signed Documentation:"

- (a) Release of Information;
- (b) Partnership Plan;
- (c) Confidentiality agreement;
- (d) Application for Licensed Provide Out-of-Home Care for Dependent Children;

and,

- (e) Attestation.

(3) The following items shall be uploaded in the provider file cabinet under the image category "Provider Household Documents:"

- (a) Driver's License;
- (b) Proof of insurance; and,
- (c) Evacuation and disaster plan.

(4) The following items shall be uploaded under the "upload image" tab on the Unified Home Study:

- (a) Acknowledgement of Firearms Safety Requirements;
- (b) Employment Verification/Reference;
- (c) Financial documents;
- (d) Fire drill logs;
- (e) Health inspection (if applicable)
- (f) Photos of the home;
- (g) References (to include, exit interview, case manager reviews, community input forms, and foster parents review of case manager); and,
- (h) Unified Home Study signature page.

f. The licensing checklist for re-licensure will be submitted via FSFN to the Regional Licensing Specialist for review and approval.

g. When an image type is listed that coincides with the document name, the document shall be uploaded under that image type.

12-9. Training and Licensure Verification for Approval of a License.

a. Pre-service and in-service training are required for each level of licensure.

(1) CBCs or their contracted provider agencies must document pre-service and in-service hours in FSFN prior to the approval of a licensure packet by the regional licensing authority.

(2) CBCs or their contracted provider agencies must ensure that the number of documented hours is based upon the training requirements for the specific level of licensure.

(3) DCF regional licensing specialists must manually review training hours inputted in FSFN for each provider prior to approving a license.

(4) DCF regional licensing staff will ensure that the number of documented hours is based upon the training requirements for the specific level of licensure requested.

b. Creating a License.

(1) Regional licensing staff are responsible for ensuring that the appropriate level(s) of licensure is(are) selected.

(2) Regional licensing staff shall select Level I Child Specific licensing type for providers being licensed for specific children.

(3) When licensing a home as a Level III-Safe Foster Home, Level IV Therapeutic Foster Home, and/or Level V Medical Foster Home, the regional licensing staff shall select Level II Non-Child Specific Foster Home in addition to the desired level of licensure being issued;

(4) All licenses issued for Levels I-V shall be issued using the licensing template located in FSFN.

Chapter 13
(Draft Pending)

Chapter 14
(Draft Pending)

Chapter 15
(Draft Pending)

Chapter 16

LEVELS OF LICENSURE

16-1. Purpose. This chapter outlines policies for s. [409.175](#), F.S., pertaining to Levels of Licensure.

16-2. Legal Authority.

a. Federal statutes, regulations, and policy statements.

b. State statutes, administrative rules and plans:

(1) Section [409.145](#), F.S.

(2) Section [409.175](#), F.S.

(3) Section [39.01](#), F.S.

16-3. Background Screening Requirements for All Levels of Licensure.

a. The Department shall conduct background screenings for all persons considered by the Department for initial licensure, re-licensure, or re-screenings for 3-year licensure for out-of-home caregivers and all adult household members age 18 and older, pursuant to ss. [409.175](#) and [39.0138](#), F.S.

b. The screenings conducted pursuant to paragraph 16-3a above shall include:

(1) Statewide criminal records check through the Florida Department of Law Enforcement to be obtained through fingerprinting.

(2) Federal criminal records check through the Federal Bureau of Investigation to be obtained through fingerprinting.

(3) Local criminal record checks through local law enforcement agencies, including records of any responses to the home by law enforcement that did not result in criminal charges.

(4) Records checks of the Florida Sexual Offenders and Predators registry.

(5) Abuse and neglect records checks through the Department's Florida Safe Families Network (FSFN).

(a) Only abuse and neglect reports in which the applicant or any other household member was named as the caregiver responsible for the abuse or neglect shall be used for initial licensing decisions.

(b) However, if the applicant or any other household member was named in any capacity in three or more reports during a five-year period, regardless of classification, those reports shall be reviewed by the Department for determining whether a license shall be issued.

(c) For homes being considered for licensure for longer than one year under s. [409.175\(6\)\(i\)](#), F.S., all abuse reports with any findings shall be considered.

(d) Determinations made on the basis of abuse and neglect reports shall be made in accordance with the standards set forth in Rule [65C-38.002](#), F.A.C.

(6) Civil court records check regarding domestic violence complaints and orders of protection.

(7) If the applicant or any other adult household member has resided in any other state during the past five years, requests for abuse and neglect histories from those states and the results of such requests shall be included with the application file.

c. Each applicant and adult household member being screened pursuant to paragraph 16-3a above shall sign an Affidavit of Good Moral Character (form CF [1649](#), available in DCF Forms) and a Release of Information (form CF-FSP [5090](#), available in DCF Forms).

d. Each applicant and household member being screened pursuant to paragraph 16-3a above shall provide all the names under which he or she has been known.

e. The following screenings shall be completed for household members 12-17 years of age:

(1) Juvenile records check through the Florida Department of Juvenile Justice for household members ages 12-17 years old;

(2) Abuse and neglect records checks through FSFN.

(a) Only abuse and neglect reports in which the applicant or any other household member was named as the caregiver responsible for the abuse or neglect shall be used for initial licensing decisions.

(b) However, if the applicant or any other household member was named in any capacity in three or more reports during a five-year period, regardless of classification, those reports shall be reviewed by the Department for determining whether a license shall be issued.

(c) For homes being considered for licensure for longer than one year under s. [409.175\(6\)\(j\)](#), F.S., all abuse reports with any findings shall be considered.

(d) Determinations made on the basis of abuse and neglect reports shall be the made in accordance with the standards set forth in Rule [65C-38.002](#), F.A.C.

f. When the individual who is being screened is a former dependent child under 23 years of age and the security background screening reveals a disqualifying offense which was committed during or prior to the time that the child was dependent, that offense shall not automatically affect the licensure of the out-of-home caregivers. Exemptions for disqualifying offenses under s. [435.07](#), F.S., may be sought.

g. All records obtained as a part of the background screening shall be considered in the process of determining whether to issue a foster care license or, if there is a current license, whether the license should be revoked. Such records shall include findings of delinquency; any misdemeanor or felony criminal arrests resulting in a conviction or withholding of adjudication; any criminal traffic offenses resulting in a conviction or withholding of adjudication; and, any civil cases of domestic violence and orders for protection. Crimes perpetrated in other states that are misdemeanors in that state but would be felonies listed under s. [435.04](#), F.S., if committed in Florida shall be considered as disqualifying offenses by the Department for licensing decisions. Crimes identified as disqualifying offenses under s. [39.0138](#), F.S., are automatically disqualifying for licensure.

h. Screenings identified in Rule 65C-45.001(2)(a-b), F.A.C., are valid for five years. Screenings identified in Rules 65C-45.001(2)(c-f) and 65C-45.001(6)(a-b), F.A.C., are valid for 1 year. All screenings must be valid within 60 days of re-licensure or re-screening for three-year licensure.

i. Fingerprint exemptions as referenced in s. [39.0138](#), F.S., can be granted if the criteria in Rule [65C-28.020](#), F.A.C., are met.

16-4. Parent Preparation Pre-Service and In-Service Training for All Levels of Licensure.

a. Parent preparation pre-service and in-service training shall meet the requirements of s. [409.175\(14\)\(b\)](#), F.S.

b. Applicants who have previously completed a departmentally approved pre-service training curriculum in the past five years, and who can provide proof of completion, shall not be required to complete pre-service training except portions of the training curriculum that have been updated since their completion.

(1) Applicants who completed pre-service training in another state shall be exempt from pre-service training if the curriculum meets the content requirements established in s. [409.175](#), F.S., for pre-service training offered in Florida.

(2) Supervising agencies shall submit a copy of the curriculum to the Regional Licensing Authority for review and approval if the previously completed training is not an approved curriculum in Florida.

(3) The Regional Licensing Authority shall approve training curriculum that meets the required hours and content requirements specified in ss. [409.175\(14\)\(b\)1.-7.](#), F.S.

c. Pre-service training shall include the following:

(1) The reasonable and prudent parenting standards, pursuant to ss. [39.4091](#) and [409.145](#), F.S., and the balance of normalcy for children in care and their safety;

(2) Legal rights, roles, responsibilities and expectations of foster parents;

(3) The social and emotional development of children and youth;

(4) Agency policies, services, laws and regulations;

(5) Development of life skills for teens in care;

(6) The caregiver's role in supporting and promoting the educational progress of the child;

(7) Trauma-informed care including recognizing the signs, symptoms, and triggers of trauma;

(8) The Multiethnic Placement Act and the Americans with Disabilities Act; and,

(9) The administration of psychotropic medication including the use of psychotropic medications to treat children, the proper dosage of medication, the importance of monitoring for possible side effects, and timely reporting of side effects and adverse reactions. Training on psychotropic medications shall also include an overview of s. [39.407](#), F.S., and Chapter [65C-35](#), F.A.C., which govern the administration of psychotropic medication.

d. In-service training shall include the following:

(1) In-service must be completed annually prior to re-licensure.

(2) Types of in-service training shall be based upon the needs of the family and any previous or current children in the home.

e. Each parent preparation pre-service training class shall be led by a child protection professional certified pursuant to s. [402.40](#), F.S., who has a bachelor's degree or a master's degree from an accredited college or university, and who also successfully has met any curriculum-specific requirements to train the Department approved parent preparation pre-service training curriculum.

(1) An online training approved by the Department may also be provided.

(2) The Department shall review all parent preparation pre-service training curriculum to ensure that the curriculum meets the required hours and content requirements specified in ss. [409.175\(14\)\(b\)1.-7.](#), F.S. If the required hours and content requirements are met, the Department shall approve the curriculum.

