



# *Foster Parent Resource Guide*



LUTHERAN  
SERVICES  
FLORIDA

ONE  
MORE  
CHILD



# **SECTION 1**

**Welcome Letter**

**Florida's Child Welfare System**

**Foster Parent Referral Bonus  
Information**

**Leadership Meeting Information**

## *A Message from the CEO:*



Congratulations on making the decision to change the life of a child. I would like to personally thank you and welcome you to our team. We are deeply committed to serving the most vulnerable children in our community and your potential new role is critical in this mission. As a foster family, you will have the opportunity to support biological families in their efforts to work through the difficulties they are experiencing in their lives. Our adoptive families provide a forever family for the children in our system who are unable to be reunified with their biological parents or placed with extended family members during their time in our care. In either role, you will make a significant difference in the life of a child.

The Children's Network of SWFL is proud to be your Community Based Care lead agency. Going forward, we will continue to identify opportunities to enhance our foster care system. Our most recent improvements include increased board rates, enhanced and expanded behavioral in-home services for foster families, creation of Foster Care Liaisons, new foster care recruitment and licensing providers, new team oriented pre-service training curriculum for our foster families, and the development of a Foster and Adoptive Parent Association in Southwest Florida.

We value our foster and adoptive families and the critical role you serve in caring for our children.

God Bless,



Nadereh Salim  
Chief Executive Officer

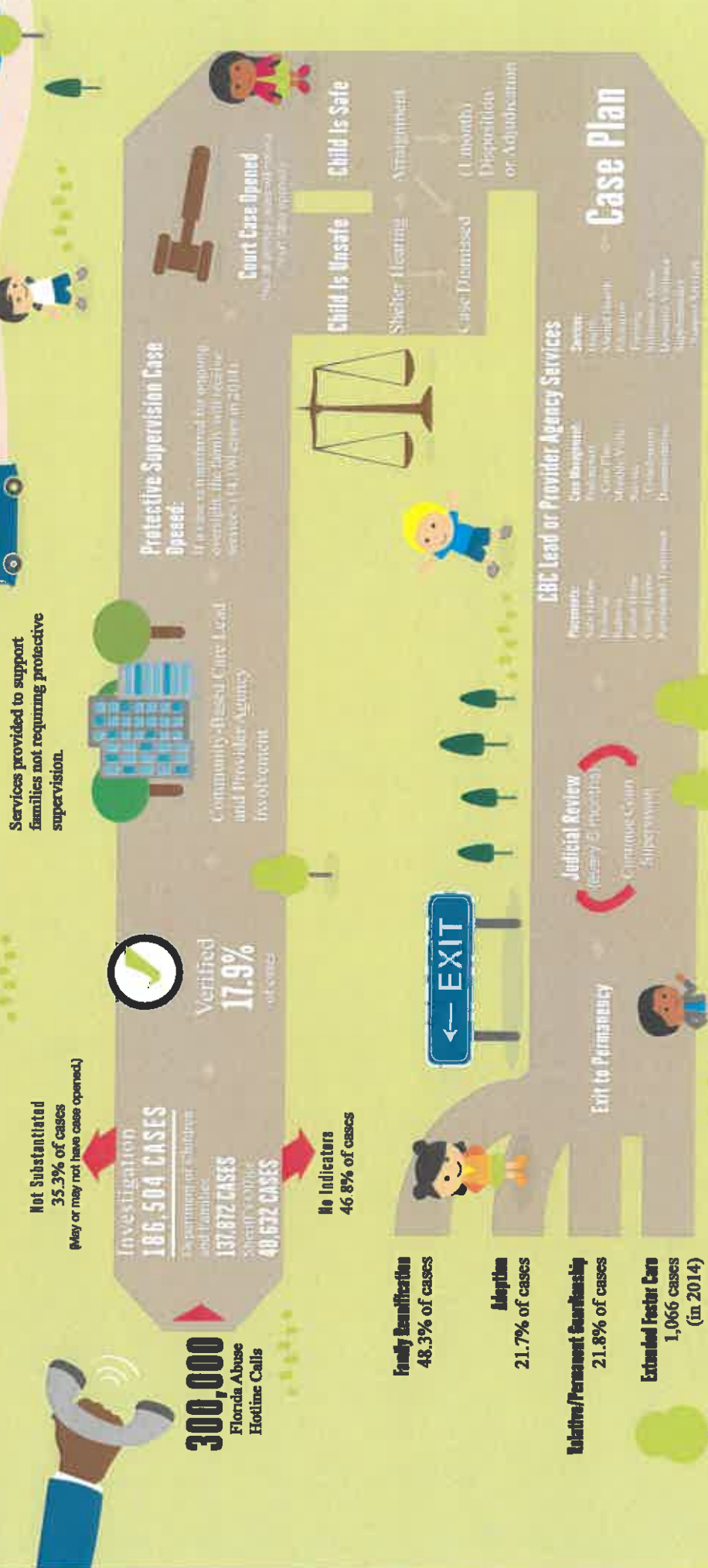
239/226-1524 | fax 239/226/1115 | 2232 Altamont Ave | Fort Myers, FL 33901



The Children's Network of Southwest Florida is sponsored in part by the State of Florida,  
Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community to protect children and preserve families.

# FLORIDA'S CHILD WELFARE SYSTEM: A ROADMAP TO PROTECTING OUR MOST VULNERABLE



Services provided to support families not requiring protective supervision.

Not Substantiated  
35.3% of cases  
(May or may not have case opened)

Investigation  
186,504 CASES  
Department of Children and Families  
137,872 CASES  
Sheryll Copple  
40,632 CASES

300,000  
Florida Abuse  
Hotline Calls

Protective Supervision Case  
Opened:  
If a case is referred for ongoing oversight, the family will receive services (CFLW cases in 2014)

Community-Based Care Lead  
and Provider Agency  
Involvement

Verified  
17.9%  
of cases

No Indicators  
46.8% of cases

Family Reunification  
48.3% of cases

Adoption  
21.7% of cases

Relative/Permanent Guardianship  
21.8% of cases

Extended Foster Care  
1,066 cases  
(in 2014)

Child Is Unsafe  
Shelter Hearing  
Attachment  
(Unworthy) Disposition  
or Adjudication

Court Case Opened  
If a family does not open a court case

Child Is Safe

Judicial Review  
(Necessary & Practical)  
Courtroom Support

Exit to Permanency

CBC Lead or Provider Agency Services

Services:  
Case Management  
Foster Care  
CFLW  
Medical Visits  
Substance Abuse  
Counseling  
Mental Health Services  
Case Management

Services:  
Health  
Mental Health  
Education  
Foster Care  
Attachment Services  
Developmental Services  
Case Management  
Substance Abuse

Case Plan

\*All data is from 2014 and was acquired via the Florida Department of Children and Families.



**FLORIDA ABUSE HOTLINE CALL-** Florida's Child Abuse Hotline professionals accept calls 24 hours a day, 365 days a year. Each year more than 300,000 calls are made to the hotline and 62% are accepted for investigation.

**SCREENED OUT-** If the situation does not meet the state's definition of maltreatment, or too little information is supplied, the report is "screened out" and not accepted for investigation.

**VERIFIED-** This investigative finding is used when a preponderance of credible evidence exists that results in a determination that the specific harm or threat of harm was the result of abuse, abandonment or neglect. In high risk cases where abuse is verified, a referral to the Community Based Care (CBC) Lead Agency is made for services.

**NOT SUBSTANTIATED-** This investigative finding is used when there is credible evidence, which does not meet the threshold of being a preponderance, to support that the specific harm was the result of abuse, abandonment or neglect. High risk cases may be referred to the CBC Lead Agency if the family would benefit from additional services and protective supervision.

**NO INDICATORS -** This investigative finding is used when there is no credible evidence to support the allegations of abuse, abandonment or neglect. No further services are provided.

**INVESTIGATION-** Once a call to the Florida Abuse Hotline is accepted, it is referred to either a DCF or Sheriff's office for a Child Protective Investigator to conduct a thorough investigation that aligns with Florida's Safety Methodology.

**SHERIFF OR DEPARTMENT OF CHILDREN AND FAMILIES-** Hotline calls accepted for investigation are either referred to the Department of Children and Families (DCF) Child Protective Investigators (CPI) or to Sheriff's Office Child Protective Investigators (in Broward, Hillsborough, Pinellas, Pasco, Manatee and Seminole counties).

**COMMUNITY-BASED CARE LEAD AND PROVIDER AGENCY INVOLVEMENT-** When a Sheriff's Investigator or DCF CPI concludes there is sufficient evidence to open a child protection case, the family is referred to the CBC Lead Agency who initiates a services case and assumes all responsibility for the case. If the child is determined by the CPI to be unsafe, the Court may first grant an emergency shelter to place the child in out-of-home care.

**PROTECTIVE SUPERVISION CASE OPENED-** A child protection investigation with findings of "verified" or "not substantiated" maltreatment may be referred to actions such as intensive in-home services to solve problems and build parenting skills. A wide array of services are made available to the family once referred to the CBC Lead Agency. The child may or may not be involved in an open court case while receiving services.

**COURT HEARINGS-** Florida's dependency court system is responsible, after hearing all parties and evidence, for making a decision on the placement of a child as well as any required services to be provided, visitation rights of the parents and any other rulings in the case of special circumstances.

**SHELTER HEARING-** If an investigation discovers evidence of abuse and DCF or the Sheriff's investigator removes a child from their home, a judge can either

agree that the removal is justified or disagree with the petition and order the child returned to the parent(s). This hearing must take place within 24 hours of the child being taken into custody.

**ARRANGEMENT-** When a Shelter Petition (petition served to the parents and filed with the court removing the child from their care) is granted, Florida law requires that grounds for dependency must be filed and responded to in court within specific timeframes. A Dependency Petition is used (whether or not the child was sheltered) to determine whether the child meets the criteria for dependency and a court case to monitor the child's ongoing safety monitoring is needed. During this hearing the parents are expected to enter a plea to the petition of either Admit (they acknowledge it happened as stated), Consent (they are willing to consent to dependency without admitting fault) or Deny (they disagree with the petition and are willing to go to trial).

**ADJUDICATION-** If a parent denies the allegations at Arrangement, a trial is scheduled. If the parent is found to have perpetrated the abuse, neglect or abandonment, the child is adjudicated dependent. If the parent is found to have not perpetrated the abuse, neglect or abandonment, the court case is closed. The child is adjudicated if the parent Admits or Consents to the petition, or the child is found dependent after an adjudicatory hearing when a parent denies and the case goes to trial.

**DISPOSITION-** A Disposition Hearing is scheduled when a parent admits to the allegations set forth at Arrangement, consents to a Dependency Petition or when the child is found dependent at a trial. This hearing is used to determine case plan goals and for the judge to review the child's placement and plan for permanency.

**JUDICIAL REVIEW-** A court review of every dependency case is required by federal law every 6 months to determine the status of the child and compliance with the case plan. This review examines the need for changes in the case plan and child's placement. If this case reaches a term of 11 months, the Judicial Review is also a Permanency Hearing where the court determines whether a goal change is needed for the child to achieve a permanent, nurturing family. This could mean continuing the goal of reunification with their family of origin or changing the goal to adoption, permanent guardianship or another planned permanent living arrangement.

**COMMUNITY-BASED CARE LEAD AGENCY-** Comprised of 17 not-for-profit organizations, CBCs contract with DCF for all child welfare services in a specific geographic area. These services include child abuse prevention, family support services, placement, case management, health and education coordination, foster care and adoption.

**PLACEMENT-** When a child is determined to be unsafe a decision must be made if the child should be placed in out-of-home care with relatives or non-relatives or placed in licensed foster care (including a family foster home, residential group home or residential treatment facility).

**CASE MANAGEMENT-** The responsibility of a Case Manager is to work with the family and system partners to determine the needs and services that children and families require, achieving a safe outcome for each child. The first task of a Case Manager is preparing a preliminary case plan for submission to the Court. This

includes talking to all parties involved to determine the most appropriate course of action and services needed. The Case Manager is responsible for making at least monthly visits with the child and family, referring the family to services providers, providing updates to the Court at regular intervals and coordinating many aspects of the case.

**SERVICES-** When a child enters the community-based care system the State becomes responsible for all of the child's needs including health, education, dental care, food, shelter, safety and well-being. All needs of the child are documented in the case plan and services are arranged according to these needs.

**CASE PLAN-** A case plan outlines the safety issues identified and what needs to occur for the child to safely return home or achieve permanency by another means. The case plan should be developed with the family of origin. It outlines tasks for the parents and addresses the child's needs through services and permanency. Once the Court approves a case plan it becomes a formal court document that obligates both the CBC Lead Agency and the family/guardians to fulfill their responsibilities.

**EXIT FROM THE SYSTEM TO PERMANENCY-** In order for abused children to not languish in the child welfare system, Congress enacted the Adoption and Safe Families Act (ASFA). It requires states to focus on returning children safely home within 12 months or placing them with a permanent family.

**FAMILY REUNIFICATION-** In the case of family reunification the court determines that the parents have met the obligations in the case plan and that it is safe for the child to be returned to them.

**ADOPTION-** When the court determines that a child in foster care will not be reunited with their parents, adoption is the preferred permanency option. In many cases relatives or foster parents adopt these children.

**RELATIVE/PERMANENT GUARDIANSHIP-** The court may consider legal guardianship as a permanent living arrangement if a child cannot be safely returned to their home within the timeframe required by law and adoption is not feasible. Guardianship gives the caregiver (relative or other) permanent custody of the child, but parental rights are not terminated. Guardians have authority over decisions regarding protection, education and care without the involvement of the child welfare system.

**EXTENDED FOSTER CARE-** The laws and rules of the child welfare system apply to persons under the age of 18, but a child who is in licensed care on their 18th birthday can choose to remain in care until the age of 21 (or 22 if they have a documented disability). Youth in extended foster care continue to have the support of the child welfare system while they attend school or a technical program. If a child does not choose to remain in care, they may still be eligible for some aftercare support services upon turning 18 that are designed to prevent homelessness and other poor outcomes historically prevalent in youth aging out of care without permanency. Youth may also opt to return to extended foster care at any time before they turn 21 if they choose to opt out.



Florida Coalition  
for Children

# Foster Parent Referral \$200 Bonus

We recognize that our current foster families are our best recruiters and would like to reward them with a \$200 bonus for helping to bring new families to the foster family community. Please provide us with the name of the licensed foster family who referred the below prospective foster family. When the prospective foster family completes the licensing process and accepts a child into their home, we will send the referring foster family a \$200 check!

## Prospective Foster Family:

Name: \_\_\_\_\_

Supervising Agency: \_\_\_\_\_

## Referring Foster Family:

Name: \_\_\_\_\_

Supervising Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
**Name of Staff Completing Form**

\_\_\_\_\_  
**Date**





# QUALITY FOSTER PARENT AND CBC LEADERSHIP MEETING

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Join us to discuss  
systemic issues and  
develop solutions

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**Dates:** 2nd Thursday of the month

**Time:** 11:00am

**Location:** 2232 Altamont Avenue,  
Fort Myers, FL 33901

**Conference Line:** 1-888-757-2790.

**Pin:** 606817#

# **SECTION 2**

## **Support System**

**Management Team Contact List**

**After Hours On-Call Contact List**

**Agency Contact Lists**

**Specialty Position Contact List**

**RevMax Tip Sheet**

**Teen Outreach Program**

**Sunshine Health**





**YOU'RE NEVER ALONE!**



**YOUR CHILD WELFARE**



**SUPPORT SYSTEM**

**Family Support Specialist**

**Foster Parent Liaisons**

**Case Manager**

**Placement Specialists**

**Foster Parent**

**Children's Network**

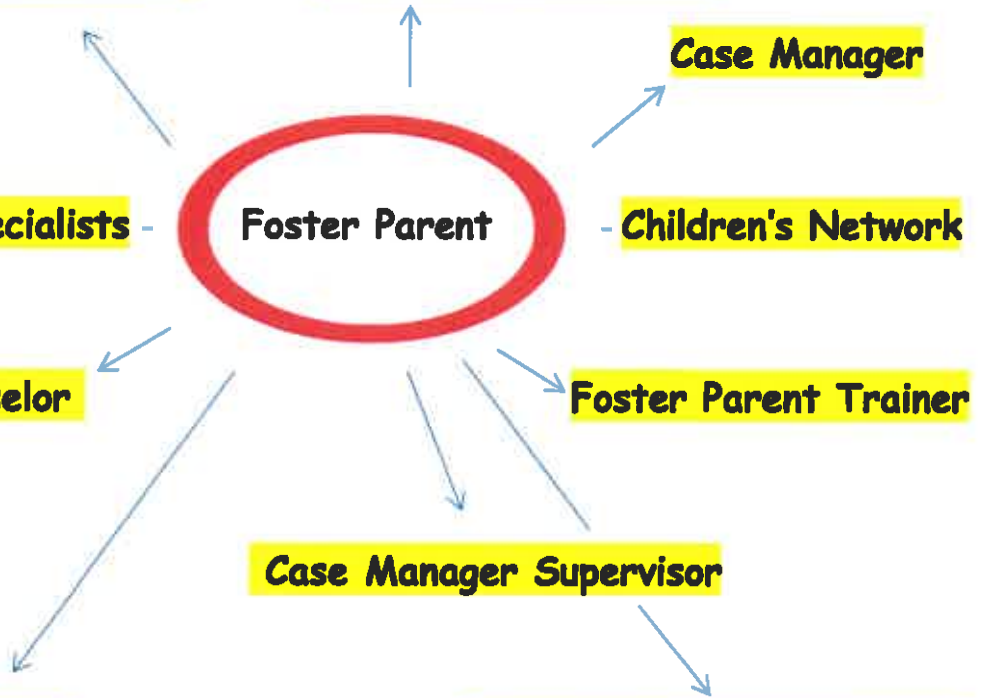
**Licensing Counselor**

**Foster Parent Trainer**

**Case Manager Supervisor**

**Guardian Ad Litem**

**Assistant Program Director**



Department of Children and Families  
DCF

Community Based Care  
(CBC)  
Children's Network of SWFL

Specialized Licensing  
Providers



One More Child  
(OMC)

Case Management  
Organizations  
(CMO)



Lutheran  
Services  
(LSF)



Kinship  
(CN)



Camelot  
Community  
Care South  
(CCC)



Camelot  
Community  
Care North  
(CCC)

**Contact Information:**

<b>Name:</b>	<b>Title:</b>	<b>Email:</b>	<b>Phone number:</b>
Lori Feige	CN Director of Programs	<a href="mailto:lfeige@cnsfwf.org">lfeige@cnsfwf.org</a>	(239) 461-8384
Melissa Schoenagel	CN Programs Supervisor	<a href="mailto:mschoenagel@cnsfwf.org">mschoenagel@cnsfwf.org</a>	(239) 461-8911
Jolene Smith-O'Connor	CN Licensing Supervisor	<a href="mailto:JSmith-OConnor@cnsfwf.org">JSmith-OConnor@cnsfwf.org</a>	(239) 461-8367
Michelle Scott	LSF Assistant Program Director	<a href="mailto:mscott@cnsfwf.org">mscott@cnsfwf.org</a>	(239) 461-7645
William Thompson	Camelot Licensing/Adoptions Supervisor	<a href="mailto:wthompson@cnsfwf.org">wthompson@cnsfwf.org</a>	(941) 613-3922
Janelle Hanaburgh	One More Child Program Director	<a href="mailto:janelle.hanaburgh@one-morechild.org">janelle.hanaburgh@one-morechild.org</a>	(239) 461-8943



## Contact Information:

**Lutheran Services Case Management:** 4150 Ford Street Ext. Fort Myers FL (Lee County)-  
**(239) 461-7640**

**Lutheran Services ON CALL** 5pm-8am Monday-Friday, and at all times on weekends, and Holidays-  
**(239) 989-2927**

**Camelot North Case Management:** 19621 Cochran Blvd, Port Charlotte, FL (Charlotte County)-  
**(941) 613-3870**

**Camelot North ON CALL** 5pm-8am Monday-Friday, and at all times on weekends, and Holidays-  
**(239) 940-1943**

**Camelot South Case Management:** 2606 Horseshoe Drive, Naples, FL (Collier County)-  
**(239) 213-4100**

**Camelot South Case Management:** 750 South 5<sup>th</sup> Street, Immokalee, FL (Collier County)  
**(239) 657-281**

**Camelot South Case Management:** 825 E. Cowboy Way, LaBelle, FL (Hendry/Glades County)  
**(863) 675-3549**

**Camelot South ON CALL** 5pm-8am Monday-Friday, and at all times on weekends, and Holidays-  
**(239) 464-0128 (Naples) (239) 940-6069 (Immokalee) (239) 940-6069 (LaBelle)**

**Children's Network Case Management:** 4150 Ford Street Ext. Fort Myers FL (Lee County)-  
**(239) 461-7640**

**Children's Network Case Management:** 2232 Altamont Avenue, Fort Myers FL (Lee County)  
**(239) 226-1524**

**Children's Network Case Management:** 2503 Del Prado Blvd. 3rd Floor, Cape Coral FL (Lee County)-**(239) 242-5999**

**Children's Network Case Management:** 21175 Olean Blvd, Port Charlotte, FL (Charlotte County)-  
**(941) 613-3870**

**Children's Network ON CALL** 5pm-8am Monday-Friday, and at all times on weekends, and Holidays-  
**(239) 980-1562**

Guardian Ad- Litem -2075 W 1st St, Suite 300, Fort Myers  
**(239) 533-1425**

Paul and Wendy Vernon- Foster parent Mentor and Co-Presidents of FAPA  
**(239) 634-8906**

Abuse Hotline- Department of Children & Families **1-800-96-ABUSE**

**Remember to ALWAYS ask for the CPI or Case Manager's phone number & their Supervisor's name and number upon placement**

**SPECIALTY POSITIONS-CHILDREN'S NETWORK**

<b>Specialty Position</b>	<b>Number of Positions</b>	<b>CWCM Duties Performed</b>
<b>Nurse Care Coordinator</b>  <b>(239) 425-6336</b>	5	The nurses assist with facilitating medical and dental continuity of care for children in out of home care. Assisting with finding medical and dental specialists, obtaining medical records, prescription issues, finding resources, and educating caregivers. They assist with the medical neglect cases, as shorten the time frames that these children get medical attention.
<b>Child Health Care Coordinator</b>  <b>(239) 461-8962</b>	1	This position is responsible for overseeing that children remain covered by Medicaid and assists in the day to day issues of coverages. Having access to the Medicaid system and having built relationships within the insurance companies that service our area, this position is able to address insurance matters quickly. This position also assists with pharmacy issues, locating primary care providers and switching a child's insurance if necessary.
<b>Child Benefits Coordinator</b>  <b>(239) 461-8953</b>	1	This position is the point of contact for Social Security disability and survivor benefits, as well as, Master Trust coordination. They work closely with the case managers, GALs, and caregivers to guide them through withdrawal requests, fee waivers, and expenditure of children's master trusts appropriately, in accordance to Social Security rules or regulations.
<b>Psychotropic Medication Specialist</b>  <b>(239) 242-5974</b>	1	This position reviews all children newly placed in out of home care to see if the child is currently taking psychotropic medication. If so, the staff coordinates a medication management appointment with the parent to get a medical report from the doctor and signed consent from the parent. If consent is not possible the staff gathers the information necessary to facilitate a court order.
<b>Behavioral Health Coordinator/ Clinical Services Specialist</b>  <b>(239) 226-2905</b>	2	These positions provide support for Case Managers who need direction or assistance in overcoming barriers to children on their case load who need mental health services.
<b>Kinship Search Specialist</b>  <b>(239) 461-7675</b>	3	Kinship Search Specialist attend all shelter hearings and work in cooperation with the Child Protective Investigators and Child Welfare Case Managers to locate relatives for the purpose of making placements. Kinship staff complete Abuse Registry and criminal background screenings on all potential relative and non-relative placements. The Kinship Department provides and locates ongoing support services for Relative/Non-Relative Caregiver families regardless if cases are active or closed and make the resources accessible both electronically and manually. The Kinship Search staff assist Child Welfare Case Managers, as needed, to ensure placement recommendations are completed and attend appropriate staffings in order to advocate for the best interest of the children served.
<b>Adoption Search Specialist</b>  <b>(239) 425-6314</b>	1	This position actively recruits for children who are not yet matched with a family.



## CONTACT US

### Contact Your Children's Network Nurse Care Coordinator When.....

- The case involves medical neglect.
- You are frustrated with navigating the health care system or need to find a provider.
- Caregivers are having trouble getting medical equipment or prescriptions filled.
- Medical records seem like a foreign language and you want help translating.
- You hear about a new diagnosis and want to know what it means and how to expedite resources.
- Caregivers have questions about managing chronic health issues.
- Medical, immunization, or dental records are needed for your case.
- You want a nurse to follow your case and do quarterly reviews.
- Calling a caregiver to give education would help with compliance.
- Insurance companies make you twitch.

Victoria Sweet, RN, NCC Supervisor

[VSweet@cnsfwf.org](mailto:VSweet@cnsfwf.org)

**Spill It!**

**How May  
I Help You?**

# **RevMax Resource Tip Sheet**

## **Jawan Dickerson-Escobar, Child Health Care Coordinator:**

As the Child Health Care Coordinator, (CHCC), Jawan is responsible for overseeing that our children remain covered through Medicaid and assisting in the day to day issues that may surface that are serviced through their plans. Having access to the Medicaid system and having built relationships within the insurance companies that service our area, he can address insurance matters quickly. In addition to overseeing that children remain covered through Medicaid, Jawan plays a huge role in helping with EPSDT's by providing key components that families and medical offices need for children to be seen. Jawan also assists with pharmacy issues, finding a primary care provider, switching a child's insurance and making primary care provider changes when medically appropriate. If you have any questions or would like more details on specific ways our CHCC can assist you or your families, please contact Jawan at [JDickerson-Escobar@cnswfl.org](mailto:JDickerson-Escobar@cnswfl.org) or (239)461-8962.

## **Cindy Blackwell, Child Benefits Care Coordinator:**

The Child Benefits Coordinator, Cindy, is the point of contact for Social Security, disability and survivor benefits, as well as, Master Trusts. The application process, phone interviews, approval appointments, representative payee, and redetermination paperwork all are in her wheelhouse. Cindy will also work closely with the case managers, GALs, and caregivers to guide them through withdrawal requests, fee waivers, and to spend the money from the children's master trusts appropriately, in accordance to Social Security rules or regulations. All questions, concerns, and ideas about Social Security and Master Trusts are appreciated and encouraged. Please contact Cindy at [Cindy.Blackwell@cnswfl.org](mailto:Cindy.Blackwell@cnswfl.org) or (239)461-8953

## **Ana Florencio, RevMax Support Specialist:**

As the RevMax Support Specialist, Ana is responsible for updating placement changes in FSFN and making any corrections to the placement tab. She also creates updates to Relative and Non-Relative providers and is also able to make updates to the provider's in FSFN such as address change or phone numbers. As a support specialist, she also handles Title IV-E eligibility letters. In addition, she also processes ICAMA's (Interstate Compact on Adoption and Medical Assistance) for children who are Adopted in Florida and move out of state and for adopted children from out of state coming to Florida. For more questions, please contact Ana at [Aflorencio@cnswfl.org](mailto:Aflorencio@cnswfl.org) or (239)461-8954

## **Carla Kochel, RevMax Specialist:**

As a RevMax Specialist, Carla is responsible for accurate and timely processing of new Title IV-E application for out of home care clients which include: Initiate new Title IV-E application in FSFN 5 days calendar days of the child's out of home placement. Determine child's eligibility for funding for Title IV-E programs within DCF & Federal guidelines. Accurate & timely processing new Adoption

# ***RevMax Resource Tip Sheet***

Title IV-E applications for children in Adoption placements, which includes determine child's IV-E eligibility within two days of receiving the file from the case management. Initiate Adoption Title IV-E application in FSFN within 3 calendar days of determining eligibility. Complete & submits Medicaid application to DCF CIC unit upon notice of a child's out of home placement. Complete Medicaid redeterminations within 30 calendar days of request from CIC unit. Monitors the TANIF application & eligibility re-determination processes to ensure compliance with DCF & Federal guideline. Ensures TANF determinations do not expire before a re-determinations are completed. For more questions, please contact Carla at [CKochel@cnswfl.org](mailto:CKochel@cnswfl.org) or (239)461-8956

## **Victoria Sweet, RN, NCC Supervisor/UM Department:**

Victoria is a registered nurse care coordinator supervisor with Children's Network. She and her team of nurses can assist with facilitating the medical and dental continuity of care for our foster children, which is crucial. Assisting with or giving direction with problems such as: finding medical and dental specialists, obtaining medical records, assisting with prescription issues, finding resources, and educating caregivers are just some of the advantages in contacting Victoria or her team. Victoria has a particular interest in assisting with the medical neglect cases, as shortening the time these children get the medical attention required can be vital. For more questions, please contact Victoria at [VSweet@cnswfl.org](mailto:VSweet@cnswfl.org) For med records email [GThomas@cnswfl.org](mailto:GThomas@cnswfl.org) and copy Victoria.

# TEEN OUTREACH PROGRAM®

*Enabling teens to lead  
successful lives and  
build strong  
communities.*

In the Teen Outreach Program (TOP®), we will discuss relationships, communication, peer pressure, and goals.

Come join in fun activities, earn Community Service Learning hours (CSL), and make a positive impact in the community! All are welcome to join!

*Teen Outreach Program (TOP®) is being offered at several locations within  
Charlotte, Lee, Collier, Hendry, & Glades County.*



**For more information on how to join, please call:**

**Kimberly Loughren at (239) 218-5541 or**

**Cindy Zwer at (239) 476-2015**





# sunshine health™

*Did you know that children on Sunshine CWSP insurance are eligible for a monthly, \$25 Over The Counter per Household Benefit? The foster parent or caregiver has to call, however, (cannot be done online) and will need the child's SS# and the Medicaid ID. They also need to verify the address that is on file which should be: 2232 Altamont Avenue, Fort Myers, FL 33901, but the caregiver can and should have the items mailed to their house.*

*This will help many of your caregivers with those added expenses such as children's Tylenol, baby shampoo, gloves, cough medicine, toothpaste, etc. Below is the link to the directory of items. On page 2, is the phone # that the caregiver can call to place the order. This does not need to go thru our Children's Network Rev Max or Nursing Departments. In fact, we are not allowed to place the order. Most items are delivered to the caregiver within 2 weeks, many times sooner. Hope you find this helpful. Please share with your foster parents and caregivers.*

<https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/OTC-FINAL.pdf>

h# for the program-1-866-577-9010

# **SECTION 3**

**Monthly Board Rates**

**Placement Matching Tool and Example**

**Custody Letter Example**

**Reminders After Placement**

**Placement Stabilization Protocol**

**Timeframes and Follow-up**

**Reminders**

**EPSDT Locations and Information**

**FOSTER CARE MONTHLY PAYMENT CHEAT SHEET**

<b>Board Rate</b>	<b>Initial Clothing</b>	<b>Diapers</b>
0-5 \$458	\$50	\$30 (ages 0-3)
6-12 \$470	\$50	
13-17 \$615	\$70	

Included in the above **monthly** rates are funds for the child's allowance, incidentals, and monthly clothing at the following rates:

<b>Allowance:</b>	<b>Incidentals:</b>	<b>Clothing:</b>
0-5 \$10	\$8	\$44
6-12 \$10	\$9	\$45
13+ \$15	\$11	\$50

After a child has been in foster care for six (6) months, he/she is entitled to their yearly clothing allowance which is provided in August of that same year. These funds are provided directly to the foster parents.

