

CFOP 170-11, Chapter 4, Child Placement Agreement

Policy Questions and Answers Updated 5/2/2017

4-1. Purpose

Question: To confirm, this is replacing the CFOP 175-88 Sexual Safety Plan?

Answer: Yes. The requirements in CFOP 175-88 were eliminated from Florida Administrative Code (F.A.C.) 65C-28.004, which was effective May 8, 2016. The new placement matching requirements in 65C-28.004 include care precautions and behavior management plans. CFOP 175-88 was repealed on September 12, 2016. Note that the F.A.C. trumps operating procedures.

Question: Please clarify the role of the Child Protective Investigator as it pertains to these Agreements.

Answer: As for any emergency placement, the CPI's basic responsibilities are:

- Exercise due diligence to gather information to identify any child behaviors of concern
- For children who might need a Child Placement Agreement when they are being evaluated by a CPT, CPI should request that the CPT provide any early information (verbally) from their assessment that will help to inform placement needs. This includes information gathering about the needs of a sibling group in order to plan for each sibling's safety in care.
- Exercise due diligence to gather and assess information about relative/non-relative caregiver, other children in their home, and whether the caregiver can address the child's needs and provide supervision necessary to protect other children in the home
- Share all information with caregiver
- Review with the out-of-home caregiver the care and supervision needs of the child and develop initial Child Placement Agreement
- Complete the Unified Home Study to document information gathered to justify that a relative or non-relative is responsible and capable of meeting the child's needs.
- Obtain supervisory approval of the relative/non-relative placement

4-3. Explanation of Terms.

a. Assessment by Qualified Assessor

Question: Can we use LMHC or LCSW (as a Qualified Assessor)?

Answer: 4.3a provides the following guidance to give Lead Agencies/CBCs the flexibility to identify which local assessors are qualified: *"Assessment by Qualified Assessor" means the gathering of information by a clinical professional with specific training and expertise to assess the symptoms or behaviors that the child is displaying and recommend interventions or treatment, including care, supervision and other specialized services.* A LMHC or LCSW could be identified by the Lead Agency/CBC as meeting the definition provided.

Question: Can the assessors be asked to contact GAL if one is involved with the child?

Answer: Yes. GALs are responsible for understanding the child's identified needs while in care (section 39.6012(2)(a) Florida Statutes) and whether the child receives safe and proper care. It might be quite beneficial for the GAL to have a direct conversation with the assessor.

b. Behaviors that are a Significant Threat to Others

Question: Communicable diseases could include flu and many other types of illnesses. Which ones are covered in this definition?

Answer: In the context of this CFOP and the definition of a behavior that is a significant threat to others, it would mean a child with HIV/AIDS who displays the behaviors of biting, spitting or exchange of blood or

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semen. It would be a "significant threat" as it is a life-threatening disease that can't be cured like other types of more common communicable diseases. Any caregiver should be informed when any child being placed has other types of contagious or communicable diseases and trained when needed as to the protocols that should be used to protect other children in the setting; these situations are not required to have a Child Placement Agreement.

4-4. Full Disclosure to Caregivers.

Question: Is there still a requirement to inform the foster parent/provider of the known sexual abuse victim/aggressor history?

Answer: Yes, Paragraph 4-4 outlines full disclosure requirements. This aligns with requirements in F.A.C. 65C-28.004.

Question: If it is determined to terminate the plan on a child, and the child is placed at a new location will the foster parent still receive information concerning past plans?

Answer: Yes as it would be considered a component of full information disclosure to the new caregiver. The case manager should describe what worked or did not work in the past placement to control the child's behaviors. The information should be conveyed in a professional manner, without conveying judgement of the past caregiver.

4-5. Child Placement Agreement General Requirements.

b. Established at time of placement...or as soon as it is known...

Question: What about timeframes when discovery (of behaviors that will necessitate a Child Placement Agreement) happens after placement by caregiver, and caregiver notifies a case manager?

