CHAPTER 65C-28

Out-of-Home Care

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65C-28.001 Definitions.

(1) “Allegation” means a statement by a reporter to the Florida Abuse Hotline Command Center that child abuse, neglect, or abandonment is known or suspected.

(2) “Active Efforts” for cases involving an Indian child, means an action that is required of the state in caring for an Indian child, mandated by the Indian Child Welfare Act (ICWA) [25 U.S.C. § 1901 et seq.]. While active efforts is undefined in ICWA, it refers to an effort more intense than the legal term “reasonable efforts.” Active
efforts applies in every ICWA case to: 1) Provide services to the family to prevent removal of an Indian child from his or her parent or Indian custodian; and 2) Reunify an Indian child with his or her parent or Indian custodian after removal. Active efforts require the Department or contracted service provider to thoroughly assist the family in accessing and participating in necessary services that are culturally appropriate and remedial and rehabilitative in nature.

(3) “Behavioral Health Multidisciplinary Team” means the group of people brought together by the case manager to plan and coordinate behavioral health and related services. Examples of team members are: the child, unless clinically contradicted; the child’s parent or legal guardian and other caregiver; the case manager; the child’s therapists and behavioral analyst; the child’s educational surrogate parent, the guardian ad litem, and other professionals based on the needs of the child and family.


(5) “Case” means a child, the child’s parent, legal guardian, or relative, who are acting or functioning as a family unit, and for whom the Department provides services and arranges the provision of services.

(6) “Case Plan” this is a document, as described in Section 39.6011, F.S., which is developed with the family and case manager, with input from other persons as appropriate. The case plan describes child goals, specific outcomes to achieve adequate protective capacities, and the necessary set of activities, tasks, persons responsible, and timeframes to achieve the outcomes. Case plans should be continuously monitored and modified to ensure success in achieving the child goals.

(7) “Child Exhibiting Sexually Inappropriate Behaviors” means a child having demonstrated some action found under the terms and definitions of an alleged juvenile sexual offender, but without an established pattern of behavior sufficient to define the child as an alleged juvenile sexual offender.

(8) “Child Health Check-Up” is an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) exam pursuant to 42 U.S.C. § 1396d(r)(5), of preventive and comprehensive services for eligible children, birth to 20
years of age, and for children in the Medikids and Medicaid Programs. A Child Health Check-Up includes regular physical exams, comprehensive health and developmental history, growth measurements, nutritional and developmental assessments, immunizations, vision and hearing screenings, dental screenings, and if necessary, other important tests, services, and referrals for diagnosis and treatment. The Medicaid periodicity schedule indicates, at a minimum, eligible children and young adults should have this health check-up at: birth; in less than 48 hours after delivery; 2 – 4 days for newborn discharged; by 1 month; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 24 months; 30 months; and, once every year for ages 3 – 20. A Child Health Check-Up may also be requested at any other time an adult feels a child needs it.

(9) “Community-Based Care” means the system of care for the provision of all child welfare services, with the exception of child protective investigations. The delivery model utilizes private contractors that determine the needs and develop the resources for the community being served, in addition to core requirements outlined in Florida Statute, Florida Administrative Code, Department operating procedures or manual, and as stipulated per contract with the Department.

(10) “Child Protection/Child Welfare Services” or “Child Protection Services” means core child protection programs, such as protective investigations, protective supervision, post-placement supervision, licensed out-of-home care, and other out-of-home care, or adoption services.

(11) “Child Protective Investigator (investigator)” means an authorized agent in a professional position within the department or designated sheriff’s office with the authority and responsibility of investigating reports of child abuse, neglect, or abandonment received by the Florida Abuse Hotline Command Center as defined in Section 39.01, F.S.

(12) “Children’s Legal Services (CLS)” means the unit of the Department or a contracted entity that provides legal counsel and representation for the Department or contracted service providers in child dependency proceedings.

(13) “Child’s Resource Record” means 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 Child’s Resource Record (CRR) is housed where the child is placed, accompanies the child to every health encounter, and is updated as events occur. All information in the CRR is recorded in the Department’s statewide automated child welfare information system.

(14) “Child’s Well-Being” refers to whether a child’s emotional, developmental, educational, social, physical and mental health needs are being consistently met.

(15) “Children’s Multidisciplinary Assessment Team (CMAT)” means an inter-agency coordinated effort of Medicaid in the Agency for Health Care Administration; Developmental Disabilities Program of the Agency for Persons with Disabilities; Office of Child Welfare of the Department of Children and Families; and Children’s Medical Services in the Department of Health. The CMAT makes recommendations for medically necessary services for children birth through age 20, who are medically complex or medically fragile.

(16) “Community-Based Care” means the system of care for the provision of all child welfare services – with the exception of child protective investigations. The delivery model is utilization of privatized contractors that determine the needs and develop the resources for the community being served, in addition to core requirements outlined in Florida Statute or Florida Administrative Code, and/or as stipulated per contract with the Department.

(17) “Community-Based Care Lead Agency” means an “eligible lead community-based provider” as defined in Section 409.1671(1)(e), F.S. The functions of a Community-Based Care Lead Agency include:

(a) Organize and manage a network of service providers;
(b) Provide safety and case management for any children/families referred;
(c) Purchase/provide all necessary services to ensure permanency;
(d) Maintain and report required client and performance data; and
(e) Assume and manage financial risk (capped budget for all required services).

(18) “Comprehensive Behavioral Health Assessment (CBHA)” means an in-depth and detailed assessment of the child’s emotional, social, behavioral, and developmental functioning within the family home, school, and community, which includes direct observation of the child in the home, school, and community, as well as in the clinical setting. The Comprehensive Behavioral Health Assessment is funded through Medicaid and is performed by Medicaid providers, who have met provider enrollment requirements as specified in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, which is incorporated by reference in Chapter 59G-4, F.A.C.
(19) “Consent for Medical Treatment” or “Informed Consent for Medical Treatment” means consent voluntarily given after a conscientious and sufficient explanation and disclosure of the purpose of the proposed treatment and the alternative treatments available.

(20) “Contact” for purposes of evaluating a family’s case plan, means any communication between a case manager and a child, parent or legal guardian, caregiver, provider, or other individual involved with a family. Contact includes, but is not limited to, communication in person, by telephone, by video-conferencing, or in writing.

(21) “Contracted Service Provider” means a private agency that has entered into a contract with the Department or with a community-based care lead agency to provide supervision of and services to dependent children and children who are at risk of abuse, neglect, or abandonment.

(22) “Court Ordered Supervision” means the court has ordered the Department or contracted service provider to supervise the child and family over a period of time to ensure the family is stable, that they comply with the court ordered case plan, achieve sustainable behavior change to manage child safety, and that interim status reports are submitted to the court, at a minimum, every six (6) months throughout the dependency process.

(23) “Department” means the Department of Children and Families.

(24) “Emergency Medical Care and Treatment” means care or treatment of a child who has been injured or is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well-being of the child.

(25) “Exigent Circumstances” means situations in which it is anticipated that a child will be placed with a relative or non-relative within seventy-two (72) hours.

(26) “Extended Family Member” for cases involving an Indian child, means those persons established by the tribal law or custom of the Indian child’s tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child’s grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent [25 U.S.C. § 1903(2)].

(27) “Extraordinary Medical Care and Treatment” means care or treatment of a child that is outside of the routine medical and dental care included in the definition of ordinary medical care and treatment, such as any invasive procedures. This includes surgery, anesthesia, administration of psychotropic medications, and any other procedures not considered routine and ordinary by objective professional standards of medical care for children.

(28) “Family Support Services” means community-based prevention services for children determined to be safe.
but who are evaluated to be at elevated risk for future maltreatment.

(29) “Family Time” means face-to-face contact between a child in an out-of-home placement on three family relationship levels: 1) family time between the child and parent or legal guardian; 2) family time among siblings who are separated in various placements; and 3) grandparent visitation.

(30) “Florida Abuse Hotline Command Center (Hotline)” means the Department’s central abuse reporting center which receives and processes reports of known or suspected child abuse, neglect, or abandonment twenty-four (24) hours a day, seven (7) days a week.

(31) “Florida Safe Families Network (FSFN)” is the state child welfare system’s Statewide Automated Child Welfare Information System (SACWIS) designed to capture all reports of child maltreatment, investigations, and service history information in a single electronic child welfare record for each child reported, investigated, and served.

(32) “Home Study” means the written documentation of an on-site assessment completed prior to the child’s placement that is meant to evaluate the caregiver’s capacity to provide a safe, stable, and supportive home environment, and to determine if the physical environment is safe and can meet the child’s needs.

(33) “Household Member” means any person who resides in a household, including the caregiver and other family members, additional relatives, visitors expected to stay an indefinite length of time, college students expected to return to the household as a primary residence, or is the boyfriend or girlfriend who frequents the household of the household member.

(34) “Immediate” or “immediately” means as soon as possible, but no more than four (4) hours.

(35) “Impending Danger” means a state of danger in which current family behaviors, attitudes, motives, emotions, or situations pose a threat which can be anticipated to have severe effects on a child within the near future which requires prompt safety planning.

(36) “Independent Living Plan” means the part of the case plan which includes, for a child age sixteen or over, a written description of the programs and services which will help such child prepare for the transition from foster care to independent living [42 U.S.C. § 675(1)(D)].

(37) “Indian” means any person who is a member of an Indian tribe, or who is an Alaska Native and a member of a Regional Corporation as defined in Section 1606 of Title 43 [25 U.S.C. § 1903(3)].

(38) “Indian Child” means any unmarried person who is under age eighteen and is either: 1) A member of an
Indian tribe; or 2) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe [25 U.S.C. § 1903(4)].

(39) “Indian Child Welfare Act (ICWA)”, Public Law 95-608 (1978), 92 Stat. 3069, 25 U.S.C. § 1901 et seq., means the federal act that governs child custody proceedings involving American Indian or Alaska Native children in state courts. The Indian Child Welfare Act protects the best interests of Indian children, preserves the integrity of Indian families and promotes the stability and security of Indian tribes and families by establishing minimum federal standards for the removal of Indian children from their families; placing Indian children in out-of-home care, preadoptive homes, or adoptive homes that will reflect the unique values of Indian culture; and by providing assistance to Indian tribes in the operation of child and family service programs.

(40) “Indian Child’s Tribe” means the Indian tribe in which an Indian child is a member or eligible for membership. In the case of an Indian child who is a member or eligible for membership in more than one Indian tribe, it is the Indian tribe with which the Indian child has the most significant contacts [25 U.S.C. § 1903(5)].

(41) “Indian Community” means a group of people living in close proximity to one another who share common interests, beliefs, values, and views, in which the majority of the people are Indian.

(42) “Indian Custodian” means any Indian person who has legal custody of an Indian child under tribal law or custom, or under State law, or to whom temporary physical care, custody, and control has been transferred by the parent of such child [25 U.S.C. § 1903(6)].

(43) “Indian Organization” means any group, association, partnership, corporation, or other entity owned or controlled by Indians, or a majority of whose members are Indians, and recognized by any state commission, agency, or authority which has the statutory power to extend such recognition [25 U.S.C. § 1903(7)].

(44) “Indian Tribe” means any Indian tribe, band, nation, or other organized group or community of Indians who recognized as eligible for services provided to Indians by the Secretary, United States Department of the Interior, Bureau of Indian Affairs, because of their status as Indians, including any Alaska Native village as defined in Section 1602(c) of Title 43 [25 U.S.C. § 1903(8)].

(45) “Individual Educational Plan (IEP)” refers to a written assessment statement for a child with a disability or special education needs that is developed and implemented in accordance with Section 602(14) of H.R. 1350, the “Individuals with Disabilities Education Improvement Act of 2004 (IDEA)”, 20 U.S.C. § 1400 et seq. The IEP identifies treatment and educational objectives in measurable terms and is completed by school personnel.
“Interstate Compact” or “Interstate Compact on the Placement of Children (ICPC)” is a uniform law that was enacted verbatim into statutory law in all fifty states, the District of Columbia and the U.S. Virgin Islands. It establishes a contract among the states and jurisdictions that ensures orderly procedures for the interstate placement and post-placement supervision of children and fixes responsibilities for those involved in placing the child.

“Licensed Out-of-Home Caregiver” means any person licensed under Section 409.175, F.S., to provide twenty-four hour care. This term also refers to foster parent.

“Medicaid” means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., and regulations thereunder, as administered by the Agency for Health Care Administration under Section 409.901, F.S.

“Non-relative” or “Non-relative caregiver” means a stepparent, prospective parent, or any other person who does not meet the definition of a relative, as defined in Section 39.01(64), F.S., and who is not being paid as a licensed out-of-home caregiver for purposes of caring for a child in his or her custody.

“Ordinary Medical Care and Treatment” means ordinary and necessary medical and dental examinations and treatments. Included in this definition are blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care. This does not include surgery, general anesthesia, provision of psychotropic medications, any invasive procedures or other extraordinary medical care and treatment as defined in this rule.

“Permanency” means achieving a permanent home for a child through reunification, adoption, guardianship, placement with a fit and willing relative, or another permanent planned living arrangement.

“Permanency Goal” means the case plan goal that is established to ensure the child will receive a permanent, safe and stable setting to grow up in. The permanency goals are reunification, adoption, permanent guardianship of a dependent child, placement with a fit and willing relative, or another planned permanent living arrangement.

“Permanency Hearing” means a judicial review hearing designed to reach a decision about the goal of the case and the permanent living arrangement for a child with a family. The permanency hearing shall occur no later than twelve (12) months after the date the child was removed from his or her home; subsequent permanency hearings will occur at least every twelve (12) months thereafter, or earlier as set by the court, as long as a child remains in an out-of-home care setting and is being supervised by a contracted service provider.

“Permanency Plan” means the judicially recognized arrangement to establish the placement intended to
continue until the child reaches the age of majority and is not disturbed absent a finding by the court that the circumstances of the permanency placement are no longer in the best interests of the child.

(55) “Permanency Staffing” refers to a case review meeting prior to each permanency hearing for the purpose of permanency goal planning for a child. The permanency staffings are to assess progress and barriers toward the achievement of the permanency plan; document reasonable efforts to finalize the permanency plan; determine if there are any case plan changes necessary; and develop recommendations for the next judicial review.

(56) “Placement” means the supervised placement of a child in a setting outside the child’s own home.

(57) “Protective Capacity” means behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person’s ability and willingness to safely care for a child.

(58) “Qualified Expert Witness” for cases involving an Indian child, means:

(a) A member of the Indian child’s tribe who is recognized by the Indian community as knowledgeable in tribal customs as they pertain to family organizations and child-rearing practices;

(b) A lay expert witness having substantial experience in the delivery of child and family services to Indians, and extensive knowledge of prevailing social and cultural standards and child-rearing practices within the Indian child’s tribe; or

(c) A professional person having substantial education and experience in the area of his or her specialty and substantial knowledge of prevailing social and cultural standards and child-rearing practices within the Indian community.

(59) “Reasonable Efforts to Reunify” means that efforts have been made by the Department or contracted service provider to provide assistance and services to prevent the removal of a child from his or her household and to make it possible for a child who has been placed in out-of-home care to be reunited with his or her family. A broad definition of what constitutes reasonable efforts generally consists of accessible, available, and culturally appropriate services that are designed to improve the capacity of families to provide safe and stable households for their children. These services may include family therapy, parenting classes, drug and alcohol abuse treatment, respite care, parent support groups, and home visiting programs. Some commonly used terms associated with reasonable efforts include “family reunification,” “family preservation,” “family support,” and “preventive services.”

(60) “Region” means a geographical area through which the Department and community-based care providers
plan and administer their programs.

(61) “Relative” or “Relative Caregiver” means a person who meets the definition of a relative, as defined in Section 39.01, F.S., and who is not being paid as a licensed out-of-home caregiver or shelter parent for purposes of caring for a child in his or her custody.

(62) “Relative Caregiver Program (RCP)” means a program that provides a monthly payment to a non-licensed relative caregiver who is caring full-time for an eligible dependent child in accordance with Section 39.5085(2), F.S.

(63) “Release” means a child is put in the physical custody of a parent in accordance with Section 39.401(3), F.S., or with Section 39.521(1)(b)3., F.S.

(64) “Removal Episode” means the entire period of time a child is in out-of-home care, beginning with the child’s removal from his or her primary residence and ends when permanency is achieved, the child becomes eighteen years old, the child is emancipated by marriage or a court order or the child dies. A new removal episode begins with each reentry into care.

(65) “Residential Treatment Center” means “Residential treatment center for children and adolescents” as set forth in Section 394.67, F.S.

(66) “Safe” means the absence of present and impending danger, or in the presence of an active danger threat, at least one parent in the household consistently demonstrates sufficient protective capacities to ensure that the child is protected from harm.

(67) “Safety Management” means an ongoing monitoring, modification, and management of a safety plan to control present danger or impending danger to children. Safety management includes in-home, out-of-home, or a combination of in-home/out-of-home arrangements.

(68) “Safety Management Team” refers to individuals responsible for safety plan management activities described in a safety plan. A safety management team can be made up of investigators, case managers, professionals, para-professionals, lay persons, volunteers, in-the-home and out-of-home caregivers, neighbors, relatives, and family members.

(69) “Safety Plan” means the specific course of least intrusive actions that are determined necessary to control threats of serious harm or to supplement a parent’s or legal guardian’s protective capacities. A safety plan is implemented immediately when a parent’s or legal guardian’s protective capacities are not sufficient to manage danger threats. The safety plan is jointly developed by an investigator or case manager and the parent or legal
guardian. The plan identifies specific tasks to control the safety of the child, the person(s) responsible for each task, how the task and service will control the identified danger threat(s), and how the tasks will be monitored. Safety plans are not dependent upon treatment or other services to manage or control safety threats.

(70) “Safety Planning Conference” means a conference focused on the development of a safety plan, convened by the investigator or case manager with the parents, their family supports, or safety management team members, to establish agreed upon shared responsibilities, appropriate safety actions and safety management plan, and if necessary, initiation of child welfare services to be provided prior to completion of the investigation.

(71) “Sexually Reactive Child” means a child who, as a consequence of having been sexually abused, may be sexually preoccupied, or engaging in identified sexualized behaviors with or without a defined pattern, and thereby demonstrates some level of risk to others.

(72) “Shelter Status” means the legal status that begins when the child is taken into protective custody of the Department and ceases when the court grants custody to a parent or legal guardian, or after disposition of the petition for dependency, the court orders the child released to a parent or legal guardian, or placed in the temporary custody of the Department, a relative or a non-relative.

(73) “Siblings” mean children who share at least one parent.

(74) “Statewide Automated Child Welfare Information System (SACWIS)” means the Department’s statewide automated system containing all reports, investigations, special conditions referrals, child-on-child sexual abuse reports, related child safety assessments, safety actions, or plans and cases regarding child abuse, neglect, or abandonment, as well as pertinent information regarding all activities involved in investigative and required case management functions. The SACWIS is the state’s official electronic child welfare record for each investigation and case and all documentation requirements of the system shall be met.

(75) “Suitable” or “Suitability” for residential treatment means a determination by a Qualified Evaluator that a child with an emotional disturbance as defined in Section 394.492(5), F.S., or a serious emotional disturbance as defined in Section 394.492(6), F.S., meets each of the statutory criteria for placement in a residential treatment center.