**Clothing Allowance**

0-4	\$200
5-17	\$300

**Respite**

Foster parents are entitled to 12 respite days per fiscal year (July-June). Respite rate is \$14 per day. Requests **must** be approved in advance. Recoupment of \$14 per day, per child will occur when more than 12 days have been used.



## Placement Matching Tool

Case ID:

Current Caregiver:

Child's Name:

DOB:

Race / Gender:

Child's Primary Language:

Length of Time in Care:

Date Placement needed:

County:

Current Placement of Siblings:

Type of Placement Request:  Initial  Replacement  Disruption  Respite

Reason for Placement Request (Be specific):

Document any court ordered restrictions on placement:

Child's Strengths:

Behaviors/Alerts (please check those that apply):  Physical Aggression  
 Substance Misuse  DJJ Involvement  LGBT youth  Human Trafficking  
 CSEC  Self-harm  Runaway (If yes to any of the above please explain):

School/Daycare (Please include grade and any ESE information):





**\*Potty Trained** (If "no" please include size of diaper/pull-up):

\_\_\_YES \_\_\_NO Diaper/Pull-up Size: \_\_\_\_\_

**Medical History** (Any known diagnoses, needs, special devices, allergies):

**Mental Health History** (diagnosis, and any current services):

**Developmental History** (Any known disabilities or delays):

**List of Current Medications** (Please include prescribing Doctor):

**Upcoming Appointments** (name of Doctor or Agency, Date, and Time):

**Visitation Schedule with parents and/or siblings** (Include Days, Times, and if it is supervised or unsupervised):



Extracurricular Activities (Sports, Video Games, Reading, School Clubs, Etc.):

[Empty box for Extracurricular Activities]

Likes/Dislikes (Food, Places to Go, Hobbies, Etc.):

[Empty box for Likes/Dislikes]

Child's preference for placement if age appropriate (preference must be reasonable):

[Empty box for Child's preference]

Child Placement Agreement required:  YES  NO (If yes what type):

Behavior Management Plan  Precautionary Plan

Provide Specifics and Restrictions of the Child Placement Agreement:

[Empty box for Specifics and Restrictions]

\_\_\_\_\_  
Case Manager Date

Contact Number:  
E-Mail:

\_\_\_\_\_  
Case Manager Supervisor Date

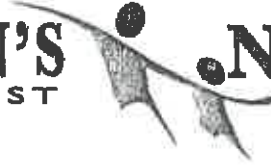
Contact Number:  
E-Mail:

**Level of Care Recommendation:**

Relative  Nonrelative  Foster Home  Emergency Shelter

\*This form must be signed and scanned into the meeting module section of FSN if there is a change in the level of care for a child.

\*\*All enhanced placement requests will continue to be submitted to and approved by UM



### Placement Matching Tool

Case Name: [REDACTED]

Case ID: 101254508

Name of Child: [REDACTED]

Age / DOB of Child: [REDACTED]

Race / Gender of Child: W/M

Length of Time in Care: 3 months

Number of Prior placements: 3

Name of Siblings: [REDACTED]

Age/DOB of Siblings: [REDACTED]

Race/Gender of Siblings: W/M

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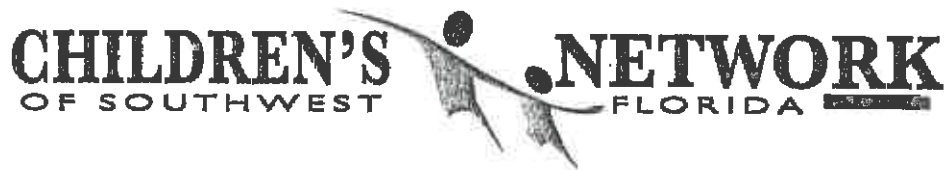
Type of Placement Request (please highlight): Initial, Replacement, Disruption, Respite

Date Placement needed: 02/20/2018 County: Lee

Reason for Initial Removal or Reason for Placement Move (Be specific, this provides our potential foster parents with insight to the trauma experienced by the child):

Initial Removal)

The mother has severe untreated mental health issues. The mother is observed to be suicidal and homicidal. The children were previously removed from the mother and placed with the stepfather due to these behaviors; however, the mother never moved out of the home. The stepfather is not aligned with the children and leaves the 3 year old with the mother alone. The mother is extremely hostile and has been aggressive with law enforcement and case managers to the extent that she was tasered in September during a DCF



**Follow-up and / or Ongoing Appointments:** None scheduled; although, an authorization for the child to undergo a psychological at Katz Psychology is authorized.

**Potty Trained (If "no" please include size of diaper/pull-up):** No, Diapers size 6-7

**Visitation Schedule (Include Days and Times):** Tuesdays and Thursdays from 3:30pm-5pm at 4150 Ford Street Fort Myers.

**Extracurricular Activities:** The child enjoys watching television, building blocks and playing with toys. The child has difficulty relaying his needs in speech; however, is very intelligent. The child can count to 10 and relay colors.

**Behaviors/Alerts (please highlight):** Violent, Substance Misuse, Mental Illness, Medical needs, Developmental/Cognitive Needs, DJJ Involvement, LGBT youth:

The child displays severely autistic behaviors, enacting sensitivity to light and sounds. The child often throws out of the norm tantrums where he is exhibited to shake and bite caregivers attempting to tend to him.

**Child Placement Agreement Required:** Yes/No      **If yes what type:**

**Behavior Management Plan (provide specifics/details):**

**Precautionary Plan (provide specifics/details):**





**CUSTODY LETTER &  
AUTHORIZATION FOR MEDICAL TREATMENT**

**Effective Date: Date of Placement**

Please be advised that (Name of foster Parents) who reside at (Address/Phone) are the temporary legal guardians for the child noted below and as such have the authority to provide consent for ordinary and necessary medical and dental examination for the following child pursuant to sections 39.407 and 743.0645, Florida Statutes:

**Child:**  
**DOB:**  
**SS:**  
**Medicaid #:**

The authority of the temporary guardian, whether they are a licensed foster parent, relative, or non-relative, to consent to treatment for this child is limited to consent for ordinary and necessary medical and dental examination and treatment, including Early Periodic Screening, Diagnosis and Treatment (EPSDT), which must be completed within 72 hours after the child has been sheltered. Consent for immunizations, tuberculin testing, and well-child care may also be granted.

This consent DOES NOT include consent for surgery, general anesthesia, provision of psychotropic medications, or other extraordinary procedures for which a separate court order or informed consent as provided by law is required. This consent DOES NOT authorize foster parents to apply to Social Security Administration to be the child's representative payee for any social security related benefits.

The caregiver for the child may also perform all routine parental responsibilities, including receiving WIC checks and other activity necessary for school enrollment and consent for school activities. When treatment is provided pursuant to this authorization, the requirements of section 743.0645(4), Florida Statutes that notice of the treatment be given to the legal custodian of the child shall be satisfied by notification to the Children's Network of Southwest Florida / Lutheran Services Florida at the following address: 4150 Ford Street Ext., Suite 1C, Fort Myers, FL 33916, (239) 461-7640, (239) 461-7695 Fax

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**Child Welfare Case Manager: (CM Name) Direct line: Cell:**  
**My Supervisor is (Supervisor Name) Direct line: Cell:**

***Emergency On-Call after hours Lee County (239) 989-2927***

(239) 226-1524 | fax (239) 226-1115 | 2232 Altamont Ave | Fort Myers, FL 33901

The Children's Network of Southwest Florida is sponsored in part by the State of Florida, Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community to protect children and preserve families.



**Reminders after Placement:**

- ❖ **You will receive a call from me within 72 hours of placement.**  
**(Don't forget to complete the fire drill in the first 24 hours)**
- ❖ **Notified Quarterly Home Visits are done throughout the year.**
- ❖ **8 Hours of Relicensing Training Hours are required in the year.**  
**4 Hours of the required training must be face to face.**
- ❖ **Attendance is required at two Support Meetings during the year. (Reicensing hours are given for attending). This will satisfy the 4 hours of face to face training.**
- ❖ **If you have any issue or difficulty with a Case Manager, please let us know first, and we will help facilitate with the issue.**
- ❖ **Communication is the key to success! Please call and/or email back when we contact you ☺**



## PLACEMENT STABILIZATION PROTOCOL

<p><b>Policy</b></p>	<p>A placement stabilization staffing is required if the request for removal</p> <ul style="list-style-type: none"> <li>• is related to the child's behavior and/or condition that cannot be adequately addressed by the caregiver OR the caregiver is unwilling to tolerate in their home.</li> <li>• Concerns shared by case management or any other member of the professional team related to service provision, communication, etc. that if left unaddressed could result in an unplanned move</li> </ul>
<p><b>Disruptions not requiring a staffing</b></p>	<p>A placement stabilization staffing shall not be required for planned moves resulting from</p> <ul style="list-style-type: none"> <li>• Initial emergency placements</li> <li>• Changes in permanency planning</li> <li>• Keeping siblings together</li> <li>• Life changes within a foster family</li> <li>• Respite requests</li> </ul>
<p><b>Who should attend</b></p>	<p>The placement stabilization staffing shall be attended by</p> <ul style="list-style-type: none"> <li>• CWCM</li> <li>• CWCM Supervisor</li> <li>• Placement staff</li> <li>• Foster Parents/caregiver</li> <li>• GAL (if assigned)</li> <li>• CNSWF/CMO Licensing Specialist</li> </ul>
<p><b>Staffing outcomes</b></p>	<p>The placement stabilization staffing shall determine whether</p> <ul style="list-style-type: none"> <li>• It is in the child's best interest to remain in the placement (i.e. additional services)</li> <li>• It is in the child's best interest to be placed in another home</li> <li>• If a change in placement is agreed upon, an appropriate transition plan should be developed</li> </ul>
<p><b>Who should convene a staffing?</b></p>	<p>Ideally a request for a staffing should be initiated by case management staff. However, once a placement is requested and is identified as an unplanned move/disruption, placement staff will initiate the staffing.</p>
<p><b>When should the staffing occur?</b></p>	<p>Every effort should be made to convene a staffing PRIOR to a placement move. However, staffings should be convened whenever there are unresolved issues that impact the stability and/or appropriateness of a placement.</p>
<p><b>What if a disruption occurs prior to the staffing?</b></p>	<p>If a disruption cannot be avoided then a "debriefing" staffing should occur to address the following:</p> <ul style="list-style-type: none"> <li>• Foster parent/caregiver concerns</li> <li>• Case management concerns</li> <li>• Placement matching issues</li> <li>• Future placement considerations</li> </ul>
<p><b>Documentation</b></p>	<p>Within 24 business hours a placement stabilization staffing summary note will be completed by placement staff and entered in the under the child in FSFN.</p>

## **Timeframes for Follow Up, Home Visit Requirements, and Case Updates**

**72 Hour Follow Ups (Completed by – Licensing staff/support worker – Licensing Agency) –** Placement or Licensing staff will contact you within 72 hours of a new placement (excluding respite placements or placements expected to be less than 72 hours). The call should be brief and its purpose is to ensure you have what you need and to check in on how the child and your family are adjusting!

**72 Hour Doctor's Visit (Early Periodic Screening Diagnostic and Treatment) (Completed by – You!) –** Children that are coming into care for the first time are required to be seen by a physician to get a "baseline" medical exam. The case manager or investigator should provide you a form which indicates the visit is needed if you are not sure. Please refer to your list of Qualified Health Departments who will be available to complete these examinations if you are not able to get in with your Pediatrician.

**CPI (Child Protective Investigator) visits (DCF) –** If a case is in the initial stages, a CPI will still be assigned before the case is given to a case management agency. During this stage, the CPI is required to visit the child once a week.

**CM (Case Manager) or Courtesy Case Manager Visits (Case Management agency responsible for case progress) –** Case Managers are required to see children every 25 days. If you have a child from out of county, a courtesy case manager (from a local county) may complete the visit and provide the notes to the main case manager. This is a convenience and courtesy, but often this worker will not know much about the case as they are not assigned. Reach out to the primary case manager for information.

**Quarterly Visits/Contacts (Licensing Agency) –** Your licensing agency is required to visit your home every 90 days (at least once a quarter). The goal is to see how your family is doing, provide support, and ensure there are no concerns with or major licensing changes to your home.

**Relicensing Visit (Licensing Agency) –** To maintain your foster care licensure, you must have updated inspections and a home study annually. This requires some new paperwork, a longer home visit, and much processing on the agency side. Because of this, the process/home visit is initiated 90 days before your current license expires and your file must be completed about 30 days before it expires. Please work with the licensing staff to hold your visit and complete all needed documents timely to avoid a license lapse! Remember, your first year will feel very short! \*\*Tip – be sure to start gathering your 8 individual training credit hours soon to avoid a crunch!

**Waiver Home Visits (Completed by Licensing Staff – Licensing Agency) –** if the placement of any children results in your home having a total of more than 5 children or more than 2 children under the age of 2 (this includes your biological and adopted children under the age of 18), and this is expected to be the arrangement for at least 7 days, a home visit is required to ensure all sleeping arrangements are appropriate and that you have all services needed to support the addition of these children into your home.

**Foster Parent Survey of Case Manager (Completed by Licensing staff, support workers, or support staff - Licensing Agency) –** Your feedback is valuable. You will be contacted shortly after a child leaves your home (if they have been there 30+ days) to see how you are adjusting and to have you complete a survey on the child's assigned case manager. Low scores require comments so that we can follow up with supervisors/leadership. We also have you complete a survey on all children currently in your home at the time of relicensing. Please do not wait for a survey if you are experiencing any difficulties with your foster child or their case. There are many avenues of support for you to access. Please make sure to reach out to your Licensing Agencies Family Support Worker, Licensing Counselor, Licensing Supervisor/Directors, or Children's Network Licensing Director if you need assistance.

**Foster Care Concern (Completed by Licensing Staff – Licensing Agency) –** Similar to the above, Case Managers complete a survey on your family and children that are between the ages of 5-17 complete an exit survey as well. If there are ever any concerns expressed by case management or a child in this fashion, or any concerns brought to our attention in less formal ways by other agency members, other foster parents, etc. we will follow up with you with a phone call to gain your perspective. If there are any concerns we may provide feedback or licensing reminders. If it seems there has been a disagreement, miscommunication, or the concerns are not based on facts or strong evidence, we will document the event and conversation with no follow up. We also encourage Case Managers to discuss any concerns they have with you immediately and to not wait until they are completing a survey to bring up any concerns.

**\*Communication is key on both ends and the more open we are the better the professional relationship will be.**

**Foster Care Referral (Completed by Licensing Staff – Licensing Agency) –** If there are concerns brought against a foster home thru the Abuse Hotline that do not appear threatening to a child's immediate well-being, but could be a licensing concern, we are required to complete a more detailed report that often requires a home visit, informal interviews with family members/children involved, and potentially other members of the professional team. Until the report is completed and a determination can be made, your home is considered "inactive" which means no additional children can be placed. A staffing will be held to include you in the final conversation of any concerns or findings. If there are no concerns or again, lack of evidence, no action is taken. If there are some minor concerns or licensing violations, some corrective actions may be put in place (ie: additional training). Your home may or may not remain inactive until the corrective actions are completed.

**Abuse Report (Completed by DCF – Child Protective Investigator) –** the highest level of concern on a foster home would be an abuse report. This would include a complaint against your home to DCF through the Abuse Hotline. This investigation would be more formal than the above, would include your home being inactive, and would be conducted by DCF. Your home would again remain inactive until the final staffing was held and any possible corrective actions completed if required. Children would only be removed from a home if the allegations were significant, with substantial reason to believe the child could be at potential risk. Children may need to be seen by additional outside professionals. Remember, ANYONE can make an accusation. We request that you comply with all requests and investigations as they are meant to protect the children AND you from any false accusations. You will be included in all staffings completed by DCF and they will be responsible for keeping you informed of the progress on the investigation throughout the process.



**Guardian Ad Litem** – Not assigned to every case, and assigned as available with challenging cases having priority. Court appointed volunteers who are a neutral voice for the child and speaks on behalf of them in court. Can visit the child in the home, school, or public settings. Can sometimes assist with needed supplies or services. Should visit or contact the child monthly as best practice.

**Additional:**

**CBHA** – A Masters Level Professional will spend time observing children new to care to complete an assessment and make recommendations for services. They may visit the child at home, school, etc. to complete the assessments.

**Specialists** – Parenting For Success Behavior Analysts, In Home Counseling, In Home Occupational Therapy/ Physical Therapy, etc. would initiate services as needed and have home or other visits with the child as needed

**Staffings** – Meetings held at critical points in a case. Can be for various reasons and include various groups of people. May not always include foster parents. Examples: Reunification staffing, Stabilization staffings, Disruption staffings, Sibling Separation staffings, transition staffings, staffings to close concerns on foster homes.

**Judicial Reviews/ Court Hearings** - There will likely be more court dates in the beginning and towards the end of a case. Foster parents and the child are not always required to attend. Judicial Reviews of the case are typically held every 6 months and foster parents are encouraged to attend. Children are often requested to be present, it is suggested that you confirm with the case manager if they need to attend before a hearing. Additional hearings may be required for immediate situations related to medical treatment, travel, etc. Unfortunately, court hearings are not always timely. It is suggested that you be early, and be prepared to stay late. If a case before yours runs late, it can affect the scheduled for the rest of the day. You will be notified of all court hearings via e-mail. If you are not able to attend please make all efforts to complete the Caregiver Input Form which will be included in the e-mail notification that will be sent to you.



## **New Family BIG Reminders:**

### **Confidentiality:**

Please remember to respect the privacy of the biological families, foster children, and their cases. Foster families should NOT be discussing case specifics OR case plan goals OR making their own placement changes/plans with other foster homes. If you have a placement concern or change in mind, it MUST be discussed with case management and your Licensing Agency before a change can be made. This specifically applies to homes that have children they do not want to adopt that may or may not become available. Please DO NOT approach another foster family about taking a child from your home to adopt them. If a child is at TPR or in the adoption's unit, it is possible that the unit has or is already identifying an adoptive home.

### **Respite Placements/ Children leaving your home:**

When a child leaves your home for respite, to go to another home, or is reunified, please remember to send them with anything that they came to you with, and anything that has "become theirs" while in your home. For respite, they should be sent with clothes and supplies they will need for the duration of the respite, as well as toys and other items that will make the transition and respite time easier on the respite providers. When a child moves to another home or is reunified, that child is to be sent with their belongings and Lifebook. These children already have so little and lose so much. We want to help them adjust better to new placements and help set up their new caregivers/parents/ relatives for success! It is also appropriate to send notes or information with the child to respite or a new placement so that the caregiver can have some helpful tips to best care for that child regarding their routines and likes/dislikes.

More on respite: Additionally, for respite.... We love when foster parents coordinate and set up their own foster home-to-foster home respite placements or when they utilize their back up provider for respite placements. However, you must notify you Licensing Agency and Case Manager when you do this! It is very important that we, case management, and the placements unit know when respites occur (as well as other placement changes). While we always need to know where children are, we also need to get custody letters to the respite caregivers, assure payment is . When we do not know about respites/placement changes, it can create payment problems for both the foster parents of the child as well as the respite provider. The info. we need includes: first, last name of the child, start/end date of the respite, what home is providing respite, and the case managers name.

When requesting respite, unless it is an emergency, please request the respite at least 2 weeks in advance! Please let the case manager and your Licensing Agency know. If you do have approved backup providers, please ask them if they are available before requesting respite with a foster home. This again, is primarily of benefit to the child as we hope they have met/gotten to know the backups who are natural supports to you. This is less traumatic for a child to be placed with a somewhat familiar backup rather than an unknown foster home. Please know you can add backups at any point in the year. Since there are backgrounds to be run and paperwork to be completed, it does take a couple weeks (at a minimum) to have a backup "approved".

**Resource Records and Life Books:**

If a child comes to your home without a resource record binder/box, please remember that it is your responsibility to create one! Basically, any records that pertain to the child can go in this record (school reports, judicial reviews, staffing/court hearing documents, medical records, personal records, art projects, correspondences with child welfare members/bio. Parents). If a child leaves your home, you need to send the record with the case manager to their next home. Having these records will help the next caregiver have a better starting point for the child and help them better understand the progress a child has made and what needs the child might still have. Please also remember that while a child is in care, important things and memories are still happening. Creating a Life Book that contains pictures, art projects, report cards, and notations of milestones (first lost tooth, etc.) provides the child, their parents or family members, or their next caregiver, with these important memories!

**Things to report:**

Things that we need to know about if they occur while licensed:

- household members moving in/out
- Visitors (it is best to let us know when you have long term visitors so we are aware of any bed space changes. Visitors that will be in the home for more than 30 days need to be screened!
- household members turning 12 or 18
- Babies being born
- Plans to move to a new home
- Placements leaving your home (we are not automatically notified!)
- New pets
- Major renovations/putting in pools
- Changes to marital status, major
- Changes to income
- Major illnesses that can affect ability to care for children
- Involvement of any household member in counselor/psychiatric services/law enforcement
- Changes to preferences in placements (We do not always have the luxury of calling you only for your preference, but it does help knowing what works best for you!)
- Difficulties with placements (We want to get services in place that are needed to hopefully prevent removals. When a removal is not preventable, we do also ask for 2 weeks notice so we can start looking for another placement option)

These are all things we should be notified of! Any major change to your family or home can possibly affect licensing issues! Additionally, all major changes/issues with a foster child should be reported to your Licensing Agency in addition to the case manager. Basically, when in doubt, document it and notify us!

**EPSDT's:**

EPSDT's are to be completed within 72 hours of an initial (first time in care) placement coming to your home. The purpose of this doctor's visit is to get a baseline of the child's health and possible needs or referrals since we usually have no idea of the child's medical history. Please refer to EPSDT form in this section for the locations. It is preferable to have the child seen by their current pediatrician but if that is not possible then any of the identified locations will complete the exam regardless of the child's Medicaid status.

**Social Media:**

We all love social media!... sometimes. Related to the above about confidentiality, please see the memo on Social Network usage for foster children which is included in this Resource Packet. While we have not had too many issues with families posting about foster children in a way that violates confidentiality, we have had some concerns brought to our attention regarding other types of posts. We are aware that there are many Facebook foster parent pages and other similar pages available (even though many of them are private and we do not have access.... Word still gets to us!). Please keep in mind, those pages were or should be developed to serve as networking opportunities, places to get simple questions answered, and places where you can find support. These pages are NOT intended to be opportunities to slam and badmouth case management, licensing agencies, lead agencies, placements, the court system, etc. Above that... it is definitely not a place to criticize, demean, or belittle other foster parents who are trying their best and giving of themselves just like you! We cannot usually track what you say about people and agencies by word of mouth, but please remember, once it is on the internet.... It is never going away and creates a "paper trail", which unfortunately, we have seen be used against foster families when a complaint arises and is filed.

**Responses to Placements:**

We kindly ask that you respond to all placement requests you receive! We always want a placement decision to be a thoughtful one, and we want you to accept placements you feel comfortable and able to care for. We never want you to feel "guilted" into accepting a placement. However, we are often required to prove efforts in placing children. If you cannot accept a child, please just tell us "no". Until we hear "no"... that means you are still a maybe 😊 This is also important because if you are unresponsive, this could become a licensing concern. Furthermore, if there is a child or part of a sibling group that you can maybe help with short term, but not long, please also let us know this as sometimes we unfortunately have to separate sibling groups or look for short term or weekend placements. Anything helps and it is good to know our options!

**Removal policy:**

While we all hope that children only have to be placed in one home and then are either reunified or adopted, we know that unfortunately, you may have to make the challenging call to at some



point, have a child removed from your home. Sometimes this is unavoidable, such as if you are closing your home, moving out of circuit, have a life changing event that prevents you from caring for a child at that time, etc. However, if you are sensing concerns with a placement, please remember to alert your case manager and your Licensing Agency as soon as a concern or troubling behavior is identified. For the sake of the child, we would love to attempt putting services in place to stabilize a placement before we consider a definite removal. We may also request a Stabilization Staffing to further discuss options. If it is determined that a child's placement in your home cannot be maintained, we also ask that you give "two-week's" notice of a child's final day in your home. This not only allows us time to try to locate a home so the child's disruption is minimal and so he/she does not "bounce", but it also allows (hopefully), time to have a short transition plan in place to make the child's replacement easier.

### **Break policy:**

We know that this foster care world can be very emotionally and mentally draining. We also know that "tough" placements or the removal/reunification of a child that had been in your home for a long time can be especially challenging. In addition to maintaining placements, we also want to maintain our excellent foster homes and help you avoid "burn out". This might involve you (or us for you) asking for a break from accepting placements. This does not reflect poorly on you and we will place a note on our contact sheet indicating you are not accepting placements "at this time". Please do not get upset with us if we still call you during this time as again, it is sometimes required to prove efforts! However, we liken holding a foster care license to that of a driver's license, in that, while it is held, the expectation is that you will use it ☺ Our policy to maintain homes in having families avoid burnout, while staying active is this: If you feel the need for a significant break, we recommend a break of about 3 months. Beyond 3 months, we may ask you to consider helping with short term cases: respite, emergencies, short term placements. If you are unable to accept placements for 6 or more months, we may have to consider closing your home and "re-opening" at a more convenient time as it is hard to justify relicensing homes that have not accept placements in 6-12 months or longer.

### **Your First Year: (Some final reminders as you start your first year of licensure!)**

- 1) Relicensing – it might be hard to think about it now... but your first relicensing will be here before you know it! Just so you are prepared, you can expect to receive a relicensing packet in the mail about 3 months before your license expires. Your relicensing file will be due for review about 1 month before the license expires and we therefore send the paperwork to you and will visit your home 1-2 months before the file is due to complete everything on our end. While the paperwork and process is minimal compared to initial licensing, please work with us to complete the paperwork and home visit timely! A big reminder is that your 8 hours (per caregiver) will be due to be completed by the time we submit your file. This means from now, you have about 8-10 months to complete your training (at least 4 hours face-to-face). We request that you complete at least 2 hours each quarter. Attending Foster Parent Support meetings is a great way to satisfy the 4 hours of face to face time. If you attend a conference or a

training that is 8 hours in length, then you do not need to follow the quarterly recommendation. After your first relicensing, annually, the process should begin/end around the same time. But the first year comes fast. 😊

- 2) Finally... please remember that we cannot help you with any concerns if we do not know about them! If a placement, communicating with case management, or any part of the process becomes challenging, please let us know! We cannot promise that we will be able to solve or fix each problem, but we can offer support, suggestions, and help facilitate team staffings to all work together as needed! So please, keep us in the loop sooner rather than later! We want to do whatever we can to be proactive in helping in these areas to prevent any unnecessary removals or feelings of being overwhelmed!

We know any call can be exciting and overwhelming at the same time... but our goal is to have each child only have to be in one placement...ever. Please remember to thoroughly consider if a placement is right for your family and please do not say "yes" out of only excitement or guilt.

Here are some questions to keep in mind as you consider a placement:

#### **PLACEMENT QUESTIONS**

- Child's name, gender, age, DOB, ethnicity
- What county is the child from?
- Is this a new case, respite, or replacement of the child? How many placements?
- What brought the child into care? How long has the child been in care?
- Are there currently any pending placements with relatives/non-relatives?
- What happened with the last caregiver that the child needs new placement?
- What is the goal of this case? Reunification? Concurrent?
- What is the visitation schedule and where are visits? Supervised or unsupervised?
- What school or daycare does the child currently attend? Can these be switched?
- Is the child on target developmentally and educationally?
- Has the child had any self harming, destructive, or violent behaviors?
- Does the child have any medical conditions/allergies? Is the child on medications?
- Does the child have any clothing or belongings?
- Does the child have any siblings? Where are they?
- The child interested or enrolled in any activities?
- Are there any known triggers for the child? Any strong dislikes or likes?
- Any known routines?
- Any contact restrictions or suggestions?
- Do the parents have any history or harassment with caregivers?
- Any current services in place or evaluations pending?
- Any history of abuse reports on foster parents?
- Religious preference?
- Is the child sexually active? Has children of their own? Where are they?





## EPSDT Locations by County Region 8

**NOTE: ALL CHILDREN REMOVED FROM THEIR HOMES DUE TO ALLEGATIONS OF ABUSE, ABANDONMENT AND NEGLECT ARE REQUIRED TO HAVE AN EXAM AND VACCINE UPDATE WITHIN 72 HOURS!**

**It is always best to take the child to the current pediatrician for continuity, but when this is not possible, here are some locations that are in each county for the required EPSDT exam.**

### Lee County

Family Health Centers (Fort Myers, Cape Coral, Lehigh Acres, Bonita Springs, Estero, St. James City)

- Accepts Sunshine, Staywell, Molina & Vivida

Lee Health Convenient Care (Fort Myers, Cape Coral)

- Accepts Straight Medicaid & Staywell

### Collier County

Healthcare Network of SWFL (Naples, Immokalee)

- Accepts Sunshine, Staywell, Molina, Prestige, Vivida & Humana

### Charlotte County

Family Health Centers (Port Charlotte)

- Accepts Sunshine, Staywell, Molina & Vivida

### Glades/Hendry County

Family Health Centers (Labelle)

- Accepts Sunshine, Staywell, Molina & Vivida

Florida Community Health Centers (Clewiston, Moore Haven)

- Accepts Sunshine, Staywell & Molina

### Children's Network:

**Rev Max Department-239-461-8962**

**Nursing Department-239-425-6357**

## EPSDT 101-BACK TO BASICS TIP SHEET

The EPSDT Exam, (also known as 72 hour, child welfare, or DCF exam), is a vital piece of the DCF legal case and ensures that medical issues will be recognized and treated promptly.

