




State of Florida  
Department of Children and Families



Rick Scott  
Governor

Mike Carroll  
Secretary

**DATE:** January 2, 2018

**TO:** Regional Managing Directors  
Sheriff's Offices, Conducting Child Protective Investigations  
Community-Based Care Lead Agency CEOs

**THROUGH:** David L. Fairbanks, Deputy Secretary 

**FROM:** JoShonda Guerrier, Assistant Secretary for Child Welfare   
Rebecca Kapusta, Assistant Secretary for Operations 

**SUBJECT:** Assessment Process for the Placement of Children in Out-of-Home Care

**PURPOSE:** This memorandum provides notification to Regional, Circuit, and Community-Based Care (CBC) Lead Agency staff as to the new child welfare requirements regarding the placement assessment process for all children in out-of-home care.

**BACKGROUND:** Chapter 2017-151, Laws of Florida, (enacted by passage of House Bill 1121 by the 2017 Florida Legislature) amended s. 39.523, Florida Statutes (F.S.), and established a new placement assessment process effective January 1, 2018, for all children in out of home care. The placement assessment process is intended to determine the level of care needed for each child and to match the child with the most appropriate placement. The major requirements outlined in s. 39.523, F.S., include:

- A comprehensive placement assessment process to be completed, prior to a child's placement in out-of-home care, to determine the level of care needed for the child and to match the child with the most appropriate placement.
- The completion of a multidisciplinary team staffing, with all available individuals currently involved with the child, (statutory language includes a list of possible individuals to be included) to determine the level of care needed for the child and to match the child with the most appropriate placement.
- Documentation of all placement assessments and placement decisions in Florida Safe Families Network (FSFN).
- A review of the child's placement as often as necessary to ensure permanency and to address any special issues for the child.
- Providing the court documentation of the placement assessment at each judicial review.
- The collection and posting of specific data elements as outlined in s. 39.523, F.S., on the Department's website on January and July 1<sup>st</sup> of every year.

**POLICY CLARIFICATION:** Prior to placement of a child in out-of-home care, a placement assessment must be completed to determine the level of care needed for each child and the child matched with the most appropriate placement. ***Child welfare professionals responsible for the case shall document the placements assessment, results, and any multidisciplinary staffings in the Meeting Module under "Placement Staffing" in Florida Safe Families Network (FSFN).***

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

### **Placement Assessment Process Part 1: Determining the Child's Level of Care**

In determining a child's level of care s. 39.523, F.S., outlines factors regarding the child that must be considered. These factors include:

- Medical/Developmental Needs.
- Mental Health and Psychotropic Medications.
- Behavioral Health.
- DJJ Involvement.
- Court Ordered Placements
- Siblings.
- Education.
- Child's Preference (if reasonable).
- Child's Special Interest based on Maturity Level, Hobbies, and Activities.

Attached is an optional assessment tool that may be used to ensure required factors outlined in s. 39.523, F.S., are considered in determining appropriate levels of care.

### **Placement Assessment Process Part 2: Matching the Child to the Appropriate Placement**

Chapter 65C-28.004 F.A.C., outlines the Department's current placement matching process. Child welfare professionals must assess the following when determining the most appropriate placement for a child:

- Age
- Gender;
- Sibling Status;
- Physical, Educational, Emotional and Developmental needs;
- Alleged type of Abuse, Neglect or Abandonment;
- Community Ties and
- School Placement.

Agencies are encouraged to use existing assessment tools that meet Chapter 65C-28.004 F.A.C., requirements to ensure all required factors outlined in s. 39.523, F.S., are considered. To review Chapter 65C-28.004 F.A.C., in its entirety, please use the following link below:

[https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65C-28.](https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65C-28)

**ATTENTION NEEDED:** Please share this memorandum with all child welfare professionals (child protective investigation staff, case managers, placement specialists, licensing specialists, and supervisors) who provide placement services to children in out-of-home care. The Office of Child Welfare will be providing a webinar to support the implementation of s. 39.523, F.S., requirements in January of 2018.