(3) Each parent preparation pre-service training class shall follow the recommendations of the curriculum designer regarding the number and type of facilitators involved in the training process. If the child-placing agency is the designer of the curriculum, the number and types of facilitators to be involved in the training process must be clearly defined.

f. The Community-Based Care Lead Agency (CBC) is authorized to approve the completion of pre-service training. If individualized training is done, the certified child welfare professional is responsible for complying with the requirements set forth for parent preparation pre-service training in s. [409.175](#), F.S., and the requirements set forth in this chapter.

g. Anyone who wishes to become a licensed out-of-home caregiver shall attend parent preparation pre-service training, as defined in this chapter, offered by any licensed child-placing agency. Agencies shall work cooperatively with each other and prospective licensed out-of-home caregivers to ensure the ongoing availability of such training.

h. Exemptions to the parent preparation pre-service training for individuals who have successfully completed parent preparation pre-service training equivalent to the parent preparation pre-service training offered by the child-placing agency are based on whether the training was completed within the last five years and on the condition that the individual provides proof of successful completion.

(1) If there have been changes or updates to the curriculum, the supervising agency shall require the applicant to take those portions of the course only.

(2) Supervising agencies must request any information regarding the curriculum completed for the purposes of making a recommendation to the Department.

(3) The Regional Licensing Authority shall review the curriculum content of the previously completed parent preparation pre-service training to determine whether it meets the requirements of ss. [409.175\(14\)\(b\)1.-7.](#), F.S., and consider the recommendation of the supervising agency in determining whether the individual is exempt from attending the parent preparation pre-service training.

i. When prospective out-of-home caregivers successfully complete the parent preparation pre-service training but do not continue the licensing process or commence but fail to complete the parent preparation pre-service training, the supervising agency staff shall document the reason the process was discontinued in FSFN. Completed parent preparation pre-service training is valid for five years from the date of verified curriculum completion.

j. The community based-care lead agency will utilize cultural competency and awareness when recruiting out-of-home caregivers. The agency will provide prospective out-of-home caregivers with cultural competency training to address a variety of cultural backgrounds, values, customs, and beliefs.

16-5. Foster Home Initial Licensing Requirements for All Levels of Licensure.

a. General.

(1) Each applicant wishing to become a licensed out-of-home caregiver shall complete:

(a) The Application for License to Provide Out-of-Home Care for Dependent Children (form CF-FSP [5007](#), available in DCF Forms). Persons living together in a caretaking role must both sign the application.

(b) A Release of Information (form CF-FSP [5090](#), available in DCF Forms).

(c) The Partnership Plan for Children in Out-of-Home Care (form CF-FSP [5226](#), available in DCF Forms).

(d) A Confidentiality Agreement (form CF-FSP [5087](#), available in DCF Forms).

(2) The child-placing agency completing the Unified Home Study (UHS) shall, at a minimum, conduct one visit to the applicant's home, inspect the entire indoor and outdoor premises, document the conditions, and conduct face-to-face interviews with all household members. The dates, names of persons interviewed, and a summary of these interviews shall be documented in the UHS.

(3) The supervising agency is responsible for advising the applicant of all rules, regulations, and standards that apply to the applicant if a license is issued.

b. Attestation may be used during the initial licensure and re-licensure of a family foster home by completing the Attestation for Foster Home Licensure (form CF-FSP [5357](#), available in DCF Forms).

(1) The Department issues the license based on the CBC's attestation that the licensure or re-licensure file complies with state law and rule. If the child-placing agency is not contracted with a CBC, it may submit its attestation directly to the Department.

(2) CBCs participating in the attestation model for licensure must enter into a Memorandum of Agreement with the Regional Licensing office. The Memorandum of Agreement for Adoption of Attestation Model for Family Foster Home Licensing (form CF-FSP [5356](#)) is available in DCF Forms.

c. Initial Licensing Unified Home Study (UHS). A staff person, certified pursuant to s. [402.40](#), F.S., from the supervising agency shall perform a thorough assessment of each prospective licensed out-of-home caregiver and document this assessment in the Unified Home Study section of FSFN. The assessment shall include:

(1) Demographics, including:

(a) Names, dates of birth, addresses, and contact numbers for the caregiver(s), other household members, including biological children, and non-resident children of caregivers;

(b) Verification of Social Security information;

(c) Names, dates of birth, and type of placement of all children who are currently placed in the home (by the Department or another agency) or who exited the home within one year from initiation of the UHS.

(2) Verification of background checks.

(3) Description of current employment. Description of the current employment status for each parent, including occupation, place of employment, work hours and flexibility of schedule in case of emergencies, medical or school appointments for children.

(4) Details of financial capacity and income. Description and documentation of the applicant's current financial capacity and how the impact of the additional children in the home will be addressed.

(5) Child care arrangements. Description of child care arrangements including transportation to and from the child care provider, if applicable.

(6) Assessment and UHS details, including the following:

(a) Current or past experiences with child abuse or neglect, alcohol and/or substance abuse, alcohol and/or substance abuse treatment, or domestic violence.

(b) Any health or mental health conditions, including medication(s).

(c) How the caregiver(s) is(are) able to participate in a professional team supporting the child by sharing necessary information with other professionals on the team and maintaining the confidentiality of the child and caregiver as required by law, rules, regulations, and professional ethics, and participating in planning activities, court hearings, staffings and other key meetings.

(d) How the caregiver(s) is(are) willing and able to make a loving commitment to the child(ren)'s safety and well-being by:

1. Providing supervision and positive methods of discipline;

2. Encouraging the child in his or her strengths and respecting the child's individuality and likes and dislikes;

3. Providing opportunities to develop the child's interests and skills;

4. Maintaining awareness of the impact of trauma on behavior;

5. Involving the child in family and community activities; and,

6. Providing transportation to child care, extracurricular activities, and school (if requested by the CBC). This request shall not be made to circumvent the requirements of the Every Student Succeeds Act (ESSA), 129 Stat. 1802 (2015).

(e) Ensuring the child's safety by employing safety measures, including in the household, for transportation, and with pets.

1. Transportation. The licensed out-of-home caregiver shall have transportation available 24 hours a day. All vehicles used to transport children shall be in safe condition and equipped with seat belts for each child transported as required by s. [316.614](#), F.S., and car seats as required by s. [316.613](#), F.S. The licensed out-of-home caregiver shall not knowingly allow

children to be transported in an uninsured vehicle. Vehicles shall be smoke free, including e-cigarettes and vapor smoke, when children are being transported. The licensed out-of-home caregiver shall ensure safety equipment is utilized.

2. Animals. Provide a description of any household pets, exotic pets, or livestock residing on the premises. Descriptions shall include observations of the care, behavior, and/or maintenance and safety plan relating to each animal. The applicant shall have measures in place to assure safety of children from any potentially dangerous animals, and this information shall be documented in the home study, if applicable.

(f) How the caregiver(s) is(are) willing and able to respect and honor any child's culture, religion, and ethnicity; meet any child's special physical or psychological needs; and support any child's individual situation. If the caregiving family's religion, culture, or other factors will impair their ability to meet the needs of certain children, an explanation of what the family's limitations are, and how limitations could impact children placed in their home.

(g) How the caregiver(s) is(are) willing and able to commit to maintaining any child they accept in their home until such time as it is in the child's best interest to leave the home. An explanation of any problems a long-term commitment may present for the caregiver.

(h) How the caregiver(s) will address challenges in caring for a child, including available supports and resources. These challenges may include, for example, fire setting, sexual reactive behaviors, mental health, substance abuse, and reactive attachment behaviors and may potentially require a safety plan.

(i) How the caregiver(s) is(are) willing and able, when applicable, to participate in transition planning for any child and maintaining a relationship with any child after he or she leaves the home.

(j) How the caregiver(s) is(are) willing and able to assist the caregiver(s) from which the child was removed in improving their ability to care for and protect the child, and to provide continuity for the child after reunification.

(k) How the caregiver(s) is(are) willing and able to assist any child in family time/visitation and other forms of communication with family members, when applicable.

(l) How the caregiver(s) will:

1. Maintain records that are important to any child's well-being, including child resource records, medical records, school records, photographs, and records of special events and achievements.

2. Ensure that these records are made available to other partners in the child welfare system and to the child and family, as applicable.

(m) The caregiver(s) is(are) willing and able to advocate for any child in their care, as needed, with the child welfare system, the court, and community agencies including schools, child care, health and mental health providers, and employers.

(n) A description of previous parenting experience, if applicable.

(o) How the caregiver(s) is(are) willing and able to participate fully in any child's medical, psychological and dental care, including providing transportation to and from, attending appointments and communicating with professionals.

(p) How the caregiver(s) is(are) willing and able to support any child's school success by:

1. Participating in school activities and meetings, including disciplinary and/or Individualized Education Plan (IEP) meetings.

2. Assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an Educational Surrogate, if one has been appointed, and encouraging any child's participation in extra-curricular activities.

3. For any child who has a disability or is suspected of having a disability, attending Educational Surrogate Parent training, if needed or recommended by the court, and thereafter advocating for the child(ren) in the school system.

4. Maintaining any child(ren) in the school of origin, unless it is not in the child(ren)'s best interest to do so, or maintaining any child(ren) in the school of origin until a logical juncture in the academic year, if not possible or not in the child(ren)'s best interest to remain in the school of origin for the remainder of the school year.

(7) Applicant's motivation to foster and his or her commitment to the foster care experience including how other family members and extended family feel about the decision to foster.

(8) Pre-service training completion and home interview dates.

(9) The responsibilities the applicant(s) will expect the other adults in the household to have with children placed in the home.

(10) Temporary Backup Caregivers.

(11) Social History. A description of the following shall be included:

(a) Background and Family History. Background and family history, including education, types of discipline used in the family, the family's willingness and ability to use appropriate discipline as described in the Partnership Plan for Children in Out-of-Home Care (form CF-FSP [5226](#), available in DCF Forms), family values, and any prior residences in or out of Florida.

(b) Marital Status and Other Significant Relationships.

(c) Health. Applicants will be required to fully disclose health history for themselves and each member of the household to include current physical, mental or emotional health status, any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition. A current physical shall not be required unless the applicant has disclosed a physical, mental, or emotional condition that jeopardizes the safety and permanency of the child's placement;

(d) Parenting Experience of Each Applicant. All of the applicant's children, including adult children, shall be identified whether they reside in the home or not. If the applicant has parenting experience with children other than their biological or adopted children, circumstances under which this experience was acquired shall be discussed. This section should also include a description of the experience, as opposed to just listing the identities of the applicant's children or the children they may have parented.

