



PARTNERSHIP FOR  
**STRONG**  
FAMILIES

*Partner. Foster. Adopt.*

## **Partner Family Manual**

A Guide for Caregivers Licensed with  
Partnership for Strong Families

5950 NW 1st Place, Suite A  
Gainesville, FL 32607  
352-244-1500  
pfsf.org



## PARTNER FAMILY MANUAL

**PSF's Mission** is to enhance the community's ability to protect and nurture children by building, maintaining and constantly improving a network of family support services.

**PSF's Vision** is to be a recognized leader in protecting children and strengthening families through innovative, evidence-based practices and highly effective, engaged employees and community partners.

### **PSF's Core Principles of Practice:**

- Provide a safe environment for all children.
- Make prevention of child abuse and neglect a community priority.
- Individualize services to meet the needs of children and families.
- Respect the inherent dignity of children and their families.
- Make all decisions regarding children and families with permanency in mind.
- Recognize that more can be done with communities and families as partners.
- Respect the diversity of all children and families in the community.
- Commit to accountability using outcomes to measure performance and improve practice.
- Safely maintain children in their own homes whenever possible.
- Maintain children in the least restrictive appropriate setting possible.

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For a list of common acronyms used in child welfare and throughout this publication, please visit  
[www.partnerfamily.org/partner-families/partner-family-resources](http://www.partnerfamily.org/partner-families/partner-family-resources).

Dear Partner Families,

Partnership for Strong Families (PSF), welcomes you as a Partner Family and would like to thank you for your decision to foster children from our community who have experienced abuse or neglect.

This Partner Family Manual has been prepared for you to answer questions that may arise as you care for dependent children in your home. It is intended to be a practical guide and not an all-inclusive policy and procedure handbook. This should be considered a “living” document and as such will be subject to change and revision, as needed. The most up-to-date version is available from your Retention Specialist or under the Partner Family section of PSF’s website, which has a variety of other resources for you as well.

This manual was revised by the PSF licensing staff, with much input from Partner Families, Family Care Counselors and administrative staff. The information in the manual is derived from Florida Statutes, Administrative Code and PSF operating procedures.

Again, thank you for your commitment and willingness to provide a loving home for North Central Florida’s most vulnerable children. As an attorney who has served as a Magistrate and been involved in many levels of our child protective system, I am especially cognizant of the joys and trials you will face as you open your heart and homes to children who have experienced trauma. Please know that my door is always open to you, and you have my deepest appreciation and support.

A handwritten signature in blue ink, appearing to read "Stephen Pennypacker".

Stephen Pennypacker, Esq.  
President/CEO  
Partnership for Strong Families





## I. COMMUNICATION

### You must notify PSF immediately if:

- A child runs away, is abducted or is absent from the home without permission and you do not believe the child is going to return.
- A child requires emergency medical treatment or hospitalization.
- A life-threatening situation occurs.
- A child dies.
- You marry, an adult moves into your home or one of your own children turns 18. (Notify Licensing)
- You move. (Notify Licensing)
- Anyone in your home, adult or child, is arrested. (Contact your Family Care Counselor to complete an Incident Report).

### How to contact us:

Office hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday. Your child's assigned Family Care Counselor is required to provide his or her direct office phone number, as well as a number where a counselor can be reached after hours. This information is also available online at [www.pfsf.org/contact-us-2](http://www.pfsf.org/contact-us-2).

Service Center	Location	Toll Free	Main	Fax	On-Call/After Hours*
Gainesville (Alachua County)	5950 NW 1st Place, Suite A; Gainesville, FL 32607	866-310-7326	352-244-1500	352-244-1647	352-226-4675
Starke (Baker, Bradford, Union Counties)	405 W Georgia Street; Starke, FL 32091	866-888-6548	904-964-1540	904-964-1550	904-964-7920 x.0238
Lake City (Columbia County)	1211 SW Bascom Norris Drive; Lake City, FL 32025	866-832-5562	386-243-8800	385-243-8700	352-363-0128
Trenton (Dixie, Gilchrist, Levy Counties)	1208 East Wade Street; Trenton, FL 32693 Mailing Address: P. O. Box 1199; Trenton, FL 32693	888-877-5459	352-463-3110	352-463-3104	352-535-3150
Live Oak (Suwannee, Lafayette, Hamilton, Madison, Taylor Counties)	501 SE Demorest Street; Live Oak, FL 32064	866-850-8133	386-364-7774	386-362-3436	850-570-9716

\*PSF has established on-call numbers for each service center in the event of an after-hours/weekend emergency. It is important to remember that if your emergency involves a foster child endangering him/herself or others, law enforcement (911) must be called immediately followed by a call to PSF.

### Hurricane/Disaster Procedure

PSF has established a toll-free telephone number that Partner Families can use to report their status prior to and after a hurricane/disaster. **This number is: 888-886-1229.**

1. We will need the following information (leave a message if no one answers):
  - a) Partner Family name
  - b) Current location
  - c) Foster child(ren)'s name
  - d) How to contact the foster child(ren)
2. Prior to a hurricane, the PSF's licensing staff will work in conjunction with case management agencies to contact Partner Families and inform them of the toll-free number. You will be asked for your personal disaster plan and asked to call the toll-free number to report the child(ren)'s status following a hurricane/disaster.
3. If the worker cannot reach a Partner Family, the worker is to note this and call the Partner Family after the hurricane/disaster.
4. Following the storm, Partner Families must call the toll-free number and report their status.
5. PSF's receptionist is given a list of all Partner Families in the affected areas.
6. The receptionist will retrieve calls from the toll-free mail box and notify the FCC and Quality Operation Manager if any Partner Family needs assistance.
7. Partner Families who don't report their status will be called by the receptionist and other staff to ascertain the Partner Families' status.

### What to do When You Cannot Reach Your Worker:

In the event you cannot reach your child's counselor or their supervisor during regular office hours and an emergency situation is occurring, please call the following numbers:

Location	Manager	Number
Gainesville	Program Director	352-244-1581
Lake City	Program Director	386-243-8803
Live Oak	Program Director	386-364-7774 x2212
Starke	Program Director	386-364-7774 x2212
Trenton	Program Director	386-243-8803

### Licensing and Retention Manager

Committed to developing and delivering the best possible services to our children in licensed care, our **Licensing and Retention Manager, Karima Haughton**, is available to address any concerns regarding foster care. To contact her, please call 352-244-1543 or via cell at 352-262-0871.

### Partner Family Recruitment and Retention Specialists and Partner Family Advocate

Your Partner Family Recruitment and Retention Specialist is available for questions, concerns, comments and suggestions. This liaison position assures that Partner Families have an identified individual whose primary responsibility is to see that their concerns and needs are being heard and resolved. Another resource you will receive is the quarterly Partner Times newsletter, which houses a wide array of information, training resources, recommendations and ideas developed by and for Partner Families. Re-licensing training and resources will also be offered and organized in your area to assist you in meeting your annual training requirement of 8 hours while getting the information that you need most. These positions are broken down by county:

- **Casey Stern** can be reached at 352-244-1536 or Casey.Stern@pfsf.org. Casey serves Alachua, Dixie, Gilchrist and Levy counties.
- **Lakisha Mills** can be reached at 386-243-8804 or Lakisha.Mills@pfsf.org. Lakisha serves Baker, Bradford, Columbia, Hamilton, Lafayette, Madison, Suwannee, Taylor and Union counties.
- **Christy Conner** is available to support all Partner Families in all counties. She can be reached at 352-244-1534 or Christy.Vanvaley@pfsf.org.



## Answers to Questions and Returning Phone Calls

PSF and contracted agency staff are expected to return telephone calls timely – immediately when possible but no later than the close of business on the following work day or within 24 hours. If your call is not returned by your worker timely, you are asked to call the following individuals in this order: the Unit Supervisor, Program Director, Partner Family Advocate or the Licensing and Retention Manager. If your need is urgent and you have not gotten an answer at those numbers, then you should also try the Senior Vice President of Programs at 352-244-1531, or ask the receptionist at 352-244-1500 ext. 0 to direct your call as they will have mobile phone numbers for all workers and often personal calendars for PSF staff. Email addresses, cell phone numbers and supervisor contact information can also be obtained at [www.pfsf.org/directory-of-staff](http://www.pfsf.org/directory-of-staff) or in your Partner Family Contact Guide. You should never be left without information because you could not reach someone when you need a response.

If at any time the individuals above fail to return a call or respond and this has caused difficulty for you or a foster child in your care, you are encouraged to call the Quality Assurance Monitor at 352-244-1523 to report the difficulty or file a complaint and ensure a management review.

With regard to information about children placed with you, specific information may not always be available, but it is important that we know when you feel you need specific information so we can try to obtain it. You are welcome to review case record information specific to the children in your care, but you may not view medical, mental health or psychological evaluations related to the child's parents. The most recent information will be located in the child's blue folder; however, for historical information please contact the Unit Supervisor to schedule a time to come to the office and review the case record.

PSF welcomes and seeks your feedback if you are experiencing problems communicating with our staff. You have a tremendous responsibility to foster children in the temporary care and custody of the State. We have a responsibility to provide you with the information and support you need. Because of our shared responsibility, please do not hesitate to let us know when you are experiencing a problem.

## Licensing Specialist Contact Information

Now that you are a licensed Partner Family, you will have a re-licensing Licensing Specialist assigned to you based on the county you live in. If you have any questions or concerns in regard to your license, please contact them immediately.

Name	Title	County	Number
Jessie Chance	Licensing Supervisor	All Counties	352-244-1538
Bobby Brown	Foster Care Licensing Specialist	Alachua County	352-244-1558
Conda Curry Green	Foster Care Licensing Analyst	All Counties	386-243-8701
Bobby Brown	Foster Care Licensing Specialist	Alachua, Baker, Bradford and Union Counties	386-243-8701
Gail Jackson	Foster Care Licensing Specialist	Columbia, Hamilton, Madison and Suwannee Counties	386-243-8800
Ashley Johnson	Foster Care Licensing Specialist	Dixie, Gilchrist and Levy Counties	352-463-3110, x 2307
Brenda Mims	Foster Care Licensing Specialist	Alachua County	352-244-1542
Joyce Griffin	Foster Care Licensing Specialist	Alachua County	352-244-1541
Lakeysha Allen	Administrative Assistant	All Counties	352-244-1521

## Florida State Foster Adoptive Parent Association (FSFAPA)

The mission of the Florida State Foster-Adoptive Parent Association, Inc. is to nurture children's safety, well-being and stability by supporting and training caregivers and by advocating for the families they represent.

Their vision is a state where children thrive and caregivers are fully empowered and recognized as expert partners in fostering healthy families. They are committed to caring for the love of a child, enhancing parents and partnerships,



strengthening foster/adoptive families through support, training and advocacy with the aim of nurturing child safety, well-being and stability while enhancing teamwork and partnership with the entire community. Visit their website for more information at [www.floridafapa.org](http://www.floridafapa.org) or email them at [info@floridafapa.org](mailto:info@floridafapa.org).

### Local Foster Adoptive Parent Association Contact Information

PSF has created local foster adoptive parent associations in each service area to better serve your needs. These are run by Partner Families and supported by your Partner Family Recruitment and Retention Specialist. For more information on how to be a part of your local association, contact your Partner Family Recruitment and Retention Specialist or check the latest version of the Partner Times for date, location and times nearest you.

### F. A. S. T. (Foster Allegation Support Team)

The Florida State Foster Adoptive Parent Association has developed a resource for Partner Families to utilize when an abuse report has been called in on them. They can be reached at 1-800-327-8119 or [fast@floridafapa.org](mailto:fast@floridafapa.org).

- **F.A.S.T.** supports Partner Families through the pain and fear of the allegation, clarifies the process, provides clear communication, helps the children avoid the trauma and helps retain Partner Family homes.
- **F.A.S.T.** provides an immediate response as well as support to Partner Families when an allegation has been or might be brought against them.
- **F.A.S.T.** volunteers will be there when any Partner Family asks for help or support.
- **F.A.S.T.** volunteers keep you informed of the procedures and the processes a Partner Family can expect during an investigation.
- **F.A.S.T.** volunteers work toward better investigations, more compassion, tolerance and respect for Partner Families and children.
- **F.A.S.T.** volunteers have a firm commitment to maintain the confidentiality of the reports.
- **F.A.S.T.** volunteers support and help, which means listening to Partner Families when they have a need to vent a sense of hurt, anger and shock at what has happened to them.
- **F.A.S.T.** volunteers never allow themselves to get involved in name calling, accusations or other counterproductive behaviors that may cause Partner Families to stray.
- **F.A.S.T.** volunteers help Partner Families learn the concept of “fair fighting.” You must remember to treat the other side with absolute respect and insist on the same.
- **F.A.S.T.** volunteers help Partner Families gain an attitude of honest and straightforward integrity, which allows their point to be heard.

### Purpose

Our goal is to provide support to the Partner Family when allegations have been or might be brought against them. It is important to keep Partner Families informed of the procedures and the process through which an allegation will take them. We provide support without judgment and an environment that is as minimally destructive as possible for the Partner Families. When an allegation occurs:

- Begin a dated, written journal of events and communications.
- Keep good records.
- Insist on giving full input into the investigations.
- Call the **F.A.S.T.** hotline for immediate support.
- Request assistance from the department in explaining to the children what is happening and why.
- Maintain your sense of professionalism as Partner Families.
- Cooperate with the investigation.

### Understanding Policies and Procedures

- Acceptable and unacceptable discipline.
- Provide consistent and realistic discipline and guidance that is age appropriate and does not involve corporal punishment.
- Teach the child effective social interaction skills.

- Teach the child how to respond in difficult situations.
- Teach problem-solving skills.
- Use effective praise techniques to encourage positive behavior.
- Teach negotiation skills to the child.
- Demonstrate these skills at all times of conflict between you and the child.
- Teach the child effective time management and how to be responsible for their own lives.
- Teach effective anger management skills.
- Reinforce those taught by the agency.
- Demonstrate these skills at all times of conflict.
- Document behaviors effectively.
- Procedure for investigations of abuse/neglect or unacceptable child care.
- Rights of children in care.
- What, when and how Partner Families should advise the agency about a child's allegation of abuse.
- Legal liabilities and details regarding the department's coverage and payment of legal costs related to defense against an allegation of abuse neglect.

### Working Together, We Can Make a Difference!

Families accused of neglect and abuse experience the accusation of integrity as a form of assault or victimization. People who have been accused of abuse often experience the same types of symptoms as those who have actually been abused.

- **TRAUMA:** Many Partner Families express shock and disbelief.
- **BETRAYAL:** They feel their main source of support can no longer talk to them.
- **STIGMA:** Partner Families report feeling shame, humiliation, inadequacy and a decline in self-esteem.
- **POWERLESSNESS:** The process can be lengthy and complex, and they often feel they have little information regarding the allegation.

For more information, call 1-800-327-8119 or [fast@floridafapa.org](mailto:fast@floridafapa.org).

## II. FINANCIAL

### A. REIMBURSEMENT FOR FOSTER CARE EXPENSES

#### Board Rate

When children are placed in the home of any Partner Family, PSF recognizes each child will have individual needs that require attention. The issuance of a monthly board rate is designed to assist Partner Families in addressing a child's needs. Monthly board rates are issued by at least the 10<sup>th</sup> of every month. However, if a child is not placed until after the 20<sup>th</sup> of the month, the child's board rate will not be issued until the following month. For example:

- Jane Doe is placed in the home of Betty Partner Family on March 8, 2016. Her board rate will be issued by at least April 10, 2016.
- Jimmy Dean is placed in the home of Bobby Partner Family on March 26, 2016. His board rate will be issued by at least May 10, 2015.