**CONTACT INFORMATION:** If you require any additional information, please contact Courtney Smith, Office of Child Welfare, at 850-717-4660 or via email [Courtney.Smith@MyFLFamilies.com](mailto:Courtney.Smith@MyFLFamilies.com).

cc: Grainne M. O'Sullivan, Statewide Director of Children Legal Services  
Regional Family and Community Service Directors  
DCF CBC Contract Managers  
Center for Child Welfare



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**Comprehensive Placement Assessment**  
**Assessment for Levels of Care**

<p><b>1 CHILD IN NEED OF PLACEMENT:</b></p> <hr/> <p>Name/Identifier: _____</p> <p>Name/Identifier: _____</p> <p>Name/Identifier: _____</p> <p>County: _____</p> <p><b>Primary Child Protection Investigator:</b></p> <p>_____</p>	<p><b>Date:</b></p> <p>_____</p> <p><b>CBC/Lead Agency Responsible for Quality Foster Care Services:</b></p> <p>_____</p> <p><b>Placement Agency Responsible:</b></p> <p>_____</p> <p><b>Case Management Organization Responsible for Child:</b></p> <p>_____</p>
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**2 CPI FOR ALL OUT-OF-HOME PLACEMENT TYPES**

This section is to be completed for every child placed in out-of-home care. Sections 1 & 2 shall be completed by Child Protective Investigators (CPI) to determine if the child(ren) identified above are appropriate for relative or non-relative levels of care.

**Factors for Consideration when Assessing for Levels of Care.** Completed by Child Protective Investigator.

1. Does the child have any known diagnoses, medical needs, and/or any developmental disabilities? Are they prescribed any medications? Does the child have any specific medical devices? If so, please describe.
  
2. Does the child have:
  - a. Any identified ongoing or historical mental health needs?
  - b. Do they have any prescribed psychotropic medication prescriptions?

Case Identifier:

\*\*\*This tool is not required but may be used to ensure required factors outlined in s. 39.523 Florida Statute are considered in determining appropriate levels of care. Levels of care staffings, assessments, and results must be documented in Meeting Module under "Placement Staffing" in FSFN.\*\*\*





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**Comprehensive Placement Assessment**

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3. Briefly describe any behavioral health considerations. Please address any of the following if applicable. Items to be considered, does the child has behaviors that require Child Placement Agreement, Human Trafficking/CSEC, Sexual Acting Out, Substance Abuse, Physical Aggression, Runaway, and Self-Harm behaviors.
  
4. Explore and describe if the child has a history of Department of Juvenile Justice involvement.
  
5. At the time of placement are there any court orders prohibiting or restricting placement? If so, describe the restrictions contained in the order.
  
6. Describe the child's relationship and interactions with siblings.
  
7. Briefly describe the educational needs of each child including transportation requirements.
  
8. Does the child have a reasonable preference on where they would like to be placed? Please describe their preference.
  
9. What are some of the child's special interest? When responding please consider the child's age, maturity, strengths, hobbies, and activities.

**Summarize Assessment:**

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Case Identifier:

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\*\*\*This tool is not required but may be used to ensure required factors outlined in s. 39.523 Florida Statute are considered in determining appropriate levels of cares. Levels of care staffings, assessments, and results must be documented in Meeting Module under "Placement Staffing" in FSFN.\*\*\*



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**Comprehensive Placement Assessment**  
**Assessment for Levels of Care**

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\*Add any supporting documentation and/or evaluation recommendations that could support the assessment decision. All levels of care and placement decisions must be documented in the Meeting Module under "Placement Staffing" in Florida Safe Families Network (FSFN).

**Level of Care Recommendations: The child would be appropriate for the following types of placements:**

Relative  Non-relative  Relative with Services  Non-Relative with Services

Child not placed in the recommended level of care. (If not, please document why.)

