



**State of Florida  
Department of Children and Families**

**Rick Scott**  
Governor

**Mike Carroll**  
Secretary

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**DATE:** July 18, 2016

**TO:** Regional Managing Directors  
Community-Based Care Lead Agency CEOs

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

**FROM:** JoShonda Guerrier, Assistant Secretary for Child Welfare *JSG*  
Vicki Abrams, Assistant Secretary for Operations *VA*

**SUBJECT:** CFOP 170-11, Chapter 6: Normalcy; Chapter 7: Babysitting;  
Chapter 8: Vacation and Out of Town Travel  
**Effective date: July 25, 2016**

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**PURPOSE:** The purpose of this memorandum is to provide notification that new child welfare operating procedures for all staff of the Department, Community-Based Care lead agencies and subcontracted providers involved with children in out-of-home care of all ages have been finalized and will be effective July 25, 2016. This memo highlights significant changes that will go into effect upon publication.

**BACKGROUND:** The effort to establish a comprehensive set of child welfare operating procedures for the Hotline, Child Protective Investigations, and Ongoing Services case management staff began early last year. Additional effort has been made to incorporate prior policies addressed by memorandum into operating procedure. These chapters of CFOP 170-11 (Placement) is the result of contributions from the Quality Parenting Initiative community and subsequent feedback from Community-Based Care lead agencies via the Florida Coalition for Children.

Chapters 6, 7, and 8 of CFOP 170-11 supersede four DCF memos: Normalcy for Children in Custody of the Department (August 31, 2005); Sharing Case Records/Information with Foster Parents (October 29, 2010); Online Social Networking Policy (February 22, 2012); and Normalcy, Babysitting, Vacation, and Emergency Care for Children in Out-of-Home Care (March 5, 2013). These clarifications to policy include the following highlights:

- Clarification of decision making related to normal childhood activities.
- Clarification and change of expectations related to use of babysitters by out-of-home caregivers:
  - Babysitting does not include overnight care or daily childcare.

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- Babysitting does not have to occur in a licensed setting and background screening is not required.
  - Caregivers may allow a family or person who is well known to them to provide care for children placed in their care overnight.
  - Substitute caregivers chosen by the caregiver for babysitting will be background screened for all stays exceeding three (3) nights. When the substitute caregiver is utilized due to unexpected circumstances, background screening will be initiated within one (1) business day.
  - The assigned child welfare professional shall consult with the supervisor and other involved parties, such as the Guardian ad Litem, when the overnight stay needs to exceed seven (7) nights. When relevant, agreement by all parties shall be documented by the child welfare professional in Florida Safe Families Network.
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- Clarification regarding vacations and out of town travel.

To review this document in its entirety, please use the following links on the Department's Home Page or Center for Child Welfare websites, respectively:

<http://eww.dcf.state.fl.us/asg/Publications.shtml>

<http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml>

**ACTION REQUIRED:** Please share this memorandum with all DCF, CBC/Lead Agency personnel and Case Management Organizations as appropriate and ensure that the new procedures are implemented effective July 25, 2016.

**CONTACT INFORMATION:** If you require additional information or have any questions, please contact Courtney M. Smith, Permanency and Well-Being Manager, Office of Child Welfare at (850) 717-4660 or Courtney.Smith@myflfamilies.com.

cc: Grainne O'Sullivan, Statewide Director, Children's Legal Services  
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Center for Child Welfare Practice

CF OPERATING PROCEDURE  
NO. 170-11

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, July 25, 2016

Child Welfare

PLACEMENT

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

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

BY DIRECTION OF THE SECRETARY:



JOSHONDA GUERRIER  
Assistant Secretary for  
Child Welfare

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

This operating procedure supersedes four DCF memos: Normalcy for Children in Custody of the Department (dated August 31, 2005); Sharing Case Records/Information with Foster Parents (dated October 29, 2010); Online Social Networking Policy (dated February 22, 2012); and Normalcy, Babysitting, Vacation, and Emergency Care for Children in Out-of-Home Care (dated March 5, 2013).

This title of the operating procedure has been changed to "Placement."