(e) Family Life. Document observations of family members' personalities and their interpersonal relationships. Describe family activities, hobbies and interests, and civic involvement

including how children placed in the home will participate in these activities as well as family vacations. For each child living in the home, describe the child's school, grades, achievements, and interests. Describe each child's relationship with the applicant(s) and siblings in the home, as well as his or her feelings about having a foster child in the home.

(f) Religion. Assess and document the family's attitudes regarding seeking medical treatment, celebrating holidays or birthdays, and respecting the religious beliefs of the child's family of origin.

(12) Home and Neighborhood.

(a) Physical description of the home, including the number of bedrooms and bathrooms, type and number of available beds and current sleeping arrangements, storage space for children's personal belongings, living area, dining area and other interior space. Interior and exterior photographs must be included. Interior photographs shall include all common living areas, the child's bedroom and bathroom, the storage space for the child's personal belongings, and any other area to which the child may have access.

(b) A description of safety precautions in the home including location and verification of operating fire extinguishers and smoke detectors, storage of medications, cleaning supplies, toxins, and safety nets for trampolines. The description shall also include the storage of alcoholic beverages, location of burglar bars, fireplaces, handrails on stairways, and space heaters, if applicable.

(c) Water Safety. A description of the outdoor area including swimming pools, canals, ponds, lakes, streams, septic tanks, and other potential water hazards and documentation of the counselor's discussion with the applicant regarding the requirements for supervision and how the applicant will ensure safety and adequate supervision.

(d) A completed Foster Home Inspection Checklist (form CF-FSP [5397](#), available in DCF Forms).

16-6. Summary, Recommendations and Process for Submission of Initial Levels of Licensure.

a. Summary and Recommendations.

(1) Recommendation for licensure shall describe the characteristics of children most appropriate for placement in the home. These characteristics shall include level of licensure, number of children, age, gender(s), types of behaviors, and special needs. Explore and address any limitations or concerns and under what conditions the prospective family would not be willing or able to accept a child.

(2) If recommending denial of licensure, the summary shall specify the licensing standards the applicant is unable to meet and attach all supporting documentation. The Department must notify the applicant regarding the appeal process pursuant to Chapter [120](#), F.S.

(3) The UHS shall be reviewed and signed by the applicant, child welfare professional, and his or her supervisor. A copy of the UHS shall be provided to the applicant.

b. The complete application file shall be submitted in accordance with the traditional or attestation model for licensure. A request for additional information shall be submitted by the Regional Licensing Authority within ten business days of receipt of the file. A licensing application file shall consist of the following documentation:

(1) Application for License to Provide Out-of-Home Care for Dependent Children (form CF-FSP [5007](#), available in DCF Forms).

(2) Licensing Unified Home Study (UHS).

(3) Proof of income, including:

(a) If the applicant is self-employed, verification of income and length of employment shall be obtained through the applicant's business license, date of incorporation, or IRS Form 1099.

(b) If the applicant is not self-employed, verification shall be obtained via a letter of reference or other documentation from the applicant's employer that indicates the applicant's current employment and income. If current employment is less than two (2) consecutive years in duration, secondary employment references shall be obtained.

(c) Documentation of any other legal verifiable income.

(4) Parent Preparation Pre-service Training certificate.

(5) Documentation of water safety training, if applicable. As a prerequisite to licensure, potential licensed out-of-home caregivers who have swimming pools or whose homes are adjacent to bodies of water unprotected by a barrier of at least four feet will be required to complete a basic water safety course administered by the American Red Cross, YMCA, or a trainer certified in water safety training. This requirement does not apply to homes with temporary wading pools or portable pools with a depth of less than two (2) feet.

(6) Verification of criminal history screening for the applicant and all household members as specified in paragraph 16-3 of this operating procedure, including:

(a) Affidavit of Good Moral Character (form CF [1649](#), available in DCF Forms);

(b) Local law enforcement check;

(c) Civil court records check;

(d) Florida Department of Law Enforcement records check;

(e) Federal Bureau of Investigation clearance letter;

(f) Abuse history background check through FSFN;

(g) Requests for abuse and neglect histories from any other state in which the applicant or any other adult household member has resided during the past five years; and,

(h) Records checks of the Florida Sexual Offenders and Predators registry.

(7) References for Level I caregivers shall include a minimum of two references regarding the family's ability to meet the needs of the child.

(8) References for Level II-V caregivers shall include:

(a) Three (3) personal references who are not related to the applicant(s) and who have known the applicant(s) for at least two (2) years. Each of the three (3) personal references must provide information related to the applicant's parenting skills. References are to be verified either verbally or in writing by the supervising agency staff and documented in the UHS in FSFN.

(b) References from the adult children of each applicant. These references shall address the applicant's suitability to become a licensed out-of-home caregiver. All unsuccessful attempts to solicit information shall be documented in FSFN, and the overall impact of the missing information considered as a part of the recommendation to grant or deny a license.

(c) References from school personnel of each school-age child residing in the home. References shall be documented in the UHS in FSFN.

(d) References from the child care provider of any preschool-age child residing in the home who is enrolled in a child care program. References shall be documented in the UHS in FSFN.

(e) References and documentation regarding any previous licensure as out-of-home caregivers.

(9) Family Documents.

(a) Driver's license(s) reflecting a current address and complete driving records for any household members or other persons identified who may transport children.

(b) Proof of vehicle insurance.

(10) Family Foster Home Safety Documentation.

(a) Fire inspection report (where required by local zoning laws).

(b) Floor plan.

(11) All prospective licensed out-of-home caregivers must complete the Acknowledgement Firearms Safety Requirements (form CF-FSP [5343](#), available in DCF Forms).

c. Unless otherwise outlined in a Memorandum of Agreement for Adoption of Attestation Model for Family Foster Home Licensing (form CF-FSP [5356](#), available in DCF Forms), the Regional Licensing Authority is responsible for ensuring that the licensing application file is complete and that all licensing requirements are met for the issuance of the license. If the child-placing agency is contracted with a CBC, the licensing application file shall contain documentation of a review by the CBC and the Regional Licensing Authority and a recommendation for approval or denial by the CBC.

d. If the application file is approved, a license shall be issued to the applicant(s). The license shall include the name and address of the caregiver(s), the name of the supervising agency, the licensed capacity, and the dates for which the license is valid. The Regional Managing Director or designee within upper level management shall sign the license. Any limitations shall be displayed on the license.

e. A copy of the license shall be provided by the Regional Licensing Authority to the community-based care lead agency or supervising agency. The community-based care lead agency or supervising agency is responsible for ensuring the license is sent to the foster parent.

f. When the Department determines that the application shall be denied, within ten business days the Department shall notify the applicant by certified mail and supervising agency in writing, identifying the reasons for the denial of the license, the statutory authority for the denial of the license, and the applicant's right of appeal pursuant to Chapter [120](#), F.S. The denial and reason(s) for denial shall be recorded in FSFN by the supervising agency. Voluntary withdrawal of an application by an applicant shall be documented in FSFN and does not require formal action by the Department.

16-7. Level I Waivable Requirements.

a. Initial Licensure.

(1) Pursuant to s. [409.175\(5\)\(b\)](#), F.S., items not related to safety can be waived for Level I licensure requirements.

(2) Items deemed waived will not be required in order for an applicant to obtain a Level I Child Specific License through the Department.

(3) The waiving of items not related to safety must be approved in writing by the Regional Managing Director or designee.

(4) Non-Safety Related Waivable requirements:

(a) A licensing specialist who has been trained by the Department or other state entity, such as the local health department, in the areas of water supply, food holding temperature, plumbing, pest control, sewage, and garbage disposal shall complete the Foster Home Inspection Checklist (form CF-FSP [5397](#), available in DCF Forms);

(b) Radon testing results, when required by s. [404.056](#), F.S.;

(c) Evacuation and disaster preparedness plans; and,

(d) Child Care. Child care for children in licensed out-of-home care shall be in a licensed early education or child care program chosen by the caregiver(s). These providers must be participating in the school readiness program through the local early learning coalition. Examples of licensed early education or child care programs include:

1. Gold Seal accredited child care providers or providers participating in a quality rating system;

2. Licensed child care providers;

3. Public school providers; and,

4. License exempt child care providers including religious exempt, registered, and non-public schools.

(5) The home shall have space and furnishings to accommodate the number of people living in the home and be accessible to all members of the family.

(6) Each family foster home shall have a working telephone or cell phone that is accessible at all times. Emergency telephone numbers shall be displayed prominently in the home. Licensed out-of-home caregivers shall notify the supervising agency within one business day if their telephone number changes.

(7) Each child shall be provided with a clean, permanent bed and mattress of his or her own. The bed shall be of sufficient size to accommodate the child.

(8) Infants shall have their own crib which shall be maintained in good and safe condition and have a clean mattress that fits snugly in the crib frame. Cribs shall not have drop sides or be placed close to windows with curtains or cords in which the child might become entangled.

(9) Bunk beds shall be safe and sturdy. Bunk beds shall be equipped with safety rails on the upper tier for a child under the age of 10 or for any child whose physical, mental, or emotional condition indicates the need for such protection. Beds bunked higher than two tiers must have a manufacturer sticker of safety and must not be placed under or near ceiling fans. Children 5 years old and younger may not sleep on the third tier of a three-tiered bunk bed.

(10) A licensed out-of-home caregiver shall provide each child with clean linens. Waterproof mattress covers should be provided for all beds and cribs as developmentally appropriate and necessary.

(11) The entry to a child's bedroom shall not be located so as to require the child to pass through another bedroom or bathroom in order to enter their bedroom.

(12) A child shall never share a bed with an adult or other child, regardless of age.

(13) Children over 36 months of age shall not share a bedroom with a child of the opposite gender unless efforts are being made to maintain a sibling group. In instances where efforts are being made to maintain a sibling group the foster family, licensing agent, and case manager shall work together in determining arrangements for the safety and best interests of the children involved. Rationale for any decision made for children over the age of 36 months to share a bedroom shall be documented in FSFN.