(76) “Surrogate Parent” refers to surrogate parents as defined in Rule 6A-6.0333, F.A.C. A surrogate parent is an individual appointed to act in the place of a parent in safeguarding a child’s right in the special education decision-making process and in safeguarding a student’s rights under the Individual with Disabilities Education Act.
and Section 39.0016, F.S., when the student is a ward of the State under State law. A surrogate parent is appointed by: 1) the district school superintendent in the school district where the child resides; 2) the judge overseeing the student’s case, provided the surrogate meets the qualifications in Section 39.0016(3)(b)2., F.S., for the children who are a ward of the State; or 3) the individual specified in the contract from the Department of Education made available for children served in a special program.

(77) “Temporary Cash Assistance Program (TCA)” refers to the public assistance program under Chapter 65A-1, F.A.C.

(78) “Therapeutic Foster Care” means a program that provides mental health services for children with emotional and behavioral disturbances living in a licensed out-of-home placement. Each placement is managed by trained licensed out-of-home caregivers who provide specialized care for children needing a therapeutic setting. The child and family receive support services as necessary.

(79) “Tribal Agreement” means a formal written agreement between the Department and a federally recognized Indian tribe that guides interaction between the Department and the tribe in matters pertaining to child welfare, including child protective investigations and proceedings involving Indian children state courts.

(80) “Tribal Court” means the court which holds jurisdiction over child custody proceedings and which is either a Court of Indian Offenses, a court established and operated under code or custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child custody proceedings [25 U.S.C. § 1903(12)].

(81) “Voluntary Licensed Placement” means placement of a child in licensed out-of-home care when a parent or legal guardian requests the assistance of the Department or contracted service provider in planning for the temporary care and supervision of a child.

All definitions for this rule are located in Rule 65C-30.001, F.A.C.


65C-28.002 Family Time and Visitation.

(1) The Department or contracted service provider shall make recommendations to the court and arrange a visitation schedule of frequent family time between the child placed in out-of-home care, child’s parent or legal
guardian, siblings, grandparents, and contact with other people with whom the child has a significant connection. In all cases, the family time is intended to:

(a) Be in the best interest of the child, develop or enhance attachment with the child’s family, including siblings, and continue the child’s relationships with significant others;

(b) Reduce the trauma to the child associated with separation from primary attachment figures;

(c) Provide an opportunity for assessing the child and parent or legal guardian relationship; and

(d) Provide an opportunity for the parent or legal guardian to assess his or her own ability to parent.

1. Visitation between a Child in Out-of-Home Care and Parents. Visitation between the child and the child’s parents shall occur in accordance with court orders setting such visitation as reflected in the case plan. If at any time, the safety of the child precludes visitation, the visitation shall be suspended and the department or contracted service provider shall immediately, not to exceed 72 hours, request a court hearing to address the issue. Visitation between a child and parents may only be limited or terminated by order of the court, which shall be reflected in the case plan. There shall be a specific reason provided to the court for recommending no visitation or less than monthly visitation.

(a) Minimally, monthly visitation between the child and parents shall be recommended to the court consistent with the case goal unless it is deemed not feasible or not in the best interest of one or more of the children concerned.

(b) If monthly visitation between the child and parents is not recommended to the court, the court shall be advised of the reasons for the recommendation. When there is a recommendation of no visitation or less than monthly visitation because it is not in the best interest of the child, the court shall be provided documentation of the reason. This documentation shall also be recorded in the case file.

(c) If the court orders particular locations, times, or conditions for visits, such orders shall be followed until modified by the court.

(d) If the court does not order particular locations, times, or conditions for visits, the Services Worker shall ensure that all visits between children and parents occur in a neutral and protected setting. To the extent possible, visitation shall occur in a home-like setting and, unless unavoidable, not in an institutional setting or office. However, the safety of the children being visited shall always be the primary consideration.

(e) Visitation between a child in out-of-home care and the child’s parents may be arranged by the caregiver if the caregiver is willing and able and the court approves. If the caregiver is unwilling or unable to assume this
responsibility, visitation between the child in out of home care and that child’s parents shall be arranged and supervised by the Services Worker, other designated staff, a visitation center or a court approved third party, unless the court has approved unsupervised visitation.

(2) The child’s safety and well-being remains the paramount concern when developing a visitation schedule of frequent family time between the child and parent or legal guardian, and each visitation schedule developed shall conform to the provisions of Section 39.0139, F.S.

(2) Visitation among Siblings. The Services Worker shall ensure that separated siblings under supervision maintain in-person contact unless the visitation would compromise the safety or well-being of either child. Sibling visitation shall only be limited or terminated by order of the court, which shall be reflected in the case plan.

(a) Weekly in-person visitation between separated siblings shall be recommended to the court unless it is deemed not feasible or not in the best interest of one or more of the children concerned.

(b) If weekly in-person visitation between separated siblings is not recommended to the court, the court shall be advised of the reasons for the recommendation. When there is a recommendation of no visitation or less than weekly visitation because it is not in the best interest of the child, the court shall be provided clinical documentation of those reasons. Whenever no visitation or less than weekly visitation is recommended, the reasons shall be documented in the case file.

(3) The Department or contracted service provider shall prohibit or cancel visits when:

(a) There is reason to believe a parent’s or legal guardian’s acts or omissions would result in child abuse or neglect, as defined in Section 39.01, F.S., during the visit;

(b) The child’s safety cannot be managed by supervision;

(c) The visit does not meet the best interests of the child; or

(d) A court order prohibits visits.

(4) Determining priority of the visitation schedule. Unless the court has entered an order regarding the family time between the child’s parent, legal guardian, or siblings, the case manager determines a hierarchy of the child’s attachments and prioritizes family time between the child’s parents, legal guardians, and siblings. The case manager shall consider the preferences expressed by the child.

(5) The temporary visitation schedule. The Department or contracted service provider shall jointly develop a visitation schedule with the parent or legal guardian and the child, whenever appropriate, such as the child’s age or
emotional reactions of the child, for recommendation at the shelter hearing pursuant to Section 39.402(9), F.S. The
temporary visitation schedule shall be planned to manage the child’s safety and include the:

(a) Family’s support network;
(b) Safety management team; or
(c) Out-of-home caregiver.

6. The visits shall be planned to manage the child’s safety, and the Department or contracted service provider
shall arrange for family time that maintains child safety. The visitation schedule shall be documented in FSFN and
include:

(a) The name of each person, including the child’s siblings, with whom the child may contact; and

(b) A description of the contact permitted with each person that includes:
   1. The type, time of day, frequency, length, and location of the visits; and
   2. The reason for supervised visits when supervision is required.

7. The Department or contracted service provider shall provide a copy of the temporary visitation schedule to
the parent or legal guardian and to others participating in the visitation schedule.

8. If the first visit does not occur within the first week of the child’s placement in out-of-home care, the
Department or contracted service provider shall document in FSFN the reason why the visit did not occur.

9. The ongoing visitation schedule. The case manager shall jointly develop a visitation schedule with the
parent or legal guardian and the child, whenever appropriate, such as the child’s age or emotional reactions of the
child, for recommendation at the arraignment hearing pursuant to Section 39.506(6), F.S. The ongoing visitation
schedule shall be in the best interests of the child, support any orders of the court regarding visitation with a child’s
parent or legal guardian and siblings, be planned to manage the child’s safety, and include subsections (5)(a) – (c) of
this rule.

10. Upon completion of the ongoing visitation schedule, any temporary visitation schedule established shall
terminate.

11. The ongoing visitation schedule shall be re-evaluated to determine if the best interests, health, and safety of
the child require any increase or decrease in frequency and if supervision of visits should be revised. Each revised
ongoing visitation schedule shall be consistent with the child’s permanency goal and approved by the court.

12. When the permanency goal is reunification with a parent or legal guardian, the first priority of the case
manager will be to provide family time with the parent or legal guardian, siblings, and any others granted visitation by the court.

(a) At a minimum, monthly visitation between the child and parent or legal guardian shall be recommended to the court consistent with the permanency goal, unless it is not in the best interest of one or more of the children involved. If monthly visitation is not in the best interest of the child, the case manager shall:

1. Provide documentation of the reason to the court; and
2. Document the reason in FSFN.

(b) Weekly in-person visitation between separated siblings shall be recommended to the court, unless it is not in the best interest of one or more of the children involved. If weekly visitation is not in the best interest of the child, the case manager shall:

1. Provide documentation of the reason to the court; and
2. Document the reason in FSFN.

(13) When the permanency goal is any goal other than reunification with the parent or legal guardian and the termination of parental rights has not occurred, or has occurred and pursuant to Section 39.811(7)(b), F.S., the visitation priority of the case manager shall be to both:

(a) Preserve the child’s attachment to the parent or legal guardian and siblings; and
(b) Promote the child’s attachment to the permanent placement resource.

(14) The case manager shall follow subsections (12)(a) and (b) of this rule and make a recommendation to the court, consistent with the permanency goal, of visitation between the child and the identified permanent placement resource.

(15) The case manager shall consider establishing family time with the child’s relatives, such as reasonable visitation with a grandparent pursuant to Section 39.509, F.S.

(16) The case manager shall consider establishing visits with the child and non-relatives with whom the child has a significant attachment.

(17) The case manager shall provide a copy of the visitation schedule to all individuals participating in the visitation schedule.

(18) A visitation schedule that prohibits a parent, legal guardian, or sibling’s visit must include the reason for each prohibition and state, if applicable, the conditions under which visitation could begin or resume.
(19) The visitation schedule shall:

(a) Include the purpose and conditions of the family time and contacts including type, time of day, frequency, length, and location;

(b) Describe the reason for supervision when supervision is required;

(c) Identify the individual who will supervise the visit or assist the parent or legal guardian in meeting the needs of the child during visitation;

(d) Use language that the parent or legal guardian can understand; and

(e) Be documented in FSFN.

(20) In developing the visitation schedule, the case manager shall:

(a) Arrange visits so that the type, time of day, frequency, length, and location of visits maximize the family time between the parent or legal guardian and the child and support the child’s permanency goal;

(b) Meet the unique needs of the child, especially the child’s chronological or developmental age and sense of time as they affect the child’s attachment to the parent or legal guardian and other family members;

(c) Arrange visits that do not disrupt the school schedule of the child whenever possible;

(d) Arrange additional contact such as telephone calls, e-mails, and letters, and other activities the family and child may do together that support the case plan, such as attendance by the parent or legal guardian at doctor appointments and school events;

(e) Address barriers to visitation that must be overcome in order for the parent, legal guardian, or child to participate in the visits, including transportation, adaptations for those traveling long distances, health care requirements, and arranging child care for a child’s sibling;

(f) Work with each parent’s or legal guardian’s employment;

(g) Ensure that the visitation schedule considers the safety needs of the other parent or legal guardian in cases that involve domestic violence, including but not limited to different visiting schedules or arranging safe drop-off and pick-up locations.

(h) Explain to a parent or legal guardian the consequences of failure to attend a visit;

(i) Explain known or anticipated reasons for ending the visit, such as health or safety;

(j) Take the actions necessary to assure culturally relevant and language appropriate visitation services; and

(k) Discuss alternatives when visits are canceled due to circumstances of the parent or legal guardian, out-of-
home caregiver, or case manager.

(21) Documentation of the visit. When a case manager or designee either supervises or is a part of a visit, the activities and interactions between the child and parent or legal guardian of the visit shall be documented in FSFN.


65C-28.003 Medical Treatment.

(1) If a child in out-of-home care appears to be suffering from illness or injury requiring medical intervention, the case manager Services Worker or the out-of-home caregiver shall take the child to the child’s health care provider for a health care screening or treatment. If there is a medical emergency or an urgent need for medical attention, the child shall be taken to the nearest available health care provider or hospital. See subsections 65C-28.004(7) and (9), F.A.C., regarding requirements when placing children with special medical needs or communicable diseases.

(2) Ongoing health care and treatment provision shall include, but is not limited to, physical, dental, auditory, and vision examinations as authorized required by law Chapter 59G-4, F.A.C., “Medicaid Services”.

(a) If a child is Medicaid eligible, these services shall be sought first obtained through Medicaid providers. If a child is not Medicaid eligible, or if a Medicaid provider is not available or appropriate, then these services shall still be obtained using alternate funding sources and other providers.

(b) If the case manager services worker or investigator CPI receives a notice for a scheduled Child Health Check-up, he or she shall immediately send copies to the child’s custodial parent or legal guardian, the child’s licensed out-of-home caregiver, foster parent or relative or non-relative caregiver, and the child’s guardian ad litem, if appointed. Information pertaining to the Child Health Check-up for the child shall be documented in FSFN.

(3) The parents or legal guardians shall remain financially responsible for the medical care and treatment of their child in out-of-home care irrespective of the parent’s or legal guardian’s consent to such examination or treatment, when that medical care and treatment is not covered by Medicaid. For children who are not covered by Medicaid but have private insurance coverage, The the case manager Services Worker and the out-of-home caregiver shall cooperate with the child’s health insurance provider in identifying medical providers that will accept
the insurance coverage. Unless the child is Medicaid eligible the parent is responsible for payment in all situations in which the child receives a medical examination or treatment, irrespective of the parent’s consent to such examination or treatment. However, the inability or failure of the parent or legal guardian to meet this payment responsibility shall not delay the receipt of a medical exam or treatment. The financial responsibility of the parent ends when parental rights are terminated.

(4) Whenever possible, the caregiver, in cooperation with the parent shall select a primary health care provider who accepts Medicaid and is an enrolled Medicaid provider. When the county public health clinic is the child’s primary health care provider, the Services Worker shall assist the caregiver in transferring the child’s care to the county public health clinic nearest to the caregiver’s residence.

(4)(5) The case manager Services Worker and licensed out-of-home caregivers shall receive training in regard to and in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), which provides procedures regarding the management and protection of personal health information. The case manager Services Worker shall educate inform relative and non-relative caregivers regarding the requirements of HIPAA.

(5)(6) Required Actions to Gain Medical Consent at Time of Removal. At the time of removal, the investigator Child Protective Investigator (CPI) shall ask the parents or legal guardians to provide written consent for ordinary medical treatment or medication. If the parent or legal guardian is unable or unwilling to give such consent, then the Children’s Child Welfare Legal Services attorney shall ask at the shelter hearing for a blanket court order authorizing the custodian, as named in the order, to give consent for ordinary medical treatment and medication on an ongoing basis. No consent is needed for treatment or medication rendered in the event of an emergency as documented by the attending physician.

(6)(7) Consent for Medical Care of Children in Out-of-Home Care When Parental Rights Have Not Been Terminated. There are three types of medical care and treatment; each of which requires its own method to obtain consent for medical treatment. This may include a relative or non-relative who has been granted custody by the court. The attending physician shall determine the type of care needed.

(a) Ordinary Medical Care and Treatment. After a child is adjudicated dependent, the contracted service provider may delegate authority to consent to ordinary medical care and treatment to the out-of-home caregiver if the child remains in the custody of the Department department. A court order placing the child in out-of-home care should specify individuals who are authorized to consent to ordinary medical care and treatment for the child.
(b) Extraordinary Medical Care and Treatment. If the health care provider determines that an illness or injury requires medical treatment beyond ordinary medical care and treatment, but is not an emergency, the express and informed consent of the child’s parent for the treatment shall be sought. If a parent or legal guardian provides express and informed consent for any extraordinary medical procedure, the form and content of the consent shall be as directed by the prescribing health care professional.

1. If the parent or legal guardian is unwilling to provide informed consent for the proposed medical care, the investigator or case manager shall consult with the medical provider to determine if the treatment should be required. If the parent or legal guardian is unavailable or unable to provide informed consent for the proposed medical care or if consultation with the medical provider results in a determination that the treatment should be required, to ensure that the medical care is obtained, the investigator or case manager shall seek and obtain an order of the court authorizing the treatment prior to the treatment being rendered.

The prescribing health care professional will be directed by Section 39.304(2), Florida Statutes (F.S.), in the form and content of the express and informed consent. In cases when the child is prescribed psychotropic medications the procedures established in Chapter 65C-35, Florida Administrative Code, shall be followed.

2. If a court order is required to obtain authorization for any extraordinary medical procedure, the following information, at a minimum, shall be included in the request for a court order:

   a. Present diagnosis and known past medical interventions for the treatment of this condition;
   b. A statement that the prescribing health care professional has reviewed all provided medical information concerning the child that has been provided;
   c. The name and requested administration range for any medication requested;
   d. A statement recommending the proposed procedure signed by the attending physician;
   e. An analysis of the risks and benefits of the prescribed treatment for the particular child;
   f. Alternatives to the treatment being recommended and the rationale for selecting the particular treatment recommended; and
   g. Interventions other than the extraordinary medical care and treatment that are or shall be ongoing in conjunction with the care and treatment.

(c) Emergency Medical Care and Treatment. Although parents or legal guardians shall be involved whenever
possible, obtaining consent is not required for emergency care and treatment. If the emergency care and treatment is
provided without parental consent, the investigator CPI or case manager Services Worker shall ensure the parent or
legal guardian and the guardian ad litem, if appointed, are notified as soon as possible after the treatment is
administered. Notification of the parent or legal guardian and guardian ad litem, when appointed, or attempts at
notification shall be documented in FSFN. The child’s case file shall contain a statement signed by the attending
physician that the situation was an emergency and the care was needed to ensure the child’s health or physical well-
being. The case file shall also contain documentation that the parent and guardian ad litem, if appointed, were
notified as soon as possible after the treatment was administered. All attempts to notify parents shall be documented
in the child’s case file.

(7) Consent for Medical Care for Children in the Custody of the Department when Parental Rights Have
Been Terminated.

(a) Ordinary and Emergency Medical Care and Treatment. When a child is placed in the custody of the
Department following the termination of parental rights, the Department or contracted service provider shall provide consent for ordinary medical care or emergency care of the child. The case manager Service Worker shall provide documentation of their consent for the ordinary medical condition and document in FSFN, the child’s case file. When a child has received emergency medical care or treatment, the child’s case file shall contain a statement signed by the attending physician that the situation was an emergency and the care was needed to ensure the child’s health or physical well-being.

(b) Extraordinary Medical Care and Treatment. When a child is placed in the custody of the Department following the termination of parental rights, the Department or contracted service provider shall not provide consent for extraordinary medical care or treatment. Authorization for the extraordinary medical care or treatment shall be obtained by the department or contracted service provider from the court. Notification to the parent is not required when parental rights have been terminated; however, the guardian ad litem, if appointed, shall be notified.

(9) Consent for Children in the Custody of Relatives or Non-Relatives When Parental Rights Have Been
Terminated. The ability of the relative or non-relative to provide consent to treatment when the child is placed in the
custody of the relative or non-relative and the parental rights of the child have been terminated shall be as
determined in the court order placing the child with the relative or non-relative.
Required Documentation for Medical Care and Treatment.

(a) During the initial removal or no later than the first court proceeding thereafter, the investigator CPI or case manager Services Worker shall request the following information from the child’s parents or legal guardians, family members, or health care providers: medical history of the child; medical history of the child’s family and medical consents from the child’s parent or legal guardian. This information shall be used in developing the Child’s Resource Record.