If a Partner Family receives an overpayment, it is the responsibility of the Partner Family to contact PSF's finance department and discuss the recoupment of overpayment. However, PSF has the discretion and authority to automatically recoup payments without prior notification. As a measure of good faith, PSF will make every effort to contact the Partner Family once recoupment occurs to discuss this situation.

If there are any questions or concerns regarding your monthly board rate, please contact the following individuals:

- Lisa Vickery, fiscal specialist, at 352-244-1560
- Mia Jones, placement manager, at 352-244-1508
- Karima Haughton, licensing manager, at 352-244-1543

The monthly board rates for children in foster care status are:

<u>Ages 0-5</u>	<u>Ages 6-12</u>	<u>Ages 13-21</u>
\$439.30	\$450.56	\$527.36 + 10%

Medical foster homes receive a board rate payment per month plus a daily rate paid by Medicaid.

Medical - Ages 0-12: \$504.00      Ages 13-17: \$ 527.36 + 52.73 (10% supplemental)

Medicaid funded reimbursement paid to the Partner Family:

Level 1 = \$38.80/day

Level 2 = \$48.50/day

Level 3 = \$67.90/day

Specialized Therapeutic Foster Care (STFC) homes receive a board rate payment per month plus a rate paid by the agency through which they contract as a portion of the Medicaid fees.

STFC - Ages 0-12: \$473.00      Ages 13-17: \$527.36 + 52.73 (10% supplemental)

Medicaid funded reimbursement paid to the foster parent

Level 1 = \$87.30/day

Level 2 = \$135.80/day

#### PARTNER FAMILY MONTHLY BOARD RATE BREAKDOWN

	0-5yrs	6-12yrs	13yrs+
Current board rate:	\$439.30	\$450.56	\$527.36 + 10%
<b>Allowance:</b>	<b>\$10</b>	<b>\$10</b>	<b>\$12</b>
Incidentals:	\$8	\$9	\$11
Life Skills/Normalcy Supplement:			\$52.73
Clothing:	\$35	\$36	\$43
<b>Rate Only:</b>	<b>\$386</b>	<b>\$395</b>	<b>\$449</b>

Initial Clothing:	\$50	\$50	\$70
Annual Clothing Allowance:	\$200	\$300	\$300

PSF would like to remind you that all foster children should be receiving a monthly allowance as mandated by the Department of Children and Families. Allowances cannot be withheld as a form of discipline.

For Board Rate and financial questions, please contact Lisa Vickery, Fiscal Specialist, at 352-244-1560 or [lisa.vickery@pfsf.org](mailto:lisa.vickery@pfsf.org).

### Clothing Vouchers and Check Procedures

Money for clothing may be obtained through the use of a clothing voucher or a check made payable to the Partner Family. When a voucher is used the following procedure must be followed.

1. Voucher is completely and legibly filled out by the Family Care Counselor or Child Protective Investigator and then signed by a Family Care Counselor Supervisor.
2. The yellow copy is taken to an authorized store and redeemed for clothing only.
3. The white copy is retained by the Family Care Counselor or Protective Investigator and becomes part of the case file.
4. The store will keep the yellow copy of the voucher and bill PSF for the reimbursement.
5. The original receipt should be kept in the child's folder.

Authorized Stores include:

- Kmart in Gainesville, 900 Northwest 76th Boulevard, (352)332-2105
- JCPenney in Lake City, 2427 US Hwy 90 W Ste 10, Lake City Mall, (386)752-2822
- Beall's Outlets - All Service Areas
- Ross Stores – Entire state of Florida



- Kmart in Perry, 1809 S Byron Butler Parkway, (850)838-1870
- Once Upon a Time Quality Resale in Branford, 105 SW Suwannee Avenue, (386)935-0827

Please ask your counselor which stores are available to you in your location. We are diligently working on increasing resources.

Vouchers and checks may be used for a one-time payment available when the child first enters foster care. The vouchers are not used for the annual clothing allowance. The amount of the voucher and check is written for the amount the child is eligible for.

- Ages 0-12 is eligible for \$50.00
- Ages 13-17 is eligible for \$70.00

**Once you receive the clothing voucher**, you may “charge” clothing at designated stores. The voucher is good for clothing only and cannot be used for diapers, toiletries or other items. We request that you keep the receipt in case questions arise. Be sure to put both your name and the child’s name on the receipt.

### Separate Checks

We encourage Partner Families to use the above providers; however, if a participating store isn’t available, a “check request” must be submitted to us, not a voucher, and the Family Care Counselor must fill out the form and mail it to:

Partnership for Strong Families  
Attention: Finance Department  
5950 NW 1st Place, Suite A  
Gainesville, FL 32607

### Annual School Clothing Allowance

Foster children in care for a period of six months or longer will receive an annual clothing allowance. Children are entitled to one clothing allowance per fiscal year, and you will receive this in the form of a check. If a child is placed with you after July 1, you will need to ask your Family Care Counselor to request a clothing allowance after the child has been in placement for six months. You will need to keep copies of receipts for all clothing purchased and send the original receipts to PSF’s Finance Department.

Clothing allowance payments will be generated in the following amounts:

1. Ages 0-4 years: \$200.00
2. Ages 5 and above: \$300.00

### Foster Closet

In addition to the clothing allowance, Partner Families can seek assistance through the Foster Closet, which provides clothes and other necessities for a child. These items may include shoes, socks, underwear, diapers, wipes, baby items, household items for young adults and age appropriate books and toys.

Partner Families, relatives and non-relative caregivers can visit [www.fostercloset.org](http://www.fostercloset.org) and complete a needs form for the children in their care. Choose Partnership for Strong Families as your agency, and you will be contacted within 24 hours to arrange an appointment time.

Eligibility Requirements for Partner Families:

- Placement must be in the home less than three months
- Partner Family must bring driver’s license, Blue Folder and caseworker contact info

Eligibility Requirements for Independent Living and Extended Foster Care Teens

- Must have never used Foster Closet before
- Must have Pathway form submitted by their caseworker

The Foster Closet is open on Tuesdays and Saturdays from 10:00 a.m. - 12:00 p.m. at 20112 North US Hwy 441 in High Springs and can accept donations during these hours or by appointment. Appointments must be made in

advance to access the Foster Closet services.

Currently the Foster Closet is fully equipped to serve children sizes newborn to 6T. Services available for older children are subject to availability of inventory and may take additional time to fulfill. Sally McQuaid is the Director for the Alachua Foster Closet and can be reached at 352-260-2468.

### Exceptions

Remember there may be exceptions to the general rule. If a child in foster care is in need of clothing, call or email a description of the need for additional clothing to the counselor and ask for funds for the child. There should be no child in foster care who does not have appropriate clothing.

#### Points to Remember:

Emergency Clothing:	\$50.00/70.00
Annual Clothing Allowance 0-4:	\$200.00
Annual Clothing Allowance 5+:	\$300.00

### Reimbursement of Property or Personal Damage

In some cases, restitution may be claimed for direct medical expenses and/or property damage caused by a foster child through the State Institutions Claims Fund. The procedure and form may be found on PSF's website - [www.partnerfamily.org/partner-family-resources](http://www.partnerfamily.org/partner-family-resources). The form must be completed and submitted to your assigned counselor or their supervisor. You may also have the form signed by the counselor or supervisor and submit the form yourself to the address on the back of the form. You or Partnership for Strong Families must file the paperwork with the Florida Attorney General's office within 120 days of the incident. It is recommended that the form and documentation be sent as certified mail.

The fund will not pay for losses covered under your personal homeowner's policy but will pay your deductible on your insurance. Report the incident immediately to the child's assigned Family Care Counselor. You will be asked to provide the following applicable information:

- Written estimates or receipts for repair or replacement costs
- Related medical bills or receipts
- A physician's statement/diagnosis
- Official report documenting the incident
- Pictures of the damage
- Names, addresses and telephone numbers of all witnesses and people involved.

Please retain a copy of all documentation provided. If you are in need of further assistance, please contact Christy VanValey Conner at (352) 318-6947.

### Respite Care

Respite care is defined as a minimum of a 24-hour break in providing care. Each Partner Family is entitled to 12 respite days per fiscal year (July 1 through June 30). Except in emergency situations, you should request respite care from your child's Family Care Counselor 14 days in advance.

All persons providing respite in their own home shall be licensed. All persons providing respite in the home of the Partner Family shall be screened pursuant to 65C-13.023. Fingerprinting, FDLE, local, Civil, Abuse checks, signed Affidavit of Good Moral Character and Release of information shall be completed. Training in Pre-Service is strongly encouraged.

All respite care providers must be furnished with written information about each child they care for, including:

1. Assigned Family Care Counselor's name and telephone number
2. Emergency telephone numbers
3. Child's physician name and phone number
4. Child's school information
5. Child's Medicaid number





The daily board rate for foster children in respite care is paid to the licensed respite care provider. The primary partner home will also continue to receive their per diem or board rate for the days of respite.

## Transportation/Travel Reimbursement

**You may be reimbursed for the following types of travel expenses incurred as a Partner Family:**

- To transport the child to medical and mental health appointments
- To transport the child to “special” education and vocational training
- To transport the child to visits with parents, siblings or relatives
- You may be reimbursed for court proceedings and staffings
- You may also be reimbursed for transportation to approved in-service training sessions

You should submit your travel reimbursement request through the Licensing AA via mail to the Gainesville Headquarters address. These requests should be submitted monthly. PSF reimburses travel for these events at a rate of \$0.445/mile.

You will not be reimbursed for routine travel to such places as school, church, child’s place of employment, social activities, shopping, vacation or picking up WIC checks or prescriptions.

### Instructions:

- All travel must be separated by month; you cannot claim travel for more than one month on one travel reimbursement form. If you have outstanding travel from the previous months, you will need to turn the form in as soon as possible.
- Travel submitted more than 60 days after it occurs will be reimbursed only on an exceptional basis.
- The travel reimbursement form should include: your name and signature, the child’s name, the Family Care Counselor’s name, travel date, travel to/from, purpose of travel, number of miles and start/arrival times.
- Send your request to the licensing administrative assistant who will need to sign the form before it is submitted to the foster care licensing supervisor for signature.
- Travel forms must have original signatures (no fax or e-mails).

*All travel requires documentation of proof, such as a note from the case worker for visitation or service center visits or a doctor’s note from a doctor or therapist. A copy of your training certificate or agenda may be used to verify training.*

## Effect of Board Rate on your Income Taxes

Your board rate payments are not taxable income, as they are considered reimbursement for expenses incurred in caring for a foster child. You may claim your foster child as a dependent only if the child has lived in your home for more than six months within a calendar year and you can prove that you provided more than half of the expenses related to the child, taking the board rate paid for the child into account.

If the expenses you incur when caring for a foster child exceed your board rate, you may take a charitable contribution for the excess expenses on IRS Schedule A, Form 1040, if you itemize your deductions. To claim a charitable contribution, you must keep complete records of your income and the expenses incurred.

Money you are reimbursed for Medicaid transportation services or for respite services is taxable income. For more information, see IRS publication 17.

## B. FINANCIAL SUPPORT SERVICES

### Children with Trust Funds

Some foster children have Trust Funds that are administered by PSF. These Trust Funds are accrued if the child is eligible for SSI, SSA or other benefits from their birth parents. A portion of these Trust Funds are used to offset the cost of their care, but the remaining funds are maintained in a trust for the children. Trust Funds may be used to meet certain unfunded needs per DCF guidelines of the child while in care. Please discuss possible uses for Trust Funds with your child’s assigned Family Care Counselor if the child has educational, social or other unmet needs as listed per DCF guidelines.

## Education & Development

A total of \$100.00 of Educational Funding is available per fiscal year per child for educational purposes. These funds may be used for educational events, field trips, yearbooks, class rings and other related expenditures. You must provide your child's assigned Family Care Counselor with documentation or justification prior to purchase. Once purchased, you are required to provide an invoice or a receipt documenting the purchase to obtain funding or reimbursement to the Finance Department. Please keep a copy of the receipt for your records.

## School Lunches

Foster children are eligible for the free lunch program in public schools. When you complete the free lunch program form, use the child's social security number, not your own. The child's income should be listed as \$0. To expedite the processing procedures, you may need to emphasize to the school that the child in your care is in foster care.

## Special Supplemental Food Programs for Women, Infants and Children (WIC)

If your foster child is under five years of age, you are eligible for services from the WIC program for certain foods or formula. Work with your child's assigned Family Care Counselor to enroll your foster child in the WIC program. (Placement Letter, Appendix A).

### WIC Locations by County

County	Location	Phone Number
Alachua	224 SE 24th Street, Gainesville, FL 32641	(352)334-7900
Baker	85 West Railroad Avenue, MacClenny, FL 32063	(904)259-3233
Bradford	1801 N Temple Avenue, Starke, FL 32091	(352)392-4493
Columbia	217 NE Franklin Street, Lake City, FL 32055	(386)758-1361
Dixie	149 NE 241st Street, Cross City, FL 32628	(352)294-5555
Gilchrist	105 NE 1st Street, Trenton, FL 32693	(352)463-2299
Hamilton	209 SE Central Avenue, Jasper, FL 32052	(352)294-5555
Lafayette	140 SW Virginia Circle, Mayo, FL 32066	(386)294-1321
Levy	66 West Main Street, Bronson, FL 32621	(352)486-5300
Madison	218 SW Third Avenue, Madison, FL 32340	(850)973-5000
Suwannee	1001 Noble Ferry Road, Live Oak, FL 32060	(386)362-2708
Taylor	1215 N Peacock Avenue, Perry, FL 32347	(850)584-5087
Union	495 East Main Street, Lake Butler, FL 32054	(386)496-3211

## III. LEGAL

### Partner Family Liability

The State's Risk Management Trust Fund provides general liability coverage for allegations of negligence made against you while acting within the scope of your responsibilities as a Partner Family. Abuse and/or any action committed "willfully and wantonly" or committed outside the scope of your responsibilities are not covered.

If a claim is made against you or a situation occurs that could give rise to a claim, please immediately contact your assigned Family Care Counselor or Supervisor to discuss the situation.

### Abuse & Neglect Allegations

When a concern regarding a Partner Family home is reported to the Florida Abuse Hotline, the hotline determines how that concern will be classified and ultimately which agency will respond to the allegation(s). Child Protective Investigators investigate all Institutional and Abuse Reports, whereas all Foster Care Referrals are handled by the licensing agency. Institutional and Abuse Reports are received regarding allegations of neglect, physical abuse where marks are present and sexual abuse. Foster Care Referrals investigate allegations and infractions pertaining to licensure.



At the onset of a report received on a Partner Family home, PSF's licensing staff will automatically issue a No Placement Hold on the home. This hold will prevent additional children from being placed in the home. This hold shall remain in effect until the report is closed and all concerns have been eliminated. The Partner Family shall be notified of the hold in writing. During this time, licensing staff will discuss the status of each report during the monthly Foster Care Review Committee and/or Incident Reporting Meeting. Once the hold is lifted, licensing staff will inform the Partner Family in writing and/or via phone call. Based on the outcome and concerns detailed in the report (if any), the licensing staff will determine if corrective action is necessary.

During the course of any open investigation, the Licensing Analyst will remain available to answer questions and keep Partner Families abreast of the status of open reports.