(14) Children over the age of 12 months shall not share a bedroom with an adult, except in the following circumstances:

(a) When one of the children sharing a bedroom reaches his or her 18th birthday and the out-of-home caregiver and the supervising agency approve the sleeping arrangement;

(b) When it is deemed to be medically necessary as documented by a health care provider;

(c) When a teen parent is sharing a bedroom with his or her child;

(d) When a child is transitioning past his or her first birthday; or,

(e) When the adult is a former dependent child who is sharing a room with a sibling.

(15) Infants 12 months of age or younger may share a bedroom with an adult provided the infant sleeps in his or her crib.

(16) Each licensed home shall have a first aid kit available and accessible to all caregivers.

(17) Each floor in the home shall have a fully charged, unexpired 2A10BC fire extinguisher. One of the fire extinguishers shall be adjacent to the kitchen. There shall also be at least one operating smoke alarm on each floor. There shall be a smoke alarm in each bedroom area.

(18) The home shall not be heated by un-vented gas-fired space heaters or oil heaters unless they are equipped with an oxygen depletion sensor and the home has a carbon monoxide alarm. All gas-fired devices shall be equipped with an automatic pilot gas shut-off control. All electrical wiring shall meet required building codes.

(19) All fireplaces, space heaters, steam radiators, and hot surfaces shall be shielded against accidental contact. Access by children under 6 years of age shall be restricted by a barrier.

(20) Extension cords shall not extend from one room to another with the exception of situations involving emergency loss of power. Multiple electric outlet adapters shall not be used for more than two extensions at one time.

(21) Each licensed out-of-home caregiver shall have a current written plan for evacuation in the event of a natural or man-made disaster.

(22) The plan shall include where the family intends to go and information as to how the family may be reached and must be shared with the supervising agency.

b. Re-Licensure.

(1) Request a home environmental health inspection report to be completed by a licensing specialist who has been trained by the Department or other state entity, such as the local health department.

(2) Health inspections completed by the Department of Health shall be requested 60 days in advance of the home's re-licensing due date to facilitate the receipt of an environmental health inspection report that indicates the home complies with the requirements specified in the Foster Home Inspection Checklist (form CF-FSP [5397](#), available in DCF Forms) prior to the expiration of the license.

(3) For the homes that are issued a three-year license, the health inspection is not required annually; however, the home health inspection must be completed before the end of the three-year licensure period.

16-8. Level II Non-Child Specific Foster Home Initial Licensing Requirements.

a. Individuals applying for a Level II Non-Child Specific Foster Home License shall meet all licensing requirements. This shall include all items identified as Level I Waivable requirements.

b. The licensing counselor shall complete one additional licensing home study visit to the applicant's home to inspect the entire home.

c. Parent Preparation Pre-service or family biographical profile, which shall include the demographic and narrative portions of the UHS as completed by the applicant(s).

16-9. Level III Safe Foster Home for Victims of Human Trafficking Initial Licensing Requirements (standards for certification of safe foster homes). The child-placing agency must submit a letter of recommendation to the Regional Licensing Authority that the licensed foster home be certified as a safe foster home. The letter of recommendation must be accompanied by the following:

a. An Application for Certification as a Safe Foster Home or Safe House (form CF-FSP [5403](#) available in DCF Forms);

b. A copy of the applicant's current foster home license and the applicant's licensing history, placement capacity and gender to be served;

- c. A signed Prudent Parenting Partnership Plan for Sexually Exploited Children or Young Adults (form CF-FSP [5404](#), available in DCF Forms);
- d. A description of child-caring arrangements and sleeping arrangements;
- e. Documentation of completed pre-service training, including specialized training in sexual exploitation, pursuant to Rules [65C-43.004\(1\)-\(2\)](#), F.A.C., and continuing educational training hours, if applicable;
- f. Documentation of compliance with the requirements applicable to safe foster homes set forth in ss. [409.1678\(2\)\(c\)-\(d\)](#), F.S.;
- g. A Services Plan for Sexually Exploited Children and Young Adults (form CF-FSP [5405](#), available in DCF Forms), and progress reports;
- h. A recent photograph of the child or young adult; and,
- i. The discharge summary.

16-10. Level IV Therapeutic Foster Home and Level V Medical Foster Home Initial Licensing Requirements.

- a. Individuals seeking Level IV or V licensure must meet all Level II licensure requirements.
- b. The licensing counselor shall complete one additional licensing home study visit to the applicant's home to inspect the entire home.
- c. Homes shall meet all licensing requirements pursuant to the Agency of Health Care Administration.

16-11. Changes During the Licensed Year for All Levels of Licensure.

- a. Law Enforcement Involvement. The licensed out-of-home caregiver shall report any household member's involvement with law enforcement to the supervising agency within one business day of the occurrence. Law enforcement involvement includes arrests, incidents of domestic violence, driving infractions, and any local law enforcement response to the home during the licensed period.
- b. Household Circumstance Changes. In addition to the requirement in paragraph a above, the caregiver shall also report to the CBC within one business day:

(1) A change in marital or relationship status, including reconciliation or separation.

(a) When a licensed out-of-home caregiver marries, moves in with, or reconciles with an unlicensed spouse or partner, the unlicensed spouse or partner shall submit fingerprints for background screening prior to moving into the residence, unless previously completed.

(b) The unlicensed spouse or partner shall also attend parent preparation pre-service training if not previously completed within the last five years and meet all licensing requirements. The unlicensed spouse or partner shall have three months from the date of marriage, moving in together, or reconciliation to complete pre-service training. If a determination has been made and documented in FSFN as to the unavailability of a pre-service training class, the unlicensed spouse or partner shall complete pre-service training within six months.

(c) Upon completion of pre-service training, the unlicensed spouse or partner shall complete and submit an Application for License to Provide Out-of-Home Care for Dependent Children (form CF-FSP [5007](#), available in DCF Forms).

(d) Failure to meet the licensing and background screening provisions which may threaten the safety of any child in care or place the home in violation of the licensing standards are grounds for denial or revocation of an application or license.

(e) During this evaluation period, the home remains licensed and previously placed children may remain in the home pending the outcome of the assessment. No new children shall be placed in the home until the application has been completed and approved.

(f) The supervising agency will update the UHS, including interviews with all children in the home, verification of satisfactory background screening, and verification of income and expenses, and submit to the CBC within 30 calendar days of marriage, moving in together, or reconciliation.

(g) In cases of separation, divorce or death of a spouse or partner, the supervising agency shall update the UHS summary and assess its impact upon the children placed in the home. The UHS shall summarize the satisfaction of licensing requirements and shall include interviews with the children, if age appropriate, verification of income and expenses, and the remaining caregiver's plan to meet all financial obligations. The updated UHS shall be completed in FSN and submitted to the Regional Licensing Authority within 30 calendar days of the change of status for issuance of an amended license.

(2) A change in household composition, including plans for changes in sleeping arrangements.

(3) A change of physical address.

(4) Changes in financial situation, such as bankruptcy, repossessions, and evictions.

(5) A physical or mental health issue that impacts the ability to provide care for the child.

(6) A change in contact information.

(7) A change in employment or significant change in work or school schedule. A significant change is defined as one that impacts the ability to provide care for the child.

c. The supervising agency shall assess and document the impact on the household immediately upon learning one of these events specified in paragraphs 16-11a and b above has occurred or is likely to occur.

d. All new household members age 18 and older shall be fingerprinted within two business days of residence, and those fingerprints shall be submitted to the Florida Department of Law Enforcement within five business days of the receipt of the fingerprints by the supervising agency. All household members shall meet the requirements for background screening.

e. The supervising agency shall submit a new "Application for License to Provide Out-of-Home Care for Dependent Children," form CF-FSP [5007](#), available in DCF Forms, to the Regional Licensing Authority for the issuance of an amended license.

f. Change of Location. A licensed out-of-home caregiver shall notify the supervising agency no less than 30 calendar days prior to the expected date of the relocation. The supervising agency shall

update the UHS summary for submission to the Regional Licensing Authority for issuance of an amended license within 30 calendar days of the relocation.

(1) Within Region.

(a) Changing location within the region shall require an Application for License to Provide Out-of-Home Care for Dependent Children (form CF-FSP [5007](#), available in DCF Forms), a new UHS for the new location, a satisfactory environmental health inspection of the new residence, the current floor plan, disaster plan, home emergency evacuation plan, fire inspection where required by local zoning laws, and radon testing where applicable.

(b) The supervising agency shall obtain all required documentation and submit the documentation to the CBC for review. The CBC will submit all required documents to the Regional Licensing Authority to initiate the issuance of an amended license. Noncontracted supervising agencies shall obtain all required documentation and submit the documentation directly to the Regional Licensing Authority.

(c) The supervising agency shall complete at least one home visit as part of the updated licensing home study.

(d) If approved, an amended license shall be issued and shall expire on the same date as the previous license.

(e) If licensure of the new home is not recommended and there are children currently placed in the home, the primary case manager shall immediately assess whether alternative placement is necessary.

(2) Between Regions.

(a) A licensed out-of-home caregiver who plans to move from one region to another and wishes to continue being licensed shall notify his or her current supervising agency at least 30 calendar days prior to the planned move. Coordination and responsibility for ensuring the transition of the license shall be as follows:

1. The supervising agency shall assist the licensed out-of-home caregiver in finding a supervising agency in the new region.

2. The current CBC and supervising agency will work in partnership to secure a commitment from the receiving supervising agency in the new region to complete the requirements for licensing the new home.

(b) The current supervising agency shall send the new supervising agency a copy of the licensed out-of-home caregiver's signed Release of Information for Foster/Adoptive Parent Application (form CF-FSP [5090](#), available in DCF Forms). Upon receipt, the new supervising agency shall access the family's information in FSFN. If the new supervising agency does not have access to FSFN, the current supervising agency shall provide a complete copy of the licensing file, including the new contact information for the out-of-home caregiver, to the new supervising agency.