Answer: The case manager should work with caregiver as soon as the notification occurs to develop agreement about the requirements that should immediately go into effect to ensure the safety of all children in the placement. Based on the information provided by the caregiver, the case manager should determine whether Care Precautions or a Behavior Management Plan is necessary. An agreement may be worked out over the phone when necessary and documented in FSFN on the Child Placement Agreement Page. If the child has a treatment professional already involved or a CBHA is already underway, the providers should be informed as to what the caregiver has learned. Requirements for supervisor exceptions to requirements should be followed. Within 5 days of a verbal agreement, a Child Placement Agreement should be completed and signed by the persons required in 4-5j.

d. A Child Placement Agreement is optional when...

Question: Is a plan optional for therapeutic foster homes? The policy states a "Child Placement Agreement is optional when a child is placed in a facility that is licensed for the specialized treatment, behavior management and protections for other children associated with juvenile sexual abuse, child sexual abuse victims or children's mental health treatment."

Answer: This language allows the CBC/Lead Agency the discretion to determine when a Child Placement Agreement would serve the best interests of the child and other children in a therapeutic foster home placement.

Question: Is the facility required to be licensed specifically for the treatment of the special need of the child? Where does BHOS fall?

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Answer: The licensure should relate to expertise the facility provides which addresses the primary special needs of the child being placed. The treatment team that develops the "resident specific plan" for BHOS services should determine whether a Child Placement Agreement is necessary.

Question: What is the basis for not needing a child placement agreement in a therapeutic foster home or other specialized treatment facility? Is the assumption that the foster parent or provider would know what to do to prevent any ongoing issues with respect to child behavior/concerns that are known?

Answer: Yes that is the assumption. Note that the CFOP 4-5c states that the Agreement is "optional" when *a child is placed in in a facility that is licensed for the specialized treatment, behavior management and protections for other children associated with juvenile sexual abuse, child sexual abuse victims or children's mental health treatment.*" This language allows the CBC/Lead Agency the discretion to determine when a Child Placement Agreement would serve the best interests of the child and other children in a placement.

d. Develop plan in collaboration with caregivers

Question: Are there provisions to have community partners participate in the development of these plans such as the GAL's?

Answer: 4-5 (d) establishes the minimum expectation for teamwork in developing the initial placement agreement. Once more information is known about the child and the case manager is ready to modify the Agreement, any persons with knowledge about the child and/or expertise about the child's circumstances or the dynamics might be excellent resources to also include in a planning meeting. *"The child welfare professional responsible for the child's placement will develop the Child Placement Agreement in collaboration with the caregiver(s) and to the fullest extent possible will include all persons who will be in a caretaking role, including any respite providers. As appropriate, the child will be included in the development of the plan to provide input as to what house rules will make him/her feel safe and/or help him/her with expressing feelings."* (4-5d.)

f. Prevention Rules

Question: Has there been consideration for the need for a dress code in the child placement agreement?

Answer: Yes a dress code is included in the Prevention House Rules that apply to all Child Placement Agreements. *"4-5 f. (6) Caregivers will establish a dress code which outlines the type of clothing that is acceptable and under what circumstances."*

g. Signature(s)

Question: When are new signatures required on an Agreement?

Answer: The current CFOP requirement states that, *"At a minimum, the Child Placement Agreement will be signed by the investigator or case manager, the child if participating in the development of the agreement, the caregiver(s) and other persons in a caregiving role within five business days of the child's placement."* When the primary caregiver(s) change, a new Agreement should be established. It is also recommended that when an Agreement changes from a Behavior Management Plan to Care Precautions, or vice versa, that the new Agreement should have new signatures and dates.

Question: If an Agreement is established and the caregiver provides verbal agreement, and the child is subsequently moved within five business days of the placement, does there need to be a signed Agreement?

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Answer: No, a written signed Agreement is only necessary after the child has been in the placement for more than 5 business days. The caregiver's original verbal agreement should always be documented on the Child Placement Agreement Page.

4-6. Care Precautions

Question: For Care Precautions for a child who is an **alleged** victim of sexual abuse, is an agreement needed if there were no findings in an investigation of sexual abuse?

Answer: Paragraph 4-6 c states that, "Care Precautions will be followed until the supervision and care needs of the child are better known and understood." If the child has been in care and the caregiver and other persons who know the child are confident that the child does not display any problematic sexual behavior, an Agreement with Care Precautions should be terminated.