### **Client Inquiries, Complaints and Grievances**

Partnership for Strong Families encourages Partner Families to resolve concerns when possible through discussing the concern with the person involved or their supervisor. The Licensing and Retention Manager is available by phone or email to assist in resolving any concern or complaint related to foster care or a foster child. Should a concern not be resolved to your satisfaction, however, Partner Families will be referred to the grievance and appeal process to ensure continuous oversight and improvement in the quality of services.

PSF will ensure all inquiries, concerns, complaints and grievances received either verbally or in writing are responded to promptly and appropriately.

PSF's standard practice will allow for inquiries and complaints to be brought to the attention of any person within the organization. Additionally, a toll-free telephone number allows for concerns to be communicated directly to PSF's Administrative Office: 1-866-310-7326.

### **How to Submit a Question, Concern or Initiate a Grievance Procedure**

- Phone calls to PSF staff at any level within the organization or Partner Agency staff.
- Electronic mail or letters submitted to PSF staff or Partner Agency staff.
- If you do not have access to the internet and you have concerns about the quality of service you are receiving, please call the Director of Program Quality and Contract Management at 352-244-1515.

### **Process**

Partner Families are encouraged to submit questions or concerns in the following fashion:

- Submit the question and concern to the assigned Family Care Counselor.
- If not satisfied with the results after speaking with the Family Care Counselor, contact the Family Care Counselor's Supervisor.
- If the Family Care Supervisor does not provide a satisfactory resolution, contact the Program Director, Quality Operations Manager, Recruitment and Retention Specialist, the Licensing and Retention Manager or any combination of the above.
- Concerns related to Licensing Counselors should be referred to the Licensing and Retention Manager and then to the Senior Vice President of Programs.
- If this does not provide a satisfactory resolution, the Partner Family should contact the Director of Program Quality and Contract Management to express dissatisfaction with any and all of the above processes and to address their original question or concern.
- If contacting the Director of Program Quality and Accreditation does not result in a satisfactory result, you may further pursue the grievance process by contacting the Senior Vice President of Programs who will work with the Chief Executive Officer to render a final decision on the question or concern.

### **Confidentiality**

You signed a confidentiality agreement before you were licensed to foster. You may discuss your foster child's status with another Partner Family if they will be providing respite care, care to a child being moved from your home or is serving in a formal or informal mentoring role. Additionally, you are encouraged to communicate with school officials, therapists, the court-appointed Guardian ad Litem as well as other professionals working with the child. If friends, neighbors, relatives and other Partner Families ask about a foster child placed in your home, you should



explain that you appreciate their interest but cannot share information about a child's background, problems or the legal status of the dependency case. You should never speak to an attorney representing anyone other than the child (Parents' attorney, Guardian Ad Litem attorney or Attorney Ad Litem). Breaking confidentiality is a misdemeanor and can be punishable by a fine. It is also a violation of your licensing agreement.

## Reporting Child Abuse and Neglect

As a licensed Partner Family you are a mandated reporter, which means you are legally required to report any suspicion of abuse or neglect of any child you encounter. This responsibility includes abuse that may occur between children in your home. To make a report, call 1-800-96-ABUSE. Also report your concerns immediately to your child's assigned Family Care Counselor. Chapter 30.201 of Florida Statutes states that mandated reporters must provide their names to the hotline staff. Your name will be entered into the record but will be held confidential.

## Guardian ad Litem Program

A Guardian ad Litem (GAL) is a community volunteer appointed by the court to represent the best interests of a child involved in a dependency court proceeding. The GAL represents the best interests of the child in a variety of ways, as outlined below:

- Investigator – The GAL independently conducts a thorough investigation on behalf of the child.
- Monitor – The GAL monitors the agencies and persons that provide services to the child and assures the orders of the court are being carried out and the parents and children are getting the help they need.
- Protector – The GAL protects the child from insensitive or repetitive questioning.
- Spokesperson – The GAL assures that the child's wishes are heard and the best interests of the child are presented to the court and agencies serving the child.
- Reporter – The GAL provides information to the court and helps the court determine what is in the child's best interest. The GAL prepares a report that becomes a permanent part of the child's court record.

GALs are allowed to transport foster children they are appointed to represent as approved by their program.

## Dependency Process

You are a participant in the child's case plan, and you are encouraged to participate in the legal process for your foster child. The dependency processes that will affect you as a Partner Family are described in the following sections.

## Emergency Shelter Status

When a child is first taken into care, the child is court-ordered into emergency shelter. The child will remain in emergency shelter status until the disposition hearing is held, at which time the child's status in licensed care changes to foster care. If a child in emergency shelter status is placed in your home, you will receive the shelter board rate and you may expect at least one visit per week from your child's assigned Family Care Counselor unless less frequent contact is approved. Initially, the Child Protective Investigator will place the child in your home and may continue to have contact as part of the investigation. During this time, the assigned Family Care Counselor will continue looking for relatives who may be able to provide a home for the child, so please understand the child's stay may be brief.

## Case Transfer Staffing

Once the case has been staffed through a Case Transfer Staffing, a Family Care Counselor will be assigned as the primary counselor. You will continue to receive the shelter board rate, and your Family Care Counselor will be required to visit your home at least weekly unless an exception is approved.

## Foster Care Status

If a child is court-ordered into foster care at the Disposition Hearing, your board rate will change to the monthly foster care board rate. Your foster child's assigned Family Care Counselor will be required to complete a minimum of one monthly in-home contact with the child.

## Family Team Conferencing

To facilitate the case planning process a Family Team Conference will be held. Family Team Conferencing allows the



natural parents and/or caregivers to utilize resources and support systems that are currently available to them through their family and community. By utilizing Family Team Conferencing, the family will be an active partner in the case planning process. Partner Families may be invited to attend Family Team conferences. Partner Families assist the children and families in meeting their goals by providing support and often act as mentors for the parents.

## Case Plan

A Case Plan is the document prepared with the birth parents that outlines the tasks the parents must complete to ensure their child can be safely returned to their care and custody. A Case Plan also includes tasks for the Partner Families, assigned Family Care Counselor and, if age-appropriate, the child. Examples of tasks for Partner Families include providing for the health, safety and well-being of a child, ensuring the child receives a proper education and assisting with visitation. Partner Families will be asked to sign the Case Plan and are accountable to the Court for performing the tasks assigned. PSF is required to provide you with a copy of the Case Plan for each child placed in your care.

## Judicial Review

Judicial Reviews are held by the Court every five to six months. Your child's Family Care Counselor will ask for information about each child placed in your care to prepare for this court proceeding. You may participate in the review of your foster child by filling out a caregiver input form, which can be found on our website at [www.partnerfamily.org/partner-family-resources](http://www.partnerfamily.org/partner-family-resources), and by attending the court hearing.

## Permanency Planning

Following a child's removal from his or her parent's care and custody, a Permanency Staffing will be held to discuss the birth parent's progress on their Case Plan and to determine whether sufficient progress has been made to begin the reunification process or whether a change in goal to termination of parental rights should be recommended to the court. Partner Families will be asked to attend the staffing. The goal is to achieve permanency within 12 months of the child's removal. Permanency is defined as reunification with the parent(s), adoption if the case status changes to termination of parental rights or long term custody to a relative or non-relative or permanency guardianship, if appropriate.

## Reunification

If PSF is considering a recommendation that your foster child be reunified with the parent(s), you will be asked to attend the staffing and provide information so PSF has the benefit of your thoughts and concerns regarding possible reunification. You will also be asked to complete a written provider input form that will be filed with the Court. This Caregiver Input form can be found on PSF's website - [www.partnerfamily.org/partner-family-resources](http://www.partnerfamily.org/partner-family-resources).

## Termination of Parental Rights

If extensive efforts to work with the parents to reduce risk have failed, the child's goal may be changed from reunification and the process of termination of parental rights will take place. A court hearing will be conducted, and you may be asked or subpoenaed to testify about the foster child's adjustment in your home.

## Adoption

If the case plan goal is changed to adoption, an adoption counselor is assigned. If you have the desire and capacity to become an adoptive parent for your foster child, you will be provided the opportunity to apply to adopt the child. Considerations in the selection of an adoptive family for a child will include, but not be limited to, such factors as the importance of maintaining the bond the child has with siblings, the quality and length of attachment to you as a Partner Family and whether there are relatives to the child who wish to adopt. A match staffing may be held to determine the placement that is in the best interest of the child(ren) for purposes of adoption.

## Independent Living Status

All youth age 13 and older in a licensed placement should be receiving Independent Living services. All youth 13-18 should be taught Independent Living skills from their Partner Families, and Partner Families receive a monthly stipend additive to cover normalcy activities and life skill development. These skills should be reported to the Family

Care Counselor and in the Judicial Reviews. The Family Care Counselors will refer all 16 year-old youth in licensed care to the Independent Living Program. The Independent Living Program will provide primary services once the youth reaches age 17. The purpose of the program is to assist foster teens in preparing for independence by teaching them about nutrition, employment, money management, housing and responsible decision-making. The foster teens are expected to attend training, events provided by the program and develop a transition plan from foster care to independence. If permanency has not been achieved before the youth's 18<sup>th</sup> birthday, the youth will have the option to:

- Leave Foster Care
- Transition into the Extended Foster Care (EFC) Program if he or she meets the criteria of being enrolled in school, working 80 hours/month or participating in a job training program
- Transition into the Postsecondary Educational Services and Support Program if he or she is enrolled in college or vocational school full-time

For more information and helpful tools, download the “Ready, Set, Fly!” parent’s guide for teaching life skills from PSF’s website. This helpful document was produced by Casey Family Programs. Visit [www.partnerfamily.org/partner-family-resources](http://www.partnerfamily.org/partner-family-resources).

## Exit Interviews

All children between the ages of 5 and 18 who have been placed in your home 30 days or more must be interviewed when they leave your home. The interview will be completed at a location away from your home. The child will be asked specific questions from a standard interview form. The results of the interview will be anonymous but not confidential. The child will be told that the information they provide may be shared with the Partner Family at some time but that the Partner Family will not be told the name of the child who provided the information. It is important for you to know how children are responding to the care you provide. A copy of the exit interview will be kept in both the child’s record and your foster home licensing record. Contact your Family Care Counselor to see a copy.

## Visitation/Contacts

During the time a child is placed in your care, you are required to allow and facilitate visitation for your child and a number of other people, including birth parents, siblings, grandparents, the child’s Family Care Counselor, Guardians ad Litem and medical and mental health professionals. The visits are described below.

- **Birth Family**

Your foster child’s birth parents, siblings and other relatives have a right to visit with the child, as outlined in the Case Plan or subsequent orders. You will be expected to transport the child to visits and to cooperate with this process. The frequency and duration of the visits is determined by the Court. As a general rule, the younger the child, the more frequent the visits. At a minimum, children should see their parents and siblings (if siblings reside in another home or placement) at least monthly, although more frequent visits are encouraged and are common. Florida law also grants visitation rights to grandparents.

- **Family Care Counselors**

Your child’s assigned Family Care Counselor will be required to see the children at least monthly in their homes. If the child is in emergency shelter status, the visits will occur once every seven days. You are expected to make yourself available, to have the child present when a visit is scheduled and be prepared to talk with the counselor about the child’s progress in your home. Counselors are required to make unannounced visits to monitor a child’s placement in your home at least once every three months.

- **Guardian ad Litem**

The child’s Guardian ad Litem (GAL) is a volunteer appointed by the Court who is charged with independently monitoring the child’s care and reporting to the Court at Judicial Review Hearings. You are asked to make yourself and the child available to the GAL when scheduled or unscheduled contact is requested.

- **Medical and Mental Health Professionals**

If your child is in need of specialized medical or mental health services, staff from provider organizations



may come to your home to provide services including occupational or physical therapy and mental health counseling. It is important to your foster child(ren) that these appointments are not missed.

## IV. MEDICAL

### Medicaid

All children placed in out-of-home care are covered by the State of Florida Medicaid program, which provides medical payment for preventative, well-child and emergency medical care, as well as for dental care and behavioral health services.

Florida Medicaid has a new program called the Managed Medical Assistance (MMA) program. Under MMA, most Medicaid recipients are receiving their medical and behavioral health services through a managed care plan (i.e. Sunshine Health, United Healthcare, Staywell/Wellcare, CMS, Prestige, etc.) A child is also assigned a primary physician who will provide the child's ordinary medical care and make referrals to specialists as needed. If the assigned doctor is not convenient, you may make a request to your child's Family Care Counselor to change the provider.

If a child was on Medicaid before being removed from their home, you should receive the Medicaid number when the child is placed with you. If the child was not previously Medicaid-eligible, PSF will apply immediately for coverage. It may take a few days or up to a few weeks for the new Medicaid number to register in the system. Because Medicaid coverage will be retroactive to the date of the application, most providers will work with you to provide care even if the Medicaid number has not yet been activated.

If you do not receive a Medicaid number or plan information (including approved physicians and prescription information) for the child, email [nurse@pfsf.org](mailto:nurse@pfsf.org) or contact your child's assigned Family Care Counselor for assistance. It is important to note that no physical card is required at most doctor's offices to receive services; the Medicaid number will typically suffice.

Partnership for Strong Families will reimburse licensed providers for transporting foster children to any Medicaid-eligible appointment (e.g., doctor or therapy appointment).

### Dental/Orthodontic Care

A few dentists in your area may be Medicaid providers. If you do not know the Medicaid Providers in your area, ask your child's assigned Family Care Counselor for assistance. Your child's dentist will advise you of the schedule for cleanings and other appointments. If your foster child has a medical need for orthodontic treatment, your Family Care Counselor can refer you to an orthodontist who accepts Medicaid.

### Authorization of Medical Care/Consent for Treatment

As a Partner Family, you must consult with your child's assigned Family Care Counselor prior to authorizing any medical treatment for a child. It is the child's counselor's responsibility to obtain consent from the child's birth parents for any medical treatment needed for their child. When it is not possible to contact the child's parents, the Family Care Counselor may provide consent for ordinary medical treatment, such as well-child checkups and immunizations, or you may be allowed to provide the consent. A Court Order is required for any extraordinary care, which includes surgery, general anesthesia, psychotropic medications or blood testing for HIV.

### Medical Emergencies

If there is a medical emergency with your child, dial 911. The emergency personnel who respond have the right to authorize medical care in the event of a life-threatening situation or provide emergency transport to a hospital for care. Be sure to advise the emergency and medical personnel of the child's foster care status. Accompany the child to the hospital if the child is transported, and contact your child's assigned Family Care Counselor immediately. If you are not able to reach the assigned counselor after hours, your recovery numbers for after hour emergencies in your area are listed on the following page.

Service Center	Counties	Phone Number
Gainesville	Alachua	352-244-1500

Service Center	Counties	Phone Number
Lake City	Columbia	386-243-8800
Live Oak	Hamilton, Lafayette, Suwannee, Madison, Taylor	386-364-7774
Starke	Baker, Bradford, Union	904-964-1540
Trenton	Dixie, Gilchrist, Levy	352-463-3111

## Child Resource Record

The Child Resource Record, also known as the Blue Folder, shall be housed with the child, shall accompany the child to every health encounter and shall be updated as information is received. The Child Resource Record is a standardized record developed and maintained for every child entering out-of-home care that contains copies of the basic legal, demographic, educational, medical and psychological information pertaining to the specific child. The Child Resource Record provides a detailed health history of the child while in care. The Child Resource Record should be updated at each health care provider visit. You will be expected to keep this document current, and you will be asked to show it to the child's assigned Family Care Counselor during the required monthly in-home visits so it can be reviewed and updated. All legal documents obtained from the courts or Family Care Counselor shall also be placed in the CRR.