(b) All actions taken to obtain medical history and parental consent for medical screening, treatment, medications, or immunizations shall be documented in FSFN and a copy provided to the out-of-home caregiver for placement in the Child’s Resource Record, the child’s case file. If parental consent is received, a copy of the “Consent for Treatment and Release of Medical Information”, CF FSP 4006, September 2000, which is incorporated by reference, shall be placed in the child’s case file and a copy provided to the caregiver for placement in the Child’s Resource Record.

(c) A copy of any court orders authorizing treatment shall be documented in FSFN, included in the case file, and a second copy provided to the out-of-home caregiver for placement in the Child’s Resource Record.

(d) Documentation of any notification provided to parents, legal guardians, or others regarding a child’s medical treatment.

(9) Notification of parents. The investigator CPI or case manager Services Worker shall ensure that the child’s custodial parent or legal guardian is notified as soon as possible following any medical treatment of the child where the parent or legal guardian was not involved in providing consent for the treatment.

Rulemaking Authority 39.012, 39.0121(6),(12), (13), 39.407(1), 743.064, 743.0645 FS. Law Implemented 39.407 FS. History–New 5-4-06, Amended ______.

65C-28.004 Placement Matching Requirements.

(1) The Department or contracted service provider shall seek to identify a child’s relatives and persons with a caregiver relationship to:

(a) Engage in managing the child’s safety;

(b) Provide an out-of-home care resource;

(c) Provide a permanent placement resource.
(d) Develop and maintain family relationships and cultural connections with the child in out-of-home care; or
(e) Gather family information and family history to plan for meeting the child’s needs.

(1) The most appropriate available out-of-home placement shall be chosen after analyzing the child’s age, sex, sibling status, special physical, educational, emotional and developmental needs, alleged type of abuse, neglect or abandonment, community ties and school placement. In making a placement with a relative or non-relative, the Services Worker shall consider whether the caregiver would be a suitable adoptive parent if reunification is not successful and the caregiver would wish to adopt the child. For children who are not U.S. citizens, see subsection 65C-30.007(17), F.A.C., for the actions required to promote the establishment of the child’s legal immigrant status under specified circumstances.

(2) When a child must be placed in out-of-home care and the Department or contracted service provider is unable to place the child with a relative at the time of initial placement, the Department or contracted service provider shall seek to identify persons with a caregiver relationship before placing the child in a licensed out-of-home care placement setting.

(2) Multiethnic Placement Act of 1994, P.L. 103-3821, and the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996, P.L. 104-108. These federal laws require that every placement decision for children in the care or custody of the department be made without regard to the race, ethnicity, color, or national origin of the child or the adult with whom the child is to be placed. The selection and placement of a child into an initial or subsequent licensed foster care placement shall not be delayed or denied on the basis of the race, color, or national origin of the caregiver or the child.

(3) Except as provided in section (4) of this rule, the Department or contracted service provider shall not delay or deny the placement of a child in an out-of-home care placement on the basis of the race, color, or national origin of the out-of-home caregiver or the child involved, nor shall the Department or contracted service provider consider the race, color, or national origin of a child or prospective out-of-home caregiver as factors in making out-of-home care placements, pursuant to the Multiethnic Placement Act of 1994, P.L. 103-3821, and the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996, P.L. 104-108.

(3) The McKinney-Vento Homeless Assistance Act requires that all homeless children, including children placed in an emergency shelter and continuing in out-of-home care while awaiting foster care placement, to have equal access to the same free, appropriate public education as other children. This requires that efforts be made to
continue the child’s education in the school of origin for the duration of the removal episode unless the child is placed in another school district or out of state. The Child Protective Investigator (CPI) at time of removal or Services Worker following case opening shall arrange for this continuation by contacting the school of origin and notifying it of the need for transportation services to and from the school.

(a) Efforts shall be made to continue the child’s attendance in the school of origin whether the placement in shelter occurs between academic years or during an academic year.

(b) Continuing efforts shall be made to maintain the child’s attendance at the school of origin for the remainder of the academic year if the child is subsequently placed by the court in foster care or in a relative or non-relative placement during an academic year.

(c) When a child is dissatisfied with a failure to allow him or her to remain in the school of origin, he or she shall be assisted by the CPI or Services Worker to access the federally required dispute resolution process. This may be accomplished by the CPI or Services Worker following through with the dispute resolution process personally, handing the duty over to another agency employee, or referring the child to a pro bono attorney.

(4) The Department or contracted service provider may consider the race, color, or national origin when a particular child presents specific compelling special circumstances, such as an older child’s statement of preference, and consideration of race, color, or national origin in his or her placement decision is the only way to achieve the best interest of that child.

(4) In the case of an American Indian or Alaskan Native child, placement shall comply with the provisions of the federal Indian Child Welfare Act including the placement preferences mandated in the Act and working in partnership with the child’s tribe in exploring appropriate placement options. If there is an existing written agreement between the Department and the child’s tribe, compliance with the placement guidelines established in that agreement will be maintained, except upon mutual written consent of the Department and the tribe to deviate from the established guidelines (see Rule 65C-28.013, F.A.C.).

(5) If it is determined that the child is an Indian child, then the Department or contracted service provider shall comply with the provisions of the Indian Child Welfare Act codified at 25 U.S.C. § 1901et seq. If there is an existing written agreement between the Department and the child’s tribe, compliance with the placement guidelines established in that agreement will be maintained, except upon mutual written consent of the Department and the tribe to deviate from the established guidelines pursuant to Rule 65C-28.013, F.A.C.
(5) When the case plan goal is reunification, the child shall be placed in a setting in as close proximity as possible to the caregiver with whom reunification is planned.

(6) Placement Matching. When selecting an out-of-home care placement that will meet the safety, permanency, and well-being needs of the child, the Department or contracted service provider shall:

(a) Involve the child’s parent or legal guardian and the child, whenever developmentally appropriate, in identifying out-of-home care placement resources whenever possible.

(b) Assess the ability of each potential out-of-home caregiver to provide safety for the child.

(c) Assess the potential out-of-home care placements in the following order:

1. A relative of the child.
2. A person who has a caregiver relationship with the child.
3. A licensed out-of-home caregiver.

(d) Consider whether the potential out-of-home care placement:

1. Has the ability to provide safety for the child or young adult and, when there are one or more siblings, each of the siblings;
2. Is willing to cooperate with any restrictions placed on contact between the child and others;
3. Has the ability to prevent anyone from influencing the child in regard to the allegations of the case;
4. Has the ability to support the efforts to implement the case plan for the child; and
5. Has the ability to meet the physical, emotional, and educational needs of the child, including the need of the child to continue in the same school or educational placement.

(e) Ensure the out-of-home care placement is the most home-like, least restrictive available to meet the needs of the child.

(f) Assure that the race, color, or national origin of the child or out-of-home care placement is not a consideration when assessing an out-of-home care placement, unless:

1. The special or distinctive needs of a child require it; and
2. Those needs can be documented or substantiated.

(6) When a concurrent case plan is in effect, the child shall be placed in a setting where the caregivers are willing to both assist the biological family in successfully completing required tasks, which shall allow for the safe return of the child to his or her home, and be willing to provide a long-term, permanent and stable living
arrangement in the event that reunification is not achieved. In the event that reunification is not an option, all efforts shall be made to find an adoptive placement for the child as expeditiously as possible if adoption is the goal of the case plan.

(7) When a child is placed in out-of-home care and has a sibling who is currently in or also needs out-of-home care, the Department or contracted service provider shall make diligent efforts to place siblings together unless placing siblings together is not in the best interest of the child or the sibling of the child.

(7) Placement of Children with Special Physical, Medical, Emotional, Educational or Developmental Needs.

(a) When an assessment identifies that the child has special physical, medical, developmental, educational or emotional needs, the child shall be placed in an environment that is the most appropriate and least restrictive setting where those needs can be met.

(b) Regardless of the results of a special needs assessment, the CPI or Services Worker shall immediately notify the child’s custodial parent, the child’s foster parent or relative or non-relative caregiver and the child’s guardian ad litem, if appointed.

(c) The CPI or Services Worker shall document in the case file any notification provided to parents or others regarding a child’s special needs assessment and results, any referrals for assessments and any referrals made as a result of assessment results.

(d) Whenever a special need is suspected, the child’s parents and the guardian ad litem shall be notified as soon as possible.

(e) When a special need is recognized prior to placement outside of the home, the person making the placement shall describe to the placement unit the special needs of the child that shall be met by the placement.

(f) Whenever a special need is suspected, the CPI at time of removal or Services Worker following case opening shall take steps within three working days to address the need. Actions that shall be taken include, as appropriate:

1. If the suspected special need is a mental health or substance abuse related disorder, determine if the child has had a CBHA within the last year. If the child has not had a CBHA within the preceding twelve months and the disorder suspected is a mental health or substance related disorder as defined in the DSM-IV-R, ensure that a referral for a CBHA is made within three working days of notification of the suspected need.

2. If the special need suspected is not a mental health or substance abuse related disorder, ensure that an
appointment is made to screen the child by his or her primary care physician or appropriate medical personnel for
determination of the child’s needs. If an educational need, ensure that a referral is made to the child’s school for
further assessment.

3. If the child is suspected or identified as having a medical special need, the child shall be referred to the local
CMAT. If the CMAT refers the child for medical foster care services, the Services Worker or other designated staff
shall coordinate with the Medical Foster Care program in the local area regarding arrangements necessary to meet
the child’s needs. Services shall be coordinated and provided in accordance with the Medical Foster Care Statewide
Operational Plan. This plan is an inter-agency agreement between the Department of Children and Family Services,
Department of Health’s Children’s Medical Services program and the Agency for Health Care Administration.

4. If the child is suspected or identified as having a developmental delay or condition, any documentation to
support the need for developmental services shall be obtained and eligibility for developmental services shall be
applied for as soon as the need is recognized.

5. If there is any potential that a child may qualify for social security survivor benefits, social security disability
benefits or Supplemental Security Income due to disability, the CPI or Services Worker shall ensure that an
application is made for the benefits on behalf of the child.

6. Encourage and provide necessary support to the caregiver in participating in the assessment or medical
evaluation process.

(g) When a disability is determined, the person making the placement shall:

1. Provide the results of the assessment or medical examination to the placement authority as soon as possible
for review of placement options;

2. Coordinate the transfer of information between the caregiver, the physician, and the placement unit; and

3. Arrange any change in placement for the child necessitated by the determination.

(8) Document in FSFN the out-of-home care placement for the child.

(8) Placement of Children with Special Educational Needs.

(a) If a child is identified in any assessment or suspected of having special education needs, the Services
Worker shall ensure that the child’s school has been notified of such educational needs.

(b) If, prior to entry in out-of-home care, a child has been determined to have such needs, the CPI or Services
Worker, as appropriate, shall inform the child’s school officials that the child has entered out-of-home care.
(c) The Services Worker shall refer the child for appointment of a surrogate parent when the need for a surrogate parent is identified in accordance with Rule 6A.6.0333, F.A.C. Placement of the child shall take into account the caregiver’s willingness and ability to participate in the child’s educational plan. The following conditions apply when determining if there is a need for a surrogate parent appointment:

1. The requirements for the need for a surrogate parent as set forth in Rule 6A.6.0333, F.A.C., are met.

2. Students with disabilities who are living with relatives may be represented in educational meetings by the relative as long as the relative meets the requirements for a surrogate parent as set forth in paragraphs 6A-6.0333(1)(a)-(c), F.A.C.

3. Students with disabilities living in family foster homes do not require a surrogate parent. Licensed out-of-home caregivers meet the definition of “parent” under Section 1000.21, F.S.

4. Students with disabilities living in group care settings or with non-licensed non-relatives require a surrogate parent unless one of the child’s parents desires to represent the child in regard to his or her special educational needs. The operators and staff of group care facilities other than family foster homes may not serve as surrogate parents.

5. Services Workers and other department or contracted service provider staff shall not serve as surrogate parents for children whom they serve.

(9) Placement of Children with Communicable Diseases.

(a) The preferred out-of-home placement for a child with a communicable disease who is exhibiting symptoms related to such disease is with a relative or non-relative or in a licensed out-of-home setting with caregivers specifically trained for such purpose.

(b) When it is necessary for infants born of mothers suspected or known to have communicable diseases to undergo medical treatment or testing immediately after birth, the department or contracted service provider shall obtain either parental consent or a court order in an expeditious manner, to allow the medical treatment to go forward. If a court order will be necessary, Child Welfare Legal Services shall be contacted immediately after the birth in order to expedite court involvement.

(c) When a child who has such a disease and is asymptomatic but exhibiting behaviors likely to increase the risk of transmission of the disease to others, such as biting, spitting or the exchange of blood or semen, the child shall be placed, whenever possible, in a home where no other children are present, until the child is medically cleared or the
child’s behavior no longer poses a threat.

(d) Confidentiality of Records. The following written statement shall be provided to the caregiver or provider:

“This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law.”

(9)(40) Placement of Children Who Are Victims of Sexual Abuse.

(a) When a child is identified as a known victim of sexual abuse and needs to be placed, the investigator CPI or case manager Services Worker shall ensure that the following safeguards are implemented:

1. The out-of-home caregiver is given detailed and complete information. This information shall include, but is not limited to, the date of the sexual abuse incident(s), the type of abuse, the nature and history of the child’s relationship to the perpetrator, a brief narrative of the event, the type of treatment the child received and the outcome of the treatment.

2. The out-of-home caregiver is able to access a case manager Services Worker or other contracted service provider employee if assistance is required.

3. In partnership with the out-of-home caregiver, the investigator CPI or case manager Services Worker shall develop a safety outline a plan of care to handle any special management issues identified in the child’s history and assessment. The safety plan shall be documented in FSFN and plan of care shall include the following:

a. Placing the sexually abused child in a private bedroom until the child becomes better known to the out-of-home caregivers unless the child’s treatment provider or history indicates a private bedroom is not necessary appropriate;

b. Limiting access to the child’s bedroom by establishing and enforcing ground rules regarding who is allowed to visit whose bedroom and under what conditions;

c. Establishing rules regarding bathroom use, including that one family member at a time uses the bathroom with the door fully closed, unless a child requires assistance or cannot use the bathroom by his or her self;

d. Establishing an age appropriate dress code that outlines the type of clothing acceptable, where such clothing is acceptable and with whom present, such as not walking around the house in underwear; and

e. Establishing reasonable guidelines concerning appropriate physical boundaries and, the manner and extent of the expression of affection between the child and others as well as guidelines with respect to which persons may be
left alone together, and under what circumstances.

(b) When placing a child who has been a victim of sexual abuse in out-of-home care, a written safety plan shall be completed by the person making the placement and the out-of-home caregivers, and signed by the same.

(b)(c) If any child in out-of-home care has been identified as being a victim of sexual abuse, but has not had a clinical consultation with a professional trained in treating child sexual abuse, a referral shall be initiated by the Department or contracted service provider person making the placement or his or her supervisor within three (3) business working days of the child being so identified. The consultation shall address the treatment, service, and placement needs of the child and shall documented in FSFN, yield a written report to be included in the child’s file.

Placement of Children Who Are Alleged or Adjudicated Juvenile Sexual Offenders, Exhibiting Sexually Inappropriate Behaviors or Who Are Sexually Reactive.

(a) When it is necessary to place a child who is an alleged or adjudicated juvenile sexual offender and is exhibiting or has exhibited sexually inappropriate behaviors, or who is sexually reactive, the Department or contracted service provider person making the placement shall:

1. Gather Complete the case transfer forms or gather like information, including information related to the child’s abuse history; previous assessments or evaluations; support services; forensic/disclosure interviews; placement recommendations for placement type, prior treatment, and complete and detailed information regarding the child’s own sexual behavior. This information shall be shared with the potential out-of-home caregiver in order to make an informed decision for placement.

2. Ensure that the child is the youngest child placed in the home unless the placement has adequate monitoring and supervision is a treatment facility with adequate video monitoring. When matching a child exhibiting sexually abusive or reactive behaviors to an out-of-home a substitute care placement, consideration shall also be given to factors that increase the vulnerability of other children living in the home, such as mental and/or emotional disability, physical disability, chronic illness, and physical size.

3. Provide the caregivers with written detailed and complete information regarding the circumstances surrounding the child’s abusive/reactive behavior so that they can avoid any unwitting replication of those circumstances. Information given to caregivers shall include, but is not limited to, the dates of all known incidents; the nature of the relationship between the child and victim; the types of behavior exhibited; a brief narrative outlining the event; the types of treatment provided and treatment outcomes.
4. Ensure that the caregiver has access to a CPI or Services Worker or other contracted service provider employee during night and weekend hours in the event emergency assistance is required.

3.5. In partnership with the out-of-home caregiver, develop outline a written safety plan to handle any special issues identified in the child’s history and assessment. The safety plan shall be preventive in nature, documented in FSFN, and be agreed upon signed by the investigator CPI or case manager Services Worker and the out-of-home caregiver. The safety plan shall include the following:

a. Placing a child who has exhibited sexually abusive or reactive behaviors in a private bedroom until the child becomes better known to the out-of-home caregiver, the child’s treatment provider or history indicates that a private bedroom is not necessary, or unless the placement has adequate monitoring and supervision unless the placement is a facility with adequate video monitoring;

b. Limiting access to the child’s bedroom;

c. Establishing rules regarding bathroom use;

d. Establishing a dress code; and

e. Establishing reasonable guidelines concerning the manner and extent of the expression of affection between the child and others, as well as guidelines with respect to which persons may be left alone together and under what circumstances.

(b) If any child in need of or currently in out-of-home care has been identified as being sexually abusive toward others, but has not had a clinical consultation with a professional trained in the assessment of juveniles who exhibit sexually inappropriate behaviors, a referral to a clinician with such qualifications shall be initiated by the case manager Services Worker within three (3) business working days of the child being so identified.

(c) If an incident of either sexual assault, sexually inappropriate behavior seduction, sexual exploitation or of child-on-child sexual abuse occurs in out-of-home care, a safety plan shall immediately be developed. The safety plan shall be documented in FSFN preventive in nature and be agreed upon signed by the investigator CPI or case manager Services Worker and the out-of-home caregiver.

1. Consideration shall be given to the safety of all children residing in the placement.

2. If any child remains in the home, the case manager Services Worker and any assigned therapists shall determine if immediate services are needed to stabilize or support the child involved or the placement in which he or she lives.
3. Both the alleged offender and victim shall, within three (3) business working days of the child being so identified, be referred to the appropriate mental health provider for assessment if they do not already have therapists. Any alleged offender who has a therapist, but has not been assessed by a clinician qualified to assess juveniles exhibiting sexually inappropriate behaviors, shall be referred to such a qualified clinician within three (3) business working days of being notified of the incident.

(11) Managing the placement. Within thirty (30) days of the placement of the child in out-of-home care, the case manager shall determine whether the out-of-home caregiver is able to meet the requirements in subsection (6)(d) of this rule and assess whether the following placement considerations are met:

(a) The placement is in close proximity to the parent or legal guardian of the child;

(b) The placement is in close proximity to the community of the child;

(c) If the best interests of the child and siblings as set forth in section (7) of this rule, the siblings are together in placement; and

(d) The culture and family identity of the child are supported by the placement.

(12) After consultation with the case manager’s supervisor, when the case manager determines the out-of-home care placement does not meet one or more of the placement considerations in subsection (6)(d) and section (9) of this rule, the case manager shall:

(a) Determine whether remaining in the out-of-home care placement is in the best interests of the child;

(b) Work with the Department or contracted service provider to secure another out-of-home care placement for the child when appropriate; and

(c) Document in FSFN the basis for the determination and subsequent actions.