**Chapter 4** entitled "Child Placement Agreements for Care Precautions and Behavior Management Plans" **will NOT BE EFFECTIVE UNTIL September 12, 2016**. Chapter 4 has been added now in order to provide necessary lead time for implementation. When Chapter 4 becomes effective on September 12, 2016, it will supersede CFOP 175-88 dated March 8, 1999.

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## Chapter 3

## PLACEMENT IN SKILLED NURSING FACILITIES

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

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

3-3. Requirements to Request Approval.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c. Educational information for the child.

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

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

f. Updated Transition Plan.



## Chapter 4

CHILD PLACEMENT AGREEMENTS FOR  
CARE PRECAUTIONS AND BEHAVIOR MANAGEMENT PLANS

4-1. Purpose. This chapter establishes safeguards for certain children being placed who have behaviors or circumstances that pose a *significant* threat to the safety of other children or themselves. This chapter establishes minimum requirements for Care Precautions or Behavior Management Plans that are described in Child Placement Agreements (Agreements) with out-of-home caregivers (relative/non-relative and licensed care). Due diligence should always be exercised to keep siblings together as well as to place children with relatives when care and supervision can provide for the safety of each child in the home. Due diligence is also expected to assist the caregiver in providing the supervision and support necessary to facilitate child stability in their current placement setting, regardless of information known or not known at the time of placement.

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

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

a. "Assessment by Qualified Assessor" means the gathering of information by a clinical professional with specific training and expertise to assess the symptoms or behaviors that the child is displaying and recommend interventions or treatment, including care, supervision and other specialized services.

b. "Behaviors that are a Significant Threat to Others" includes such aggressive behaviors as physically attacking others, fire setting, wounding or killing animals, or active destruction of property on purpose and with severity. This includes a child that has a communicable disease, whether or not he/she is symptomatic, and displays behaviors that increase the risk of transmission such as biting, spitting or the exchange of blood or semen.

c. "Child Placement Agreements" are written agreements with out-of-home caregivers that establish safeguards for certain children being placed who have behaviors or circumstances that may pose a significant threat to other children or themselves.

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

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

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

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

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

(c) Awareness of potential consequences and alternatives.

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

(e) Voluntary decision.

(f) Mental competence.

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

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

(4) Juvenile sexual abuse behavior includes:

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

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

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

g. "Prevention Rules" state the expected behaviors of all children and adults in the home that are intended to promote the safety and recovery of all the children placed.

h. "Sexual Abuse" as defined in s. [39.01](#), F.S., and s. [39.01\(69\)](#), F.S., is sexual contact with a child by the parent(s), legal guardian(s) or caregiver(s).

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

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

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

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

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

i. "Severe Self-Harm Behavior" means that a mental health professional has determined for a specific child that certain behaviors may result in significant self-injury. Severe self-harm behaviors include suicide attempts, punching or hitting self to evince pain or injury, self-cutting, sticking objects in skin, eating disorders, persistent runaway behavior or self-inflicted burns.

4-4. Full Disclosure to Caregivers. Child welfare professionals are required to provide significant information about children being placed per requirements in Chapter [65C-28](#), Florida Administrative Code (F.A.C.). To help caregivers know as much as possible about child behaviors or circumstances that require Care Precautions or a Behavior Management Plan, the child welfare professional placing the child will make concerted efforts to gather and discuss the following information with the caregiver:

a. If the child is a known victim of sexual abuse or human trafficking, a discussion as to when, where, how often, who the perpetrator was and relationship to child, and the specific circumstances involved.

b. If the child has known problem sexual behaviors, engages in juvenile sexual abuse, other significant behaviors that are a significant threat to other children or severe self-harm, discussion as to when, where, how often and the specific circumstances involved.

c. Any assessments by a qualified assessor that have been done or that will need to be done.

d. Any specific interventions and/or treatment that are recommended on an ongoing basis, including any specialized education or training that is recommended for the caregiver.

e. Any current treatment including psychotropic medications and progress related to treatment goals.

f. Any court ordered restrictions on the child's placement including restricted access to specific family members or other persons.

4-5. Child Placement Agreement General Requirements.

a. A Child Placement Agreement will be established for children who need Care Precautions or Behavior Management Plans.

b. At a minimum, a Child Placement Agreement must be established at the time of placement when there are allegations, or as soon as it is known that a child exhibits behaviors or has circumstances that include any of the following:

(1) Juvenile Sexual Abuse Behaviors or Problematic Sexual Behavior.