Question: Child on Child, Special Condition report does not have a clear 'verified' finding so if it's a child on child incident – do they require a Child Placement Agreement?

Answer: When the Special Condition report resulted from an incident of juvenile sexual abuse or problematic sexual behavior in a relative/non-relative or licensed foster care setting, a Child Placement Agreement should be established based upon the information known at the time (care precautions or a behavior management plan). The assessment completed by the investigator should provide further details about the "offense characteristics" and the child's "sexual knowledge and experience." This information should be used to inform whether Care Precautions or a Behavior Management Plan is necessary to protect other children in the same setting.

Question: Section 4-6 states 'the child welfare professional responsible for placing the child shall establish Care Precautions. Is the agency responsible the agency that makes a placement match or the agency that takes the child for placement in the home?

Answer: There will be times when a Child Placement Agency completes initial placement selection and matching based on information provided by the CPI or case manager. When a child is placed during a child protection investigation, the CPI is responsible for the information gathered about the child's behaviors or conditions that necessitate an Agreement, the child's physical placement in a relative/non-relative home or a licensed home identified by a Child Placement Agency and the completion of the Child Placement Agreement. During ongoing services, the case manager who has primary responsibility for the case is the person responsible to ensure that the on-going Agreement is relevant, current and least restrictive necessary. If a placement change is necessary, even though a Child Placement Agency may identify a new placement resource, the case manager is responsible for the information gathered about the child, the physical placement of the child, and completion of the Child Placement Agreement.

Question: Some current CBC policies identify a victim of sexual abuse as a child that has verified or not substantiated finding of sexual abuse by CPT, verified finding of sexual abuse by a DCF investigation or conviction of the alleged perpetrator for sexually related charges perpetrated against the child. Is this definition appropriate given the requirements in the new CFOP?

Answer: The new CFOP requires a Child Placement Agreement (care precautions) for children with allegations or known victims, as well as Problematic Sexual Behavior. The definition for "known victims" is a relevant interpretation. When care precautions have been established for an alleged victim, and at the

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conclusion of the investigation there are "No Indicators" and no problematic sexual behaviors, care precautions would be discontinued without the need for an evaluation by a qualified assessor.

Question: Continuing from the prior question, if the child discloses, or someone discloses on the child's behalf do they automatically go on a plan?

Answer: If the child is known to the caregiver at the time of disclosure and has not demonstrated any problematic sexual behavior that would be the basis for care precautions, there is not a need for a Child Placement Agreement for Care Precautions. The reason for creating care precautions for alleged and/or known victims is to ensure that until more is known about potentially reactive behaviors, other children in the home are protected.

Question: Will children who are currently on Sexual Safety Plans need to replace this with the new Child Placement Agreement on September 12?

Answer: No, local versions of the Child Placement Agreement may be used as long as they meet the new requirements in CFOP 170-11, Chapter 4 until the Child Placement Agreement template is available in FSN. Current Sexual Safety Plans should also be reviewed to determine if the child still needs the plan. The new procedures for termination of a Child Placement Agreement also apply to any current Sexual Safety Plan.

4-7. Child Placement Agreement Behavior Management Plan.

Question: Once we identify a child with a current Sexual Safety Plan who will continue to need a Behavior Management Plan, do they need to have an assessment within 30 days?

Answer: A new assessment would not be necessary when:

- There is already information from a child's treatment provider or other qualified evaluator to support that the child does not display any behaviors that are a concern for other children in the placement setting and
- Caregivers for the child have not observed or learned of any behaviors which would require care precautions or a behavior management plan
- Such information is documented in the child's FSN record.

Question: Does sight and sound mean 24 hours? Does this apply to a foster home, or does it mean awake hours for a foster home?

Answer: Sight and sound pertains to the child's "awake" hours. As most licensed foster care providers do not have awake staff during the nighttime, the operating procedure requirement states that there needs to be "an alarm or other alerting device for the door when there are concerns for the safety of the child or other children in the home during the times when caregivers are sleeping."

b. Exceptions

b. (3)(b) The child must be the youngest child in the home.

Question: If a child is being placed in group care, does the requirement that the child be the youngest in the home apply?