(c) The new supervising agency will contact the licensed out-of-home caregivers within five business days upon notification of the relocation to begin the licensing process.

(d) When currently placed children are relocating with the out-of-home caregiver, the new supervising agency shall submit the home study and completed application file according to the regional licensing submission process within 30 calendar days of notification of relocation.

(e) The Regional Licensing Authority in the new region shall request any additional documentation legally required to ensure that all minimum standards and out-of-home caregiver expectations are met within ten business days of receipt of the application file. If no additional information is legally required, the new license shall be issued within ten business days of receipt of the complete application file.

(f) If the decision is made to deny the new application, the Regional Licensing Authority will notify the applicant and supervising agency by certified mail within five business days of the decision to deny, identifying the reasons for the denial of the license, the statutory authority for the denial of the license, and the applicant's right of appeal pursuant to Chapter [120](#), F.S.

1. The denial and reason(s) for denial shall be recorded in FSFN by the supervising agency.
2. If there are any children who moved with the caregiver from the former region, the Regional Licensing Authority will notify the new supervising agency within 24 hours of the decision to deny the application.
3. The new supervising agency shall notify the former supervising agency and the contracted service provider responsible for courtesy supervision within 24 hours of receiving the notice.
4. All possible placement options, the possible risk to the children, and their best interest shall be considered, and a decision made regarding their placement within 24 hours of receipt of the notification.
5. The removal and placement of the children is the responsibility of the former supervising agency and the contracted service provider with primary responsibility for supervision of the children.

(3) Out-of-State. The same process as outlined for a change between regions is to be followed if a licensed out-of-home caregiver moves out-of-state. However, if the children are to move out-of-state with the licensed out-of-home caregiver, the primary case manager is required to initiate an Interstate Compact for the Placement of Children request pursuant to s. [409.401](#), F.S.

g. Change of Supervising Agency.

- (1) A currently licensed out-of-home caregiver wishing to change providers shall notify in writing his or her current supervising agency.
- (2) Within 15 calendar days of being notified of the requested change, the current supervising agency shall notify the Regional Licensing Authority. The desired supervising agency shall:
 - (a) Request all information concerning the performance of the respective licensed out-of-home caregiver from the current supervising agency, including the agency's recommendation for licensure;
 - (b) Consider the application and advise the applicant in writing of whether it does or does not find the family appropriate for transfer to its agency within 30 days of receipt of the application; and,
 - (c) Notify the sending agency and the Department of the determination.

(d) If the family is found to be inappropriate for continued licensure, the supervising agency and Regional Licensing Authority shall deny the application, and the Department shall make the family aware of the appeal process. The denial and reason(s) for denial shall be recorded in FSFN by the supervising agency.

(3) Supervising agencies shall share all information concerning the performance of the licensed out-of-home caregiver, along with their recommendations, upon request.

(4) If the licensed out-of-home caregiver is accepted, the new supervising agency shall submit a new application packet according to the regional licensing submission process for issuance of the new license.

(5) If the request to change providers occurs during the licensure year, the new supervising agency need only submit an Application for License to Provide Out-of-Home Care for Dependent Children (form CF-FSP [5007](#), available in DCF Forms), and letter of acceptance in accordance with the regional licensing submission process.

(6) Upon notification, the Regional Licensing Authority shall have 15 calendar days to notify the licensed caregiver's requested supervising agency of the request to amend the license.

(7) The Regional Licensing Authority will issue an amended license to reflect the new supervising agency for the remainder of the established licensure year. The new supervising agency assumes all responsibility for the annual re-licensure activities.

16-12. Standards for All Licensed Out-of-Home Caregivers.

a. Requirements.

(1) All licensed out-of-home caregivers shall comply with Rules [65C-28.003\(1\), \(3\) and \(4\)](#); [65C-28.009\(2\)](#); [65C-28.018\(1\)](#); and, [65C-28.019](#), F.A.C.

(2) Placement capacity shall comply with s. [409.175\(3\)](#), F.S.

(3) Each licensed out-of-home caregiver shall sign a Partnership Plan for Children in Out-of-Home Care (form CF-FSP [5226](#), available in DCF Forms). The agreement shall be reviewed and discussed with a licensing counselor prior to initial licensure and again at each re-licensure. The document must be signed by a representative from the supervising agency, the potential or licensed out-of-home caregiver, and at placement by the case manager.

(4) The child's resource record (CRR) shall be maintained by the licensed out-of-home caregiver. The CRR is a standardized record developed and maintained for every child entering out-of-home care that contains copies of the basic legal, demographic, available and accessible educational, and available and accessible medical and psychological information pertaining to a specific child, as well as any documents necessary for a child to receive medical treatment and educational services. Where medical or educational information is not available and accessible, written documentation of the efforts made to obtain the information must be in the file. The CRR shall be housed where the child is placed, shall accompany the child to every health encounter, and shall be updated as events occur.

(5) Physical Environment.

(a) Outdoor Area.

1. The exterior of the home and premises shall be free from objects, materials, and conditions which constitute a danger to children. All garbage and trash shall be covered and removed regularly.

2. The home shall have a safe outdoor play area on the property or within walking distance. All outdoor play equipment shall be kept in good repair. If the home is located on a busy street, there shall be a safety plan for supervision. There shall not be large, potentially dangerous items such as old refrigerators, stacks of lumber, and unregistered vehicles or boats stored in the safe outdoor play area.

(b) Water Safety and Supervision.

1. The level of supervision for children in close proximity to any body of water, including swimming pools, shall be provided by the licensed out-of-home caregiver pursuant to s. [39.4091\(2\)\(c\)](#), F.S.

2. Children who are placed in licensed homes that have swimming pools or are adjacent to any body of water shall be instructed in water safety regardless of age or swimming capability.

3. Wading pools shall be set up and maintained according to the manufacturer's instructions. Wading pools shall be emptied and stored when not in use and shall be filled with clean water before each use.

4. All pools above or in ground shall be equipped with at least one of the following life-saving devices: ring buoy, rescue tube, flotation device with a rope, or shepherd's hook of sufficient length to cover the area.

(c) In Ground Swimming Pools.

1. Swimming pools shall contain the safety features outlined in the Residential Pool Safety Act, s. [515.27](#), F.S. Homes with swimming pools licensed prior to the enactment of the Residential Pool Safety Act shall be considered to have met this requirement.

2. All access through the barrier shall have at least one of the following safety features: alarm, key lock, self-locking doors, bolt lock, or another lock that is not accessible to children. Any exterior door leading from the house to the pool area shall have at least two of the safety features.

3. When the swimming pool is not in use, all entry points shall be locked.

(d) Above Ground Pools.

1. If the sides of an above ground pool are at least four feet tall, they may be used as the barrier for that pool.

2. Above ground pools with steps or ladders shall have them secured, locked, or removed when the pool is not in use.

3. If the pool cannot be emptied after each use, the pool shall have a working pump and filtering system.

4. Hot tubs and spas not adjoined to an in-ground pool shall be required to have a safety cover that is locked when not in use.

(e) Interior Environment.

1. The home shall have space and furnishings to accommodate the number of people living in the home and be accessible to all members of the family.

2. Each child shall be provided with storage space for personal belongings and a designated space for hanging clothes in or near the bedroom occupied by the child.

3. Bath and toilet facilities shall be clean and in good working order with a door for privacy.

4. The door of each bathroom shall have a lock.

5. The home shall be clean and free of hazards to the health and physical well-being of the family.

6. Each family foster home shall have a working telephone in the home that is accessible at all times. Emergency telephone numbers shall be displayed prominently in the home. Licensed out-of-home caregivers shall notify the supervising agency within one business day if their telephone number changes.

7. All toys and equipment shall be in safe condition and kept clean and sanitary.

8. All rooms used by children shall be at a comfortable temperature. Rooms shall be dry and well ventilated.

9. All doors and windows used for ventilation shall be screened.

10. Rooms used by children shall be clean and well lit.

11. Homes shall be smoke free, including e-cigarettes and vapor smoke.

(f) Sleeping Arrangements and Personal Space.

1. All sleeping areas shall be in bedrooms separate from the public areas of the house. Children's bedrooms shall have space that allows for walking, personal storage, and sleeping for the number of children sleeping in the room.

2. An adult shall be accessible to the rooms where children under six years of age are sleeping.

3. Each child shall be provided with a clean, permanent bed and mattress of his or her own. The bed shall be of sufficient size to accommodate the child.

4. Infants shall have their own crib which shall be maintained in good and safe condition and have a clean mattress that fits snugly in the crib frame. Cribs shall not have drop sides or be placed close to windows with curtains or cords in which the child might become entangled.

5. Children of any age shall not sleep on a living room sofa, cot, or foldaway bed as a regular sleeping arrangement.

6. The entry to a child's bedroom shall not be located so as to require the child to pass through another bedroom or bathroom in order to enter their bedroom.

(g) Family Foster Home Safety.

1. All poisonous chemicals shall be in a locked location.
2. Each licensed home shall have a first aid kit available and accessible to all caregivers.
3. All medications shall be stored in a location that is locked and inaccessible to children.
4. Alcoholic beverages shall be stored in a location out of reach of children.
5. Storage of guns shall comply with the requirements of the "Acknowledgement of Firearms Safety Requirements," as described in paragraph 16-6b(11) of this operating procedure.

(h) Fire Safety.

1. All homes shall comply with Rule [69A-41](#), F.A.C.
2. The home shall be safe from fire hazards. All combustible items shall be stored away from sources of heat. Exits, stairways, and hallways shall be free of obstacles that would hamper an emergency evacuation. The home shall have at least two exits. All doors with locks shall be capable of being opened from the inside.
3. Heating and cooling units, washers, dryers, refrigeration systems, stoves, and hoods shall be properly installed, vented, and maintained as determined during the assessment of the physical environment of the home or the health inspection.
4. Each bedroom shall have at least two means of exit in case of emergency. Bedrooms above ground level must have a means of escape that will allow for safe exit. If the child's bedroom is equipped with burglar bars, the caregiver shall demonstrate that the burglar bars can be released to allow exit. A key placed near a window does not qualify as an approved emergency release method. Age-appropriate training on opening of the burglar bars shall be provided to each child upon placement.
5. The licensed out-of-home caregiver shall have an evacuation plan posted in a conspicuous place in the home. The plan shall specifically provide for the safe exit of children who are incapable of understanding the plan or participating in drills. This plan should be shared with all children as appropriate to their age and level of understanding upon placement in the home.
6. Fire drills shall be conducted a minimum of two times per year. The licensed out-of-home caregiver shall maintain a log of fire drills conducted including the date, beginning and ending time, specific location, and participants' names.