(2) Behavior(s) that are a Significant threat to other children.

(3) Victims of Sexual Abuse or Human Trafficking (CSEC).

c. A Child Placement Agreement is optional when:

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

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

d. The child welfare professional responsible for the child's placement will develop the Child Placement Agreement in collaboration with the caregiver(s) and to the fullest extent possible will include all persons who will be in a caretaking role, including any respite providers. As appropriate, the child will be included in the development of the plan to provide input as to what house rules will make him/her feel safe and/or help him/her with expressing feelings.

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

f. The child welfare professional responsible for the child's placement and on-going case management must discuss Prevention Rules with caregivers. These rules are required in all Agreements for Care Precautions or Behavior Management Plans. Caregivers are expected to discuss and enforce the rules as appropriate on an on-going basis with all children and adults in the home. The Prevention Rules are as follows:

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

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

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

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

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

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

(7) The caregiver(s) will assist in the identification of circumstances and actions that happened before, or seemed to trigger any self-harming or inappropriate behaviors. This information will help to inform ways that household members can help to prevent such behaviors from occurring.

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

h. The Child Placement Agreement will be approved by the Supervisor.

i. The requirements in the agreement must be accepted by at least one of the primary persons responsible for the child's care at the time of the child's placement. When the placement is made on an emergency basis a verbal agreement may be obtained and must be documented in a case note.

j. At a minimum, the Child Placement Agreement will be signed by the investigator or case manager, the child if participating in the development of the agreement, the caregiver(s) and other persons in a caregiving role within five business days of the child's placement.

k. A copy of the Child Placement Agreement must be provided to the caregiver(s) and the signed copy will be retained in the child's FSFN record.

#### 4-6. Child Placement Agreement Care Precautions.

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

(1) Child is an alleged or known victim of sexual abuse. Not all victims of sexual abuse display problem sexual behaviors or become sexually aggressive towards others, however the possibility does exist. Care precautions will be followed until the supervision and care needs of the child are better known and understood.

(2) Child exhibits problematic sexual behaviors.

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

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

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

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

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

c. Care Precautions may be terminated based on an evaluation by a qualified assessor and the absence of concerning behaviors which threaten the safety of other children in the home or the child.

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

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

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

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

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

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

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

(1) Juvenile Sexual Behaviors.

(2) Behaviors that are a Significant Threat to Others.

b. The following requirements must be followed unless a supervisor grants an exception based on a current assessment and recommendation by a qualified assessor.

(1) At the time of initial placement, if a qualified clinical assessor is not available or able to provide an assessment and recommendation, all of the following actions are required and must be agreed to by the caregiver(s) responsible.

(2) An assessment by a qualified assessor must be received within 30 days of a child's placement, and the requirements in the Agreement must be modified as necessary.

(3) The requirements include all of the following:

(a) The safety and supervision actions necessary to safely place a child with siblings when the child welfare professional has gathered enough initial information to determine that siblings should be placed together.

(b) The child must be the youngest child living in the home.

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

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

(e) The child must receive sight and sound supervision.

(f) Any court-ordered placement restrictions, including contacts, must be followed and documented in or attached to the Child Placement Agreement. The Agreement will identify any persons not included in the child's visitation/family time plan with whom the child is not allowed to contact or reside with.

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

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

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

(3) The actions and assistance that will be provided to support the caregiver.

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

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

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

4-9. New Incident of Harm While in Placement. If an incident of severe self-harming behavior, or physical or sexual assault of another child in care occurs, the case manager will seek an evaluation or recommendations from the child's treatment provider within three business days of such event to determine the need for developing or updating a Behavior Management Plan.

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

- a. Input as to how the requirements in the Agreement are working or not working.
- b. The implementation of any new house rules, interventions, or treatment.
- c. Any new incidents of physical or sexual violence or harm to other children in the home.
- d. Whether additional support is needed to maintain conditions in the home that provide safety and well-being and manage a child's behavior.

4-11. Updating Child Placement Agreements.