(12) Therapeutic Foster Care. The Services Worker shall contact the Single Point of Access (SPOA) in the district/region or zone for consultation in accessing services and treatment at levels appropriate to the severity of the child’s condition, which includes possible placement in a therapeutic foster care setting.

(13) Specialized Therapeutic Foster Care. The referral guidelines for specialized therapeutic foster care are contained in the current edition of the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, which is incorporated by reference in Rule 59G-4.080, F.A.C.

(14) Medicaid Fair Hearing Requirements. When a child or family has had Medicaid funded services denied, suspended or terminated, the CPI or Services Worker shall assist the child or family in requesting a fair hearing. The

(15) These placement matching requirements apply to both initial placements and to any subsequent placements of the child.

Rulemaking Authority 39.012, 39.0121(6), (12), (13), 39.5075(8) FS. Law Implemented 39.001(1)(d), (m), 39.01(7), (17), (18), (63), (67), (71), 39.407, 39.4085(6), (7), (9), (10), (17), (23), 39.5075 FS. History—New 5-4-06, Amended 

65C-28.005 Changing Placements.

(1) Except in emergency situations or when ordered by the court, licensed out-of-home caregivers and the Guardian ad Litem or Attorney ad Litem, if appointed, shall be given at least two (2) weeks notice prior to moving a child from one out-of-home placement to another. In emergency situations, a change of placement can be made immediately. The case manager Services Worker shall within seventy-two (72) hours inform the child, family, and the Guardian ad Litem or Attorney ad Litem, if appointed, of the move and the reasons an emergency placement change was necessary.

(2) The case manager Services Worker shall prepare the child for a move and support the child during the transition into the new home, replacement process. The case manager Services Worker shall:

(a) Assess the suitability of the placement as set forth in Rule 65C-28.004, F.A.C.;

(b) Ensure that the new out-of-home caregivers, if relative or non-relative, have met all of the requirements of Rules 65C-28.011 and 65C-28.012, F.A.C.;

(c) Prior to the change in placement, inform the child, family, child’s attorney, as well as the guardian ad litem or attorney ad litem, if appointed, of the move and the reasons a placement change is necessary.

(d) The case manager Services Worker shall make efforts to continue the child’s education in the school of origin for the duration of the removal episode unless the child is placed in another school district or out-of-state. In this regard, the case manager Services Worker shall meet the requirements of subsection 65C-28.018(2) 65C-28.004(3), F.A.C.

(3) The case manager Services Worker shall provide supportive services to the out-of-home caregiver where the
child is residing to avoid a change in placement when possible. When a placement is in danger of disrupting, the case manager Services Worker shall urge the out-of-home caregiver to wait, when appropriate, to request removal of the child until:

(a) There is an appropriate break in the school year; and

(b) An appropriate alternative placement can be located.

(4) The out-of-home caregiver at the new placement shall be prepared and informed prior to placement of the child and shall be given needed support to strengthen and maintain the child’s placement. Out-of-home caregivers shall be given all relevant information about the child in their care while maintaining confidentiality requirements. Specifically, the case manager Services Worker shall:

(a) Inform the out-of-home caregiver of all identified needs of the child and of the need to obtain services for those needs;

(b) Inform the out-of-home caregiver about available programs that may provide financial and medical assistance for the child;

(c) Provide the out-of-home caregiver with counseling and information regarding the dependency process and support services available in the community;

(d) Review with the licensed caregivers their roles and responsibilities according to the Bilateral Service Agreement; and

(e) Provide to the caregiver the Child’s Resource Record. The Child’s Resource Record from the previous placement(s) shall be reviewed with the out-of-home caregiver upon the child’s new placement. The case manager Services Worker shall discuss with the out-of-home caregiver the out-of-home caregiver’s role in maintaining and updating the Child’s Resource Record.

(f) Notify parents or legal guardians whose whereabouts are known when the child is moved to another placement.

65C-28.006 Permanency Staffings.

(1) Permanency staffings shall be held:

(a) When preparing for a permanency hearing; and

(b) As the Department or contracted service provider deems necessary.

(2) The appropriateness of concurrent goals shall be evaluated at an early decision making evaluation shall be part of each permanency staffing.

(3) At a minimum, the following persons shall be invited, at least ten working days in advance, to attend:

(a) Children’s Child Welfare Legal Services (CWLS) attorney;

(b) Child’s out-of-home caregiver;

(c) Guardian ad litem and attorney ad litem, if appointed;

(d) Child’s surrogate parent if one is appointed;

(e) Appropriate case management staff including the child’s case manager and the case manager’s supervisor;

Services Worker and his or her supervisor;

(f) The school foster care liaison or other appropriate school representative;

(g) Other service providers who are involved with the family and are determined by the Services Worker to have information pertinent to the issue of permanency;

(h) The child’s parents or legal guardians, if available; and

(i) The child, depending on his or her age, maturity level, and ability to effectively participate in the staffing, as determined by the case manager.

(4) The case manager shall document in FSFN efforts made to provide the child opportunity to participate. If a parent, his or her attorney or the Guardian ad Litem, if appointed, does not attend the permanency staffing, the department or contracted service provider shall hold other conferences, meetings or staffings where these parties shall be provided an opportunity to participate in the case planning process with other stakeholders. The case documentation shall provide evidence that such opportunities have been provided.

(5) If a child is able to understand the purpose of the meeting and could actively participate but does not attend the permanency staffing, the department or contracted service provider shall hold other conferences, meetings or staffings where the child is provided an opportunity to participate in development and discussions regarding the
permanency plan. The case documentation shall provide evidence such opportunities have been provided.

(6) The standard for recommending the child’s reunification with the parents shall be based on whether the parents have substantially complied with the case plan and whether the adjudicated risk of harm to the child has been remediated to the extent the child can safely return home. At any time it is determined this standard has been met, regardless of the time since the previous permanency hearing or other court hearing, the Services Worker shall notify the CWLS attorney who shall take the matter before the court.

(5)(7) Follow-up actions from the staffing shall be documented and placed in the child’s electronic case file, record. The child’s case manager Services Worker and the case manager’s supervisor shall ensure that all follow up tasks are completed and the recommendations from the staffing, details of all services provided since the last review, and any recommended changes of goal are recorded in the Judicial Review Social Study Report (JRSSR) and reported to the court.

(6)(8) Staffings shall occur with sufficient time to write a comprehensive JRSSR draft, which shall be provided to Children’s Legal Services CWLS at least ten (10) working days prior to the judicial review hearing. Children’s Legal Services CWLS shall review the draft report for legal sufficiency and, if corrections are necessary, return the draft report to the case manager Services Worker who shall make all necessary corrections. Corrections to the JRSSR shall be completed with sufficient time to provide copies to all parties at least seventy-two (72) hours prior to the hearing.

Rulemaking Authority 39.012, 39.0121(12), (13) FS. Law Implemented 39.407(5)(g)3., 39.521(1)(b)3., (c), (d) FS. History–New 5-4-06 Amended ______.


(1) Voluntary Licensed Placement.

(a) Before accepting a voluntary licensed placement, the Community-Base Care Lead Agency shall ensure a thorough review is done on the circumstances of the child and family to include: Services Worker shall conduct a thorough assessment of the circumstances.

1. The assessment shall include identification of the family’s strengths and weaknesses, An an evaluation of whether the family’s current situation is temporary in nature and shall provide the a basis upon which a mutual decision regarding the child’s short-term placement out of the home can be made.
2. A history of the family shall be reviewed, including prior abuse reports and prior out-of-home episodes, prior to considering a voluntary placement.

3. A child shall not be accepted for voluntary placement unless current circumstances clearly indicate an out-of-home care placement of three months or less is anticipated and no dependency issue exists.

(b) The case manager Services Worker shall begin immediately to identify available social, physical health, mental health, educational, and other support services within the community that would enable the parent, guardian or relative to adequately provide for the child’s care.

(c) The case manager Services Worker shall, prior to considering placement in out-of-home care, assist the family in using and coordinating available services effectively, including the identification of relatives or non-relatives able to care for the child.

(d) The case manager Services Worker shall provide for the child’s educational stability by determining if the child should remain in his or her current school during the time of the placement.

(2) Voluntary Medical Out-of-Home Care. If a child’s medical complexity condition is such that the parent is unable to provide or arrange for necessary care for the child and the department or contracted service provider has determined the child would benefit from out-of-home care, the parent may apply for voluntary placement in licensed medical out-of-home care. Voluntary medical placement is contingent upon:

(a) The child having medical needs identified and eligibility for medical foster care has been determined recommended by the Children’s Multidisciplinary Assessment Team (CMAT); once medical foster care has been recommended, the Services Worker shall coordinate with the Medical Foster Care program in the local area regarding arrangements necessary to meet the child’s needs; and

(b) It appears that the conditions necessitating the voluntary placement can be resolved and reunification with the parent or legal guardian can occur within 180 days or less; vacancies in existing medical foster homes and the capacity of an available home to meet the needs of the child as determined by the medical out-of-home care program.

(c) Once medical out-of-home care has been recommended, the case manager shall coordinate with the Medical Foster Care program in the local area regarding arrangements necessary to meet the child’s needs; and

(3) Return of Child. When a parent or legal guardian other legal custodian requests in writing the return of a child in voluntary licensed placement, the child shall be immediately released back to the parent or legal guardian
once it has been verified the person requesting custody of the child:

(a) Is the same person who placed the child into voluntary placement or is a person authorized by the person who placed the child into voluntary placement to receive custody of the child; and

(b) Appears to present no risk of harm to the child. If there appears to be a threat, the case manager Services Worker shall take the steps necessary to protect the child. The case manager Services Worker shall immediately report allegations to the Florida Abuse Hotline.

(4) Voluntary Placement Agreement. When the child is placed into licensed out-of-home care voluntarily, the parent, legal guardian or relative requesting the placement and the Department or contracted service provider shall enter into a written voluntary placement agreement, which at a minimum shall specify:

(a) The child’s date of birth;

(b) The rights, obligations and responsibilities of the parent, relatives, legal guardian, child, and the department or contracted service provider during the time the child is in placement, including the parent’s or legal guardian’s child support responsibilities;

(c) The conditions under which the agreement would be breached, modified, or terminated; and

(d) The parent’s, legal guardian’s, or relative’s right to revoke the agreement and to request that the child be returned home or be placed in the home of a relative.

(5) Timeframes for voluntary licensed out-of-home length of stay.

(a) A child voluntarily placed may not remain in out-of-home care on a voluntary basis beyond ninety (90) days unless the Circuit District/Region or Regional Zone Program Administrator, Community-Based Care Lead Agency Executive Director or a designee has determined the specific circumstances of a child or family necessitates continued placement beyond three months and has given written authorization for continuance. However, a child may not remain voluntarily placed beyond 180 days.

(b) If a child placed voluntarily remains in care beyond ninety days, a judicial hearing shall take place within the first 180 days and the resulting court order shall include a judicial determination that the continued placement is in the child’s best interest and that reasonable efforts have been made to reunify the family. This judicial determination shall occur within 180 days of the voluntary service agreement.

(6) Requests for Court Action. When parents, legal guardian, or relative who requested the placement of request their child be returned to them from a voluntary out-of-home care placement, the child shall be released unless the
Department or contracted service provider seeks relief from the court. If the department or contracted service provider opposes or otherwise objects to the release of the child or reunification of the family, a judicial determination at a shelter detention hearing shall be obtained.

Rulemaking Authority 39.012, 39.0121(12), (13) FS. Law Implemented 39.01(14)(c), 39.402(15), 39.701(3)(f)

65C-28.008 Relative Caregiver Program Requirements.

(1) In order for a relative caregiver to receive a monthly Relative Caregiver Program (RCP) payment, the requirements of Section 39.5085, F.S., shall be met.

(a) Prior to recommending to the court the placement of the child with the relative, a caregiver home study shall be completed in accordance with Rule 65C-28.012, F.A.C. Section 39.521(2)(c), F.S. When a request for a referral for an RCP payment is made in regard to a child in a closed to permanent guardianship or a permanent placement with fit and willing relative long-term custody case, if a home study has already been performed on the placement, another one is not required. The following requirements apply regarding the need for a home study:

1. When permanent guardianship or a permanent placement with a fit and willing relative long-term custody has been granted and supervision of the case has been terminated, a case manager Services Worker in the geographic area where the child and out-of-home caregiver reside shall be assigned by the contracted service provider to complete a home study, if required, and provide to the Economic Self-Sufficiency Program (ESS) the information necessary to determine whether or not the out-of-home caregiver is eligible for the RCP payment. The home study shall be completed within thirty 30 days of the out-of-home caregiver’s request for a referral for the Relative Caregiver Program payment and, if the out-of-home caregiver is determined to be potentially eligible for the RCP payment, the ESS eligibility office shall be notified in writing within five (5) days following this determination.

2. If the current placement was made prior to October 1998 and the out-of-home caregiver has been granted permanency through a fit and willing relative permanency placement long-term custody of the child and a home study has already been performed in conjunction with the child’s placement, a new home study is not required, regardless of the form or content of the home study.

3. However, in placements made prior to October 1998, if a home study has not been performed on the out-of-home caregiver’s home, whether or not long-term custody has been granted, a home study shall be performed by the
child’s case manager Services Worker within thirty (30) days following a request by the caregiver to the case manager Services Worker to apply for the RCP payment or a referral of the out-of-home caregiver by ESS to the Department department or the contracted service provider.

4. If the current placement was made after October 1998 and a home study was performed in conjunction with the placement, a new home study is not required.

5. A copy of a home study performed in conjunction with the placement of the child in the out-of-home caregiver’s home is required to verify that a home study was conducted; otherwise, a current home study shall be performed to establish eligibility.

(b) The child shall be adjudicated dependent and be in the court-ordered temporary legal custody of the relative pursuant to Section 39.521, F.S., or in permanent guardianship or a permanent placement with a fit and willing relative in the court-ordered long-term custody of the relative pursuant to Section 39.621 39.622, F.S. For children in permanent guardianship or a permanent placement with a fit and willing relative long-term custody, it is not necessary that the court continue supervision by the Department department or contracted service provider or that the court retain jurisdiction.

(c) The child shall live in an approved home of an adult relative who meets a specified degree of relationship to the parent or stepparent of the child by blood or marriage. If the parent or stepparent of the child is not related to the out-of-home caregiver or is not within the required degree of relationship, the child must be a half-sibling of another child who is related to the out-of-home caregiver and both children shall have been court ordered into the same placement.

1. Half-sibling eligibility shall meet the following requirements:

   a. The eligibility of a half-sibling who is not related to the out-of-home caregiver remains in effect only as long as the half-sibling who is related to the out-of-home caregiver remains in the court-ordered custody of the out-of-home caregiver. When the half-sibling who is related to the out-of-home caregiver becomes eighteen years of age or for any reason leaves the legal custody of the out-of-home caregiver, the half-sibling who is unrelated to the out-of-home caregiver loses eligibility.

   b. It is not necessary that the half-sibling who is related to the out-of-home caregiver be receiving the RCP payment in order for the half-sibling who is unrelated to the out-of-home caregiver to receive the RCP payment.

2. Termination of marriage for the parent or other relatives affects eligibility as follows:
a. The termination of the marriage of a stepparent from the parent due to death or divorce shall not disqualify relatives of the ex-stepparent as eligible out-of-home caregivers if they are within the required degree of relationship to the ex-stepparent. The ex-stepparent shall be considered to be within the required degree of relationship to the parent and shall be eligible for the RCP payment if all other eligibility factors are met.

b. The termination of the marriage of a non-blood relative to a blood relative due to death or divorce shall not disqualify the non-blood relative as an eligible out-of-home caregiver if the blood relative to whom he or she was married is, or was when living, within the required degree of relationship to the blood relative.

(d) The child shall live in a home where neither parent resides. If the parent is in the home thirty (30) consecutive days or longer, the child’s eligibility for the RCP payment ends. However, a relative may receive the RCP payment for a minor parent who is in his or her care, as well as for that minor parent’s child, if both children have been adjudicated dependent and meet all other eligibility requirements.

(e) The child shall reside in the state of Florida. Children who move out-of-state or are placed out-of-state with a relative caregiver, are not eligible for a RCP payment. A child placed with a relative in Florida by another state is not eligible for the RCP payment.

(f) Failure by the relative caregiver, without good cause, to cooperate with the Child Support Enforcement Program in regard to a child shall terminate that child’s eligibility to receive the RCP payment while in that placement.

1. If a child is not eligible for the payment due to the relative’s lack of cooperation, the child remains eligible for Medicaid and other services necessary to ensure his or her safety and well-being.

2. If a child is not eligible due to the relative caregiver’s lack of cooperation, eligibility for the RCP payment for other children in the same placement is not affected if the relative caregiver is cooperating with the Child Support Enforcement Program in regard to those children.

(g) Once all of the preceding eligibility requirements in this section are met, the eligibility requirements of the ESS cash assistance programs in Chapters 65A-1 and 65A-4, F.A.C., applicable to "child only cases" in the Temporary Cash Assistance Program (TCA) shall be met, with the following exceptions:

1. The basic monthly payment schedule (not including Medicaid, family support services, flexible funds utilized in accordance with Section 409.165, F.S., subsidized child-care, and other services that may be available through the Department or contracted service provider or other local, state or federal programs), is based on the age
of the child. The monthly amount of the payment, before any deductions for income of the child, shall be:

- a. Age zero (0) through five (5) years – $242.
- b. Age six (6) through twelve (12) years – $249.
- c. Age thirteen (13) to eighteen (18) years – $298.

2. Financial eligibility is based on a comparison of the income of the child to the benefit payment standard for the child’s age. The difference between the RCP payment standard for the child’s age and the income of the child is the amount of the payment; and

3. Each child applying for or receiving the RCP payment is a filing unit of one and only the child’s income and assets are considered in establishing or maintaining eligibility. In this regard, a child receiving a Supplemental Security Income grant is ineligible for an RCP payment.

(h) When a relative caregiver is approved as a guardian pursuant to Section 39.621, F.S., or Chapter 744, F.S., subsequent to an adjudication of dependency, completion of a home study and placement by the court with the relative, continuing eligibility for the RCP benefits shall not be affected.

(i) A child receiving an RCP payment shall not simultaneously receive a TCA grant, except when timely action has not been taken by the Department department or a contracted service provider to timely convert a payment from TCA to RCP once all eligibility requirements have been met. When converting from TCA to RCP, the ESS case will be processed as a change and the benefit will be effective the next recurring month. No auxiliaries to restore lost RCP benefits may be issued without approval of the Circuit, Region district/region or Regional zone ESS Program Office.

1. Restoration of RCP benefits must be issued when:

- a. An application for RCP benefits has been denied in error, or
- b. A TCA payment is not terminated timely (the next recurring month) following the establishment of all RCP eligibility requirements. This includes delays by the contracted service provider or Department’s Office of Child Welfare departmental Family Safety program staff following a determination of potential placement eligibility in accordance with Section 39.5085, F.S., to timely communicate the potential placement eligibility within five (5) days of making this determination.

2. A child may not be included in a TCA assistance group and receive full RCP benefits in the same month. Any auxiliaries approved for the restoration of RCP benefits for months in which the child received a TCA benefit,
shall only be authorized for the difference between the amount of the TCA benefit and the amount of the RCP benefit during the affected months.

