

#### **65C-28.004 Placement Matching Requirements.**

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

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

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

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

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

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

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

(5) When the case plan goal is reunification, the child shall be placed in a setting in as close proximity as possible to the caregiver with whom reunification is planned.

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

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

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

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

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

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

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

(f) Whenever a special need is suspected, the CPI at time of removal or Services Worker following case opening shall take steps

within three working days to address the need. Actions that shall be taken include, as appropriate:

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

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

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

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

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

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

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

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

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

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

(8) Placement of Children with Special Educational Needs.

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

(b) If, prior to entry in out-of-home care, a child has been determined to have such needs, the CPI or Services Worker, as appropriate, shall inform the child's school officials that the child has entered out-of-home care.

(c) The Services Worker shall refer the child for appointment of a surrogate parent when the need for a surrogate parent is identified in accordance with Rule 6A-6.0333, F.A.C. Placement of the child shall take into account the caregiver's willingness and ability to participate in the child's educational plan. The following conditions apply when determining if there is a need for a surrogate parent appointment:

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

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

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

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

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

(9) Placement of Children with Communicable Diseases.

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

(b) When it is necessary for infants born of mothers suspected or known to have communicable diseases to undergo medical

treatment or testing immediately after birth, the department or contracted service provider shall obtain either parental consent or a court order in an expeditious manner, to allow the medical treatment to go forward. If a court order will be necessary, Child Welfare Legal Services shall be contacted immediately after the birth in order to expedite court involvement.

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

(d) Confidentiality of Records. The following written statement shall be provided to the caregiver or provider: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law."

(10) Placement of Children Who Are Victims of Sexual Abuse.

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

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

2. The caregiver is able to access a Services Worker or other contracted service provider employee if assistance is required.

3. In partnership with the caregiver, the CPI or Services Worker shall outline a plan of care to handle any special management issues identified in the child's history and assessment. The plan of care shall include the following:

a. Placing the sexually abused child in a private bedroom until the child becomes better known to the caregivers unless the child's treatment provider indicates a private bedroom is not appropriate;

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

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

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

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

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

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

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

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

1. Complete the case transfer forms or gather like information, including information related to the child's abuse history; previous assessments or evaluations; support services; forensic/disclosure interviews; placement recommendations, and complete and detailed information regarding the child's own sexual behavior.

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

3. Provide the caregivers with written detailed and complete information regarding the circumstances surrounding the child's abusive/reactive behavior so that they can avoid any unwitting replication of those circumstances. Information given to caregivers

shall include, but is not limited to, the dates of all known incidents; the nature of the relationship between the child and victim; the types of behavior exhibited; a brief narrative outlining the event; the types of treatment provided and treatment outcomes.

4. Ensure that the caregiver has access to a CPI or Services Worker or other contracted service provider employee during night and weekend hours in the event emergency assistance is required.

5. In partnership with the caregiver, outline a written safety plan to handle any special issues identified in the child's history and assessment. The safety plan shall be preventive in nature and be signed by the Services Worker and the caregiver. The safety plan shall include the following:

- a. Placing a child who has exhibited sexually abusive or reactive behaviors in a private bedroom unless the placement is a facility with adequate video monitoring;
- b. Limiting access to the child's bedroom;
- c. Establishing rules regarding bathroom use;
- d. Establishing a dress code; and
- e. Establishing reasonable guidelines concerning the manner and extent of the expression of affection between the child and others, as well as guidelines with respect to which persons may be left alone together and under what circumstances.

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

(c) If an incident of either sexual assault, seduction, sexual exploitation or of child-on-child sexual abuse occurs in out-of-home care, a safety plan shall immediately be developed. The safety plan shall be preventive in nature and be signed by the Services Worker and the caregiver.

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

2. If any child remains in the home, the Services Worker and any assigned therapists shall determine if immediate services are needed to stabilize or support the child involved or the placement in which he or she lives.

3. Both the alleged offender and victim shall, within three working days of the child being so identified, be referred to the appropriate mental health provider for assessment if they do not already have therapists. Any alleged offender who has a therapist, but has not been assessed by a clinician qualified to assess juveniles exhibiting sexually inappropriate behaviors, shall be referred to such a qualified clinician within three working days of being notified of the incident.

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

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

(14) Medicaid Fair Hearing Requirements. When a child or family has had Medicaid funded services denied, suspended or terminated, the CPI or Services Worker shall assist the child or family in requesting a fair hearing. The current edition of the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook addresses Fair Hearing Notices. Refer to Rules 65-2.042-.069, F.A.C., regarding the conduct of fair hearings.

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

*Specific Authority 39.012, 39.0121(6), (12), (13), 39.5075(8) FS. Law Implemented 39.001(1)(d), (m), 39.01(7), (17), (48), (63), (67), (71), 39.407, 39.4085(6), (7), (9), (10), (17), (23), 39.5075 FS. History—New 5-4-06.*