- a. When a new child is placed in the home, a review of any current Agreements will be conducted to determine if any changes are necessary.
- b. A new Child Placement Agreement will be established when a child with an Agreement is moved to a new placement setting.
- c. Based on recommendations from a qualified assessor, a new Agreement will be created or discontinued to change the level of restrictions.
- d. When a new Agreement is created based on any of the reasons in paragraph 4-11 of this operating procedure, documentation will be added to the prior plan to indicate the effective termination date and reason.

4-12. Supervisor.

- a. The supervisor will review and approve all initial and updated Child Placement Agreements, including a decision to discontinue an agreement.
- b. The supervisor is responsible for granting and documenting any exceptions to requirements that are based on verbal or written information received from a qualified assessor or other treatment professional.

4-13. FSFN Documentation.

- a. When any professional recommendations are received verbally in emergency situations, the child welfare professional will document a FSFN Case Note within two business days for the purpose of a supervisor exception to any requirements in this chapter.
- b. Copies of any written professional assessments or treatment recommendations received will be scanned into the Medical/Mental Health drawer of the FSFN File Cabinet.
- c. Copies of any court orders with placement restrictions will be scanned into the Legal drawer of the FSFN File Cabinet.

d. When a responsible caregiver who is required to sign the Agreement provides verbal agreement at the time of placement, the child welfare professional will document a FSFN Case Note within two business days.

e. The signed Child Placement Agreement will be scanned into the Participant Documents drawer of the FSFN File Cabinet.



## Chapter 6

## NORMALCY

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

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

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

- a. Section [409.145](#), Florida Statutes (F.S.).
- b. Section [39.4091](#), F.S.
- c. Section [409.1454](#), F.S.
- d. Chapter [65C-28](#), Florida Administrative Code (F.A.C.).

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

6-5. Normalcy Overview.

- a. A child's right to live a healthy, normal childhood is paramount.
- b. A reasonable and prudent parent standard will be applied to decisions regarding a child's participation in normal childhood activities.
- c. Out-of-home caregivers shall be supported in their decision making.
- d. Normalcy focuses on enabling opportunities for social development, recreation, academic growth and positive life experiences, based on a child's desires and developmental, emotional, physical and other needs. Caregivers are empowered to make decisions using a reasonable and prudent parent standard. Guidelines aimed at also increasing normalcy for caregivers are addressed in Chapters 7 and 8 of this operating procedure.
- e. Decisions shall not contradict any existing court order.
- f. While caregivers have authority to make decisions about the normal activities of foster children in their care, the caregiver needs to consider known parental wishes in these decisions.

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

6-6. Overnight / Planned Activities and Outings.

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

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

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

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

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

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

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

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

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

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

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

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

6-8. Driving.

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

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

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

## Chapter 7

## BABYSITTING AND OVERNIGHT CARE

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

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

7-3. Babysitting Overview.

a. Babysitting does not include overnight care or daily childcare.

b. Babysitting does not have to occur in a licensed setting and background screening is not required.

c. Caregivers should use the reasonable and prudent parent standard when choosing babysitters for children placed in their care. Caregivers will ensure:

(1) Babysitter is suitable and appropriate for the age, developmental level, and behaviors of the child.

(2) Babysitter receives guidance on handling emergencies, including telephone numbers for themselves, child welfare professional, and physicians.

(3) Discipline and confidentiality policies for the child have been fully explained.

(4) Water safety precautions have been explained.

(5) Babysitters must be age 14 or older.

d. Caregivers shall use the reasonable and prudent parenting standard when assessing a child's ability to stay home alone. Examples of factors to be considered by the caregiver include:

(1) Physical and developmental age.

(2) Child's knowledge of safety rules, emergency contacts and comfort level.

(3) Child's history of trauma and reasons for entry into care.

(4) Child's treatment recommendations and needs.

7-4. Overnight Care.

a. Caregivers may allow a family or person who is well known to them to provide care for children placed in their care overnight.

b. Caregivers shall utilize the reasonable and prudent parent standard when selecting substitute care.

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

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

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

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

## Chapter 8

## OUT OF TOWN TRAVEL / VACATION

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

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

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8-3. Vacation.

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

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

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

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

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

8-4. Out of Town Travel.

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

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