7. Volatile materials shall not be stored where water heaters are located or near other sources of heat. Attic space shall not be used for the storage of volatile materials.

(i) Transportation Safety. The licensed out-of-home caregiver shall not transport children in truck beds, motorcycles, or any other high-risk method of transportation. The licensed out-of-home caregiver shall comply with Chapter [316](#), F.S., related to transportation of children.

(j) Disaster Plans.

1. Each licensed out-of-home caregiver shall have a current written plan for evacuation in the event of a natural or man-made disaster.

2. The plan shall include where the family intends to go and information as to how the family may be reached and must be shared with the supervising agency.

b. Food and Nutrition.

(1) Licensed out-of-home caregivers shall provide nutritionally balanced meals and age appropriate snacks daily.

(2) Licensed out-of-home caregivers are expected to provide for any special dietary needs of children placed in their home. The licensed out-of-home caregiver shall be sensitive to the parent's input regarding special dietary needs.

(3) Licensed out-of-home caregivers shall not withhold food as a means of discipline or punishment.

c. Discipline.

(1) Licensed out-of-home caregivers shall discipline children with kindness, consistency, and understanding, and with the purpose of helping the child develop responsibility and self-control.

(2) Licensed out-of-home caregivers shall use positive methods of discipline. Acceptable methods of discipline include: reinforcing acceptable behavior, expressing verbal disappointment of the child's behavior, loss of privileges, grounding, restricting the child to the house or yard, sending the child out of the room and away from the family activity, and redirecting the child's activity.

(3) Licensed out-of-home caregivers shall not subject children to cruel, severe, or unusual forms of discipline.

(4) Licensed out-of-home caregivers shall not use corporal punishments of any kind.

(5) Licensed out-of-home caregivers shall not delegate discipline or permit punishment of a child by another child or by another adult not in a caregiver role.

(6) Licensed out-of-home caregivers shall not withhold meals, clothing, allowance, or shelter as a form of discipline.

(7) Licensed out-of-home caregivers shall not ridicule or punish a child for bed-wetting or other lapses in toileting.

(8) No child shall be mechanically restrained or locked in any enclosure, room, closet, bathroom or area of the house or premises, for any reason.

(9) Licensed out-of-home caregivers shall not threaten a child with removal, or with a report to authorities, or prohibit visitation with family and significant others as consequences for unacceptable behavior.

(10) Licensed out-of-home caregivers will seek the assistance of the child's case manager or therapist for behavior problems.

d. Placement of a child in a home licensed by the Agency for Persons with Disabilities (APD) shall be approved by the Agency for Persons with Disabilities prior to placement. A home licensed by APD may be utilized for placement of children eligible for both programs without obtaining a separate license if the child is receiving Supplemental Security Income (SSI).

e. Licensed Out-of-Home Caregivers Providing Child Care.

(1) Licensed out-of-home caregivers contracting with a CBC are authorized by s. [409.988\(2\)\(c\)](#), F.S., to provide child care as a Licensed Family Day Care Home, as defined in s. [402.302](#), F.S., and may be dually licensed.

(2) All licensing standards and requirements for family foster homes and family day care homes shall be met and maintained.

(3) Licensed out-of-home caregivers shall limit their hours of operation as a Family Day Care Home to be between 6:00 a.m. and 7:00 p.m.

(4) The out-of-home caregiver shall not be paid both the foster care board rate and child care subsidy for the same child.

(5) A family foster home providing child care under this paragraph shall be inspected a minimum of twice per year, at least once by daycare licensing staff and once by the supervising agency's licensing specialist. The inspection is to assess the impact of the child care operation on the children in care.

(6) If a family foster home is also licensed as a Family Day Care Home, the Department shall coordinate inspections with a licensing counselor from the child-care licensing program.

(7) Complaint investigations shall be conducted in conjunction with a representative from child care licensing.

f. Caregiver Standards.

(1) A licensed out-of-home caregiver shall be a stable, responsible, and mature individual who is at least 21 years of age.

(2) At least one licensed out-of-home caregiver in the home shall be able to effectively communicate with any child placed in the home.

(3) A licensed out-of-home caregiver shall not operate the home as an adult boarding or rooming home or an adult daycare facility.

16-13. Supports for All Foster Parents.

a. CBCs and their contracted providers will provide ongoing support to licensed out-of-home caregivers.

b. At a minimum, quarterly contacts shall be made with each licensed caregiver home.

c. Supports to caregivers can include, but are not be limited to:

- (1) Access to foster parent support groups;
- (2) Service resources for children placed in the home;
- (3) Foster Parent mentors; and,
- (4) Service resources for caregivers.

16-14. Re-Licensing Requirements for All Levels of Licensure.

a. Requirements.

(1) Re-licensing procedures shall be initiated by the supervising agency and the re-licensing file shall be submitted to the licensing authority at least 30 calendar days prior to expiration of the current license. However, if the attestation model is used, the re-licensing file shall be submitted to the licensing authority at least ten business days prior to expiration of the current license. The re-licensing process shall not be initiated more than 90 calendar days prior to the expiration of the current license.

(2) Out-of-home caregivers requesting to be re-licensed shall complete the Application for License to Provide Out-of-Home Care for Dependent Children (form CF-FSP [5007](#), available in DCF Forms).

(a) Persons living together in a caretaking role, as determined by the supervising agency, shall both sign the application.

(b) Persons shall be considered living together in a caretaking role if:

1. The person living in the home is the partner (paramour) of the primary caregiver; or;

2. The person living in the home will have responsibility for caring for the children in the home and addressing their needs.

(c) An applicant shall sign all required re-licensing documentation as requested.

(3) The supervising agency shall ensure the completion of the application process by completing the following:

(a) Direct the licensed out-of-home caregivers to obtain a radon test at the fifth year for licensing purposes, if required by s. [404.056](#), F.S.

(b) After two radon measurements with negative results, no further testing is required unless the home has significant structural changes.

(4) The supervising agency shall ensure that all required background screening has been completed pursuant to paragraph 16-3 of this operating procedure.

(5) References. The supervising agency responsible for completing the re-licensing home study shall obtain and review information about the home from the Case Manager/Case Worker Review of Foster Parent (form CF-FSP [5223](#), available in DCF Forms), and the Quality of Licensed Caregiver's Home – Community Input (form CF-FSP [5225](#), available in DCF Forms). The Case Manager/Case Worker Review of Foster Parent and at least one Quality of Licensed Caregiver's

Home – Community Input shall be completed for every child who has been placed for a minimum of 30 calendar days. The supervising agency and case manager must staff and address in FSFN any issues raised by the case manager in the re-licensing home study.

(6) The supervising agency shall obtain the completed Exit Interview about Foster Parents (form CF-FSP [5353](#), available in DCF Forms). This form must be completed for every child over the age of 5 who exits the home following a placement of 30 calendar days or longer. The supervising agency will review the exit interviews and must address issues raised in the exit interviews in the re-licensing summary. The re-licensing file must contain all applicable exit interviews. If exit interviews are not provided with the re-licensing file, the supervising agency must document efforts made to secure the exit interviews, and the proper administrator of the CBC and supervising agency shall be notified.

(7) The supervising agency shall obtain from the licensed out-of-home caregiver a completed Foster Parent's Review of the Case Worker/Care Manager (form CF-FSP [5224](#), available in DCF Forms), and review information from case managers who supervised children in the home during the previous licensing year. The supervising agency must address any issues raised by the licensed out-of-home caregiver with the case management staff and in the re-licensing home study.

(8) Applicants for renewal shall provide the agency with:

(a) Documentation of at least eight hours of continuing education annually; and,

(b) A current driver's license, driving record, and auto insurance coverage information, as applicable.

b. Re-Licensing Procedures.

(1) The supervising agency shall conduct a minimum of one face-to-face visit in the home and interview all household members prior to re-licensure.

(2) The supervising agency shall review and discuss the Partnership Plan for Children in Out-of-Home Care (form CF-FSP [5226](#), available in DCF Forms) with the applicants, and document the date of the discussion in FSFN.

(3) The licensing counselor shall inspect the entire premises of the home, including all interior and exterior areas, for continued compliance with licensing standards. A narrative shall be included in the Physical Environment section of the UHS.

(4) Vehicles used for transporting children shall be observed for seatbelt compliance and any obvious safety hazards documented and addressed in a corrective action plan, if necessary. Observations, including compliance, shall be included in the UHS.

(5) Fire drill logs shall be reviewed and discussed to ensure continued compliance with licensing standards. The evacuation plan and disaster preparedness plan shall be reviewed and discussed.

c. Re-Licensing Unified Home Study (UHS). As a part of the re-licensing application file, the supervising agency shall make a thorough assessment and evaluation of each licensed out-of-home caregiver and document this evaluation using the Unified Home Study module in FSFN.

(1) The updated home study shall include all of the assessments required for an initial licensing home study as specified in paragraph 16-5c(6) of this operating procedure. In addition, the

updated home study shall include an assessment of fostering experiences over the past licensing year, including:

- (a) Youth exit interviews, case manager reviews, and foster parent reviews;
- (b) Documentation of at least eight hours (annually) of continuing education;
- (c) Documentation of updated water safety training, if applicable;
- (d) Background screening, pursuant to paragraph 16-3 of this operating procedure;
- (e) Documentation of driver's license(s) and vehicle insurance; and,
- (f) Updated evacuation and disaster preparedness plan, if changes in the layout of the home or means of egress have occurred.

(2) Discipline. Description of how the licensed out-of-home caregiver has managed behavior with children placed in the home.