## Child Health Checkup

The Child Health Checkup is mandatory for all children in care. You signed an agreement regarding these policies and procedures at the time you were licensed. The checkup is administered by the local County Public Health Unit and requires children in the temporary custody of the State to have the following medical tests and examinations:

- Health and developmental history
- Physical assessment
- Height, weight, growth assessment
- Developmental assessment
- Speech assessment
- Direct referral to a dentist
- Nutritional assessment
- Vision and hearing assessment
- Immunizations
- Laboratory tests

The checkup also includes treatment for problems detected during the screening such as the provision of eyeglasses, hearing aids and dental services. These services are provided free of charge through Medicaid. Children in care must be scheduled for examination at ages:

- 2 months
- 4 months
- 6 months
- 1 year
- 15 months
- 18 months
- Yearly between age 2 through age 21

A child who was just sheltered must have an initial Child Health Checkup appointment within 72 hours of removal from the home. It is the Partner Family's responsibility to schedule the checkup.

## Children's Medical Services (CMS)

Children's Medical Services (CMS) is a collection of special programs for eligible children with special needs. CMS has a variety of services for expecting moms, newborn babies, infants, toddlers, school-aged children, adolescents and young adults through a family-centered approach. All of the services are provided by highly qualified physicians, nurses, social workers and other health care providers around the state. CMS provides a comprehensive system of care for eligible children with special health care needs. They believe in providing accessible, comprehensive and family-centered care in a medical home setting. In addition, they have intervention, prevention and other specialty





programs that provide community based services in the natural environment and other appropriate settings.

CMS providers are an integral part of a network of local community providers, hospitals and university medical centers around the state who provide quality care to children who need it most.

The Medical Foster Care Program is one of the programs within CMS.

Florida's Medical Foster Care Program (MFC) is a coordinated effort between the Florida Medicaid Program within the Agency for Health Care Administration, Children's Medical Services, the Department of Health, the Child Welfare and the Community-Based Care Program within the Department of Children and Families. The purpose of MFC is to enhance the quality of life for medically complex foster children, allowing them to develop to their fullest potential in a home-based program. The program provides family-based care for medically complex children under the age of 21 and those in foster care who cannot safely receive care in their own homes. They must be identified as needing medically necessary services to meet their medical complex condition, be in the custody of DCF and be medically stable for care in the home setting. The MFC Program, in collaboration with the community-based care lead agencies, recruits, selects, trains and oversees MFC parents, who then care for medically complex and medically fragile children who cannot safely receive care with their family of origin and are placed into MFC. MFC parents then perform most of the day-to-day therapeutic care for the MFC children.

### Children's Medical Services

Medical Foster Care Nurse Specialist  
1701 SW 16<sup>th</sup> Avenue, Building B  
Gainesville, FL 32608  
Phone: 352-393-2743  
Fax: 352-334-0288

### Child Protection Team (CPT)

The Child Protection Team is a team of professionals that includes physicians, nurses, psychologists and social workers. CPT assists in investigating child abuse and neglect cases through the provision of medical exams, case consultations and clinical staffings.

### Crisis Stabilization Unit (CSU)

The Crisis Stabilization Unit provides short-term crisis intervention, stabilization and diagnostic evaluation for children who present a risk to themselves or others due to mental illness. CSU will provide recommendations for appropriate follow-up mental health treatment. Children must meet the "Baker Act" criteria for admission to a CSU.

### Baker Act

In order to meet the Baker Act criteria, the child must be mentally ill and a danger to him/herself or others as a result of a mental illness. The Baker Act is a Florida law that allows law enforcement, medical and some licensed mental health professionals to evaluate a person's mental health status and to involuntarily commit that person to a Crisis Stabilization Unit for up to 72 hours for additional evaluation and stabilization.

## V. SCHOOL

### Child Care

If your child attends a child-care center or family child-care home, the center or home must be licensed by the State of Florida. If someone provides child care in your home, you must be sure the provider understands PSF's Discipline Policy and has access to emergency telephone numbers as well as the phone number of the child's assigned counselor. In addition, an in-home provider must:

- Be at least 18 years old.
- Have been cleared through the Florida Abuse Hotline and local law enforcement.
- Be fingerprinted if providing more than 15 hours of child-care per week.

If a child enters foster care and has previously been in daycare, the child will need to remain in daycare. You will receive a voucher for the Early Learning Coalition to go toward daycare expenses. Depending on your choice of

daycare, the voucher may cover 100% of your expense; however, many times it will not cover the expense entirely. Please check with the daycare of your choice to see what your weekly fee will be with the ELC voucher. If the child in your home is older than 9 years of age, ELC will not be available. However, if you have a child older than 9 years of age and they have a younger sibling, the older sibling will be included in the ELC voucher with the younger sibling.

## Public Schools

You will be responsible for enrolling your school-age child in school within three days of placement in your care. Your child's assigned Family Care Counselor is responsible for providing you with the necessary paperwork, including a court order, immunization records and a birth certificate. If the child has not had a physical exam in Florida in the past year, you will need to make arrangements to have this done as soon as possible. You will be responsible for attending the child's parent/teacher and other related school conferences and maintaining the child's school records, e.g., copies of report cards, Individualized Educational Plans (IEPs), etc. The child's assigned counselor is also responsible for maintaining copies of these records in the child's case file.

## Field Trips

You may authorize your child to attend a day field-trip and are expected to provide funding for the trip from your monthly board rate payment. If the trip is expensive, talk to your child's assigned Family Care Counselor about accessing the Special Educational Funds.

## Illness/Suspension/Expulsion

If your child is sick or is suspended from school, it is your responsibility to make arrangements for the child's care during the days the child is at home. If a school expels your foster child, please notify the child's assigned Family Care Counselor immediately.

## College/Vocational School

If your child wants to attend college, the child should apply for financial aid. If the child is not approved, the State can exempt the fees at a State of Florida university. The student must maintain a 2.0 average to qualify for the exemption.

## Corporal Punishment

You may not authorize the school to use corporal punishment on a foster child placed in your care. (See your copy of the Discipline Policy you signed at the time you were licensed.)

# VI. WHAT TO DO IF A CHILD ...

## Runs Away

Call your local law enforcement agency if a child does not return to your home when expected or if you believe the child has run away. Be certain to mention the child is a foster child. Be prepared to give a detailed description of the child and the clothing the child was wearing, the child's date of birth, Social Security Number and a picture of the child. Ask law enforcement personnel to assign a National Crime Information Center (NCIC) number, conduct a search within one mile of where the child was last seen and provide you with the law enforcement case number/case report. Call your child's Family Care Counselor immediately and share this information with them. If you are not able to reach the child's assigned counselor during office hours, please go up the chain of command until you are able to talk with a supervisor or PSF staff member. If you are unable to reach the assigned Family Care Counselor after office hours, please contact Recovery On-Call.

## Recovery On-Call numbers by area:

Service Center	Counties	Phone Number
Gainesville	Alachua	352-244-1500
Lake City	Columbia	386-243-8800
Live Oak	Hamilton, Lafayette, Suwannee, Madison, Taylor	386-364-7774
Starke	Baker, Bradford, Union	904-964-1540
Trenton	Dixie, Gilchrist, Levy	352-463-3111



### Is Arrested

Call the child's Family Care Counselor immediately. Provide the name of the arresting officer, the nature of the offense and the current location of the child. You should be prepared to attend the child's arraignment and other court appearances. If the child is given home detention, you will need to make arrangements to help the child meet the conditions of release. If the child is ordered to remain in the detention center, you will not receive the board rate payment for the days the child is out of your home.

### Destroys Your Property

In some cases, restitution may be claimed for direct medical expenses and/or property damage caused by a shelter or foster child through the State Institutions Claims Fund. The form must be completed and submitted to your assigned Family Care Counselor or their Supervisor. You may also have the form signed by the FCC or FCCS and submit the form yourself to the address on the back of the form. You or Partnership for Strong Families must file the paperwork with the Florida Attorney General's office within 60 days of the incident. It is recommended the form and documentation be sent certified mail. The fund will not pay for losses covered under your personal homeowner's policy but will pay your deductible on your insurance. Report the incident immediately to the child's assigned Family Care Counselor. You will be asked to provide the following applicable information:

- Written estimates or receipts for repair or replacement costs
- Related medical bills or receipts
- A physician's statement/diagnosis
- Official report documenting the incident
- Pictures of the damage
- Names, addresses and telephone numbers of all witnesses and people involved

Please retain a copy of all documentation provided.

### Needs to be Baker Acted

If a child is exhibiting or threatening harm to themselves or others in your home, call 911 and request assistance. The responding officer will evaluate whether the child meets the Baker Act criteria. Notify your child's assigned case manager immediately as well as their mental health counselor, if applicable.

### Wants to Work

Older foster children should be encouraged to obtain part-time jobs as long as the employment does not interfere with their school performance. The money the child earns should be managed so that it motivates and promotes self-reliance. Any income earned by a foster child is taxable for the child. You cannot be reimbursed for transporting a child to and from work. However, you may want to consider asking the child to provide a small payment from their paycheck for the cost of transportation.

### Wants to Quit School

You may not give permission for a child to quit school. Talk with the school about a drop-out prevention program, and speak with your child's assigned case manager if this concern presents itself.

### Wants to Drive

All youth between the ages of 15-21 in licensed care are eligible for the Keys to Independence (K2I) program. K2I will reimburse enrolled youth and caregivers for the costs associated with driver's education, driver's licenses and other costs related to getting a driver's license as well as motor vehicle insurance. The youth can apply for the program at [www.keystoindependence.org](http://www.keystoindependence.org).

### Wants Birth Control

Florida Administrative Code states, "Medical procedures which are not considered part of routine medical care must be specifically authorized by the parent of the child, the legal guardian if one has been appointed or a court of competent jurisdiction unless the situation is so urgent as to make the delay required to secure authorization potentially dangerous to the health and safety of the child. In cases where parental rights have been terminated and the child has been committed to an agency for placement in an adoptive home, the agency may consent for medical



care without a court order except for abortion or permanent sterilization of the child.” (F.S. 39.407; F.A.C. 65C-15.)

### Becomes Pregnant

A pregnant foster child will immediately be offered medical services for herself and her unborn child. The foster child will also be offered counseling services to help her determine whether she wants to continue her pregnancy. **It is critical for you to remain neutral but supportive during this time and to ensure that the child has an opportunity to talk with the physician about the choices available to her. The foster child should not be coerced, persuaded or encouraged to make any particular decision.** If she chooses to have and keep the baby, the child will be placed with the mother in the same foster home when possible. You will receive a subsidy payment equivalent to the foster care board-rate payment for the baby or young child. No court action or voluntary foster care placement agreement is required.

### Wants an Abortion

**A pregnant foster child must not be coerced, persuaded or encouraged to terminate or to maintain her pregnancy.** Legally, the decision to continue or terminate a pregnancy must be entirely and exclusively between the foster child and her healthcare provider. If a pregnant foster child wants to have an abortion for other than a life-threatening situation, she must make arrangements for the abortion, including financial payment, independent of PSF.

### Wants to Get Married

If a foster child under the age of 18 wants to get married, neither you nor PSF may give permission. Only the child’s parent or a legally appointed guardian can grant the child permission. If a child does get married, his/her status as a “dependent child” is immediately terminated, along with Partnership for Strong Families’ custody.

### Dies

Call 911, and contact your child’s Family Care Counselor immediately.

## VII. WHAT TO DO IF YOU WANT TO ...

### Travel

**Without Your Foster Child:** Please contact your Placement Specialist to request Respite Care. For additional information regarding Respite Care please see page 11.

**With Your Foster Child in State:** You may travel within the state of Florida with your child. If you will be gone overnight, please let your child’s assigned Family Care Counselor know about your travel plans. If your child is in emergency shelter status, please do not travel outside of the district without obtaining permission from your child’s assigned Family Care Counselor.

**With Your Foster Child Out-of-State:** If you wish to take a child out of state, please notify your child’s Family Care Counselor at least two weeks in advance of your departure date and provide the exact dates and destination for your travel along with a phone number where you can be reached. It is customary for the Family Care Counselor to notify the child’s birth parents of the trip in the event of changes to the visitation schedule; however, obtaining parental consent is not necessary.

### Change a Child’s Appearance

You may not make significant changes to your child’s appearance without the birth parents’ permission. Talk with your child’s assigned Family Care Counselor if you or the child wish to do any of the following:

- Change the child’s hairstyle, including permanent waves, color or cutting long hair
- Pierce a child’s ears or body.

### Leave a Child in the Care of Anyone Else

Children placed in licensed care cannot be supervised by anyone who has not been fully background screened as a child care provider or babysitter through the Licensing Department ahead of time. For additional information regarding Respite Care, please see page 11.



## Take a Child to Religious Services

Partner Families are responsible for transporting a child to the religious institution in which the child was raised if the child or the birth parents request the child to attend. If the child and the birth parents have no preference, you may take the child to the religious institution you attend. If you wish to baptize or confirm a child into a religious faith, the parents' permission must be obtained prior to its occurrence.

## Request Assistance with a Child

If children placed in your home are exhibiting behaviors that you are having difficulty responding to, please contact your child's assigned Family Care Counselor. Services are available to assist in stabilizing the child. Pre-disruption staffings are held when a child is identified as possibly disrupting their placement. The staffing is held with the Partner Family, the child and the FCC to put services in place in order to de-escalate the situation and preserve the placement. PSF's "front-end" services, such as Diversion and Rapid Response Services (RRS) services, are also available to prevent placement disruption in foster homes as well as relative and non-relative placements. Partner Families or Family Care Counselors can make referrals for these services by contacting PSF's Family Service Facilitators.

If you believe the child needs to be moved to another home, you are expected to provide PSF with a minimum of two weeks' notice so the assigned counselor has the time needed to find the best placement for the child.

## VIII. When a Child Arrives ...

If a child is placed with you immediately following removal from a parent, you may receive limited information and clothing for the child. The Child Protective Investigator can provide a clothing voucher (see "Initial Clothing Allowance" section) and some basic information about the child's current status. You will receive a blue folder containing the Child Resource Record; this record contains information regarding the child's behaviors, medical conditions and school status. You will receive more complete information as it is obtained.

If the child is placed with you immediately following removal from a parent, the child must receive a medical screening within 72 hours of removal. The Child Protective Investigator will help you in making these arrangements.

If the child is coming to your home from another foster placement, you should receive all of the child's personal belongings as well as the child's Child Resource Record, and it is important for you to assure that you receive the blue folder with the Child Resource Record inside it.

The Partnership Plan you signed at the time of initial licensing and when your home is re-licensed outlines your responsibilities and rights as a Partner Family. (Partnership Plan, Appendix B).

Partner Families have the benefit of having a Partner Family Advocate. The advocate's role is to offer support and help our Partner Families receive resources and guidance, when needed. The Partner Family Advocate works with the Placement Specialists to ensure you are getting all necessary documentation and information needed to allow the children to attend their first medical appointment and get enrolled in daycare or school.

The Partner Family Advocate is available to you 24 hours a day, 7 days a week for any additional support your family is needing. Your Partner Family Advocate, Christy VanValey Conner, can be reached at (352) 318-6947 or [christy.vanvaley@pfsf.org](mailto:christy.vanvaley@pfsf.org). You should anticipate hearing from her within the first 24 hours of an initial placement. You most likely will have met her throughout your P.R.I.D.E. training.