**NOTE: ALL CHILDREN REMOVED FROM THEIR HOMES DUE TO ALLEGATIONS OF ABUSE, ABANDONMENT AND NEGLIGENCE ARE REQUIRED TO HAVE AN EXAM AND VACCINE UPDATE WITHIN 72 HOURS!**

### Other EPSDT tips to remember:

- Even if the child has had a recent exam prior to removal, the visit is mandatory per Florida statute. Previous exams, even one day before shelter, would not qualify.
- This exam is especially crucial when removing a child for medical neglect for continuity.
- Many caregivers need detailed verbal instructions about this mandatory exam, and to understand it is also to protect them. It is always best for the CPI to assure the exam is completed prior to staffing.
- For continuity, it's always best to take the child to his/her current pediatrician if in the same county. If out of county, a new PCP can be assigned by contacting our Rev Max department.
- Not having insurance is never an excuse to not get the EPSDT done. Our Rev Max department can assist with this issue.
- The EPSDT exam must be performed and signed off on by an MD or an ARNP. Chiropractors, LPN's or RN's are not allowed to perform this exam.
- If the outpatient exam is not possible due to the child being hospitalized or in the ER, or NICU, the licensed nurses in the nursing department at CN can obtain the records, review, and likely use the exam to count as the EPSDT, if after time of removal.
- Please ask your department head how to accurately enter the EPSDT in FSFN.
- Many front desk employees at doctor offices do not understand that Medicaid will cover this exam, even if a recent exam was performed. When making the appointment, it should be stressed that this is a time sensitive appointment and using words such as "DCF exam", or "child welfare exam" is helpful. Please call the CN nursing department for roadblocks.
- If the parents do not have an immunization religious exemption already on file at a FL Health Department, it is possible the child will receive them for safety to other children.

**Children's Network: Rev Max Department-239-461-8962 Nursing Department-239-425-6357**

**Health and Wellness Guidelines for Parents and Caregivers**

**Well Child Visits**

- 6 visits by age 15 months

**Annual Well Care Visit with the Primary Care Physician:**

- Ages: 2-21 years
- Yearly visit to the PCP

Comprehensive well care visit needs to include:

- Health history
- Physical developmental history
- Mental developmental history
- Physical Exam
- Health Education/Anticipatory Guidance

- Visits must be with a primary care provider (pediatrician, family practice, OB/GYN); Urgent Care/Walk-in or Emergency Room evaluations are not included.
- Sick visits and sports physicals do not count, unless all of the above have been completed
- Age-appropriate vaccinations should be given
- Applicable screenings should be completed: hearing, vision, lead (at least once prior to the child's 2<sup>nd</sup> birthday) and Chlamydia (yearly starting at age 16)

**Annual Dental Visit:**

- Ages: 2-21 years
- Yearly visit to the Dentist

**Annual dental visits may include:**

- Evaluation of overall health and oral hygiene
- Cleaning, if indicated

**Please note:** DCF requires a dental visit two (2) times per year for children ages 3 and up

- Visit must be with a Sunshine dental practitioner
- Mobile dentistry is included, provided that the dentist is a Dental Health and Wellness/Sunshine provider and that the dentist submits the correct claim to Sunshine

**HEALTHCARE AND WELLNESS EVENTS BY AGE RANGE**

Event	Birth	1-2 months	4 months	6-9 months	12-23 months	2-10 years	11-12 years	13-15 years	16-21 years
Comprehensive Well Care Visits	3-5 days	1 month	4 months	6 months	12 months	Yearly	Yearly	Yearly	Yearly
		2 months		9 months	15 months				
Age-specific Screenings		Hep B		Hep B	Dtap	Dtap	Meningococcal		Chlamydia Screening (Yearly)
			Hep B	Hep B	Dtap			Meningococcal booster	
			Dtap	Rotavirus	Hep B	Hep B	IPV (Polio)	Tdap	
			Rotavirus	Hep B	Hep B	Pneumococcal	Influenza (Yearly)	HPV (3 dose series)	
			Hib	Hib	Hib	Influenza	MMR		
			Pneumococcal	Pneumococcal	Pneumococcal	MMR	Varicella		
			IPV (Polio)	IPV (Polio)	IPV (Polio)	MMR			
					Influenza	MMR			
					Hep A	MMR			
					IPV (Polio) (2 dose series)	MMR			
Dental Exam						Yearly	Yearly	Yearly	Yearly

**Hep B:** Given at 4 months (if not given at birth)

**Rotavirus:** Rotarix<sup>®</sup> is a 2 dose series; RotaTeq<sup>®</sup> is a 3 dose series & Rotarix<sup>®</sup> is a 2 dose series

**Hib:** If PrevnarHib<sup>®</sup> or ComVax<sup>®</sup> is given at ages 2 & 4 months, a dose at 6 months is not required

**Influenza:** For children aged 6 months through 8 years, children need 2 doses (separated by at least 4 weeks) if they are receiving the flu vaccine for the first time

**QUESTIONS REGARDING YOUR CHILD AND THE NECESSARY SERVICE:** Please contact your local Community Based Care (CBC) Lead Agency

# **SECTION 4**

**Fire Drill Logs**

**Mileage Letter**

**Mileage Forms**

**Psychotropic Medication Reminder**

**Medication Acknowledgment Form**

**Medication Log**

### **Fire Drill Logs**

- Fire drills shall be conducted a minimum of two (2) times per year and within 72 hours of each new placement.
- The licensed out-of-home caregiver shall maintain a log of fire drills conducted, including the date, beginning and ending time, specific location and participants' names.

### **Mileage Logs**

- All forms must be originals (no faxes or photocopies). Form must be signed and dated.
- Mileage needs to be submitted monthly. Mileage submitted beyond ninety (90) days will not be paid.
- Incidentals are not reimbursable (ie: snacks, lunch, and dinner). Tolls are reimbursable but receipt must be provided with your mileage forms.
- There are always exceptions that can be made under certain circumstances. Speak with your licensing agency who can request an exception be made to Children's Network and such requests will be considered on a case by case basis.



## FIRE DRILL LOG

DATE	TIME		SPECIFIC LOCATION	INITIALS OF PARTICIPANTS		COMMENTS
	BEGINNING	ENDING		ADULTS	CHILDREN	

Fire drills shall be conducted a minimum of every (6) months and within seventy-two (72) hours of each initial placement. The licensed out-of-home caregiver shall maintain a log of fire drills conducted, including the date, beginning and ending time, specific location and participants' names.



Dear Foster Parent(s):

In an effort to meet requirements with the State, please find enclosed a new Travel Voucher Reimbursement form. Going forward, please complete this form in full and sign and date at the bottom. ***This is the only form that you will need to submit to be reimbursed as we have condensed the two original forms into one easier to complete form.*** An important change to note is the spot on the form to list the child's first and last name - as this is now required. Please make copies of the form for future travels as necessary.

Mileage is intended for activities that are related to functions of foster parenting. Examples of ***acceptable*** mileage are visitation, court, doctor appointments, dentist appointments, therapies, tutoring, WIC and other activities related to case plan tasks (meals and lodging are not covered expenses). ***Unacceptable*** mileage would be drop off/pick-up for respite, grocery shopping, prescription drop off/pick-up, daycare registration, daycare drop off/pick-up, school registration, school drop off/pick-up, before/after school camp, summer camp, and extra-curricular activities (soccer practice, gymnastics, ROTC, etc.), unless, there are extenuating circumstances that have been ***pre-approved*** by the Licensing Supervisor and the Children's Network. In addition, any mileage for travel ***outside of the five (5) county regional must be pre-approved*** by the Licensing Supervisor and the Children's Network.

Please submit travel mileage ***monthly*** and note that ***mileage submitted beyond 90 days will not be paid.*** Continue to submit your forms to your licensing agency so that they can be reviewed, authorized, and submitted to fiscal for payment. As always, ***we require the original forms and receipts for reimbursement purposes.***

Thank you for all that you do for the children in our area and if you have any questions, please feel free to call our Licensing Department at #239-461-8373 or email to [nbeeson@cnswfl.org](mailto:nbeeson@cnswfl.org).

239-461-8373 | fax 239-461-7637 4150 Ford Street Ext. Suite 1A | Fort Myers, FL 33916



The Children's Network of Southwest Florida is sponsored in part by the State of Florida, Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community in building and maintaining a child protection system that promotes safety and stability for children and families.

**Joining Parent  
Voucher for Reimbursement  
Mileage Expenses**

**Traveler:**  
Street of Residence:  
City of Residence:

**Branch:** Citrus's Network of SW Florida  
Program/Department C

Travel Date	Address Destination	State Detail Purpose of Travel	Odometer Reading Begin	Odometer Reading End	Miles Claimed	Child First Last Name	FSFH Child ID
<p>Page 1 Total Miles: 0.00                      Carry forward from Supplemental Page 3: 0.00</p>							
<p><b>Traveler's Signature:</b> _____ <b>TITLE:</b> _____ <b>DATE:</b> _____</p> <p><b>WAVECARE'S SIGNATURE:</b> _____ <b>TITLE:</b> _____ <b>DATE:</b> _____</p> <p>State of Florida or its delegate and was performed for the purposes stated above</p>							
<p><b>GENERAL INSTRUCTIONS:</b></p> <ul style="list-style-type: none"> <li>1. Mileage must be submitted at the end of each month. Mileage submitted beyond 30 days will not be paid.</li> <li>2. Mileage is calculated based on the number of miles between the beginning and ending odometer readings.</li> <li>3. Mileage is calculated at a rate of 14 cents per mile.</li> <li>4. Mileage is not claimed for travel to or from work.</li> <li>5. Mileage is not claimed for travel to or from school.</li> <li>6. Mileage is not claimed for travel to or from a child care facility.</li> <li>7. Mileage is not claimed for travel to or from a religious institution.</li> <li>8. Mileage is not claimed for travel to or from a social gathering.</li> <li>9. Mileage is not claimed for travel to or from a medical appointment.</li> <li>10. Mileage is not claimed for travel to or from a court hearing.</li> <li>11. Mileage is not claimed for travel to or from a funeral home.</li> <li>12. Mileage is not claimed for travel to or from a funeral home.</li> <li>13. Mileage is not claimed for travel to or from a funeral home.</li> <li>14. Mileage is not claimed for travel to or from a funeral home.</li> <li>15. Mileage is not claimed for travel to or from a funeral home.</li> <li>16. Mileage is not claimed for travel to or from a funeral home.</li> <li>17. Mileage is not claimed for travel to or from a funeral home.</li> <li>18. Mileage is not claimed for travel to or from a funeral home.</li> <li>19. Mileage is not claimed for travel to or from a funeral home.</li> <li>20. Mileage is not claimed for travel to or from a funeral home.</li> </ul>							

Service	Amount \$	DATE APPROVED:
1		
2		
3		
4		
5		
6		
7		
8		
<b>Total</b>		<b>\$0.00</b>

**GENERAL INSTRUCTIONS:**

- 1. Mileage must be submitted at the end of each month. Mileage submitted beyond 30 days will not be paid.
- 2. Mileage is calculated based on the number of miles between the beginning and ending odometer readings.
- 3. Mileage is calculated at a rate of 14 cents per mile.
- 4. Mileage is not claimed for travel to or from work.
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- 7. Mileage is not claimed for travel to or from a religious institution.
- 8. Mileage is not claimed for travel to or from a social gathering.
- 9. Mileage is not claimed for travel to or from a medical appointment.
- 10. Mileage is not claimed for travel to or from a court hearing.
- 11. Mileage is not claimed for travel to or from a funeral home.
- 12. Mileage is not claimed for travel to or from a funeral home.
- 13. Mileage is not claimed for travel to or from a funeral home.
- 14. Mileage is not claimed for travel to or from a funeral home.
- 15. Mileage is not claimed for travel to or from a funeral home.
- 16. Mileage is not claimed for travel to or from a funeral home.
- 17. Mileage is not claimed for travel to or from a funeral home.
- 18. Mileage is not claimed for travel to or from a funeral home.
- 19. Mileage is not claimed for travel to or from a funeral home.
- 20. Mileage is not claimed for travel to or from a funeral home.





**Reminder to ALL OUT OF HOME CAREGIVERS**  
**Re: Psychotropic Medications**

- Administration of psychotropic medications to a foster child requires either consent from the parent or an order from the dependency court. If you do not have a copy of the court order/consent, please contact the Case Manager or CPI prior to administering medications.
- If a child in your care has a scheduled medication management or other psychiatric appointment, notify the child's Case Manager of the date and time of the appointment so that they can facilitate the parent's involvement in the appointment if possible. The parent must speak to the doctor to get information in order for informed consent to occur.
- **NEW MEDICATION OR DOSAGE CHANGE REQUIRES A NEW CONSENT/COURT ORDER**  
If the doctor makes any changes to the medication, you cannot / should not start a child on a new medication or change a medication dose without parental consent or court order; exception is granted if the dosage change is within the range for which consent /court order was previously obtained. If the doctor advises that delaying the medication will be harmful to the child, immediately contact the Case Manager or Case Manager Supervisor for direction. If the doctor gives you a new prescription of any kind contact the Case Manager immediately for instruction.

**MEDICATION ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_ the caregiver for \_\_\_\_\_, acknowledge receipt of the following medications upon taking the child into my home.

The following medications:

Medication Name	Dosage, Times & Instructions	# Refills Remaining	Quantity Received

- Explanation by the staff member of how to administer the medication
- Physician's Medical Report
- The child's resource record

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_



Child's Name:		Allergies (Red)		Signature:		Initials:		Month:		Year:		Placement Date:																									
Name of Placement:																																					
<b>Medication 1</b>		Time Medication Given		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Prescribing Doctor's Name:																																					
Medication Name:																																					
Dosage:																																					
<b>Medication 2</b>		Time Medication Given																																			
Prescribing Doctor's Name:																																					
Medication Name:																																					
Dosage:																																					
<b>Medication 3</b>		Time Medication Given																																			
Prescribing Doctor's Name:																																					
Medication Name:																																					
Dosage:																																					
<b>Medication 4</b>		Time Medication Given																																			
Prescribing Doctor's Name:																																					
Medication Name:																																					
Dosage:																																					

If a medication is not given, put an (X) in the box. Put a (S) in the box if administered and child had side effects. On the next page, explain why the medication was not given or the side effect. For examples: Child sick - Child refused - Ran out of medication. If medication is missed more than two doses, call the prescribing doctor.



# **SECTION 5**

**Caregivers and the Courts**

**Hearing Your Voice**

**Caregiver Input Form**

**Permanency Options**

# CAREGIVERS AND THE COURT



## Your Right To Notification And Communication

Caregivers are respected, valued partners in the dependency legal system. You have a right to:

- ❖ Advance notice of court hearings
- ❖ Be heard in court
- ❖ Ask questions about the case plan
- ❖ Respectfully share your opinion



## Attending Court Hearings

### What to Expect:

Court hearings are set a minimum of every 6 months; however, there are usually more hearings at the beginning of a case. The conversation in court will center around the safety, permanency, and well-being of the child. The court will assess whether the parent has benefited from services and demonstrated the protective capacities necessary to safely return the child to his/her family.

### How to Prepare:

- Feel free to contact your case manager or children's legal services\* (CLS) attorney prior to the hearing to ask any questions.
  - Once you arrive, ensure that the case manager and CLS attorney know that you are present and inform them if you would like to address the court.
- If you are unable to attend court, request a Caregiver Input Form and return it to the case manager prior to court so that it can be incorporated into the case documents.

### What to Share:

Below are some S.M.A.R.T. Ideas for Issues you may want to share in court:

**S**chool related issues

**M**edical or psychological needs

**A**adjustment in your home

**R**equests for services

**T**ravel order requests



*As the caregiver trusted to provide quality parenting to a child in the dependency system, your opinions and observations are valuable to the court.*

\*In some regions this is managed through the Office of Attorney General or the Office of the State Attorney.

# CAREGIVERS AND THE COURTS



**Juvenile Dependency Proceedings  
for Foster Parents and  
Relative Caregivers**



## **A Primer for Florida Foster Parents and Relative Caregivers**

Federal law now gives foster parents (including pre-adoptive parents) and relatives caring for children the right to be heard in court, subject to certain restrictions. As a foster parent or relative caregiver, you are an important member of the team caring for a dependent child. You may have valuable information that would help the court make its decisions. If you want your information to have the greatest chance of being heard by the court, it is important for you to understand the legal issues judges face at different types of hearings about the child, how to assess whether certain information is appropriate for the court process, and how best to present it to the court.

This brief manual provides general information about the court process as well as, in the last section, some specific suggestions on how you can participate in the process. By providing the juvenile court with current, detailed information, you can help the court to make the best possible decisions about the child in your care.

### **I. THE COURT PROCESS:**

#### **How a Case Gets to Court**

The dependency process begins when someone reports suspected child abuse or neglect. An investigation is done by the Department of Children and Families. If the investigator believes that the child's safety requires immediate removal from the home, a petition for shelter is filed and heard by the Court within 24 hours of the child's removal. If the investigator believes that a child is in need of court protection, either with or without removal from the home, then a petition is filed to declare the child a dependent of the court. This petition is called a **Petition for Adjudication of Dependency** and alleges facts that the investigator believes are the basis of the need for protection.

#### **Initial Hearing**

As noted above, within 24 hours after a child is removed from a parent, the juvenile court holds an initial court hearing, called the **shelter hearing**. This hearing is the court's first chance to hear about the situation that brought the family to the attention of the Department of Children and Families (DCF). At the shelter hearing the judge decides whether the child's safety requires that they be removed from their home until legal proceedings take place on the allegations of abuse or neglect filed against the parent(s), and whether the safety of the child requires that they should stay in shelter, in the temporary custody of a relative, appropriate non-relative, or licensed foster home.

#### **Adjudicatory Hearing**

The child's parents have a right to a trial on the allegations of abuse or neglect charged against them. At this hearing, the court receives evidence and determines whether the allegations of abuse or neglect are true. If it decides that they are, then the court sustains, or upholds, the petition. To do this, the court must determine whether the alleged abuse, neglect or abandonment fits the maltreatment descriptions in Chapter 39, Florida Statutes, which authorizes the court to intervene for a child's protection.



### **Disposition Hearing**

If the court declares that the child is a court dependent, the judge then decides whether the child should remain with a parent or be legally removed from the parents' care. If the child is removed from the parents, the court then considers who should care for the child. Some children live with a legal guardian. If a child is removed from a legal guardian, the court follows the same process as if the child were removed from a parent. The court must consider relatives as the first placement alternative. If placement with a relative is not possible, the child is usually placed in a foster home. In most cases, the court orders a reunification plan for the parents so that the child can return home. A reunification plan describes the responsibilities and duties of both the social services department and the parents to remedy the problems that caused the child's removal. At the disposition hearing the court can also make orders about visitation, issue restraining orders, and make any other orders the judge finds are in the best interest of the child.

**The decisions that are made at the disposition hearing focus on the parents' ability to provide care for the child and on services the child and family need in order to reunify as soon as possible; input by a foster parent or relative caregiver is usually not appropriate. However, in cases where the child has been in your home for many months, you may have information about the child's needs that could assist the court.**

### **Six-Month Review Hearing (JRSSR)**

The juvenile court must review the cases of all children placed in foster or relative care at least once every six months. At the first review hearing, information is given on the parents' progress with their reunification plan and on how the child is doing in foster care. The court may return the child to his home or may order that the child continue to live in a relative's home or a foster home. As the child's foster parents or relative caregivers, you must be given notice of this hearing. The notice must tell you that you may attend all hearings or submit to the court, in writing, information you believe to be relevant.

**Foster parents or relatives caring for a child often have valuable information about the child's physical, emotional, educational, and social development. This kind of information may help the court to understand the child's needs. If you have been supervising visits between the child and a parent, you may also have some information about the parent's progress to relay to the court at the review hearing.**

### **Permanency Hearing**

A permanency hearing must be held within 12 months of the date the child entered out-of-home care. The court will decide if the child can safely be returned home or if efforts to reunify the child with his birth family should end. In some cases, the court may decide to continue trying to reunify the family. It is important to remember that terminating reunification services does not terminate parental rights. The child's parents are often able to continue visits and other involvement with the child even if the court terminates reunification services. If the child cannot return home, another permanent plan will be selected at the permanency hearing. That plan could be adoption, Permanent Guardianship, Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement. The preferred choice is the most permanent home

possible for the child, so the court considers first adoption. Foster parents and relative caregivers are given notice of the permanency hearing in the same way they are given notice of the review hearing.

**You may have information about the child's physical, emotional, educational, and social development while in out-of-home care that will be helpful to the court at this stage of the proceedings.**

### **Post-Permanency Review Hearings**

A hearing is held every six months to update the court on the child's progress and needs. This continues until either the child is adopted or until the supervision over the child's placement is terminated by the court. Foster parents and relative caregivers are given notice of the hearings in the same way they are given notice of review and permanency hearings. Once a year, the court must address whether or not the permanent plan for the child continues to be appropriate. The court can add or modify orders until the child turns 18 or until supervision is terminated.

**Information focused on the child's physical, emotional, educational, and social progress may assist the court in deciding issues having to do with the child's placement, services to the child, and visitation.**

## **II. HOW YOU CAN PARTICIPATE IN COURT HEARING:**

### **Federal Law**

The Adoption and Safe Families Act, passed says that foster parents, pre-adoptive parents, and any relative providing care for a child must be given notice of, and the opportunity to be heard in, any review or hearing to be held with respect to the child. It does not require that foster parents, pre-adoptive parents, or relatives providing care for a child be made parties to the action. This means that, although caregivers can go to court and present information, they do not have the same legal rights as DCF, the child's birth parents, or the child. Caregivers are not required to attend court under law.

### **Information the Court May Consider Helpful**

The information you provide is meant to assist the court in making decisions about the child in your care. Following are some types of information that the court may find useful. You do not need to address all of these, only the ones important to the child's case. It is helpful to provide factual information, describe behavior you have observed in the child, and present information about the child's needs. In general, you should focus on giving firsthand information about the child in your care and not offer opinions about other people involved in the court process (for example, the social worker, the child's birth parents, and the attorneys involved in the case).

#### **1. PLACEMENT INFORMATION**

- The date the child came to your home and a brief description of the child's physical and emotional condition at that time.

#### **2. MEDICAL INFORMATION**

- Doctor visits or hospitalizations since the last court hearing, and the results of those visits.
- Any medications the child is taking, and the dosages.

- Any adverse reactions the child has had to medical procedures or medications.
  - A brief description of the child's physical development, and any developmental lags you have observed.
- 3. DENTAL INFORMATION**
- Visits to the dentist since the last court hearing, and the results of those visits.
- 4. EDUCATIONAL INFORMATION**
- The child's grade in school, and whether the child is performing at grade level.
  - The dates of any school conferences you have attended, and the results of those conferences (especially if the child is in special education classes).
  - Any educational testing the child has had, who administered the testing, and the results of the testing.
- 5. BEHAVIORAL INFORMATION**
- A brief description of the child's behavior in your home.
  - Any services the child is receiving to address behavioral difficulties, who is providing the services, and how often the child goes for the services.
  - A brief description of how the child expresses his needs and feelings and how he calms himself.
- 6. CHILD'S SPECIAL INTERESTS AND ACTIVITIES**
- A brief description of any special activities the child participates in (Scouts, music lessons, church groups, etc.) and how often the child participates in them.
  - A brief description of any talents, interests, hobbies, or skills you have observed in the child.
- 7. VISITATION**
- The dates of visits between the child and her parents or other family members.
  - If you supervised the visits, a brief description of the behaviors of the child and the other family members present at the visits. *Carefully describe only the behavior. Do not comment on the reason for the behavior.*
  - A brief description of any arrangements for sibling visitation.
  - The dates of any telephone contacts between the child and the child's parents or other family members.
- 8. PROFESSIONAL CONTACTS**
- All in-person and telephone contacts between you and the child's social worker.
  - All in-person and telephone contacts between you and the child's attorney.
  - All in-person and telephone contacts between you and the child's Court Appointed Guardian Ad Litem (GAL).
- 9. RECOMMENDATIONS**
- A brief description of any services you believe the child would benefit from, and why.

**Written Reports or Court Attendance?**

Remember that judges have a small amount of time to listen to the people attending the court hearing and to make decisions about the child. Some judges prefer to have information from caregivers submitted in writing to the court before the hearing. Any reports you submit will be distributed to all the other people involved in the case. Written reports should be short (a few pages) and well organized, with headings. Reports should present only facts—never opinions. If you want to submit a written report, send it to the child welfare case manager as soon as possible after you receive notice of the hearing. You may also want to send a copy to the GAL (if the child has one). Some judges may limit your attendance at court to answering any questions he or she has about the child. Others may allow you to make a short statement. **Remember, the court has a limited amount of time, and your comments should be short and to the point.**

### **Local Court Culture**

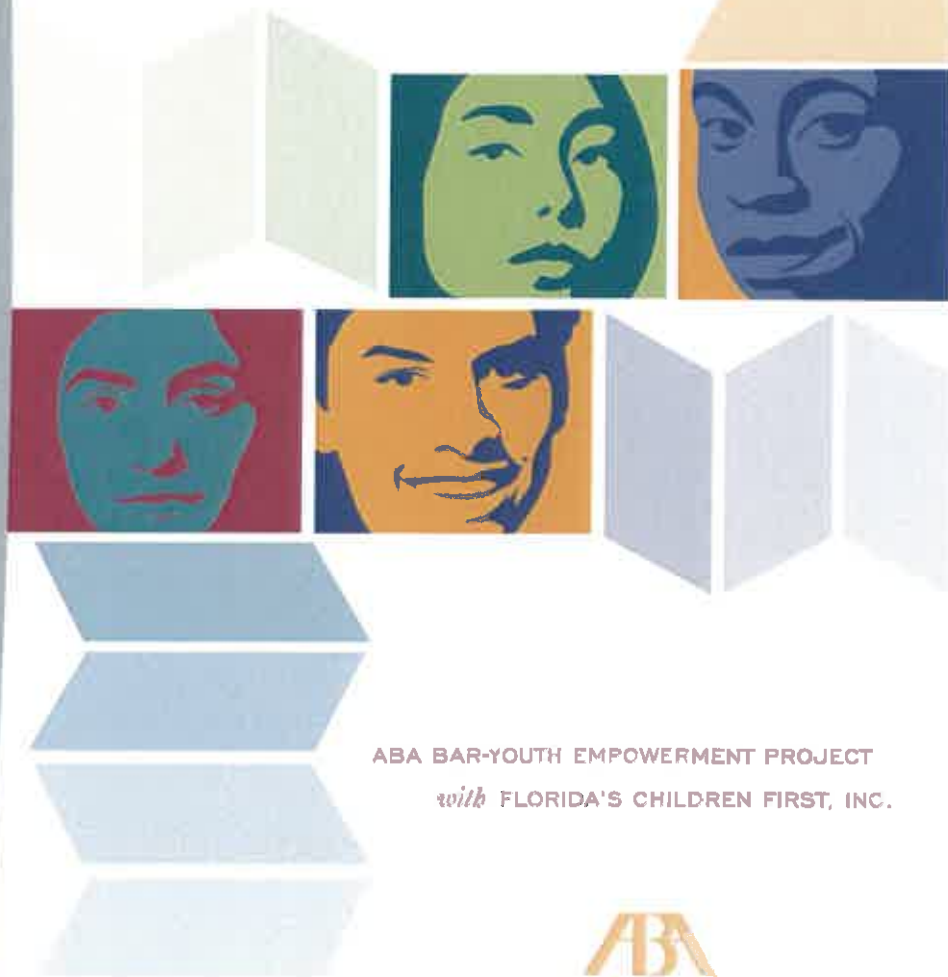
The information presented here is a general overview of the dependency process and how you can participate in it. It is important to understand, however, that each judge has procedures and rules about what happens in his or her courtroom. Before submitting written material or attending court proceedings, you should check with your child welfare case manager about appropriate procedures in your local juvenile court. Foster parents and relative caregivers are important members of the team providing care for dependent children. Your goal should be to give the juvenile court current, detailed information about the child. In doing so, you can assist the court in making the best possible decisions about the child in your care.

### **Testifying In Court**

Foster parents and relatives caring for children are sometimes called as witnesses in dependency court proceedings. If you are to be called as a witness, one of the attorneys involved in the case will generally contact you to tell you that he or she plans to ask you some questions in court. In some cases, you may receive a subpoena (a legal document the court issues telling you when and where you must come to court). In court, after taking an oath to tell the truth, a witness sits in the witness stand and answers questions from one or more attorneys about what he or she saw or (sometimes) heard.

# HEARING YOUR VOICE

A GUIDE TO YOUR  
DEPENDENCY COURT CASE



ABA BAR-YOUTH EMPOWERMENT PROJECT  
*with* FLORIDA'S CHILDREN FIRST, INC.



# HEARING YOUR VOICE

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ABA BAR-YOUTH EMPOWERMENT PROJECT  
*with* FLORIDA'S CHILDREN FIRST, INC.





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## NAMES & NUMBERS

*(Take a minute to ask the people involved in your case for their phone numbers and write them down here so you have them in one place.)*

**Judge/Magistrate:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_

**Independent Living Caseworker:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Lead Agency Caseworker:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Child Protective Investigator:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Guardian ad Litem (GAL):** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Education Advocate:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Children's Legal Services (CLS) Attorney:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Other:** \_\_\_\_\_  
**PHONE NUMBERS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

## COMMON QUESTIONS

### **Why was I removed from my home?**

The law requires parents to take care of children. (Many children are cared for by people other than a parent. In this booklet, we use the term "parent" to refer to whoever was legally responsible for caring for you when the state took you from your home. We mean the word to include parent, relative, legal guardian, custodian, or anyone else with whom you were living.) This responsibility includes protecting you from harm, providing you with enough food, making sure you have clothing, taking you to the doctor, and making sure your home is safe. If your parent has not provided you with what the law requires or has not properly supervised you, you may be removed from your home until your parent can properly care for you. If you are removed from your home, you will have a child protective investigator, and later a caseworker, to help you.

### **What happens after I am removed from my home?**

Within 24 hours after you are removed from your home your parent will be asked to appear in court. At the first hearing, the judge decides if you can safely be returned home or must stay somewhere else for a time while your parent learns how to adequately care for you and keep you safe. In most instances, your parent will have a lawyer to help him or her while the case is in court. In some cases, the judge will appoint a guardian ad litem (GAL) to help the court understand what is in your best interests, what you need, and whatever you may have told the GAL you want. Sometimes, the judge may also appoint an attorney to represent you. If you don't have your own lawyer, there will also be a lawyer from Children's Legal Services, who represents the state. You can also ask that lawyer questions about what is happening in your case.

### **Where will I live now?**

If a relative, such as your grandparent or aunt/uncle, or a family friend can take care of you, you may be able to live with them. If you know a responsible relative or other adult who might let you stay with them, tell your caseworker, the child protective investigator, or the judge. If that's not possible, another place will be found for you to live.