(3) Family Life. Documentation of the licensed out-of-home caregiver's support and integration of children into the family, such as attendance at and involvement with children's activities, ensuring children have reliable transportation to school, social events, medical appointments, and inclusion in other family activities. The supervising agency will describe the licensed out-of-home caregiver's attentiveness to the provision of clothing and allowances to the children in his or her care.

(a) Documentation of the level of cooperation of licensed out-of-home caregivers with the children's families, including visitation for children placed in the home during the previous licensing year. Describe of how the family has worked with the supervising agency and other service providers.

(b) Documentation of the licensed out-of-home caregiver's compliance with proper administration and monitoring of medication, and cooperation with medical directives and appointments.

(c) Documentation of the maintenance of school and resource records for each child in placement.

(4) History of Placement Activity. Placement activity during the previous licensing year shall be identified and discussed. If the family requested that a child be moved, the reasons and circumstances must be addressed. The narrative must provide detail about each child who has left the home and address how the family has worked with each child.

(5) Youth Exit Interviews. An Exit Interview with Foster Child About Foster Parents (form CF-FSP [5353](#), available in DCF Forms) must be conducted and assessed with every child age 5 through 18 who lived in the home for 30 days or longer.

(6) Staff Feedback. A summary of feedback from lead and/or supervising agency staff members as it relates to the family's continued suitability and performance as a licensed out-of-home caregiver.

(7) Investigations, Special Condition Referrals, Concerns or Complaints. A summary assessment of investigations and special condition referrals, incident reports, accidents, and complaints during the previous licensing period.

(8) Summary.

(a) All forms and information obtained as a part of the re-licensing process shall be summarized in a written narrative. The narrative should include the characteristics of children for whom the family is most appropriate, including the number of children, age, gender, special needs, and behaviors.

(b) The UHS shall be completed, reviewed, and approved in FSFN. The home study shall also be signed and dated by the counselor responsible for completing the study and the counselor's supervisor.

(c) The licensed out-of-home caregiver shall be offered an opportunity to sign the home study and must be provided a copy. The signature pages shall be uploaded as an attachment to the Unified Home Study module in FSFN.

d. Re-Licensing Process.

(1) A supervising agency shall conduct an annual re-licensing evaluation of the agency's licensed homes in order to make a recommendation, prior to licensing expiration, to the Department regarding renewal of each family's license.

(2) If the region does not participate in the attestation model for license, the Regional Licensing Authority shall determine if the re-licensing application file is complete and notify the CBC in writing of the need for any additional materials or information within ten business days of receipt of the re-licensing list. The CBC must submit the necessary materials or information to the Regional Licensing Authority within ten business days of receipt of the written notice. A license cannot be issued until all information has been received.

(3) If approved, a license shall be issued to the applicant no later than ten business days from receipt of the complete re-licensing file.

(4) If the completed file of materials was received prior to the expiration of the existing license, upon approval, the renewal date of licensure shall begin on the day the existing license expires.

(5) If the submitted application file is not complete at the time the existing license expires, the renewal date of licensure shall be the actual date of approval by the Regional Licensing Authority. No child shall be placed or remain in an unlicensed setting.

(6) A copy of the license shall be provided by the Regional Licensing Authority to the CBC for dissemination to the supervising agency or directly to the supervising agency if the agency does not contract with the CBC. The supervising agency is responsible for sending the license to the family.

(7) If the supervising agency or Regional Licensing Authority determines that the out-of-home caregivers have not satisfactorily met the standards for continued licensure, the licensing authority shall consult with the regional legal counsel, CBC, and supervising agency concerning the appropriate course of action.

(8) If the Regional Licensing Authority denies the application for re-licensure, the applicant shall be notified in writing within ten business days of the determination, identifying the reasons for the denial, the statutory authority for the denial, and the applicant's right of appeal pursuant to Chapter [120](#), F.S. The applicant shall be afforded the opportunity to withdraw the application. If the applicant elects to withdraw the application, this must be documented in FSFN.

e. Three-Year License. A family foster home shall not be issued a 3-year license unless the following criteria are met:

(1) The family has been licensed for at least the three previous consecutive years.

(2) The family has not been the subject of a report of child abuse or neglect with verified findings of maltreatment or a foster care referral leading to a corrective action plan.

(3) The family is in good standing with the Department as evidenced by the following:

(a) The family has not been placed on a performance improvement plan/corrective action plan during the last three years.

(b) The family has clear background checks. An exemption from disqualification pursuant to s. [435.07](#), F.S., shall not be considered a clear background check.

f. Applicants Previously Licensed or Approved in Another State or Region.

(1) If the applicants were licensed previously in another state or outside the region in which they are seeking licensure, the supervising agency shall make a written request to the previous licensing agency for a reference, copies of the initial and previous licensing studies, closing summaries, information about any complaints, foster care referrals, or concerns expressed regarding the prospective family's parenting ability, reason for closure, and the results of their background screening and abuse history check.

(2) The written request and all information received from the originating state or region shall be included in the application file. All attempts to obtain the information shall be documented.

16-15. Conflict of Interest for All Levels of Licensure – Employees, Relatives and Sub-Contractors as Licensed Out-of-Home Caregivers. Licensing of employees of the Department, county sheriff's offices, CBCs, and their subcontracted providers or their relatives who desire to become out-of-home caregivers is allowable as long as the following conditions are met:

a. No actual or perceived conflict of interest exists that could result in preferential treatment concerning the licensing process or the placement and movement of children placed in the potential licensed family foster home;

b. The licensing study is completed by a licensed child-placing agency outside of the employee's service area and submitted to the Regional Licensing Authority for approval;

c. The executive director or designee in upper level management of CBC or supervising agency responsible for submitting the employee, relative, or subcontractor licensing file to the Department has reviewed and approved the submission of the application to the Department; and,

d. The Regional Licensing Authority obtains approval of the application from the Regional Managing Director or designee prior to issuing a family foster care license for an employee, relative, or subcontractor.

16-16. Terms of a License for All Levels of Licensure.

a. The Regional Licensing Authority shall request, in writing, any additional information legally required for the purposes of making a licensing determination within ten business days of receipt of an application file. The Regional Licensing Authority shall grant or deny an initial license application within ten business days of receipt of a complete application file. The decision on whether to grant or deny

the initial license application shall be based on whether the applicant has submitted a completed application file or attestation and has a favorable home study in accordance with paragraph 16-5 of this operating procedure.

b. Offices, conference rooms, and other non-home-like settings shall not be licensed for placement of children in care.

c. The license shall reflect the name of the licensee, the licensee's physical address, city and county, the name of the supervising agency, and the license number along with its beginning and expiration dates.

d. If the Regional Licensing Authority determines that a reduction in the licensure period of a three-year license is warranted based on a licensing violation, it shall notify the supervising agency and the applicant in writing, identifying the reasons for the reduction in the licensure period, and the statutory authority for the reduction.

e. Authorized licensing staff of the Regional Licensing Authority or supervising agency may make unannounced inspections of a licensed family foster home. The inspection may include examination of all rooms and areas on the property and interviews of all household members.

f. All licenses shall be signed by the Regional Managing Director or designee in upper level management.

g. License Modifications.

(1) Modifications shall be made to a license at the request of the licensed out-of-home caregiver following an assessment by licensing staff, or as a result of corrective measures.

(2) Modifications which alter information set forth on the existing license shall result in the issuance of a new license. This new license shall expire on the same date as on the existing license.

(3) If a request for modification occurs within 90 days of the expiration of the license, the supervising agency may conduct all activities consistent with re-licensure. The new license shall be valid for one year from the new date of issuance.

h. File Retention.

(1) The supervising agency shall retain a central file in the region for every family foster home licensed. The file shall include:

(a) All initial and subsequent licensing documentation, as well as all other licensing related activities including documentation of background screening requirements;

(b) Complaint investigation information;

(c) Waivers and exceptions;

(d) Other additional documentation obtained regarding the licensed home; and,

(e) A termination summary for homes which are closed and the reason for closing. The termination summary should be entered as a Provider Note in FSFN.

(2) Central files must be maintained in a secure location and made available for monitoring or auditing purposes.

(3) An electronic version of the licensing file shall be maintained by the supervising agency in the electronic filing cabinet located in FSFN. The supervising agency shall develop a policy that addresses the destruction of paper files; this policy must be reviewed and approved by the Regional Licensing Authority.

(4) Central files of prospective licensed out-of-home caregivers who are not denied licensure but who do not become licensed shall be retained by the supervising agency for a period of five years.

(5) Central files of licensed out-of-home caregivers shall be maintained for 20 years after closure.

(6) Central files of applicants who are denied licensure shall be maintained for a period of 20 years after the issuance of the denial or final denial order date, whichever is later.

16-17. Over-Capacity Assessments and Exceptions for All Levels of Licensure.

a. Capacity.

(1) A recommendation shall be made by the supervising agency for the licensed capacity in each family foster home based on:

(a) An evaluation of the skills, experience, and support network of the prospective licensed out-of-home caregiver;

(b) The physical space in the home; and,

(c) The needs of the children served.

(2) The total number of children in the home shall not exceed five children, including the out-of-home caregiver's own children, unless an assessment is completed, and approval given pursuant to s. [409.175\(3\)\(b\)](#), F.S., and in accordance with this chapter.

(3) There shall be no more than two infants under 24 months of age in a licensed home, including the out-of-home caregiver's own children, unless an assessment is completed, and approval given in accordance with this chapter.

b. Approval of Over-Capacity Assessments for Over Five Children or More Than Two Infants.

(1) Assessment approvals for more than five children or more than two infants under 24 months of age shall be given by the supervisor in writing or via electronic method prior to placement and shall be approved personally and in writing the next business day by the Regional Managing Director or their designee.

(2) The assessment of each child in the home and of the child being placed in the home shall be completed by the placement staff.

(a) The assessment shall include:

1. The medical, mental, physical, and behavioral needs of each child.

2. A clear, concise explanation of why the over-capacity waiver should be approved including the reason it has been determined that this is the most appropriate available placement.