Please remember to utilize this support to better help you with navigating through the child welfare system throughout the entire reunification process of the children in your home. Additional trainings and other continuing educational opportunities are also recommended by the advocate.

## Child Resource Record (CRR)/Blue Folder

If you do not receive a Blue Folder containing initial placement documents, please ask the worker who transported the child to your home to contact the responsible Family Care Counselor or Child Protective Investigator immediately to arrange delivery.

The Child Resource Record is a standardized record developed and maintained for every child entering out-of-

home care that contains copies of the basic legal, demographic, educational, medical and psychological information pertaining to the specific child. The Child Resource Record shall be housed with the child, shall accompany the child to every health encounter and shall be updated as information is received. The Child Resource Record provides a detailed health history of the child while in care. The Child Resource Record should be updated at each health care provider visit. You will be expected to keep this document current, and you will be asked to show it to the child's assigned Family Service Counselor during the required monthly in-home visits so it can be reviewed and updated.

Many of the documents required for the Child Resource Record may not be available at the initial placement. **Upon placement in a foster home setting, minimally the Partner Family must be provided the following documents as part of the Child Resource Record:**

1. Placement Letter
2. Authorization for consent to treat
3. Child Information Form
4. Shelter Order

**For cases involving sexual abuse, the following documents are also required:**

5. Child Information Form
6. Safety Plan

At each monthly in-home face-to-face contact with the child, the FCC must review the Child Resource Record to ensure it is complete. The FCC will provide, by mail or hand-delivery, court documents, school and medical records to the Partner Family to be placed in the Child Resource Record within 5 business days of receipt of the documents. The documents include, but are not limited to:

1. Adjudication Order
2. Pre-disposition Study
3. Disposition Order
4. Case Plan
5. Judicial Review Reports
6. Judicial Review Orders
7. Permanency Hearing Orders
8. Termination of Parental Rights Order
9. School Records (including standardized testing results)
10. Report Cards
11. Individual Educational Plan
12. Psycho-educational Evaluations
13. Immunization Records
14. Medical Records
15. Dental Records
16. Psychological Records
17. Psychiatric Records
18. Mental Health/Behavioral Records
19. Medicaid Card
20. Copy of the Child's Birth Certificate
21. Consent for Treatment
22. Recent Color Photo of the Child
23. Pamphlet – Caregivers and the Courts

## **IX. Licensing Rules**

### **Annual Re-licensing**

Your foster home license must be renewed each year, and a licensing counselor will come to your home to verify all licensing standards continue to be met. Licensing rules are dictated by Chapter §409.175 Florida Statutes and Chapter 65C-13 of the Florida Administrative Code. A summary of the requirements for foster homes is provided below.



## Background Screening

**Fingerprints:** All persons 18 years of age and older residing in a foster home are fingerprinted and screened through the FBI at the time of initial licensing. You must immediately notify your licensing counselor if a new adult moves into your home or a child in your home turns 18 so they can be screened. If a foster home has a 90-day break in service, all adults in the home must be re-fingerprinted.

- Florida Department of Law Enforcement (FDLE): FDLE clearances are completed on all adult residents in foster homes at the time of initial licensing and every five years thereafter.
- Local Law Enforcement: Criminal records maintained by police and sheriff's offices are checked annually for all adult household members.
- Florida Abuse Hotline Information System Check: The Florida Abuse Hotline Information System is checked for all household members annually.
- Delinquency Checks: Delinquency record checks are completed on all household members between the ages of 12 and 18 annually.

## Home Safety

The licensing counselor will check your home for the following safety items:

- Guns and ammunition must be kept separately and locked.
- All medications, poisonous chemicals and cleaning materials must be locked in a place inaccessible to children.
- Alcoholic beverages must be stored out of the reach of small children.
- Pets must be vaccinated and the vaccinations kept current.
- Children's access to large pets or potentially dangerous animals must be restricted.
- Transportation and access to a telephone must be immediately available.
- All combustible sources must be stored away from sources of heat.
- The home must not be heated with unvented heaters.
- An evacuation plan must be posted in a conspicuous place and shared with foster children placed in the home.
- Fire drills must be held every 6 months and when a child is placed in your home.
- All fireplaces, space heaters, steam radiators and hot surfaces must be shielded against accidental contact.
- Bedrooms in basements or above the second floor must have either a window or a door with an approved means of exit.
- The home must be equipped with an operating smoke detector in each sleeping area.
- The home must have a portable chemical fire extinguisher (2A10BC) with a current inspection tag for each floor of the home.
- The home must be free from objects, materials and conditions that constitute a danger to children.
- If the home has burglar bars on windows, the caregiver must demonstrate that they can be easily released to allow exit or there must be other means of exit readily available from sleeping areas.
- The home must be inspected annually for sanitation and fire safety and receive satisfactory ratings.
- Testing for radon gas must be conducted every 5 years for homes with the exception of mobile homes, homes built above the surface of the ground, or homes in Bradford, Columbia, Dixie, Hamilton and Lafayette Counties, which are exempt from testing.
- The home must have a safe outdoor play area as part of the property or within reasonable walking distance.
- The home must have access to schools, churches, medical care, recreation and community facilities.

## Capacity, Space and Sleeping Arrangements

Florida law requires, except under very detailed special conditions, that there be no more than five children in a foster home, including the Partner Family's birth or adopted children or other children in the Partner Family's care. Additionally, there may be no more than two children under the age of two in any home without a waiver approved by the District Administrator or PSF's CEO.

Each child must have his or her own bed, and each infant must have his or her own crib. Each child must be provided with adequate space for personal belongings and designated space in or near the bedroom for hanging clothes. No child over the age of 12 months may share a bedroom with an adult. No child over the age of 3 years may share a



room with a child of the opposite sex.

## Transportation Safety

- All Partner Families who drive must have a valid driver's license.
- All cars driven by Partner Families or anyone transporting foster children must meet applicable Florida motor vehicle laws, have liability insurance coverage in place at all times and must be equipped with seat belts.
- The law requires children to be placed in federally approved car restraint seats through the age of three and in either a car seat or booster seat, depending on the size of the child, for children of age four and five. Parents are not allowed to secure their children under the age of five using only a seatbelt.

Step 1



Step 2



Step 3



Step 4



Visit <http://www.flhsmv.gov/fhp/cps/CSSB.pdf> for detailed information on each step. Car seats expire six years from the manufacturing date printed on the label on the back of the seat.

## Swimming Pool and All Bodies of Water Safety

If you install a swimming pool, you must immediately notify your licensing counselor. Your pool must meet the following requirements:

- Have a barrier on all sides at least four feet in height.
- All entries providing access through the barrier must have a safety feature that is an alarm, keyed lock, self-locking door or bolt lock that is not accessible to children.
- All entry points must be locked when the pool is not in use.
- Steps or ladders to above-ground pools are secured, locked or removed when the pool is not in use.
- Pool must be equipped with at least one of the following life-saving devices: ring buoy, rescue tube or other flotation device with an attached rope of sufficient length to cover the area of the pool.
- An approved water safety course must be completed by the Partner Family. Visit [www.homepool essentials.org](http://www.homepool essentials.org).
- Adult supervision must be provided at all times when children are in a pool or pool area, spa or hot tub.
- Foster children who are not proficient swimmers must wear a life jacket or approved flotation device at all times when in the pool or pool area.
- Hot tubs and spas must have a locked safety cover when not in use.

### Other suggestions to observe regarding water safety include:

- Never leave children alone in or near any body of water, even for a moment. Do not allow yourself to become distracted by doorbells, phone calls, chores or conversations. If you must leave the area, take the children with you. During social gatherings at or near a body of water, appoint a “designated watcher” to protect children from water accidents.

- Post rules such as: “No running,” “No pushing,” “No dunking” and “Never swim alone” in the pool area. Enforce the rules.
- Instruct baby sitters about potential water hazards to children and about the use of protective devices such as door alarms and latches. Emphasize the need for constant supervision. Be sure the person watching the children knows how to swim, to get emergency help and to perform CPR.
- If a child is missing, check the pool or water area first. Seconds count in preventing death or disability.
- Install a fence to separate your house from the pool or body of water. Most children who drown in pools or other bodies of water wander out of the house and fall into the water. The fence should be 4-feet high and surround the body of water. The fence must completely separate the body of water from the house and the play area of the yard.
- Never prop open the gate to a water barrier. After the children are done swimming, secure the area so they can’t get back into it.
- Never use a pool with its pool cover partially in place, since children may become entrapped under it. Remove the cover completely.
- Place tables, chairs and other objects well away from the fence to prevent children from using them to climb into the water area.
- Keep rescue equipment (such as a shepherd’s crook or rescue tube) and a telephone with emergency numbers noted by the body of water.
- Avoid air-filled “swimming aids” because they are not a substitute for approved life vests and can be dangerous should they deflate.
- Keep toys out of and away from the water area when not in use. Children playing with or reaching for toys could accidentally fall in the water.
- Remember, teaching children how to swim DOES NOT mean they are safe in the water.
- Do not assume that drowning or a drowning incident could not happen to you or your family.

## Training

Florida law requires each Partner Family have a minimum of eight hours of training each year after initial licensure. PSF wants to ensure that there is quality re-licensing training available to Partner Families throughout Circuits Three and Eight.

Partner Families have numerous options for fulfilling the eight hour training requirement:

- 1. Approved trainings.** Trainings will be offered on a regular basis throughout the Services Centers, making training accessible to all of our Partner Families. The topics covered during these trainings will address many of the concerns and challenges that you must confront as a Partner Family and will include annual updated trainings that are a mandatory requirement for re-licensure. We will work hard to ensure that guest speakers and staff trainers make these trainings an interesting and rewarding experience. Trainings are followed by a Partner Family meeting, allowing you to exchange ideas, concerns and good news. Classes will be announced in your Partner Family Newsletter. Sign-up is required no later than one day prior to the class date. If we have no response, the class will be canceled. Attendance Certificates will be distributed after each class.
- 2. Utilizing community or job-related training opportunities.** To ensure that a particular training will count toward your eight-hour requirement, it is recommended that you submit information describing the content of the class for approval prior to attendance or paid registration. You will also need to provide proof of participation, including: class topic, date, hours of training and the name of person(s) providing the training.
- 3. Online Training.** Online training is available on the following websites:
  - [www.qpiflorida.org](http://www.qpiflorida.org) - All trainings are free.
  - [www.FosterParentCollege.com](http://www.FosterParentCollege.com) - Contact Lakisha or Casey to register. All trainings are free after a reimbursement submission. Forms are available through your Recruitment and Retention Specialist.
  - [www.FosterParents.com/PFSF](http://www.FosterParents.com/PFSF) - The first two trainings are free. Reimbursement is available for additional trainings.
  - [www.centerforchildwelfare.org](http://www.centerforchildwelfare.org) - All trainings are free, click on the “Training Resources” tab.

## **X. PSF POLICIES ON FOSTER CARE**

Partnership for Strong Families maintains high standards for families we license to provide substitute care for children in our custody.

### **WE EXPECT PARTNER FAMILIES TO:**

- Protect and nurture children.
- Meet children's developmental needs and address developmental delays.
- Support relationships between children and their families.
- Connect children to safe, nurturing relationships intended to last a lifetime.
- Work as a member of a professional team.

#### **1. Family Care Activities: Normalcy for Children in Foster Care**

Too often, children growing up in foster care confront barriers that prevent them from enjoying normal age-appropriate activities that many of their peers take for granted, such as overnight stays, extracurricular activities, dating and driving. Many barriers to these normal activities are created by administration and staff who are attempting to ensure the safety of the child. These obstacles may cause children to exhibit inappropriate behaviors out of frustration. Children in out-of-home care should be allowed to experience the same opportunities as any other children in the most normal, healthy and safe method possible. In 2013, legislators sought to empower foster parents to make reasonable choices in regard to activities for youth under their care and supervision and passed the Normalcy Bill, which was endorsed by the Guardian ad Litem program. This memorandum encourages a change in thinking with respect to normal adolescent behavior and activities of children in foster care and encourages a "can do" approach. A copy of the memorandum can be found on DCF's website: [www.myflfamilies.com](http://www.myflfamilies.com).

#### **2. Daily Living Tasks**

- Provide structure and daily activities designed to promote the individual physical, social, intellectual, spiritual and emotional development of the child.
- Assist the child in performing tasks and developing skills that will promote their independence and ability to care for themselves.
- Help the child to maintain a sense of their past and a record of their present.

#### ***Food and Nutrition***

- Provide nutritionally balanced meals and age-appropriate snacks.
- Provide for any special dietary needs of the child.

#### ***Monthly Allowance***

- 0-5 years: \$10
- 6-12 years: \$10
- 13 years and up: \$12

Allowances provided in the board payment can NOT be taken away as a method of discipline

#### ***Clothing and Personal Belongings***

- Provide the child with their own clean, well-fitting, attractive clothing appropriate to their age, sex and individual needs, in keeping with community standards and appropriate to the season.
- Provide the child with their own towel, washcloth and toiletry items such as toothbrush, comb and hairbrush.
- Allow the child to bring, retain and acquire personal belongings and help the child protect and preserve possessions that are important to them.
- Send all serviceable clothing and belongings bought for, earned by or given to the child when they leave the home, including toys, bicycles, radios or other personal belongings.

#### ***Religion and Ethnic Heritage***

- Recognize, encourage and support the religious beliefs, ethnic heritage and language of a child and their family.
- Arrange transportation to religious services or ethnic events for a child whose beliefs and practices are different from your own.

### ***Recreation and Community***

- Provide opportunities for recreational activities for the child, appropriate to their age and abilities.
- Encourage the child to take part in community services and activities, both with the Partner Family and on their own.

### **3. Discipline**

Children in the care of Partnership for Strong Families have experienced severe distress at an early age; therefore, it is our duty to ensure that children in our care are not further scrutinized.

#### ***As you have learned during P.R.I.D.E. training, we need Partner Families to:***

- Discipline the child with kindness, consistency and understanding and with the purpose of helping the child develop responsibility with self-control.
- Help the child learn that they are responsible for their behavior by teaching them the natural and learned consequences of their behaviors.
- Use positive methods of discipline, including:
  - Reinforcing acceptable behavior
  - Verbal disappointment
  - Loss of privileges
  - Grounding, restricting the child to the house or sending out of the room and away from a family activity
  - Redirecting the child's activity

We are aware that children in our care may bring many challenges and that you may need some additional advice and help to successfully provide for the emotional needs of your foster child. We therefore encourage you to contact us for additional resources and recommendations.

#### ***The following disciplinary measures are not acceptable according to state policy and may result in corrective action or revocation of your license:***

- Allowing the child to be subjected to verbal abuse, derogatory remarks about themselves and family members or threats of removal from the home.
- Subjecting the child to cruel, severe, humiliating or unusual punishment (e.g., soap to wash out mouth, eating hot sauces, placing in hot water, kneeling on stones, etc.).
- Using corporal punishment of any kind.
- Delegating discipline or permitting punishment of a child by another child or by an adult not known to the child.
- Withholding meals, clothing or shelter.
- Punishing for bed-wetting or errors that occur during the toilet training process.
- Resisting implementation of the Case Plan as punishment for the misdeeds of the child.
- Denying a child contact or visits with their family as punishment.
- Assigning chores involving physical exercise that is too excessive, can be endangering to the child's health or is so extensive as to impinge on the time set aside for school work, sleeping or eating.
- Threatening a child with removal or with a report to authorities as punishment for behavior.