(2) In addition to monitoring, evaluating and assessing services and progress of the case plan and keeping the court informed through periodic judicial reviews, the investigator Child Protective Investigator (CPI) at time of initial placement or case manager Services Worker at time of a change in placement is responsible for the following steps of the RCP payment eligibility process:

(a) Informing the relative caregiver in writing, at the time of the child’s placement, of the financial assistance options, including the RCP payment and TCA grant;

(b) Immediately providing a referral to the Economic Self-Sufficiency Services program to apply for a TCA grant when the relative caregiver indicates a desire to apply;

(c) Completing a caregiver home study within thirty (30) days after the case transfer conference Early Service Intervention staffing, unless the home study has already been completed by the investigator Child Protective Investigator;

(d) Completing court preparation;

(e) Notifying the Economic Self-Sufficiency Services eligibility office in writing immediately when it is determined by the case manager Services Worker that a child in the home of a relative caregiver may be eligible for the RCP payment, unless the relative has indicated a desire to not apply for the payment. This notification shall be made whether or not the caregiver is already receiving a TCA payment and shall be prepared on “Relative Caregiver Communication”, CF-FSP 5233, October 2005 June 2002, incorporated by reference and available at www.dcf.state.fl.us/dcfforms/, or communicated by electronic means of notification. A relative caregiver’s decision to not apply for the RCP payment shall be documented in FSFN the case file;

(f) Petitioning the court, as appropriate, for court ordered permanent placement with a fit and willing relative long term custody to the relative, or permanent legal guardianship to by the relative, and termination of supervision once the child has been in the court ordered custody of the relative caregiver for a minimum of six (6) months and ensuring service provision in accordance with Rule 65C-30.007, F.A.C., following this termination of supervision; and

(g) Notifying the Economic Self-Sufficiency Services eligibility office without delay when the case manager Services Worker becomes aware of changes in the active services case of a child in the home of a relative that may
impact the RCP payment. At a minimum, this notification shall be made when:

1. The child is adopted;
2. The child’s age changes, resulting in a change to a new age group;
3. The child leaves the relative caregiver’s home;
4. The child has an increase or decrease in unearned income; or
5. The parent resides in the relative caregiver’s home for over thirty (30) days.

(3) Relative caregivers may self-refer for TCA or TCP benefits through the ESS program. The Economic Self-Sufficiency Eligibility Specialist shall be responsible for performing the following tasks related to providing information regarding the RCP and determining eligibility, including individuals who self-refer:

(a) At time of application or eligibility redetermination, inform all ESS public assistance applicants or recipients caring for children who are relatives about the RCP and allow them to indicate an interest in applying for RCP;
(b) Explain the options associated with the RCP to the applicant;
(c) Determine the child’s initial and ongoing eligibility for the RCP payment and Medicaid;
(d) Determine continuing eligibility for the child’s monthly RCP benefits, including Medicaid, through complete reviews, and scheduled and unscheduled partial reviews;
(e) Communicate with the case manager Services Worker as necessary and providing updates on the status of the eligibility case; and

(f) When the request for Relative Caregiver payments is originated at the Economic Self-Sufficiency office, the ESS Eligibility Specialist shall provide written notification to the case manager Services Worker or the Department department, within ten (10) working days. This notification shall be prepared on “Relative Caregiver Communication”, CF-FSP 5233, October 2005 June 2002, incorporated by reference and available at www.dcf.state.fl.us/dcfforms/, or communicated by electronic means of notification and shall be documented in FSFN, the case file of the CPI or the contracted service provider responsible for determining potential eligibility for RCP in accordance with Section 39.5085, E.S.

1. When a relative caregiver self-refers for the RCP payment and he or she has court ordered temporary custody of the child, the investigator CPI or case manager Services Worker responsible for the case shall make the determination of potential placement eligibility for RCP.
2. When a relative caregiver self-refers for the RCP payment and he or she has court ordered permanent
guardianship or permanent placement with a fit and willing relative long-term custody of the child with supervision terminated, Department departmental district/region or zone staff, or through prior arrangement, contracted service provider staff, shall make the determination of potential placement eligibility for RCP.

3. In either instance, the Department or contracted service provider CPI, Services Worker or departmental staff who make the determination of potential placement eligibility for RCP in accordance with Section 39.5085, F.S., shall immediately notify ESS staff of this determination. This notification shall be prepared on “Relative Caregiver Communication”, CF-FSP 5233, October 2005 June 2002, incorporated by reference and available at www.dcf.state.fl.us/dcfforms/, or communicated by electronic means of notification. This notification shall be documented in FSFN, the case file of the CPI, the Services Worker or the departmental staff responsible for determining the potential eligibility for RCP.

(4) As provided in subsection 65C-30.007(15), F.A.C., when supervision of a child has been terminated due to court ordered permanent guardianship or a permanent placement with a fit and willing relative long-term custody to the relative, any documentation required for the relative or child to receive services needed in support of the placement shall be provided by the Department or contracted service provider.

Rulemaking Authority 39.012, 39.0121(7), (10), (12), (13), 39.5085(2)(a), (d) FS. Law Implemented 39.001(1)(i), 39.01(50), 39.4085(7), (23), 39.5085(2)(a), (b), (e), (g), (9), 39.521(1)(b)3., (d)7., (2)(r)7., 39.621(3)(a), 39.621 49.622, 414.045(1)(b)5.b., 414.095(2)(a)2., (7), (10)(e) FS. History—New 5-4-06, Amended.

65C-28.009 Adolescent Services.

(1) Independent Living services and life skills services include a comprehensive array of services available to adolescents in the custody of the Department department and young adults who were in the custody of the Department department at the time of their eighteenth birthday. Independent living services consist of pre-independent living services, life skills services, and subsidized independent living (SIL) services for children in the custody of the Department department. Children in the custody of the Department department who are receiving independent living services remain subject to the requirements of case plans and judicial reviews until permanency is established. Aftercare Support Services, the Road to Independence Scholarship and Transitional Support Services are available for young adults who were in the custody of the department on their eighteenth birthday.

(a) Older children in foster care who have disabilities or mental health needs shall be provided with an equal
opportunity to participate in the continuum of independent living services. Though a youth who has a physical, emotional or learning disability may need additional support, he or she still is eligible for all independent living services from the program.

(b) To ensure the equal participation of these youth, the case manager Services Worker shall identify older foster children in licensed out-of-home care with disabilities or mental health needs and assist them with reasonable accommodations for their disabilities.

(2) Children age thirteen up to age eighteen (Age 13 up to age 18) are eligible for independent living services from the time of placement in shelter status with the Department. department.

(3) Goal Setting. Beginning at age fourteen, upon entering ninth grade or upon entering licensed out-of-home care past the age of fourteen, whichever occurs first, each child in licensed out-of-home care, with the assistance of his or her licensed out-of-home caregivers foster parents and the case manager, Services Worker, shall set early achievement and career goals for the child’s post secondary educational and work experience as required in Section 409.1451(3)(b)1., F.S.

(a) The process shall be child-centered, and any staffings related to the child’s post secondary or career goals, shall include the child, and shall be held in a time and place convenient to the child, taking into account the child’s school and work schedule.

(b) If the child is enrolled in the Exceptional Student Education program, such goal setting shall be coordinated with the school and agree with the Individual Educational Plan transitional plan.

(c) The case plan shall be written simply and clearly in English and, if English is not the principal language of the child, to the extent possible a copy of the case plan shall be prepared in the language of the child.

(4) Independent Living Staffings. Staffings for children age 13 and older who are in a licensed an out-of-home placement are held periodically to develop plans for meeting the identified needs of these children.

(a) Every Independent Living staffing shall, at a minimum, address the following topics:

1. The child’s educational and work goals, including the child’s progress and any obstacles the child is facing,
2. What life skills the child needs and the child’s progress toward developing already identified skills,
3. The SIL program, including program requirements and benefits,
3. 4. The Road to Independence program, including program requirements and benefits, the tuition fee exemption, and the Bright Futures Program,
4. 5. Permanency arrangements, including the child’s wishes regarding adoption,

5. 6. For children age 17, the child’s plans for living arrangement after age 18 and the life skills services that may need to be continued past age 18, and

6. 2. Any other identified obstacles and needs the child has with regard to Independent Living.

(b) Every Independent Living staffing shall meet the following requirements:

1. The case manager Services Worker shall attend the staffing. The case manager’s Services Worker’s supervisor, Children’s Legal Services (CLS), Child Welfare Legal Services (CWLS), the child, the child’s licensed out-of-home caregiver, the child’s guardian ad litem, and the child’s attorney, if the child is so represented, shall be invited to attend the staffing. The contracted independent living service provider and any other individuals significant to and familiar with the child, including family members likely to be involved with the child after the child leaves licensed out-of-home foster care shall also be invited.

2. The child shall be encouraged to invite any adults who are important in the child’s life.

3. The staffing shall be conducted in and with a language the youth can understand or, if needed, through a translator, and the process shall be child-centered.

4. The staffing shall be held in a time and place convenient to the child, taking into account the child’s school and work schedule.

5. The case manager Services Worker shall be responsible for inviting the child’s guardian ad litem and attorney ad litem to the staffing.

6. Information from the pre-Independent Living life skills assessment and all Independent Living staffings shall be included in the written report submitted to the court for each judicial review.

(5) Pre-Independent Living (Age 13 but not yet 15 years of age).

(a) These services include but are not limited to life skills training, educational field trips and conferences.

(b) Each child in the custody of the Department department shall be referred for independent living services thirty (30) days prior to his or her thirteenth birthday. A child placed in the custody of the Department department after his or her thirteenth birthday shall be referred within thirty (30) days after the court enters an order placing the child in the custody of the Department, department.

(c) Each child in the custody of the Department department shall receive a pre-independent living assessment within thirty (30) days after his or her thirteenth birthday. A child placed in the custody of the Department department
department after his or her thirteenth birthday shall be assessed within sixty (60) days after the court enters an order placing the child in the custody of the Department. The results of the assessment shall be filed with the court and served on all parties.

1. The assessment for a child thirteen to fifteen years of age shall be conducted through the use of a pre-independent living assessment tool; review of the file; review of other assessments and evaluations, including educational, psychological and psychiatric evaluations; personal observation and interviews with any person who is familiar with the child and can be helpful in the assessment process.

2. The case manager Services Worker shall discuss the results of the assessment with the child and licensed out-of-home caregiver and shall use the results to determine the training and services needed for the child to begin learning skills necessary for success and self-sufficiency in the future.

3. The pre-independent living assessment shall be used to determine the child’s strengths and needs. The strengths and needs identified from the assessment shall be documented in FSFN. The case manager Services Worker shall ensure that the child’s identified needs are met. Life skills can be taught through instruction and interaction with the licensed out-of-home caregivers or group-care staff through contracted services, referrals to community providers, one-on-one coaching and group learning sessions. The child may also be able to learn some of the needed skills in the public school curriculum.

4. For every needed skill, the case manager Services Worker shall document in FSFN the child’s case file who is to help the child develop that skill and the timeframe in which the child will receive the training. It is the responsibility of the case manager Services Worker to ensure the child receives all needed life skills training.

(d) Children in licensed out-of-home care shall be fully informed when making decisions about educational options, including high school participation choices and college or vocational school entrance requirements. Possible rewards and consequences of the available options shall be presented to the child.

1. The case manager or licensed out-of-home caregiver Services Worker shall encourage the child to choose and achieve realistic goals.

2. The case manager or licensed out-of-home caregiver Services Worker shall discuss with the child his or her potential limitations, including physical, emotional, and behavioral limitations. The child shall not be told that a career or educational option is unavailable unless an explanation is given and ways to overcome perceived obstacles are explored.
(e) During contacts with the child time shall be dedicated to evaluating progress in learning the skills identified through the assessment process as well as to educate the child and the licensed out-of-home caregiver about available independent living services.

(f) Staffing. In addition, the department shall conduct an annual staffing for children who are thirteen and fourteen years of age and meet the requirements for these staffings as contained in Section 409.1451(4)(a), F.S.

(6) Life Skills Services (Age 15 but not yet 18 years of age).

(a) Life skills services include but are not limited to, independent living skills training including training to develop banking and budgeting skills; parenting skills; educational support; employment training and counseling.

(b) Life skills services shall be designed to meet the child’s needs as identified in the independent living skills assessment. A child with developmental disabilities, mental health needs or other special needs shall be identified and services shall be tailored to meet the child’s needs. Strengths and needs identified from the assessment, in addition to other identified child specific needs, shall be documented in FSFN.

(c) A referral for life skills services shall be submitted within thirty (30) days of a child’s fifteenth birthday and an age appropriate independent living skills assessment completed within thirty (30) days after the child’s fifteenth birthday. If the child is fifteen years of age or older when placed in the custody of the Department, a referral and an independent living skills assessment shall be submitted within thirty (30) days after the court enters an order placing the child in the custody of the Department. If a child was previously referred for independent living services, only an additional independent living skills assessment shall be completed and submitted.

(d) The results of the assessment shall be discussed with the child and licensed out-of-home caregiver and be used to determine the training and services needed for the child to continue learning skills necessary for successful transition to adulthood.

(e) The independent living assessment shall be used to measure life skills development progress for a child who was administered a pre-independent living assessment and also to determine each child’s strengths and needs. The case manager Services Worker shall ensure that the child’s identified needs are met. The needed skills may be taught through instruction and interaction with the licensed out-of-home caregivers or group-care staff, through contracted services, referrals to community providers, one-on-one coaching and group learning sessions. The child may also be able to learn some of the needed skills in the public school curriculum. For every needed skill, the case manager
Services Worker shall document in FSFN the child’s case file who is to help the child develop that skill and the timeframe in which the child will receive the training. It is the responsibility of the case manager Services Worker to ensure the child receives all needed life skills training.

(f) Staffing. Pursuant to Section 409.1451(4)(b), F.S., the department shall conduct a staffing at least once every six months for each child in licensed out-of-home care who has reached fifteen years of age but is not yet eighteen years of age.

(g) Assessment at Seventeen Years Old. During Pursuant to Section 409.1451(4)(b), F.S., during the month following his or her seventeenth birthday, each child in licensed out-of-home care shall be provided an independent living assessment, separate and distinct from the previous independent living assessment, to determine the child’s skills and ability to live independently and become self-sufficient regardless of his or her permanency goal. Based on the results of this assessment, expedited and age appropriate services and training shall be provided in order for the child to develop the necessary skills and abilities prior to his or her 18th birthday. This final assessment shall be used to measure life skill development progress.

1. The assessment for a child seventeen years of age shall be conducted through the use of an independent living assessment tool; review of the file; review of other assessments and evaluations, including educational, psychological and psychiatric evaluations; personal observation and interviews with any person who is familiar with the child and can be helpful in the assessment process.

2. Based on the results of this assessment, the case manager Services Worker, in conjunction with the youth, shall update the life skills plan to ensure that the youth receives all skills training needed before the child’s 18th birthday.

3. If, based on the results, the child will most likely need additional life skills training and services after age 18, the case manager Services Worker shall include a staff member from the unit handling post-emancipation services in order to ensure a smooth continuum of services.

(h) Information from the independent living life skills assessment and all staffings, including an enumeration of the services provided and an assessment of the youth’s progress toward developing independent living skills, shall be included in the written report submitted to the court for each judicial review.

(i) The case plan for children in licensed out-of-home care who are age sixteen and seventeen shall include appropriate independent living and transitional services and shall be filed with the court and served on all parties.
(7) Subsidized Independent Living (SIL) (Age 16 but not yet 18 years of age). The Subsidized Independent Living (SIL) Program ends on January 1, 2014. Youth enrolled in the SIL Program prior to January 1, 2014 shall remain in the program until he or she reaches age eighteen or becomes ineligible for the program.

(a) Subsidized Independent Living provides an opportunity for teenagers in foster care to receive a subsidy and other supports from the Department in order to live in a setting that is not required to be licensed. Participants learn to pay their own bills and live on a budget while still under the supervision of a contracted service provider and the courts.

(b) Youth Eligibility for Subsidized Independent Living. In order to be approved to live in a subsidized living arrangement, a youth must meet the following criteria as required by Section 409.1451, F.S.:

1. Age. Must be 16 or 17 years of age and not yet reached their 18th birthday (Section 409.1451(4)(c)2., F.S.). At minimum, the youth’s parents and the court must be notified that a placement in Subsidized Independent Living has been made. It must be noted that, in some cases, the Department or Community-Based Care (CBC) Lead Agency may choose to gain approval from the court or the youth’s parents prior to placement in Subsidized Independent Living and while this is acceptable, it is not required under law or these guidelines.

2. Legal Status. Must be adjudicated dependent, as defined in Chapter 39, F.S. and have been in custody of the Department, at least six (6) 6 months prior to entering Subsidized Independent Living, subsidized independent living, with a goal of either adoption, long-term licensed out-of-home care or independent living (Section 409.1451(4)(c)2.a., F.S.). The six (6) 6 months in Department custody do not have to be immediately preceding placement in SIL and can accumulate over the youth’s lifetime.

(c) According to Section 409.1451(4)(c)2.b., F.S., the youth must be able to demonstrate independent living skills. The following criteria are ways that the youth can demonstrate these skills, but exceptions to some of these criteria may be allowed by the Department’s Regional Managing Director, District Administrator, Chief Executive Officer of the Community-Based Care Lead Agency (CEO of the CBC), or Independent Living Coordinator with approval of the Regional Managing Director District Administrator or CEO of the CBC with consideration of the youth’s safety and best interests:

1. Employment or Extra-curricular activities. Must be employed at least part-time earning a minimum of $100.00 per month or be involved in extra-curricular activities as deemed appropriate by the Independent Living Coordinator. These extra-curricular activities may include but not be limited to: participation on sports teams,
cheerleading squads, school bands, internships, school advisory boards or any other beneficial activity that would be important to the youth’s personal development but would also limit the youth’s ability to obtain employment.

2. Savings. Must have sufficient earned savings or other means to pay move-in and first month’s living expenses, until the first subsidy check arrives. The youth may submit a statement that includes the projected move-in cost and proof of available resources to meet these costs.

3. Education. Must be enrolled in a full-time educational program. Full-time is defined as: regular attendance at high school, at least 12 credit hours per semester at an accredited college or university, or full time as defined by the GED/Vocational Technical program which the youth is attending.

4. Grades. Must maintain adequate progress as determined by the school or educational program.

5. Assessment. Assessment of Skills by completion of curriculum determined by the independent living coordinator. Should indicate that living in an unlicensed setting with minimal supervision is potentially viable. The youth must be able to articulate and demonstrate their ability to perform certain skills as determined by the Independent Living Coordinator.

6. Behavior. Participants in the Subsidized Independent Living program are expected to exhibit responsible behavior. Prospective participants who have displayed irresponsible behavior, such as running away from home, committing violent acts toward others, delinquencies, or property crimes, within six (6) months of requesting entrance into the Subsidized Independent Living program must be strictly evaluated to determine whether SIL placement is in their best interest and if they are at risk of exhibiting future irresponsible behaviors. Letters of reference from school, mental health personnel, licensed out-of-home caregivers, foster parents, case managers, Services Workers and Department of Juvenile Justice should be requested if there is a history of irresponsible behavior.