3. A description of any special services or support systems which may be necessary to assure the well-being of the child being placed.

4. A description of how this home can physically accommodate the additional child. Accommodations shall include a bed, adequate closet space, and room for personal possessions and adequate privacy.

5. Information concerning how the needs of any particularly vulnerable child currently in placement can be adequately protected.

6. Placement needs and risk factors for children who have been sexually victimized or who are sexually aggressive.

7. Verification that there are no active complaints, licensing standards in violation, active abuse reports or foster care referrals for the proposed placement.

8. The duration of the waiver; initial assessment approval shall not exceed 30 days. Subsequent approvals for the same child or children may be approved for 90-day extensions personally and in writing by the Regional Managing Director or their designees.

(b) Requirements for the Assessment.

1. The placement staff shall provide to the case manager a copy of the completed assessment within five business days of the child's placement.

2. The written and approved assessment shall be placed in the licensing file of the out-of-home caregiver.

3. The licensing counselor shall conduct a home visit with the licensed out-of-home caregiver within seven calendar days of a child's placement to ensure that all services identified by the case manager are in place to support the out-of-home caregiver.

(c) Over-Capacity Exception and Age Differential Approvals.

1. Written approval of the exception shall be obtained prior to placement when the licensed capacity and recommended ages of children are exceeded. The exception shall be approved by the supervisor in writing or via electronic method and shall be approved personally and in writing the next business day by the Regional Managing Director or their designee.

2. An initial approval shall not exceed 90 calendar days. Subsequent approvals for the same child may be approved for 180 day extensions.

3. The approval for the over-capacity exception shall automatically expire when the total number of children in the home is at or below the licensed capacity.

4. All child placements shall be recorded in FSFN by the supervising agency within 48 hours of placement. When such a placement causes a home to exceed a total of five children, the approval shall be recorded as a Provider Note in FSFN.

16-18. Babysitting, Overnight Care, Extended Overnight Care and Other Supervision Arrangements for All Levels of Licensure.

a. The licensed out-of-home caregiver is responsible for ensuring that individuals providing babysitting are suitable for the age, developmental level, and behaviors of the children. The licensed

out-of-home caregiver shall use a reasonable and prudent parent standard, as defined in s. [39.4091\(2\)\(c\)](#), F.S., in choosing any babysitters or assessing a child's ability to stay home alone.

b. The licensed out-of-home caregiver is responsible for ensuring babysitters receive instructions that cover protocol for handling emergencies including telephone numbers for the licensed out-of-home caregiver, case manager, and physician. The discipline policy and confidentiality policy shall be clearly explained.

c. Babysitting does not have to occur in a licensed setting.

d. If the alternate care being provided for the child meets the definition of "child care" as defined in s. [402.302](#), F.S., the child care personnel must meet the standards set forth in s. [402.305\(2\)](#), F.S.

e. Extended Overnight Care.

(1) Families shall take children in their care on family vacations and trips whenever possible. Caregivers shall notify the child welfare professional in advance of all overnight stays exceeding three nights.

(2) The following procedures apply when the caregiver must be absent for more than three nights and the child cannot accompany him or her:

(a) Foster parents will be allowed to select families or individuals who are well known to them to care for the child in their absence. At the time of licensing and re-licensing, licensed caregivers shall identify the families or individuals who provide temporary alternate care for the children in their care.

(b) Except in emergency circumstances, the adults in these families must have criminal and child abuse background checks including finger printing. In emergency circumstances, a full background screening will be initiated the next business day. Such persons shall be recorded in the Unified Home Study module in FSFN.

16-19. Foster Care Referrals and Investigations for All Levels of Licensure.

a. The Regional Licensing Authority maintains responsibility for ensuring follow-up actions are taken on all foster care referrals and investigations. The supervising agency shall ensure that all licensed out-of-home caregivers are notified of foster care referrals. Licensed out-of-home caregivers shall be notified of investigations by the child protective investigator.

b. The Regional Licensing Authority, CBC and supervising agency have the right to inspect the entire premises of the licensed out-of-home caregiver at any time.

c. Foster Care Referrals. Upon receipt by the child protection investigation unit of a foster care referral regarding a foster home, the foster care referral shall be immediately forwarded to the appropriate supervising agency licensing staff. The licensing staff receiving the foster care referral shall:

(1) Respond to the foster care referral and document any needed actions within 48 hours.

(2) Prepare a written corrective action plan to correct the deficiencies that are a result of a foster care referral. The plan shall be developed by the supervising agency in conjunction with the licensed out-of-home caregivers and shall be approved by the Regional Licensing Authority.

(3) Make a call to the Florida Abuse Hotline if there are suspicions of abuse or neglect.

d. Investigations. When the supervising agency or Regional Licensing Authority is notified of an investigation, a staffing shall be coordinated according to local protocol. If licensing violations are found which do not pose an immediate threat to the health, safety, or well-being of the child, the supervising agency shall prepare a written corrective action plan to correct the deficiencies. The plan shall be developed by the supervising agency in conjunction with the licensed out-of-home caregivers and shall be approved by the Regional Licensing Authority.

16-20. Administrative Actions, Appeals and Closures for All Levels of Licensure.

a. General Information. The Department is the Regional Licensing Authority for all family foster homes and has final authority to approve or deny any license.

(1) The denial or revocation of a license shall be recorded in FSFN by the Regional Licensing Authority.

(2) The Regional Licensing Authority shall notify the CBC and supervising agency immediately of any adverse action taken regarding a license.

b. Documentation Requirements Prior to Administrative Action.

(1) Before making a determination that a license shall be denied or revoked, the following shall be documented in the licensing file:

(a) All qualifying abuse reports and all reports of licensing violations and the outcome of the investigation;

(b) List of all deficiencies or conditions, other than abuse or neglect of a child, which compromise the safety or well-being of the children;

(c) The length of time and frequency of the noncompliance with the licensing requirements or deficiencies in caring for a child;

(d) The date of written notification to the licensee as to the deficiency and time given to the licensee to correct the deficiency;

(e) The licensing staff's efforts to help the licensee come into compliance; and,

(f) Barriers, if any, which prohibit the licensee from correcting the deficiencies.

(2) All license revocations and denials shall comply with requirements of Chapter [120](#), F.S.;

(3) All documentation shall be reviewed with the Department's legal counsel. The notice of revocation or denial shall not be sent to the out-of-home caregiver without approval of both the Department's legal counsel and the Regional Licensing Authority.

c. Denial of Initial Licensure.

(1) The Regional Licensing Authority shall have 30 days following receipt of a complete application packet to grant or deny the application in accordance with s. [120.60](#), F.S., and notify the supervising agency of the decision.

(2) If the Regional Licensing Authority determines that the applicant should not be licensed, the supervising agency shall notify the applicant in writing within ten business days of the determination, identifying the reasons for the denial, the statutory authority for the denial, and the applicant's right of appeal pursuant to Chapter [120](#), F.S. The applicant shall be afforded the opportunity to withdraw the application. If the applicant elects to withdraw the application, the withdrawal must be documented in writing in the licensing file.

(3) If the applicant does not withdraw the application, the supervising agency shall provide to the Regional Licensing Authority information to support the recommendation of the denial. When the Regional Licensing Authority determines that the license should be denied, they shall notify the applicant in writing within ten business days of the decision, identifying the reasons for the denial, the statutory authority for the denial, and the applicant's right of appeal pursuant to Chapter [120](#), F.S.

d. Administrative Action for Existing Family Foster Homes.

(1) If licensing violations are found such that the child's physical, mental, or emotional health is or has been adversely impacted as a result of the violation or is in danger of being adversely impacted, the licensing counselor shall consult with his or her supervisor and the child's case manager for an immediate review of the safety of any children in the home and a call shall be made to the Florida Abuse Hotline.

(2) If licensing violations are found which do not pose an immediate threat to the health, safety, or welfare of a child, the supervising agency shall prepare a written corrective action plan to correct the deficiencies. The plan shall be developed by the supervising agency in conjunction with the licensed out-of-home caregivers and shall be approved by the Regional Licensing Authority.

(3) Written notification shall be sent to the licensed out-of-home caregiver that specifies the deficiency, expected corrective action, time frame for completion, and that failure to comply within the time frame specified shall result in the license being revoked. The approved corrective action plan shall be put in writing by the supervising agency and signed by the licensed out-of-home caregiver.

(4) Corrective action plans are created for licensed out-of-home caregivers who have the ability to understand and correct the infraction. Corrective action plans are not created for licensed out-of-home caregivers who have previously committed licensing violations and were unable to benefit from remedial efforts. In these cases, the supervising agency shall work with the licensing authority, the Department's legal counsel, and CBC to determine whether action should be taken to revoke the license.

(5) Failure of the licensed out-of-home caregiver to timely comply with the corrective action plan shall result in denial of re-licensure and/or revocation of the license.

(6) The licensed out-of-home caregiver shall be given notice if the supervising agency determines that it cannot recommend re-licensure.

(7) If the licensed out-of-home caregiver disagrees with the supervising agency's recommendation, he or she may still request renewal of the license. The supervising agency shall accept the application and refer the licensed out-of-home caregiver's file to the Regional Licensing Authority with a recommendation for denial.

(8) A decision to revoke or deny further licensure is made after a review is done in conjunction with the Department's legal counsel, supervising and lead agencies. The notice must be delivered via personal service or certified mail. The notice shall include the statutory and rule violations that were found, advise of the action to be taken, and the right to challenge the action through an administrative proceeding as provided in Chapter [120](#), F.S.

e. Voluntary Closures.

(1) The supervising agency shall conduct an exit interview with licensed out-of-home caregivers who are closing. This interview is an opportunity to explore any recommendations for improvement that the licensed out-of-home caregiver may be willing to share.

(2) The supervising agency shall document the reason for closure and whether re-licensing would be recommended in FSFN.

(3) If re-licensing would not be recommended, the licensing file shall document the reasons re-licensing would not be recommended.

(4) If the closure is voluntary and in lieu of revocation or denial of a license, the supervising agency shall document the reason for the denial in FSFN.