### **4. Health Care**

It is your responsibility to:

- Maintain the Child's Resource Record and take responsibility to ensure the record accompanies the child(ren) to every health care encounter, is kept current and accompanies the child(ren) when they leave your home.
- Transport the child(ren) for medical, dental or other appointments that may be needed, and remain with the child(ren) if needed for support and reassurance.
- Inform the counselor of medical and dental treatment of the child(ren), and keep clear records of these treatments.
- Immediately report any serious changes in the health or mental health of a child(ren) to PSF.
- Coordinate with the counselor in making appointments for Child Health Checkup/EPSTD<sup>T</sup> screening and ongoing medical services.



## 5. Medicine

Law and best practice require that caregivers and caseworkers document medications prescribed for children. Those providing care and supervision of the child must know the specific medications taken, the reason the medications have been prescribed, the potential side effects and the expected benefits.

Informed caregivers should participate in medication management meetings with medical personnel. It is vital that those with the most knowledge of the child's health and day-to-day behaviors be available to share information with the doctor.

### *Psychotropic Medications*

Administration of psychotropic medication to a child in out-of-home care requires either Informed Consent from the legal parent or a Court Order BEFORE medications can be given, except in very narrowly defined emergency situations. If parental rights are intact, the case manager obtains written parental consent. Quality physical health care and mental health care are critical to a child's well-being. Caregivers, child welfare staff, mental health service providers, medical personnel, child care providers and teachers must work together to make certain that children's needs for safety, permanency and well-being are met. Properly administered psychotropic medications can play a part in achieving permanency outcomes.

The Department of Children and Families, Mental Health Program Office, through a contract with the University of Florida, Department of Psychiatry, makes available a Med-Consult Line. This service provides interested parties the opportunity, by telephone, to gain additional medical consultation on psychotropic medication treatment decisions. The Med-Consult Line is available to any prescribing physician, case manager, Partner Family, BNET Liaison or judge who is working with a child in an out-of-home placement or enrolled in BNET. This is a confidential service.

The Med-Consult Line is available Monday through Friday, 9:00 a.m. to 5:00 p.m. EST, via 1-866-453-2266, except on approved State and Federal holidays. The recommendations are advisory in nature and do not constitute an official recommendation of the Department of Children and Families.

Procedure: You will be asked to provide the age of the child, the diagnosis and the medication taken. Then, a time will be scheduled with you for a doctor to call you back to discuss the medical issues with you. Height and weight of the child will also need to be provided.

### *Assessment and Services in Addition to Psychotropic Medications:*

In addition to medical assessments, a comprehensive behavioral health assessment is necessary to ensure all needs and remedies are identified. Generally, children receiving psychotropic medications also require other mental health or behavioral services including, for example, behavioral analysis, individual and/or group counseling and targeted case management.

For more information about assessment and supplemental services, caregivers and caseworkers should consult the pamphlet, "A Caregiver's Guide to Psychotropic Medications" (Appendix E). Information may also be obtained from the Child Welfare and Mental Health Operating Procedure 155-10, "Mental Health Services for Children in Out-of-Home Care Placements."

### *Administering Medications:*

- Be responsible for dispensing the medication as prescribed by the physician and recording the exact amount of any medication prescribed for a child(ren) by a physician or a dentist.
- Inform PSF within one working day of any drugs prescribed for the child(ren).
- Inform PSF immediately of any prescription drugs taken by a child that were not prescribed for the child(ren) and secure emergency medical care if it is indicated.
- Store all medication in a locked, safe place that is not accessible to the child(ren).

## 6. Education

- Enroll a school-age child(ren) in school within three school days of the child's placement.
- Take part in the selection and arrangements for educational programs that are appropriate to the child(ren)'s age and abilities.
- Participate in the child(ren)'s school activities, including regular teacher conferences.



- Keep the counselor informed of educational plans, activities, school problems and the educational progress of the child(ren), and keep records of the same.
- Never give schools permission to institute corporal punishment with the child(ren).

## **7. Partner Family Responsibilities**

- Work cooperatively with the counselor as a member of a treatment team in seeking counseling, participating in consultation and preparing and implementing the Case Plan for the child(ren).
- Actively participate in Family Team Conferencing as requested.
- Accept the child(ren) as a member of the family and afford the child(ren) the rights and responsibilities appropriate to their age and level of maturity.
- Assist the child(ren) with an understanding of who they are, help the child(ren) deal with any feelings about their biological family and the circumstances that brought them into care.
- Prepare the child(ren) to leave the family, whether the move is to the child(ren)'s biological family, to an adoptive family, to another foster home or to a residential setting, and participate in and support the placement process.
- Provide pertinent information for judicial review hearings and case staffings for the child(ren).
- Maintain records, including:
  - Child(ren)'s name and date of birth
  - Names, addresses and telephone numbers of persons who have authority to place and supervise the child in the home and have authority to give medical consent in case of emergency
  - Date of arrival and departure of the child(ren)
  - Child Resource Record
  - Progress notes on those areas of the Case Plan in which the substitute care parents are included, if applicable
  - Dates and duration of family visits, if applicable
  - School reports, if applicable
  - Developmental reports, if applicable
  - Records and notations in regard to the child(ren)'s participation in clubs, organizations and other significant activities, if applicable
  - Pictures of the child(ren), e.g., school pictures, pictures of family outings, visits with siblings and parents and vacations, if applicable
  - Maintain the child(ren)'s records in a secure manner which ensures confidentiality for the child(ren) and the biological parents.

## **8. Responsibilities to the Child(ren)'s Family**

- Present a positive image, demonstrate respect for the child(ren)'s own family and agree to a working relationship with the child(ren)'s family members as indicated in the Case Plan.
- Participate in planning visits for the child(ren) with their parents and family members.
- Allow the child(ren) and his or her family members to communicate by mail and by telephone in accordance with the Case Plan and Court Orders.
- Share as many parenting experiences as possible with the child(ren)'s own family, e.g., participating in school conferences and activities, transporting the child(ren) to medical appointments, buying clothing and attending birthday parties.
- Never openly criticize the child(ren)'s biological family to the child(ren) or others.
- Willingly share information about the child(ren), their development, school progress, behavior and significant happenings with the counselor and with the biological family.

## **9. Responsibilities to Your Own Family**

- Involve the entire family in the decision to become a Partner Family.
- Prepare the family for potential problems involved in providing shelter or foster care.
- Involve the entire family in each placement decision.
- Discuss the decision to open your home to children with significant extended family.
- Join with PSF to evaluate the impact that substitute care has made on the entire family at the time of re-licensure.

## 10. Partner Family Responsibilities to PSF

- Participate in least eight hours of in-service training annually that is provided or approved by PSF to develop and enhance your skills.
- Participate in re-licensing studies and in ongoing monitoring of the home and provide sufficient information for the agency and DCF to verify compliance with all rules and regulations.
- Not accept placement of a child without the approval of PSF.
- Sign an agreement to provide foster care for dependent children placed in your home.
- Notify PSF regarding changes that affect the life and circumstances of the family.
- Notify PSF at least two weeks in advance of vacations in which the child will be participating.
- Provide PSF at least two weeks' notice when requesting the removal of a child.
- Accept supervision by PSF staff and participate in the development and completion of Case Plans for children placed in your home.
- Notify PSF immediately of illnesses or accidents involving a child placed in your care.
- Provide consistent feedback to the case manager regarding progress made by the child(ren) and any problems the child(ren) may be experiencing.
- Notify PSF immediately, day or night, if the following situations occur:
  - Child requires hospitalization or emergency medical treatment.
  - Child is arrested.
  - Child has run away, is abducted or is absent from the home without permission and not expected to return or absent from the home beyond reasonable expectations.
  - Life-threatening situations.
  - Child dies.



## CHILD RESOURCE RECORD PLACEMENT LETTER-FOSTER CARE

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**Partnership for Strong Families Inc.**  
**Authorized agent of the Department of Children and Families**

Date: \_\_\_\_\_

Re: Official Placement Memorandum

To whom it may concern:

The child(ren) listed below has been placed in the care and custody of the Florida Department of Children and Families, and is residing in a licensed foster home. The partner parent is responsible for obtaining routine medical care for the child(ren). The child(ren) will be eligible for Medicaid, but the Medicaid number may not be known at this time. If you are a Medicaid provider, please be assured that either Medicaid, or an alternative method of payment, will be arranged by the Department/Partnership to reimburse you for services or prescribed medications.

Additionally, the school aged child is eligible for the free lunch program as outlined in the Florida Statutes. If the child is age five or under, the child is eligible for WIC. Please accept this letter as verification of the child's placement into substitute care.

Child	DOB	SSN	Medicaid#
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Partner Parent(s):

Telephone:

Address:

Thank you for assisting the Department/Partnership in providing for the children in our care and custody. If you have any further questions regarding this matter, please contact the Family Care Counselor.

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Family Care Counselor or Investigator

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Phone Number

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On-Call Phone Number

## Partnership Plan for Children in Out-of-Home Care

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All of us are responsible for the well being of children in the custody of the Department of Children and Families (DCF). The children's caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rule; however we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.
3. Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.
4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and DCF, CBC and agency staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and well being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.
5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.
6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.

7. DCF, CBC and agency staff will provide caregivers with the services and support their need to enable them to provide quality care for the child.
8. Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.
9. If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.
10. When the plan for the child includes reunification, caregivers and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.
11. Caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. DCF, CBC and agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.
12. Caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's well being including child resource records, medical records, school records, photographs, and records of special events and achievements.
13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.
14. Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well being.
15. Caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.

By signing this document, I/we commit to a partnership with all children, families and agencies involved with the children I/we parent, utilizing the items listed here as a guide.

\_\_\_\_\_  
Signature of foster parent                      Date

\_\_\_\_\_  
Signature of foster parent                      Date

\_\_\_\_\_  
Signature of Licensing Counselor                      Date

\_\_\_\_\_  
Signature of Licensing Supervisor                      Date



## POLICY & PROCEDURE MANUAL

<b>Series</b>	200: Medical and Behavioral Health Care	
<b>Policy Name</b>	<b>Consent for Treatment and Well Care for Children in Out of Home Care</b>	
<b>Policy Number</b>	200	
<b>Origination Date</b>	02/21/2005	<b>Revised</b> 11/02/2011
<b>DCF Approval Date:</b>	11/29/2011	
<b>Board Approved</b>	12/09/2014	
<b>Regulation</b>	CH 39.407, F.S.	
<b>Attachments</b>	None	

**Policy** Partnership for Strong Families (PSF), as an authorized agent of the Department of Children and Families, has limited statutory authority, per Florida Statute 39.407, to have children medically screened and treated. All children placed in substitute care will have a Well Child Check, completed by a licensed health care provider within 72 hours of placement. PSF staff and case management agencies will follow procedure in obtaining informed consent, medical consent to treat, and/or a court order for medical treatment, as necessary. PSF Family Care Counselors will arrange provision of any follow-up medical, dental or vision care recommended by the health care provider. All medical consents and treatment documentation are contained in the child's file and, whenever possible, scanned and/or documented in the child's electronic record.

### Procedure

#### Health Care Screening /Well Child Check up/EPSDT

1. Florida Statute 39.407 authorizes the Department and PSF, as an authorized agent of the Department, to have children medically screened without parental or guardian consent and without a court order whenever a child is removed from the home and maintained in an out-of-home placement.
2. Children placed in out of home care will receive a health screening within 72 hours of shelter. The medical screening will be performed by a licensed health care professional.
  - a. For cases not already open to PSF, the DCF CPI will be responsible for coordination and ensuring the health screening occurs for children placed in out of home care. A copy of the health screening documentation with follow up recommendations will be provided to PSF as a part of the Case Transfer Process.



- b. When the case is already open to PSF when the shelter occurs, the FCC is responsible for coordination and ensuring the health screening occurs for children placed in out of home care.
3. The CPI or FCC, based on the person initiating the referral, or their designee will make the appointment and arrange for the child to be accompanied to the authorized provider.
4. The Family Care Counselor will coordinate any follow-up recommendations from the licensed health care provider for treatment of the child.
5. The purpose of the initial health care screen (Well Child Check) is to examine the child for injury, illness and communicable disease, including need for immunization. The screen excludes HIV testing and controlled substance testing for which separate court order or informed consent as provided by law is required.
6. Any equipment, device, or medication (e.g., insulin, apnea monitor, inhalant) which the child requires and to which PSF has access, along with any specific instructions, will accompany the child to the health care provider for review by the provider.
7. Whenever possible, the health screening will be arranged and conducted by the child's primary care provider.
8. The use of any equipment, device or medication will be explained to the substitute parent(s) prior to its being used with the child. Substitute parent(s) should accompany the child to the appointment whenever possible to receive direct information from the health care provider; alternatively, the health care provider should provide clear and complete written instructions for the parent(s).

#### Well Care for Children in Out of Home Care

1. Children placed in out of home care will receive well care following the Child Health Check-up periodicity schedule.
2. Well Care includes routine vision screening as a component of the well care examinations for children in out of home care.
3. The Child Health Check-up schedule is:
  - a. Birth or neonatal examination
  - b. 2-4 days for newborns discharged in less than 48 hours after delivery.
  - c. By 1 month
  - d. 2 months
  - e. 4 months
  - f. 6 months



- g. 9 months
  - h. 12 months
  - i. 15 months
  - j. 18 months
  - k. Once per year for children ages 2 through 18
4. Well care will be coordinated for children in out of home care following the schedule for the child based on current age.
  5. Medical care will be documented in the FSFN chronological notes as well as data entry into the FSFN Medical Module to specifically capture well care provided.

#### Dental Care for Children Age 3+ in Out of Home Care

1. The FCC will refer all children ages 3 and up for dental care within 30 days of the child entering out of home care or within 30 days of the child turning age 3, whichever occurs first.
2. Dental check-ups will be coordinated for children at least every 6 months. Treatment plans may require more frequent dental care as needed.
3. Dental care may be provided for children younger than age 3 when oral care is a presenting concern.
4. Dental care will be documented in the FSFN chronological notes as well as data entry into the FSFN Medical Module to specifically capture the dental care provided.

#### Nurse Care Coordination

1. For children in out of home care in participating counties, Nurse Care Coordination, will be offered and encouraged for children eligible for participation in the program.
2. PSF FCC, with the Nurse Care Coordinator when assigned, will establish a "Medical Home" for children in out of home care. A "Medical Home" is a primary healthcare provider who will provide and oversee comprehensive healthcare for the child.

#### Parental Consent for Treatment

1. The FCC will inform the child's parents of all medical and dental appointments for the child and encourage parental participation in the care provided whenever possible.
2. Parental consent will be sought for all medical and dental care provided for children in out of home care when parent's rights are intact.