Answer: No, this requirement applies to home settings, not to licensed group care.

4-9. New Incident of Harm during Placement

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Question: Does section 4-9 apply to children on a pre-existing Child Placement Agreement?

Answer: Yes. The reason for seeking an evaluation or recommendations from a treatment provider is that the current plan failed to protect other children in the setting from "a new incident of harm."

Question: Based on the training we have had including the most recent webinar, I thought that Severe Self Harm would be addressed in a Care Precaution Plan. Is the wording below incorrect or when would Severe Self Harm tip over to the need to be addressed in a Behavior Management Plan? "If an incident of severe self-harming behavior, or physical or sexual assault of another child in care occurs, the case manager will seek an evaluation or recommendations from the child's treatment provider within three business days of such event to determine the need for developing or updating a **Behavior Management Plan.**"

Answer: An Agreement for Care Precautions is only required when a child with severe self-harming behaviors does not have a treatment provider. After there is a treatment provider it is going to be the CBC/Lead Agency's decision as to whether an Agreement is needed on an on-going basis and what type of Agreement it should be. The possible need for a more restrictive plan should be a consideration if a new incident occurs, which might reflect that the current plan is not robust enough, or it could be a need to strengthen child's treatment services, including family visitation arrangements or therapy with family members. As to what would tip it, that is left to discussion and agreement with a treatment provider in cases involving severe self-harm; or even better, a staffing. Since each system of care has different levels of immediate access to clinical professionals, the local decision will boil down to whether you want external expertise involved with a child with severe self-harm in terms of placement requirements, or have a level confidence in your internal team and processes.

4-11. Updating Child Placement Agreements

Question: How does the following requirement work for children placed in group care: "When a new child is placed in the home, a review of any current Agreements will be conducted to determine if any changes are necessary." There may be multiple residents moving in and out of group care which the case manager may not be aware of or not know about until the next home visit.

Answer: Paragraph 4-10 describes expectations for case managers to determine during routine contacts whether the current Agreement is working dependably and whether any changes are needed. During monthly contacts, the case manager is expected to gather "information from separate interviews with the child, the caregiver(s) and staff." During these interviews, the case manager should explore with the child whether they feel safe in the setting, what rules in the house are keeping them safe, and if any new rules are needed to increase their safety. Interviews with staff should determine whether there are any changes in the home, including any new children placed that impact the current Agreement. The initial Agreement and any modifications necessary should be developed "in collaboration with the caregiver(s) and to the fullest extent possible all persons who will be in a caretaking role... As appropriate the child will be included in the development of the plan to provide input as to what house rules will make him/her feel safe..." (Paragraph 4-5).

Question: If a plan has been terminated and subsequently the child experiences a placement change is a new plan automatically required?

Answer: If an Agreement has been terminated in accordance with Paragraph 4-11 a new plan is not needed when the child moves to a different setting.

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4-12. Supervisor Approval.

Question: When a Child Placement Agency is responsible for identifying a placement match, which supervisor is responsible for approving the Child Placement Agreement, the intake/placement person who works for the Supervising Agency or the Case Management Agency (CMO) or CBC/Lead Agency case manager assigned for the child?

Answer: The CBC Lead Agency will need to determine the protocols for their system of care as to which agency and child welfare professional has the final authority for establishing and approving the initial and ongoing Child Placement Agreement. There are two options:

- (a) Supervising Agency. The intake or placement child welfare professional who works for the agency responsible for identifying the placement match is responsible for developing and approving the initial and on-going Child Placement Agreement. The supervisor of the intake/placement professional would be responsible for final approval of the Agreement.
- (b) Case Management Agency (Lead Agency/CBC or CMO). The Supervising Agency is responsible for pre-screening possible placement matches and identifying the licensed provider that appears to be the best match for the child. The certified child welfare professional responsible for initial supervision of the child is responsible for developing and approving the initial and on-going Child Placement Agreement. The supervisor of the case manager responsible for supervising the placement is responsible for approving the Child Placement Agreement.

Question: When a CPI is responsible for an emergency removal and the CBC/Lead Agency makes the actual placement, which supervisor is responsible?