### What is a guardian ad litem (GAL)?

The court may appoint a person called a guardian ad litem (GAL) for you to help the judge understand how to keep you safe, meet your needs, and decide what is best for your future. If you have a GAL, that person will meet with you, read your records, and talk with others to learn about you and make recommendations to the court. GALs can work to get help you may need. Your GAL is a good person to talk to about how your placement is going and how school is going. If you are having any problems at your placement or at school, let them know and ask for help. You should know that they do not have to keep what you say private. They may have to share what you tell them with others in the case. The GAL must tell the court your wishes, so make sure you tell the GAL what you want. If you and the GAL disagree about what should happen in your case, you can ask the judge to also appoint a lawyer to represent you and advocate for your wishes.

### Will I get to see my parent?

In most cases you can have contact with your parent. Sometimes your parent must do certain things before you can have contact with him or her. The judge will decide when, where, and how often you get to see your parent. These visits may be alone, or other people may also be there. As things get better in your case, you may get to see your parent more often.

### Will I get to see my siblings?

In most cases you will be able to have contact with your brothers and sisters, and in most cases you should be in the same placement with them. The exception is if one of you has hurt the other. Always be sure to let your caseworker, GAL, attorney, or if you don't have an attorney, the Children's Legal Services (CLS) lawyer know that contact with your siblings is important to you so they can tell the judge. If there is some reason why you cannot see your brothers and sisters, think about asking whether you can contact them another way, like on the phone or through e-mail. The judge will consider your wishes when making his or her decision on visits or contacts.

### **Will I get to stay in my same school?**

Your education is very important and everyone involved with your case needs to know how much it matters to you. Make sure to tell your caseworker, GAL, and the judge if you want to stay in your same school. Also, if for some reason you must change schools, and haven't been enrolled yet, you need to let the judge know right away. If you are having any problems at school, be sure to tell the people involved in your case so they can get you any help you might need. If the problems continue, you may want to ask the judge to appoint an attorney to help you get things worked out with the school.

### **Why do we keep going to court?**

The judge wants to help you return home as soon as possible. If that is not possible, the judge wants to help you find a permanent home. The law requires the judge to hold regular court hearings so he or she can check on everyone's progress on the case plan and especially encourage your parents to make progress.

## WHAT HAPPENS IN COURT?

### **What are the different court hearings?**

There are several different kinds of court hearings and it is important for you to know what happens at each one. For more information about the different kinds of hearings, please see the descriptions at the end of this guide. Always try to attend the different hearings, and make sure you tell the judge what you want. Talk with your caseworker about how to get to court—your caseworker is responsible for making sure you have a way to get there. You are supposed to be given a GAL to help look out for your best interests, so make sure to request one if you don't have one already. Also, you are always allowed to request an attorney to help you, but you may not always be given one.

### Who is in court?

Court is not exactly like you see on television, but there are lawyers and witnesses and a judge. The lawyer for the state presents the facts and leads the discussion about the case. Their job is to keep children safe and get them home or to a permanent place as soon as possible. They “represent the state” or the government’s interest in seeking justice and doing what is in your best interests. Your parent likely has a lawyer—one will be appointed if your family cannot afford one. The GAL program has a lawyer who works with your GAL to advocate for your best interests in court. If you have a lawyer, he or she will advocate for what you want to see happen in your case. There is a judge, usually a court clerk, and a bailiff (a police officer) to assist the judge. Sometimes there are also caseworkers, therapists, and foster or group home parents. It can get to be a real crowd, all working to find what is in your best interests! It is important to remember that it is the judge who finally decides what is in your best interests.

### Can I go to court?

- **Yes! You have the right to attend your court hearings, and you should be notified of your hearings.** If you want to talk to the judge, tell your caseworker and your GAL. If you do not want to go to court for some reason, you can write a letter to the judge and give it to your caseworker or GAL. They will give it to the judge for you. You might want to ask your caseworker, GAL, attorney, or the CLS lawyer if you could talk to the judge by telephone during the hearing if you are not able to take the time away from school or your job to attend the hearing in person.
- **You know yourself best.** You know what you need and want. You are the expert on yourself and can help the judge understand you and your needs, so going to court and speaking to the judge is always a good thing for you to do for yourself.
- **Remember:** You might not get exactly what you want from the judge, but the judge will consider what you have to say in determining what is in your best interests.

### Can I schedule a court hearing if I want to talk to the judge?

Yes. You have the right to schedule a court hearing if you want to talk to the judge. If you have a GAL or attorney, they can schedule a court hearing for you. You can also call the judge’s office and ask the judge’s assistant to



please schedule a court hearing in your case. The judge's assistant will be able to give you a date and time when the judge is available. Ask the judge's assistant to please help you contact the other people involved in your case, as they need to know about the court hearing you schedule. If you do not know the name or contact information for your judge, then you can call your local GAL program or the office of your local court clerk. Let them know that you are a foster youth, give them your name and date of birth, and ask them to please give you the contact information for the juvenile court judge for your dependency case.

### What should I say and how should I act in court?

- **Dress for court.** Everyone in court will be dressed up. Lawyers wear suits to court, so you may feel more comfortable if you dress up a bit. School clothes are ok, but try to look as neat as possible.
- **It's ok to be nervous.** Everyone gets nervous the first time they go to court. Think about what you want to say in advance. Write down your questions to remind yourself what worries you or what you want to say.
- **Be on your best behavior.** Court is very formal and no one speaks unless the judge gives permission (like a strict teacher!) If you do not have your own lawyer, you should talk to your GAL, caseworker, or the CLS lawyer about when you can speak. If you have something to say and are afraid the judge won't get to it, ask for permission to speak or raise your hand.
- **Speak respectfully.** When speaking to the judge, people say "Your Honor" as a symbol of respect. Court is not the time to call people names or punish those people who have made you angry. Always be respectful!
- **Don't be afraid to ask for what you want.** You can also ask about anything that is bothering you and about what is happening in your case.
- **Tell the truth.** When you are called on to talk, the judge may ask if you know the difference between the truth and a lie. He or she may ask you to promise to tell the truth, the whole truth, and nothing but the truth. The truth is always important, and never more important than when you are in court. So help yourself and everyone in court by sticking to facts. Don't exaggerate the good or the bad. Tell what you know, not

what someone else has told you.

- **Stick to what you know.** No one expects you to know everything! If you are asked a question and do not know an answer, just say “I don’t know.”
- **Make sure you understand what happened in court.** After you are done with court, if you do not have your own lawyer, ask your caseworker or GAL about what happened. You can also ask the GAL lawyer or CLS lawyer for his or her phone number, to ask that lawyer questions. Make sure you understand everything, especially everything in the court order. Do not be afraid to ask questions so you understand what is going on and what the judge decided.

### How does everyone know what the judge decides?

Judges write down their opinions, complete with the reasons for a decision, and give them to everyone in the case. (You can have a copy, just ask.)

When a judge decides someone has to do something and writes it down, it is called an order. It will say what has to be done, who will do it, and when it has to be done. If someone named in an order does not do as the court said, they can get in trouble. So, if a judge orders you to do something, be sure to do it. If someone is supposed to do something for you in an order and it is not being done, tell your attorney, GAL, the CLS attorney, or the judge.

### How does the judge decide if I should go home?

The judge’s job is to decide what is in your best interests and make sure you are always safe. Before making a decision, the judge will listen to what your caseworker has to say. The judge will also listen to and read the reports from your GAL, your parent, your parent’s attorney, your relatives, and many other people who care about you. The judge will also listen to what you have to say. After hearing from everyone, the judge will decide where you should live. Remember, the judge will make a decision based on what everyone says and what is in your best interests.

### REMEMBER

You have the right to go to court and should always try to attend. Ask your caseworker to help arrange for you to get there. If you cannot go for some reason, or you do not want to go, then you should ask your caseworker, GAL, attorney, or the CLS lawyer if you could talk to the judge by telephone during the hearing. You can also write a letter to the judge asking questions and explaining what you want. (But, remember that this letter won't be private).

You should be given a GAL to help you and help the court decide what is in your best interests. If you don't have one, you should request one.

You can also be given an attorney for your case. If you would like one, ask the judge.

Your caseworker and GAL are there to help you in any way they can. Don't be afraid to ask them questions about what is happening. You can also ask them to include things in their reports to the court. But remember, your caseworker and GAL cannot keep what you say private.

School is important! Go to school and do the best you can. If you are having trouble in school, ask for help! Talk to your caseworker, GAL, attorney, or guidance counselor about it. Bring up your concerns in court if no one addresses them before you get to a hearing.

If you are placed away from your brothers and sisters and wish to keep in contact with them, your caseworker should arrange for you to keep in touch.

The judge in your case works very hard to make decisions that are in your best interests. *Let the judge know what is important to you!*

If you have any concerns about how you are feeling, or if you are unsure about what is going to happen to you or your family, talk to someone who is working with you in your case. If you don't have anyone in your case who you want to talk to, find a friend or trusted adult who could give advice.

Take a minute to ask the people involved in your case for their phone numbers and write them on the first page of this guide.

## WORDS TO KNOW

The words people use in court can be confusing. It would be better if everyone used simple words. Also, some people who work with you may use the first letter of words—called acronyms—(like “JR” instead of Judicial Review or “GAL” instead of guardian ad litem). If you don’t know what the words mean, ask. To help you out, we have defined some of the most used words for you.

**Agency:** A name used to refer to the Department of Children and Families or the private contract agencies who work for them.

**Attorney ad Litem/Child’s Attorney:** An attorney appointed by the judge to advocate for you and tell the court what you want and what you need. The Attorney ad Litem is your attorney, represents only you, and has a duty to keep what you say private, unless you say it is ok to tell. You can always ask the judge to appoint an attorney for you if you would like someone to help you or think you need one.

**Attorney for the State/Children’s Legal Services (CLS) Attorney:** The attorney who works for the Department of Children and Families. The attorney is usually called the Children’s Legal Services (CLS) attorney, but might also be called an Assistant Attorney General or an Assistant State Attorney. The attorney for the state files the legal paperwork and is responsible for starting the case about you and your family in court. They talk to the court about what the state thinks is in your best interests. Remember, the attorney for the state is not your attorney and cannot keep what you say private, but they are important in presenting all of the facts to the court.

**“Best Interests”:** The term everyone uses to describe what they believe is the right thing for you. The term means what people think will keep you safe and well.

**Case:** The name given to all information and papers about you and your situation. Remember, you are more than what some pieces of paper say.

**Case Plan:** A list of what needs to happen to help you and your family. Much of the case plan is aimed at what your parent needs to do for you to safely

return home, such as your parent going to counseling. Some of the case plan may talk about what you or the agency has to do, such as you attending school, or your caseworker visiting you and your family. Whatever is in the case plan should be completed so the judge can make sure you are safe and decide if you can go home. If you cannot safely go home, the case plan will be about what you need and who should help you. You should be asked to participate in writing your case plan, and if you are not asked, you can tell your attorney, GAL, or the CLS attorney.

**Caseworker/Case Manager/Care Worker/ChildNet Advocate:** A person whose job is to provide and coordinate services in your case and contact you and your family regularly. It is important for you to work well with the caseworker and tell her or him what you want and need. The caseworker attends all hearings and tells the court what kind of services you and your family need. Your caseworker also prepares most reports for the court (for example the case plan and judicial review report). You can tell them what you want to go into the court reports.

**Community-Based Care Provider (CBC):** The organization in your community that the Department of Children and Families has agreed will provide services to you and your family. Your caseworker may work for another agency that has a contract with the CBC.

**Court Hearing:** The judge listens to the people and attorneys in your case and decides what should happen to help you.

**Department of Children and Families (DCF):** The state agency responsible for child protection and many services for families and children.

**Dependency/Dependent:** The words used to describe what happens when a child has been abused, neglected, or abandoned and the state acts to protect the child and help the family.

**Extended Jurisdiction:** While most parents complete their case plans and children are allowed to go home, some parents are not able or willing to keep children safe. In those situations, the case will stay open until permanency is arranged or until the youth turns 18. If you are turning 18 and are still in out-of-home care, you can ask the court to extend its jurisdiction to help you

move to independent living or if you are having problems with your citizenship papers. Extended jurisdiction allows the court to continue to review your case and your GAL or attorney to stay active in the case. Also, you may be able to continue to receive services that are helpful to you. Ask your attorney, GAL, caseworker, or CLS attorney for more information about this option.

**Foster Parent:** Foster parents are trained and licensed adults who care for youth and must keep them safe until they can return home or live elsewhere.

**Guardian ad Litem (GAL):** GALs are specially screened and trained adults appointed by the court. They gather information about you and tell the judge what they think is in your best interests. They also tell the court what you want, so be sure to tell them. Remember, the GAL is not your attorney and cannot keep whatever you say secret. You are supposed to have a GAL, so be sure to tell the judge that you need one if you don't have one already.

**Guardian ad Litem (GAL) Program Attorney:** An attorney assigned through the GAL program to work with your GAL. You may see the GAL program attorney in court or at other important meetings. Remember, like your GAL, this person is not your attorney and cannot keep what you say private.

**Independent Living Program (IL):** This term refers to services that help you learn what you need to know to become a successful adult. These services should begin when you are 13. For youth age 18 and older, the program is often called "Road to Independence." If you are 13 or over, you should have a transition plan, including a "teen plan" or "normalcy plan," as part of this program and the plan should be developed with you to help you become a successful adult.

**Judge:** The judge is a lawyer who has been elected by his or her community to make difficult decisions in legal disputes. Judges work very hard to figure out what is in your best interests and how to keep you safe. Judges decide what should happen after listening to everyone involved in your case.

**Judicial Review Report:** This report is written by the agency to give to the court at judicial review hearings, which are held every six months. This report is about you. You should let your caseworker know what you think and what you want to go into the report. You can ask the caseworker to attach things to the report like certificates of achievement, letters, awards, and other impor-



tant items—but remember—everyone gets a copy of it. You should be given a copy of the report before the judicial review hearing, so make sure to ask your caseworker for it if you do not already have a copy. Also, if the caseworker does not give you the report, then make sure to tell the CLS attorney, your attorney or GAL, or the judge that you didn't receive a copy.

**Protective Investigator (PI)/Child Protective Investigator (CPI):** A person specially trained to spot abuse or neglect is called in the beginning of every case. The PI may work for the agency or for the local sheriff. The PI investigates what happened and reports to a team that decides if there is a big enough problem to remove you from your home for your safety. If there is a problem, the PI will take you to a safe place and help find a place to stay until a judge holds a hearing.

**Parent:** Many children are cared for by people other than a parent. In this booklet, the term parent refers to whoever was legally responsible for caring for you when the state took you from your home. A parent could include your birth parent, relative, legal guardian, custodian, or anyone else with whom you were living.

**Parent's Attorney:** A person who provides legal advice and guidance to your parent at every stage of the court process. The parent's attorney tells your parent about hearings they must attend and what to expect. They tell the judge what your parent wants and what your parent thinks is in your best interests. Remember, the parent's attorney is not your attorney and cannot keep what you say private.

**Permanency:** You will hear this word a lot during your court case, but it is sometimes not clear what it means. Everyone involved with the case is working towards permanency. Usually, permanency means you returning home once it is safe for you to be there. But, if it isn't safe for you to ever return home, permanency could mean adoption by someone else, living with a relative, or someone becoming your legal guardian. If none of these options are possible, permanency could be living on your own as an adult. If this option is the best one for you, the judge and others will make sure you have all the help you need to be a successful adult.

**Time is of the Essence:** These are words used to underline the urgency with which your case should be handled and your parent should complete his or

her case plan. Everyone is required to do things sooner rather than later so that you can go home safely or go to another permanent home as soon as possible. In fact, the law makes you part of the decision when someone wants to take more time to do something. You, or your attorney or GAL, can tell the court you do not want to allow more time in some situations. The law is so concerned with getting you home safely as soon as possible that the time for your parent to complete the case plan has been shortened to nine months unless there are special circumstances. Even in the beginning of a dependency case, you should be consulted about requests made for continuances or extensions of time.

**Transition Plan:** The transition plan helps you plan for your future. You decide what goes into this plan, with help from the people who are working with you and anyone else you choose. Many things should be in your transition plan, including your education and career goals. It should list everything you need to become a successful adult, including who will help you with those things. You can include a “normalcy plan” or “teen plan” to help everyone understand what you are allowed to do at home and school and with friends.

## COURT HEARINGS TO KNOW ABOUT

There are several different kinds of court hearings and it is important for you to know what happens at each. The hearings happen on a schedule set in the law because everyone agrees that “time is of the essence” in providing you with the things you need, including a safe and permanent home.

### Shelter Hearing

If you are removed from your home, a shelter hearing will be held within 24 hours. At the shelter hearing, the judge decides if you

- can safely return home, possibly with services to help your family;
- should stay with a relative or another adult who is able to care for you; or
- need to be in foster care for the time being.

If you cannot return home, the judge decides if you can see your parents and

siblings, and how often. If you know of a relative or a trusted adult who could provide you with a safe place to stay, let your caseworker and the judge know.

### Arraignment Hearing

The arraignment hearing happens after the shelter hearing. At this hearing, your parent will tell the judge if they agree with the state that you aren't safe at home, or whether they want a full trial to decide this question.

### Mediation

Mediation is not a hearing, it is a way of having everyone in the case talk and work together without having to go to court with the judge. This meeting gives everyone a chance to see if they agree how to keep you safe. Often at mediation, a case plan will be discussed. A case plan is a list of things that need to be done to help you and your family. If everyone agrees during the mediation, then the judge can make this agreement into an order.

### Trial (Adjudicatory Hearing)

If everyone in the case cannot agree during mediation, or if there was no mediation, then the case will go to trial. This trial is also called an adjudicatory hearing. At this hearing, your parents' attorney(s) and the attorney for the state (CLS attorney) will present information (called "evidence") and call witnesses who will be questioned by each attorney. Your GAL and your attorney may also present information and call witnesses. After the hearing, the judge will decide if the state has presented enough information to prove your parents could not keep you safe before you were removed from home. If the judge decides there was not enough information, the judge will close the case and you will go home. If the judge decides there was enough information to prove your parents could not keep you safe, the case will stay open and be scheduled for a disposition hearing.

### Disposition Hearing

At the disposition hearing the judge reviews the case plan recommendations from everyone involved with your case. To determine what is in your best interests, the judge decides what services you and your parents need, where you will live, and when and how often you can see your siblings and parents. At the disposition hearing, the court may

- allow you to go home, with a caseworker providing services to your family to make sure you will be safe or cared for adequately;
- order that you live in the home of your other parent, with a relative, with a nonrelative, or in a licensed foster home until you can safely return home;
- decide when, where, and how often your parents may contact you;
- order other things to keep you safe and well while your parents learn how to take better care of you.

### Judicial Review Hearings (JR)

This hearing is held at least every six months. These hearings happen after the disposition hearing. They allow the judge to check up on how everyone is doing on the case plan and decide if anything else needs to be done. At these hearings the judge will review where you are living, how often you are seeing your parents and siblings, and what services your family is getting. The judge will also decide whether you can return home.

### Termination of Parental Rights Hearing (TPR Hearing)

In most cases, after about nine months, if the Department of Children and Families (DCF) believes you cannot safely return home and your parents have not followed the court's orders or the case plan, the judge may hold a trial or hearing to decide if it is in your best interests to never return home. If DCF proves you cannot return home, the judge will end your parents' legal rights to you. DCF will then work to find you another permanent home by being adopted or living with a relative.

### Judicial Review Hearings for youth age 17 and over

If you are not returned home or adopted before you turn 17, there will be several hearings to make sure you have the skills to live on your own when you turn 18. The judge will want to talk to you about your plans, especially about finishing school, and getting a job and your own place to live. The judge also will talk to you about the Road to Independence program, which can provide you with some funding and services until you are age 23. Also, at one of these hearings, the judge can sign an order called "removing the disability of nonage." This order will allow you to set up a bank account, sign a contract for a lease, and sign up for utilities. Make sure you get a copy of this order. These hearings are especially important to help you successfully move out on your own! Remember that at these hearings you can ask the judge to

extend jurisdiction over your case until you are 19, so that the judge can make sure you are receiving the services you need to become an independent adult and have enough time to prepare to move on your own.

### **Hearing for change of placement**

A special hearing is held when someone wants to change the place where you live. You should go to this hearing and speak to the judge about where you think it will be best and safest for you to live. If you are moving from one foster home to another, the agency may not need to have this hearing.

### **Hearing for placement in a psychiatric facility**

A special hearing is held when someone working on your case recommends that you be placed in a residential treatment facility. If you do not agree with being placed in the facility, then the court must appoint an attorney to represent you. At the hearing, the agency must prove that you meet the requirements for placement in a residential treatment facility and that it is in your best interests to live in the facility. The judge will also listen to your opinion when making his or her decision, so be sure to tell the judge what you think, and make sure to cooperate with the attorney who is representing you. If you are placed in the facility, then you will continue to have review hearings every three months until you are removed from the facility. You have the right to participate in each review hearing and to have an attorney represent you if you disagree with your continued placement in the facility.

### **Hearing on psychotropic medication**

If your doctor prescribes medication for your mental health, and you or your parent does not want you to take the medication, a hearing will be held. Remember, you can tell your GAL, attorney, caseworker, or CLS attorney that you want to speak to the judge at the hearing.

## ACKNOWLEDGEMENTS

This publication was made possible by the *Bar-Youth Empowerment Project*, a project of the ABA Center on Children and the Law and the ABA Commission on Youth at Risk, in collaboration with Casey Family Programs and the Eckerd Family Foundation. The project aims to improve outcomes for youth currently in foster care, as well as young people who have aged out of care, by promoting youth participation in court cases that affect them and offering access to legal counseling and representation to youth in need of specialized legal assistance.

The project partnered with Florida's Children First, Inc. (FCF) to guide our work in Florida and develop this product. Under their tremendous leadership, the project is building the capacity of organizations and individuals in Florida to improve outcomes for youth before and after they age out of foster care. For more information, see [www.abanet.org/child/empowerment](http://www.abanet.org/child/empowerment).

This publication would not have been possible without the support of our national project partners, Casey Family Programs and the Eckerd Family Foundation. We are also grateful to the youth members of Florida Youth Shine for their helpful feedback and input throughout the development of this guide. Finally, we would like to thank the Florida Court Improvement Program for their gracious support of this publication, along with their willingness to disseminate it to youth in court. Florida's Children First wishes to thank The Florida Bar Foundation for its generous support which enables FCF to work on this project and many others that directly affect youth in state care and youth who have transitioned from state care.





Dear Caregiver,

We wanted to take a moment to thank you for your commitment to the child(ren) in your care. You are very important to them and to us. Your contributions to the child(ren) are critical and your input regarding their successes, challenges, and needs are always welcome and encouraged. As the caregiver you always have a right to be heard in court regarding the child(ren) in your care. A training was recently provided to staff in the child welfare system which in part addressed the importance of your input. This training is available to you to view in its entirety at:

<http://centervideo.forest.usf.edu/video/summit17/strengthinmy/start.html>

Some of the elements of this training specific to the rights of caregivers have been outlined below for easy reference.

#### **What is a caregiver?**

- Florida Statute, Section 39.01(10) defines "caregiver" to mean the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare.
- "Other person responsible for a child's welfare" includes the child's legal guardian or foster parent or any other person legally responsible for the child's welfare in a residential setting.

#### **Caregiver's Role, as defined in Florida Statute, Chapter 39:**

- The shelter or foster caregiver shall have at least monthly communication with a child's Case Manager.
- The shelter or foster caregiver shall assist in the development of a plan for the child when behaviors are identified that may present a risk to the child or to others.
- If the child has reached 13 years of age but is not yet 18 years of age, the shelter or foster caregiver shall provide regular updates on the progress the child has made in acquiring independent living skills while in their care.
- The shelter or foster caregiver shall receive notice of each court hearing and have the opportunity to be heard in court.

#### **How you may be notified of the next court date?**

- By mail;
- By phone;
- Face to face during monthly visit; or
- At the current court hearing (the next court hearing will be determined)

#### **You should be provided an opportunity to be heard in court:**

- Make sure your Case Manager knows when you are present at court hearings so the court can be informed of your presence.
- If present, the court should ensure you have an opportunity to speak.
- If you are unable to be present for court, you should have the opportunity to complete a caregiver input form (see attached) which can be shared with the assigned Case Manager.

You have made a commitment to the child(ren) in your care and what you have to share about them is important. If you are not being provided the opportunities to provide your input or are not receiving notice of when court hearings are scheduled, please address this with the assigned Case Manager, their Supervisor and/or the agency's Program Director. If after reaching out through those individuals the problem still persists, please contact Children's Network of SWFL Client Relations Specialist at (239) 226-1524.

**CAREGIVER INPUT  
FORM**

Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____

Child's Current Location: \_\_\_\_\_

TO: \_\_\_\_\_  
Name Relationship to the child

You are being asked for your input because a judicial review is being held for a child or children placed in your home. It is important that the agency and the Court make informed decisions regarding the children's best interest. This form will be filed with the court as an attachment to the Judicial Review Social Study Report/Case Plan Update.

**COMMENTS:**

What information should the Court consider in determining the action to take in this case?

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**What information do you have that the Court should consider to determine what is in the best interest of the child or children?**

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**Please sign and return this form to your Case Manager. If additional space is required for your comments, additional pages may be attached.**

\_\_\_\_\_  
**Foster/Shelter Parent/Relative/Non-Relative Signature**

\_\_\_\_\_  
**Date**

<b>Permanency Options</b>		
<b>Option</b>	<b>Description</b>	<b>Preferred Decision</b>
<b>Reunification</b>	Returning children to the physical custody of their parent(s) after placement	<i>Primary goal upon removal.</i> Child is returned home when the family has benefited from services and the case plan goals have been met. The conditions at removal no longer exist.
<b>Permanent Placement with a Fit and Willing Relative</b>	Placement of child(ren) with related family members when return to the biological parents is not in the child's best interest.	A related family member is an available resource to provide long-term care for the child and has the resources to provide care for the child until they reach adulthood.
<b>Adoption</b>	The primary purpose of adoption is to help children who would not otherwise have a nurturing family, to become members of a family giving them the care, protection, and opportunities essential for their healthy personal growth and development.	When parents cannot or will not provide an environment free from maltreatment and when there are no family members who are a resource to provide care and parenting.
<b>Permanent Guardianship</b>	Court decides reunification or adoption is not in the child's best interest and places the child in a permanent guardianship with a relative/other adult approved by the court.	When child is at low risk and no services by the agency or court are necessary. Need to state why reunification is not possible and why adoption is not being pursued.
<b>Another Planned Permanent Living Arrangement (Independent Living)</b>	Court finds that a more permanent placement, such as adoption, permanent guardianship, or placement with a fit and willing relative, is not in the best interests of the child.	Parent and child have a significant bond but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising him or her to the age of majority and facilitate visitation.

# **SECTION 6**

**Incident/Event Reporting**

**Abuse Reporting**

**Normalcy Operating Procedure**

**Babysitting and Overnight Care**

**Out of Town Travel**

**Don't Say No Before You Know**

**Social Media Tips**



**Notice to Caregivers:**  
**Events requiring immediate notification to the Case Manager:**

**CATEGORIES**

<input type="checkbox"/> Child Arrest	<input type="checkbox"/> Bomb / Biological/ Chemical	<input type="checkbox"/> Child on Child Sexual Abuse
<input type="checkbox"/> Adult Death (Parent or IL young adult receiving services)	<input type="checkbox"/> CBC's Employee Misconduct	<input type="checkbox"/> Child Death
<input type="checkbox"/> Missing Child (runaways, abduction, Absconded-parents took the children without authorization)	<input type="checkbox"/> Significant Child Injury/ Illness	<input type="checkbox"/> Event Involving the child and the media
<input type="checkbox"/> Suicide Attempt / Baker Acts	<input type="checkbox"/> Sexual Abuse / Sexual Battery	<input type="checkbox"/> Other events likely to have a significant impact on the child

**Sexual Abuse/ Sexual Battery, Child on Child Sexual Abuse, Missing Child events will require contact to the Law Enforcement Agencies: (Based on the location of the event)**

<b>Collier County Sheriff</b>	(239) 252-9300
<b>Naples Police Department</b>	(239) 213-4844
<b>Hendry County Sheriff</b>	
Clewiston	(863) 805-5000
Labelle	(863) 674-5600
<b>Glades County Sheriff</b>	(863) 946-1600
<b>Charlotte County Sheriff</b>	
Punta Gorda & Port Charlotte	(941) 639-2101
Englewood	(941) 474-3233
<b>Lee County</b>	
Ft. Myers Police	(239) 321-7700
Lee County Sheriff	(239) 477-1000
Cape Coral Police	(239) 574-3223

**If the event occurred after hours, please contact the On-call Case Manager assigned to the Child's Case.**

Agency	County	On-call Phone #	Normal business hours
Camelot North	Charlotte	(941) 940-1943	(941) 613-3870
Lutheran Services Florida (LSF)	Lee	(239) 989-2927	(239) 461-7640
Kinship	Charlotte & Lee	(239) 980-1562	Cape Coral: (239) 242-5999 Fort Myers: Ford St.-(239) 461-7640 Altamont Ave.-(239) 226-1524 Port Charlotte: (941) 613-3870
Agency	City	On-call Phone #	Normal business hours
Camelot South	Naples	(239) 464-0128	(239) 213-4100
Camelot South	Immokalee, Labelle & Clewiston	(239) 940-6069	Immokalee: (239) 657-2817 Labelle & Clewiston: (863) 675-3549





**When reporting a child missing to local law enforcement, be prepared to provide the following information:**

- The child's full name including any known aliases and nicknames
- The child's date of birth
- The child's Social Security Number
- A detailed physical description of the child, including:
 

Height	Hair color	Skin complexion
Weight	Eye color	Condition of teeth
- Any identifying scars, marks, or tattoos including a brief description of the location and design of the scar, mark, or tattoo
- A description of what the child was last seen wearing
- Direction of traveling
- Possible destination
- Whether the child may be in the company of a companion/abductor (be prepared to give as much demographic and descriptive information for this individual as possible)
- Information on whether the child has been receiving or making/sending any unusual phone calls or emails
- The last known location of the child
- Whether the child took any clothing or personal belongings with them
- The overall mental or emotional state of the child
- Whether the child has any known medical conditions that require immediate or ongoing care
- Whether the child is currently taking any medication
- Whether the child has run away in the past and if so, where the child was located
- A list of the child's known friends and associates
- A brief description of what efforts, if any, have already been made to find the child
- Documentation that states that the child is in the court-ordered custody of, or under the supervision of the Department, for example, the shelter order or order of adjudication or an open investigation with a preponderance of evidence. (Primary case manager's task)
- A recent photo of the child (Primary case manager's task)
- The name and contact information of the child's primary case worker and On-Call Case manager phone #.