3. If, as a result of the health care screening, a licensed health care professional determines the child to be in need of emergency medical treatment, PSF and its case management agencies must seek parental consent or a court order for such treatment. Every effort will be made to gain parental consent for treatment before seeking a court order for treatment. The FCC and CLS attorney will work together to obtain the appropriate order as soon as possible.
4. If the parent or guardian refuses to consent to treatment for the child, a court order must be obtained. If as described above, a court order cannot be obtained in a reasonable amount of time, PSF or its case management agencies may consent to treatment deemed necessary by a licensed health professional. PSF's authorization to consent to such treatment exists only until such time as a court order may reasonably be obtained.
5. At no time may PSF or its case management agencies consent to sterilization, abortion, or termination of life support.
6. Efforts must be made to obtain the child's medical history or current medical condition from the parent or guardian. If no parent or guardian is available, the FCC will request from the Department information about any open or closed providers who may have health history on the child.
7. All efforts to obtain parental consent or court orders for treatment, to gather medical records, medical history and medical needs of a child, and to provide for the medical needs of a child in out-of-home care must be documented in the child's record, in the chronological notes in FSN and with copies of all correspondence in the record..
8. In some instances the health care provider will require informed consent prior to administering treatment or medication. (PSF is not an authorized agent to provide informed consent for extraordinary medical procedures.) In these instances the health care provider must inform the parent or child of all pros and cons and answer all questions regarding the procedure or medication. Then, the parent or child, after being informed, must be willing to assume the risk and give consent for the treatment or medication. The person granting consent may withdraw their consent at any time prior to the provision of the treatment or medication. If the parent is unavailable, PSF will obtain a court order for consent to treat.
9. The FCC will assist in coordination to gain the parents for signature informed consent and/or the health care provider may obtain informed consent by telephone to avoid delaying the child's receipt of the treatment or medication. If informed consent is given to the health care provider by telephone, or if the signed informed consent form is faxed to the health care provider, the signed original must then be sent to the health care provider by the FCC.
10. Minors can consent to their own examination and treatment for a sexually transmitted disease; to family planning services (under certain conditions); and to voluntary substance abuse treatment services.

11. The administration of psychotropic medication to a child in physical or temporary custody of the state must have **prior court approval**, unless the attending physician considers the situation an emergency and documents in the medical record that the care was needed to ensure the child's health and well-being.
12. The PSF Family Care Counselor must ensure that medical personnel have informed substitute caregivers of the possible side effects of the treatment or medication the child is to receive, and how to handle this situation should it occur.
13. PSF, as an authorized agent of the DCF, has the authority to consent to ordinary and extraordinary medical care for a child whose parents' rights have terminated.

#### Requesting a Court Order

1. For any/all medical procedures that require a separate court order, the FCC will diligently attempt to obtain the parent's signature on a medical consent form prior to a court order being submitted for a judge's signature.
2. If the signature is unavailable, the FCC will so notify CLS.
3. The FCC will gather information to be delivered to CLS including, but not be limited to, the physician's prescription, physician's name, date and place of procedure or treatment, name of the procedure or treatment in a medical affidavit.



## PSF Protocol

**Protocol Name:** Psychotropic Medications

**Origination Date:** 6/17/2009

**Revision Date(s):** 09/01/2011, 9/30/2013, 2/26/2014

**Purpose:** Ensure children receiving psychotropic medications have informed parental consent or court orders for the medications and that appropriate documentation is captured in FSFN timely.

**Criteria:** All children in Out of Home Care (OHC) prescribed psychotropic medications, whether for psychotherapeutic purposes or other purposes.

### Protocol

#### Informed Consent

Informed Consent or Court Order is required for all psychotropic medications prescribed for any reason (including medical reasons, such as seizures) for children in out of home care.

Who can provide Informed Consent?

The child's parents (with parental rights intact), or

The child's Legal Guardian (Permanent Guardianship has already been granted by the court.)

Who **cannot** provide informed consent?

Relative and non-relative caregivers are **not** able to sign for or provide informed consent, or

Licensed caregivers (foster parents, group homes, other residential providers, Case Manager (CM)s, etc) are **not** able to sign for or provide informed consent.

Informed consent involves the prescribing physician and parent communicating directly either in person or by phone regarding the purpose of the treatment, the common side effects of the medication, alternative treatment procedures (including any substantial risks and inherent hazards) and the appropriate length of care. No guarantee or assurance may be made about the results to obtain consent.

Informed Consent must be documented using the **Physician's Report for Psychotropic Medications / Informed Parental Consent** form. The first page of the form must be completed in its entirety by the Case Manager (CM) and provided to the prescribing practitioner at the time of the appointment. The prescribing practitioner must complete the remainder of pages 2 through 4. After being informed of the medications prescribed by the prescribing practitioner, page 5 (the parental consent part of the form) should be completed by the parent. The prescribing practitioner must be a psychiatrist if the medications are being used for treatment of psychiatric symptoms.

The CM should participate in the child's medical appointment for psychotropic medication whenever possible. Parents with rights intact and caregivers must be invited and encouraged to be present and participate in the appointment as well, and this must be documented. If the parent is not able to attend the appointment, the CM will be responsible for ensuring the parent and the prescribing practitioner are able to meet at a separate time or have a phone conversation to discuss the purpose of the treatment, the common side effects of the medication, alternative treatment procedures (including any substantial risks and inherent hazards) and the appropriate length of care. The child should NOT start taking the medications until informed parental consent or a court order is obtained. If the caretaker is unable to attend the appointment, the CM will provide the caregiver with information regarding the appointment, medications prescribed, dosage and instructions, possible side effects of the medications, and document the conversation.

For children placed outside of the area, the CM should arrange to participate in the psychiatric appointment, along with the parent(s), by phone. This will require on-going communication and coordination with mental health and/or medical providers.

The CM should complete the **Psychotropic Medication Appointment Report** for each psychiatric appointment or medical appointment in which psychotropic medications are prescribed.

**Please see section ADDITIONAL PROTOCOLS FOR CHILDREN AGE 0-13 AND PRESCRIBED THE FOLLOWING MEDICATIONS** for requirements regarding monthly parental consents.

### **Children Entering Care on Psychotropic Medications:**

The shelter order authorizes the child to remain on medications for 28 days until the **Physician's Report for Psychiatric Medications/ Informed Parental Consent** can be obtained. After the shelter hearing, the CM obtains all psychotropic medication information.

If current physician is a psychiatrist, the psychiatrist fills out the **Physician's Report for Psychiatric Medications/ Informed Parental Consent** and with the help of the CM, obtains parental consent.

If current physician is not a psychiatrist, the CM makes a referral for the child to see a psychiatrist. The CM obtains a **Physician's Report for Psychiatric Medications/ Informed Parental Consent** from the current prescribing physician while waiting for the appointment with the psychiatrist.

## Children Ages 11 and Under and on Two or More Psychotropic Medications:

General Statement. A mandatory pre-consent review by a child psychiatrist, contracted by the Department of Children and Families (DCF), will be obtained prior to the administration of medications for any child under the age of eleven (11) prescribed with two (2) or more psychotropic medications, who is in the custody of the department in out-of-home care. The final recommendation of the consultant child psychiatrist is intended to be used by the person who has legal authority to consent for extraordinary medical treatment, or the judge who is providing the court order for treatment with a psychotropic medication.

### Pre-Consent Review Procedure.

- a. The CM is responsible for ensuring the pre-consent review process is completed for children under eleven (11) years of age who are in the custody of the department in out-of-home care, and prescribed two (2) or more psychotropic medications.
- b. The CM will complete the demographic section of the **Physician's Report for Psychotropic Medications / Informed Parental Consent** form.
- c. The CM will coordinate a psychiatric evaluation for the child, take the child to the prescribing practitioner's office for the evaluation, and if two (2) or more psychotropic medications have been prescribed, will request for the prescribing practitioner to complete the **Physician's Report for Psychotropic Medications / Informed Parental Consent** form at the time of the evaluation.
- d. The CM will ensure the pre-consent review form is completed (either by the prescribing psychiatrist or the case manager) via the on-line website at <https://psychiatry.ufl.edu/dcf/> within one (1) business day of the child's office visit. The psychiatrist or case manager completing the on-line form will ensure both the prescribing psychiatrist's and the case manager's fax numbers are entered on the form.
- e. The department's contracted consultant child psychiatrist will review the pre-consent review form and will fax back to the prescribing psychiatrist and CM (if fax is provided) and will document the consultant psychiatrist's review and recommendations within one (1) business day of receipt of the plan. If further information is needed or the consultant does not concur with the prescribing practitioner's treatment plan, the consultant will contact the prescribing practitioner by telephone to discuss the treatment plan. If the consultant is unable to obtain the information needed to provide a completed review, the consultant will note that inability on the form.
- f. The CM will deliver the **Physician's Report for Psychotropic Medications / Informed Parental Consent** form and the completed **consultant review documentation** to the individual with legal authority for providing informed consent or to the child welfare legal attorney who shall file the motion for court authorization for psychotropic medication treatment within one business day.



h. If the individual responsible for providing consent or the judge responsible for providing the court order for treatment have questions regarding the **Physician's Report for Psychotropic Medications / Informed Parental Consent** form or the consultant child psychiatrist's recommendations, the CM will assist with obtaining the information.

i. The CM will file a copy of the **Physician's Report for Psychotropic Medications / Informed Parental Consent** form and the completed **consultant review documentation** in the child's case record.

j. If the psychotropic medication treatment identified in the plan does not yield expected results, the pre-consent review process identifying a new medication treatment plan will begin again as described in paragraphs a through i above.

**Please see section ADDITIONAL PROTOCOLS FOR CHILDREN AGE 0-13 AND PRESCRIBED THE FOLLOWING MEDICATIONS** for requirements regarding monthly parental consents.

### **Requesting a Court Order for Psychotropic Medications**

**Permanently Committed Children** - All children who are permanently committed to the DCF MUST have a Court Order for psychotropic medications. IF the child was taking psychotropic medications prior to Termination of Parental Rights (TPR) with parental consent, once TPR is granted, a Court Order must be obtained.

**Children in Out of Home Care (Not Permanently Committed)** - To seek a court order for psychotropic medications for a child with parental rights intact, the CM must make and document in FSFN diligent efforts to seek informed parental consent. In the event a parent is able to verbally consent to treatment for the child but unable to sign the informed parental consent form, the CM must provide Children's Legal Services (CLS) with documentation of efforts and the barriers. If the parent is not able to be located or disagrees with the child taking the medication, a court order may be sought.

**A Physician's Report for Psychotropic Medications / Informed Parental Consent** form MUST be obtained from the prescribing physician to seek a court order. The Physician's Report for Psychotropic Medications/Informed Parental Consent form must be provided to CLS. If the child is age 11 or under and is prescribed more than one psychotropic medication, the consultant physician's completed consultant review documentation must also be submitted in conjunction with the physician's report for psychotropic medications. Documentation must be provided to CLS within one business day of receipt. Once provided to CLS, a Motion will be prepared. Depending on circumstances, an unopposed motion may be filed or a hearing may be set.

CLS must be notified when:

1. Each change in psychotropic medication (including changes within the court ordered range),
2. When medications are being added,
3. When medications are being discontinued

**Court Orders must be updated at least annually AND any time the child's medications change. Please see section ADDITIONAL PROTOCOLS FOR CHILDREN AGE 0-13 AND PRESCRIBED THE FOLLOWING MEDICATIONS for requirements regarding monthly court orders.**

### **UF MedConsult Line**

In addition to the consultant child psychiatrist activities, the UF MedConsult line (866-453-2266) is a resource available to parent, caregivers, Guardian ad Litem staff, CMs to ask questions and have a second review for appropriateness of the treatment plan. Information about the child's medical history should be provided, especially regarding past psychotherapeutic medications that have been used, the outcome of the use of medications and other services provided to stabilize the situation. Information on the child's current functioning in home, school and the community are also important to help the doctor assess the child's needs and appropriateness of care planned.

### **Monthly Contact with Caregiver for Out of Home Care Children**

Caregivers for all children in out of home care (including those placed outside of area) must be contacted at least once every 30 days to discuss current medications prescribed for the child, any changes in the medications or dosages, and reminded that the caregivers may not consent to psychotropic medications. The CM is responsible for discussing side effects of medications, obtaining pill counts of medications, assessing if the medication appears to be fulfilling its intended purpose (i.e. are behaviors improving/declining?), and if age appropriate, asking the child how they feel about their medication. The medication logs for the child will be reviewed by the CM minimally every 30 days. The CM and the Foster Parent will sign the completed log and the CM will ensure a copy of the log is filed in the child's case file. Documentation of these efforts must be recorded in FSFN chronological notes within 48 hours of the contact. The medication page in FSFN must be updated with any changes in medication including dosage, prescribing practitioner, prescription date, quantity, number of refills, and a reason for the medication. Medication logs are to be obtained on a monthly basis. The medication logs are to be completed by the caregiver daily when the child's medication is administered. The CM is to document all attempts at informing the caregiver about the importance of completing the medication logs and their attempts at obtaining them.

### **Documentation of Efforts in FSFN**

The CM will enter the following information into FSFN within 48 hours of occurrence:

- All information on efforts to ensure parent and caregiver attend the medication appointments.
- Information on all appointments held and their outcome.

- Information on discussions with parents unable to attend appointments and description of efforts to engage the parent in the appointment by phone, or by making other arrangements for the parent to speak directly with the psychiatrist.
- Once parent has spoken to the psychiatrist, either by phone, in person at the appointment or after the appointment, document actions taken to obtain the signature of the parent on the **Physician's Report for Psychotropic Medications / Informed Parental Consent** form.
- If the caregiver is unable to attend appointment, documentation is needed on information provided to the caregiver regarding the appointment, medications prescribed, dosage and instructions, and possible side effects of the medications.
- Information on efforts to obtain court orders as needed.

## Documenting Medications in FSN

Refer to the DCF Psychotropic Medication Business Rules with Data Entry Guidelines and FAQs for specific documentation guidance. The document can be located on the PSF website under Documents/DCF docs.

Each change in medication **MUST** be documented in FSN within 48 hours of the change.

Example: If a child is prescribed "psychotropic medication A" at 5 mg one time daily with 30 pills and zero refills, the medication entry would be ended when the 30 day supply of medication had been taken. A new medication entry would be made if the same drug were prescribed at the next monthly visit. The same court order date may be used for subsequent medication entries so long as the court order is not greater than a year old **AND** the dosage does not change beyond the range ordered. CLS will make the determination if a new order is warranted if dosage changes within the range. If the child recently entered care, the court order date is the shelter date.

It is important that the CM documents the date the psychotropic medication was prescribed as well as the date the medication was filled. The "date prescribed" is the start date for the medication in FSN, and the fill date can be noted in the comments section. If there is a discrepancy, the CM speaks with the caregiver about it.

The CM must complete the **Psychotropic Medication Appointment Report** for each psychiatric appointment or medical appointment in which psychotropic medications are prescribed. This form must be placed into the Image Now case file **AND** a note placed in FSN within 48 hours of the appointment.

The CM must also request a copy of the **Physician's Report for Psychotropic Medications** from the prescribing practitioner which must be placed into the Image Now case file and provided to CLS to be filed with the court. If the child is 11 years old or under, a copy of the completed consultant review documentation must be filed in Image Now and provided to CLS with the **Physician's Report for Psychotropic Medications** form for filing with the court.

The CM must document the child's medication management appointments under the Medical History tab in FSN. This documentation must include the date of the appointment, who was in

attendance, what was discussed, diagnoses given by the physician, follow up plan, medications prescribed, and the **NEXT** appointment.

### Change in Placement Requirements

All of the protocols listed above and below apply when a child changes placements. Additionally, the CM must ensure the Child's Resource Record including all medical and medication logs are brought from the prior placement to the new placement. The CM must provide the new caregiver (relative, non-relative, licensed care) with the resource record and must discuss any medical needs of the child with the new caregiver. Additionally, the CM will review the medications the child is prescribed with the new caregiver and will:

- Complete and document current pill count for all medications
- Provide information regarding the medications, side effects, and reason for medication
- Review medications prescribed, dosage and instructions
- Provide licensed out of home care provider with medication log – explain log and discuss log will be collected every 30 days
- Provide information on next appointment and/or plan with caregiver when appointment needs to occur, who the psychiatrist will be, and assist with making referrals as needed
- Discuss need for caregiver to be present at all psychiatric appointments
- Complete the “Change of Placement form” and obtain the appropriate signatures.