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While this assessment has been completed the recommended level of care is not available.

Other \_\_\_\_\_

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### **3 CASE MANAGEMENT PLACEMENT ASSESSMENT – CASE MANAGERS FOR LICENSED PLACEMENTS TYPES**

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This section is to be completed by Placement Staff or Case Management Staff to include any additional information as to the child(ren) and to determine if the child(ren) identified above are appropriate for relative, non-relative, foster family home, or group home levels of care.

**I. Factors for Consideration when Assessing for Levels of Care.** Completed by CBC/Lead Agency, Supervising Agency and/or CMO.

If there are no changes, please see information above.

1. Does the child have any known diagnoses, medical needs, and/or any developmental disabilities? Are they prescribed any medications? Does the child have any specific medical devices? If so, please describe.

2. Does the child have:

a. Any identified ongoing or historical mental health needs?

b. Do they have any prescribed psychotropic medication prescriptions?

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Case Identifier:

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\*\*\*This tool is not required but may be used to ensure required factors outlined in s. 39.523 Florida Statute are considered in determining appropriate levels of care. Levels of care staffings, assessments, and results must be documented in Meeting Module under "Placement Staffing" in FSFN.\*\*\*



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3. Briefly describe any behavioral health considerations. Please address any of the following if applicable. Items to be considered, does the child has behaviors that require Child Placement Agreement, Human Trafficking/CSEC, Sexual Acting Out, Substance Abuse, Physical Aggression, Runaway, and Self-Harm behaviors.
  4. Explore and describe if the child has a history of Department of Juvenile Justice involvement.
  5. At the time of placement are there any court orders prohibiting or restricting placement? If so, describe the restrictions contained in the order.
  6. Describe the child's relationship and interactions with siblings.
  7. Briefly describe the educational needs of each child including transportation requirements.
  8. Does the child have a reasonable preference on where they would like to be placed? Please describe their preference.
  9. What are some of the child's special interest? When responding please consider the child's age, maturity, strengths, hobbies, and activities.

**Summarize Assessment:**

\*Add any supporting documentation and or evaluation recommendations that could support the assessment decision. All levels of care and placement decisions must be documented in the Meeting Module under "Placement Staffing" in Florida Safe Families Network (FSFN)

**Level of Care Recommendation: The child(ren) would be appropriate for the following types of placements:**

- Relative  Non-relative  Family Foster Home  Residential Group Home  Relative with Services  
 Non-Relative with Services  Family Foster Home with Services  Residential Group Home with Services

Case Identifier:

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Child not placed in the recommended level of care. (If not, please document why.)

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- While this assessment has been completed the recommended level of care is not available.  
 Other \_\_\_\_\_

**Signatures of Participants (as applicable).**

\_\_\_\_\_  
Child Welfare Professional                      Date

\_\_\_\_\_  
Child Welfare Professional                      Date

\_\_\_\_\_  
Child Welfare Professional                      Date

\_\_\_\_\_  
Therapist    Date

\_\_\_\_\_  
Guardian Ad Litem                                Date

\_\_\_\_\_  
Attorney Ad Litem                                Date

\_\_\_\_\_  
Child    Date

\_\_\_\_\_  
Child's Parent or Guardian                      Date

\_\_\_\_\_  
Child's Parent or Guardian                      Date

\_\_\_\_\_  
School/Community Representative              Date

\_\_\_\_\_  
Other    Date

\_\_\_\_\_  
Other    Date

\_\_\_\_\_  
Other    Date

\_\_\_\_\_  
Other    Date

Case Identifier:

\*\*\*This tool is not required but may be used to ensure required factors outlined in s. 39.523 Florida Statute are considered in determining appropriate levels of cares. Levels of care staffings, assessments, and results must be documented in Meeting Module under "Placement Staffing" in FSFN.\*\*\*