Answer: The CBC Lead Agency will need to determine the protocols for their system of care as to which agency and child welfare professional has the final authority for establishing and approving the initial and ongoing Child Placement Agreement (the Supervising Agency or the CBC/Lead Agency or CMO responsible for case management).

Question: Please define "supervisor" that approves modification of the BMP...specifically for specialized therapeutic foster care. Is the Case Manager Organization "supervisor" OR the specialized therapeutic foster care "supervisor. And, what if these 2 types of supervisors disagree?

Answer: 4-7 (b) *"The following requirements must be followed unless a supervisor grants an exception based on a current assessment and recommendation by a qualified assessor."* The "supervisor" would be a supervisor at the agency responsible for supervising the child's placement and establishing the Child Placement Agreement, generally the primary case manager's supervisor. That said, the Child Placement Agreement needs to be developed by the child welfare professional responsible for the child's placement in collaboration with the caregiver and per 4.5 (i) *"The requirements in the agreement must be accepted by at least one of the primary persons responsible for the child's care at the time of the child's placement.* It would be necessary to work through any disagreements with the provider, following local protocols for disagreement resolution.

4-13. FSFN Documentation

Question: If the out-of-home provider does not have access to FSFN, how would we ensure that the Child Placement Agreement is uploaded?

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Answer: It is the responsibility of the primary child welfare professional responsible for the case to ensure that the most recent Child Placement Agreement has been uploaded to FSFN Participant Documents for the child.

Question: Currently, the GAL has limited access to FSFN. Will the GAL have access to these agreements in FSFN?

Answer: Yes, the signed Child Placement Agreement should be scanned into the Participant Documents section of the FSFN file cabinet. Note that any professional assessments or recommendations received will be scanned into the Medical/Mental Health section of the File Cabinet which has limited security access due to HIPPA requirements. Case Coordinators for the GAL program can print the Child Placement Agreement in FSFN and share a copy with the GAL volunteer assigned to the case. The GAL Case Coordinator would not be able to view or print information in the child's Medical/Mental Health tab, however they may receive copies of any evaluations performed.

Other questions

Question: Who is responsible for creating an Agreement when a child is placed in a group home in another county?

Answer: The agency making the placement is responsible for creating the initial Agreement and making any subsequent modifications. The placement agency should be clear in the request for courtesy supervision as to why the Agreement is needed and that on-going information about effectiveness of the Agreement is part of the courtesy supervision request.

Question: What should be included Agreements when child's behaviors may be a problem in school?

Answer: The case manager and the caregiver should engage in on-going discussion as to whether the child's behaviors are adequately managed in their educational setting, and whether the child is making academic progress. This includes all necessary advocacy to ensure that the child has an IEP or 504 plan necessary. If the child has or is suspected to have a disability, requirements in F.A.C. [65C-28.018\(5\)](#) must be followed to determine who the child's educational decision-maker will be. On-going communication and collaboration with the educational setting should be occurring directly with the caregiver if there are strategies in both settings to address the same child behaviors. The Agreement would be one method for documenting the expectations for the caregiver's on-going communication with the school.

Question: Can an Agreement be created for a child in an in-home case?

Answer: Yes, and FSFN functionality will support it. This would be a best practice for a child who is being reunified and who is transitioning from a setting that had an active Child Placement Agreement. The Agreement would specify what actions the parent(s) will be taking to assist with management of the child's behaviors.

Question: Are there two different assessment tools for victims of Commercial Sexual Exploitation of a Child (CSEC), and when are they required?

Answer: During a child protection investigation that involves a suspicion of Human Trafficking, the investigator must complete the Human Trafficking Screening Tool (HTST) per CFOP [170-14](#), paragraph 6a. This tool requires specific training to administer. Once a child has been determined to be a victim of Human Trafficking, the "Level of Human Trafficking Placement Tool" is completed to determine what conditions or behaviors must be addressed in the placement setting. The requirements for completion of the Level of Placement Tool are in CFOP [170-14](#), paragraph 7d. The information from this assessment will help to define the requirements that are needed in the Child Placement Agreement, and how restrictive the

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Agreement needs to be. If you additional have questions about this please consult the DCF Human Trafficking Specialist in your area.