These actions will all be documented in FSFN by the CM within 48 hours of the event.

### Baker Act Requirements

- Upon being notified that a child has been Baker Acted, it is the responsibility of the CM to file an incident report and follow up with psychotropic medications if the child is in out of home care.
- The CM is responsible for notifying the Baker Act facility of any medications the child is currently on.
- The CM must request all medical records from Baker Act, and if the child was prescribed new or changed psychotropic medications during hospitalization, a new **Physician's Report for Psychotropic Medications** must be filled out.

**ADDITIONAL PROTOCOLS FOR CHILDREN AGE 0-13 AND PRESCRIBED THE FOLLOWING MEDICATIONS:**

<b>Generic Name</b>	<b>Other Names</b>
Alprazolam	Xanax / Niravam
Amitriptyline	Elavil / Etrafon / Limbitrol
Amobarbital	
Amoxapine	Asendin
Aripiprazole	Abilify
Armodafinil	Nuvigil
Asenapine	Saphris / Sycrest
Bupropion	Aplenzin, Wellbutrin, Wellbutrin SR, Wellbutrin XL
Buspirone	Buspar, Vanspar
Butabarbital	Busodium, Butisol Sodium
Chlordiazepoxide	H-Tran, Libritabs, Librium, Mitran, Poxi
Chlorpromazine	Thorazine
Citalopram	Celexa
Clomipramine	Anafranil
Clorazepate	Gen-xene, Tranxene, Tranxene T-Tab, Tranxene - SD
Clozapine	Clozaril, Fazaclo
Desipramine	Norpramin, Petrofrane
Desvenlafaxine	Pristiq
Dexmedetomidine	Precedex
Doxepin	Adapin, Silenor, Sinequan
Droperidol	Droleptan, Dridol, Inapsine, Xomolix, Innovar
Duloxetine	Cymbalta
Escitalopram	Lexapro
Estazolam	ProSom
Eszopiclone	Lunesta, Lunestar
Equetro	Carbamazepine XR
Fluoxetine	Prozac, Rapiflux, Sarafem, Selfemra
Fluphenazine	Permitil, Prolixin
Flurazepam	Dalmane
Fluvoxamine	Luvox
Haloperidol	Haldol
Iloperidone	Fanapt
Imipramine	Tofranil, Tofranil – PM
Isocarboxazid	Marplan
Lithium	Eskalith, Eskalith CR, Lithobid
Loxapine	Loxitane
Lurasidone	Latuda
Maprotiline	Ludiomil
Meprobamate	Equanil, MB-TAB, Miltown, Trancot
Mirtazapine	Remeron
Modafinil	Provigil

Molindone	Moban
Nefazodone	Serzone
Nortriptyline	Sensoval, Aventyl, Pamelor, Norpress, Allegron, Noritren and Nortrilen
Olanzapine	Zyprexa
Oxazepam	Serax
Paliperidone	Invega
Paroxetine	Aropax, Paxil, Seroxat, Sereupin
Perphenazine	Trilafon
Phenelzine	Nardil, Nardelzine
Pimozide	Orap
Protriptyline	Vivactil
Quazepam	Doral, Dormalin
Quetiapine	Seroquel, Ketipinor
Ramelteon	Rozerem
Risperidone	Risperdal
Secobarbital	Seconal
Selegiline	Atapryl, Carbox, Eldepryl, Zelapar
Sertraline	Zoloft, Lustral
Sodium Oxybate	Xyrem
Temazepam	Restoril, Gelthix
Thioridazine	Melleril, Novoridazine, Thioril
Thiothixene	Navane
Tranlycypromine	Parnate, Jatrosom
Trazodone	Desyrel, Oleptro, Beneficat, Deprax , Desirel, Molipaxin, Thombran, Trazorel, Trialodine, Trittico, and Mesyrel
Triazolam	Apo- Triazo, Halcion, Hypam, and Trilam
Trifluoperazine	Eskazinyl, Eskazine, Jatroneural, Modalina, Stelazine, Terfluzine , Trifluoperaz, Triftazin
Trimipramine	Surmontil, Rhotrimine, Stangyl
Venlafaxine	Effexor, Efexor
Vilazodone	Vuibryd
Zaleplon	Sonata, Starnoc
Ziprasidone	Geodon, Zeldox
Zolpidem	Ambien, Stilnox

Pursuant to statute **409.912(51)** The Agency may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. The physician shall document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.

**Florida Statute 394.492(3)** “Child” means a person from birth until the person’s 13th birthday.

**Psychotropic (Psychotherapeutic) Medications** include antipsychotics, antidepressants, anti-anxiety medications, and mood stabilizers. Anticonvulsants and ADHD medications (stimulants and non-stimulants) are



not included at this time. The generic names of those medications subject to the informed consent are listed above. Please note that chloral hydrate, diazepam, lorazepam, and midazolam have been removed from the list.

1. The prescriber must complete either the Medicaid “Informed Consent for Psychotherapeutic Medication” attestation form; the Department of Children and Families CF1630, or CF FSP 5339 form (page 8 only); the Department of Juvenile Justice Consent Form (page 3 only), or provide the court order for the medication. By accepting a variety of consent forms, the Medicaid Program is providing flexibility with respect to acceptable documentation. Dispensing pharmacists are encouraged to use good judgment, especially in the early phases of implementation, to work with families and prescribers to provide care to children AND obtain the necessary documentation to fulfill the legislative intent of the statute.
2. The completed form must be presented to the pharmacy with every **new** prescription for a psychotherapeutic medication. Prescription refills where the original script was filled prior to September 1st will not be denied. However, pharmacies may not add refills to old prescriptions to circumvent the need for an updated informed consent form.
3. Every **new** prescription will require a **new** informed consent form/court order. “NEW” means every time a new prescription number is assigned, and includes all new prescriptions including same drug / same dose prescriptions for continuing therapy.
4. Prescriptions may be phoned in or emailed for these medications when the child is younger than 13. However, the pharmacist will need to obtain a completed consent form from the prescriber via fax, mail or from the guardian, prior to dispensing.
5. If a prescription with remaining refills is transferred to another pharmacy, the consent form should be transferred to the new pharmacy, along with the prescription, to facilitate claim processing. Otherwise the receiving pharmacy should obtain a new consent form.

Link to the forms:

[http://ahca.myflorida.com/Medicaid/Prescribed\\_Drug/med\\_resource.shtml](http://ahca.myflorida.com/Medicaid/Prescribed_Drug/med_resource.shtml)

Unless otherwise informed to do so please use the PSF Form – Physician’s Report for Psychotropic Medications and Parental Consent.

## WHAT DO I NEED TO KNOW IF A CHILD(REN) IS PRESCRIBED A PSYCHOTROPIC MEDICATION?

- Talk to the prescribing practitioner about the medication.
- Find out the reason the medication is being prescribed. Ask about the diagnosis and symptoms.

### Here are some other questions you may want to ask:

- What alternatives are there for the condition instead of medication?
- What improvements/changes in behaviors can be expected with the medication?
- Is there any risk or harm to the child(ren) if he/she does not take the medications? If so, what are they?
- Could any side effects be life threatening?
- What if the child(ren) stops taking the medication suddenly?
- How often should I monitor the child(ren) while he/she is on the medicine?
- How long will the child(ren) be on the medication?



## A CAREGIVER'S GUIDE To Psychotropic Medications



## UNDERSTANDING PSYCHOTROPIC MEDICATIONS

This pamphlet is designed to help you understand the drugs that may be prescribed for the child(ren) in your home.



5950 NW 1<sup>st</sup> Place, Suite A  
Gainesville, FL 32607  
352-244-1500  
[www.pfsf.org](http://www.pfsf.org)

A psychotropic medication is any medication prescribed by a licensed practitioner for the purpose of controlling or changing a behavior.

Examples of psychotropic medications include those used to treat A.D.H.D., depression, bipolar disorder, schizophrenia, anxiety disorders, etc.

## WHAT TO EXPECT DURING A PSYCHIATRIC APPOINTMENT

- Child(ren) in care will be referred to a psychiatrist in order to receive medication management. The case manager will take care of this referral. The provider will then contact you as the caregiver to set up the appointment.
- It is a legal parent's right to attend medical appointments. The case manager will make every attempt to ensure the parent is in attendance. This is very beneficial to the child(ren) as the parent can provide important historical information to the doctor.
- We as an agency and you as the caregiver are NOT permitted to administer psychotropic medication to a child without prior consent by the legal parent or court order (if the parent's rights have been terminated). The **only** exception to this rule is if the prescribing physician deems it **medically necessary** or if the child is in a **Crisis Stabilization Unit**.
- The prescribing physician will complete a Physician's Report indicating the medication, dosage, dosage range and any tests or lab work ordered (EKG, CBC, Urinalysis). The legal parent will sign off, if they consent. A copy of the Physician's Report should be kept in the child's Blue Folder.

## WHAT'S NEXT?

Once a psychotropic medication is prescribed, you as a caregiver will be responsible for ensuring the child(ren) receives his or her medication as prescribed, and you will be responsible for completing a "Medication Log." This log will be collected on a monthly basis by the case manager and filed in the child(ren)'s record.

During home visits you will be asked specific questions regarding the child(ren)'s medication and how the child is responding to it. Types of questions you may be asked include: what are the child(ren)'s behaviors on the medication, and have you noticed any side effects? The child(ren) will also be asked these questions. The case manager will also ask to observe the medication container to complete a pill count.



## PLACEMENT CHANGES

Whether a child(ren) is coming into your home or leaving your home, the case manager will review with you what medications the child is entering/leaving with. This will include a pill count. If the child(ren) is entering your home, the case manager will review contact information for the prescribing physician, the reason the child is on medication, the next appointment and possible side effects.

## WHAT IF I HAVE CONCERNS?

If you have concerns for the child(ren) due to medication, call the prescribing physician for advice on how to proceed. As a caregiver, you should not make the decision to discontinue a medication without medical opinion. Also follow up with your case manager.

If the child(ren) is taken to a Crisis Stabilization Unit, call your case manager **immediately**. Each Case Management Agency (CMA) has an on-call number designated for after hours and weekend emergencies.

## What does "Informed Consent" mean?

When a child(ren) is prescribed a psychotropic medication, state law requires that a parent is informed about the medication, its purpose, side effects, risks and treatment alternatives. The parent will speak directly with the person prescribing the medicine to the child(ren) and get the information needed to make an informed decision about consenting for their child(ren) to receive the medication.

## What if the parent does not give their consent?

If a parent does not give their consent and the prescribing professional believes the child(ren) is at risk, a court order may be requested and a hearing scheduled. The parent will be notified of the hearing date and given an opportunity to present his or her objections to the judge.

## If a parent gives their consent, can they withdraw it later?

Yes, at any time a parent may decide to withdraw his or her consent. However, if the prescribing professional believes this may place the child(ren) at risk, a court order may be requested.



## PARTNERSHIP FOR STRONG FAMILIES DISCIPLINARY POLICY

**DISCIPLINE:** Discipline is an educational process through which foster children develop the self control, self reliance and orderly conduct necessary for them to assume responsibilities, make daily living decisions and live according to acceptable standards of social behavior. Our goal is to work with them until they have the ability to control their behavior-until they have self-discipline. When a child has self-discipline, he/she is able to control his/her behavior based on rules he/she thinks are important. Children learn these rules by experiencing the consequences of their behavior. Hence, it is important to let children learn what happens and how people react when they behave a certain way.

**PROHIBITED DISCIPLINARY PRACTICES:** Foster Parents should understand that the following practices are prohibited and may result in an investigation by Protective Investigations and either closure of the foster home or a warning that additional violations will result in closure of the home.

- a) Corporal punishment of ANY KIND; including, hitting a child with an object or hand, slapping, spanking, popping, smacking, grabbing, shaking, etc.
- b) Verbal abuse such as derogatory remarks about the child and/or family members, yelling or screaming at the child;
- c) Threats to remove child from the home or to physically punish;
- d) Group punishment for the misbehavior of an individual child;
- e) Withholding a meal, clothes, shelter, mail or family visits;
- f) Humiliating, degrading, severe, cruel or excessive punishment. For example: washing the child's mouth out with soap, making them eat hot peppers/sauces, kneeling on stones, physical chores or exertion that would deprive the child of sleep or endanger health, etc.
- g) Placing a child in a locked room;
- h) Delegating authority for punishment to other children or persons unknown to the child;
- i) Punishment for bedwetting or errors occurring during the toilet training process.

**ACCEPTABLE DISCIPLINE METHODS:** Foster Parents should discipline children with kindness, consistency and understanding, using positive discipline methods including:

- a) Reinforcing acceptable behavior such as honest praise, special privileges and treats, extra hugs/kisses, additional time spent with the child, stars/smiley faces on a door/bulletin board.
- b) Verbal disapproval of the child's behavior, never the child; for example "I don't like ball throwing in the house."
- c) Loss of privileges such as watching television, participating in a special event or playing with a specific toy.
- d) Grounding (restricting the child to the house or yard) or sending the child out of the room and away from the family activity.
- e) Redirecting the child's activity; for example, replacing a sharp object with a toy.

**I HAVE READ AND RECEIVED A COPY OF THIS DISCIPLINARY POLICY. I UNDERSTAND THIS POLICY AND AGREE TO FOLLOW IT.**

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Foster Parent

Partner Family:

Provider #:

## Backup Babysitter Checklist

Name: _____	SS#: _____ - _____ - _____
Date of Birth: _____	Email: _____
FL Driver's License #: _____	Expiration Date: _____
Physical Address: _____	
_____	
_____	
Home Phone: _____	Cell/ Work Phone: _____

## Necessary Items for a Backup Babysitter

1.     \_\_\_ Release/Consent Form (local law)
2.     \_\_\_ Affidavit of Good Moral Character(Needs to be notarized)
3.     \_\_\_ Addendum (Needs to be notarized)
4.     \_\_\_ Policy Acknowledgement Form
5.     \_\_\_ Fingerprint Checks (FBI)
6.     \_\_\_ Abuse Checks
7.     \_\_\_ Local Checks
8.     \_\_\_ Civil Checks
9.     \_\_\_ Driving Records
10.    \_\_\_ Copy of License
11.    \_\_\_ Insurance
12.    \_\_\_ Sex Offender Check

## **Partner Family Re-licensing Checklist**

- ☐ Partner Family Review Form
- ☐ Fire extinguisher serviced & tagged
- ☐ Smoke detectors working appropriately
- ☐ Evacuation Plan
- ☐ 2 Fire Drills Completed
- ☐ (8) Training Hours for each Parent
- ☐ Medications must be in a **locked** area (cabinet, room, lock box) and must be **locked** at all times. Child proof locks are **not acceptable**.
- ☐ Medication Log
- ☐ All chemicals and cleaning supplies must be locked. Child proof locks are **not acceptable**
- ☐ Guns must be in a **locked** area at all times with ammunition **locked** in a separate location.
- ☐ Copy of Driver's License/ insurance cards for every vehicle
- ☐ Proof of income for at least 4 weeks
- ☐ Copy of up to date pet vaccinations for all pets at the home

\*Please use this checklist for yourself. All of the items above must be completed before your home can be re-licensed. Packets must be in Gainesville at least **60 days** before your expiration date if you plan to re-license. **There are no exceptions.**