**Law enforcement Agencies: (Based on child's last seen location)**

<b>Collier County Sheriff</b>	(239) 252-9300
<b>Naples Police Department</b>	(239) 213-4844
<b>Hendry County Sheriff</b>	
Clewiston	(863) 805-5000
Labelle	(863) 674-5600
<b>Glades County Sheriff</b>	(863) 946-1600
<b>Charlotte County Sheriff</b>	
Punta Gorda & Port Charlotte	(941) 639-2101
Englewood	(941) 474-3233
<b>Lee County</b>	
Ft. Myers Police	(239) 321-7700
Lee County Sheriff	(239) 477-1000
Cape Coral Police	(239) 574-3223

Report to law enforcement must be made **no later** than 4 hours from **Date & Time** of the missing child event. IF there are exigent circumstances (younger than 13 Y.O, Over 13 with mental health concerns, abduction, medical issues, CSEC victim, Etc.) law enforcement must be contacted immediately. If none of these circumstances apply you can wait up to 4 hours to notify Law Enforcement while completing efforts to locate the child. **When contacting Law Enforcement, be prepared to share what efforts were completed to locate the child. These efforts need to be shared ASAP with the CWCM.**

**Examples:** 1. Searching the child's belongings, 2. Calling/texting the child's cell phone. 3. Checking the child's computer, social media accounts, or other online accounts. 4. Contacting the child's friends, relatives, or known associates. 5. Searching areas that the child is known to frequent. 6. Contacting the child's school. 7. Contacting the child's employer.



**FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES**  
**MYFLFAMILIES.COM**

## **FLORIDA ABUSE HOTLINE 2013**

# **Reporting Abuse Of Children and Vulnerable Adults**

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**Florida Abuse Hotline  
Department of Children and Families  
1317 Winewood Boulevard  
Tallahassee, Florida 32399-0700**

**Administrative Offices:  
Phone (850) 487-6100 • Fax (850) 488-1319**

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### **To Report Abuse:**

**Phone 800-96-ABUSE (22873) • TDD 800-453-5145**

**Fax 800-914-0004**

**URL <http://reportabuse.dcf.state.fl.us>**

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## **Our Mission**

*To provide quality customer service while assessing abuse and neglect, to ensure protection of Florida's vulnerable people.*

### **CONFIDENTIALITY**

All reports are confidential. Access to these reports is limited by specific criteria in Chapters 39 and 415 of the Florida Statutes (F.S.). Florida Abuse Hotline Counselors will not acknowledge the existence of any report, will not acknowledge that they have previously spoken to a particular caller, nor will they release any information provided by a caller or any information contained in a report. No reports are released by the Florida Abuse Hotline other than to those persons specifically authorized under Chapters 39 and 415, F.S. Any person with a statutory right to a report copy must contact the local investigative office.

The name of any person reporting child abuse, neglect or abandonment, may not be released to any person other than employees of the department responsible for child protective services, the Florida Abuse Hotline, law enforcement, the Child Protection Team or the appropriate state attorney, without the written consent of the person reporting.

The name of any person reporting vulnerable adult abuse, neglect or exploitation may not be released to any person other than employees of the department responsible for adult protective services, the Florida Abuse Hotline, law enforcement, or the appropriate state attorney, without the written consent of the person reporting.

The Florida Abuse Hotline is committed to providing quality assessments and a clear understanding of services available to customers whether from the Department of Children and Families or other state and community agencies. Telephone reporters, prior to concluding their conversations, will always be told whether the information meets the statutory requirements for a report and whether a report has been accepted.

### **INTERPRETER SERVICE**

The Hotline has contracted with an interpreter service to accommodate over 130 different languages. Do not let language be a barrier to reporting abuse!

### **GROUP PRESENTATION/OUTREACH**

Please contact your local Protective Investigations unit if you would like to have this information presented to a group of professionally mandated reporters.

# **Reporting Child Abuse, Neglect, Abandonment And Abuse, Neglect, and Exploitation of Vulnerable Adults**

## **LAWS RELATING TO CHILDREN**

Chapter 39 of the Florida Statutes (F.S.) mandates that any person who knows, or has reasonable cause to suspect, that a child is abused, neglected, or abandoned by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families.

The Department of Children and Families is also responsible, as mandated in Chapter 39, F.S., for providing comprehensive protective services for abused, neglected and abandoned children in Florida by requiring that reports of each abused, neglected, or abandoned child be made to the Florida Abuse Hotline. The Department of Children and Families is committed to working in partnership with local communities to ensure the safety, well-being and self-sufficiency for the people it serves. Law enforcement takes the lead in all criminal investigations and prosecution.

In 2012, House Bill 1355 was passed into law and shall be referred to as "Protection of Vulnerable Persons" Ch. 2012-155 of the Laws of Florida. The bill adds to the current reporting requirements of 39.201, F.S removing the limitation that only "caregiver" abuse be reported to the hotline by requiring any person to report known or reasonably suspected physical or emotional abuse of a child by any adult person. The bill also requires any person to report known or reasonably suspected sexual abuse of a child by any person. The bill requires the central abuse hotline to accept any call reporting child abuse, abandonment, or neglect by someone other than a caregiver and to forward the concern to the appropriate sheriff's office for further investigation. The bill also states that the knowledge and willful failure of a person, who is required to report known or suspected child abuse, abandonment, or neglect is elevated from a first degree misdemeanor to a third degree felony. As a result, the potential prison sentence is raised from 1 year to 5 years, and the potential fine is raised from a maximum of \$1,000 to a maximum of \$5,000. In addition, the bill creates subsections 39.205(3) and (4), F.S., which provide penalties for Florida educational institutions whose personnel fail to report certain child abuse taking place on the campus of the institution or during an event or function sponsored by the institution. The bill subjects the institution to a \$1 million fine for each failure to report child abuse, abandonment, or neglect.

## **LAWS RELATING TO VULNERABLE ADULTS**

The department is also responsible, as mandated in Chapter 415, F.S., for providing services to detect and correct abuse, neglect, and exploitation of vulnerable adults who, because of their age or disability, may be unable to adequately provide for their own care or protection. In taking action to prevent further abuse, neglect, and exploitation, the department must place the fewest possible restrictions on personal liberty and exercise of constitutional rights. The department's actions must be consistent with due process and protection from abuse, neglect, and exploitation. Law enforcement takes the lead in all criminal investigations and prosecution.



## MANDATORY REPORTERS

Although every person has a responsibility to report suspected abuse or neglect, some occupations are specified in Florida law as required to do so. These occupations are considered “professionally mandatory reporters”. A professionally mandatory reporter of child abuse/neglect is required by Florida Statute to provide his or her name to the Abuse Hotline Counselor when reporting. A professionally mandatory reporter’s name is entered into the record of the report, but is held confidential (§ 39.202, F.S. and 415.107, F.S.)

<b>OCCUPATION</b>	<b>CHILD</b>	<b>ADULT</b>
Assisted Living Facility Staff		•
Adult Day Care Center Staff		•
Adult Family Care Home Staff		•
Bank, Savings and Loan, or Credit Union Officer, Trustee, or Employee		•
Chiropractor/Chiropractic Physician	•	•
Day Care Center Worker	•	
Department of Business and Professional Regulation employees conducting inspections of public lodging establishments.	•	•
Emergency Medical Technician	•	•
Florida Advocacy Council Member	•	•
Foster Care Worker	•	
Hospital personnel engaged in the admission, examination, care, or treatment of children and vulnerable adults.	•	•
Health Professional	•	•
Institutional Worker	•	•
Judge	•	•
Law Enforcement Officer	•	•
Long-Term Care Ombudsman Council Member	•	•
Medical Examiner	•	•
Mental Health Professional	•	•
Nurse	•	•
Nursing Home Staff		•
Osteopath/Osteopathic Physician	•	•
Paramedic		•
Physician	•	•
Practitioner who relies solely on spiritual means for healing.	•	•
Professional Adult Care, Residential, or Institutional Staff		•
Professional Child Care Worker	•	
Residential Care Worker	•	•
School Teacher	•	
School Official or Other School Personnel	•	
Social Worker	•	•
State, County, or Municipal Criminal Justice Employee or Law Enforcement Officer	•	•

## **Legal Criteria for Reports**

### **CHILD ABUSE, NEGLECT, OR ABANDONMENT**

The Florida Abuse Hotline will accept a report on a child when:

There is reasonable cause to suspect that a child (an unmarried person who is born, under the age of 18 and who has not been emancipated by order of the court);

- is a Florida resident, and can be located in Florida, or is temporarily out of the state but expected to return;
- has been harmed or is believed to be threatened with harm as defined by statute;
- by a parent, legal custodian, caregiver, or other person responsible for the child's welfare.

**OR:**

- is not a Florida resident but can be located in Florida and has been harmed in Florida or is believed to be threatened with harm in Florida as defined by statute;
- by a parent, legal custodian, caregiver, or other person responsible for the child's welfare.

### **ABUSE, NEGLECT, OR EXPLOITATION OF VULNERABLE ADULTS**

The Florida Abuse Hotline will accept a report on a vulnerable adult when:

There is reasonable cause to suspect that a vulnerable adult (a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to disability, brain damage, or the infirmities of aging);

- is a resident of Florida or currently located in Florida
- is believed to have been neglected or abused by a caregiver in Florida; or
- is suffering from the ill effects of neglect by self and is in need of service, or
- is being exploited by any person who stands in a position of trust or confidence, or any person who knows or should know that a vulnerable adult lacks capacity to consent and who obtains or uses, or endeavors to obtain or use their funds, assets or property.
- Reports of exploitation cannot be accepted after the vulnerable adult is deceased.

## **DEFINITIONS**

Florida law is very specific about child and vulnerable adult abuse and neglect. A few of the definitions are mentioned below.

### ***For CHILD reports:***

**"Abandoned" or "abandonment"** means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. For purposes of this subsection, "establish or maintain a substantial and positive relationship" includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child. The term does not include a surrendered newborn infant as described in s. [383.50](#), a "child in need of services" as defined in chapter 984, or a "family in need of services" as defined in chapter 984. The incarceration, repeated incarceration, or extended incarceration of a parent, legal custodian, or caregiver responsible for a child's welfare may support a finding of abandonment.

**"Abuse"** means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

**"Caregiver"** means the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare.

**"Neglect"** occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child may not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does

not preclude a court from ordering the following services to be provided, when the health of the child so requires:

(a) Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified health care provider; or

(b) Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

Neglect of a child includes acts or omissions.

**"Other person responsible for a child's welfare"** includes the child's legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice; or any other person legally responsible for the child's welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child's care. For the purpose of departmental investigative jurisdiction, this definition does not include the following persons when they are acting in an official capacity: law enforcement officers, except as otherwise provided in this subsection; employees of municipal or county detention facilities; or employees of the Department of Corrections.

***For ADULT reports:***

**"Abuse"** means any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions.

**"Caregiver"** means a person who has been entrusted with or has assumed the responsibility for frequent and regular care of or services to a vulnerable adult on a temporary or permanent basis and who has a commitment, agreement, or understanding with that person or that person's guardian that a caregiver role exists. "Caregiver" includes, but is not limited to, relatives, household members, guardians, neighbors, and employees and volunteers of facilities as defined in subsection (8). For the purpose of departmental investigative jurisdiction, the term "caregiver" does not include law enforcement officers or employees of municipal or county detention facilities or the Department of Corrections while acting in an official capacity.

**"Exploitation"** means a person who:

1. Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or
2. Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or

property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

(b) "Exploitation" may include, but is not limited to:

1. Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property;
2. Unauthorized taking of personal assets;
3. Misappropriation, misuse, or transfer of moneys belonging to a vulnerable adult from a personal or joint account; or
4. Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance.

"Neglect" means the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

"Vulnerable adult" means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.

If you are interested in learning more, including information on Florida's definitions, you can access the following URLs:

**CHILD**

[http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0000-0099/0039/0039ContentsIndex.html&StatuteYear=2012&Title=%2D%3E2012%2D%3EChapter%2039](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0000-0099/0039/0039ContentsIndex.html&StatuteYear=2012&Title=%2D%3E2012%2D%3EChapter%2039)

**ADULT**

[http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0400-0499/0415/0415ContentsIndex.html&StatuteYear=2012&Title=%2D%3E2012%2D%3EChapter%20415](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0415/0415ContentsIndex.html&StatuteYear=2012&Title=%2D%3E2012%2D%3EChapter%20415)

**FLORIDA ADMINISTRATIVE CODE**

<https://www.flrules.org>

(Go to Chapter 65C-29 and 30.)

# Contacting the Florida Abuse Hotline

## HOW TO MAKE A REPORT

Everyone, including professionally mandatory reporters, should contact the Florida Abuse Hotline when they know or have reasonable cause to suspect that a child or a vulnerable adult has been abused, abandoned, neglected, or exploited. The Florida Abuse Hotline Counselor will determine if the information provided meets legal requirements to accept a report for investigation.

There are four ways to make a report:

By Telephone	<b>1-800-96ABUSE (1-800-962-2873)</b>
By Fax	<b>1-800-914-0004</b>
By TDD	<b>1-800-453-5145</b>
Web Reporting	<b><a href="http://reportabuse.dcf.state.fl.us">http://reportabuse.dcf.state.fl.us</a></b>

## INFORMATION NEEDED

Specific descriptions of the incident(s) or the circumstances contributing to the risk of harm are very important. This includes **who** was involved, **what** occurred, **when** and **where** it occurred, **why** it happened, the extent of any injuries sustained, and what the victim(s) said happened, and any other pertinent information.

Callers should have the following information ready or should provide it in the fax or web report:

- Name, date of birth (or approximate age), race, and gender, for all adults and children involved.
- Addresses for all subjects, including current location.
- Information regarding disabilities and/or limitations for vulnerable adult victims.
- Relationship of the alleged perpetrator to the child or adult victim(s).

Other relevant information that would expedite an investigation, such as directions to the victim (especially in rural areas) and potential risks to the investigator, should be given to the Florida Abuse Hotline Counselor.

**Do not delay** in contacting the Florida Abuse Hotline even if you do not have all the necessary information. The Florida Abuse Hotline Counselor will make an assessment based on the available information, and will decide if it is sufficient to accept a report for investigation.



## **WHAT TO DO IF THERE IS A HOLD TIME WHEN I CALL**

There are times when all Florida Abuse Hotline Counselors are either taking calls or entering reports. Please be patient, and do not hang up. Your call will be answered by the next available counselor. Counselors are trained to handle each call as quickly as possible, while ensuring that each caller is afforded quality service.

**However, if the situation is an emergency or the victim is in imminent danger, the caller should hang up, dial 911, and then follow-up with a call to the Abuse Hotline.**

## **MAKE A RECORD OF YOUR CALL**

Florida Abuse Hotline Counselors are required to identify themselves by giving their first name and their identification number. Reporters may want to document this information along with the date and time of the call. Counselors are expected to inform the caller whether the information meets the statutory requirements for a report and whether a report has been accepted. They may also provide you with information on available services, whether those services are provided by the Department of Children and Families staff or other state and community agencies.

## **REPORTING BY FAX**

Transmittal of the fax form to the Florida Abuse Hotline is one reporting option; **however, the preferred option for the Department of Children and Families is for you to call 1-800-96-ABUSE, and talk to a Hotline counselor.** In all cases of abuse, neglect and/or exploitation that involve emergency or critical situations, please call the Hotline.

The information in the fax will be assessed to see if it meets the legal criteria as a report for investigation. It is extremely important that all information be completed. Add extra pages if this format is too limited in the space provided for response. Your fax cannot be properly assessed for a report without the requested information. A means to locate the victim is required. By law (Chapters 39, Florida Statutes), your identity as the reporter will be protected. Also, identify others who might be aware of the abuse/neglect/exploitation of the victim. **Please type or print legibly.** Indicate if you want notification whether or not a report was accepted and your preferred method.

## **REPORTING BY WEB REPORT**

**You may use the following web address to report on line:  
<http://reportabuse.dcf.state.fl.us>**

**The following information is needed to make a web report:**

**At least one victim**

**At least one alleged perpetrator (only exception is for an adult self neglect report type)**

**A brief but detailed response to all questions asked**

**Web reporting should only be used to report NON-EMERGENCY situations.**

**The information in the web report will be assessed to see if it meets the legal criteria as a report for investigation. It is extremely important to complete all fields and to provide as much detail as possible. Your web report cannot be properly assessed for a report without the requested information. A means to locate the victim is required. By law (Chapters 39, Florida Statutes), your identity as the reporter will be protected. Also, identify others who might be aware of the abuse/neglect/exploitation of the victim. Indicate if you want notification whether or not a report was accepted.**

**The benefits of web reporting are:**

**No hold or wait times when reporting concerns**

**Report concerns at one's own pace**

**Frequent reporters can create their own account that will pre-populate their information so as not to duplicate**

**The ability to upload pictures and documents to accompany the report**

## **Courtesy and Professionalism at the Florida Abuse Hotline**

### **WHEN YOU DISAGREE WITH THE HOTLINE COUNSELOR'S DECISION:**

Hotline counselors accept reports on the basis of specific criteria from Florida Statutes. Counselors must ask questions to gather information, but may not ask leading questions of the caller. Each call is accepted or not as a report based only on information provided during the call. If the counselor tells you they are not accepting a report and you disagree with the decision, you may ask to speak to a Supervisor. The counselor will briefly summarize the situation to the supervisor who will then speak with you regarding your concerns. The supervisor will decide whether the counselor's decision was appropriate and will provide you with further explanation about the decision.

### **TO MAKE A COMPLAINT ABOUT THE HOTLINE:**

We understand that reporting abuse or neglect is not an easy thing to do and we commend all reporters who make the effort to protect children and vulnerable adults. The Department of Children and Families does not always have the authority to intervene in situations that are of concern to the persons calling the Hotline. We appreciate callers who use the same courtesy and professionalism expected from the Hotline staff, and we want to know if you have a concern about the quality of service or professional courtesy that you received at the Hotline. During the call, the counselor is required to provide you with his/her first name and ID number. We encourage you to share any concerns with the:

Hotline Supervisor,  
Call Floor Manager, or  
Director of the Hotline.

You may ask to be transferred to any of these administrators or you may telephone (850) 487-6100 during regular office hours. All complaints are carefully evaluated and will be responded to in a timely manner.

## **TIPS FOR SUCCESSFUL WEB REPORTING**

- 1.) This system can be accessed from the DCF Internet Home web page at <http://reportabuse.dcf.state.fl.us>
- 2.) You cannot use this method of making a report if you wish to remain anonymous. Please call 1-800-96ABUSE (800-962-2873).
- 3.) Required information to use this web site:
  - a) At least one victim – can be up to 10 victim's
  - b) At least one alleged perpetrator (only exception is for a self neglect report type)
  - c) A brief but detailed response to all questions asked
- 4.) Red asterisk (\*) data fields are required fields and must be completed. For each type of report, Adult, Child or Self-Neglect there are different business rules associated with the web screen. Pay careful attention to the instructions on the screen.
- 5.) You must have a complete address for the alleged victim(s) and alleged perpetrator(s), a valid phone number, or detailed directions on how to locate them.
- 6.) Using the Tab key between fields is easier than using the mouse.
- 7.) There are three different types of reports you can make: Child victim, Adult Victim and Self-Neglect (for adults only). As you select one of the types, dynamic instructions on the web page will appear to guide you and the drop-down values in the selection boxes throughout the web report are different.
- 8.) Please be as detailed as possible when answering the questions. Please do not use profession specific language; i.e., "fx" for fracture. Remember, someone at the Hotline will be reviewing the information that you entered to determine if the information given meets the requirements for a report.
- 9.) Please remember to proof read what you have entered on each page before going on to the next page. You can also hit the Previous or Next buttons to move around the web report, also the summary web page allows you to go back and edit each section.
- 10.) When you have completed all of the required information, review all information on the summary web page. You must select the submit button to send the information to the Hotline for review. Once you hit submit, you will be taken to the confirmation web page and given a confirmation number. In order to keep all data confidential, the confirmation web page is the ONLY web page that is printable.
- 11.) Your session will time out after 30 minutes of inactivity. After this, you will need to start a new report.
- 12.) When entering the Age information for alleged victims or perpetrator, please note either estimated age OR Date of Birth is required. If age is estimated, the system will calculate an estimated age of 01/01/XXXX. If date of birth is known, estimated age will also auto-calculate. Please pick one and the web system will do the rest.

## TIPS FOR SUCCESSFUL FAX REPORTING

Your time is valuable. Everyone at the Florida Abuse Hotline is committed to making the reporting process as convenient as possible. The following tips are provided to assist you in making reports of abuse, neglect, abandonment, and exploitation. When sending a fax to the Florida Abuse Hotline, consider the following:

- Use the Department of Children and Families' form when possible (a copy is contained in this packet). It is designed to help you provide the required information.
- If you cannot use the Department's form, please send a concise description of the situation. Be sure to include the following information:
  - Victim name, possible responsible person, or alleged perpetrator names.
  - Reporter name (required for mandatory reporters of child abuse/neglect).
  - Complete addresses for subjects, including a numbered street address, apartment or lot number, city, state, and zip code.
  - Telephone numbers, including area code. Please indicate if the phone number is for a cell phone.
  - Dates of birth or approximate ages.
  - Social Security numbers, if available.
  - A brief, yet concise, description of the abuse, neglect, abandonment, or exploitation, including physical, mental or sexual injuries, if any.
  - Names and telephone numbers and/or addresses of witnesses and others involved.
  - A brief description of the victim's disability or infirmity (required for vulnerable adults).
  - The relationship of the alleged perpetrator to the victim.
- Please print or write in a legible manner. Type, if at all possible.
- Do not use profession specific language; i.e., "fx" for fracture.
- Do not send copies of medical notes, case files, arrest reports, etc.
- **Always call 800-96ABUSE in emergency or critical situations.** The time required to process a fax may be longer than the time required to process information given in a telephone call. This could delay assistance to victims.





**FLORIDA ABUSE HOTLINE Fax Transmittal Form**  
**To Report Abuse/Abandonment/Neglect/Threatened Harm/Exploitation**  
**Fax Number: 1-800-914-0004**  
**TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE:**  
**REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS.**

**REPORTER INFORMATION**

This information is required for professionally mandated reporters - Please refer to Chapters 39 and 415 Florida Statutes.

Your Last Name: \_\_\_\_\_ Your First Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Your Occupation: \_\_\_\_\_ Agency: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
 Alternate Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VICTIM INFORMATION**

If the victim is a child, list other children and adult household members in the home. If any household members have a disability, describe the disability in the DESCRIPTION OF INCIDENT section on page 2; if the victim is an adult, include how his/her ability to care for or protect self is impaired.

Current Location/Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

	LAST NAME	FIRST NAME	DOB	SEX	RACE	SSN	IS THIS PERSON A VICTIM?
(1)							<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)							<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)							<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)							<input type="checkbox"/> Yes <input type="checkbox"/> No
(5)							<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSON(S) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT, THREATENED HARM OR EXPLOITATION**

	NAME	DOB	SEX	RACE	SSN	RELATIONSHIP TO VICTIM
(1)						
(2)						
(3)						

**DESCRIPTION OF INCIDENT**

Please describe what happened, when and where the incident occurred, the frequency of occurrence, and a description of injuries and/or threat of harm.

**WHAT happened?**

**Description of injuries/threat of harm:**

**WHEN and WHERE did the incident occur?**

**Additional Addresses (e.g. day-care, school)**

**Where will the victim be for the next 24 hours?**

**Does anyone in the household have any disabilities?**

**Are there any dangers to a protective investigator?**

**FOR ADULT VICTIMS ONLY:** Describe how the adult victim's ability to care for or protect self is impaired.

**OTHER INDIVIDUALS**

Please list others who might be aware of the abuse/abandonment/neglect/threatened harm/exploitation of the victim.

**NAME**

**RELATIONSHIP TO THE VICTIM**

**ADDRESS**

**HOME PHONE**

**WORK PHONE**

**DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.**



## Important Numbers

**F.A.S.T.**

**1-800-FAST-1119**

**1-800-327-8119**

**FAST Team Member**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**DCF Investigator or Local Law  
Enforcement**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Licensing Agent**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other Important Numbers**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



Support is a  
phone call away

**SUPPORT IS A PHONE  
CALL AWAY**



**F.A.S.T.**

**Florida's  
Foster  
Allegation  
Support  
Team**

**Support is available to foster,  
adoptive and relative caregivers.**

**1-800-FAST-119**

**fast@floridafapa.org**

## Prevention Guidelines

- Obtain full information about the child proposed for placement.
- Obtain details on special behaviors.
- Obtain details of any medical conditions.
- Obtain specific training to deal with special needs.
- Consider carefully what risks, if any, the placement may involve in your family.



## PURPOSE

Our goal is to provide support to the foster parent when an allegation has been or might be brought against him or her.

It is important to keep foster parents informed of the procedures and the process through which an allegation will take them.

We provide support without judgment in an environment which is as non-destructive as possible for the foster parents and their families.

DCF or the contracted provider is governed by an investigative response outlined in operating procedure 175-21. <http://www.dcf.state.fl.us/admin/publications/policies/175-21.pdf>

## Pointers for Dealing with an Allegation

- Call FAST hotline for support.
- FAST is to prepare you *if & when* an allegation is filed against you. It's okay to stop and breathe.
- Keep a complete written journal of all dates, times, events and communications.
- Insist on giving full input into the investigations.
- Request assistance from DCF or the CBC in explaining to children what is happening and why.
- Maintain your sense of professionalism as foster parents by cooperating with the investigation.

## Impact on Families

- Trauma: Foster parents express shock and disbelief.
- Betrayal: Foster parents feel their main source of support can no longer talk to them.
- Stigma: Foster parents report feelings of shame, humiliation, inadequacy, and lowered self-esteem.
- Powerlessness: Foster parents often feel they have little information regarding the allegation due to the lengthy and complex process.

Did you know you are entitled to a '120 hearing' if your home is being closed and you are not in agreement?



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

**Ron DeSantle  
Governor**

**Rebecca Kapusta  
Interim Secretary**

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**DATE:** January 11, 2019  
**TO:** Regional Managing Directors  
Community Based Care Lead Agency CEOs  
**THROUGH:** Rebecca Kapusta, Interim Secretary *Rebecca Kapusta*  
**FROM:** JoShonda Guerrier, Assistant Secretary for Child Welfare  
**SUBJECT:** CFOP 170-11, Placement, Chapter 6, Normalcy

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**PURPOSE:** The purpose of this memorandum is to provide notification that Chapter 6, Normalcy, has been updated to include provisions surrounding a youths right to privacy and the use of video surveillance monitoring in CFOP 170-11, Placement.

**BACKGROUND:** 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 care have the opportunity to fully participate in activities in their schools, neighborhoods, and communities.

In accordance with s. 39.4085, Florida Statutes, a goal for children in shelter or foster care is to enjoy individual dignity, liberty, pursuit of happiness, and the protection of their civil and legal rights as persons in the custody of the state.

Specific guidance has been provided in CFOP 170-11, Chapter 6, to clarify the use of closed circuit television (CCTV) or video surveillance with all youth in care. The updated section, titled, *Right to Privacy*, clarifies the prudent use of any video surveillance devices, the location and positioning of the devices, recording capacity, and confidential storage of footage.

**ACTION REQUESTED:** Please share this memorandum with staff of the department, CBC lead agencies and subcontracted providers involved with children in out-of-home care of all ages.

**CONTACT INFORMATION:** If you have any questions or need more information, please contact Tanisha Lee, Statewide Group Home Licensing Specialist, Office of Child Welfare, at [Tanisha.Lee@myflfamilies.com](mailto:Tanisha.Lee@myflfamilies.com) or call (850) 717-4659.

**cc:** Regional Family and Community Services Directors  
Sheriff's Offices Conducting Child Protective Investigations  
Center for Child Welfare

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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**

## Chapter 6

## NORMALCY

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

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

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

- a. Section [39.4085](#), Florida Statutes (F.S.).
- b. Section [39.4091](#), F.S.
- c. Section [409.145](#), F.S.
- d. Section [409.1454](#), F.S.
- e. Chapter [85C-28](#), Florida Administrative Code (F.A.C.).
- f. Rule [85C-13.033](#), F.A.C.
- g. Rule [85C-14.01B](#), F.A.C.

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

6-5. **Normalcy Overview.**

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

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

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

**6-6. Overnight / Planned Activities and Outings.**

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

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

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

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

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

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

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

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

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

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

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

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

**6-8. Driving.**

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

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

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

**6-9. Right to Privacy.**

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

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

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

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

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

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

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

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

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



## Chapter 7

## BABYSITTING AND OVERNIGHT CARE

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

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

**7-3. Babysitting Overview.**

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

**7-4. Overnight Care.**

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



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

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

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

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

## Chapter 8

## OUT OF TOWN TRAVEL / VACATION

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

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

**8-3. Vacation.**

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

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

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

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

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

**8-4. Out of Town Travel.**

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

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

# Don't say "No" before you "Know"

To "know" means knowing policy and it especially means knowing the child's needs and maturity level. Parental decision making about normalcy requires good judgment. The rule citations on page 1 of this document are taken from the Florida Administrative Code, 65C-30.007(10), "Normalcy for Adolescents and Teenagers in the Custody of the Department." All of the citations listed on this page begin with the following statement:

***"The Services Worker and the licensed out-of-home caregiver shall work together to ensure the following for the child:"***

**Myth: Children and youth in foster care may not ride with other teens or young people**

**Fact: They may ride with other people with the permission of their caregivers. This includes teens who may ride with other teens if the caregiver approves.**

"(c) Permission and encouragement of the child, dependent on his or her age and maturity level, to engage in appropriate social and extracurricular activities in order to promote social development, obtain employment, have contact with family members, have access to phone usage, have reasonable curfews, and travel with other youth or adults."

**Myth: Children and youth in foster care may not participate in community activities unless background screening has occurred.**

**Fact: Background screening is not a requirement for participation in community activities.**

"(g)2. Criminal, delinquency and abuse/neglect history checks for dating, outings and activities with friends, families and school and church groups are not necessary for participation in normal school or community activities."

**Myth: Children and youth in foster care may not spend the night in unlicensed settings.**

**Fact: They may spend the night in unlicensed settings with the permission of their caregivers.**

"(g) Affording the child every opportunity for social development, recreation and to have normal life experiences. The child may attend overnight or planned outings if the activity is determined by the licensed out-of-home caregiver to be safe and appropriate....

(i) Knowledge by the licensed out-of-home caregiver of where and with whom the child is staying and the type of supervision and care the child shall be receiving before approving an outing or overnight activity. "

**Myth: Children and youth in foster care (including group care) may not attend church or events on their own.**

**Fact: They should be allowed to experience activities without adult supervision with the permission of their caregivers.**

"(h) Allowing the child to experience circumstances without direct supervision depending on the child's age, maturity, and ability to make appropriate decisions. The licensed out-of-home caregiver's familiarity with the child and the circumstances in which the child shall be unsupervised shall be the primary factors in the decision making "

**Myth: Children and youth in foster care may never participate on Facebook or other age-appropriate social media.**

**Fact: They should be able to participate in social media with the permission and supervision of their caregivers.**

"(f) Encouragement and assistance in participating in activities such as the child having his or her picture taken for publication in a newspaper or yearbook; receiving public recognition for accomplishments; participating in school or after-school organizations or clubs; and participating in community events. The child shall be able to participate in activities that promote personal and social growth, self-esteem and independence as long as he or she is not identified as a foster child. Confidentiality requirements for department records shall not restrict the child's participation in customary activities appropriate for the child's age and developmental level."