7. Staffing/Approval. Staffing and approval by the Department or CBC independent living coordinator. The coordinator must approve the youth’s living arrangement, including the cost and selection of a roommate, if applicable. The safety of the youth is a paramount consideration. Youth and case manager Services Worker must attend the staffing which the independent living coordinator chairs. The case manager Services Worker must invite the youth’s parent (if parental rights are still intact and at the youth’s discretion) to the staffing and any other persons involved or important to the youth, such as guardian ad litem, teachers, therapists, relatives, and mentors.
(d) Dependent youth in custody of the Department of Juvenile Justice with disabilities are eligible for this program and may not be deemed ineligible from this program on the basis of the disability, according to the Americans with Disabilities Act of 1990, Title II. Though a youth with a disability may need additional supports from other organizations or agencies such as Developmental Services, Mental Health or Vocational Rehabilitation, the youth is still eligible for any and all services offered in the Independent Living Program, including Subsidized Independent Living. Reasonable accommodations must be provided to insure that each youth has access to the services provided by the program. Transitional staffings should be initiated by the case manager Services Worker, with the Agency for Persons with Disabilities, adult and children’s mental health services or other programs, on dual clients on or before the youth’s 17th birthday. If the youth requires continued supported living, a written plan must be in place by the youth’s 18th birthday in order to transition youth from licensed out-of-home foster care and/or SIL to another supported living program.

(e) Program Instructions.

1. Parental Notification. The case manager Services Worker, at minimum, must notify the parents of any youth placed in a subsidized independent living arrangement no longer than ten (10) days after the placement has been made, unless parental rights have been terminated. It is preferred that this notification is in writing, but, at minimum, any attempts at notification must be documented in FSFN, entered into the HomeSafenet chronological notes. The case manager Services Worker must NOT reveal the youth’s physical address to the parent unless written permission is provided by the youth.

2. Subsidized Independent Living Agreement. A written agreement must be developed between the youth and the Department of Juvenile Justice or CBC prior to the beginning of SIL. The agreement must be reviewed and updated annually, but more frequently as needed. The agreement must include, at a minimum:

   a. A description of the youth’s educational program, school or college, including start date, ending date and educational goals.

   b. The youth’s responsibilities, including and not limited to regular attendance and/or completion of life skills training, submission of payment stubs from work monthly or report from an official conducting the youth’s extracurricular activities that verifies continued involvement, and verification of school attendance.

   c. The Department of Juvenile Justice or contracted service provider’s responsibilities, including and not limited to regular staffings, frequent case manager Services Worker contacts, provision of life skills training, counseling, and
therapy.

d. Requirements for continued eligibility in the SIL arrangement.

e. A target date for discharge and the completion of the goals and objectives in the case plan.

f. An acknowledgement that this placement is in the youth’s best interest and that safety concerns have been addressed. In addition, to prevent the independent living program from losing community support, gaining a poor public image and possibly losing statutory authority, the youth must be informed in writing by the Independent Living Coordinator of the consequences of behavior that violates the law or community standards. Program participants have a responsibility beyond themselves, extending to the department and to fellow program participants.

g. A full explanation of the consequences of the youth’s non-compliance with the Subsidized Independent Living requirements.

3. Case Plan. Independent living arrangements established for a youth must be part of the case plan, including the goals and objectives leading to the total independence of the youth from Department supervision.

a. The case plan must be reviewed and updated, at a minimum, on an annual basis.

b. The case plan shall be documented in FSFN and shall include, but is not limited to:

i. A description of the youth’s skills and a plan for learning additional skills as identified in the independent living assessment.

ii. Documentation of proposed services by the Department, such as educational and employment-related assistance, counseling, therapy, skills training, and services of other agencies, including the type of service, nature, and frequency of contact.

iii. A description of behaviors the youth has exhibited that indicate an ability to be responsible and a plan for developing additional, responsible behaviors such as increasing decision-making skills.

iv. Documentation that the youth understands the specific consequences of his or her conduct in the independent living program.

v. A plan for maintaining or developing personal support relationships with family members, other adults, friends, and community support groups, among others as appropriate.

4. Frequency and Purpose of Case Manager Services Worker Contact.

a. During the first three (3) months the youth is living in an SIL arrangement, the case manager Services
Worker and the participant must have at least two (2) contacts per week. At least one (1) of these contacts must be in the residence of the youth. These contacts must be used to assess the participant’s strengths and needs in maintaining oneself in the living arrangement. The case manager Services Worker must maintain weekly contact with the Independent Living Coordinator, contracted service provider, or the youth during the first three months as to the youth’s progress in adjusting to their subsidized independent living arrangement. After the first three months, the case manager Services Worker must maintain contact with the independent living coordinator, contracted service provider, or youth at a minimum of once a month. Note: The youth’s assigned case manager Services Worker may be assisted in making these contacts by other case managers or contracted service provider staff, Services Worker within the CBC agency, independent living staff, and/or courtesy supervision workers.

b. After the first three (3) months the number of contacts that the case manager Services Worker has with the youth may be reduced, but only if the youth is progressing satisfactorily. However, these contacts must not be less than once per month and must be in the residence of the youth. The number of contacts must be increased if the youth demonstrates the need for more supervision.

c. Documentation in FSFN shall describe, at minimum, the issues discussed, any safety factors addressed and progress made during the contacts between the case manager Services Worker and the youth. This record can be used to measure progress, identify resources, and establish a clear understanding of the areas where the youth and the case manager Services Worker are concentrating their efforts.

5. Periodic Review.

a. Since 16- and 17-year-old youths in a subsidized independent living arrangement are still in the legal custody of the Department, their cases are subject to regular six-month judicial reviews.

b. Staffings should be scheduled around the youth’s school, work and extra-curricular activity schedule. The youth may invite anyone that he/she chooses to the staffing such as, but not limited to, guardian ad litem, personal friend, potential roommate, relative, employer, or teacher.


a. Independent Living Board Rate Payment (Subsidy). Payments must be drawn from out-of-home care, room and board state funds. The subsidy check may be mailed directly to the youth, or it may be sent to staff so that the youth can report to his/her case manager Services Worker or the coordinator at the time the check is picked up.

b. Clothing Allowance. Youth in SIL will continue to receive the annual clothing allowance from the out-of-
home care budget in addition to the monthly subsidy payment.


a. The independent living coordinator, the case manager, Services Worker and the youth shall must work together to determine a fair and reasonable budget for living independently. The youth must maintain the budget on a month-to-month basis. Suitable lodging must be located and funds for rent and utility deposits, phone deposits, etc. must be put aside in preparation for the youth’s move into the living arrangement. The first month’s living expenses and move-in expenses are the responsibility of the youth. The youth may obtain move-in costs either through savings by earned income, unearned income or by any other legal methods including gifts by relatives or other concerned parties. However, the youth must also be able to demonstrate the ability to budget and meet on-going monthly financial obligations.

b. The case manager shall Services Worker must provide assistance in locating a safe and stable living arrangement that will be affordable based on the youth’s financial situation. The location of the placement must be easily accessible to school, work and other needed resources.

c. Youth may be assisted in accessing any community resource that might help in arranging their utility deposits.

d. A youth may choose to live alone, with a roommate (non-cohabitation) in a college dormitory, or rent a room from a family. The case manager shall Services Worker must assess the living arrangement and present a report to the independent living coordinator for approval. Each individual’s situation must be considered when determining the budget with the youth and the amount of the subsidy check. The factors in subparagraph 2. above must also be considered as well as criminal, delinquency and abuse/neglect history checks.

e. For all household members or other frequent visitors ages 12 through 26, a delinquency records check through the Florida Department of Law Enforcement and the Florida Department of Juvenile Justice. In addition, the following background checks must conducted for any household members age 12 and over:

i. A local criminal records check through local police and sheriff’s offices.

ii. A state criminal records check through the Florida Department of Law Enforcement.

iii. An inquiry to the Florida Child Abuse Hotline.

8. Monthly Subsidy Rate Determination.

a. The amount of the monthly subsidy should be determined on an individual basis, considering the cost-of-
living and the youth’s monthly expenses. The maximum amount of the youth’s board rate is based on what an individual can earn working a 40-hour week at federal minimum wage. The Department or CBC Lead Agency has the discretion in the amount of the subsidy rate based on budget considerations within the agency providing services for the youth.

b. Program Incentives. Subject to the availability of funds, the Department or CBC Lead Agency has the option of providing financial incentives in addition to the monthly subsidy amount. Incentives may be based upon attendance at skills training or other required monthly meetings, timely submission of payment stubs, participation on youth advisory boards, public speaking promoting the program, etc., with each incentive adding $10-50 to the base amount.

9. Out-of-State Supervision of a Youth in SIL.

a. Some youth in custody of the Department, under the Jurisdiction of Florida courts, reside in licensed out-of-home care foster or group homes in other states. These youth shall be given the same opportunities to participate in the Subsidized Independent Living program as youth that reside in state as long as they meet eligibility criteria. If an SIL participant attends a college in another state, a subsidy check, services, and supports provided by the Department or contracted service provider shall continue. Although it is rare for a youth under 18 to attend college, arrangements may be made for a youth to attend college in another state and still receive a subsidy check and/or other services and supports from the department.

b. Some states offer courtesy supervision through the Independent Living Program. Other options might be to ask the college for staff or volunteer assistance, or to contract with a provider in that state to provide supervision.

c. For a youth under the age of 18, attendance at a college exempts the youth from the Interstate Compact for the Placement of Children (ICPC). However, if a youth needs supervision, submit ICPC form 100A, CF 794, October 2005, incorporated by reference and available at www.dcf.state.fl.us/dcfforms/, and check the “other” box under “type of care” and write in “College ILP.” A cover letter should explain that the judge and/or the Department would appreciate arrangements for supervision.

(8) Permanency Planning for Older Adolescents. The case manager Services Worker shall, concurrent with delivery of independent living services, continue efforts to locate and achieve placement with a permanent family until the child reaches age eighteen. In cases in which the child has made the decision not to pursue adoption, the
decision shall be revisited at least twice per year to determine the child’s needs and preferences. In all cases, whether the child has made the decision to be adopted or not, the case manager Services Worker shall assist the child in making connections within the community and establishing relationships. Connections with adults may be established in foster care placements, at school, through extra-curricular activities with mentors, coaches, youth leaders, instructors, and others. The case manager Services Worker shall ensure that assistance is provided to assist each child exiting the foster care system to establish a lifelong connection with a committed adult.

(9) Independent Living Plan. For a child age sixteen or older, who is in the care and custody of the Department, and in out-of-home care, the case manager shall include in the case plan a written description of the programs and services which will help the child prepare for the transition from living in out-of-home care to living independently, as pursuant to the Adoptions and Safe Families Act at 42 U.S.C. § 675(1)(D).

(10) Credit Reports. Pursuant to the Child and Family Services Improvement and Innovation Act of 2011 [Public Law 112-34], the case manager shall ensure any child, sixteen years of age or older, who is in the care or custody of the Department:

(a) Receives a copy of any consumer credit report annually, as defined in Section 603(d) of the Fair Credit Reporting Act;

(b) Receives some assistance in interpreting the credit report and resolving any inaccuracies in that report; and

(c) Documents activities related to the child receiving his or her credit report in FSFN.

(11) Transition Plan. The case manager shall ensure the development of a Transition Plan begins during the period of any child between seventeen years of age and seventeen years, six months of age, who is in the care and custody of the Department. The Transition Plan is in addition to the independent living plan already required in section (9) of this rule.

(a) The Transition Plan shall be as detailed as the child chooses and, at a minimum, shall include specific plans for:

1. Housing;

2. Health insurance;

3. Education;

4. Local opportunities for mentors and continuing support services;

5. Workforce support and employment services; and provides
6. Health Care Notification. The case manager shall ensure notification has been provided of the following information regarding health care treatment:

a. The importance of designating another individual to make health care treatment decisions on his or her behalf if he or she becomes unable to participate in such decisions and does not have or does not want a relative who is otherwise authorized under state law to make such decision; and

b. The option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law.

(b) If the child has special health, behavioral health, or intellectual needs, the case manager shall ensure the child is provided assistance in engaging needed adult-service systems to ensure that appropriate connections are made in terms of provision of services and benefits.

(c) The Transition Plan shall be documented in FSFN.

(12) (9) Children Becoming Eighteen Years of Age. The case manager or contracted service provider Services Worker or independent living staff shall ensure that a child in the custody of the Department department is counseled as to the options available to him or her upon reaching his or her eighteenth birthday. The Department department or contracted service provider shall ensure, as feasible, that the child and his or her attorney participates in the required staffings and special judicial review hearings.

(a) Special Judicial Review. A judicial review hearing shall be held within ninety days after a child’s seventeenth birthday and shall meet the requirements contained in Section 39.701(6)(a) and (b), F.S. In addition, pursuant to Section 39.013(9), F.S., a hearing shall be conducted within the month that begins the six-month period before the child’s eighteenth birthday to review the child’s progress while in the custody of the department. A plan for the child’s transition to adulthood shall be outlined in writing and details discussed during these reviews. The transition plan shall be filed with the court and served on all parties.

(b) Staffing at Seventeen Years Old. Within thirty days prior to the Special Judicial Review a staffing shall be conducted to notify the child of the options available upon reaching his or her eighteenth birthday and to discuss the child’s plans.

1. Planning shall take place to ensure that the child has a place to live and a source of income, whether earned or unearned, sufficient enough to meet his or her needs upon attaining his or her eighteenth birthday. Potential problems shall be identified early in the process to avoid disruptions from occurring in the child’s education.
employment and social environments.

2. If the child desires or intends to live with a family member upon reaching his or her eighteenth birthday, the Services Worker shall assist the child in planning for a safe and smooth transition. The Services Worker shall seek court approval through CWLS when necessary to allow contact with family members while the child remains under supervision.

   (c) Assessment. During the month following his or her seventeenth birthday, each child in licensed out-of-home care shall be provided an independent living assessment.

   (d) Written Notification. In conjunction with the special judicial review and staffing, each child in the custody of the department shall be notified in writing of the options available to him or her upon reaching eighteen years of age, including but not limited to the Road to Independence Program, continued court jurisdiction to age nineteen and the ability to reside in a licensed foster home. The notification shall be written in such a way that the child is able to easily understand it.

   (e) The department or contracted service provider shall assist the child in making application for the Road to Independence Scholarship and/or transition support services/aftercare support services no later than ninety days prior to his or her eighteenth birthday.


65C-28.010 Minor Parents in the Custody of the Department.

(1) When a minor child in the custody of the Department becomes a parent or enters licensed out-of-home care with his or her own child, the parent and child shall reside together in the same placement unless the younger child’s safety is at substantial risk in such placement or there is no foster home or facility available to house both. A petition for adjudication of dependency shall not be filed for the younger child unless there are grounds for dependency of that child independent of the minor parent’s dependency. See subsection 65C-30.016(4), F.A.C., regarding assistance to be provided to the minor parent or expectant parent.

(2) In the event that the minor parent’s child is not dependent, the cost of care of the child of a minor parent can be included in the maintenance payment for the minor parent. There shall be one payment that is enhanced to include the child’s needs. If the minor parent is Title IV-E eligible, the total payment is Title IV-E reimbursable.
(3) If the minor parent is in the SIL Program and the minor parent’s child lives with the parent, the parent is not eligible to receive an additional subsidy for the child. However, the Services Worker shall assist the minor parent in applying for other assistance for which the parent or child may be eligible.

(3)(4) If the Florida Abuse Hotline receives a report regarding known or suspected abuse, neglect, or abandonment of the child of a minor parent in the custody of the Department, the report shall be investigated as any other report of abuse, neglect, or abandonment. The departmental staff person or contracted service provider shall cooperate with the Child Protective Investigator assigned to investigate the report.

(4)(5) Minor parents in the custody of the department, including those who are expectant mothers and fathers, shall be provided with an equal opportunity to participate in the continuum of independent living services. The case manager Services Worker shall provide information to the minor parent on available appropriate services needed to ensure appropriate care for the care of the minor parent’s child and the stability of the living arrangement. As a minor parent approaches discharge from licensed out-of-home foster care at age 18, the case manager Services Worker shall assist the minor parent by providing information on educational services available upon exit from licensed out-of-home foster care.

Rulemaking Authority 39.012, 39.0121(13) FS. Law Implemented 409.165(1) FS. History—New 5-4-06, Amended _______.

65C-28.011 Criminal, Delinquency, and Abuse/Neglect History Checks for Relative and Non-Relative Placements.

(1) Criminal, delinquency, and abuse/neglect history check activities shall be performed when a child is initially placed with, remains with, or has a planned placement with a relative or non-relative. Less extensive criminal, delinquency, and abuse/neglect history check activities are required when a child is initially released to, remains with, or has a planned release to a parent. The court shall be informed of all results, including the disposition of all criminal offenses that are received regarding any proposed or existing relative or non-relative placement and any proposed or existing release to a parent.

(a) Except for emergency placements or releases made in exigent circumstances, approval for sheltering a child in non-licensed out-of-home care shall be sought from the court prior to the placement.

(b) Unless placement is being made in a licensed out-of-home substitute care home or facility, all relatives and
non-relatives with whom a child is placed are considered to be persons who are not licensed as shelter or out-of-home caregivers for purposes of caring for the child in question. Any relatives or non-relatives who become licensed as shelter or out-of-home caregivers shall foster parents must meet the licensing requirements of Chapter 65C-13, F.A.C., including the criminal, delinquency, and abuse/neglect history check requirements for licensed out-of-home caregivers.

(c) The criminal offenses that may disqualify a potential relative or non-relative out-of-home caregiver are contained in Sections 435.03, 435.045, and 435.04, F.S., and are clarified in section (6) of this rule, subsection 65C-28.011(6), F.A.C.

(d) The application of information gathered in an abuse/neglect records check in determining the appropriateness of a placement is contained in Sections 39.301 and 39.302, F.S., and is clarified in section (6) of this rule, subsection 65C-28.011(6), F.A.C.

(2) Emergency Placements in Exigent Circumstances.

(a) There are three situations in which emergency placements are made with relatives or non-relatives in exigent circumstances and it is anticipated that an out-of-home placement will be made within seventy-two (72) hours:

1. Following the emergency removal of a child from his or her household or from another location where the child resides prior to departmental involvement. This removal of the child initiates a removal episode;

2. Following the change of placement of a child from a location where the child was previously placed and where the child remains under supervision. Since the child is already in an out-of-home placement, a change of placement is being made. The change in placement is part of the existing removal episode and does not initiate a new removal episode; and

3. Following the emergency removal of a child from a location where the child was previously placed and where the child has achieved permanency through court ordered permanent guardianship or permanent placement with a fit and willing relative long-term custody to the out-of-home caregiver. Since the child has achieved permanency, this initiates a new removal episode.

(b) Whenever an emergency placement with a relative or non-relative is to be made in exigent circumstances, the required criminal, delinquency, and abuse/neglect history checks shall be initiated without undue delay to avoid placing the child elsewhere in the interim. Prior to making such an emergency placement in exigent circumstances, the following criminal, delinquency, and abuse/neglect history checks, including receipt and consideration of the
results of the checks, are required:

1. For all persons who are either household members, 12 years of age and older, or who are known to be frequent visitors to the home there shall be an abuse and neglect records check through FSFN. an abuse/neglect records check through the department’s information system containing statewide abuse/neglect records.