# Don't say "No" before you "Know"

**Myth: The concept of normalcy only applies to teens in foster care but not younger children**

**Fact: All children in foster care need and deserve the opportunities and experiences appropriate to their age and maturity. Administrative rules about normalcy apply to all children, regardless of their age.**

"65C-13.029(d),(f),(g)

Licensed Out-of-Home Team Member Roles.

(1) Responsibilities of the Licensed Out-of-Home Caregiver to the Child.

(d) Licensed out-of-home caregivers shall provide the child with opportunities for normal growth and development....

(f) Licensed out-of-home caregivers shall promote the following conditions for the child in the home:

3. Opportunities to develop interests and skills through participation in school and community activities;

4. Encourage and support the child in making new friends and maintaining past friends who have had a positive relationship with the child;

(g) Family Care Activities and Daily living tasks.

1. Licensed out-of-home care providers are expected to provide supervision, structure and daily activities designed to promote the individual physical, social, intellectual, spiritual, and emotional development of the children in their home according to each child's age and developmental level.

2. Licensed out-of-home care providers shall assist the children in performing tasks and developing skills, which will promote their independence and the ability to care for themselves....

6. Children in licensed out-of-home care shall be encouraged and assisted in participating in activities such as having his or her picture taken for publication in a newspaper or yearbook; receiving public recognition for accomplishments; participating in school or after-school organizations or clubs; and participating in community events. Children shall be able to participate in activities that promote personal and social growth, self-esteem and independence as long as they are not identified as foster children. Confidentiality requirements for department records shall not restrict the children's participation in customary activities appropriate for the child's age and developmental level.

7. Children in licensed out-of-home care shall be afforded every opportunity for social development, recreation, and normalization of their lives. Children in licensed out-of-home care may attend overnight or planned outings if such activities are determined to be safe and appropriate by the licensed out-of-home caregiver. The services worker shall be available for consultation and must be notified of the activity.

8. Licensed out-of-home caregivers shall be as diligent in determining approval for such events as he or she would for his or her own children. Licensed out-of-home caregivers shall use their parenting skills to familiarize themselves with the individual or group that the child wishes to spend time with and evaluate the child's maturity level and ability to participate in the activity safely and appropriately."

**Myth: All people who come into contact with a child in foster care must be background screened.**

**Fact: Screening may be requested if there is good cause, but is not required for all persons interacting with children.**

"65C-13.023(1)

Background Screening Requirements

(1) .... The supervising agency or the department has the discretion to request background screening for other individuals if there is reasonable belief that:

(a) The person may be a household member; or

(b) His or her presence in the foster home may adversely affect the health, safety and welfare of the children in the home; or

(c) The person has or may have unsupervised contact with the children."

## Don't say "No" before you "Know"

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**Myth: Children and youth can never travel with their foster parents out of county or out of state.**

**Fact: They may travel out of county and/or out of state, however, this requires advance planning with the caregivers, the case manager and Children's Legal Services. The court order and individual circumstances must be carefully reviewed, and court permission may be required.**

"65C-13.029(6)(j)

(6) Responsibilities of the Lead Agency and the Department to the Licensed Out-of-Home Caregiver and Children in Care.

(j) The services worker must provide the licensed out-of-home caregiver with a court order which authorizes the licensed out-of-home caregiver to obtain emergency medical treatment prior to giving approval for a child to travel outside the state with the licensed out-of-home caregiver for an extended period of time."

**Myth: If a birth parent disagrees with a normalcy decision, the birth parent's position is the ultimate decision.**

**Fact: The birth parent's input should be considered. If the team's decision is that an alternative decision is best for the child, the team will document the decision and determine if court approval is necessary.**

"65C-13.029 (1)g.11.

(1) Responsibilities of the Licensed Out-of-Home Caregiver to the Child.

(g) Family Care Activities and Daily living tasks.

11. For children who are not legally free for adoption, legal parents input should be included in the decision-making process."

**Myth: The partnership plan (formerly the bilateral agreement) specifies the responsibilities of the foster parent.**

**Fact: The partnership plan specifies the expectations of the entire team supporting the child in care including the foster parents and child welfare staff including ways to achieve normalcy. The links below provide all partnership planning documents and videos in both English and Spanish:**

<http://centerforchildwelfare.fmhi.usf.edu/qpi1/docs/Forms/AllItems.aspx>

<http://centerforchildwelfare.fmhi.usf.edu/qpi/pages/partnermodule.aspx>

"65C-13.030 (1)(e)

Standards for Licensed Out-of-Home Caregivers.

(1) General Requirements.

(e) Each licensed out-of-home caregiver applicant shall sign a Bilateral Service Agreement as defined in subsection 65C-30.001(11), Florida Administrative Code. The agreement shall be reviewed, and discussed with a licensing counselor prior to initial licensure and again at each re-licensure. The document must be signed by a representative from the supervising agency and the potential or licensed out-of-home caregiver."



## Social Media: Tips for Foster Parents and Caregivers

While social media has changed the way the world communicates, it has also created privacy and safety concerns. This page discusses the benefits of social media for children and youth in foster care and provides tips for parents and caregivers who want to help youth use social media safely. Advice for social media use by foster parents is also provided.

### Helping Youth Use Social Media Safely

While it may be tempting to forbid children and youth to use social media, this is seldom realistic. The Internet and mobile devices are too widespread and accessible. In addition, forbidding social networking may make it harder for youth in foster care to fit in with friends and relate to other teenagers in the community. Instead, foster parents should provide guidance and boundaries to help youth in their care use social media safely. Before talking to youth about social media, make sure you know your child welfare agency's social media policies.

### Social media provides benefits for youth

- **Social ties.** Social media helps youth in foster care fit in with their peers and fosters normalcy. Using social media, youth can keep in touch with friends, siblings, and others and make new connections.
- **Support.** Through online community groups, youth in foster care can share experiences with peers who have had similar experiences. (See FosterClub at <https://www.fosterclub.com/forums/youth-message-board> and Foster Care Alumni of America's groups on Facebook at <https://www.facebook.com/FCAANational/>)
- **Family connections.** Between visits, youth in foster care may share posts or have online conversations with biological family members, when appropriate and approved by the caseworker.
- **Self-expression.** Videos, blogs, and other digital venues allow youth in foster care to express their feelings and ideas, which can help shape their identity and contribute to healing from childhood trauma.

#### What are the risks?

Youth in foster care may be particularly vulnerable to inappropriate contact, cyberbullying, or child predators. In addition, social networks and private messaging may aid in communication with adults or family members who are "off limits."



## Tips to help youth use social media safely

- **Talk with your youth's caseworker.** Ask about safety needs and concerns that may affect your youth's use of social media and whether he or she had any past issues with social media use.
- **Discuss social media with youth in your care.** Ask youth how they use social media and private messaging and why it's important to them. Share and discuss Child Welfare Information Gateway's social media tip sheet for youth. (<https://www.childwelfare.gov/pubs/smtips-youth/>).
- **Set house rules for what's okay and what's not.** Rules will likely vary with the youth's age, but setting them early is important. (See sample family media agreements for different age groups at [http://www.common sense media.org/sites/default/files/imce/educatefamilies\\_fma\\_all.pdf](http://www.common sense media.org/sites/default/files/imce/educatefamilies_fma_all.pdf).)
- **Set strict privacy settings.** Use privacy settings to help youth limit who can find them online, which posts or photos can be seen, and who has contact permissions. (For information on Facebook settings, read <https://www.facebook.com/safety/groups/parents/>; for Instagram, Snapchat, and other networks, visit <http://foster-adoptive-kinship-family-services-nj.org/protecting-social-media-teens-2016/>.)
- **Teach youth to keep personal information private.** Advise youth in foster care not to post their full name, address, school name, phone number, or other identifying information. (See how to keep youth safe from identity theft at <http://www.parents.com/kids/safety/tips/how-to-prevent-child-identity-theft/>.)
- **Learn about social media sites and apps.** Keep abreast of current technology and best practices for the most popular social media sites and apps youth are using today. (See this list at <https://www.common sense media.org/blog/social-media-apps-parents-should-know-about/>.)
- **Be aware of online gaming risks.** Online games can be unsafe as players often interact with others on gaming platforms. Youth should avoid posting pictures of themselves or giving personal information while playing online games, and they should know they can come to you if they are being bullied or harassed. Be aware of the kind of games your youth plays and discuss the risks. (See online gaming tips for parents at <http://www.internetmatters.org/advice/online-gaming/>.)
- **Monitor use.** Station computers in a shared area (not a bedroom), and keep track of mobile device use. Know what type of social media your youth uses. Consider asking youth for passwords and permission to let a trusted adult "friend" them. However, try to balance monitoring with privacy. Installing an online monitoring program can also help watch out for inappropriate use.
- **Conduct searches.** Every so often, search a youth's name and address to see what information or tagged photos are publicly available. (See ways to combat unwanted photos on Facebook at <http://www.inglewoodportal.org/news/2513>.)
- **Watch out for profiles on dating apps or risky matchmaking sites.** Look for use of dating sites like OKCupid, Match.com, or Tinder, which may not be appropriate for teens. (See a list of apps to be aware of at <https://safesmartsocial.com/app-guide-parents-teachers/>.)
- **Explain the need to be careful.** Make sure youth understand that online, not everyone is who they say they are. Advise youth to avoid sharing intimate photos and messaging about sex online. (Read about protecting foster youth from human trafficking at <https://www.fosterclub.com/groups/sex-trafficking>.)
- **Discuss cyberbullying.** Warn youth not to send, forward, or respond to mean or embarrassing messages or pictures. Help youth document, block, and report bullying if needed. (For more information, see <http://www.pacerkidsagainstabullying.org/wp-content/uploads/2014/07/bullying101tab.pdf>.)



- **Keep lines of communication open.** Encourage youth to let you know if an exchange makes them uncomfortable, if someone is sending them inappropriate photos, or if anyone asks to meet them in person. Appreciate your youth's participation in their online communities and show interest in their friends.
- **Understand their language.** Youth in foster care may use abbreviations, hashtags, and emoji in their online communications. Understand that teens communicate in a language different from yours. (Learn more about online abbreviations at <http://time.com/4373616/text-abbreviations-acronyms/>; emoji use at <https://emojidictionary.emojifoundation.com/>; and hashtags at <http://mashable.com/2013/10/08/what-is-hashtag/#JKPFk3EQIPqF>.)
- **Be prepared to deal with mistakes.** When youth slip up and don't follow guidelines, approach the situation as a teachable moment and calmly work together on what to do next.

## Foster Parent or Caregiver Use of Social Media

You may use social media for support and to share information with other foster parents and caregivers. (See social media options at <http://www.nfpaonline.org>.) If permitted by the agency, you may also use social networks to keep in touch with child welfare workers or your youth's family members.

### Tips for social media use by foster parents

- **Talk with your caseworker about agency policies.** Ask about guidelines for your social media communication between your youth's family and with community agencies, other foster parents and caregivers, and the child welfare agency staff. Find out whether there are specific considerations for the youth in your care.
- **Get permission from the agency and youth before posting family pictures that include a youth in care.** It's important to ensure that photos do not create privacy or safety risks.
- **Protect privacy and confidentiality.** Do not identify a youth as a foster child or post the youth's full name or address on a social network. Never discuss specific case information. (Learn more from <http://wiadopt.org/Resources/Tip-Sheets/Caring-for-Children-Youth/The-411-on-Social-Media-Networking-and-Texting/>.)
- **Be aware that photos may reveal the youth's location.** Some smartphone photos and network services (such as Facebook's and Instagram's location features) provide GPS information. Learn how to manage location services on your smartphone or turn them off completely. (See more about these settings at <http://www.connectsafely.org/how-to-disable-location-on-your-mobile-device/>.)
- **Think before you post.** Be sensitive to how messages may be interpreted by others, including your youth's family members and agency staff. (For more information and resources, see <https://www.childwelfare.gov/topics/management/workforce/tools/socialmedia/>.)

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Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau



# **SECTION 7**

**Independent Living Options**

**50 Things to Prepare for IL**

**Life Skills Progress Chart**

**Checklist for Youth Turning 18**

**Permanency At A Glance**

**Extended Foster Care**

**PESS and RTI**

**Know Your Rights**

**Keys to Independence (K21)**

**Medicaid Plan Map**

# Youth in foster care now have more options when they are 18 years old:

## Postsecondary Educational Service and Support 18-22 yrs. old

- Status**
- In college, vocational school, etc. full time (9hrs/semester)

- Benefits**
- \$1,256 per month

Can apply to re-enter Extended Foster Care at any time if young adult was in licensed care on their 18<sup>th</sup> birthday.

## Extended Foster Care 18-21 yrs. old

- Status**
- In high school/GED/college, etc.  
Or
  - Work 80 hrs/month  
Or
  - In job training program  
Or
  - Documented disability prevents the above

- Benefits**
- Live with foster parent, in group home, supervised living arrangement or dorm
  - Get help with education and living expenses
  - Resources to empower a young adult's future

Can choose to enter PECS if in college/vocational school full time

## Leave Foster Care 18-21 yrs. old

- Temporary Aftercare Services**  
*(If eligible, can receive up to 23 yrs. old)*
- Emergency rent payment
  - Employment assistance
  - Mental health or substance abuse services

Can apply to re-enter Extended Foster Care at any time if young adult was in licensed care on their 18<sup>th</sup> birthday.

Can choose to leave Extended Foster Care at any time

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## 50 Things You Can Do to Help Someone Get Ready for Independent Living



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1. Help them get an original copy of their birth certificate.
2. Help them get a social security card (and wallet to put it in).
3. Enroll them in a school program in which they can succeed.
4. Help them get a picture identification card.
5. Find out if they are eligible for a Medicaid card.
6. Help them get copies of medical records.
7. Start a "life book" that will contain important papers, pictures of family and other mementos.
8. Help them open up a bank account.
9. Teach them how to write and cash a check.
10. Line them up with a dentist that they can continue to use.
11. Line them up with a doctor they can use when they are on their own.
12. Help them put together a family scrapbook.
13. Help them renew contact with family members.
14. Help them develop at least one friendship.
15. Line them up with a good counselor.
16. Take them to join a local recreation center.
17. Teach them some new ways to have fun.
18. Connect them with a church group.
19. Help them find a better paying job.
20. Make sure they really understand birth control.
21. Show them the best place to shop for food, clothing & furniture
22. Help them learn how to look up resources in the phone book.
23. Help them work through an independent living skills workbook.
24. Teach them how to read a map.
25. Take them on a tour of the city.
26. Teach them how to use the bus system and read the bus schedules.
27. Buy them an alarm clock and teach them how to use it.
28. Show them how to use the library & get a library card.
29. Help them get a driver's license and price insurance.
30. Role-play contacts with police, bank tellers, doctors & others.
31. Role-play several different styles of job interviews.
32. Help them put together a resume and an application fact sheet.
33. Make a list of important phone numbers.
34. Teach them how to cook five good meals.
35. Teach them how to store food.
36. Teach them how to use coupons and comparison shop.
37. Teach them how to read a paycheck stub.
38. Teach them how to use an oven and microwave.
39. Teach them how to thoroughly clean a kitchen and bathroom.
40. Take them to a session of adult court; traffic and criminal.
41. Tell them how to get a lawyer and when to get one.
42. Help them understand a lease or rental agreement.
43. Teach them how to do their taxes.
44. Teach them how to write a letter and mail it.
45. Help them develop good phone communication skills.
46. Go over tenant and landlord rights.
47. Help them find a safe, inexpensive place to live.
48. Teach them how to budget their money.
49. Help them find and get along with a potential roommate.
50. Talk to them often about feelings about going out on their own.



LIFE SKILLS PROGRESS CHART

CG= Caregiver, Y=Youth

Skills 				
<p><b>Questions</b></p> 	<p><b>Daily living</b></p> <ul style="list-style-type: none"> <li>• Personal health &amp; well-being</li> <li>• Building healthy relationships</li> <li>• Safety and security</li> <li>• Decision making skills</li> </ul>	<p><b>Education/Employment</b></p> <ul style="list-style-type: none"> <li>• Employment</li> <li>• High school/GED</li> <li>• Vocational training</li> <li>• Career goals</li> </ul>	<p><b>Financial Matters</b></p> <ul style="list-style-type: none"> <li>• Money management</li> <li>• Housing</li> <li>• Driving/Transportation</li> <li>• Future planning</li> </ul>	<p><b>Community/Arts/Activity Participation</b></p> <ul style="list-style-type: none"> <li>• Volunteer hours</li> <li>• Extracurricular activities/hobbies</li> <li>• Community service</li> <li>• Group affiliation(s) (e.g. YouthShire, GAL, unions, etc.)</li> </ul>
<p><b>CG</b></p> <p>What are your long-term goals for the youth?</p>				
<p><b>CG</b></p> <p>What skills are you working on with this youth towards meeting these goals?</p> <p>What successes have you had?</p>				
<p><b>CG</b></p> <p>What additional resources/ assistance does the caregiver need to meet these goals?</p> <p>What challenges does the youth face that require additional resources/assistance?</p>				

<p><b>CG</b> Next Steps/ Person Responsible/By When?</p>				
<p><b>Youth</b> What long-term goals have you (the youth) identified?</p>				
<p><b>Youth</b> What skills are you working on to achieve these goals</p> <p>What successes have you had</p>				
<p><b>Youth</b> What challenges does the youth face that require additional resources/assistance?</p> <p>What additional resources/ assistance does the <i>youth</i> need to meet these goals?</p>				
<p><b>Youth</b> Next Steps/ Person Responsible? By When?</p>				

## **Guidance for use of Life Skills Progress Chart**

- 1. This is a tool to facilitate discussion among the caregiver, youth and case manager about the youth's goals, progress and needs as s/he moves toward living more independently. The goal is to ensure that**
  - a. Needs, expectations and strengths of each youth are addressed in an individual way rather than imposing a "one size fits all" approach**
  - b. All parties are working realistically to help the child become a successful adult**
  - c. The child and caregiver are assisted in accessing services and supports they need to successfully attain their goals**
  - d. There is continuity in planning and mutual accountability for meeting these goals**
  
- 2. The case manager may choose to discuss these issues with the youth and foster parent jointly or with each of them individually based on the preferences of the youth and the caseworkers best judgment**
  
- 3. Documentation should be sufficiently detailed to show that the individual needs and goals have been discussed and to identify any commitments or actions steps**
  
- 4. This is an evolving process, not a series of reviews, therefore, discussions should begin by reviewing in some way the progress chart prepared on the previous visit**
  
- 5. Although the statute only requires this document for youth 13 up to age 18, it may be helpful to use it as a guide for discussion for younger children as well**
  
- 6. Case managers are encouraged to work with child placing agency staff in assisting families in locating resources.**



**7. There are no “right” or “wrong” answers. Case managers should consider**

**a. Are the goals for the child realistic**

**b. Is there agreement between the goals articulated by the youth and those articulated by the caregiver**

**c. Are the actions consistent with and designed to achieve the goals**

**d. What assistance can the case manager provide**

**e. Have services/referrals been effective**

**f. Is the child/family following up with their plans making reasonable progress toward achieving the goals**

**g. When appropriate, has the birth family been involved in planning**

**8. Go to [www.qpiflorida.com](http://www.qpiflorida.com) to view the training webcast scheduled for January 24 1:30 PM**

**Draft October 9, 2013**

## **Checklist for Youth in Licensed Foster Turning 18**

*\*The following tasks are to be completed by the Child Welfare Case Manager at least 60 days before the youth turns 18 years old.*

- \_\_\_\_\_ 1. Obtain a current Medicaid Card (youth must receive by their 18<sup>th</sup> birthday)
- \_\_\_\_\_ 2. Obtain an original social security card (youth must receive by their 18<sup>th</sup> birthday)
- \_\_\_\_\_ 3. Obtain a certified birth certificate (youth must receive by their 18<sup>th</sup> birthday)
- \_\_\_\_\_ 4. Provide the youth with their residency card (must receive by their 18<sup>th</sup> birthday)
- \_\_\_\_\_ 5. Update the educational tab in FSFN to reflect the accurate school start date and end date (if applicable), grade level and number of credits received.
- \_\_\_\_\_ 6. Update the "Adjudicated Delinquent" radio button in FSFN. [This question must be answered with either 'No' or 'Yes / date the youth was adjudicated'. \*This question can be located on the Additional Tab under the youths Person Management Webpage.]
- \_\_\_\_\_ 7. Submit a request to CLS for an Order Removing Non-Disability in the event the youth needs to sign a lease.
- \_\_\_\_\_ 8. Complete the social security renewal packet and return to social security office 30 days prior to youth's 18<sup>th</sup> birthday.
- \_\_\_\_\_ 9. Provide the youth with a copy of their medical records.

# PERMANENCY AT A GLANCE

Implications for access to **independent living services** for Florida youth achieving permanency

Programs and Services	Age Parameters	Eligibility	Implications for Permanency	Other
Tuition Waiver	16-28	<ul style="list-style-type: none"> <li>• Under 18 and in custody of DCF</li> <li>• Over 18 and in custody of DCF on 18th birthday</li> <li>• Under 18 and in the custody of a relative</li> <li>• Over 18 and in the custody of relative on 18th birthday</li> <li>• Spent 6 months in custody of DCF after reaching 16 years of age and placed in guardianship</li> <li>• Adopted from DCF after May 5, 1997</li> </ul>	Adoption or guardianship as permanency options for any youth ages 16 through 28 does <b>NOT</b> disqualify access to tuition waiver	
Post Secondary Supports and Services PESS	18 until 23rd birthday	<ul style="list-style-type: none"> <li>• Living in licensed care on 18th birthday</li> <li>• Currently living in licensed care</li> <li>• Adopted from foster care or placed with a court approved dependency guardian (through court custody order- can be relative or non relative and not required to be licensed)</li> <li>• Spent 6 months in licensed care before reaching 18th birthday (need not be continuous)</li> <li>• Earned a standard HS diploma or its equivalent and be enrolled as full time student (9 credit hours or vocational school equivalent) in a Bright Futures approved post secondary institution</li> </ul>	Adoption or guardianship as permanency option for youth ages 16 through 22 does <b>NOT</b> disqualify access to PESS	Must meet other eligibility requirements

# PERMANENCY AT A GLANCE

Implications for access to **independent living services** for Florida youth achieving permanency

Programs and Services	Age Parameters	Eligibility	Implications for Permanency	Other
Extended Foster Care	18-21 (22 if disabled)	<ul style="list-style-type: none"> <li>Living in licensed care on 18th birthday and not achieved permanency</li> </ul> <p>Must Be:</p> <ul style="list-style-type: none"> <li>Completing secondary education or program leading to equivalent credential</li> <li>Enrolled in institution that provides post secondary or vocational equivalent</li> <li>Participating in a program or activity designed to promote or eliminate barriers to employment</li> <li>Employed at least 80 hours per month</li> <li>Unable to participate in any of the above full time due to physical, intellectual, emotional or psychiatric conditions</li> </ul>	Adoption, return to parents or marriage for youth ages 18 to 21 (22 if disabled) disqualifies for extended foster care eligibility	If any of the permanency options fall before age 18 and the youth re-enters licensed foster care, they would be eligible to enter extended foster care at any time before age 21
Aftercare	18 until 23rd birthday	<ul style="list-style-type: none"> <li>Aged out of licensed care but not in extended foster care or PECS or has left Road to Independence as grandfathered participant</li> </ul>	Adoption or guardianship between 18 and 23rd birthday disqualifies for eligibility for aftercare	If any of the permanency options fall before age 18 and the youth re-enters licensed foster care, they would then be eligible for Aftercare  Must meet other eligibility requirements  Very temporary time-limited safety net assistance

# PERMANENCY AT A GLANCE

Implications for access to **independent living services** for Florida youth achieving permanency

Programs and Services	Age Parameters	Eligibility	Implications for Permanency	Other
Road to Independence (RTI)	18 until 23rd birthday	<ul style="list-style-type: none"> <li>If enrolled as of December 31, 2013 can continue as grandfathered until they reach 23 or graduate from college or no longer meet eligibility requirements</li> <li>Can leave RTI and access PESS or extended foster care</li> <li>Cannot be also enrolled in PESS and extended foster care at the same time</li> </ul>	Adoption after the age of 18 does <b>NOT</b> disqualify continued access to RTI if other eligibility requirements are met	No new applicants accepted after December 31, 2013
Medicaid		<ul style="list-style-type: none"> <li>Any youth who ages out of care at age 18 and received Medicaid at age 18 is eligible for Medicaid until they turn 26 regardless of what happens after age 18</li> </ul>	<p>Permanency, including adoption, return to parent or marriage if the youth aged out of care at the age of 18, does <b>NOT</b> disqualify eligibility for Medicaid until age 26</p> <p>However, adoption or guardianship prior to age 16 disqualifies eligibility for Medicaid</p> <p>Permanency at ages 16 and 17 (with 6 months in licensed care) does <b>NOT</b> disqualify eligibility for Medicaid until age 21</p> <p>Adoption after the age of 18 has no impact on Medicaid eligibility</p>	Must meet other eligibility requirements

# ***Extended Foster Care***

## **Eligibility for the program:**

The young adult must be living in licensed foster care on his or her 18<sup>th</sup> birthday

There is no requirement regarding the length of time he or she resided in licensed foster care prior to turning 18.

## **What are the requirements for the young adult to remain in EFC?**

- ▶ Be in high school or a similar program
- ▶ Attend college, community college or a vocational education program
- ▶ Work at least 80 hours a month
- ▶ Participate in a program to remove barriers to employment
- ▶ Be unable to do one of the above because of a medical condition

## **What does the young adult need to do while in EFC?**

- ▶ Sign a mutual agreement
- ▶ Work to meet the goals of their Case Plan and the Transitional Independent Living Case Plan (TILP)
- ▶ Attend court at a minimum of every 6 months
- ▶ Have home visits completed every 30 days

## **Where will He/She Live?**

- ▶ In a foster family home
- ▶ Group home
- ▶ Supervised independent living setting (i.e. College dorm, rental home, or apartment)
  - ▶ Supervised settings must be approved by the agency
  - ▶ Payments for rent/utilities will be made directly to the providers

## Extended Foster Care-Life Skills

Like many young adults who go out on their own when they turn 18 and then decide to return home, young adults in foster care now have that same option. Effective January 1, 2014, current and former foster youth will have a new variety of services available to nurture their success. In the past, youth did not have the option to remain in foster care after their 18th birthday. Now, through Extended Foster Care, they have the flexibility they need to transition into adulthood at a pace that suits their individual circumstances.

"My Future, My Choice" is the theme for this new program, because it gives youth the option to remain at home until 21, or receive financial assistance as they continue pursuing academic and career goals. Either way, they will continue to receive case management services, emergency aftercare services, and any other services that will provide them with a sound platform for success as independent adults.

EFC gives participants the opportunity for consistency in their lives and access to an array of services and supports while they continue their academic career, maintain employment, or participate in activities that remove barriers to their employment. Furthermore, young adults have the option to leave and re-enter EFC as long as they meet the eligibility requirements.

As we look to expand and develop our life skills educational opportunities for adolescents and young adults, please see this link <http://centerforchildwelfare.fmhi.usf.edu/IndependentLiving/extendedfc.shtml> to assist as a resources for the adolescents/young adults you serve.

In addition, the Quality Parenting Initiative offers a terrific training on Life Skills <http://centervideo.forest.usf.edu/qpi/lifeskillsfp/lifeskillsfp.html> this webinar should assist in answering many of the questions you may have as it relates to caring for adolescents or young adults.



# ***Postsecondary Education Services and Support (PESS) and Road to Independence (RTI)***

## **Eligibility for the program:**

Young adults who turned 18 while residing in licensed care and have spent a total of six months in licensed out-of-home care before turning 18.

**OR**

Young adults that were adopted after the age of 16 from foster care or placed with a court-approved dependency guardian after spending at least six months in licensed care within the 12 months immediately preceding such placement or adoption.

## **What are the differences between PESS and RTI?**

### **PESS**

- ▶ Full-time enrollment is 9 credit hours per semester
- ▶ Must sign an agreement to allow the agency access to school records
- ▶ Monthly financial assistance is \$1,256 (if the young adult is not in EFC)
- ▶ If in EFC, the amount is the R/B rate

### **RTI**

- ▶ Full-time enrollment is 12 credit hours per semester
- ▶ Needs assessment completed to determine amount of monthly stipend
- ▶ Eligible if enrolled in high school, GED or postsecondary educational program



Fighting for Children's Rights



## **Know Your Rights: Florida's Tuition and Fee Exemption for Students who had Child Welfare Involvement.**

In March, 2016, the Board of the Governors of the Florida State University System realized the need to revise its Regulation<sup>1</sup> that limited the use of the tuition exemption to a maximum of 120 credit hours in undergraduate courses – which was not correct according to current law.

The revised Regulation will make it clear that there is no limitation on the number of credit hours or type of courses. The only limitation is that the exemption expires when the young adult reaches age 28.

This change was brought about by the persistent advocacy of Florida's Children First and Florida Youth SHINE and accomplished with the help of legislators, their staff, and pro bono attorneys.

### **Who Is Entitled to the Tuition & Fee Exemption?**

- Students who were in out-of-home care at age 18. (Foster care, group home, relative or non-relative placement all count.)
- Students whose child welfare case was closed to guardianship after age 16 so long as they spent at least 6 months in licensed care prior to the case being closed.
- Students who were adopted from state care after May 5, 1997.

### **Where Can I use the Tuition & Fee Exemption?**

- State (public) Universities
- Colleges (public) in the Florida College System
- School District Workforce Education Programs

### **How Long is the Tuition & Fee Exemption Good For?**

- Until age 28.

### **What Does the Tuition & Fee Exemption Cover?**

- Tuition and Fees – including Lab Fees
- Workforce Education provided by School Districts
- Undergraduate Classes
- Graduate School Classes (Master's or Ph.D.)
- Professional School Classes (e.g. Medical, Dental and Law)

<sup>1</sup> Board of Governors Regulation 7.008

### **How Do I Access the Tuition & Fee Exemption?**

- Obtain a document describing your eligibility from the Community Based Care lead agency in the community where your child welfare case was located.
- Contact the financial aid office to determine its process for using the exemption.

### **Is there a Limitation on How Many Credit Hours I Can Take?**

- There is NO LIMIT on the number of credit hours! (NOT limited to 120 hours)

### **Is the Tuition and Fee Exemption Limited to Undergraduate Courses?**

- No. There is NO LIMIT on the type of courses or of the degree you seek. From trade school to medical school – all are included.