2. Additionally, the following checks shall be performed for specified persons based on his or her role in the household and his or her age:

   a. For all household members and other frequent visitors to the household, 12 years of age and older, age twelve or older, a local criminal records check through local police and sheriff’s offices.

   b. For all household members or other frequent visitors to the household, ages 12 through 26, a delinquency records check through the Florida Department of Juvenile Justice.

   c. For all household members and other visitors to the household, 12 years of age and older, paramours age twelve or older, a state criminal records check through the Florida Department of Law Enforcement (FDLE) and Florida Crime Information Center (FCIC).

   d. For all household members and other visitors to the household, 18 years of age and older, persons who are age eighteen or older who are household members, a name check through the Florida Crime Information Center (FCIC) and National Crime Information Center (NCIC) is also required. If the child is placed in the household home the fingerprints of these persons shall be submitted to the Florida Department of Law Enforcement (FDLE) the next business day, but no later than within ten (10) calendar days of the name check.

   e. For household members, 18 years of age and older, age twelve and older and frequent visitors age eighteen or older who are known to have resided in another state, a criminal history records check shall be initiated an attempt shall be made to gather criminal history information from that state.

(3) Continued Placement and Recommendation for Court Ordered Custody. Any criminal, delinquency, and abuse/neglect history check results received subsequent to placing a child shall be considered in regard to the child’s safety and shall be provided to the court.

(4) Planned Placements. If a relative or non-relative placement is planned, and there are no exigent circumstances requiring an emergency placement within seventy-two (72) hours, court approval shall be received prior to making the placement. Prior to recommending the placement to the court, all criminal, delinquency, and abuse/neglect history check activities required for emergency placements in exigent circumstances shall be
performed, with the exception of name checks through NCIC being made prior to the submission of fingerprints. Prior to making a recommendation to the court, the fingerprint results shall be received and considered for all persons required to undergo a criminal, delinquency, and abuse/neglect history check.

(5) Release of a Child to a Parent. Prior to recommending to the court that a child be released to a parent, the parent, household members, and other visitors to the household, frequent visitors and any paramours of household members at the home shall undergo all criminal, delinquency, and abuse/neglect history checks that are required for placement with relatives and non-relatives, with the exception of national criminal history checks.

(6) Criminal, Delinquency, and Abuse/Neglect History Check Results. The Department or contracted service provider shall not make or recommend a relative or non-relative placement if the results of criminal, delinquency, and abuse/neglect history checks indicate that the child’s safety may be jeopardized in the placement.

(a) Results of Abuse/Neglect Records Check. The results of an abuse/neglect records check indicating that a person is named in some capacity in an abuse/neglect report shall not be used to deny placement in the household where that person resides unless that person is identified as a caregiver responsible for the abuse, neglect, or abandonment alleged in the report.

(b) Disqualifying Criminal Offenses. For placements with relatives or non-relatives, there are criminal offenses that disqualify these persons for placement of the child. For releases to a child’s parent, there are no offenses that automatically disqualify the parent regardless, of whether the offense was committed by the parent, a household member, or other visitors to the household, a frequent visitor or a paramour of a household member. For releases to parents, prior to the release, information obtained from the criminal, delinquency, and abuse/ neglect history checks shall be provided by the case manager, Services Worker or Children’s Child Welfare Legal Services attorney to the court, which shall make the final decision regarding the placement decision when the results of the checks raise concerns about the safety of the child.

1. A relative or non-relative household home is disqualified as a placement option when a criminal records check reveals any of the following felony convictions, including a plea of nolo contendere or guilty, regardless of adjudication, for any of the individuals checked in regard to the household home. The household home shall be disqualified under the following circumstances:

   a. The household home is disqualified in any case in which a criminal records check reveals a felony conviction,
including a plea of nolo contendere or guilty, regardless of adjudication, for child abuse, abandonment, or neglect; for spousal abuse; for a crime against children, including child pornography, or for a crime involving violence, including rape, sexual assault, or homicide but not including other physical assault or battery, if the felony was committed at any time. This includes, but is not limited to, felony offenses prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction, relating to:

i. Murder; Section 782.04, F.S., relating to murder;

ii. Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child; Section 782.07, F.S., relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child;

iii.Sexual battery; Section 794.011, F.S., relating to sexual battery;

iv. Prohibited act of persons in familial or custodial authority; Former Section 794.041, F.S., relating to prohibited act of persons in familial or custodial authority;

v. Procuring a person under the age of 18 for prostitution; Section 796.03, F.S., relating to procuring a person under the age of eighteen for prostitution;

vi. Lewd or lascivious offenses committed upon or in the presence of person less than 16 years of age; Section 800.04, F.S., relating to lewd or lascivious offenses committed upon or in the presence of persons less than sixteen years of age;

vii. Child abuse, aggravated child abuse, or neglect of a child; Section 827.03, F.S., relating to child abuse, aggravated child abuse, or neglect of a child;

viii. The impregnation of a child under the age of 16 by a person over the age of 21; Section 827.04(3), F.S., relating to the impregnation of a child under the age of sixteen by a person over the age of twenty-one;

ix. Negligent treatment of children; Former Section 827.05, F.S., relating to negligent treatment of children;

x. Sexual performance by a child; Section 827.071, F.S., relating to sexual performance by a child;

xi. Computer pornography; Section 847.0135, F.S., relating to computer pornography;

xii. Selling or buying minors; and Section 847.0145, F.S., relating to selling or buying minors; and


b. The household home is disqualified in any case in which a criminal records check reveals a felony conviction, including a plea of nolo contendere or guilty, regardless of adjudication, for physical assault, battery, or
a drug-related offense, if the Department or contracted service provider finds that, within the past five (5) years, a court of competent jurisdiction has determined that the felony was committed. This includes, but is not limited to, felony offenses prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction, relating to:

i. Aggravated assault; Section 784.021, F.S., relating to aggravated assault;

ii. Aggravated battery; Section 784.045, F.S., relating to aggravated battery;

iii. Prohibited acts (drug abuse); and Section 893.13, F.S., relating to prohibited acts (drug abuse); and

iv. The unlawful possession of listed chemicals. Section 893.149, F.S., relating to the unlawful possession of listed chemicals;

2. If results of the criminal, delinquency, and abuse/neglect history checks that disqualify a household are received after a child has already been placed in the relative’s or non-relative’s household, the child shall be immediately removed. The court shall be informed of the disqualification and of the child’s removal without delay.

3. Criminal Offenses – General.

a. For any criminal or delinquency records check results revealing any felony or misdemeanor offense that does not automatically disqualify a relative or non-relative home as a placement alternative or a parental household for release of the child, the Department or contracted service provider shall determine whether the child may safely be placed in the relative or non-relative household or released to the parent without prior court approval. If so, the court shall be informed of the results at the shelter hearing or at a hearing scheduled in regard to the placement or release.

b. Whenever criminal history or delinquency record information that does not automatically disqualify a household is received following the placement of a child, the court shall, within seventy-two (72) hours of receipt of the results, be informed of the criminal history and delinquency record check results including all available information on the disposition of all offenses.

(7) Criminal, Delinquency, and Abuse/Neglect History Checks on Additional Persons Subsequent to Placement in a Relative’s or Non-Relative’s Household. The following criminal, delinquency, and abuse/neglect history checks, as specified in section (1) of this rule, are required for new household members or other visitors to the household if they have not otherwise received the checks within the previous twelve (12) months and there
has been no break in service for over ninety (90) days. The court shall be informed of the results within seventy-two (72) hours of their receipt:

(a) A local criminal records check, a child abuse/neglect records check, and a delinquency records check are required on new household members or other visitors to the household, members, frequent visitors or paramours of any household members.

(b) A state criminal records check is required on new household members or other visitors to the household, paramours of any household members.

(c) A federal criminal records check, including a name check followed by submission of fingerprints to the Florida Department of Law Enforcement (FDLE), is required for any new household members or other visitors to the household, 18 years of age and older, eighteen years of age or older.

(d) A name check through the Florida Crime Information Center (FCIC), is required for any new household members or other visitors to the household, 18 years of age and older.

(7)(8) Out-of-State Placements and Releases. Any out-of-state placement or release shall have the prior authorization of the court and of the Interstate Compact on the Placement of Children (ICPC).

Rulemaking Authority 39.012, 39.0138 FS. Law Implemented 39.0138, 39.401(3), 39.521(2)(r)2. FS. History–New 5-4-06, Amended ____.


(1) For each non-licensed out-of-home care placement, a home study shall be completed by the case manager Services Worker or investigator Child Protective Investigator within thirty (30) days following the placement of the child in the out-of-home caregiver’s home. In all instances a home study shall be completed using the unified home study process as provided by the Office of Child Welfare, and provided to all parties to the case within seventy-two (72) hours prior to the disposition hearing, as required by Section 39.521(1)(a), F.S. A home study shall be initiated in the following circumstances:

(a) A child remains with a non-licensed, non-parental out-of-home caregiver for more than fifteen (15) working days beyond the case transfer conference Early Service Intervention staffing, unless there is a planned change of placement that will occur before the child has been in the current placement for thirty (30) days;

(b) A child remains with a non-licensed, non-parental out-of-home caregiver past the date of adjudication of
dependency; or

(c) A child is in licensed or non-licensed out-of-home care and a potential alternative non-licensed out-of-home caregiver is identified.

(2) The home study shall be completed according to Section 39.521, F.S., and filed with the court as part of the predisposition study and served on all parties. A recommendation shall be made to the court by the investigator or case manager conducting the home study based on the results of the home study.

(a) The home study shall include a visit to the home and an interview with the proposed adult out-of-home caregivers, as well as a criminal, delinquency and abuse/neglect history check as specified in Rule 65C-28.011, F.A.C. In addition, depending on the child’s age, maturity level, and ability to reliably express feelings, the child’s input may be documented and considered as part of the home study. A determination shall be made and documented regarding the child’s feelings on the placement if the child is of sufficient maturity, understanding, and experience to reliably express such feelings concerning placement in this home.

(b) In fulfilling the requirements of Section 39.521, F.S., a summary of the results of the home study shall be prepared, which shall include the recommendation to be made to the court. This summary includes the following categories, each of which shall be summarized:

1. Whether each proposed out-of-home caregiver understands and is able to meet the child’s need for protection.

2. Whether each proposed out-of-home caregiver understands the child’s need for care and permanency and can provide long-term permanency if needed.

3. Whether each proposed out-of-home caregiver has been informed regarding rights and responsibilities in the dependency process.

4. Whether each proposed out-of-home caregiver will provide adequate and nurturing care and can ensure an adequate and safe home.

5. Whether each proposed out-of-home caregiver has a history free from child abuse and free of a criminal record. If not, the implications the proposed out-of-home caregiver’s history could have on the child.

6. Whether each proposed out-of-home caregiver is financially able to care for the child, and a determination of whether the out-of-home caregiver’s financial situation is marginal or tenuous so he or she would cause total dependence on financial assistance to care for the child. This shall include a summary of the out-of-home caregiver’s understanding of the financial assistance, if any, and other services that will
be available from the Department or contracted service provider to assist in caring for the child.

7. Whether each proposed out-of-home caregiver has been counseled on available support in the community.

8. Whether or not the out-of-home care placement is to be recommended and an explanation of the decision.

(3) If the recommendation in the home study is unfavorable, and the child is in the out-of-home care placement and is at imminent risk, the Department or contracted service provider shall request an emergency hearing to inform the court of the findings and make a recommendation for an alternate out-of-home care placement. If it is determined the child is not at imminent risk, a hearing to inform the court shall be scheduled as soon as possible.

(4) If the child is not in the out-of-home care placement where the home study was completed and the proposed out-of-home caregiver is not selected, he or she shall be verbally so advised by the contracted service provider Services Worker within five (5) working days of completion of the home study.

(5) Regardless of the result of the out-of-home caregiver home study or the Department or contracted service provider’s recommendation, the out-of-home care placement shall be made or continued if the court so orders.

(6) If a child is placed in the custody of a relative pursuant to order of the court after the Department or contracted service provider recommends against such placement, the relative shall be allowed to participate in the Relative Caregiver Program in the same manner as if the Department or contracted service provider had approved the home study.

(7) When a child has been placed in the custody of a relative or non-relative by the court against the recommendation of the Department or contracted service provider, the case manager Services Worker shall immediately notify his or her supervisor of the court’s determination. The case manager’s supervisor shall schedule a staffing to be held within three (3) working days to discuss the reasons for the negative home study and to develop a plan of action and services for the family with whom the child is placed that shall address the child’s safety needs.

(8) When a child has been placed in a relative or non-relative home where children already have been placed by the Department or contracted service provider, subsequent to a home study being performed for the placement of other children in the home, an updated home study addressing issues surrounding placement of an additional child in the home shall be prepared and provided to the court in conjunction with a recommendation regarding the
appropriateness of placing an additional child in the home, the child’s placement.

(9) All home studies conducted for relative and non-relative placements shall be documented in FSFN.

Rulemaking Authority 39.012, 39.0121(12), (13) FS. Law Implemented 39.001(1)(i), 39.5085(2)(b), 39.521(2)(r), (3)(b), 39.522(1) FS. History—New 5-4-06, Amended______.


The Indian Child Welfare Act of 1978 (“ICWA” or “the Act”), sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized Indian tribe [25 U.S.C. §§ 1901 - 63]. (“ICWA”), is federal legislation found in 25 U.S.C. 1901 et seq., that governs child custody proceedings involving American Indian or Alaskan Native children as defined by the Act. The Act does not cover the full range of procedures involved in a juvenile court proceeding; where it is silent, the usual state court procedure should be followed. See the definition of Indian Child Welfare Act in Rule 65C-30.001, F.A.C.

(1) Exceptions. Child custody proceedings not covered by the Act are:

(a) An award of custody to one of the parents in a divorce proceeding; and

(b) A placement based upon an act which, if committed by an adult, would be a crime, unless the juvenile delinquency proceeding results in the termination of a parental relationship.

(2) Although initial placements of an Indian child based upon a law violation may not be covered by the Act, subsequent placements resulting from petitions alleging dependency, or status offenses that can only be committed by a minor, such as a runaway, are covered by the Act.

(3) ICWA Eligibility. For a child to be considered an Indian under the Act, the child shall be:

(a) An unmarried person under the age of eighteen; and

(b) A person who is either:

1. A member of an Indian tribe as defined in Rule 65C-28.001(44), F.A.C.; or

2. Eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe.

(c) To determine if the child is a tribal member or eligible for membership, the tribe or possible tribes identified shall be contacted.

(4) Out-of-State Tribes. When an Indian child is a member of or eligible for membership in an Indian tribe
located in another state, the Act still applies and all applicable provisions, including provisions governing notification of the tribe, shall be followed.

(5) Child Protective Investigations and Case Management. The investigator, Child Protective Investigator (CPI), shall determine at the onset of each child protective investigation if the child is an Indian child. Children are American Indian or Alaskan Native children as defined by the Act. If a child involved in a child protective investigation is identified as being eligible for the protections of the Indian Child Welfare Act, all legal proceedings and case planning activities shall be in compliance with the provisions of the Act and with any existing written Tribal Agreements between the Department and the Indian child’s tribe. All child protective investigations, ongoing safety and case management, and legal proceedings activities shall be documented in FSFN.

(a) The Indian child’s parent or Indian custodian and his or her tribe shall be noticed of all legal and case planning activities. All notifications provided to the tribe shall be documented in FSFN.

(b) The Indian child’s tribe has the right to intervene in the proceedings at any time and may request that jurisdiction in the case be transferred to the tribal court.

(6) The child’s parent or Indian Custodian and his or her tribe shall be noticed of all legal and case planning activities. If the Indian child’s tribe is unknown, notice shall be provided to the Secretary of the Interior through the Bureau of Indian Affairs, Eastern Regional Office.

(a) Letters of inquiry and notification and all legal and other notification to the tribe shall be in writing and sent by registered mail, return receipt requested.

(b) Any correspondence to or from the tribe shall be documented in FSFN and made a part of the court record, and the child’s eligibility for the protections of the Indian Child Welfare Act shall be included in all findings and orders of the court.

(7) The criteria for membership in an Indian tribe is established by the individual tribe and its tribal determination decision is conclusive. The child’s tribe has the right to intervene in the proceedings at any time and may request that jurisdiction in the case be transferred to the tribal court.

(8) If the Indian tribe does not respond to written notification provided by the Department, that an Indian child is the subject of an investigation, the Department or contracted service provider shall continue efforts to communicate with the tribe. If the Indian tribe does not respond after continued efforts to communicate with the tribe has been made, the Department or contracted service provider shall write or call the
Bureau of Indian Affairs Area Office. Additional letters shall be sent registered and “return receipt” to the Secretary of the Interior through the Bureau of Indian Affairs Office located in the geographic region of the United States in which the Indian child’s tribe is located, for assistance. Cases, in which American Indian ancestry has been reported to the Department or contracted service provider, shall be handled as ICWA cases until shown to be otherwise.

9) Once it is found that an Indian child is involved, and the Indian tribe or tribes which have an interest have been determined, the authority of the Department must be established.

(a)(5) If the Indian tribe does not assume legal jurisdiction, the tribe shall continue to receive notice of all judicial hearings and case planning reviews and to be kept informed of significant changes in the status of the case. The Indian tribe has a right to examine all reports or other documents filed with the court.

(b)(6) If the Indian tribe assumes legal jurisdiction, all case file documents (except the name of the reporter of the abuse, abandonment, or neglect) and the Indian child shall be released to the tribe.

(c)(7) If the Indian tribe assumes jurisdiction in the case, the Indian child shall American Indian or Alaskan Native children may remain eligible for services, such as referrals to child protection teams or for certain economic services.

10) Remedial Services, or rehabilitative efforts to effect reunification shall be by active efforts. Subsequent to an investigation and prior to a determination of the need for out-of-home placement services, the Department or contracted service provider shall offer the provision of services of a remedial nature designed to rehabilitate and Any party seeking placement of an American Indian child in out-of-home care or the termination of parental rights shall satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family to the same extent that they are available to the non-Indian families when eligible, including community services and culturally appropriate programs and that these efforts have proved unsuccessful.

9) Placement of an American Indian child shall be made in accordance with the placement preferences outlined in the Act. Attempts to place a child in accordance with the placement preferences outlined in the Act, and any failure to do so, shall be documented in the case file and in HomeSafenet. The placement preferences apply upon each move of the child while in out-of-home care.

11) To assist in evaluating home and family conditions and making decisions affecting Indian children and families, the Department or contracted service provider shall involve Indian tribes and Indian organizations at the
earliest possible point in the intervention. Services in the community specifically designed for Indian families are to be used where available, including resources of the extended family, the tribe, culturally appropriate programs, and individual Indian caregivers, such as medicine men and other individual tribal members with developed skills that can be used to help the child’s family succeed.