### **What Do I Do if the School Says I Can't Use the Exemption for my Classes?**

- Find out the exact reason why you are being denied –get the decision in writing.
- If you need additional documentation to show you qualify for the Tuition and Fee Exemption, contact the Independent Living Specialist at your local Community Based Care agency for assistance.
- If the school denies the exemption based on the old policy (which limited you to 120 hours undergraduate courses only) then ask to have that decision reviewed by the General Counsel to the University.
- If you are stilling having problems, contact us at:  
[fef@floridaschildrenfirst.org](mailto:fef@floridaschildrenfirst.org)

# K2I

## Keys to Independence

### What is Keys to Independence?

The Keys to Independence program recognizes that a young adult cannot be fully independent without a driver's license (FL Statute 409.1454). The program seeks to promote age-appropriate activities for children in foster care, including obtaining a driver's license.

### Do I qualify for the program?

To qualify for the program and the reimbursements for the costs associated with obtaining a learner's permit and driver's license:

1. Youth must be residing in out-of-home care (licensed care, relative or non-relative placement) in the state of Florida.
2. Youth must be 15-21 years old.
3. Youth must have the approval of the appropriate caregiver, who will apply a reasonable and prudent parenting standard.
4. Youth must meet DMV requirements for application of a Learner's, Intermediate or Full Privilege License. (visit [www.flhsmv.gov](http://www.flhsmv.gov) for more information).
5. If requesting reimbursement for expenses related to auto insurance, youth must complete a comprehensive driver's education course.

### What costs may be covered under the program?

- 4-hour traffic law & substance abuse course
- Learner's license fee
- Driver's license fee
- Testing fees (knowledge or skill re-tests)
- Comprehensive driver's education course
- Auto insurance
- Deductible (in the case of an accident)
- Other costs incidental to licensure (determined on an individual basis)

### How do I get started?

To apply, youth and their caregivers can visit [www.keystoindependencefl.org](http://www.keystoindependencefl.org) and complete the user-friendly online application.

321-441-2060 | [info@keystoindependence.org](mailto:info@keystoindependence.org) | [www.keystoindependencefl.org](http://www.keystoindependencefl.org)



## Keys to Independence

### Frequently Asked Questions

#### **What does being in "licensed foster care" or a "licensed placement" mean?**

Youth who have been removed from their homes and placed with a foster family, in a group home or in a residential facility are considered to be in "licensed foster care" or in a "licensed placement". The foster family or residential facility has been licensed by the State of Florida to provide substitute care.

Youth who have been placed in the care of a relative or friend who is not licensed by the State of Florida would not be considered to be in "licensed" care.

#### **Will a foster parent be charged more on their insurance if they have a foster child who is learning to drive with a learner's permit?**

No. The Florida Statutes 627.746 prohibit insurers from charging foster parents more for their car insurance for a foster child who has a learner's permit. Once the foster child gets a driver's license, then the insurance companies can and will charge. The Keys to Independence program was created to cover this increase in insurance cost for the foster parents. All foster children in Florida who are planning to get a learners permit should [enroll in the Keys to Independence program](#) to ensure reimbursement can be processed if a foster parent decides to cover a youth on their insurance.

#### **Will a foster parent, case manager or an authorized representative of a residential group home who signs the foster child's application for a learner's permit assume any obligation or be liable for any damages?**

No. Although DMV personnel at your local office may say that the adult co-signer assumes responsibility for the negligence of the youth, Florida Statutes 322.094(4) exempts foster parents of a minor, an authorized representative of a residential group home at which the minor resides or the caseworker at the agency from assuming any obligation or liability for any damages by signing the application.

#### **Will Keys to Independence cover the expense of a caregiver's policy if the policy exceeds the statutory minimum required to obtain a driver's license?**

We are only able to reimburse insurance costs that are required for the child under the family's basic insurance plan. Thus, Keys to Independence cannot cover the cost of a policy that



# K2I

## Keys to Independence

provides a higher level of protection to a caregiver including an umbrella policy or for a specific automobile primarily driven by the youth.

### **If I let a youth drive my care and they have an accident, will I be sued and will they take my house?**

We there is an accident, the first insurance to be pursued is the one on the vehicle. In Florida, all vehicle owners are obligated to have insurance and that insurance will cover damage done by whomever drives that vehicle. The second insurance to be pursued is the insurance on the driver. We are offering this secondary insurance for any of our youth through our program. This is a non-owner coverage for these drivers.

The question goes to what happens beyond this coverage. First, there is a practical answer. Ninety-nine percent of lawyers will not go after more than these limits. Most law firms will not take an auto accident case if there is not coverage to pursue. However, there would be that rare case in which there is some catastrophic damage has occurred. That is ultimately the personal liability of the driver. In this case, that would be the youth who if he or she is in foster care is probably judgment proof and has no assets to pursue. The only time a law suit would be able to go after someone else is if that other person (car owner or custodian) was reckless in letting the youth drive. So, if I know my son drinks and drives and let him take my car out drinking, I could be potentially liable for his driving if he gets drunk and drives. However, caregivers have an additional protection under Fl. Stat. 409.145 of Florida Statutes that prohibits a caregiver from being liable if they use a prudent parent standard in approving a youth's activities. Fl. Stat. 409.145 3 (d):

**Limitations of Liability - A caregiver is not liable for harm caused to a child who participates in an activity approved by the caregiver, provided that the caregiver has acted in accordance with reasonable and prudent parent standard.**

None of this prohibits any of us from being sued. Anyone can be sued for anything. It is a question of whether or not the plaintiff will win. It is extremely unlikely that anyone would win a law suit beyond the insurance policy limits from damage incurred by a youth in foster care who has a car accident.

In addition the Keys to Independence Program will reimburse the actual cost or up to \$1,000 for the cost of the deductible if a youth was driving during an accident.

### **Does the program reimburse for duplicate licenses or cover reinstatement fees?**

No. These funds are allocated to assist youth in getting their first license. It is not available for a duplicate or replacement after a youth has received their license or learner's permit.

## Medicaid Plan Map for Young Adults Formerly in Out-of-Home Care

IF YOU	AND YOU ARE	18	19	20	21	22	23	24	25
<b>Aged Out of Florida's Licensed or Non-Licensed Foster Care at Age 18 or Older</b>	Not receiving any services	<b>General Medicaid Coverage through the Affordable Care Act</b> <ul style="list-style-type: none"> <li>• Young adult completes the Medicaid application online.</li> <li>• Young adult chooses managed care plan after case is authorized.</li> </ul> <p>Note: If the young adult aged out at age 18, Medicaid is extended to age 21. So, the Affordable Care Act coverage would begin at age 21 (the age-out Medicaid extension ends at 21), when the young adult completes the Medicaid application online.</p>							
	Eligible for Aftercare	<b>General Medicaid Coverage through the Affordable Care Act</b> <ul style="list-style-type: none"> <li>• Young adult completes the Medicaid application online.</li> <li>• Young adult chooses managed care plan after case is authorized.</li> </ul>							
	Eligible for EFC	<ul style="list-style-type: none"> <li>• Upon the young adult turning 18 years old, CBC sends Notice (via FSFN) to ACCESS Child in Care staff, who will complete the Medicaid process to extend coverage to age 21.</li> </ul>				<b>General Medicaid Coverage through the Affordable Care Act</b> <ul style="list-style-type: none"> <li>• Young adult completes the Medicaid application online.</li> <li>• Young adult chooses managed care plan after case is authorized.</li> </ul>			
	Eligible for PESS	<ul style="list-style-type: none"> <li>• The Young Adult chooses managed care plan after case is authorized.</li> </ul>				<b>General Medicaid Coverage through the Affordable Care Act</b> <ul style="list-style-type: none"> <li>• Young adult completes the Medicaid application online.</li> <li>• Young adult chooses managed care plan after case is authorized.</li> </ul>			
<b>Were adopted from Foster Care or Closed to Protective Supervision in Guardianship at age 16 or 17 with 6 Months in Foster Care</b>	Not receiving any services	<ul style="list-style-type: none"> <li>• Child In Care staff will complete the Medicaid determination process to extend coverage to age 21, according to information received from the CBC.</li> </ul>				The young adult may access coverage under adoptive parents' or guardians' health insurance.			
	Eligible for PESS	<ul style="list-style-type: none"> <li>• The Young Adult chooses managed care plan after case is authorized.</li> </ul>							
	Eligible for RTI	<ul style="list-style-type: none"> <li>• The Young Adult chooses managed care plan after case is authorized.</li> </ul>							
<b>Receive SSI</b>		<b>SSI Medicaid</b>							

**Foster care or Out-of-Home Care** means 24-hour substitute care for children placed away from their parents or legal guardians and for whom the Title IV-E agency has placement and care responsibility. This includes but is not limited to placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, relatives, non-relatives, child care institutions, and pre-adoptive homes.



## Medicaid Plan Map for Young Adults Formerly in Out-of-Home Care

The Nancy C. Detert Common Sense and Compassion Independent Living Act went into effect January 1, 2014. This law provides current and former foster youth a variety of independent living programs and services to assist them in transitioning into adulthood at a pace that is most appropriate for their individual circumstances. These are:

1. **Extended Foster Care (EFC)** allows young adults living in a licensed placement on their 18th birthday to remain in foster care until their 21<sup>st</sup> birthday, or 22<sup>nd</sup> birthday, if they have a documented disability. Participants receive case management services, judicial oversight of their progress toward independence, room and board, as well as other services they need to succeed as independent adults. Participants develop a transition plan with the assistance of others to help guide them to success.
2. **Postsecondary Education Services and Support (PESS)** also is available to young adults, whether they decide to enroll in extended foster care or not. A monthly rate of \$1,256 is available to eligible students enrolled in post-secondary educational institutions to assist them with living expenses while they complete their higher education goals. This program ends on the young adult's 23<sup>rd</sup> birthday.
3. **Aftercare services (Aftercare)** - Young adults who are not enrolled in Extended Foster Care or PESS may receive Aftercare services or funding. These services are designed to provide a safety net for Young Adults who find themselves in need of a helping hand.
4. **Road To Independence (RTI)** – Youth and young adults in existing Independent Living programs (Road to Independence, Subsidized Independent Living) as of Dec. 31, 2013, may remain in one of those grandfathered independent living programs. That young adult, if residing in licensed care upon turning 18, is eligible for EFC or PESS if within the age limitations and meeting the other requirements. Any youth who wishes to enter EFC (or PESS, if enrolled in a qualifying post-secondary program) forfeits the status of being grandfathered. The grandfathered Road to Independence program ends on the young adult's 23<sup>rd</sup> birthday.

# **SECTION 8**

**Common Acronyms**

**Pool Safety**

**Car Seat Safety**

**30 Fun Things to Do With Your Kids**

**Tax Information**

**Women, infant, and Children (WIC)**

**Early Learning Coalition-Childcare**

Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>120, 120 Hearing</b>	Chapter 120 of the Florida admin code that deals with due process rights with decisions made by agents of the state
<b>4C</b>	Community Coordinated Care for Children (Community Services Council in Orlando, Contracts with ELCs in Orange, Osceola counties to oversee VPK, Headstart and School Readiness)
<b>504 (Plan)</b>	educational plan developed for child with disability that includes accomodations (federal law)
<b>65c-10</b>	Florida Administrative Code (rules) regarding child protective investigations (DCF is rulemaking authority)
<b>65c-11</b>	Florida Administrative Code (rules) regarding child protective services (DCF is rulemaking authority)
<b>65c-12</b>	Florida Administrative Code (rules) regarding emergency shelter care (DCF is rulemaking authority)
<b>65c-13</b>	Florida Administrative Code (rules) for foster parent licensing (DCF is rulemaking authority)
<b>65c-14</b>	Florida Administrative Code (rules) regarding child-caring agency licensing (DCF is rulemaking authority)
<b>65c-15</b>	Florida Administrative Code (rules) regarding child-placing agencies (DCF is rulemaking authority)
<b>65c-16</b>	Florida Administrative Code (rules) regarding adoptions (DCF is rulemaking authority)
<b>AAL</b>	Attorney ad Litem (Note: plural is "Attorneys as Litem" ... possessive is "Attorney ad Litem's")
<b>AARC</b>	Adoption Application Review Committee
<b>ABA</b>	American Bar Association
<b>ABA</b>	Applied Behavioral Analysis
<b>ACCESS</b>	Program used by Economic Self-Sufficiency program to allow customers to connect with their public assistance info
<b>ACE</b>	Adverse Childhood Experiences
<b>ADA</b>	Americans with Disabilities Act
<b>ADD</b>	Attention Deficit Disorder
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ADJ</b>	Adjudication
<b>ADM</b>	Alcohol, Drug Abuse and Mental Health Office
<b>ADR</b>	Alternative Dispute Resolution
<b>ADS</b>	Affidavit of Diligent Search
<b>AES</b>	Adoption Exchange System
<b>AFCARS</b>	Adoption and Foster Care Analysis and Reporting System (national data collection)
<b>AG</b>	Office of Attorney General (acts as CLS in some counties)
<b>AHCA</b>	Agency for Health Care Administration
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ALJ</b>	Administrative Law Judge
<b>AP</b>	Absent Parent ( <i>Not recommended, careful with context can mean "adoptive parent" or "alleged perpetrator"</i> )
<b>AP</b>	Adoptive Parent ( <i>Not recommended, careful with context can mean "absent parent" or "alleged perpetrator"</i> )
<b>AP</b>	Alleged Perpetrator ( <i>Not recommended, careful with context can mean "absent parent" or "adoptive parent"</i> )
<b>APD</b>	Agency for Persons with Disabilities
<b>APE</b>	Adapted Physical Education
<b>APHSA</b>	American Public Human Services Association
<b>APPLA</b>	Another Planned Permanent Living Arrangement
<b>APS</b>	Adult Protective Services
<b>ARIS</b>	Abuse Reporting Information Services
<b>ARS</b>	Adoption & Related Services
<b>ASA</b>	Assistant State Attorney
<b>ASFA</b>	Adoption & Safe Families Act
<b>ASL</b>	American Sign Language
<b>AT</b>	Assistive Technology
<b>ATC</b>	Adoption Tax Credit
<b>BA</b>	Behavior Analyst
<b>BA OR BA-52</b>	Baker Act (Involuntary Commitment for mental health; up to 72 hours)
<b>BASP</b>	Behavior Analysts Services Program
<b>BBCBC</b>	Big Bend Community Based Care
<b>BD</b>	Behavior Disorder

Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>BD</b>	Blo Dad or Birth Dad (Informal, generally on social media discussions between foster parents)
<b>BFP</b>	Brevard Family Partnership (CBC Circuit 18)
<b>BIA</b>	Bureau of Indian Affairs
<b>BIP</b>	Batterers Intervention Program/Plan
<b>BM</b>	Blo Mom or Birth Mom (Informal, generally on social media discussions between foster parents)
<b>BSHCN</b>	Federal Bureau of Special Health Care Needs
<b>BSIU</b>	Background Screening and Investigation Unit
<b>BSW</b>	Bachelor's of Social Work
<b>C-#</b>	Judicial Circuit (I.e. C-6 or C6 = Circuit 6) Florida has 20 judicial circuits, most consist of multiple counties.
<b>CAC</b>	Community Advisory Committee on Special Education
<b>CAC</b>	Children's Advocacy Center. In many counties, provides forensic examinations and interviews for allegations of child abuse, and provides therapy for sexually abused children and non-offending parents.
<b>CAM</b>	Child Advocate Manager (part of the GAL office)
<b>CAP</b>	Corrective Action Plan
<b>CAPTA</b>	Child Abuse Prevention Treatment Act
<b>CASA</b>	"Court Appointed Special Advocate" (Florida uses term Guardian Ad Litem (GAL))
<b>CASE</b>	Community Alliance for Special Education
<b>CATT</b>	Child to Adult Transition Team
<b>CBC</b>	Community Based Care
<b>CBCCF, CBCCFI</b>	Community Based Care of Central Florida (CBC serving circuits 9 and 18; Orange, Osceola and Seminole counties)
<b>CBHA</b>	Comprehensive Behavioral Health Assessment
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CBT</b>	Competency Based Training
<b>CDRT</b>	Child Death Review Team
<b>CE</b>	Continuing Education
<b>CEC</b>	Continuing Education Credits
<b>CEU</b>	Continuing Education Units (Credits)
<b>CFOP, OP</b>	Children and Families Operating Procedures
<b>CH</b>	Child
<b>CHAMPs</b>	Children Need Amazing Parents; a national communications and policy campaign focused on quality parenting (Part of QPI program)
<b>Chapter 39</b>	Florida Statute relating to children
<b>Chapter 409</b>	Florida Statutes regulating social & economic assistance (also outlines CBC and DCF duties and accountability)
<b>Chapter 63</b>	Florida Statutes regulating Adoption
<b>Chrono</b>	Chronological Notes
<b>CHS</b>	Children's Home Society (child welfare services provider across the state of Florida, services vary by area)
<b>CIC</b>	Child In Care
<b>CIO</b>	Chief Information Officer
<b>CIP</b>	Court Improvement Program/Continuous Improvement Program
<b>CIRRT</b>	Critical Incident Rapid Response Team (Multidisciplinary team from DCF that investigates child fatalities)
<b>CIS</b>	Client Information System
<b>CJC</b>	Child Justice Center
<b>CLS</b>	Children's Legal Services (Attorney)
<b>CM</b>	Case Manager
<b>CMA</b>	Case Management Agency (same as CMO)
<b>CMAT</b>	Children's Multidisciplinary Team
<b>CMH</b>	Children Mental Health
<b>CMO</b>	Case Management Organization
<b>CMS</b>	Children's Medical Services
<b>CN or CNI</b>	ChildNet, Inc. Broward and Palm Beach (CBC, Circuits 15 & 17)

Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>CNSWFL</b>	Childrens Network Southwest Florida (CBC In Lee, Collier, Charlotte, Hendry and Glades counties; Circuit 20)
<b>CoF</b>	Circle of Friends - <a href="http://www.cofsfl.org/index.php">http://www.cofsfl.org/index.php</a>
<b>CoP</b>	Circle of Parents
<b>CP</b>	Cerebral Palsy
<b>CP</b>	Case Plan
<b>CPC</b>	Community Partnership for Children
<b>CPI</b>	Child Protective Investigator
<b>CPP</b>	Child Parent Psychotherapy(1st)
<b>CPS</b>	Child Protection Specialist
<b>CPT</b>	Child Protection Team
<b>CQI</b>	Continuous Quality Improvement (process)
<b>CRC</b>	Case Review Committee
<b>CRP</b>	Citizen Review Panel
<b>CS</b>	Courtesy Supervision
<b>CSA</b>	Abuse Report/Child Safety Assessment
<b>CSC</b>	Childrens Service Council; special taxing district under FS Ch 125 and the agencies created to manage funds and services for the needs of children in that community
<b>CSEC</b>	Commercial Sexual Exploitation of a Child (Human Trafficking)
<b>CSFR</b>	Child and Family Services Review
<b>CSP</b>	Child Support Program (Formerly CSE - Child Support Enforcement)
<b>CW</b>	Caseworker
<b>CWLS</b>	Child Welfare Legal Services
<b>CWPMHP</b>	Child Welfare Prepaid Mental Health Plan
<b>Cx</b>	Child/Children
<b>D&amp;A</b>	Drug and Alcohol <i>(Not recommended, only useful in print, verbally challenging as it sounds like "DNA")</i>
<b>DA</b>	District Administrator
<b>DB</b>	Deaf/Blind
<b>DCA</b>	District Court of Appeals
<b>DCF, The Department</b>	Florida Department of Children & Families
<b>DCIC</b>	Dependency Court Improvement Council/Committee
<b>DCM</b>	Dependency Case Manager
<b>DCMS</b>	Dependency Case Manager Supervisor
<b>DD</b>	Developmental Disability
<b>DFL</b>	Directions For Living (a social services provider in the Tampa Bay Area with focus on mental health; also a CMO in Pinellas County)
<b>DHHS</b>	Department of Health and Human Services
<b>DIS</b>	Designated Instruction and Services
<b>Dispo</b>	Dispositional hearing
<b>DJJ</b>	Florida Department of Juvenile Justice
<b>DNA</b>	Deoxyribonucleic acid (Molecular level of blood that contains genetic information, used for paternity/relative testing)
<b>DOAH</b>	Administrative Hearings (120 Hearing) - Acronym stands for Division of Administrative Hearings
<b>DOB</b>	Date of Birth
<b>DOE</b>	U.S. Department of Education
<b>DOH</b>	Department of Health (usually reference to the state or local entity, federal is HHS or Dept of Health and Human Services)
<b>DOR</b>	Florida Department of Revenue
<b>DPM</b>	District Program Manager
<b>DQM</b>	Data Quality Management
<b>DREDF</b>	Disability Rights Education and Defense Fund
<b>DS</b>	Developmental Services



Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders (currently in 5th edition so sometimes DSM-5); official US classifications for diagnoses of disorders
<b>DTF</b>	Diversity Task Force ( <i>Not recommended, there are other informal uses of this acronym that are sexual in nature</i> )
<b>DV</b>	Domestic Violence
<b>DVRA</b>	Domestic Violence Risk Assessment
<b>EBP</b>	Evidence Based Practice
<b>ECA</b>	Eckerd Community Alternatives (former name of Eckerd Kids CBCs in Tampa Bay Area)
<b>ECC</b>	Early Childhood Court
<b>ED</b>	Emotionally Disturbed
<b>EFC</b>	Extended Foster Care
<b>EH</b>	Emotionally Handicapped
<b>EI</b>	Early Intervention
<b>ELC</b>	Early Learning Coalition, local branch of Florida's office of Early Learning; oversees VPK and school readiness programs (including child care assistance funding)
<b>ELL</b>	English Language Learner (previously ESL)
<b>EMH</b>	Emotionally & Mentally Handicapped
<b>EPSDT</b>	Early Periodic Screening, Diagnosis, Treatment
<b>ER</b>	Emergency Room
<b>ES</b>	Emergency Shelter
<b>ESI</b>	Early Services Intervention
<b>ESS</b>	Economic Self-Sufficiency (public assistance program)
<b>ESY</b>	Extended School Year
<b>EYA</b>	Eckerd Youth Alternatives (Now operates as Eckerd Kids, parent of Eckerd Kids CBCs in circuits 6 & 13)
<b>FAC</b>	Florida Administrative Code, documents how state agencies apply statutes
<b>FAF</b>	Fostering Achievement Fellowship
<b>FAHIS</b>	Florida Abuse Hotline Information System
<b>FAPA</b>	Foster and Adoptive Parent Association
<b>FAPE</b>	Free and Appropriate Public Education
<b>FAS</b>	Fetal Alcohol Syndrome
<b>FASD</b>	Fetal Alcohol Spectrum Disorders
<b>FAST</b>	Foster Allegations Support Team
<b>FBA</b>	Functional Behavioral Assessment
<b>FBCH</b>	Florida Baptist Children's Home (service provider and CMO in many areas of state)
<b>FBO</b>	Faith Based Organization
<b>FC</b>	Foster Care
<b>FC</b>	Foster child (tends to be more casual use, i.e. among foster parents on closed social media groups)
<b>FCC</b>	Florida Coalition for Children (Comprised of various CBCs and child welfare provider agencies)
<b>FCM</b>	Family Care Manager
<b>FCP</b>	Family Centered Practice
<b>FD</b>	Foster daughter (tends to be more casual use, i.e. among foster parents on closed social media groups)
<b>FDLE</b>	Florida Department of Law Enforcement
<b>FDLRS</b>	Florida Diagnostic & Learning Resources System
<b>FERPA</b>	Family Educational Rights and Privacy Act
<b>FF</b>	Family Finding/Family Finders
<b>FFCPBC</b>	Friends of Foster Children Palm Beach County (Foster & Adoptive Parent Association)
<b>FFH</b>	Family Foster Home
<b>FFN</b>	Families First Network
<b>FH</b>	Foster Home
<b>FHD</b>	Foster Home Development (Licensing)
<b>FICW</b>	Florida Institute for Child Welfare - <a href="http://ficw.fsu.edu/">http://ficw.fsu.edu/</a>



Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>FIP</b>	Family Integrity Program -St. Johns County Bd. of Commissioners (CBC, Circuit 7)
<b>FL CFRS</b>	Florida Child and Family Service Review
<b>FLAC</b>	Florida Local Advocacy Council
<b>FLAG</b>	Family Law Advisory Group
<b>FMLA</b>	Family Medical Leave Act (Federal law regarding unpaid family leave)
<b>FP</b>	Foster Parent(s)
<b>FPA</b>	Foster Parent Association (see also FAPA, FSFAPA & NFPA)
<b>FS</b>	Foster son (tends to be more casual use, i.e. among foster parents on closed social media groups)
<b>FS</b>	Florida Statutes
<b>FSC</b>	Family Services Counselor (term used in place of "case manager" or "case worker" in some agencies)
<b>FSFAPA</b>	Foster State Foster/Adoptive Parent Association (see also FPA & NFPA)
<b>FSFN</b>	Florida Safe Families Network - State controlled database of all case related information
<b>FSS</b>	Family Support Services
<b>FSYR</b>	Florida Sheriffs Youth Ranches
<b>FTM</b>	Family Team Meeting
<b>FTT</b>	Failure to Thrive (common diagnosis for children coming into the system, generally associated with undersize, underweight and/or behind on development)
<b>Fx</b>	Father
<b>FY</b>	Fiscal Year (Child welfare operates on government fiscal year; July 1-June 30)
<b>FYLA</b>	Florida Youth Leadership Academy
<b>GAL</b>	Guardian ad Litem ( <i>Note: plural is "Guardians ad litem," possessive is "Guardian ad Litem's"</i> )
<b>GF (GFI)</b>	Go Foster!
<b>GFx</b>	Grandfather
<b>GMx</b>	Grandmother
<b>HB</b>	House Bill (Federal or State legislation)
<b>HCFPA</b>	Hillsborough County Family Partnership Alliance (Foster & Adoptive Parent Association)
<b>HCICA</b>	Hague Convention on Intercountry Adoption (Netherlands); governs international adoptions between US and 75 countries, implemented by IAA
<b>HFC</b>	Heartland For Children (CBC in Polk, Hardee & Highlands counties - Circuit 10)
<b>HHS</b>	US Department of Health and Human Services, Cabinet level agency (federal iteration of "health department")
<b>HI</b>	Hearing Impaired
<b>HIPPA</b>	Health Insurance Portability and Accountability Act of 1996; often cited for rules establishing data privacy and safeguarding of data
<b>HIV</b>	Human Immunodeficiency Virus (the virus which leads to AIDS)
<b>HKI</b>	Hillsborough Kids Inc (former Tampa CBC)
<b>HMO</b>	Health Maintenance Organization
<b>HOH</b>	Hard of Hearing
<b>Hotline</b>	Child Abuse Hotline
<b>HS</b>	Home Study
<b>HV</b>	Home Visit
<b>IAA</b>	Intercountry Adoption Act of 2000, federal law enacting Hague Convention of Intercountry Adoptions in US
<b>ICAMA</b>	Interstate Compact on Adoption and Medical Assistance
<b>ICCP</b>	Intensive Crisis Counseling Program
<b>ICP</b>	Initial Case Plan
<b>ICPC</b>	Interstate Compact for Placement of Children
<b>ICSA</b>	Initial Child Safety Assessment
<b>ICWA</b>	Indian Child Welfare Act
<b>ICWSIS</b>	Integrated Child Welfare Services Information System
<b>ID</b>	Intellectual Disability (to replace MR)
<b>IDEA</b>	Federal law; Individuals with Disabilities Act of 2004

Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>IDS</b>	Initial Decision Summary
<b>IEE</b>	Independent Educational Evaluation
<b>IEP</b>	Individualized Education Plan/Program (under Federal Individuals with Disabilities Act of 2004)
<b>IEPA</b>	Interethnic Adoption Provisions of 1996 (Federal legislation that removed many hurdles to adoptions across ethnicities)
<b>IFPS</b>	Intensive Family Preservation Services
<b>IFSP</b>	Individualized Family Service Plan
<b>IG</b>	Inspector General (Internal compliance inspector within DCF and many other state agencies)
<b>IL</b>	Independent Living
<b>ILP</b>	Independent Living Program
<b>ILS</b>	Independent Living Services
<b>IPP</b>	Individual Program Plan (Regional Center)
<b>IR-3</b>	IR-3 Visa for intercountry adoption (completed abroad)
<b>IR-4</b>	IR-4 Visa for Intercountry adoption (to be finalized in the US)
<b>IRAS</b>	Incident Reporting and Analysis System
<b>IRS</b>	Internal Revenue Service (federal)
<b>ISS</b>	International Social Services
<b>ITP</b>	Individual Transition Plan
<b>IV-B</b>	Portion of the social security act whose monies are used for services related to prevention of and response to child abuse and neglect
<b>IV-E</b>	Title IV-E funds (Social Security Administration): Federal funds that provide primary funding for social welfare programs and policies
<b>IV-E (Title IV-E)</b>	Part of the Social Security Act; The major source of federal funds for child welfare, specifies eligibility and allowable use of funds
<b>JAC</b>	Justice Administrative Commission
<b>JAC</b>	Juvenile Assessment Center
<b>JDC</b>	Juvenile Detention Center
<b>JJ</b>	Juvenile Justice
<b>JR</b>	Judicial Review
<b>JRSSR</b>	Judicial Review and Social Study Report (filed by Case Manager)
<b>JTT</b>	Just in Time Trainings
<b>JWB</b>	Juvenile Welfare Board (Childrens Service Council in Pinellas County)
<b>KCI</b>	Kids Central Inc. (CBC in Citrus, Hernando, Lake, Marion and Sumter counties - Circuit 5)
<b>KFF</b>	Kids First of Florida, Inc. (CBC in Clay County, Circuit 4)
<b>LD</b>	Learning Disability
<b>LE</b>	Law Enforcement
<b>LEA</b>	Local Education Agency
<b>LEO</b>	Law Enforcement Officer
<b>LEP</b>	Limited English Proficient
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Trans, Queer
<b>LOC</b>	Level of Care Staffing
<b>LRE</b>	Least Restrictive Environment
<b>LSF</b>	Lake Sumter Families - foster adoptive parent association for Lake and Sumter Counties
<b>LSF</b>	Lutheran Services Florida (CMO or service provider; provides case management in Pinellas County)
<b>MAPP</b>	Model Approach to Partnerships in Parenting (one Foster Parent preservice training option)
<b>MAS</b>	Maintenance Adoption Subsidy
<b>MBI</b>	Manifest Best Interest Hearing
<b>MCR</b>	Missing Child Report
<b>MD</b>	Multiple Disabilities
<b>MDCFAPA</b>	Miami Dade County Foster Adoptive Parent Association
<b>MDT</b>	Multidisciplinary Team (also MDT Staffing)

Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>ME</b>	Medical Examiner
<b>MEPA</b>	Multiethnic Placement Act
<b>MGFx</b>	Maternal Grandfather
<b>MGMx</b>	Maternal Grandmother
<b>MH</b>	Mental Health
<b>MH</b>	Multiple Handicapped
<b>MIBH</b>	Manifest Best Interest Hearing
<b>Misd</b>	Misdemeanor
<b>MR</b>	Mental Retardation
<b>MRC</b>	Multidisciplinary Review Committee (formally FSPT & CRC)
<b>MS</b>	Multiple Sclerosis
<b>MSW</b>	Master's of Social Work
<b>MTF</b>	Master Trust Fund (Account for holding benefit funds for child in care; generally Social Security or SSI; can be child support, Veteran's benefits etc.)
<b>MTSS</b>	Multi-Tiered System of Support Process (part of IEP/504 federal education laws)
<b>Mx</b>	Mother
<b>NACAC</b>	North American Council on Adoptable Children
<b>NAMI</b>	National Alliance for the Mentally Ill
<b>NAS</b>	Neonatal Abstinence Syndrome (group of problems that occur in newborns opiate exposed prior to birth)
<b>NCANDS</b>	National Child Abuse and Neglect Data System
<b>NCIC</b>	National Crime Information Center
<b>NCJFCJ</b>	National Council of Juvenile and Family Court Judges
<b>NCLB</b>	No Child Left Behind
<b>NCMEC</b>	National Center for Missing and Exploited Children
<b>NCSC</b>	National Center for State Courts
<b>NFPA</b>	National Foster Parent Association
<b>NICU</b>	Neo-natal Intensive Care Unit
<b>NIH</b>	National Institute of Health (part of US Dept of Health and Human Services)
<b>NIMH</b>	National Institute for Mental Health (part of National Institute of Health under US Dept. of Health and Human Services); researches mental health disorders
<b>NPA</b>	Nonpublic Agency
<b>NPS</b>	Nonpublic School (private)
<b>NYDT</b>	National Youth In Transition Survey
<b>OAG</b>	Office of the Attorney General (Acts as CLS in some counties)
<b>OAH</b>	Office of Administrative Hearings
<b>OCI</b>	Office of Court Improvement
<b>OCR</b>	U.S. Office for Civil Rights
<b>OCS</b>	On-Campus Suspension
<b>ODD</b>	Oppositional Defiance Disorder
<b>OEL</b>	Office for Early Learning
<b>OEO</b>	Office of Equal Opportunity / CDE
<b>OHC</b>	Out of Home Care
<b>OHI</b>	Other Health Impaired
<b>OI</b>	Orthopedically Impaired
<b>OK</b>	Our Kids Miami-Dade/Monroe, Inc. (CBC, Circuits 11 & 16)
<b>OOH, OOHC</b>	Out of Home Care (also OHC)
<b>OPA</b>	Operations Program Administrator
<b>OSCA</b>	Office of the State Courts Administrator
<b>OSEP</b>	U.S. Office of Special Education Programs / DOE
<b>OSERS</b>	U.S. Office of Special Education and Rehabilitation Programs

Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>OT</b>	Occupational Therapy/Therapist
<b>OT/PT</b>	Occupational Therapy/Physical Therapy
<b>OTI</b>	Out of Town Inquiry
<b>Pa</b>	Parent
<b>PA</b>	Performance Agreement
<b>PAI</b>	Protection and Advocacy, Inc.
<b>PCFAPA</b>	Pinellas County Foster and Adoptive Parent Association, Pasco County Foster And Adoptive Parent Association
<b>PCIT</b>	Parent-Child Interactive Therapy
<b>PD</b>	Police Department
<b>PDC</b>	Professional Development Center
<b>PDD</b>	Pervasive Developmental Disorder
<b>PDR</b>	Pre-Dispositional Report
<b>PDS</b>	Predisposition Study
<b>PE, Psych Eval</b>	Psychological Evaluation
<b>PESS</b>	Post Secondary Education and Support Services
<b>PF</b>	Protective Factor (risk factor for abuse/safety of child or caregiver's ability to protect/bond with child), used in investigations/removals
<b>PFFC</b>	Preserving Families and Fostering Connections
<b>PFSF</b>	Partnership for Strong Families (CBC in Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Taylor, Baker, Suwanee and Union counties; Circuit 3 & 8)
<b>PG</b>	Permanent Guardianship
<b>PGFx</b>	Paternal Grandfather
<b>PGMx</b>	Paternal Grandmother
<b>PIP</b>	Program Improvement Plan/Performance Improvement Plan
<b>PL</b>	Public Law
<b>PO</b>	Probation Officer or Police Officer
<b>POA</b>	Program Operations Administrator
<b>POS</b>	Purchase of Service(s) agreement
<b>PPS</b>	Post-Placement Supervision
<b>PRIDE</b>	Parent Resource for Information Development Education (an option for Foster Parent preservice training; alternative to MAPP)
<b>PS</b>	Protective Services
<b>PSF</b>	Partnership for Strong Families
<b>PSRS</b>	Procedural Safeguards and Referral Services / CDE
<b>PSS</b>	Placement Support Staffing
<b>PSSF</b>	Promoting Safe and Stable Families program/legislation (federal)
<b>PT</b>	Physical Therapy
<b>PTI</b>	Parent Training and Information Center
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>PWN</b>	Prior Written Notice
<b>QA</b>	Quality Assurance (Can also be for a Quality Assurance Review)
<b>QE</b>	Qualified Evaluator
<b>QPI</b>	Quality Parenting Initiative
<b>QPT</b>	Quality Parenting Training (a foster parent pre-service training, alternative to MAPP; may also be used as generic term for any QPI training)
<b>R&amp;R</b>	Rights & Responsibilities
<b>RA</b>	Risk Assessment
<b>RAD</b>	Reactive Attachment Disorder
<b>RAP</b>	Refugee Assistance Program
<b>RCF</b>	Relative Caregiver Funds
<b>RCP</b>	Relative Caregiver Program

Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>RDC</b>	Remote Data Capture
<b>RFA</b>	Request for Assistance
<b>RGC</b>	Residential Group Care
<b>RMD</b>	DCF Regional Managing Director
<b>RSP</b>	Resource Specialist Program
<b>RTC</b>	Residential Treatment Center
<b>RTI</b>	Response to Intervention
<b>RTI</b>	Road to Independence (the old IL program)
<b>RULE</b>	Usually refers to Florida Administrative Code, documenting how state agencies will implement state statutes
<b>RVP</b>	Regional Vice President (Florida State Foster Adoptive Parent Association representative designated to an area of the state)
<b>SA</b>	Sexual Abuse (not recommended to use except in close conversation, i.e. to avoid using term in front of child due to confusion with "Substance Abuse")
<b>SA</b>	State Attorney (State Attorney's Office acts as CLS in some counties)
<b>SA</b>	Substance Abuse
<b>SAMH</b>	Substance Abuse Mental Health
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SAO</b>	State Attorney's Office (acts as Childrens Legal Services - CLS - in some circuits in Florida)
<b>SATP</b>	Sexual Abuse Treatment Program
<b>SB</b>	Senate Bill (Federal or State legislation)
<b>SBS</b>	Shaken Baby Syndrome
<b>SCC</b>	Safe Children Coalition (former Pinellas Pasco CBC, still in Manatee, Sarasota)
<b>SCC</b>	Self-contained Classroom
<b>SCF</b>	Super Cool Foster (Facebook Support Group program of Go Foster!)
<b>SCHIP</b>	State Children's Health Insurance Program (under Title XXI of Social Security Act) federal funded plan administered by each state
<b>SDC</b>	Special Day Class
<b>SDE</b>	State Department of Education
<b>SEA</b>	State Education Agency
<b>SED</b>	Severely Emotionally Disturbed
<b>SELPA</b>	Special Education Local Plan Area
<b>SEN</b>	Substance Exposed Newborn
<b>SERR</b>	"Special Education Rights and Responsibilities" book
<b>SFFAPA</b>	South Florida Foster Adoptive Parent Association
<b>SH</b>	Severely Handicapped
<b>SIDS</b>	Sudden Infant Death Syndrome
<b>SIPP</b>	Statewide Inpatient Psychiatrist Placement
<b>SLD</b>	Specific Learning Disability
<b>SLI</b>	Speech/Language Impaired
<b>SLP</b>	Speech Language Pathologist
<b>SNA</b>	Special Needs Adoption
<b>SNAP</b>	Supplemental Nutrition Assistance Program (formerly food stamps)
<b>SO</b>	Sheriffs Office (often preceded by letters representing jurisdiction; i.e. PCSO could be Pinellas County Sheriffs Office ... or Pasco, Polk, Putnam etc.)
<b>SOC</b>	Systems of Care
<b>SPED</b>	Special Education
<b>SPOA</b>	Single Point of Access
<b>SSA</b>	Social Security Administration
<b>SSDI</b>	Social security disability insurance (or income) payments for disability
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number



Florida State Foster/Adoptive Parent Association

**Acronyms gone WILD!**

<b>SST</b>	Student Study Team
<b>STAR</b>	California's Standard Testing and Reporting
<b>STFC</b>	Specialized Therapeutic Foster Care
<b>STFH</b>	Specialized Therapeutic Foster Home
<b>STGH</b>	Specialized therapeutic group home
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TBI</b>	Traumatic Brain Injury
<b>TBOSS</b>	Therapeutic Behavioral On Site Services
<b>TCM</b>	Targeted Case Manager
<b>TF-CBT</b>	Trauma Focused Cognitive Behavioral Therapy
<b>TFC</b>	Therapeutic Foster Care (sometimes STFC - adds "Specialized")
<b>TFH</b>	Therapeutic Foster Home (sometimes STFH - adds "Specialized")
<b>TGH</b>	Therapeutic Group Home
<b>TIC</b>	Trauma Informed Care
<b>Title IV-E</b>	Part of the Social Security Act; The major source of federal funds for child welfare, specifies eligibility and allowable use of funds
<b>Title XIX, XIX</b>	Portion of the Social Security Act that establishes Medicaid as well as related funding and regulations
<b>TPR</b>	Termination of Parental Rights
<b>Tx</b>	Treatment
<b>UA</b>	Urine Analysis / urinalysis (drug testing)
<b>UCCJEA</b>	Uniform Child Custody Jurisdiction and Enforcement Act
<b>UFC</b>	Unified Family Courts
<b>UHS</b>	Unified Home Study
<b>UMCH</b>	United Methodist Children's Home; service provider or case management agency in many areas of state
<b>USCIS</b>	U.S. Citizenship and Immigration Services
<b>USDA</b>	US Dept. of Agriculture
<b>VC</b>	Victim Child
<b>VI</b>	Visually Impaired
<b>VPK</b>	Voluntary PreKindergarten Education (administered by local Early Learning Coalitions - ELC)
<b>VPS</b>	Voluntary Protective Services
<b>WIC</b>	Women, Infants & Children Program
<b>WWK</b>	Wendy's Wonderful Kids
<b>XIX (Title XIX)</b>	Portion of the Social Security Act that establishes Medicaid as well as related funding and regulations
<b>YFA</b>	Youth & Family Alternatives (CMO, provides case management in Pasco, Hernando and Citrus counties)
<b>YLC</b>	Youth Law Center (started QPI, involved in many child welfare initiatives)





# Pool SAFELY

simple steps  
save lives

## Help Prevent Drownings!

Here's how:

### Practice Supervision

- Never take your eyes off children in the water — not for a minute! Always designate a "pool watcher."

### Install Barriers

- CPSC strongly recommends that all residential pools have a 4-foot barrier, such as a fence with self-closing and self-latching gates. If the house is the fourth side of a barrier, secure doors with alarms that prevent children from wandering into the pool area.

### Avoid Entrapments

- Suction from a pool or spa's drain can be so powerful it can trap an adult underwater. Do not use a pool or spa if there are broken or missing drain covers.

- Ask your pool operator if your pool or spa's drains are compliant with the Pool and Spa Safety Act.

### Know Life-Saving Skills

- Teach your children how to swim
- Know CPR so you can help save a life if a water emergency happens
- Understand the basics of life-saving so you can assist in an emergency

Each year, thousands of American families experience drownings and non-fatal submersions, and entrapments. Pool Safely!

## Are Your Kids Out of Sight?

Your greatest water safety assurance comes from adopting and practicing as many safety steps as possible. Adding an extra safety step around the water can make all the difference. You can never know which safety measure will save a life — until it does.

The CPSC estimates that each year nearly 300 children younger than five drown in swimming pools and spas and more than 3,200 children that age go to hospital emergency rooms due to submersion injuries in pools and spas.

- Learn how to swim
- Know basic water safety skills, such as CPR
- Install fences and other barriers
- Use pool alarms and covers

Entrapment caused by powerful suction from a pool or spa's drain can trap a child or adult. Do not use a pool or spa if there are broken or missing drain covers.

Report drain entrapments in pools and spas:

Call CPSC's Hotline at:

**(800) 638-2772**

Email: [info@cpsc.gov](mailto:info@cpsc.gov)

For more information and resources for pool and spa safety and the Pool and Spa Safety Act, visit:

[www.PoolSafely.gov](http://www.PoolSafely.gov)

Follow us on Twitter @poolsafely

## Steps for Safety Around the Pool



## The Pool and Spa Safety Act

A public education campaign by the  
U.S. Consumer Product Safety Commission



## Avoid Drain Entrapments!

**Hair entanglement:** hair can get caught in a faulty drain cover

**Limbs:** arms, legs and fingers can become lodged in a suction opening

**Body:** any body part that can cover a drain can be held down by suction

**Evisceration:** sitting on a faulty drain can cause injuries or disembowelment

**Mechanical:** jewelry or bathing suits can become entangled in a faulty drain cover

### Make Sure Your Children:

- Do not play or swim near drains or suction outlets, especially in spas and shallow pools.
- Never enter a pool or spa that has a loose, broken or missing drain cover.

If you see a broken or loose drain cover, immediately notify a lifeguard and the pool/spa manager.

A pool or spa with a broken, loose or missing drain cover should be closed immediately until repairs are made by a licensed professional.

Children's public wading pools, other pools designed specifically for young children, and in-ground spas that have flat drain grates and single main drain systems pose the greatest risk of entrapment.

## The Pool and Spa Safety Act

**The Virginia Graeme Baker Pool and Spa Safety Act (PSSA) was enacted to prevent the tragic and hidden hazard of drain entrapments and eviscerations in pools and spas.**



### Virginia Graeme Baker

In June 2002, seven-year-old Virginia Graeme Baker died after becoming stuck on a hot tub drain due to a powerful suction force. The drain's suction was so powerful that it took

two adult males to pull her from the drain. Graeme was a member of a community swim and dive team and had been swimming unassisted since she was three years old. After being found underwater by her twin sister, Graeme's mother, Nancy Baker, tried unsuccessfully to pull Graeme off the drain. Mrs. Baker said Graeme appeared to be attached to the bottom of the spa as if she were tied or held down. The men who eventually freed Graeme from the spa pulled so hard that the drain cover broke from the force. Graeme died from drowning but the real cause of her death was suction entrapment due to a faulty drain cover.

As of December 19, 2008, all operating public pools and spas must have drain covers that meet the ASME/ANSI A112.19.8-2007 standard on every drain/grate. If a pool has a single main drain (other than an unblockable drain), or multiple drains less than 3 feet apart, the operator must either disable the drain(s) or install a second anti-entrapment device or system. This can take the form of an automatic pump shut-off system, gravity drainage system, Safety Vacuum Release System (SVRS) or suction-limiting vent system.



New drain covers come in a variety of sizes and shapes. For a list of cover manufacturers see [www.PoolSafely.gov](http://www.PoolSafely.gov).

### Working with Professional Engineers and Design Professionals

CPSC staff recommends contacting state or local officials to determine who is qualified in your area. Experts should be formally licensed or certified as a business and carry some level of insurance or similar protection.

**Pool and spa owners should have their facilities inspected by a licensed professional engineer and install PASSA compliant covers. See [www.PoolSafely.gov](http://www.PoolSafely.gov) for a list of manufacturers of certified covers and other devices.**

# Take A Seat For Safety

Research shows that **80 percent** of all car seats are installed incorrectly. More than **1,700** kids have been saved since 1996 just because they were riding in a car seat and in the back seat. Children **12 and under** should be properly restrained in a rear seat. A correctly used safety seat reduces fatality risk by **71 percent** and serious injury risk by **67 percent**.

Please review the information below to ensure that your child is riding safely.

## Rear-Facing • Birth-1 Year

Parents are encouraged to make an appointment *prior to delivery* to have their car seats checked and to learn how to install them correctly. We want your baby's first ride to be a safe ride.

- ◆ Use a rear-facing seat until your baby reaches the weight limit or height limit of the seat.
- ◆ Read your vehicle owner's manual and the car seat instructions carefully.
- ◆ Never put a rear-facing car seat in front of an airbag.
- ◆ Secure the chest clip even with your baby's armpit.
- ◆ Fasten harness straps snugly against your baby's body.
- ◆ Lock the seat belt or latch on the child safety seat, it should not move more than 1 inch from side to side.

## Forward-Facing • 1-4 Years, 20 to 40 lbs

- ◆ Use forward-facing seat for as long as the safety seat manufacturer recommends it.
- ◆ Read your vehicle owner's manual and the car seat instructions carefully.
- ◆ Toddlers ride forward facing and upright from age 1 and 20 pounds to 40 pounds. Check the labels to make sure you know the proper use for the seat.
- ◆ Make sure the correct belt path is used. Car seat should have levels for forward-facing path.
- ◆ Top tethers are recommended for forward facing seats.

## Boosters • 4-8 years, over 40 lbs.

- ◆ Read your vehicle owner's manual and the car seat instructions carefully. Safety belts are designed for adults, not children. Booster seats raise the child up and help the safety belt fit correctly over hips and upper thighs.
- ◆ The shoulder belt should be snug across the chest and shoulder. This prevents severe injuries in a crash.
- ◆ Vehicle crashes are the leading cause of death for children ages 4-14.

The Child Passenger Safety Program is the regional resource for children with special healthcare needs who are unable to use traditional car seats. Our Child Advocates make certain that each of these children is provided with a device that will ensure their safety as they are transported.

All inspections are free but are *by appointment only*. Inspection locations include The Children's Hospital of Southwest Florida and Cape Coral Hospital. You must have a car seat with you. Through our grant program, The Children's Hospital has car seats for sale to the general public at a reduced rate.

Please call the Child Passenger Safety Program at **432-4491** or **432-3803** to schedule a car seat fitting appointment or to purchase a car seat.

**Take the time to make it a safe ride.**

**Your child's life may depend on it.**



THE CHILDREN'S HOSPITAL  
OF SOUTHWEST FLORIDA

LEE MEMORIAL HEALTH SYSTEM

LEE MEMORIAL  
HEALTH SYSTEM

FOUNDATION



# 30 FUN THINGS TO DO WITH YOUR

CHILD

1. Play a game of tag
2. Tell a fun story from your childhood
3. Have a picnic in your yard or at the park
4. Count things such as trees or birds while taking a walk, to see how many you can find
5. Involve your child in helping to pick out and prepare a special meal
6. Help your child write a letter to a far-away friend or family member
7. Play Simon Says
8. Visit your local library and read a book together
9. Identify different shapes & objects from the clouds in the sky.
10. Plan to have dinner together & ask open-ended questions to each other
11. Look at family pictures together while sharing special family stories
12. Establish a new family tradition together
13. Work on an art project together using items found around the house or yard
14. Dance around the house together
15. Help out a neighbor or friend
16. Blow bubbles
17. Play hopscotch
18. Go for a bike ride together
19. Complete a puzzle together
20. Plant some flowers or herbs together & watch them grow
21. Draw on the driveway with sidewalk chalk
22. Play at a local playground
23. Fly a kite together
24. Review your family emergency plans together
25. Plan an outing to a free family event in your community
26. Write a story together
27. Watch a family movie together
28. Play a board game
29. Sing songs together
30. Give your child a hug and tell them that you love them

TEEN

1. Listen to music together & have your teen teach you a new dance move or two
2. Play a card game
3. Begin a collection together
4. Volunteer as a family at a local organization
5. Plan a picnic at a local park
6. Watch the sunrise or sunset together
7. Hike a trail & try to identify as many plants & animals as you can
8. Plan a vegetable garden
9. Do a crossword puzzle
10. Create a family newsletter to send to the whole family
11. Camp in your backyard
12. Help out a neighbor or friend
13. Play a board game
14. Look at family pictures together & share special memories
15. Prepare a meal together
16. Try a new sport together
17. Compliment your teen on an accomplishment
18. Tell jokes to each other
19. Ask open-ended questions about each other's day
20. Attend an activity your teen participates in
21. Watch a movie together
22. Put together a jigsaw puzzle
23. Establish a new family tradition together
24. Write your teen a letter & leave it out for them to find
25. Take time to find out what interests & hobbies your teen enjoys
26. Plan an outing to a free concert or event
27. Watch your teen's favorite movie or show with them
28. Have your teen teach a new responsibility & a new privilege
29. Give your teen a new responsibility & a new privilege
30. Hug your teen & let them know how much you love them!

TRY OUT A FUN ACTIVITY EVERY DAY OF THE MONTH  
& LET YOUR CHILD(REN)/TEEN(S) HELP CHOOSE WHAT YOU DO!



Pinwheels for  
PREVENTION

ADDITIONAL INFORMATION & RESOURCES CAN BE  
FOUND AT [HEARTLANDFORCHILDREN.ORG](http://HEARTLANDFORCHILDREN.ORG)

## Claiming a Dependent Exemption for a Child in Foster Care

According to the Internal Revenue Service Publication 501, Exemptions, Standard Deduction and Filing Information, foster parents may be eligible to claim a Dependent Exemption for each child in foster care they care for during the tax year who is eligible to be considered a Qualifying Child. Certain tests apply.

This Keeping You Informed (KYI) bulletin provides some basic information concerning the IRS regulations. For full and detailed information, you should review IRS Publication 501 available at: <http://www.irs.gov/pub/irs-pdf/p501.pdf>.

### What is a Qualifying Child?

A qualifying child is a child living in your home who meets the 5 Internal Revenue Service (IRS) tests/rules to be considered a qualifying child. The tests are:

1. **Relationship** (the child must have been placed in your home by the state or an approved agency for you to foster)
2. **Age** (the child must be under age 19 by the end of the tax year,

age 24 if a student or any age if permanently disabled)

3. **Residency** (the child must have lived with you for more than half of the year)  
**Note:** The time period must be during the specific tax year between January 1 and December 31.
4. **Support** (the child cannot have provided more than half of his or her own support for the year)  
**Note:** The foster care board rate you receive is considered support from the state - not from the child.
5. **Joint Return** (the child cannot file a joint return)

If all five of these tests are met, the child is considered to be a qualifying child.

### What is a Dependent Exemption?

A dependent exemption is a specified amount used to reduce your adjusted gross income. You may be able to claim a dependent exemption for each qualifying child you claim as a dependent.

For the 2017 tax year, that amount is

\$4050.00 per exemption.

**Note:** Anyone who is not a U.S. citizen, resident alien, national or resident of Canada or Mexico cannot be considered a dependent.

*Can I claim a dependent exemption for a child I have cared for even though the Division of Child Protection and Permanency (DCP&P) provided a board and clothing allowance payment?*

Yes, you may still be able to claim the exemption. The IRS does not consider the board or clothing allowance payment as income received by you or the child. The board and clothing allowance payment are considered to be a reimbursement and support provided by the state and does not affect eligibility.

*How do I know if I can take a dependent exemption for the child I've cared for?*

As long as the child meets the qualifying child tests and they are a U.S. citizen, they are eligible to be claimed by you as a dependent.

*If the tests are met, is there anything else I need in order to claim the exemption?*

Yes, you must have a valid Social Security number for the child.

**Special Note:** Be aware that there is a possibility that the child's birth parents may also file a tax return claiming the child for a dependent exemption. If this should happen the exemption may be disallowed, and you will be notified by the IRS.

***“The board and clothing allowance payment are considered to be a reimbursement and support provided by the state and does not affect eligibility.”***



***If I receive a notice telling me that the exemption has been disallowed, what should I do?***

The notice you receive will provide the reason why the exemption was disallowed and contact information to reach the IRS if you have questions concerning the notice.

**Suggestion:** Prior to contacting the IRS, you can obtain information that will support your claim. The information would be a verification from DCP&P indicating that the child was placed with you and remained in your home and care for over 6 months during the specific tax year.

***Additional questions?***

If you have specific questions regarding the Dependent Exemption and/or preparation of your income tax return, please contact the IRS at <https://www.irs.gov/> or 800.829.1040. You can also discuss the matter with a tax preparation expert.

FAFS does not employ tax experts and only provides general information. FAFS intends this information to be used for the purpose of awareness and does not suggest it be solely relied upon for income tax preparation decisions.

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If you have any questions about Claiming a Dependent Exemption for a Child in Foster Care, please contact FAFS' Information Line at 800.222.0047, or visit us online at [www.fafsonline.org](http://www.fafsonline.org).

**All of our services are free and confidential.**



***FAFS' MISSION:***

*Our mission is to provide advocacy and enriching programs and services to empower families and youth to thrive.*



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[www.twitter.com/fafs\\_nj](http://www.twitter.com/fafs_nj)



[www.pinterest.com/fafs\\_nj](http://www.pinterest.com/fafs_nj)

4301 Route 1 South - Suite 100 - Monmouth Junction, NJ 08852  
609.520.1500 / 609.520.1515 Fax - **FAFS Information Line:** 800.222.0047



## **WIC-Women, Infants and Children Nutrition Program**

WIC is a federally-funded nutrition program for Women, Infants, and Children. WIC provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care and community services.

WIC is available to pregnant, breastfeeding, and postpartum women; infants, and children under 5 years of age. Fathers are welcomed to bring their children to apply for WIC. Legal guardians and/or foster parents of children under the age of 5 may apply for WIC services on behalf of their child.

### **LEE COUNTY-WIC:**

<b>WIC Site Name</b>	<b>Hours</b>	<b>Address</b>
Bonita Springs	8:00am - 5:00pm	28420 Bonita Crossings Blvd. Bldg A, Suite 1 Bonita Springs, FL 34135
Michigan	7:15am - 5:00pm	3920 Michigan Avenue Fort Myers, FL 33916
Lehigh	7:15am - 5:00pm	5624 8th Street West, Suite 106 Lehigh Acres, FL 33971
Pondella	7:15am - 5:00pm	83 Pondella Road North Fort Myers, FL 33903

#### **WIC Appointments**

- **Phone: 239-344-2000**
- **Fax: 239-332-9558**

**\*\* Please note that all WIC offices are closed from 12:00 p.m. - 5:00 p.m. on the last day of each month for inventories and staff trainings. \*\***

### **CHARLOTTE COUNTY-WIC:**

#### **Contact Us**

- **Phone: 941-624-7200**
- **Phone: 941-681-3750 (local Englewood phone)**
- **Fax: 941-624-7211**
- **Location: 1100 Loveland Boulevard, Port Charlotte, FL 33980**

## ***COLLIER COUNTY-WIC:***

Contact Us

- **Phone: 239-252-6875**
- **Location: 3339 Tamiami Trail East, Suite 145 Bldg H, Naples, FL 34112**

## ***IMMOKALEE-WIC:***

Contact Us

- **Phone: 239-252-6875**
- **Location: 419 North First Street, Immokalee, FL 34142**

## ***HENDRY COUNTY-WIC:***

Contact Us

- **LaBelle Phone: 863-674-4041**
- **LaBelle Location: 1140 Pratt Boulevard, LaBelle, FL 33935**
- **Clewiston Phone: 863-983-1408**
- **Clewiston Location: 1100 South Olympia Avenue, Clewiston, FL 33440**

## ***GLADES COUNTY-WIC:***

Contact Us

- **Phone: 863-946-0707**
- **Mailing Address: P.O. Box 489, 1021 Health Park Drive, Moore Haven, FL 33471**
- **IMPORTANT INFORMATION: Moore Haven WIC-2<sup>nd</sup> and 4<sup>th</sup> Tuesdays**  
**Fl Department of Health Glades County, (back entrance)**

***\*\*Eligibility is by appointment only, for women who are pregnant or breastfeeding. Appointments are also available for babies and children up to the age of 5 years old.***

CORA RICE → 239.935.6157

CORA.RICE@ELCOFSWF.ORG

# Early Learning Coalition of Southwest Florida

## Parent & Provider Guide



The Early Learning Coalition of Southwest Florida serves the families of Collier, Glades, Hendry, and Lee Counties. It is our goal to make certain that children ages birth to five and beyond, have access to high quality early education experiences to cultivate their natural enthusiasm for learning. Together, through collaboration with community organizations, business leaders and public schools we are building a solid foundation. By investing in Southwest Florida's greatest assets - children and families - we create a strong work force, benefiting our entire community for years to come.

### Early Learning Coalition Locations

[www.elcofswf.org](http://www.elcofswf.org)

(239) 935-6100 for Lee, Hendry, and Glades Counties

(239) 213-1197 for Collier County



<p><b>FORT MYERS</b> 2675 Winkler Avenue, Suite 300, Fort Myers, FL 33901 Hours: 8-5 Monday-Friday</p>	<p><b>NAPLES</b> 3050 North Horseshoe Dr, Unit 231 Naples, FL 34104 Hours: 7-5 Monday - Friday</p>
<p><b>HENDRY COUNTY</b> <i>Labelle</i> United Way House 133 Bridge Street, Labelle 33935 Hours: (9am-12pm)(1-4 pm) Every Thursday (Closed for lunch daily 12:00-1:00) <i>Clewiston</i> - United Way 969 West Sugarland Highway, Clewiston, 33440 Hours: (9am-12pm)(1-4pm) 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of the month (Closed for lunch daily 12:00-1:00)</p>	<p><b>IMMOKALEE</b> RCMA Building C 402 West Main Street Immokalee, FL 34142 Hours: 8-5 Monday-Friday; (Closed for lunch daily 12:00-1:00) Phone: 239-658-3567</p>

### Free Child Care Resource and Referral (CCR&R)

ELC can help parents make informed choices about quality child care using a current database of all area providers to provide referrals - not recommendations. Information about school readiness tuition assistance and Voluntary Pre-Kindergarten for 4 yr. olds is also available.

### Voluntary Pre-Kindergarten (VPK)

All children turning age 4 by September 1<sup>st</sup> are eligible to attend VPK. Proof of Florida residency and the child's original birth certificate are required for registration. Apply online at <https://spe.schoolreadiness.org/pe/> to obtain a VPK voucher to submit to the provider of your choice.

### Provider and Parent Trainings

Visit our website at [www.elcofswf.org](http://www.elcofswf.org) and click on the calendar for training opportunities.