(12) Prior to an out-of-home placement or termination of parental rights, the case manager shall undertake active efforts to provide remedial services and rehabilitative programs to the family designed to prevent its breakup. To demonstrate that active efforts have been made, the case manager shall:

(a) Assure that due consideration has been given to the cultural needs and values of the family and that resources have been diligently sought to provide family services, such as:

1. Making direct contacts with the family, including the parent or Indian custodian, the Indian child, and members of the extended family, if known or available;

2. Making an evaluation of the circumstances of the family taking into account the prevailing social and cultural conditions and the way of life of the Indian child’s tribe or the Indian community;

3. Intervening in the parent-child or Indian custodian-child relationship only when intervention is supported by relevant prevailing Indian social and cultural standards regarding intervention into familial relationships by non-family members; or

4. Providing a plan formulated with direct collaboration of the parent or Indian custodian, taking into account prevailing social and cultural conditions, designed to effectively address and eliminate problems destructive to the family involving:

   a. Extended family members;

   b. Tribal social service programs;

   c. Tribal organization programs aimed at preventing family breakup;

   d. Traditional tribal community therapy practices, administered by Indian practitioners, where available and applicable. This includes spiritual leaders, medicine men, and other individual tribal members who have developed special skills that can be used to help the child’s family succeed.

5. Providing time and resources in prevention of family breakup in equal measures to time and resources devoted by the Department or contracted service provider to all families;

6. Assuring that while efforts at prevention of family breakup are proceeding, the parent or Indian custodian and
the child are encouraged to maintain ongoing familial relationship in ways that are socially and culturally compatible with the values of the child’s Indian community;

7. Having a plan that encourages maintenance of the child in his or her own familial residence except when to do so would result in serious physical or emotional harm;

8. Providing that when the child is of sufficient age, he or she is involved in the design and implementation of the plan to prevent family breakup.

(b) Demonstrate that such efforts were made prior to the filling of the petition, including the efforts made and why they failed.

(13) In order for a judicial determination to be made for an Indian child to be placed in out-of-home care or to terminate parental rights, the Department or contracted service provider shall demonstrate clear and convincing evidence, including testimony of one or more qualified expert witnesses, as defined in Rule 65C-28.001(57), F.A.C., that the continued custody of the child with the parent or Indian custodian is likely to result in serious emotional or physical damage to the Indian child.

(14) Tribal Placement Priorities. In determining the appropriate placement of an Indian child, the Department or contracted service provider shall contact the child’s tribe to see if the Indian tribe has established by resolution an order of placement preference different from those described in sections (15) and (16) of this rule or has any placement resources.

(15) Out-of-Home Care or Preadoptive Placements:

(a) The Department or contracted service provider shall make a diligent attempt to find a suitable placement within priorities described below before considering a non-preference placement. A diligent search for an appropriate placement includes, at a minimum, contact with the Indian child’s tribe and contact with other Indian tribes and Indian organizations with available placement resources.

(b) In any out-of-home care or preadoptive placement of an Indian child, the child shall be placed in the least restrictive setting which is the most family-like and in which the child’s special needs, if any, can be met. The Indian child shall also be placed in reasonable proximity to his or her own household, taking into account any special needs of the child.

(c) The Department or contracted service provider shall follow the placement priorities below unless the Indian child’s tribe changes the order of preference by resolution; or in absence of such tribal resolution, the court modifies
the order of preference by a showing of good cause:

1. A member of the Indian child’s extended family;

2. A licensed out-of-home care placement, approved, or specified by the Indian child’s tribe;

3. An Indian licensed out-of-home care placement or approved by an authorized non-Indian licensing authority;

or

4. An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child’s needs.

(16)(c) Adoptive Placements. Where no different order of preference has been established by the Indian child’s tribe for adoptive placement, the Department or contracted service provider shall, in the absence of the court’s determination that good cause to the contrary exists, give preference to placing the child with: In any adoptive placement of an Indian child, the Indian Child Welfare Act shall govern the order of placement preference. While the Indian Child Welfare Act gives a placement preference, it allows each tribe to establish a different order of preference by resolution. The Act lists the placement preference for adoption of an Indian child in the following order:

(a) A member of the Indian child’s extended family (as determined by the Indian child’s tribe);
(b) Other members of the Indian child’s tribe; or
(c) Other Indian families.

(11) In order for an Indian child to be placed in out-of-home care, there shall be a judicial determination, supported by clear and convincing evidence, including the testimony of a qualified expert witness in the cultural practices of the child’s tribe, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

(12) Some tribes do not support adoption of an Indian child. Termination of parental rights requires a judicial determination, supported by evidence beyond a reasonable doubt, including the testimony of a qualified expert witness in the cultural practices of the child’s tribe, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. Legal notification requirements and other provisions of the Act including placement preferences continue to apply following termination of parental rights.

(13) Notification, process, and service for all legal proceedings, including termination of parental rights shall be
in accordance with the provisions of the Act.

(14) All casework activity related to compliance with the provisions of the Indian Child Welfare Act shall be documented in the child’s case file.


(17) Change of Placement. If an Indian child in an out-of-home care or preadoptive placement is to be moved from one placement setting to another; or, if the out-of-home caregiver moves (requiring a change in placement) the placement preferences outlined above in section (15) of this rule shall be followed, unless the child is returned to the parent or Indian custodian from whose custody the child was originally removed. The Department or contracted service provider shall notify the parent or Indian custodian, unless termination of parental rights has been approved by the court, and the Indian child’s tribe in writing prior to a change in placement or before the out-of-home caregiver moves.

(18) Documentation of Placement. The Department or contracted service provider shall document in FSFN each placement of each Indian child and of efforts to comply with the preference priorities listed above in sections (15), (16), and (17) of this rule.

(19) Where the placement does not meet the preference priorities listed above, the efforts to find suitable placement within those priorities shall be documented in FSFN. Documentation in FSFN shall also be provided showing that the placement chosen is in the least restrictive setting possible, meets the Indian child’s special needs, and as much as possible, in cases of out-of-home care placement, is close to the child’s own household.

(20) At any time, upon request of the Indian child’s tribe or the Department of Interior, the Department or contracted service provider shall make available records of every out-of-home care, preadoptive and adoptive placement of each Indian child maintained by the Department or contracted service provider.


65C-28.014 Behavioral Health Services.

(1) Comprehensive Behavioral Health Assessment (CBHA). The CBHA referral guidelines are contained in the current edition of the Medicaid Community Mental Health Services Coverage and Limitations Handbook, which is
incorporated by reference in Rule 59G-4.050, F.A.C. The Handbook provides guidelines for providing the CBHA to children ages 0 through 5, five and 6 up to age 21, six through seventeen.

(2) A child shall be referred for a CBHA:

(a) When the child is a victim of abuse or neglect. A child shall be considered to be a victim of abuse or neglect when the Department or contracted service provider determines:

1. The alleged maltreatment has been verified; or

2. The child is unsafe in his or her current household due to impending danger; and

(b) The Department or contracted service provider has determined the child requires out-of-home care and has been placed in sheltered status by order of the court.

(3)(a) When a child is in shelter status, the Department or contracted service provider Services Worker or Child Protective Investigator (CPI), as appropriate, shall refer the child for a CBHA within seven (7) days of being removed from his or her household, if this assessment was not conducted prior to case transfer; or

(4)(b) If a child is already in out-of-home care and has not had a CBHA within the past twelve (12) months, the case manager shall refer the child for another CBHA to address any identified issues of safety, permanency, or well-being, is exhibiting emotional or behavioral issues that might result, or may have already resulted, in the child losing his or her placement, the Services Worker may refer the child for a CBHA to assist in determining services that would allow the child to maintain his or her placement. This may be done if a CBHA has not been conducted on the child within the past year; and

(c) The child has been determined to be Medicaid enrolled. If the child is not Medicaid enrolled, the CPI or Services Worker shall take all steps necessary to ensure the child becomes enrolled as soon as possible, including assisting the child’s caregiver to establish enrollment.

(5)(c) The Services Worker shall refer the child and family for all services identified through a CBHA. The Services Worker has the primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child’s care and treatment. Each referral and the coordinating, managing, and monitoring efforts for the referral shall be documented in FSFN.

(6)(d) The findings and recommendations received through the completed CBHA shall mental health service needs identified through the CBHA will be considered when developing the child’s case plan and documented in FSFN.
(5) The planned services shall be implemented within thirty (30) days of identification of the need. If services are not initiated within thirty (30) days, the case manager Services Worker shall document reasons in FSFN the case file as to why services were not initiated. The case manager Services Worker shall ensure that the services begin as soon as possible from when the need was identified.

(6) If the child is also served by the Department of Juvenile Justice (DJJ), the Department or contracted service provider CPI or Services Worker shall document in FSFN attempts to coordinate planning and service delivery with DJJ staff.

(7) When mental health service needs are identified, children shall be referred whenever possible to community mental health providers who are enrolled as Medicaid providers. If a Medicaid provider is not available, the case manager shall refer to a provider that best meets the child’s needs.

(8) When the case manager Services Worker determines that a Behavioral Health Multidisciplinary Team is needed to address the behavioral needs due to the significant behavior issues of the child, the case manager Services Worker shall convene a meeting of the team. The team shall:

(a) Review all referrals for services to ensure that the child and family receive essential services to assist them in meeting the permanency goals, as well as ensuring the child’s safety and well-being, and if needed, make recommendations for any additional referrals to address the behavioral needs of the child;

(b) Provide recommendations for any modifications needed changes in the case plan. This information shall be included in is to be placed into the Judicial Review Social Study Report (JRSSR) by the case manager at least three weeks prior to each judicial review and shall be documented in FSFN.

Rulemaking Authority 39.012, 39.0121(12), (13) FS. Law Implemented 39.4085(4), (6), (7), 39.6012, 39.601(1)(d), 394.9082, 409.165(4) FS. History—New 5-4-06, Amended _____.

65C-28.015 Residential Mental Health Treatment.

(1) Initial Consideration of Need for Residential Treatment.

(a) Residential mental health treatment is provided to a child for the specific purpose of addressing their mental health needs through observation, diagnosis, and treatment in a therapeutic setting, which includes therapeutic group homes and residential treatment centers as defined in Section 394.67, F.S., and licensed under Section 394.875, F.S. Residential mental health treatment shall not be used for emergency placements or to provide secure shelter for the
child. If the child is in acute psychiatric crisis, the child shall be referred to the crisis stabilization unit for emergency screening and stabilization.

(b) The Department and contracted service providers shall comply with the requirements of Section 39.407, F.S., and Florida Rules of Juvenile Procedure 8.350 when pursuing placement of a child into a residential treatment center, as defined in Section 394.67, F.S.

(c) The Department or contracted service provider and the Region or Regional zone Substance Abuse and Mental Health Program Office shall establish written procedures that outline the process of how determinations to pursue residential mental health treatment and referrals for placements for children are made, to include criteria for Suitability Assessment referrals, per Section 39.407, F.S., and the provision of behavioral health assessments and services to children during that process.

(2) Out-of-State Placements.

(a) The Department or contracted service providers shall not approve or participate in funding out-of-state placements for behavioral health treatment of children, unless these placements meet all of the following conditions:

1. The case plan goal is for the child to join a family who resides in the other state;
2. The home study on the out-of-state home has been completed and the move of the child out-of-state has been approved by the Interstate Compact on the Placement of Children; and
3. The Circuit or Region District/Region or Regional Zone Program Administrator or Community-Based Care Lead Agency Executive Director has provided prior written approval of the placement.

(b) When a placement is made pursuant to this paragraph, the Circuit or Region district/region or Regional zone Children’s Mental Health Program Office shall be notified promptly.

(3) Reviews and Reports of Children in Residential Treatment Centers. The Department or each contracted service provider shall establish systems to ensure that reports required by Section 39.407(5), F.S., and Florida Rules of Juvenile Procedure 8.350 are prepared and distributed timely and that all requirements for filing with the court are met.

(4) All case management activities, assessments, reports, and reviews for children receiving mental health services, developmental disabilities services, or placed in a residential treatment center, pursuant to Section 39.407(5)-(6), F.S., shall be documented in FSFN.
Rulemaking Authority 39.012, 39.0121(13), 394.4781(3)(c), (5), 394.479, Article X (b) FS. Law Implemented 39.407(5)6(4)5(3)(a), 394.4781, 394.4785, 394.479, 394.495 FS. History–New 5-4-06, Amended_____.

65C-28.016 Psychotropic Medications

Rulemaking Authority 39.407(3)(g) FS. Law Implemented 39.407(3) FS. History–New 5-4-06, Repealed 12-14-10.

65C-28.017 Exit Interviews.

(1) The case manager Services Worker shall conduct an exit interview with every child age five and older up until the eighteenth birthday who leaves a licensed out-of-home care placement if the child has resided in that placement for thirty days or more. The exit interview shall be conducted and documented using the “Partnership for Children in Out-of-Home Care, Exit Interview About Foster Parents”, CF-FSP 5353, June 2011, incorporated by reference and available at www.dcf.state.fl.us/dcfforms/.

(a) The interview shall be conducted within five (5) days of the child’s exit from the licensed out-of-home care placement.

(b) If the child alleges abuse, neglect, or any maltreatment during the exit interview, the interviewer shall make an immediate report to the Florida Abuse Hotline.

(c) If the child reports issues relating to the quality of care that do not rise to the level of abuse, neglect, or maltreatment, the interviewer shall report these issues to the licensing unit responsible for licensing the out-of-home caregiver or group care facility.

(2) The information gathered during the interview shall be dependent on the age of the child. The interviewer’s observations and any information to explain the child’s responses shall be recorded on the interview form.

(a) For children ages five through eight, a response shall be requested to the following:

1. I felt happy in this foster home.

2. I was given plenty of food in this foster home.

3. I had enough clothing that fit me to wear in this foster home.

4. I was taken care of in this foster home when I was sick or had an accident.

5. When I asked, I got to call my:
a. Counselor;

b. Guardian ad Litem;

c. Others.

6. I was punished fairly when I did something that I was not supposed to do. An explanation shall be requested.

7. I was satisfied with this foster home.

8. I felt safe in this foster home.

(b) For children ages nine to eighteen a response shall be requested to the following:

1. I felt comfortable in this foster home.

2. I was treated with respect by the foster parents.

3. I was given plenty of food in this foster home.

4. I had enough clothing in my size to wear in this foster home.

5. I was taken care of in this foster home when I was sick or had an accident.

6. When I asked, I was allowed to call my:

   a. Counselor;

   b. Guardian ad Litem;

   c. Others.

7. I was disciplined fairly when I did something that I was not supposed to do. An explanation shall be requested.

8. Overall, I was satisfied with the care that I got in this foster home.

9. Overall, I felt safe in this foster home.

(3) When needed as a result of safety or quality of care issue raised by the child, the Department or contracted service provider shall develop a corrective action plan. The type of plan can range from providing more intense supervision, support, or training for the caregiver to a more formal corrective action plan or a recommendation for revocation of the license, if appropriate.

(4) When corrective action is necessary, written follow-up shall be due within ninety (90) days.

(5) The completed interview form, Department or contracted service provider response, if any, and follow-up tasks shall be handled as follows:

   (a) The completed interview form, Department or contracted service provider response, if any, and
(b) A copy of the completed interview form shall be provided to licensing staff and documented in FSFN; placed in the out-of-home caregiver’s licensing file;

(c) A copy of the completed interview form, Department department or contracted service provider response, if any, and record of follow-up shall be sent to the Circuit or District Region or Regional Zone Program Administrator or Community-Based Care Lead Agency Executive Director; and

(d) A summary of exit interviews conducted shall be sent to the Department’s Office of Child Welfare Family Safety as requested by that office.

Rulemaking Authority 39.012, 39.0121(13), 409.1676(10) FS. Law Implemented 409.165(1) FS. History–New 5-4-06, Amended_____.

65C-28.018 Meeting the Child’s Educational Needs.

(1) School Enrollment and Records. Whenever a child’s placement changes, and the child also changes schools, the investigator or case manager shall immediately prepare and submit the necessary paperwork to notify the child’s school that the child is in out-of-home care. The investigator or case manager shall also submit to the school, as soon as possible, either the release of information form signed by the child’s parent or legal guardian or a court order authorizing the release of educational information to the Department or contracted service provider.

(2) School Stability. When a child is in out-of-home care, the case manager shall arrange school enrollment and educational services under the following requirements:

(a) The preferred school or educational setting when a child first enters out-of-home care, and at each placement while in out-of-home care, is the school or educational setting the child attended prior to entry into out-of-home care unless:

1. Remaining in the same school or educational setting is not in the best interest of the child; and

2. Continuing to attend the same school or educational setting is not consistent with the case plan or jeopardizes the child’s safety.

(b) Consideration of continuity of previous school placement when a child is in out-of-home care for a child who meets the definition of a homeless individual under the McKinney-Vento Homeless Education Act.

(3) When a child is initially placed into an out-of-home care placement, or moved from one out-of-home care
placement to another, every effort shall be made to place the child in a placement which is in the same geographic boundaries as the school of origin.

(4) If no suitable out-of-home care placement is found within the same geographic boundaries as the school of origin, the investigator or case manager shall review the child’s educational progress, records, and the specifics of any special programs in which the child is enrolled or through which the child receives services, and compare the child’s educational needs and current services with the services that are available in the school which serves the geographic area of the intended placement.

(5) If it is in the child’s best interest to remain in the school of origin, the investigator or case manager shall contact the foster care liaison with the school district for the child’s school of origin to determine whether the child meets the requirements of the McKinney-Vento Homeless Assistance Act as a “child awaiting foster care placement” or whether the school district will otherwise provide transportation to the school of origin. This request shall be made even if the child is moved to another county. If the school district agrees to provide transportation to the child’s school of origin, the investigator or case manager shall immediately arrange transportation to the school of origin for the time required for the school district to actually provide the transportation.

(a) If the school district refuses to provide transportation, or declines to define the child as homeless such that the child is not entitled to the protections of the McKinney-Vento Act, the investigator or case manager shall discuss this denial with Children’s Legal Services to determine whether the child should engage in the McKinney-Vento dispute resolution process.

(b) If the school district refuses to provide transportation to the school of origin and it is in the child’s best interest, the investigator or case manager is responsible for ensuring that the child is transported to the school of origin.

(6) If it is not in the child’s best interest to remain in the school of origin, the reasons for this decision shall be documented in FSFN. When the child can no longer attend the school of origin, the investigator or case manager shall ensure that the child is immediately enrolled in the new school.

(7) Special Education Considerations. When a child has or is suspected of having a disability, the investigator or case manager shall contact the Children’s Legal Services attorney to:

(a) Determine whether the child’s parent or legal guardian is willing and able to continue to serve as the child’s educational decision maker, and if not:
1. Determine whether the out-of-home caregiver is willing and able to attend the necessary training and to serve as the child’s surrogate parent; or

2. Seek the appointment of a surrogate parent by the court.

(b) If a child is identified in any assessment as having a disability or special education needs, or is suspected of having such needs, the investigator or case manager shall ensure that the child’s school is promptly notified of the assessment or suspicion, and asked to begin the school’s process of identifying and meeting the child’s needs. If the child does not have an educational decision-maker, the investigator or case manager shall then make the decision as to who will represent the child’s educational needs, as set forth in subsection (7)(a) of this rule.

(8) Documentation. The case manager shall document in FSFN the following for each child:

(a) Information about the current school or educational setting of the child.

(b) All schools or educational settings the child has attended since the date the child has been in the custody of the Department.

(c) The length of time the child has spent in each school or educational setting.

(d) The number of high school credits each child 14 years of age or older has earned.

(e) The child’s surrogate, if one has been appointed.

(f) The reason for any change in the child’s educational setting.

(g) Information regarding the child’s educational records, which may include but is not limited to:

1. Report cards;

2. Transcripts;

3. Individual Education Plan; and
